

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 Exchange 2019
Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.
Product Name: VT Exchange 2019
State: VermontGMCB
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.002C Any Size Group - HMO
Filing Type: GMCB Rate
Date Submitted: 05/11/2018
SERFF Tr Num: MVPH-131497138
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num:

Implementation: 01/01/2019
Date Requested:
Author(s): Matt Lombardo, Eric Bachner
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
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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: 10.88%	Filing Status Changed: 05/11/2018
	State Status Changed:
Deemer Date:	Created By: Eric Bachner
Submitted By: Eric Bachner	Corresponding Filing Tracking Number:
	PPACA: Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	Plans are proposed to be sold on the state of Vermont's exchange.

Filing Description:

These rates are for Small Group and Individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2019

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?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

MVPH-131497138

State Tracking #:

Company Tracking #:

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.500%
Effective Date of Last Rate Revision: 01/01/2018
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: MVPH-131034103

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	10.880%	10.880%	\$15,734,195	8,929	\$144,599,214	30.690%	4.240%

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Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual HMO	77566VT004		10868
VT Small Group HMO	77566VT005		14355

Trend Factors:

FORMS:

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

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 302,676
 Benefit Change: Increase
 Percent Change Requested: Min: 4.2 Max: 30.7 Avg: 10.9

PRIOR RATE:

Total Earned Premium: 144,599,214.00
 Total Incurred Claims: 127,391,908.00
 Annual \$: Min: 311.02 Max: 746.21 Avg: 477.74

REQUESTED RATE:

Projected Earned Premium: 160,333,410.00
 Projected Incurred Claims: 143,017,402.00
 Annual \$: Min: 293.04 Max: 705.42 Avg: 529.72

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Filing Company:

MVP Health Plan, Inc.

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2019 MVP Non-Standard AV Screenshots.pdf Final_Silver 2 plus 77 (NEW)_v2.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2019 v2 Updated Silver 2 77.pdf 2019 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2019 issues).pdf Actuarial Memo Dataset (2019 issues).xlsx Coverage Month Adjustments 2019 Exchange_SERFF.pdf Coverage Month Adjustments 2019 Exchange_SERFF.xlsx GMCB FY19 Billback Presentation.2018.02.14.HHC.Final.Final.pdf Rate Increase Exhibit 2018-2019_Assuming No CSR Load_SERFF.pdf Rate Increase Exhibit 2018-2019_Assuming No CSR Load_SERFF.xlsx Rate Increase Exhibit 2018-2019_SERFF.pdf Rate Increase Exhibit 2018-2019_SERFF.xlsx VT 2019 Exchange Rate Filing_SERFF.pdf VT 2019 Exchange Rate Filing_SERFF.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2019 Federal Act Memo Vermont Exchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's rating rules satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2019 VT Exchange.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

MVPH-131497138

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 Exchange 2019

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 2019 Vermont Exchange.pdf URRT 2019 Vermont Exchange.xlsm UnifiedRateReviewSubmission_2018050916158.xml
Item Status:	
Status Date:	

State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
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Product Name:	VT Exchange 2019		
Project Name/Number:	/		

Attachment Actuarial Memo Dataset (2019 issues).xlsx is not a PDF document and cannot be reproduced here.

Attachment Coverage Month Adjustments 2019 Exchange_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2018-2019_Assuming No CSR Load_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2018-2019_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2019 Exchange Rate Filing_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRT 2019 Vermont Exchange.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2018050916158.xml is not a PDF document and cannot be reproduced here.

User Inputs for Plan Parameters

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

Gold

Gold 2 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
\$850.00	\$225.00	
80.00%	50.00%	
\$6,050.00	\$1,350.00	\$7,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1		Tier 2		Copay, if separate	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?					
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		\$250.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Specialist Visit	<input type="checkbox"/>		<input checked="" type="checkbox"/>		\$40.00		<input checked="" type="checkbox"/>	<input checked="" 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"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		\$400.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		\$40.00		<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 type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>		<input type="checkbox"/>		\$0.00	100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$40.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input 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"/>
Preferred Brand Drugs	<input type="checkbox"/>		<input type="checkbox"/>		\$40.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>		<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" 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"/>

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?

Plan Description:

Name: VT Gold2 Hybrid Plus

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Generic: \$5.00

VBID: \$1.00

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.88%

Metal Tier: Gold

AV Adjust: 80.88%

Final AV: Final AV

Additional Notes:

Calculation Time: 0.05068 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

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

Gold 3 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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,700.00			
		100.00%			
		\$2,700.00			
		\$0.00			

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Type of Benefit	Tier 1			Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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"/>	
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	100%	\$0.00	<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"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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: **VT Gold 3 HMO Plus HDHP**
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 77.67%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2019 AV Calculator

0.9976	77.49%
AV Adjust	Final AV

User Inputs for Plan Parameters

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

Silver 1 HMO Plus

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 (\$) \$1,400.00	\$400.00
Coinsurance (%; Insurer's Cost Share) 50.00%	50.00%
MOOP (\$) \$6,050.00	\$1,350.00
MOOP if Separate (\$) \$7,400.00	

Tier 2 Plan Benefit Design	
Medical	Drug Combined

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Type of Benefit	Tier 1		Tier 2		Tier 1 Copay applies only after deductible?	Tier 2
	Subject to Deductible?	Coinsurance, if different	Subject to Deductible?	Coinsurance, if different		
Medical	<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Specialist Visit	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	100%	<input type="checkbox"/>	100%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" 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: VT Silver 1 HMO Plus
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic	\$5
V/BID	\$1
Facility Surgery	\$1,400
	\$600

Output

Calculate
 Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.80%
 Metal Tier: Silver

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:

Final 2019 AV Calculator

0.0391 seconds

User Inputs for Plan Parameters

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

Silver 1 73 Plus

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
\$1,150.00	\$300.00	
50.00%	50.00%	
\$5,100.00	\$1,350.00	\$6,450.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1		Tier 2		Copay, if separate	Copay, if separate	Tier 1	Tier 2
	Subject to Deductible?	Coinsurance, if different	Subject to Deductible?	Coinsurance, if different				
Medical	<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"/>		\$350.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$30.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$60.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$30.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$1,400.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$60.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$60.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	100%	<input type="checkbox"/>		\$0.00	100%	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$60.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$150.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$600.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All		<input type="checkbox"/> All				<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		\$4.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<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 type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments?

Specialty Rx Coinurance 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): **3**

Plan Description:

Name: **VT Silver 1 HMO Plus CSR - 73**

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID: **\$5.00**

\$1.00

Facility Surgery: **\$1,400.00**

\$600.00

Output

Calculate

Status/Error Messages:

Actuarial Value: 73.98%

Metal Tier: Silver

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

1 73.98% Final AV

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:

Final 2019 AV Calculator

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

Desired Metal Tier: Silver

Silver 1 Plus 77	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 2 Plan Benefit Design	
Medical	Drug
Combined	

Tier 1 Plan Benefit Design	
Medical	Drug
Combined	

Deductible (\$) \$300.00
 \$100.00
 Coinsurance (%; Insurer's Cost Share) 70.00%
 MOOP (\$) \$5,050.00
 \$1,350.00
 MOOP if Separate (\$) \$6,400.00

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Type of Benefit	Tier 1		Tier 2		Copay, if separate	Copay, if separate	Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?				
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$10.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$10.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	100%	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$800.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$400.00		<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$4.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input 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: VT Silver 1 HMO Plus-CSR 77
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 Generic VBID \$4.00 \$1

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 77.97%

1 0.00%
 AV Adjustment Final AV

Additional Notes:

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

Calculation Time:

Final 2019 AV Calculator

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

Silver 1 Plus 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 (\$)	\$2,250.00	\$2,800.00

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: VT Silver 1 HMO Plus-CSR 87
 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:

Metal Tier:

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

87.96%

Gold

1 87.96%

AV Adjust Final AV

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:

Final 2019 AV Calculator

0.0312 seconds

User Inputs for Plan Parameters

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

Silver 1 Plus 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 (\$)	\$1,250.00	\$200.00
		\$1,450.00

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 type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>		\$5.00	<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 type="checkbox"/>		\$10.00	<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 type="checkbox"/>		\$5.00	<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 type="checkbox"/>		\$25.00	<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"/>		\$10.00	<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 type="checkbox"/>		\$10.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<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 type="checkbox"/>		\$10.00	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 type="checkbox"/>		\$20.00	<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 checked="" type="checkbox"/> All	<input checked="" 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"/>		\$4.00	<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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: VT Silver 1 HMO Plus - CSR 94
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic: \$5
 VBID: \$1

Facility:
 Surgery:
 \$

Output

Status/Error Messages:

Actuarial Value:
 Metal Tier:

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

94.98%
 Platinum AV Adjust Final AV

Additional Notes:

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

Calculation Time:

Final 2019 AV Calculator

0.0508 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,100.00
		100.00%
		\$4,100.00
		\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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:	

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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	
Medical	<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 type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<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 checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<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"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<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 type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10): _____

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): _____

Plan Description:

Name: VT Silver 2 HDHP Plus
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.80%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2019 AV Calculator

1.0022	70.95%	Final AV
AV Adjust		

User Inputs for Plan Parameters

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

Silver 2.73 HDHP Plus

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
Deductible (\$)	\$3,750.00
Coinsurance (%; Insurer's Cost Share)	100.00%
MOOP (\$)	\$3,750.00
MOOP if Separate (\$)	\$0.00

Tier 2 Plan Benefit Design	
Medical	Drug

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: **VT Silver 2 73HDHP Plus**
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input issuer HIOS ID]

Output

Calculate

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

Actuarial Value: 72.24%

Metal Tier: Silver

Additional Notes: AV Adjust 73.92% Final AV

Calculation Time: 0.0586 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

Silver 2 HDHP Plus 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
Deductible (\$)	Combined
Coinsurance (%; Insurer's Cost Share)	100.00%
MOOP (\$)	\$3,100.00
MOOP if Separate (\$)	\$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 Copay applies only after deductible?	Tier 2				
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate			Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: VT Silver HDHP 2 Plus 77
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 75.19%
 1.0165
 76.43%
 AV Adjust
 Final AV

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

0.0391.seconds

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

VT Silver 2 Plus 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 (\$)		\$1,150.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$1,150.00
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 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/>	<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): _____						
Output						
Calculate						
Status/Error Messages: _____						
Actuarial Value: 87.80%						
Metal Tier: Gold						
Additional Notes: _____						
Calculation Time: 0.0938 seconds						
Final 2019 AV Calculator						

Plan Description:

Name: VT Silver 2 Plus 87
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

CSR Level of 87% (150-200% FPL), Calculation Successful.
 1.0019
 87.97%
 AV Adjust Final AV

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

Silver 2 Plus 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
		\$425.00
		100.00%
		\$425.00
		\$0.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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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	
Medical	<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 type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<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 checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<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"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<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 type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: **VT Silver 2 94 Plus**
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.94%
 Metal Tier: Platinum

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

0.0625 seconds

AV Adjust

1

94.94%

Final AV

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

Silver 2 HDHP Plus II Reflective

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
		\$4,125.00
		100.00%
		\$4,125.00
		\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input 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: VT Silver 2 HDHP Plus II Reflective
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate
 Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.70%
 Metal Tier: Silver

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

0.0312 seconds

1.0024
 AV Adjust
 70.87%
 Final AV

User Inputs for Plan Parameters

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

Silver 3 Standard

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

Tier 1 Plan Benefit Design	
Medical	Drug Combined
Deductible (\$)	\$300.00
Coinsurance (%; Insurer's Cost Share)	50.00%
MOOP (\$)	\$7,500.00
MOOP if Separate (\$)	\$1,350.00

Tier 2 Plan Benefit Design	
Medical	Drug Combined

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Type of Benefit	Tier 1		Tier 2		Tier 1 Copay applies only after deductible?	Tier 2
	Subject to Deductible?	Coinsurance, if different	Subject to Deductible?	Coinsurance, if different		
Medical	<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"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	\$30.00	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	\$75.00	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	\$30.00	<input checked="" 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"/>
Speech Therapy	<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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	100%	<input type="checkbox"/>	100%	<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"/>
X-rays and Diagnostic Imaging	<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 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"/>
Outpatient Surgery Physician/Surgical Services	<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 type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	\$15.00	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	\$60.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: VT Silver 3 Standard
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.45%

Metal Tier: Silver

AV Adjust: 0.00%

Final AV: Final AV

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

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

0.0508seconds

User Inputs for Plan Parameters

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

Silver 4 HDHP II

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	Combined
Deductible (\$)	\$1,550.00
Coinsurance (%; Insurer's Cost Share)	70.00%
MOOP (\$)	\$6,650.00
MOOP if Separate (\$)	\$1,350.00

Tier 2 Plan Benefit Design	
Medical	Combined

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Type of Benefit	Tier 1		Tier 2		Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Subject to Coinsurance, if different	Copay, if separate	
Medical	<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 type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10%		<input type="checkbox"/>
Specialist Visit	<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 checked="" type="checkbox"/>	10%		<input type="checkbox"/>
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<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"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:
 Name: VT Silver 4 HDHP II
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.54%
 Metal Tier: Silver

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

Calculation Time: 0.043 seconds
Final 2019 AV Calculator

User Inputs for Plan Parameters

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

Bronze 1 Plus

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
\$6,750.00	\$550.00	
50.00%	40.00%	
\$7,900.00		\$0.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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Type of Benefit	Tier 1		Tier 2		Copay, if separate	Copay, if separate	Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?				
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$40.00		<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"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	100%	<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"/>	50%		<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"/>	50%		<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"/>	50%		<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"/>	50%	\$0.00	<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"/>	50%		<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$16.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$90.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: VT Bronze 1 HMO Plus
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
Generic VBID: \$20.00
 \$3.00

Output

Status/Error Messages:
 Actuarial Value: 60.36%
 Metal Tier: Bronze
 Calculation Successful: 1.0157
 Final AV: 61.31
 AV Adjust: Final AV
 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: 0.0781 seconds
Final 2019 AV Calculator

User Inputs for Plan Parameters

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

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
Deductible (\$)	\$7,600.00
Coinsurance (%; Insurer's Cost Share)	100.00%
MOOP (\$)	\$7,600.00
MOOP if Separate (\$)	

Tier 2 Plan Benefit Design	
Medical	Drug

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Type of Benefit	Tier 1		Tier 2		Copay, if separate	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?				
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. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET/Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/> 100%	<input type="checkbox"/>	<input type="checkbox"/>	\$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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$23.00		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: VT Bronze 5 HMO Plus
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$30.00
VBID \$3.00

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.
 62.43%
 Bronze

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

0.0391 seconds

1

AV Adjust

62.43

Final AV

User Inputs for Plan Parameters

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

Silver 1 HMO Plus II

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

Desired Metal Tier

Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,400.00	\$400.00	
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,050.00	\$1,350.00	\$7,400.00

	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 type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Plan Description:

Name: VT Silver 1 HMO Plus
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5
 VBID \$1

Facility \$1,400
 Surgery \$600

Calculation Successful.

71.80%

Silver

1	71.80%
AV Adjust	Final AV

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

0.125 seconds

User Inputs for Plan Parameters

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

Silver 2 HDHP Plus 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:

Desired Metal Tier

Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,800.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$2,800.00			
MOOP if Separate (\$)			\$0.00			

[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?	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. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 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: VT Silver HDHP 2 Plus 77
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 Actuarial Value: 76.69% 1.0123 77.64%
 Metal Tier: AV Adjust Final AV

Additional Notes:

Calculation Time: 0.5469 seconds

Final 2019 AV Calculator



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Schenectady, NY 12301-2207
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**ACTUARIAL CERTIFICATION
FEDERAL ACTUARIAL VALUE ADJUSTMENT
VERMONT EXCHANGE
Gold 3 HDHP Plus
Silver 2 HDHP Plus
Silver 2 HDHP Plus II
*Bronze 1 HMO Plus***

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off of the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers four non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, Silver 2 HDHP Plus II, and Bronze 1 HMO Plus, 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 2019 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 200,000 covered MVP commercial members. The data reflects claims paid for 2016 incurred dates, paid as of September 30, 2017. MVP combines data from all of its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all 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. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

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

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

The following 3 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- “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 73% and 77% 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 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 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 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	75.17%	77.67%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.00%	77.49%
Silver 2 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	68.35%	70.80%
Silver 2 HDHP Plus including the secondary Rx OOP max, the "stacked" aggregate family deductible and the safe harbor drug benefit	68.50%	70.95%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	69.88%	72.24%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	71.50%	73.92%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	74.61%	76.69%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.53%	77.64%
Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit	85.65%	87.80%
Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit	85.81%	87.97%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	92.60%	94.94%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	92.59%	94.94%
Silver 2 HDHP Plus II with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	68.24%	70.70%
Silver 2 HDHP Plus II including the secondary Rx OOP max, the "stacked" aggregate family deductible and the safe harbor drug benefit	68.41%	70.87%
Bronze 1 HMO Plus 6000 with no secondary Rx OOP max	57.51%	60.36%
Bronze 1 HMO Plus 6000 with secondary Rx OOP max	58.41%	61.31%

Actuarial Adjustment factor for Gold 3 Plan: $0.9976 = 75.00\% / 75.17\%$
Final Federal AV for Gold 3 Plan: $77.67\% \times 0.9976 = 77.49\%$

Actuarial Adjustment factor for Silver 2 Plan: $1.0022 = 68.50\% / 68.35\%$
Final Federal AV for Silver 2 Plan: $70.80\% \times 1.0022 = 70.95\%$

Actuarial Adjustment factor for Silver 2 73% Plan: $1.0232 = 71.50\% / 69.88\%$
Final Federal AV for Silver 2 73% Plan: $72.24\% \times 1.0232 = 73.92\%$

Actuarial Adjustment factor for Silver 2 77% Plan: $1.0123 = 75.53\% / 74.61\%$
Final Federal AV for Silver 2 77% Plan: $76.69\% \times 1.0123 = 77.64\%$

Actuarial Adjustment factor for Silver 2 87% Plan: $1.0019 = 85.81\% / 85.65\%$
Final Federal AV for Silver 2 87% Plan: $87.80\% \times 1.0019 = 87.97\%$

Actuarial Adjustment factor for Silver 2 94% Plan: $1.0000 = 92.59\% / 92.60\%$
Final Federal AV for Silver 2 94% Plan: $94.94\% \times 1.0000 = 94.94\%$

Actuarial Adjustment factor for Silver 2 II Plan: $1.0024 = 68.41\% / 68.24\%$
Final Federal AV for Silver 2 II Plan: $70.70\% \times 1.0024 = 70.87\%$

Actuarial Adjustment factor for Bronze 1 Plan: $1.0157 = 58.41\% / 57.51\%$
Final Federal AV for Bronze 1 Plan: $60.36\% \times 1.0157 = 61.31\%$

CERTIFICATION

I, Matthew Lombardo, 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 2019 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
Director, Actuarial Services
MVP Health Care

05/03/2018
Date



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
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Primary Contact E-mail:	ebachner@mvphealthcare.com

ACTUARIAL MEMORANDUM 2019 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2019 premium rates for the State of Vermont's individual and small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2019 and 12/31/2019. There are no benefit plans being retired, and there are 4 new "reflective" Silver plans being offered off the exchange. 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. Assuming all members purchasing Cost Sharing Reduction (CSR) subsidy plans stay on the exchange while all other members purchasing Silver plans move to the "reflective" plans, the proposed rates reflect an average rate adjustment to prior rates of 10.9%, ranging from 4.2% to 30.7%. The average rate adjustment absent any loading to Silver plans for CSR defunding would be 6.4%, with increases ranging from 4.2% to 10.6%.

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 (2019)). 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. As stated previously, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible. In addition, MVP has added Subsidized American Indian/Alaskan Native variations for its on exchange plan designs at the request of the Department of Vermont Health Access (DVHA).

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2018 to 2019. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray. Also, please note that we are showing plan design changes for plan FRVT-HMOH-S-002-N (2019) even though the 2018 version was ultimately not approved for sale by DVHA. Because MVP had the plan in the previous year's filing and the rates were approved by the Green Mountain Care Board, we are showing the changes for comparison purposes.

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

The non-standard plans proposed by MVP and included in this rate filing 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 8,929 policyholders, 16,360 subscribers and 25,223 members based on February 2018 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 1/1/17 and 12/31/17, paid through 2/28/18. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/18.

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

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

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

Lines 4a and 4b reflect projected recoveries under the CSR subsidy program. Line 4a reflects the payments made to MVP by the federal government to cover the difference between the plan's filed cost sharing and the member's actual cost sharing under the program. Even though the federal subsidies were discontinued in October 2017, MVP is capturing the full amount of the reduction to claim expense in the filing and adding it back only on specific plans which will be discussed later. Because the state CSR program is still projected to continue in the rating period, MVP is reflecting these recoveries as a reduction to claim expense.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 4.3% which is our best estimate of ultimate liabilities as of 3/31/18. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

Incurred Month	Paid Claims	Incurred Claims	IBNR Factor
201712	\$3,333,236	\$3,826,775	1.148
201711	\$3,933,390	\$4,327,802	1.100
201710	\$3,595,432	\$3,695,079	1.028
201709	\$3,436,238	\$3,510,969	1.022
201708	\$3,493,042	\$3,538,797	1.013
201707	\$3,131,452	\$3,143,870	1.004
201706	\$3,369,400	\$3,387,996	1.006
201705	\$3,404,967	\$3,410,159	1.002
201704	\$2,880,465	\$2,889,938	1.003
201703	\$3,044,142	\$3,538,699	1.162
201702	\$2,345,011	\$2,348,013	1.001
201701	\$2,677,705	\$2,681,541	1.001
Total	\$38,644,479	\$40,299,638	1.043

MVP is applying an IBNR factor of 1.162 to March 2017 incurred claims to reflect that there were \$492,590 worth of claims which were incurred in March 2017 and paid in March 2018. These claims are not reflected in MVP's experience period paid claims, but it is now known that those claims are MVP's responsibility for members in the rating pool. If these claims were included in the experience period paid data, the IBNR factor for the experience period would be reduced to 1.030 but there would be a corresponding increase on line 2 of Exhibit 3.

Line 6 reflects medical plus dental fee-for-service (FFS) claims, adjusted for CSR and completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims includes any claims which are paid through the pharmacy portion of the member's benefits.

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	(\$691,314)	\$3,978,898	-17.4%
ACA Compliant Individual	(\$801,838)	\$4,235,456	-18.9%
Total	(\$1,493,152)	\$8,214,353	-18.2%

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Lines 10 to 12 reflect MVP's attempt to smooth the volatility inherent in claim pools due to large claims. 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 13.7% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2015 and December 2017.

Please see the following table for the high cost claim percentage by year. Note that while MVP actually used all of the rolling 12-month time periods during this time frame to compute the pooling charge, annual percentages are shown for simplicity:

Time Period	High Cost Claim %
CY2015	18.5%
CY2016	17.2%
CY2017	11.2%
Average	13.7%

Line 12 of Exhibit 3 reflects MVP’s best estimate of the experience period FFS claim expense for the rating pool, and is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3) and the impact of pooling (sum of lines 10 and 11 of Exhibit 3).

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	
Other Medical Expenses not in claim warehouse	\$2.09
Net Reinsurance Expense	\$0.24
Medical Home and PCP Incentive	\$2.36
Chiropractic and Acupuncture Cap	\$0.68
Total Non-FFS and Capitation Amounts	\$5.37

*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.

Line 14 of Exhibit 3 represents MVP’s best estimate of the costs incurred to cover members in the rating pool during the experience period.

Market-Wide Adjustments to Experience Period Claims

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

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 several 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 2019 Exchange SERFF.xlsx" which provides a calculation of these factors for each cohort.

Adjustment for Pharmacy Benefit Mandate

Between the 2018 Exchange filing and the current filing, new regulation was implemented regarding the use of statins for the prevention of cardiovascular disease (CVD) in adults which will go into effect in November 2017. The United States Preventive Service Task Force has given low- and moderate-dose statins a grade of "B" when prescribed to adults aged 40 to 75 with no prior history of CVD but evidence of risk factors. This means that it will become mandatory that carriers cover these drugs in full with no member cost sharing. Because these drugs were previously covered by MVP but with the applicable member cost sharing applied, an adjustment needs to be made to the experience period data to reflect the removal of cost sharing. MVP has estimated the cost sharing during the experience period based on member's age and a lack of a CVD diagnosis, and the result was a \$0.28 PMPM increase to the experience period pharmacy incurred claims. This has been reflected in line 16 of Exhibit 3 in the rate filing.

Adjustment for Individual Mandate Penalty Set to \$0

The federal government eliminated the financial penalty for individuals not having qualifying health insurance coverage in December 2017. It is assumed that a portion of members with claim costs that are significantly less than their premium will exit the market due to the lack of a financial penalty. As healthier members drop coverage, the overall cost of the market will increase as the remaining members are higher utilizers of their health coverage.

The state of Vermont consulted Lewis and Ellis (L&E) to provide a best estimate of the overall increase to the merged market due to healthier members exiting the rating pool. L&E's best estimate of the increase is 2.0% of premium, using actual enrollment and claims for members in the state. MVP is reflecting a 2.0% increase to the experience period claim cost to account for this but has reflected the impact only on individual members since small groups are likely unaffected by this change. This adjustment equals to 3.7% of individual claim costs and is displayed on line 17 of Exhibit 3.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2018 and 2019 is illustrated in Exhibit 2a. Please note that MVP has broken out its medical claims into an additional service category this year, Other. This contains items such as Ambulance visits and Durable Medical Equipment and is consistent with the definition in the federal Unified Rate Review Template (URRT) instructions. In previous filings, those claims were included in the Outpatient bucket.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total unit cost trend is 3.1% for 2018 and 3.3% for 2019.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to include medical utilization trend in this filing. MVP attributes this volatility to the significant membership growth for this block of business. Historical utilization was analyzed by performing a regression analysis of rolling 12-month time periods normalized for demographic changes and by analyzing calendar year data normalized for risk score changes using Johns Hopkins' ACG model. Both analyses provided volatile results which resulted in MVP applying a medical utilization trend of 0% for this filing.

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

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

The average annual allowed trend factor applied to FFS medical claims in this filing is 3.2%. The annual paid leveraging factor is 0.4% which results in an average annual paid FFS medical trend of 3.6%. This can be found in line 19 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. 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 2018/2019 can be found in Exhibit 2b.

MVP received 2019 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 \$16.93 PMPM across all blocks in 2019.

The average annual allowed Rx trend in this filing is 13.3%, and the average annual paid Rx trend net of Rx rebates is 12.5% which can be found in line 20 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 21 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [line 6 * line 19 + line 9 * line 20] / [line 6 + line 9]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 23 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 24 and 25 of Exhibit 3 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 25 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Capitation and Non-FRDM Expense Reflected in Rate Filing

Other Medical Expense not in warehouse	\$2.51
Chiropractic and Acupuncture Cap	\$0.71
Net Reinsurance Expense	\$0.24
Medical Home and PCP Incentive (VT Blueprint)	\$2.36
Total	\$5.82

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 2019 and equal 0.999%.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2017 provided by CMS, MVP is expected to pay \$7,006,932 into the merged market transfer pool for 2017. This is \$51.74 on a PMPM basis or approximately 15.0% of experience period claims prior to market-wide adjustments.

CMS made a change to the risk adjustment formula which will be reflected in 2019 risk transfer payments and is not captured in 2017 results. The change 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%, and MVP has multiplied its projected 2017 payment by 0.86 to reflect the projected payment for 2019 which resulted in an anticipated risk transfer payment equal to 12.9% of MVP’s Paid Index Rate on line 26 of Exhibit 3. This amount is converted to a PMPM basis and reflected in line 27 on Exhibit 3.

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

Line 28 of Exhibit 3 represents MVP’s projected paid index rate after adjustments for the single risk pool in 2019. This is the starting net claim cost that will be used to set 2019 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

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

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

The Plan Specific Gross Claim Cost PMPM for each plan is derived by 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. 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 experience period actuarial value times induced demand factor (0.728) can be found in Exhibit 7.

Non Claim Expense Plan Level Adjustments

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

Federal Taxes PMPM based

A total of \$0.15 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.15 HHS risk adjustment user fee. This reflects an increase of \$0.01 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2019. The Federal PCORI funding fee in the previous filing sunsets in 2019, so this has been removed from the current filing.

State Taxes PMPM Based

\$0.91 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by the Green Mountain Care Board on MVP's behalf under 18 V.S.A § 9374 (h)(1). Under this "billback", a new structure has been proposed for FY 2019 by the GMCB. MVP is assuming this proposal will be in effect for 2019. The GMCB performed a study which estimated MVP's liability for the 2019 billback under the new proposal at \$317,000. MVP has divided this amount by its February 2018 membership to get an estimate of the billback on a PMPM basis for 2019. Please see the attached document named "GMCB FY19 Billback Presentation.2018.02.14.HHC.Final.Final.pdf" which provides the results of this study.

Federal Taxes Premium based

The ACA Insurer Tax is been removed for 2019 coverage dates. MVP is not reflecting any federal taxes on a percent of premium basis in the rating period.

State Taxes Premium based – VT Vaccine Assessment

Based on discussions with the state of Vermont, the assessment to fund the vaccine pool in Vermont has been suspended for 2019. MVP is reflecting no state taxes on a percent of premium basis in the rating period.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$39.80 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 2017 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.98 PMPM of the \$39.80 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2015, 2016, and 2017 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
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
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59

*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 2019. 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 0.60% of premium was added to account for non-payment of premium risk. This charge is increased from 0.40% the 2018 Exchange filing and is reflective of MVP's concern that the lack of an individual mandate will entice members to sign up for coverage, have services covered and then later forego coverage without paying premium.

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 2018.

Catastrophic Plan Adjustment

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.629 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 7 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.047
Single Risk Pool Total	1.663
Catastrophic Adjustment	0.629

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2018. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Silver CSR Loading

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

Total subsidies under the federal CSR program were \$2,239,875 during the experience period for 28,665 member months, or \$78.14 per federal CSR member per month. This is not the total member months for MVP members that *were eligible* for CSR plans, however, just members that actually purchased the plan. Because of the federal APTC program, members that were eligible for CSR plans could also forego the reduced member cost sharing of a CSR plan and buy a Bronze plan for little to no premium cost.

Increasing the second-lowest cost Silver plan, and therefore the APTC subsidies, has the side effect of making this incentive even greater - it will reduce the subsidized Bronze premium to nearly \$0 PMPM for single subscribers that could enroll in the 77% CSR plan. Based on current calculations performed by MVP, it could also decrease the subsidized premium for the lowest cost Gold plans below what a member would pay for a CSR plan with increased cost sharing.

MVP performed an analysis of its single membership for 2017 and found that approximately 60% of CSR-eligible members between 250% and 300% of the Federal Poverty Limit were purchasing CSR plans. Because of the APTC leveraging effect, we are assuming that number will be cut in half in the rating period. MVP is also assuming no change to the members purchasing 87% and 94% CSR plans, as their coverage will be rich enough to entice them to stay.

MVP compiled the Federal CSR dollars from the experience period by CSR level on a PMPM basis. This was then multiplied by the projected CSR membership in the rating period to determine the premium needed to cover the projected CSR claims. This amount is \$88.09 PMPM, found on line 3 of Exhibit 6. Please see the following table which details this calculation.

CSR Level	Federal CSR Dollars	CSR Membership, Experience Period	Federal CSR PMPM	Projected CSR Membership	Projected CSR Dollars
77% CSR	\$186,396	8,561	\$21.77	4,259	\$92,730
87% CSR	\$1,410,299	14,988	\$94.10	14,988	\$1,410,299
94% CSR	\$643,179	5,116	\$125.72	5,116	\$643,179
TOTAL	\$2,239,875	28,665	\$78.14	24,363	\$2,146,209
				Projected CSR PMPM	\$88.09

This amount was then completed with IBNR and trended at 1.5% for 24 months to get to a projected CSR load of \$94.66 PMPM for the rating period. The 1.5% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 89.2%. 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 90.2%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2019 VT Exchange

A) Claims Expense	\$441.95
B) Taxes/Assessments	\$1.06
C) Quality Improvement	\$3.98
D) Premium	\$495.70
<hr/>	
E) Traditional Loss Ratio = A) / D)	89.2%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	90.2%

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. Please note that 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 2017 per the ACA minimum MLR requirements because of its estimated risk adjustment liability.

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	55,568	\$381.77	\$449.01	\$2.58	\$3.51	85.0%	86.3%
ACA Compliant Individual	79,856	\$312.68	\$440.21	\$2.53	\$3.51	71.0%	72.2%
Small Group + Individual Single Risk Pool	135,424	\$341.03	\$443.82	\$2.55	\$3.51	76.8%	78.1%

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 2018, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP’s projection period membership equals the February 2018 enrollment of the population eligible to purchase these products, or 25,223 members. On Worksheet 2 of the URRT, members are mapped based on their February 2018 benefit to the same benefits for 2019 with the exception of Silver members who are not purchasing a CSR plan. Those members are mapped to their same benefit design, but the “reflective” off-exchange version.

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 2019 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate or changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2019 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.

05/09/2018
Date

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	MVP Health Plan, Inc.
HIOS ID	77966
SERFF Filing Number	MVPH-131487138
Date of Submission	5/11/2018
Proposed Effective Date	1/1/2019

	Average Annual Premium
Before Rate Change	\$5,793
After Rate Change	\$6,357

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	10.88%	N/A
Proposed Minimum Rate Change	4.24%	N/A
Proposed Maximum Rate Change	30.69%	N/A

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

Because of the loading of CSR defunding onto only the Silver plans, the Silver on Exchange rate increases are between 25-35%. Absent the CSR load, the range of increases would be 4.2% to 10.6%.

Relationship of Proposed Rate Scale to Current Rate Scale:

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

Source of Change	Previous filing	Current Filing	Relativity
	Assumption	Assumption	Current Filing / Previous filing
Base Period Experience	1.000	0.924	0.924
Impact of Policy Duration on Experience	1.007	1.010	1.003
Impact of Leap Year on Experience	0.997	1.000	1.003
Impact of Rx Benefit Curve-In	1.000	1.001	1.001
Impact of Individual Mandate Repeal	1.000	1.020	1.020
Pricing Trend	1.098	1.102	1.003
Risk Adjustment Recoveries	1.027	1.129	1.100
Change in Experience Period AV	1.003	1.000	0.997
SG&A	1.066	1.066	1.000
Taxes and Fees (PMPM Basis)	1.001	1.002	1.001
Taxes and Fees (% of Premium Basis)	1.016	1.000	0.985
Margin	1.025	1.027	1.002
Single Conversion Factor	1.065	1.092	1.006
CSR Defunding	1.000	1.042	1.042
Benefit Mix Impact	1.000	1.027	1.027
Total Rate Change			1.109

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17

N/A

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%	2,245	3,125	88
Increase of 5.01% to 10.00%	10,010	16,830	680
Increase of 10.01% to 14.99%	90	135	5
Increase of 15.00% or more	4,015	5,133	0
Total	16,360	25,223	773

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2015	15.18%	10.71%
2016	3.00%	2.37%
2017	8.93%	3.89%
2018	6.74%	3.42%

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:	1/1/2017 - 12/31/2017	1/1/2018 - 12/31/2018	1/1/2019 - 12/31/2019		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
ACA Insurer Fee	\$0.00	\$4.75	\$0.00		-100.00%
Taxes, Licenses & Fees	\$2.56	\$2.73	\$1.06	-58.52%	-61.10%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$36.80	\$38.10	\$39.80	8.74%	4.46%
Profit/Risk Margin	\$6.23	\$11.40	\$13.77	121.06%	20.81%

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
ACA Insurer Fee	0.00%	1.00%	0.00%		-100.00%
Taxes, Licenses & Fees	0.57%	0.57%	0.20%	-65.15%	-65.12%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	8.22%	8.02%	7.51%	-8.64%	-6.33%
Profit/Risk Margin	1.40%	2.40%	2.80%	85.71%	8.33%

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 \$	Annualized Rolling 6 Mo	
			PMPM*	Rolling 12 Mo Trend	Annualized Rolling 3 Mo Trend
	Apr-2015	5,731	\$417.90		
	May-2015	5,705	\$274.71		
	Jun-2015	5,623	\$277.14		
	Jul-2015	5,483	\$280.82		
	Aug-2015	5,354	\$322.19		
	Sep-2015	5,270	\$262.60		-36.74%
	Oct-2015	5,237	\$347.60		57.28%
	Nov-2015	5,189	\$272.83		1.82%
	Dec-2015	5,150	\$377.25		76.16%
	Jan-2016	5,087	\$408.68		65.49%
	Feb-2016	5,038	\$298.81		128.40%
	Mar-2016	5,017	\$385.60		29.01%
	Apr-2016	5,827	\$231.74		23.75%
	May-2016	6,010	\$353.57		38.54%
	Jun-2016	6,506	\$313.57		12.84%
	Jul-2016	6,690	\$323.17		-8.58%
	Aug-2016	6,897	\$332.03		-3.35%
	Sep-2016	7,056	\$334.60		-17.57%
	Oct-2016	7,131	\$396.08		9.95%
	Nov-2016	7,159	\$399.80		6.26%
	Dec-2016	7,228	\$366.55		18.92%
	Jan-2017	7,236	\$356.48		32.37%
	Feb-2017	7,275	\$391.58		35.01%
	Mar-2017	7,490	\$408.68	8.17%	49.51%
	Apr-2017	9,771	\$285.00	14.20%	12.70%
	May-2017	10,295	\$240.56	7.57%	-10.09%
	Jun-2017	11,245	\$348.89	7.33%	-15.09%
	Jul-2017	11,322	\$277.56	4.26%	-24.20%
	Aug-2017	11,393	\$330.77	3.84%	-30.93%
	Sep-2017	11,437	\$336.76	2.08%	-38.02%
	Oct-2017	11,594	\$310.82	-1.43%	-28.13%
	Nov-2017	11,703	\$343.11	-5.32%	-4.94%
	Dec-2017	11,730	\$343.34	-5.51%	-4.28%
	Jan-2018	11,752	\$358.63	-4.28%	13.00%
	Feb-2018	11,635	\$412.43	-5.12%	27.28%
Last Month in Experience Period	Mar-2018	11,547	\$373.43	-6.17%	37.53%

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

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	388,700,177	388,700,177
Authorized Control Level	83,709,893	83,709,893
RBC Ratio	464.34%	464.34%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2013	12/31/2013	0	0	0	
Historical Year -3	1/1/2014	12/31/2014	55,654	20,107,463	22,402,354	89.8%
Historical Year -2	1/1/2015	12/31/2015	63,884	22,841,257	26,703,077	85.5%
Historical Year -1	1/1/2016	12/31/2016	82,505	31,127,363	35,074,772	88.7%
Historical Year c	1/1/2017	12/31/2017	135,424	53,111,866	60,103,974	88.4%
Historical Totals			337,467	127,187,948	144,284,178	88.2%
<hr/>						
Interim Time Period	1/1/2018	2/28/2018	50,288	18,719,052	24,962,452	75.0%
<hr/>						
Future Year 1	1/1/2019	12/31/2019	302,676	142,948,702	160,333,410	89.2%

Anticipated Pricing Loss Ratio (no adjustments)	89.2%
Anticipated LR using Federally-prescribed MLR methodology	90.2%

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.

Expected Incurred Claims	A-to-E Claims Ratio
0	
19,080,250	105.4%
22,944,918	99.5%
30,731,799	101.3%
54,070,790	98.2%
126,827,757	100.3%
<hr/>	
21,988,450	85.1%
<hr/>	
142,948,702	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	#DIV/0!
268,828	754,144	94.1%
320,437	857,481	89.6%
260,633	1,123,982	92.5%
475,338	411,568	89.8%
1,325,237	3,147,175	91.1%
<hr/>		
191,597	392,038	77.0%
<hr/>		
1,204,650	320,837	90.1%

Consumer Adjusted Premium Rate Development

Index Rate for Projected Period PMPM	\$513.85
Risk Adjustment PMPM	\$30.56
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$0.15
Market Adjusted Index Rate PMPM	\$564.56

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	77566VT0040030	77566VT0040031	77566VT0040025	77566VT0040010	77566VT0040013	77566VT0040013
Metal Tier	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 AV Value	0.901	0.820	0.775	0.719	0.703	0.624	0.607	0.617	0.617
Pricing AV Value	1.210	1.027	0.986	0.902	0.873	0.819	0.736	0.504	0.504
Projected Member Months	3,684	2,904	4,808	3,528	3,480	864	10,428	276	276
Market Adjusted Index Rate PMPM	\$564.56	\$564.56	\$564.56	\$564.56	\$564.56	\$564.56	\$564.56	\$564.56	\$564.56
Plan Adjustments (in multiplicative form)									
Actuarial value and cost-sharing design of the plan	1.107	0.928	0.888	0.806	0.778	0.726	0.645	0.419	0.419
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	1.000
Plan benefits in addition to EHE	1.000	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	1.000	0.632
Plan Adjustments (in % format)									
Distribution and administration cost	8.6%	9.6%	9.9%	10.6%	10.9%	11.4%	12.4%	47.5%	47.5%
Plan Adjusted Index Rate	\$683.34	\$564.56	\$580.04	\$556.56	\$509.36	\$493.05	\$462.55	\$415.72	\$284.82
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	\$683.34	\$564.56	\$580.04	\$556.56	\$509.36	\$493.05	\$462.55	\$415.72	\$284.82
Calculated Pricing AV	1.210	1.000	1.027	0.986	0.902	0.873	0.819	0.736	0.505
Pricing AV in URR	1.210	1.000	1.027	0.986	0.902	0.873	0.819	0.736	0.504
Difference	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.1%
Explanation for differences between implied Pricing AV and URR	N/A								

Actuarial value and cost-sharing design of the plan

Actuarial value and cost-sharing design of the plan	1.107	0.000	0.928	0.888	0.806	0.778	0.726	0.645	0.419
Paid/Allowed Ratio (Cost-Sharing only)	0.896		0.798	0.773	0.721	0.703	0.663	0.600	0.617
Used Induced utilization factor	1.149		1.082	1.069	1.040	1.030	1.018	1.000	1.000
Calculated	1.030	0.000	0.864	0.826	0.750	0.724	0.675	0.600	0.617

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Adjustment to Incurred Claims for Duration of Contract- Small

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
\$250	0.96	0.96	0.99	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01	1.01	\$250	2.2%	2.2%	2.1%	2.1%	2.0%	2.0%	1.9%	1.9%	1.9%	1.8%	1.8%	1.8%
\$850	0.91	0.91	0.96	0.99	1.00	1.02	1.02	1.03	1.03	1.04	1.04	1.04	\$850	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$950	0.90	0.90	0.96	0.98	1.00	1.02	1.03	1.03	1.04	1.04	1.05	1.05	\$950	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$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	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%
\$1,800	0.86	0.86	0.93	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.07	1.08	\$1,800	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%
\$2,150	0.84	0.84	0.92	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.08	1.09	\$2,150	0.9%	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%
\$2,500	0.83	0.83	0.91	0.97	1.00	1.02	1.04	1.06	1.07	1.08	1.09	1.10	\$2,500	2.0%	2.0%	2.0%	1.9%	1.9%	1.8%	1.8%	1.7%	1.7%	1.6%	1.6%	1.6%
\$4,600	0.79	0.79	0.87	0.94	0.99	1.03	1.05	1.08	1.10	1.11	1.12	1.14	\$4,600	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%
\$5,300	0.78	0.78	0.87	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.13	1.15	\$5,300	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	0.8%	0.8%	0.7%	0.7%
\$5,500	0.77	0.77	0.86	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.14	1.15	\$5,500	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%

Avg Policy Duration Factor 0.993
 Inverse of Factor 1.007

FFS Experience Period Claim Expense After Pooling Adjustment \$373.22
 Market-Wide Claim Adjustment \$2.72

Adjustment to Incurred Claims for Duration of Contract- Individual

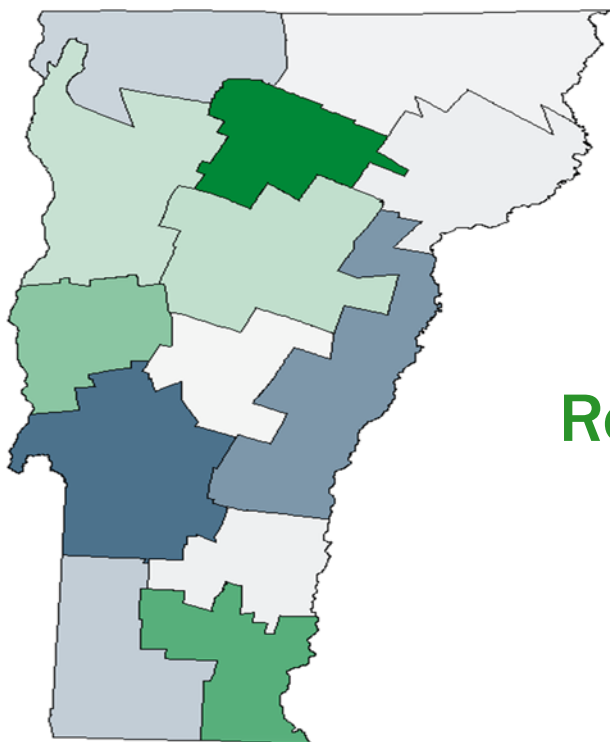
Adjustment Factors by Deductible Level													Percent of Total Member Months												
Deductible Level	Factors												Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$0	1.0%	0.9%	0.8%	0.7%	0.6%	0.5%	0.4%	0.3%	0.3%	0.3%	0.2%	0.2%
\$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	2.8%	2.7%	2.5%	2.2%	2.0%	1.7%	1.6%	1.4%	1.2%	1.1%	0.9%	0.7%
\$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%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$250	0.96	0.96	0.99	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01	1.01	\$250	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
\$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	1.4%	1.3%	1.2%	1.1%	1.0%	0.9%	0.8%	0.7%	0.7%	0.6%	0.5%	0.4%
\$550	0.93	0.93	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.03	\$550	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	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	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$850	0.91	0.91	0.96	0.99	1.00	1.02	1.02	1.03	1.03	1.04	1.04	1.04	\$850	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$900	0.91	0.91	0.96	0.99	1.00	1.02	1.02	1.03	1.04	1.04	1.04	1.05	\$900	0.6%	0.5%	0.5%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%
\$950	0.90	0.90	0.96	0.98	1.00	1.02	1.03	1.03	1.04	1.04	1.05	1.05	\$950	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
\$1,300	0.88	0.88	0.95	0.98	1.00	1.02	1.03	1.04	1.05	1.05	1.06	1.06	\$1,300	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	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%	0.1%	0.1%	0.1%	0.1%
\$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	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
\$1,800	0.86	0.86	0.93	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.07	1.08	\$1,800	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.2%
\$2,150	0.84	0.84	0.92	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.08	1.09	\$2,150	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$2,500	0.83	0.83	0.91	0.97	1.00	1.02	1.04	1.06	1.07	1.08	1.09	1.10	\$2,500	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
\$4,600	0.79	0.79	0.87	0.94	0.99	1.03	1.05	1.08	1.10	1.11	1.12	1.14	\$4,600	1.6%	1.5%	1.5%	1.4%	1.3%	1.2%	1.2%	1.1%	1.0%	1.0%	0.9%	0.8%
\$5,300	0.78	0.78	0.87	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.13	1.15	\$5,300	0.9%	0.8%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%
\$5,500	0.77	0.77	0.86	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.14	1.15	\$5,500	0.9%	0.8%	0.8%	0.7%	0.6%	0.6%	0.6%	0.5%	0.5%	0.4%	0.3%	0.3%
\$7,150	0.76	0.76	0.85	0.92	0.97	1.02	1.05	1.09	1.12	1.14	1.16	1.17	\$7,150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Avg Policy Duration Factor 0.987

Inverse of Factor 1.013

FFS Experience Period Claim Expense After Pooling Adjustment \$308.22

Market-Wide Claim Adjustment \$4.12



GMCB Billback

Result of Stakeholder Work for House Health Care Committee

February 14, 2018

Stakeholder Group

- **Stakeholders: GMCB, HCA, BCBS, MVP, VAHHS, OneCare**
- **Process**
 - Met three times
 - Discussed scenarios
- **Outcome**
 - Framework for Billbacks
 - MVP plans to file annually vs semi-annual
 - Allocation shifted to better reflect regulatory costs
 - ACO will participate in Billback

GMCB Fund Sources

- **General Funds**
- **Global Commitment**
- **Federal Funds, HIT Fund, and**
- **Billback Authority**
 - Certificate of Need
 - Health Care Advocate
 - VPQHC*
 - **Industry Billback**

** VPQHC is the Vermont Program for Quality in Health Care – nonprofit designated by Legislature in 1988 as an independent, peer review committee*

Existing Billback Authority

	Certificate of Need	HCA	VPQHC
State		27.5%	0.0%
HMS (BCBS)		24.2%	15.0%
HMO (MVP & BCBS)		13.6%	28.1%
Insurer (MVP, Cigna & Other)		10.6%	21.9%
Hospitals	Industry Pays 100%	24.2%	35.0%
ACO		0.0%	0.0%
		100%	100%

Certificate of Need Billback Authority (18 V.S.A. § 9441), Health Care Advocate Billback Authority (18 V.S.A. § 9607) and VPQHC Billback Authority (18 V.S.A. § 9416 (c))

Industry Billback Authority - Existing & Recommended

	SFY16 Act	SFY17 Act	SFY18 Bud	SFY19 Rec
State	40%	40%	40%	40%
HMS (BCBS)	15%	15%	45%	24%
HMO	15%	15%		
Insurer	15%	15%		
Hospitals	15%	15%	15%	30%
ACO	0%	0%	0%	6%

Note: In FY19 Direct Billback to HMS, HMO, Insurer, Hospitals & ACO for contract expenses specific to the organization's regulation.

Industry Billback Authority Using 2017 Actuals

Includes HCA, but not VPQHC

	FY16 Act	FY17 Act	FY18 Bud	FY19 Rec
State	40%	40%	40%	40%
HMS (BCBS)	15%	15%	35%	9%
HMO (MVP & BCBS)	15%	15%	3%	6%
Insurer (MVP, Cigna & Other)	15%	15%	7%	9%
Hospitals	15%	15%	15%	30%
ACO	0%	0%	0%	6%
	100%	100%	100%	100%

FY17 & Prior Billback Authority (18 VSA § 9374(h)-was 9415 repealed July 2015) and FY18 Billback (2017 Act 73 Sec. 15a)

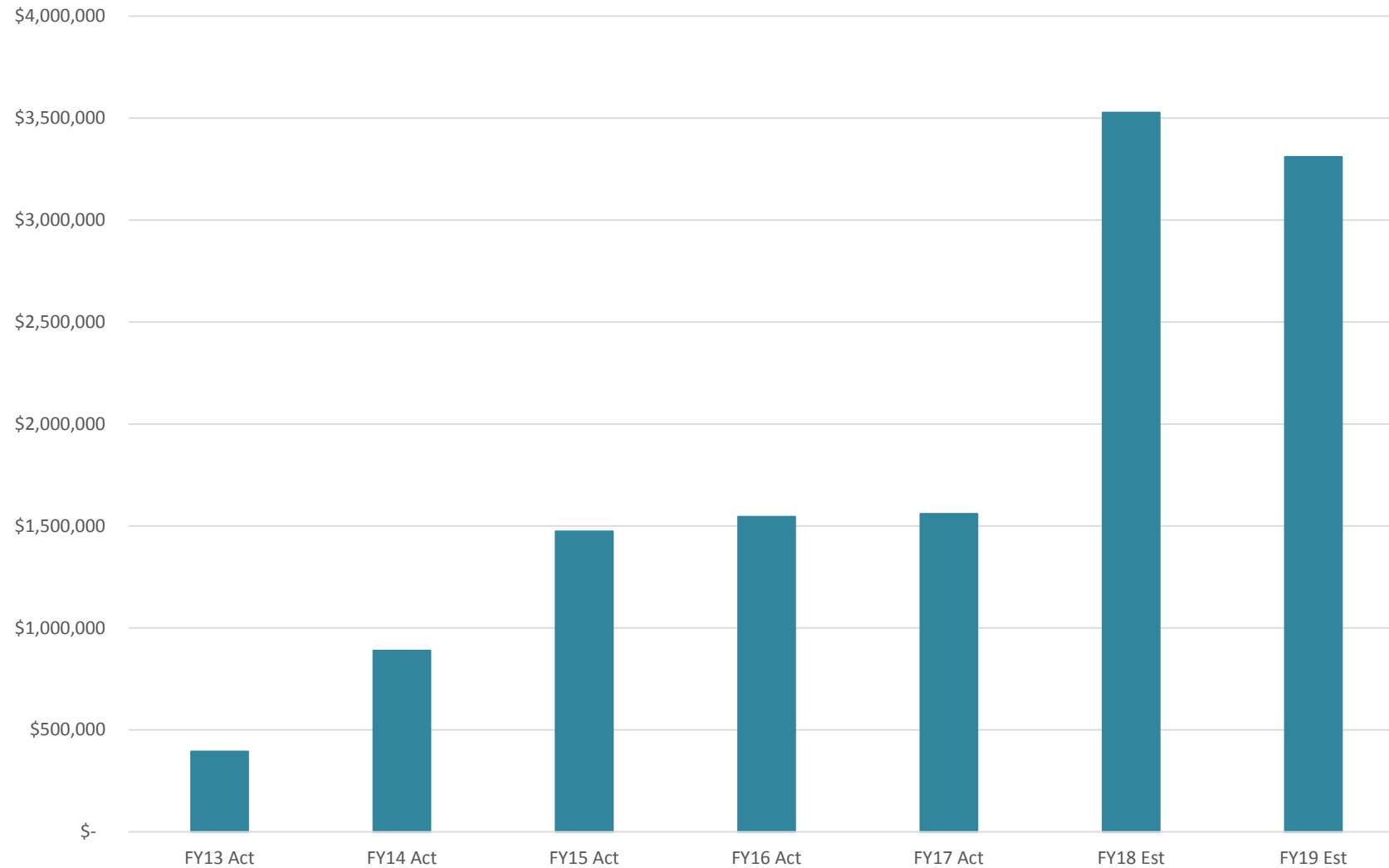
Industry Billback Impact Using 2017 Actuals (in thousands)

	FY16 Act	FY17 Act	FY18 Est*	FY19 Est*
BCBS	666	597	922	614
MVP	344	344	130	317
Cigna	106	129	57	44
Other Insurers	44	70	31	25
UVMHC	158	169	169	196
Other Hospitals	228	252	252	291
ACO	-	-	-	73
	\$ 1,546	\$ 1,560	\$ 1,560	\$ 1,560

** Uses FY17 Actuals to See Impact of FY18 Budget & FY19 Recommended Changes*

Total Amount Billed Back to Regulatory Entities

per Annual Report to Legislature, 2017 Act 85 and FY19 Gov. Rec. Budget



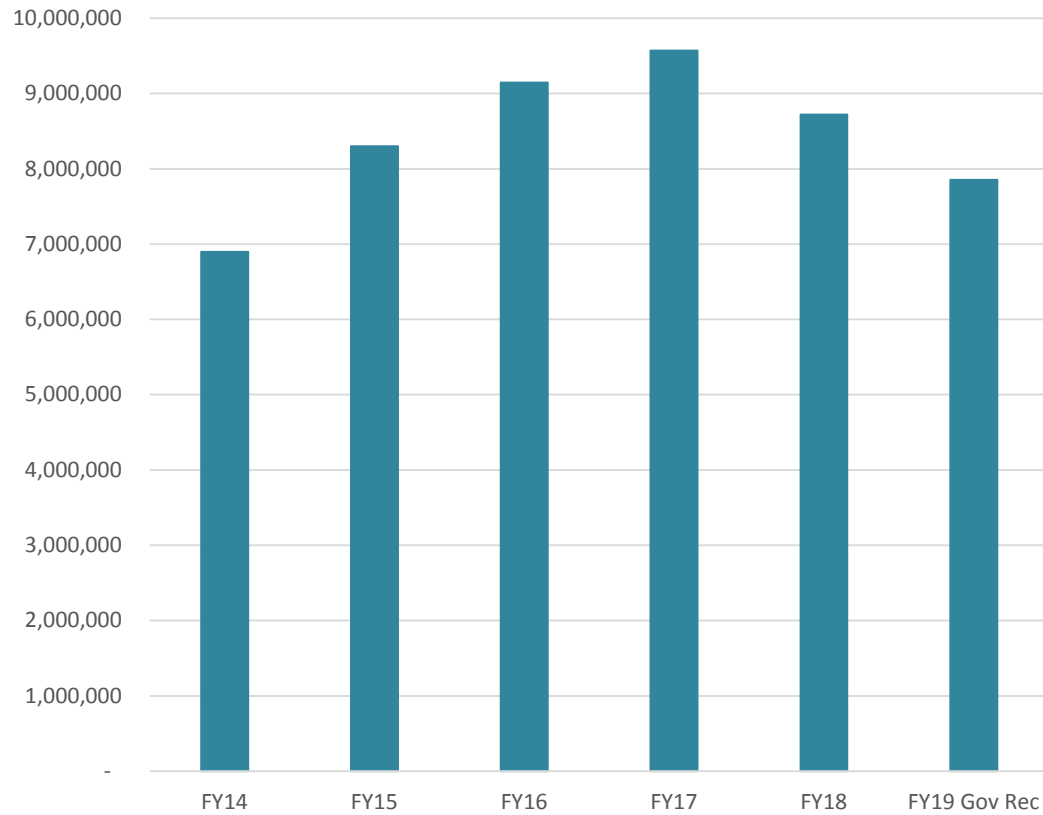
Industry Billback Estimated Projection (in thousands)

	FY16 Act	FY17 Act	FY18 Est*	FY19 Est*
BCBS	666	597	2,084	1,302
MVP	344	344	295	673
Cigna	106	129	128	93
Other Insurers	44	70	69	53
UVMHC	158	169	383	416
Other Hospitals	228	252	569	618
ACO	-	-	-	155
	\$ 1,546	\$ 1,560	\$ 3,528	\$ 3,310

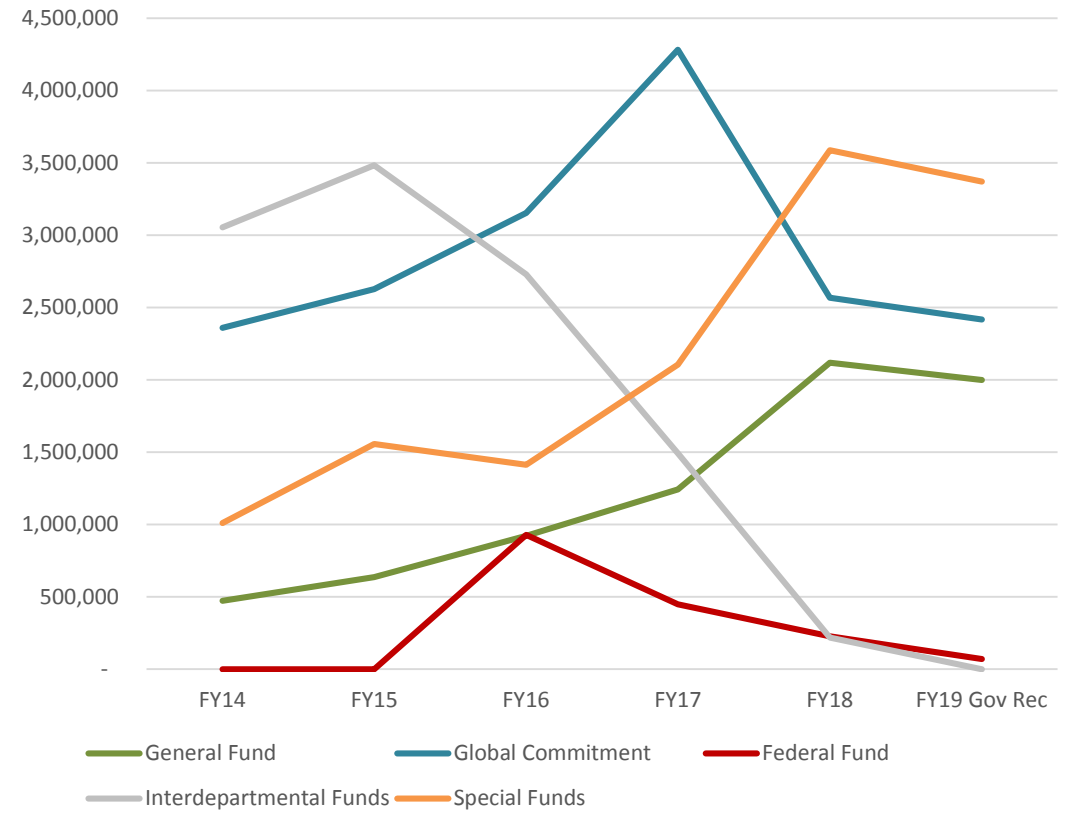
** This will change due to multiple variables. Uses FY17 Actuals to determine % allocation along with FY18 Bud and FY19 Gov Rec Billback dollars. FY18 & FY19 do not factor in annual reconciliation of prior year billback.*

GMCB Appropriation 2014 - 2019 Gov. Rec

Total Appropriation



Appropriation by Source of Funds



Appendix: Proposed Statute Language (changes are highlighted)

Except as otherwise provided in subdivision (2) of this subsection, expenses incurred to obtain information, analyze expenditures, review hospital budgets, and for any other contracts authorized by the Board shall be borne as follows:

(A) 100% by the organization incurring additional professional services or staff time

and/or, for all general expenses listed above:

- (A) 40 percent by the State from State monies;
- (B) A \$150 minimum fee to all industry organizations defined below whose allocation would be less than \$150; then of the remaining 60% not provided by the State from State monies,
- (A) 30 percent by the hospitals;
- (B) 24 percent by nonprofit hospital and medical service corporations licensed under 8 V.S.A. chapter 123 or 125; health insurance companies licensed under 8 V.S.A. chapter 101, and health maintenance organizations licensed under 8 V.S.A. chapter 139; and
- (C) 6 percent by accountable care organizations certified under 18 V.S.A. § 9382.

	SFY16 Act	SFY17 Act	SFY18 Bud	SFY19 Rec
State	40%	40%	40%	40%
HMS (BCBS)	15%	15%	45%	24%
HMO	15%	15%		
Insurer	15%	15%		
Hospitals	15%	15%	15%	30%
ACO	0%	0%	0%	6%

Note: Direct Billback (BB) to HMS, HMO, Insurer, Hospitals & ACO in FY19 for contract expenses specific to the organization's regulation.

Appendix: Industry Billback Statute Under Review

18 VSA § 9374(h) (was 9415 repealed July 2015)

Except as otherwise provided in subdivision (2) of this subsection, expenses incurred to obtain information, analyze expenditures, review hospital budgets, and for any other contracts authorized by the Board shall be borne as follows:

- (A) 40 percent by the State from State monies;
- (B) 15 percent by the hospitals;
- (C) 15 percent by nonprofit hospital and medical service corporations licensed under 8 V.S.A. chapter 123 or 125;
- (D) 15 percent by health insurance companies licensed under 8 V.S.A. chapter 101; and
- (E) 15 percent by health maintenance organizations licensed under 8 V.S.A. chapter 139.

2018 Billback per 2017 Act 73 Sec. 15a

Notwithstanding any provision of 18 V.S.A. § 9374(h) to the contrary and except as otherwise provided in subsection (b) of this section, for fiscal year 2018 only, expenses incurred by the Green Mountain Care Board to obtain information, analyze expenditures, review hospital budgets, and for any other contracts authorized by the Board shall be borne as follows:

- (1) 40 percent by the State from State monies;
- (2) 15 percent by the hospitals; and
- (3) 45 percent by nonprofit hospital and medical service corporations licensed under 8 V.S.A. chapter 123 or 125, health insurance companies licensed under 8 V.S.A. chapter 101; and health maintenance organizations licensed under 8 V.S.A. chapter 139.

Authority to Billback for VDH Position with 18 V.S.A. § 9415 was Repealed

This position, created by 18 V.S.A. § 9405b, formerly resided with the Health Care Administration, which rolled into DFR and was then transferred to VDH. As GMCB understands, DFR received an appropriation for this position before 18 V.S.A. § 9415 was repealed and transferred that money to VDH. GMCB does not receive an appropriation for the position and is not given the authority to bill back for the position with current language. VDH receives the appropriation for this position.

The authority for GMCB to bill back for this position needs to be reinstated as it is draining the Billback Fund. In 2017, VDH's appropriation from this fund was \$76,000.

Appendix: Certificate of Need Billback Statute

Health Facility Planning 18 V.S.A. § 9441

(a) The Board shall charge a fee for the filing of certificate of need applications. The fee shall be calculated at the rate of 0.125 percent of project costs.

(b) The maximum fee shall not exceed \$20,000.00 and the minimum filing fee is **\$250.00** regardless of project cost. No fee shall be charged on projects amended as part of the review process.

(c) The Board may retain such additional professional or other staff as needed to assist in particular proceedings under this subchapter and may assess and collect the reasonable expenses for such additional staff from the applicant. The Board, on petition by the applicant and opportunity for hearing, may reduce such assessment upon a proper showing by the applicant that such expenses were excessive or unnecessary. The authority granted to the Board under this section is in addition to any other authority granted to the Board under law. (Added 1985, No. 234 (Adj. Sess.), § 7a, eff. Oct. 1, 1986; amended 1991, No. 160 (Adj. Sess.), § 33, eff. May 11, 1992; 1995, No. 180 (Adj. Sess.), §§ 30, 38(a); 1995, No. 186 (Adj. Sess.), § 16; 1999, No. 49, § 223; 2003, No. 53, § 17, eff. June 4, 2003; 2011, No. 171 (Adj. Sess.), § 20b, eff. Jan. 1, 2013.)

MVP Health Care Derivation of 2019 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2018

	GOLD		NON-STANDARD PLANS SILVER		BRONZE		PLATINUM	GOLD		STANDARD PLANS SILVER		BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
	HDHP	Non-HDHP	CSR	Non-CSR	Non-HDHP	No RX OOP		CSR HDHP	Non-HDHP	Non-CSR HDHP	Non-HDHP	HDHP	Non-HDHP				
2019 Proposed Rates																	
Single Rate	\$607.76	\$649.31	\$513.43	\$513.43	\$445.43	\$459.00	\$746.21	\$633.40	\$538.41	\$556.22	\$538.41	\$556.22	\$453.97	\$443.30	\$505.10	\$311.02	
Couple Rate	\$1,215.52	\$1,298.62	\$1,026.86	\$1,026.86	\$890.86	\$918.00	\$1,492.42	\$1,266.80	\$1,076.82	\$1,112.44	\$1,076.82	\$1,112.44	\$907.94	\$886.60	\$1,010.20	\$622.04	
Adult and Child(ren) Rate	\$1,172.98	\$1,253.17	\$990.92	\$990.92	\$859.68	\$885.87	\$1,440.19	\$1,222.46	\$1,039.13	\$1,073.50	\$1,039.13	\$1,073.50	\$876.16	\$855.57	\$974.84	\$600.27	
Family Rate	\$1,707.81	\$1,824.56	\$1,442.74	\$1,442.74	\$1,251.66	\$1,289.79	\$2,096.85	\$1,779.85	\$1,512.93	\$1,562.98	\$1,512.93	\$1,562.98	\$1,275.66	\$1,245.67	\$1,419.33	\$873.97	\$153,886,870
2018 Approved Rates																	
Single Rate	\$568.54	\$604.43	\$474.08	\$474.08	\$425.35	\$422.10	\$705.42	\$596.79	\$505.48	\$528.79	\$505.48	\$528.79	\$429.17	\$425.27	\$456.68	\$293.04	
Couple Rate	\$1,137.08	\$1,208.86	\$948.16	\$948.16	\$850.70	\$844.20	\$1,410.84	\$1,193.58	\$1,010.96	\$1,057.58	\$1,010.96	\$1,057.58	\$858.34	\$850.54	\$913.36	\$586.08	
Adult and Child(ren) Rate	\$1,097.28	\$1,166.55	\$914.97	\$914.97	\$820.93	\$814.65	\$1,361.46	\$1,151.80	\$975.58	\$1,020.56	\$975.58	\$1,020.56	\$828.30	\$820.77	\$881.39	\$565.57	
Family Rate	\$1,597.60	\$1,698.45	\$1,332.16	\$1,332.16	\$1,195.23	\$1,186.10	\$1,982.23	\$1,676.98	\$1,420.40	\$1,485.90	\$1,420.40	\$1,485.90	\$1,205.97	\$1,195.01	\$1,283.27	\$823.44	\$144,599,214
2019 Proposed Rate Increases																	
Single Rate	6.9%	7.4%	8.3%	8.3%	4.7%	8.7%	5.8%	6.1%	6.5%	5.2%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%	
Couple Rate	6.9%	7.4%	8.3%	8.3%	4.7%	8.7%	5.8%	6.1%	6.5%	5.2%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%	
Adult and Child(ren) Rate	6.9%	7.4%	8.3%	8.3%	4.7%	8.7%	5.8%	6.1%	6.5%	5.2%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%	
Family Rate	6.9%	7.4%	8.3%	8.3%	4.7%	8.7%	5.8%	6.1%	6.5%	5.2%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%	
February 2018 Contracts																	
Single Rate	1,187	121	2,400	516	534	402	719	683	307	339	675	1,585	405	1,120	64	18	
Couple Rate	424	20	602	124	118	97	309	192	86	98	161	311	100	257	13	1	
Adult and Child(ren) Rate	93	6	68	25	11	19	63	46	5	7	41	101	6	35	3	0	
Family Rate	470	21	68	81	44	59	238	140	20	15	132	353	65	126	10	1	
Total	2,174	168	3,138	746	707	577	1,329	1,061	418	459	1,009	2,350	576	1,538	90	20	
February 2018 Members																	
Single Rate	1,187	121	2,401	516	534	402	719	683	307	339	675	1,585	405	1,120	64	18	
Couple Rate	847	40	1,204	247	236	193	618	383	171	195	321	622	200	513	26	2	
Adult and Child(ren) Rate	240	15	155	55	26	48	152	115	15	16	108	265	15	84	6	0	
Family Rate	1,817	82	217	310	158	219	923	560	66	47	529	1,341	249	454	39	3	
Total	4,091	258	3,977	1,128	954	862	2,412	1,741	559	597	1,633	3,813	869	2,171	135	23	
2019 Proposed PMPY Revenue	\$6,302.27	\$6,994.13	\$6,082.65	\$6,679.74	\$5,125.92	\$5,101.99	\$7,897.84	\$6,763.35	\$6,297.37	\$6,603.76	\$5,725.21	\$5,940.94	\$5,010.27	\$5,036.86	\$5,562.38	\$3,701.41	
2018 Approved PMPY Revenue	\$5,895.57	\$6,510.70	\$5,616.46	\$5,244.43	\$4,894.84	\$4,691.83	\$7,466.12	\$6,372.44	\$5,912.22	\$6,278.09	\$5,375.05	\$5,647.96	\$4,736.56	\$4,832.00	\$5,029.16	\$3,487.43	

6.4% Total Revenue Change

MVP Health Care Derivation of 2019 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2018

	GOLD		NON-STANDARD PLANS SILVER		BRONZE		PLATINUM	GOLD		STANDARD PLANS SILVER			BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium	
	HDHP	Non-HDHP	CSR	Non-CSR	Non-HDHP	No RX OOP		CSR HDHP	Non-HDHP	Non-CSR HDHP	Non-HDHP	HDHP	Non-HDHP	No RX OOP					
2019 Proposed Rates																			
Single Rate	\$607.76	\$649.31	\$619.56	\$513.43	\$445.43	\$459.00	\$746.21	\$633.40	\$644.54	\$662.35	\$538.41	\$556.22	\$453.97	\$443.30	\$505.10	\$311.02			
Couple Rate	\$1,215.52	\$1,298.62	\$1,239.12	\$1,026.86	\$890.86	\$918.00	\$1,492.42	\$1,266.80	\$1,289.08	\$1,324.70	\$1,076.82	\$1,112.44	\$907.94	\$886.60	\$1,010.20	\$622.04			
Adult and Child(ren) Rate	\$1,172.98	\$1,253.17	\$1,195.75	\$990.92	\$859.68	\$885.87	\$1,440.19	\$1,222.46	\$1,243.96	\$1,278.34	\$1,039.13	\$1,073.50	\$876.16	\$855.57	\$974.84	\$600.27			
Family Rate	\$1,707.81	\$1,824.56	\$1,740.96	\$1,442.74	\$1,251.66	\$1,289.79	\$2,096.85	\$1,779.85	\$1,811.16	\$1,861.20	\$1,512.93	\$1,562.98	\$1,275.66	\$1,245.67	\$1,419.33	\$873.97	\$160,333,410	\$529.72	\$6,356.64
2018 Approved Rates																			
Single Rate	\$568.54	\$604.43	\$474.08	\$474.08	\$425.35	\$422.10	\$705.42	\$596.79	\$505.48	\$528.79	\$505.48	\$528.79	\$429.17	\$425.27	\$456.68	\$293.04			
Couple Rate	\$1,137.08	\$1,208.86	\$948.16	\$948.16	\$850.70	\$844.20	\$1,410.84	\$1,193.58	\$1,010.96	\$1,057.58	\$1,010.96	\$1,057.58	\$858.34	\$850.54	\$913.36	\$586.08			
Adult and Child(ren) Rate	\$1,097.28	\$1,166.55	\$914.97	\$914.97	\$820.93	\$814.65	\$1,361.46	\$1,151.80	\$975.58	\$1,020.56	\$975.58	\$1,020.56	\$828.30	\$820.77	\$881.39	\$565.57			
Family Rate	\$1,597.60	\$1,698.45	\$1,332.16	\$1,332.16	\$1,195.23	\$1,186.10	\$1,982.23	\$1,676.98	\$1,420.40	\$1,485.90	\$1,420.40	\$1,485.90	\$1,205.97	\$1,195.01	\$1,283.27	\$823.44	\$144,599,214	\$477.74	\$5,732.83
2019 Proposed Rate Increases																			
Single Rate	6.9%	7.4%	30.7%	8.3%	4.7%	8.7%	5.8%	6.1%	27.5%	25.3%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%			
Couple Rate	6.9%	7.4%	30.7%	8.3%	4.7%	8.7%	5.8%	6.1%	27.5%	25.3%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%			
Adult and Child(ren) Rate	6.9%	7.4%	30.7%	8.3%	4.7%	8.7%	5.8%	6.1%	27.5%	25.3%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%			
Family Rate	6.9%	7.4%	30.7%	8.3%	4.7%	8.7%	5.8%	6.1%	27.5%	25.3%	6.5%	5.2%	5.8%	4.2%	10.6%	6.1%			
February 2018 Contracts																			
Single Rate	1,187	121	2,400	516	534	402	719	683	307	339	675	1,585	405	1,120	64	18			
Couple Rate	424	20	602	124	118	97	309	192	86	98	161	311	100	257	13	1			
Adult and Child(ren) Rate	93	6	68	25	11	19	63	46	5	7	41	101	6	35	3	0			
Family Rate	470	21	68	81	44	59	238	140	20	15	132	353	65	126	10	1			
Total	2,174	168	3,138	746	707	577	1,329	1,061	418	459	1,009	2,350	576	1,538	90	20			
February 2018 Members																			
Single Rate	1,187	121	2,401	516	534	402	719	683	307	339	675	1,585	405	1,120	64	18			
Couple Rate	847	40	1,204	247	236	193	618	383	171	195	321	622	200	513	26	2			
Adult and Child(ren) Rate	240	15	155	55	26	48	152	115	15	16	108	265	15	84	6	0			
Family Rate	1,817	82	217	310	158	219	923	560	66	47	529	1,341	249	454	39	3			
Total	4,091	258	3,977	1,128	954	862	2,412	1,741	559	597	1,633	3,813	869	2,171	135	23			
2019 Proposed PMPY Revenue	\$6,302.27	\$6,994.13	\$7,339.98	\$5,679.74	\$5,125.92	\$5,101.99	\$7,897.84	\$6,763.35	\$7,538.70	\$7,863.79	\$5,725.21	\$5,940.94	\$5,010.27	\$5,036.86	\$5,562.38	\$3,701.41			
2018 Approved PMPY Revenue	\$5,895.57	\$6,510.70	\$5,616.46	\$5,244.43	\$4,894.84	\$4,691.83	\$7,466.12	\$6,372.44	\$5,912.22	\$6,278.09	\$5,375.05	\$5,647.96	\$4,736.56	\$4,832.00	\$5,029.16	\$3,487.43			
																	10.9%	Total Revenue Change	



MVP Health Care -- 2019 Exchange Rate Filing

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2018 to 2019 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 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2019 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits												Pharmacy						
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type		Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2019)	HYHMO	Platinum	Standard	On Exchange	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%	
FRVT-HMO-G-001-S (2019)	HYHMO	Gold	Standard	On Exchange	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded	
FRVT-HMO-G-002-N (2019)	HYHMO	Gold	Non-Standard	On Exchange	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBIID = \$1 [†]	
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2019)	HYHMO	Silver	Standard	On Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$80 / 50%, \$300 / \$600 Brand Ded	
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300 [†]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBIID = \$1 [†]	
VT-HMO-S-003-S II (2019)	HYHMO	Silver	Standard	Off Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$105 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$80 / 50%, \$300 / \$600 Brand Ded	
VT-HMOH-S-004-S II (2019)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300 [†]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
VT-HMOH-S-002-N II (2019)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,125	\$8,250	Embedded	0%	Embedded	Aggregate	\$4,125	\$8,250	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-001-N II (2019)	HYHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$105	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBIID = \$1 #	
FRVT-HMO-B-002-S (2019)	HYHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,650	\$13,300 [†]	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible	
FRVT-HMO-B-004-S (2019)	HYHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible	
FRVT-HMO-B-005-N (2019)	HYHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	N/A	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-B-001-N (2019)	HYHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBIID = \$3 [†]
FRVT-HMO-C-001-N (2019)	HYHMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits												Pharmacy					
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type		Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S3-001-S (2019)	HYHMO	Silver	Standard	On Exchange	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2019)	HYHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HYHMO	Silver	Standard	On Exchange	\$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-S3-004-S (2019)	HYHMO	Silver	Standard	On Exchange	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,800	\$9,600 [†]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HYHMO	Silver	Standard	On Exchange	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 (2019)	HYHMO	Silver	Standard	On Exchange	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 (2019)	HDHMO	Silver	Standard	On Exchange	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded	Embedded	\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,800	\$5,600	Embedded	0%	Embedded	Aggregate	\$2,800	\$5,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$1,400 (Fac) \$600 (Phys)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$1 [†]
FRVT-HMO-S1-002-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys) \$40 (Fac)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$500	\$1,100	Separate	\$5 / 20% / 40%, VBIID = \$1 [†]
FRVT-HMO-S1-003-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys) \$800 (Fac)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$500	\$400	Separate	\$5 / 5% / 5%, VBIID = \$1 [†]
FRVT-HMO-S1-004-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$1 [†]

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized) [^]				In-Network Benefits																Pharmacy		
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single		Rx OOP Max Family	OOP Max Type
FRVT-HMO-PA2-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2019)	HyHMO	Gold	Standard	On Exchange	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2019)	HyHMO	Silver	Standard	On Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
FRVT-HMO-BA2-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,650	\$13,300*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits																Pharmacy		
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single		Rx OOP Max Family	OOP Max Type
FRVT-HMO-PA1-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2019)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-GA1-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2019)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2019)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

**First 3 PCP Office Visits are 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 structure is \$7,900 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 2018 to 2019 Benefits by Plan

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

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	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
				\$10 No DD	\$30 No DD	\$100	\$100	10%	\$50 No DD	\$50 No DD	\$360	\$700	10%	Embedded	Embedded	\$1,300		\$2,600	\$1,300	\$2,600	Separate
FRVT-HMO-P-001-S (2018)	HYHMO	Platinum	Standard	\$10 No DD	\$30 No DD	\$100	\$100	10%	\$50 No DD	\$50 No DD	\$360	\$700	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2019)	HYHMO	Platinum	Standard	\$10 No DD	\$30 No DD	\$100	\$100	10%	\$50 No DD	\$50 No DD	\$360	\$700	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	\$300	\$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-001-S (2019)	HYHMO	Gold	Standard	\$15 No DD	\$30 No DD	\$300	\$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-HMO-G-002-N (2019)	HYHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBD = \$1 #
FRVT-HMO-H-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-H-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$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	\$6,500	\$13,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S-003-S (2019)	HYHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-H-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-H-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMO-H-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600	Aggregate	0%	Aggregate	Aggregate	\$4,800	\$9,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-H-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Aggregate	Aggregate	\$4,100	\$8,200	\$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	\$1,400 (Fac)	\$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-S-001-N (2019)	HYHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$600 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 #
FRVT-HMO-B-002-S (2018)	HMO	Bronze	Standard	\$38	\$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-HMO-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,900	\$11,800	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMO-H-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	\$250	\$5,250	\$10,500	Aggregate	50%	Aggregate	Aggregate	\$6,525	\$13,050	\$1,350	\$2,700	Integrated	\$12 / 40% / 60%, Subject to Med Deductible
FRVT-HMO-H-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	\$250	\$5,250	\$10,500	Aggregate	50%	Aggregate	Aggregate	\$6,650	\$13,300	\$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 / 30, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-004-S (2019)	HYHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / 30, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-005-N (2018)	HYHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$14,000	\$28,000	Aggregate	0%	Aggregate	Aggregate	\$14,000	\$28,000	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 #
FRVT-HMO-B-005-N (2019)	HYHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	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 / \$80 / 60%, \$350 / \$700 Ded, VBD = \$3 #
FRVT-HMO-B-001-N (2019)	HYHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,350	\$2,700	Integrated	\$20 / \$80 / 60%, \$350 / \$700 Ded, VBD = \$3 #
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
FRVT-HMO-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AVAN)				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	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
				\$25 No DD	\$65 No DD	\$250	\$250	40%	\$50 No DD	\$50 No DD	\$2,600	\$5,200 <td>Embedded</td> <td>40%</td> <td>Embedded</td> <td>Embedded</td> <td>\$5,700</td> <td>\$11,400</td> <td>\$1,200</td> <td>\$2,400</td> <td>Integrated</td>	Embedded	40%	Embedded	Embedded		\$5,700	\$11,400	\$1,200	\$2,400
FRVT-HMO-S3-001-S (2018)	HYHMO	Silver	Standard	\$39	\$90	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-001-S (2019)	HYHMO	Silver	Standard	\$39	\$90	50%	50%	50%	\$100	\$5,900	\$11,800	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	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	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2019)	HYHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$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-S3-003-S (2019)	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-S3-004-S (2018)	HYHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-004-S (2019)	HYHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-H-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-HMO-H-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,800	\$9,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMO-H-S4-002-S (2018)	HYHMO	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-HMO-H-S4-002-S (2019)	HYHMO	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-HMO-H-S4-003-S (2018)	HYHMO	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-HMO-H-S4-003-S (2019)	HYHMO	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-HMO-H-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	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMO-H-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMO-H-S2-001-S (2018)	HDHMO	Silver	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-HMO-H-S2-001-S (2019)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-H-S2-002-S (2018)	HYHMO	Silver	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-HMO-H-S2-002-S (2019)	HYHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-H-S2-003-S (2018)	HYHMO	Silver	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-HMO-H-S2-003-S (2019)	HYHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded	Embedded	\$425	\$850	N/A	N/A	N	

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Experience Period:	January 1, 2017 - December 31, 2017
Rating Period:	January 1, 2019 - December 31, 2019

Months of Trend	2018	2019	Total
	12	12	24

Medical Trend Summary

2018 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	20.6%	6.2%	0.0%	6.2%
OP	48.8%	4.5%	0.0%	4.5%
PHY	28.5%	-1.5%	0.0%	-1.5%
OTR	2.1%	4.0%	0.0%	4.0%
Medical Total		3.1%	0.0%	3.1%

2019 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.2%	6.3%	0.0%	6.3%
OP	49.5%	4.6%	0.0%	4.6%
PHY	27.2%	-1.5%	0.0%	-1.5%
OTR	2.1%	4.0%	0.0%	4.0%
Medical Total		3.3%	0.0%	3.3%

Annual Allowed Medical Trend **3.2%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$360.04	\$9.79	\$7.61	\$54.87	\$287.77
24 Months of Trend:	1.065	1.065	1.000	1.025	1.074
Projection Period:	\$383.41	\$10.43	\$7.61	\$56.27	\$309.11
Allowed Trend (Annual)	3.2%				
Paid Trend (Annual)	3.6%				
Leveraging (Annual)	0.4%				

Rx Trend Summary

	<u>2018 Trend</u>		<u>2019 Trend</u>		<u>Annualized Trend</u>	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-0.7%	2.4%	4.9%	3.2%	2.1%	2.8%
Brand	14.3%	4.5%	12.1%	-0.4%	13.2%	2.1%
Specialty	4.2%	7.6%	9.6%	7.8%	6.8%	7.7%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	9,812	904	98	10,814
Experience Period Allowed Cost per Script	\$17.09	\$298.50	\$4,347.81	\$79.83
Experience Period Deductible Per Script	\$3.87	\$23.04	\$62.39	\$6.01
Experience Period Copay Per Script	\$2.69	\$11.18	\$15.85	\$3.52
Experience Period Coinsurance Per Script	\$1.09	\$18.97	\$45.38	\$2.99
Experience Period Paid Cost Per Script	\$9.43	\$245.31	\$4,224.18	\$67.31
Experience Period Allowed PMPM	\$13.98	\$22.48	\$35.48	\$71.93
Experience Period Deductible PMPM	\$3.17	\$1.74	\$0.51	\$5.41
Experience Period Copay PMPM	\$2.20	\$0.84	\$0.13	\$3.17
Experience Period Coinsurance PMPM	\$0.90	\$1.43	\$0.37	\$2.69
Experience Period Paid PMPM	\$7.71	\$18.48	\$34.47	\$60.66
Experience Period Rx Rebates PMPM				(\$11.03)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.102
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.013	1.013	1.013	1.013
Annual Paid Trend	1.059	1.172	1.152	1.147
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.125
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,375	942	114	11,430
Projected Allowed Cost per Script	\$17.80	\$382.47	\$4,962.43	\$96.98
Projected Deductible Per Script	\$3.97	\$23.63	\$63.98	\$6.19
Projected Copay Per Script	\$2.69	\$11.18	\$15.85	\$3.52
Projected Coinsurance Per Script	\$1.14	\$24.30	\$51.80	\$3.55
Projected Paid Cost Per Script	\$10.00	\$323.35	\$4,830.81	\$83.72
Projected Allowed PMPM	\$15.39	\$30.01	\$46.97	\$92.37
Projected Deductible PMPM	\$3.43	\$1.85	\$0.61	\$5.89
Projected Copay PMPM	\$2.33	\$0.88	\$0.15	\$3.35
Projected Coinsurance PMPM	\$0.99	\$1.91	\$0.49	\$3.38
Projected Paid PMPM	\$8.65	\$25.37	\$45.72	\$79.74
Projected Rx Rebates				(\$16.93)
Net Projected Paid PMPM				\$62.81

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	10,497	855	112	11,463
Experience Period Allowed Cost per Script	\$18.77	\$298.95	\$5,007.16	\$88.24
Experience Period Deductible Per Script	\$4.14	\$30.05	\$69.26	\$6.71
Experience Period Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Experience Period Coinsurance Per Script	\$1.13	\$14.92	\$50.94	\$2.64
Experience Period Paid Cost Per Script	\$10.63	\$238.90	\$4,867.88	\$74.96
Experience Period Allowed PMPM	\$16.42	\$21.29	\$46.59	\$84.30
Experience Period Deductible PMPM	\$3.62	\$2.14	\$0.64	\$6.41
Experience Period Copay PMPM	\$2.51	\$1.07	\$0.18	\$3.76
Experience Period Coinsurance PMPM	\$0.98	\$1.06	\$0.47	\$2.52
Experience Period Paid PMPM	\$9.30	\$17.02	\$45.29	\$71.60
Experience Period Rx Rebates PMPM				(\$12.44)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.102
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.012	1.012	1.012	1.012
Annual Paid Trend	1.059	1.178	1.152	1.146
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.137
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,099	890	130	12,119
Projected Allowed Cost per Script	\$19.55	\$383.05	\$5,715.00	\$107.12
Projected Deductible Per Script	\$4.24	\$30.78	\$70.94	\$6.90
Projected Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Projected Coinsurance Per Script	\$1.17	\$19.11	\$58.15	\$3.10
Projected Paid Cost Per Script	\$11.26	\$318.07	\$5,866.83	\$93.17
Projected Allowed PMPM	\$18.08	\$28.42	\$61.68	\$108.18
Projected Deductible PMPM	\$3.92	\$2.29	\$0.77	\$6.97
Projected Copay PMPM	\$2.66	\$1.12	\$0.21	\$3.98
Projected Coinsurance PMPM	\$1.08	\$1.42	\$0.63	\$3.13
Projected Paid PMPM	\$10.42	\$23.60	\$60.08	\$94.10
Projected Rx Rebates				(\$17.63)
Net Projected Paid PMPM				\$76.47

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	9,335	938	88	10,362
Experience Period Allowed Cost per Script	\$15.78	\$298.21	\$3,768.07	\$73.35
Experience Period Deductible Per Script	\$3.67	\$18.60	\$56.36	\$5.47
Experience Period Copay Per Script	\$2.55	\$8.71	\$13.01	\$3.19
Experience Period Coinsurance Per Script	\$1.07	\$21.54	\$40.49	\$3.26
Experience Period Paid Cost Per Script	\$8.50	\$249.36	\$3,658.21	\$61.42
Experience Period Allowed PMPM	\$12.28	\$23.31	\$27.75	\$63.33
Experience Period Deductible PMPM	\$2.85	\$1.45	\$0.41	\$4.72
Experience Period Copay PMPM	\$1.98	\$0.68	\$0.10	\$2.76
Experience Period Coinsurance PMPM	\$0.83	\$1.68	\$0.30	\$2.81
Experience Period Paid PMPM	\$6.61	\$19.49	\$26.94	\$53.04
Experience Period Rx Rebates PMPM				(\$10.04)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.103
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.013	1.013	1.013	1.013
Annual Paid Trend	1.059	1.168	1.152	1.147
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.114
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,871	977	102	10,951
Projected Allowed Cost per Script	\$16.44	\$382.10	\$4,300.74	\$89.17
Projected Deductible Per Script	\$3.76	\$19.09	\$57.83	\$5.63
Projected Copay Per Script	\$2.55	\$8.71	\$13.01	\$3.20
Projected Coinsurance Per Script	\$1.12	\$27.59	\$46.21	\$3.90
Projected Paid Cost Per Script	\$9.01	\$326.71	\$4,183.69	\$76.44
Projected Allowed PMPM	\$13.52	\$31.11	\$36.73	\$81.37
Projected Deductible PMPM	\$3.09	\$1.55	\$0.49	\$5.14
Projected Copay PMPM	\$2.10	\$0.71	\$0.11	\$2.92
Projected Coinsurance PMPM	\$0.92	\$2.25	\$0.39	\$3.56
Projected Paid PMPM	\$7.42	\$26.60	\$35.73	\$69.75
Projected Rx Rebates				(\$16.44)
Net Projected Paid PMPM				\$53.31

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/17 - 12/31/17

Completed Through: 3/31/18

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	55,568	79,856	135,424
2 FFS Paid Medical Claims	\$298.66	\$280.19	\$287.77
3 FFS Paid Pediatric Dental Claims	\$0.52	\$0.52	\$0.52
4a Federal CSR Payments	\$0.00	(\$28.26)	(\$16.66)
4b State CSR Payments	\$0.00	(\$3.24)	(\$1.91)
5 IBNR Factor	1.043	1.043	1.043
6 FFS Incurred Paid Medical Claims	\$311.97	\$259.85	\$281.24
7 FFS Incurred Rx Claims	\$71.60	\$53.04	\$60.66
8 Experience Period Rx Rebates	(\$12.44)	(\$10.04)	(\$11.03)
9 FFS Incurred Rx Claims (Net of Rebates)	\$59.16	\$43.00	\$49.63
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$42.83)	(\$31.73)	(\$36.28)
11 Pooling Charge	\$44.92	\$37.09	\$40.30
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$373.22	\$308.22	\$334.89
13 Experience Period Capitation and Non-FFS Medical Costs	\$10.06	\$9.25	\$9.58
14 Adjusted Experience Period Claim Expense	\$383.28	\$317.47	\$344.47
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$2.72	\$4.12	\$3.55
16 Adjustment for pharmacy benefit carve-in	\$0.28	\$0.28	\$0.28
17 Adjustment for Individual Mandate Repeal	\$0.00	\$11.68	\$6.89
18 Experience Period Claim Expense After All Adjustments	\$386.28	\$333.55	\$355.19
19 Annual FFS Medical projection factor	1.036	1.036	1.036
20 Annual FFS Rx projection factor	1.137	1.114	1.125
21 Annual FFS Claim trend projection factor	1.052	1.047	1.050
22 Months of Trend	24	24	24
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$416.71	\$355.75	\$380.82
24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.20	\$4.44	\$4.76
25 Projection Period Capitation and Non-FFS Medical Costs	\$5.82	\$5.82	\$5.82
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$427.74	\$366.02	\$391.40
Federal Reinsurance and Risk Adjustment Programs			
27 Federal Risk Adjustment Program Impact	\$55.25	\$47.28	\$50.56
28 Paid Index Rate PMPM After Adjustments for Federal Programs	\$482.99	\$413.30	\$441.95

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	11,075	11,076	1.000	1.000
4	Double	2,913	5,818	1.997	2.000
4	Parent/Child(ren)	529	1,315	2.486	1.930
4	Family	1,843	7,014	3.806	2.810

Single Conversion Factor 1.092

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

% of Premium Retention Components	
Broker Load	0.00%
Bad Debt	0.60%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.60%

PMPM Retention Components	
General Administrative Load	\$39.80

% of Premium Taxes and Assessments	
Premium Tax	0.00%
VT Vaccine Pilot	0.00%
ACA Insurer Tax	0.00%
Total % of Premium Taxes/Assessments	0.00%

% 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	
Federal PCORI Fee	\$0.00
HHS Risk Adjustment User Fee	\$0.15
18 VSA 9374(h) Billback	\$0.91
Total PMPM Taxes/Assessments	\$1.06

Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans
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MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Derivation of Rating Period CSR Load for Silver On Exchange Plans
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1) Projection Period Federal CSR Dollars	\$2,146,209	
2) Projection Period Member Months, CSR Plans	24,363	
3) Projection Period Federal CSR PMPM	\$88.09	= 1) / 2)
4) IBNR Factor	1.043	
5) Federal CSR PMPM with IBNR	\$91.87	= 3) * 4)
6) Annual Trend Factor	1.015	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$94.66	= 5) * 6) ^ [7) / 12]

Exhibit 6 -- 2019 Exchange Premium Rates

MVP Health Plan, Inc. 2019 Vermont Exchange Rate File
For Effective Dates Beginning January 1, 2019 - December 31, 201:

2019 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$441.95
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7284
Adjusted Claim Cost for Pricing	\$606.77

Coplan	Product Type	Metal Level	Standard / Non-Standard	On / Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2018 Single Rate	Increase over 2018 Double Rate	Increase over 2018 P/C Rate	Increase over 2018 Family Rate
FRVT-HMO-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.896	1.149	\$624.72	\$17.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$683.34	\$746.21	\$1,492.42	\$1,440.19	\$2,096.85	5.8%	5.8%	5.8%	5.8%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.798	1.082	\$524.10	\$15.08	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$580.04	\$633.40	\$1,266.80	\$1,222.46	\$1,779.85	6.1%	6.1%	6.1%	6.1%
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.814	1.090	\$538.22	\$15.46	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$594.61	\$649.31	\$1,298.62	\$1,253.17	\$1,824.56	7.4%	7.4%	7.4%	7.4%
FRVT-HMO-G-003-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.773	1.069	\$501.16	\$14.47	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$556.56	\$607.76	\$1,215.52	\$1,172.98	\$1,707.81	6.9%	6.9%	6.9%	6.9%
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
VT-HMO-S-003-S II (2019)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$509.36	\$556.22	\$1,112.44	\$1,073.50	\$1,562.98	N/A	N/A	N/A	N/A
VT-HMOH-S-004-S II (2019)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$493.05	\$538.41	\$1,076.82	\$1,039.13	\$1,512.93	N/A	N/A	N/A	N/A
VT-HMOH-S-002-N II (2019)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.031	\$441.14	\$15.87	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$494.94	\$540.47	\$1,080.94	\$1,043.11	\$1,518.72	N/A	N/A	N/A	N/A
VT-HMO-S-001-N II (2019)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$470.17	\$513.43	\$1,026.86	\$990.92	\$1,442.74	N/A	N/A	N/A	N/A
FRVT-HMO-B-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.584	1.000	\$354.53	\$10.55	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$405.95	\$443.30	\$886.60	\$855.57	\$1,245.67	4.2%	4.2%	4.2%	4.2%
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.600	1.000	\$364.05	\$10.81	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$415.72	\$453.97	\$907.94	\$876.16	\$1,275.66	5.8%	5.8%	5.8%	5.8%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.663	1.018	\$409.66	\$12.03	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$462.55	\$505.10	\$1,010.20	\$974.84	\$1,419.33	10.6%	10.6%	10.6%	10.6%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.001	\$368.47	\$10.93	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$420.33	\$459.00	\$918.00	\$885.87	\$1,289.79	8.7%	8.7%	8.7%	8.7%
FRVT-HMO-S-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.587	1.000	\$356.36	\$10.61	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$407.90	\$445.43	\$890.86	\$859.68	\$1,251.66	4.7%	4.7%	4.7%	4.7%
FRVT-HMO-S-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	Subsidized (73%)	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMO-S-004-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-S4-002-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-S2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMOH-S2-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMOH-S2-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMOH-S2-004-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
FRVT-HMO-S1-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
FRVT-HMO-S1-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
FRVT-HMO-S1-004-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
FRVT-HMO-PA2-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	A/I/A/N	0.896	1.149	\$624.72	\$17.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$683.34	\$746.21	\$1,492.42	\$1,440.19	\$2,096.85	5.8%	5.8%	5.8%	5.8%
FRVT-HMO-GA2-001-S (2019)	HyHMO	Gold	Standard	On Exchange	A/I/A/N	0.798	1.082	\$524.10	\$15.08	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$580.04	\$633.40	\$1,266.80	\$1,222.46	\$1,779.85	6.1%	6.1%	6.1%	6.1%
FRVT-HMO-GA2-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.814	1.090	\$538.22	\$15.46	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$594.61	\$649.31	\$1,298.62	\$1,253.17	\$1,824.56	7.4%	7.4%	7.4%	7.4%
FRVT-HMOH-GA2-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.773	1.069	\$501.16	\$14.47	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$556.56	\$607.76	\$1,215.52	\$1,172.98	\$1,707.81	6.9%	6.9%	6.9%	6.9%
FRVT-HMO-SA2-003-S (2019)	HyHMO	Silver	Standard	On Exchange	A/I/A/N	0.721	1.040	\$456.26	\$15.77	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$606.55	\$662.35	\$1,324.70	\$1,278.34	25.3%	25.3%	25.3%	25.3%
FRVT-HMOH-SA2-004-S (2019)	HDHMO	Silver	Standard	On Exchange	A/I/A/N	0.703	1.030	\$439.37	\$15.35	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$94.66	\$590.24	\$644.54	\$1,289.08	\$1,243.96	27.5%	27.5%	27.5%	27.5%
FRVT-HMOH-SA2-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	A/I/A/N	0.706	1.030	\$441.14	\$15.40	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$592.12	\$646.60	\$1,293.20	\$1,247.94	35.9%	35.9%	35.9%	35.9%
FRVT-HMOH-SA2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	A/I/A/N	0.674	1.020	\$417.02	\$14.75	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$94.66	\$567.36	\$619.56	\$1,239.12	\$1,195.75	30.7%	30.7%	30.7%	30.7%
FRVT-HMOH-BA2-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	A/I/A/N	0.584	1.000	\$354.53	\$10.55	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$405.95	\$443.30	\$886.60	\$855.57	\$1,245.67	4.2%	4.2%	4.2%	4.2%
FRVT-HMOH-BA2-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	A/I/A/N	0.600	1.000	\$364.05	\$10.81	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$415.72	\$453.97	\$907.94	\$876.16	\$1,275.66	5.8%	5.8%	5.8%	5.8%
FRVT-HMO-BA2-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	A/I/A/N	0.663	1.018	\$409.66	\$12.03	\$39.80	\$0.												



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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ACTUARIAL MEMORANDUM

2019 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2019 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 1/1/2019 and 12/31/2019. There are no benefit plans being retired, and there is 1 new base plan being offered as well as 4 new "reflective" Silver plans being offered off of the exchange. 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 10.9%, ranging from 4.2% to 30.7%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to medical and pharmacy cost and utilization inflation, experience period data not reflecting a full 12-month contract, the removal of the federal individual mandate and the removal of the federal cost-sharing reduction (CSR) subsidies. 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. Silver on-exchange premium rates are the only rates to reflect the impact of the loss of federal CSR subsidies.

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 (2019)). 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.

MVP has created four new "reflective" Silver plans sold off of the exchange to policyholders who are not eligible for Advance Premium Tax Credits (APTCs) or CSR subsidies. These plans are identical to the corresponding plan sold on-exchange, with the exception of an increase to the cost sharing for Ambulance services (or an increase to the deductible and maximum out of pocket limit for plans which have no cost sharing after the deductible). This was done so that members who are not eligible for CSR subsidies would not see their premium rates raised for the impact of CSR defunding.

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 8,929 policyholders, 16,360 subscribers and 25,223 members based on February 2018 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 data for Vermont members over the time period 1/1/2017 – 12/31/2017, completed through 3/31/2018. All of the members included in this section are enrolled in ACA compliant plans.

MVP does not project to rebate consumers for 2017 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	\$58,592,991	\$43,245,832
Experience Period Costs Not Processed Through Claims System	\$1,609,842	\$1,297,737
IBNR	\$2,088,322	\$1,561,366
Total	\$62,291,156	\$46,104,934

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 Individual Mandate Repeal

This adjustment represents the change in the morbidity of the population due to the individual mandate being repealed. Because there is no longer a penalty for foregoing coverage, MVP is assuming that healthier members will be more likely to leave the market as it is cheaper for them to forego coverage as opposed to paying a premium. This will increase costs on a PMPM basis for the remaining population. MVP has valued this at 3.7% of experience period allowed claims PMPM for Individual members which translates to 2.1% on the entire merged market.

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP’s provider network.

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 135,424 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 an 82.4% paid-to-allowed ratio in 2019. MVP's projection period membership equals the February 2018 enrollment of the population eligible to purchase these products, or 25,223 members (302,676 member months). On Worksheet 2 of the URRT, members currently enrolled in ACA compliant plans are mapped to their corresponding plan designs for 2019, with the exception of members currently purchasing non-CSR Silver plans. Those members are mapped to their corresponding new Silver "reflective" off-exchange plan. MVP is not proposing to retire any plans in 2019.

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 2019.

MVP is seeing a marked increase in the paid-to-allowed ratio in the projection period relative to the experience period. This is due to two factors: an increase in the average paid-to-allowed ratio of the February 2018 membership relative to the experience period membership and the impact of the CSR defunding on MVP's incurred claims. Because the federal government reimbursed MVP for CSR subsidies in the experience period, MVP's incurred claims were reduced. Now that the subsidy repayments have been cancelled, MVP expects its' allowed claims to increase by trend plus the individual mandate repeal impact while its incurred claims will go up by the preceding two factors PLUS the additional CSR subsidies MVP now has to cover. This increases the incurred claims at a faster rate than the allowed claims, which increased the projected paid-to-allowed ratio.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2017 provided by CMS, MVP is slated to pay \$7,006,932 into the merged market transfer pool for 2017. This is \$51.74 on a PMPM basis or approximately 15.0% of experience period claims.

CMS has finalized 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 2017 payment by 0.86 to reflect the projected payment for 2019. This ultimate projected liability (including the PMPM Risk Adjustment user fee of \$0.15) is \$50.71 PMPM and is reflected on Worksheet 1.

Index Rate and Premium Rate Development

The experience period index rate of \$459.97 is equal to MVP Health Plan small group and individual HMO allowed claim data for the time period, 1/1/2017 – 12/31/2017, completed through 3/31/2018. The single risk pool projection period index rate is \$514.78. 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 \$564.56. 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 2019 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 \$0.15 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.15 HHS risk adjustment user fee.

State Taxes PMPM based

A total of \$0.91 PMPM is added for fees MVP must pay to the state of Vermont on a PMPM basis and includes the following items: \$0.91 PMPM expense to cover costs incurred under 18 VSA 9374(h).

Federal Taxes Premium based

There are no federal taxes levied on a percent of premium basis in the projection period.

State Taxes Premium based – VT Vaccine Assessment

There are no state-based taxes levied on a percent of premium basis in the projection period.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$39.80 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 2017 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.98 PMPM of the \$39.80 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2015, 2016, and 2017 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
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
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59

**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 2019. 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 0.60% of premium was added to account for non-payment of premium risk.

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 2018.

Catastrophic Plan Adjustment

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.629.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.047
Single Risk Pool Total	1.663
Catastrophic Adjustment	0.629

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 2018. 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 89.2%. 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 90.2%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2019 VT Exchange	
A) Claims Expense	\$441.95
B) Taxes/Assessments	\$1.06
C) Quality Improvement	\$3.98
D) Premium	\$495.70
E) Traditional Loss Ratio = A) / D)	89.2%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	90.2%

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.

05/09/2018
Date



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2019 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 2019 Exchange rates for effective dates of coverage between January 1, 2019 and December 31, 2019.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Changes in 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 prices 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 marketplace due to the repeal of the federal individual mandate.
- Exit of healthier individuals from the insurance marketplace as the cost of insurance increases.
- Repeal of the Cost Sharing Reduction (CSR) payments made to insurers for qualifying individuals.

The proposed rates reflect an average rate adjustment to prior rates of 10.9%, ranging from 4.2% to 30.7%. There are 8,929 policyholders, 16,360 subscribers and 25,223 members impacted by this rate filing.

MVP's Silver plans on the Exchange are receiving premium increases of 25.3% to 30.7% due to the federal government's repeal of the CSR payments. These Silver plans were increased to increase the amount of Advanced Premium Tax Credits (APTCs) that eligible individuals will receive to offset the cost of coverage purchased. Therefore, individuals eligible for APTCs will see their tax credits increase, offsetting much of the stated premium increase (actual rate change dependent on income level and plan selection).

Individuals not eligible for APTCs and Small Groups can purchase "Reflective" Silver plans off Exchange directly from MVP. These are plans with comparable benefits to the Silver plans on Exchange but with a lower premium. These plan increases range from 5.2% to 8.3%. Absent the loading of the on Exchange Silver plan, the average rate increase would be 6.4% with increases ranging from 4.2% to 10.6%.

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: 05/11/2018

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 v4.3																						
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):	1/1/2019																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2017		to	12/31/2017																		
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		\$60,103,974	\$443.82	100.00%																			
16	Incurred Claims in Experience Period	\$46,104,934	340.45	76.71%																			
17	Allowed Claims:	\$62,291,156	459.97	103.64%																			
18	Index Rate of Experience Period		\$459.97																				
19	Experience Period Member Months	135,424																					
20	Section II: Allowed Claims, PMPM basis																						
21		Experience Period																					
22																							
23																							
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25																							
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Product-Plan Data Collection

Company Legal Name: MVP Health Plan, Inc.
HIOS Issue ID: 77566
Effective Date of Rate Change(s): 1/1/2019

State: VT
Market: Combined

Product/Plan Level Calculations		Individual																									
Product ID		77566VTD004																									
Product Name		Individual																									
AV Metal Value		Platinum	0.820 Gold	0.800 Gold	0.775 Gold	0.719 Silver	0.703 Silver	0.718 Silver	0.710 Silver	0.719 Silver	0.703 Silver	0.709 Silver	0.718 Silver	0.613 Bronze	0.607 Bronze	0.613 Bronze	0.624 Bronze	0.617 Bronze	Catastrophic								
AV Pricing Value		1.210 Renewing HMO	1.027 Renewing HMO	1.053 Renewing HMO	0.986 Renewing HMO	1.074 Renewing HMO	1.045 Renewing HMO	1.005 Renewing HMO	1.049 New HMO	0.902 New HMO	0.873 New HMO	0.877 New HMO	0.833 New HMO	0.719 Renewing HMO	0.736 Renewing HMO	0.723 Renewing HMO	0.819 Renewing HMO	0.745 Renewing HMO	0.637 Renewing HMO								
Plan Category		FRVT-HMO-G-001-S (2019)	FRVT-HMO-G-001-S (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-S-003-S (2019)	FRVT-HMO-S-004-S (2019)	FRVT-HMO-S-001-N (2019)	FRVT-HMO-S-002-N (2019)	VT-HMO-S-001-S (2019)	VT-HMO-S-004-S (2019)	VT-HMO-S-001-N (2019)	VT-HMO-S-002-N (2019)	FRVT-HMO-B-002-S (2019)	FRVT-HMO-B-003-S (2019)	FRVT-HMO-B-001-N (2019)	FRVT-HMO-B-004-S (2019)	FRVT-HMO-B-005-N (2019)	0.504 Renewing HMO								
Plan Type		FRVT-HMO-G-001-S (2019)	FRVT-HMO-G-001-S (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-S-003-S (2019)	FRVT-HMO-S-004-S (2019)	FRVT-HMO-S-001-N (2019)	FRVT-HMO-S-002-N (2019)	VT-HMO-S-001-S (2019)	VT-HMO-S-004-S (2019)	VT-HMO-S-001-N (2019)	VT-HMO-S-002-N (2019)	FRVT-HMO-B-002-S (2019)	FRVT-HMO-B-003-S (2019)	FRVT-HMO-B-001-N (2019)	FRVT-HMO-B-004-S (2019)	FRVT-HMO-B-005-N (2019)	0.504 Renewing HMO								
Plan ID (Standard Component ID)		77566VTD0001	77566VTD0002	77566VTD0004	77566VTD0005	77566VTD0006	77566VTD0007	77566VTD0008	77566VTD0009	77566VTD0010	77566VTD0011	77566VTD0012	77566VTD0013	77566VTD0014	77566VTD0015	77566VTD0016	77566VTD0017	77566VTD0018	77566VTD0019								
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes								
Historical Rate Increase - Calendar Year - 1										4.38%																	
Historical Rate Increase - Calendar Year - 2										-0.17%																	
Historical Rate Increase - Calendar Year 0										5.60%																	
Effective Date of Proposed Rates		1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019								
Rate Change % (over prior filing)		5.10%	5.49%	6.79%	6.24%	24.46%	26.09%	29.84%	0.00%	0.00%	0.00%	0.00%	0.00%	3.31%	5.06%	4.00%	9.88%	8.01%	5.30%								
Calendar Year Rate Change % (over 12 mos prior)		5.10%	5.49%	6.79%	6.24%	24.46%	26.09%	29.84%	0.00%	0.00%	0.00%	0.00%	0.00%	3.31%	5.06%	4.00%	9.88%	8.01%	5.30%								
Proj'd Per Rate Change % (over Expir. Period)		13.48%	7.63%	13.43%	17.18%	29.98%	34.19%	34.84%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11.21%	12.67%	12.23%	#DIV/0!	#DIV/0!	15.57%								
Product Rate Increase %										17.78%																	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID)	Total	77566VTD0001	77566VTD0002	77566VTD0004	77566VTD0005	77566VTD0006	77566VTD0007	77566VTD0008	77566VTD0009	77566VTD0010	77566VTD0011	77566VTD0012	77566VTD0013	77566VTD0014	77566VTD0015	77566VTD0016	77566VTD0017	77566VTD0018	77566VTD0019
Inpatient	\$9.79	\$5.69	\$5.04	\$5.15	\$5.36	\$37.96	\$18.57	\$19.39	\$0.00	\$0.00	\$0.00	\$0.00	\$2.42	\$3.32	\$2.69	\$6.49	\$4.92	\$2.30	\$2.00
Outpatient	\$27.00	\$13.90	\$13.90	\$16.95	\$14.79	\$49.24	\$51.19	\$53.47	\$0.00	\$0.00	\$0.00	\$0.00	\$6.68	\$9.16	\$7.43	\$17.89	\$13.38	\$6.34	\$6.34
Professional	\$15.28	\$6.88	\$7.87	\$9.59	\$8.37	\$27.86	\$28.97	\$30.25	\$0.00	\$0.00	\$0.00	\$0.00	\$3.78	\$5.19	\$4.20	\$10.12	\$7.68	\$3.59	\$3.59
Prescription Drug	\$1.11	\$0.61	\$0.61	\$0.70	\$0.61	\$2.03	\$2.11	\$2.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.28	\$0.38	\$0.31	\$0.74	\$0.56	\$0.26	\$0.26
Other	\$1.61	\$0.94	\$0.83	\$1.04	\$0.88	\$2.94	\$3.05	\$3.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.40	\$0.54	\$0.44	\$1.07	\$0.81	\$0.38	\$0.38
Capitation	\$12.33	\$7.17	\$6.35	\$7.74	\$6.75	\$22.48	\$23.37	\$24.41	\$0.00	\$0.00	\$0.00	\$0.00	\$3.05	\$4.18	\$3.39	\$8.16	\$6.20	\$2.89	\$2.89
Administration	\$2.00	\$1.20	\$1.38	\$1.04	\$1.84	\$2.39	\$2.38	\$2.36	\$0.00	\$0.00	\$0.00	\$0.00	\$2.57	\$3.63	\$2.58	\$2.79	\$2.67	\$2.67	\$2.67
Taxes & Fees	-\$6.18	-\$9.04	-\$7.54	-\$7.05	-\$7.13	-\$6.60	-\$6.28	-\$5.84	\$0.00	\$0.00	\$0.00	\$0.00	-\$5.17	-\$5.22	-\$5.17	-\$5.60	-\$5.13	-\$3.34	-\$3.34
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$65.95	\$33.18	\$30.40	\$37.53	\$32.56	\$119.19	\$124.36	\$130.42	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	\$20.17	\$15.87	\$41.65	\$31.40	\$14.74	\$14.74
Member Cost Share Increase	\$5.30	\$0.27	\$2.86	-\$1.71	\$0.37	\$7.94	\$8.16	\$16.64	\$0.00	\$0.00	\$0.00	\$0.00	\$15.25	\$9.19	\$13.42	\$6.13	\$15.11	\$16.01	\$16.01
Average Current Rate PMPM	\$59.57	\$65.04	\$59.04	\$59.50	\$54.00	\$48.36	\$46.88	\$46.94	\$43.99	\$0.00	\$0.00	\$0.00	\$0.00	\$19.95	\$39.55	\$39.03	\$40.90	\$39.03	\$20.00
Projected Member Months	82,676	3,684	3,904	1,892	4,608	7,164	6,708	8,724	0	3,528	3,480	0	6,960	16,812	10,428	8,760	864	5,424	276

Section III: Experience Period Information

Plan ID (Standard Component ID)	Total	77566VTD0001	77566VTD0002	77566VTD0004	77566VTD0005	77566VTD0006	77566VTD0007	77566VTD0008	77566VTD0009	77566VTD0010	77566VTD0011	77566VTD0012	77566VTD0013	77566VTD0014	77566VTD0015	77566VTD0016	77566VTD0017	77566VTD0018	77566VTD0019
Plan Adjusted Index Rate	\$431.44	\$602.16	\$538.93	\$524.32	\$474.95	\$466.66	\$439.84	\$420.75	\$0.00	\$0.00	\$0.00	\$0.00	\$85.03	\$368.98	\$363.40	\$0.00	\$0.00	\$46.44	\$28.44
Member Months	135,424	2,475	2,904	471	1,724	5,562	6,025	28,795	0	0	0	0	15,870	9,193	8,143	0	0	321	583
Total Premium (TP)	\$60,109,974	\$1,566,834	\$735,361	\$258,957	\$821,598	\$2,785,326	\$2,825,166	\$13,198,500	\$0	\$0	\$0	\$0	\$6,167,806	\$3,572,683	\$3,132,208	\$0	\$0	\$87,803	\$173,619
EHB Percent of TP (See instructions)	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%
State mandated benefits portion of TP that is other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.01%	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$62,288,748	\$3,099,292	\$985,843	\$253,532	\$2,011,655	\$2,757,724	\$3,564,225	\$13,877,618	\$0	\$0	\$0	\$0	\$3,930,254	\$2,422,240	\$1,945,301	\$0	\$0	\$65,866	\$130,211
EHB Percent of TAC (See instructions)	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%
State mandated benefits portion of TAC that is other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.01%	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$16,291,562	\$313,919	\$160,698	\$53,790	\$302,798	\$922,370	\$1,103,396	\$3,975,376	\$0	\$0	\$0	\$0	\$1,605,577	\$916,986	\$786,214	\$0	\$0	\$19,214	\$38,428
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$2,623,445	\$0	\$0	\$0	\$0	\$361,339	\$391,418	\$1,870,687	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	16.10%	0.00%	0.00%	0.00%	0.00%	39.18%	35.47%	47.06%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$48,597,186	\$2,785,372	\$825,145	\$199,742	\$1,708,857	\$1,895,354	\$2,460,829	\$9,907,932	\$0	\$0	\$0	\$0	\$2,332,677	\$1,565,257	\$1,159,087	\$0	\$0	\$46,552	\$95,191
Net Amt of Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$7,006,911.68	-\$128,096.22	-\$66,072.87	-\$24,369.87	-\$89,200.66	-\$287,981.74	-\$311,737.68	-\$1,489,873.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$821,124.81	-\$475,662.20	-\$421,324.47	\$0.00	\$0.00	-\$16,608.76
Incurred Claims PMPM	\$339.65	\$1,125.40	\$646.16	\$424.08	\$991.22	\$329.98	\$408.44	\$343.88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$146.48	\$163.74	\$142.34	#DIV/0!	#DIV/0!	\$145.33
Allowed Claims PMPM	\$459.95	\$1,252.24	\$772.00	\$538.20	\$1,168.65	\$495.82	\$591.57	\$481.94	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$247.65	\$283.49	\$238.89	#DIV/0!	#DIV/0!	\$205.19
EHB portion of Allowed Claims PMPM	\$459.92	\$1,252.24	\$772.00	\$538.21	\$1,168.65	\$495.82	\$591.57	\$481.96	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$247.65	\$283.49	\$238.89	#DIV/0!	#DIV/0!	\$205.19

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	77566VTD0001	77566VTD0002	77566VTD0004	77566VTD0005	77566VTD0006	77566VTD0007	77566VTD0008	77566VTD0009	77566VTD0010	77566VTD0011	77566VTD0012	77566VTD0013	77566VTD0014	77566VTD0015	77566VTD0016	77566VTD0017	77566VTD0018	77566VTD0019
Plan Adjusted Index Rate	\$510.17	\$681.38	\$590.24	\$598.61	\$526.23	\$506.55	\$478.28	\$463.38	\$0.00	\$0.00	\$0.00	\$0.00	\$169.54	\$697.99	\$697.99	\$461.58	\$461.58	\$296.83	\$296.83
Member Months	302,676	3,684	2,904	1,092	4,608	7,164	6,708	47,724	0	0	0	0	15,870	9,193	8,143	0	0	321	583
Total Premium (TP)	\$160,300,404	\$2,517,425	\$1,684,436	\$649,314	\$2,566,628	\$4,345,342	\$3,959,330	\$27,076,689	\$0	\$1,779,022	\$1,715,814	\$0	\$3,272,383	\$6,824,831	\$4,335,128	\$3,573,204	\$399,643	\$2,279,870	\$78,610
EHB Percent of TP (See instructions)	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%
State mandated benefits portion of TP that is other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$155,539,996	\$2,079,853	\$1,544,344	\$585,109	\$2,420,359	\$3,663,258	\$3,394,632	\$23,936,003	\$0	\$1,804,263	\$1,761,331	\$0	\$3,490,793	\$8,263,756	\$5,125,770	\$4,305,883	\$422,259	\$2,668,115	\$85,883
EHB Percent of TAC (See instructions)	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%
State mandated benefits portion of TAC that																			

Small																
Platinum	0.820 Gold	0.809 Gold	0.775 Gold	0.719 Silver	0.707 Silver	0.718 Silver	0.710 Silver	0.719 Silver	0.700 Silver	0.718 Silver	0.613 Bronze	0.607 Bronze	0.624 Bronze	0.617 Bronze	0.613 Bronze	
1.210 Renewing HMO	1.027 Renewing HMO	1.053 Renewing HMO	0.986 Renewing HMO	1.074 Renewing HMO	1.045 Renewing HMO	1.005 Renewing HMO	1.049 New HMO	0.902 New HMO	0.873 New HMO	0.877 New HMO	0.833 New HMO	0.736 Renewing HMO	0.819 Renewing HMO	0.745 Renewing HMO	0.723 Renewing HMO	
FRVT-HMO-P-001-S (2019)	FRVT-HMO-G-001-S (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-G-002-N (2019)	FRVT-HMO-S-003-S (2019)	FRVT-HMO-S-004-N (2019)	FRVT-HMO-S-001-S (2019)	FRVT-HMO-S-002-N (2019)	FRVT-HMO-S-003-S II (2019)	FRVT-HMO-S-004-N II (2019)	FRVT-HMO-S-002-N II (2019)	FRVT-HMO-S-001-N II (2019)	FRVT-HMO-B-002-S (2019)	FRVT-HMO-B-004-S (2019)	FRVT-HMO-B-005-N (2019)	FRVT-HMO-B-001-N (2019)	
77566VT005001	77566VT005002	77566VT005003	77566VT005004	77566VT005005	77566VT005006	77566VT005007	77566VT005008	77566VT005009	77566VT005010	77566VT005011	77566VT005012	77566VT005013	77566VT005014	77566VT005015	77566VT005016	
Yes																
-1.83%																
4.98%																
1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
5.16%	5.49%	6.78%	6.78%	6.24%	24.46%	26.69%	29.84%	0.00%	0.00%	0.00%	0.00%	3.53%	5.00%	9.88%	8.01%	4.00%
5.16%	5.49%	6.78%	6.20%	24.46%	26.69%	29.84%	0.00%	0.00%	0.00%	0.00%	0.00%	3.53%	5.00%	9.88%	8.01%	4.00%
13.48%	7.63%	13.43%	17.18%	29.98%	34.19%	34.84%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11.21%	12.67%	#DIV/0!	#DIV/0!	12.25%
5.68%																

77566VT005001	77566VT005002	77566VT005003	77566VT005004	77566VT005005	77566VT005006	77566VT005007	77566VT005008	77566VT005009	77566VT005010	77566VT005011	77566VT005012	77566VT005013	77566VT005014	77566VT005015	77566VT005016	77566VT005017
\$5.69	\$5.04	\$6.15	\$5.36	\$17.86	\$18.57	\$19.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.42	\$3.32	\$6.49	\$4.92	\$2.69
\$15.70	\$16.95	\$14.79	\$14.79	\$49.24	\$51.19	\$53.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.68	\$9.16	\$17.89	\$13.58	\$7.43
\$8.88	\$7.87	\$9.59	\$8.37	\$27.88	\$28.97	\$30.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.78	\$5.19	\$10.12	\$7.68	\$4.20
\$0.65	\$0.57	\$0.70	\$0.61	\$2.03	\$2.11	\$2.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.29	\$0.38	\$0.74	\$0.56	\$0.31
\$0.84	\$1.01	\$0.88	\$0.88	\$2.84	\$3.05	\$3.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.40	\$0.55	\$1.07	\$0.81	\$0.44
\$7.17	\$6.35	\$7.74	\$6.75	\$22.48	\$23.37	\$24.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.05	\$4.18	\$8.16	\$6.20	\$3.39
\$2.30	\$2.04	\$2.04	\$2.04	\$3.29	\$3.29	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.37	\$3.61	\$7.29	\$5.47	\$2.58
\$9.04	\$7.54	\$7.65	\$7.15	\$6.60	\$6.28	\$5.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.17	\$5.22	\$5.60	\$5.13	\$5.17
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$33.18	\$30.00	\$37.63	\$32.56	\$119.19	\$124.36	\$130.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.60	\$20.17	\$41.45	\$31.30	\$15.87
\$0.27	\$2.86	\$1.72	\$0.37	\$7.84	\$3.10	\$3.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.85	\$9.19	\$6.13	\$1.11	\$33.42
\$650.16	\$550.04	\$557.08	\$524.00	\$487.30	\$465.88	\$436.94	\$438.99	\$0.00	\$0.00	\$0.00	\$0.00	\$391.95	\$395.55	\$420.90	\$389.03	\$392.03
25,260	17,988	2,004	44,484	0	0	0	0	42,228	16,116	0	6,576	9,240	0	756	4,920	2,688

77566VT005001	77566VT005002	77566VT005003	77566VT005004	77566VT005005	77566VT005006	77566VT005007	77566VT005008	77566VT005009	77566VT005010	77566VT005011	77566VT005012	77566VT005013	77566VT005014	77566VT005015	77566VT005016	77566VT005017
\$602.16	\$538.93	\$524.22	\$474.95	\$466.66	\$439.84	\$420.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$365.03	\$368.98	\$0.00	\$0.00	\$383.40
9,402	1,950	1,757	12,727	4,643	5,231	3,176	0	0	0	0	0	6,043	8,031	0	0	2,608
\$5,372,360	\$1,040,497	\$879,123	\$5,885,139	\$2,126,140	\$2,197,608	\$1,384,654	\$0	\$0	\$0	\$0	\$0	\$2,265,338	\$2,871,475	\$0	\$0	\$985,743
100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$6,945,173	\$1,133,597	\$576,559	\$7,582,630	\$2,376,664	\$2,881,560	\$1,100,034	\$0	\$0	\$0	\$0	\$0	\$1,685,935	\$2,188,674	\$0	\$0	\$1,294,575
100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$752,548	\$193,918	\$133,808	\$1,640,828	\$527,148	\$632,562	\$307,511	\$0	\$0	\$0	\$0	\$0	\$632,822	\$909,163	\$0	\$0	\$400,919
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
\$6,192,223	\$939,879	\$442,792	\$5,943,003	\$1,845,516	\$1,308,398	\$792,523	\$0	\$0	\$0	\$0	\$0	\$1,032,112	\$1,285,510	\$0	\$0	\$893,556
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
-\$486,466.00	-\$100,894.95	-\$90,408.40	-\$698,563.81	-\$240,232.04	-\$270,655.57	-\$184,328.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$812,869.01	-\$415,529.51	\$0.00	\$0.00	-\$134,939.73
\$658.65	\$481.89	\$251.99	\$466.87	\$398.35	\$353.47	\$249.54	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$174.27	\$160.57	#DIV/0!	#DIV/0!	\$342.66
\$738.69	\$581.33	\$328.15	\$595.79	\$511.88	\$474.39	\$346.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$278.99	\$274.77	#DIV/0!	#DIV/0!	\$496.39
\$738.69	\$581.33	\$328.15	\$595.79	\$511.88	\$474.39	\$346.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$278.99	\$274.77	#DIV/0!	#DIV/0!	\$496.39

77566VT005001	77566VT005002	77566VT005003	77566VT005004	77566VT005005	77566VT005006	77566VT005007	77566VT005008	77566VT005009	77566VT005010	77566VT005011	77566VT005012	77566VT005013	77566VT005014	77566VT005015	77566VT005016	77566VT005017
\$688.34	\$588.58	\$599.87	\$595.25	\$608.03	\$590.24	\$567.38	\$592.23	\$509.56	\$483.03	\$498.94	\$428.13	\$409.58	\$415.72	\$482.58	\$498.58	\$481.98
25,260	17,988	2,004	44,484	0	0	0	42,228	16,116	0	6,576	9,240	0	756	4,920	2,688	
\$17,261,168	\$10,433,760	\$1,191,598	\$24,758,015	\$0	\$0	\$0	\$21,509,254	\$7,945,994	\$0	\$3,091,838	\$3,760,978	\$0	\$349,688	\$2,028,024	\$1,096,453	
100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$14,260,880	\$9,565,998	\$1,073,881	\$23,365,289	\$0	\$0	\$0	\$21,985,982	\$8,156,783	\$0	\$3,298,197	\$4,541,823	\$0	\$378,227	\$2,420,193	\$1,321,297	
100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.99%	99.99%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$285,792	\$1,216,917	\$118,671	\$3,622,209	\$0	\$0	\$0	\$4,570,473	\$1,885,861	\$0	\$869,609	\$1,640,687	\$0	\$103,952	\$814,687	\$472,934	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$13,975,088	\$8,349,061	\$995,210	\$19,743,080	\$0	\$0	\$0	\$17,025,509	\$6,270,922	\$0	\$2,428,588	\$2,901,134	\$0	\$274,275	\$1,605,505	\$848,323	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-\$1,277,203	-\$809,443	-\$103,219	-\$2,249,037	\$0	\$0	\$0	-\$2,124,977	-\$834,799	\$0	-\$232,472	-\$467,159	\$0	-\$38,222	-\$248,247	-\$129,903	
\$553.25	\$464.15	\$476.65	\$443.82	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$403.18	\$389.31	#DIV/0!	\$389.31	\$313.98	#DIV/0!	\$382.80	\$326.32	\$315.60
\$564.56	\$513.80	\$535.87	\$525.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$553.41	\$483.23	#DIV/0!	\$423.13	\$409.58	#DIV/0!	\$500.29	\$491.51	\$481.98