

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Filing at a Glance

Company: Cigna Health and Life Insurance Company
Product Name: Medical
State: Vermont
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002A Large Group Only - PPO
Filing Type: GMCB Rate
Date Submitted: 01/16/2014
SERFF Tr Num: CCGP-129378424
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num: 67369
Implementation: 01/01/2014
Date Requested:
Author(s): Maria Mahmood
Reviewer(s): Thomas Crompton (primary), Kelly Macnee, David Dillon, Jacqueline Lee, Judith Henkin
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: Vermont Filing Company: Cigna Health and Life Insurance Company
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
 Product Name: Medical
 Project Name/Number: CHLIC Rate Filing 1/1/14/

General Information

Project Name: CHLIC Rate Filing 1/1/14 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: Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 02/06/2014
 State Status Changed: Deemer Date:
 Created By: Maria Mahmood Submitted By: Maria Mahmood
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Please Note:

This rate filing was submitted to the Vermont Insurance Department on 11/13/13. We just got a notice that we need to submit it to the GMCB.

CIGNA Health and Life Insurance Company - Group Health Rating Manual - NAIC# 67369

We are submitting for your approval our Group Health Rating Manual Rate Filing for CIGNA Health and Life Insurance Company (CHLIC).

Company and Contact

Filing Contact Information

Maria Mahmood, Compliance Specialist maria.mahmood@cigna.com
 900 Cottage Grove Road 860-226-5080 [Phone]
 C5PRC 860-226-3183 [FAX]
 Hartford, CT 06152-1233

Filing Company Information

Cigna Health and Life Insurance Company	CoCode: 67369	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type: LAH
Bloomfield, CT 06002	Group Name:	State ID Number:
(860) 226-3000 ext. [Phone]	FEIN Number: 59-1031071	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	02/04/2014	02/04/2014
Pending Response	Jacqueline Lee	01/29/2014	01/29/2014

Response Letters

Responded By	Created On	Date Submitted
Maria Mahmood	02/06/2014	02/06/2014
Maria Mahmood	02/03/2014	02/03/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extention Granted	Note To Filer	Jacqueline Lee	01/30/2014	01/30/2014
Extension	Note To Reviewer	Maria Mahmood	01/30/2014	01/30/2014

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	02/04/2014
Submitted Date	02/04/2014
Respond By Date	02/06/2014

Dear Maria Mahmood,

Introduction:

Please see the attached objection letter. Please note that this letter does not contain any new questions but serves as a summary letter of the unanswered questions from the 1/29/2014 objection letter, as well as provide designated space for a response letter to these questions.

Conclusion:

Sincerely,
Jacqueline Lee



Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
 S. Scott Gibson, F.S.A.
 Cabe W. Chadick, F.S.A.
 Michael A. Mayberry, F.S.A.
 David M. Dillon, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 Steven D. Bryson, F.S.A.
 Bonnie S. Albritton, F.S.A.
 Brian D. Rankin, F.S.A.
 Wesley R. Campbell, F.S.A.
 Jacqueline B. Lee, F.S.A.
 Brian C. Stentz, A.S.A.
 Robert E. Gove, A.S.A.
 J. Finn Knox-Seith, A.S.A.
 Jennifer M. Allen, A.S.A.
 Josh A. Hammerquist, A.S.A.
 Xiaoxiao (Lisa) Jiang, A.S.A.
 Sujaritha Tansen, A.S.A.
 Jay W. Fuller, A.S.A.
 Sergei Mordovin, A.S.A.
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Kansas City

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 Leon L. Langlitz, F.S.A.
 Anthony G. Proulx, F.S.A.
 Thomas L. Handley, F.S.A.
 D. Patrick Glenn, A.S.A., A.C.A.S.
 Christopher H. Davis, F.S.A.
 Karen E. Elsom, F.S.A.
 Jill J. Humes, F.S.A.
 Christopher J. Merkel, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
 Timothy A. DeMars, F.S.A.
 Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

February 4, 2014

Maria Mahmood
 Cigna Health and Life Insurance Company
 900 Cottage Grove Road
 Bloomfield, CT 06002

Re: Cigna Health and Life Insurance Company
 Company NAIC # 67369; FEIN # 59-1031071
 VT - Cigna LG Major Medical Filing
 SERFF Tracking # CCGP-129378424

Dear Ms. Mahmood:

Lewis & Ellis, Inc (L&E) have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced Large Group product filing submitted on 1/16/2014. Below is a summary of questions that are still pending from the objection letter dated 1/29/2014:

1. Please fill out the Annual Rate Change Distribution table below

Rate Change	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more			
Reduction of 10.01% to 14.99%			
Reduction of 5.01% to 10.00%			
Reduction of 0.01% to 5.00%			
No Change			
Increase of 0.01% to 5.00%			
Increase of 5.01% to 10.00%			
Increase of 10.01% to 14.99%			
Increase of 15.00% or more			
Total			

2. What changes have been incorporated into the rate manual as a result of PPACA?
3. Please provide the detailed quantitative and qualitative development of the following:
 - Area Factors;
 - In-Network, Out-of-Network, and Mental Health Cost Trend;
 - Additional Benefits rates (Mental Health, Substance Abuse, and Vision); and
 - Medical MRC/ARC Factors
4. Please provide at least one (1) example of the PMPM rate calculation based on a real live case from previous year.
5. Please provide the detailed quantitative support for the increase in Rx Cost Trend.
6. Please provide an example of how the Deductible and OOP Max adjustments are used in the calculations.
7. What is the support for the base claims? What are the base claims in other states?
8. What are the applied Nation Medical and Pharmacy Trends that are applied to the provided claim distribution tables?
9. Anticipated Loss Ratio section of the Actuarial Memorandum provides a list of changes to the rating methodologies. Please demonstrate how the expected VT impacts were developed for the following changes:
 - The -4.5% change to the area factors;
 - The -1.5% change for utilization assumptions; and
 - The 1.1% change for pharmacy area factors.
10. How do the current retention assumptions compare to past experience and what retention assumptions were used in the previous filing?
11. Please demonstrate the projected MLR calculation.

Please respond no later than February 6, 2014.

Our review of filing will be placed in suspense pending your response. Contact me if you have any questions.

Sincerely,



Sergei Mordovin, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
smordovin@lewisellis.com
(972) 850-0850

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	01/29/2014
Submitted Date	01/29/2014
Respond By Date	02/06/2014

Dear Maria Mahmood,

Introduction:

Please see the attached objection letter.

Conclusion:

Sincerely,
Jacqueline Lee



Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
 S. Scott Gibson, F.S.A.
 Cabe W. Chadick, F.S.A.
 Michael A. Mayberry, F.S.A.
 David M. Dillon, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 Steven D. Bryson, F.S.A.
 Bonnie S. Albritton, F.S.A.
 Brian D. Rankin, F.S.A.
 Wesley R. Campbell, F.S.A.
 Jacqueline B. Lee, F.S.A.
 Brian C. Stentz, A.S.A.
 Robert E. Gove, A.S.A.
 J. Finn Knox-Seith, A.S.A.
 Jennifer M. Allen, A.S.A.
 Josh A. Hammerquist, A.S.A.
 Xiaoxiao (Lisa) Jiang, A.S.A.
 Sujartha Tansen, A.S.A.
 Jay W. Fuller, A.S.A.
 Sergei Mordovin, A.S.A.
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Kansas City

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 Leon L. Langlitz, F.S.A.
 Anthony G. Proulx, F.S.A.
 Thomas L. Handley, F.S.A.
 D. Patrick Glenn, A.S.A., A.C.A.S.
 Christopher H. Davis, F.S.A.
 Karen E. Elsom, F.S.A.
 Jill J. Humes, F.S.A.
 Christopher J. Merkel, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
 Timothy A. DeMars, F.S.A.
 Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

January 29, 2014

Maria Mahmood
 Cigna Health and Life Insurance Company
 900 Cottage Grove Road
 Bloomfield, CT 06002

Re: Cigna Health and Life Insurance Company
 Company NAIC # 67369; FEIN # 59-1031071
 VT - Cigna LG Major Medical Filing
 SERFF Tracking # CCGP-129378424

Dear Ms. Mahmood:

Lewis & Ellis, Inc (L&E) have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced Large Group product filing submitted on 1/16/2014. Upon review of the actuarial memorandum and related information submitted, the following additional information is needed:

1. Cover letter states that the Company decided to withdraw the filing for 2013 rates. Does that mean that the 2.8% decrease was not applied for rates charged in 2013?
2. Please list and quantify the reasons for the 2014 rate increase of 3.8%.
3. Please fill out the Annual Rate Change Distribution table below

Rate Change	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more			
Reduction of 10.01% to 14.99%			
Reduction of 5.01% to 10.00%			
Reduction of 0.01% to 5.00%			
No Change			
Increase of 0.01% to 5.00%			

Increase of 5.01% to 10.00%			
Increase of 10.01% to 14.99%			
Increase of 15.00% or more			
Total			

4. What changes have been incorporated into the rate manual as a result of PPACA?
5. Please provide the detailed quantitative and qualitative development of the following:
 - Area Factors;
 - In-Network, Out-of-Network, and Mental Health Cost Trend;
 - Additional Benefits rates (Mental Health, Substance Abuse, and Vision); and
 - Medical MRC/ARC Factors
6. Please provide at least one (1) example of the PMPM rate calculation based on a real live case from previous year.
7. Define utilization dampening.
 - Has the Utilization Dampening Formula been adjusted since the last filing?
8. Define gatekeeper credit.
9. Define consumerism adjustment.
10. What is Health Advocacy Claim Decrement PMPM and how often is it applied?
11. What trend level was used in the last filing for Mental Health?
12. Please provide the detailed quantitative support for the increase in Rx Cost Trend.
13. What is Dual Choice Adjustment?
14. Page "III EU AS1" lists lifetime maximum factors. Please explain how the use of these factors complies with the ACA.
15. Please provide an example of how the Deductible and OOP Max adjustments are used in the calculations.
16. What is the support for the base claims? What are the base claims in other states?
17. What are the applied Nation Medical and Pharmacy Trends that are applied to the provided claim distribution tables?
18. Please provide more detail of the Combined Deductible Adjustment. What are the "CS Bands"?
19. Please provide the quantitative development of the Multiple Offering Loads.
20. Actuarial Memorandum states that there is a limited of number of underwritten groups.
 - How many groups currently in-force are underwritten?
 - Does the experience differ between UW and Non-UW groups?
21. Anticipated Loss Ratio section of the Actuarial Memorandum provides a list of changes to the rating methodologies. Please demonstrate how the expected VT impacts were developed for the following changes:
 - The -4.5% change to the area factors;
 - The -1.5% change for utilization assumptions; and
 - The 1.1% change for pharmacy area factors.
22. How do the current retention assumptions compare to past experience and what retention assumptions were used in the previous filing?
23. Please demonstrate the projected MLR calculation.

Please respond no later than February 3, 2014.

Our review of filing will be placed in suspense pending your response. Contact me if you have any questions.

Sincerely,



Sergei Mordovin, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
smordovin@lewisellis.com
(972) 850-0850

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/06/2014
 Submitted Date 02/06/2014

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to objection 2-6-14
Comments:	
Attachment(s):	VT Objection Response 2 6 14.pdf MedicalExampleforVT.pdf RX PMPM example.pdf VT Vision buildup.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
 Maria Mahmood

SERFF Tracking #:

CCGP-129378424

State Tracking #:

Company Tracking #:

67369

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/03/2014
Submitted Date 02/03/2014

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see responses to the objections we are ready to go today. We will submit a complete document on Thursday.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to objection 2-3-14
Comments:	
Attachment(s):	Response to VT filing questions (2-3-2014).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Maria Mahmood

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Note To Filer

Created By:

Jacqueline Lee on 01/30/2014 10:06 AM

Last Edited By:

Jacqueline Lee

Submitted On:

01/30/2014 10:07 AM

Subject:

Extention Granted

Comments:

Dear Maria,

We are working under a really tight deadline to review these filings; however, we are willing to extend the deadline for the first objection letter to the requested date of February 6, 2014. Nevertheless, please submit any completed responses by February 3, 2014. Please keep in mind that our review has to be completed by March 2, 2014, and it would be unlikely that we'll accommodate extension requests for any future objection letters (which will require a 2-3 day turnaround).

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Note To Reviewer

Created By:

Maria Mahmood on 01/30/2014 08:44 AM

Last Edited By:

Maria Mahmood

Submitted On:

01/30/2014 08:44 AM

Subject:

Extension

Comments:

Due to the number of questions on the above reference filing and the tight deadline to respond to them, we are asking for an additional week to complete our response. Is it possible to get an extension until the 6th?

SERFF Tracking #:

CCGP-129378424

State Tracking #:

Company Tracking #:

67369

State: Vermont

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Medical

Project Name/Number: CHLIC Rate Filing 1/1/14/

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: -2.830%

Effective Date of Last Rate Revision: 01/01/2013

Filing Method of Last Filing: SERFF

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):
Cigna Health and Life Insurance Company	Decrease	3.830%	3.830%	\$78,780	3	\$1,634,950	12.500%	-15.460%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		332						
Policy Holders:		3						

State: Vermont Filing Company: Cigna Health and Life Insurance Company
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
 Product Name: Medical
 Project Name/Number: CHLIC Rate Filing 1/1/14/

Rate Review Detail

COMPANY:

Company Name: Cigna Health and Life Insurance Company
 HHS Issuer Id: 67369

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
PPO, Open Access Plus, Network			332

Trend Factors: 9.27%

FORMS:

New Policy Forms: n/a
 Affected Forms: n/a
 Other Affected Forms: HP-POL et al

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 3,986
 Benefit Change: None
 Percent Change Requested: Min: -15.46 Max: 12.5 Avg: 3.83

PRIOR RATE:

Total Earned Premium: 1,489,460.00
 Total Incurred Claims: 871,864.00
 Annual \$: Min: 151.00 Max: 828.00 Avg: 374.00

REQUESTED RATE:

Projected Earned Premium: 1,713,730.00
 Projected Incurred Claims: 1,456,670.00
 Annual \$: Min: 174.00 Max: 953.00 Avg: 430.00

SERFF Tracking #:

CCGP-129378424

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

67369

State: Vermont**Filing Company:**

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO**Product Name:** Medical**Project Name/Number:** CHLIC Rate Filing 1/1/14/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate manual	HP-POL et al	Revised	Previous State Filing Number: 56354 Percent Rate Change Request: 3.83	VT CHLIC RR2014 Rate Filing Tool CHC-CG (Final).pdf, Facets vision riders (consolidated).pdf,

<u>Topic</u>	<u>Pages</u>	<u>Change</u>
Medical Care Rates		
Medical Methodology	III EU 1-14	Yes
Medical Data Tables		
Area Factors	III EU AF 1	Yes
Demo Factors	III EU AS 1	No
Breast Pump Supplies	III EU AS 1	Yes
Carryover Deductible Factor	III EU AS 1	No
Consumerism Adjustment	III EU AS 1	No
Deductible Accumulator Adjustment	III EU AS 1	No
Family Deductible/Family OOP Max	III EU AS 2	No
Gatekeeper Credit	III EU AS 1	No
Health Advocacy Factor	III EU AS 2	Yes
Infertility Demo Factor	III EU AS 1	Yes
Lifetime Max Factor	III EU AS 1	No
Medicare COB	III EU AS 1	No
Medical Modular Management	III EU AS 1	No
MRC/ARC Factor	III EU AS 1	Yes
Office Surgery Table	III EU AS 1	No
Preventive Care	III EU AS 1	Yes
Utilization Dampening	III EU AS 1	No
Base Medical/Utilization - Experience Rated	III EU BA 1	Yes
Avg POS Load/Avg Diff between IN and OON/POS Slope	III EU BEA 1	No
Capitation	III EU BEA 1	No
Cost Trend	III EU BEA 1	Yes
Mental Health Cap Rates	III EU BEA 1	Yes
Claim Distribution	III EU CD 1	Yes
Aggregate Deductible Adjustment	III EU DA 1	No
Combined Deductible Adjustment	III EU DC 1-3	No
Industry Load	III EU IL 1	No
Multiple Offering Loads	III EU MOL 1	No
Rider Claim Costs	III EU AB 1-2	Yes
Rider Claim Costs - MHSA	III EU ABM 1	Yes
Rider Claim Costs - Vision	III EU ABV 1	No
Pharmacy:		
Demo Factors	III EU PAS 1	No
Area Factors	III EU PAS 1	Yes
Average Scripts	III EU PAS 1	Yes
Average Wholesale Price	III EU PAS 1	Yes
Clinical Management Program	III EU PAS 1	No
Cost Trend	III EU PAS 1	Yes
Discount/ Dispensing Fee - Mail Order	III EU PAS 1	Yes
Discount/ Dispensing Fee - Retail	III EU PAS 1	Yes
Dispensing Fee - Mail Order	III EU PAS 1	Yes
Dispensing Fee - Retail	III EU PAS 1	Yes
GST Program Cost Saving	III EU PAS 1	Yes
Mandate factors	III EU PAS 1	No
Mandatory Generic Factors	III EU PAS 1	No
Utilization Trend	III EU PAS 1	Yes
Claim Distribution	III EU PCPD 1	Yes
FACETS Assumptions	III EU PF 1	Yes
Utilization Dampening	III EU PUD 1	Yes
Facets Vision Riders	III EU FVR 1-6	Yes

MANUAL MEDICAL RATING FORMULAS

Instructions

- A. Run the census through penetration and translation assumptions to create member-level census. (Skip to B if census is already at the member level.)
- B. Run each individual from the census in A through the calculation steps 1-10 to determine base medical claim costs. Hold the resulting per member per month claim costs.
 - B1. For EPP products, run steps 1-10 using EPP assumptions.
 - B2. For DPP products, run steps 1-10 once using EPP in-network assumptions and run steps 1-10 again using DPP out-of-network assumptions.
 - B3. For PPO products, run steps 1-10 once using PPO in-network assumptions and run steps 1-10 again using PPO out-of-network assumptions.
 - B4. For EPO products, run steps 1-10 once using PPO in-network assumptions.
 - B5. For Indemnity products, run steps 1-10 using Indemnity assumptions.
 - B6. For OAP products, run steps 1-10 once using OAP in-network assumptions and run steps 1-10 again using OAP out-of-network assumptions.

- Step 1a - Extract the National Base Claims
- Step 1b - Adjustment for Wrap and Super Major Medical Products
- Step 2 - Calculate Trend Factor
- Step 3 - Apply Trend Factor
- Step 4 - Apply Copay Impact Factors to Cost Categories
- Step 5 - Cost-Sharing Offset
- Step 6 - Utilization Dampening
- Step 7 - Base Medical Community Rate
- Step 8 - Industry Load and Capitation Factor
- Step 9 - Demographic Adjustment
- Step 10 - Base Medical Community Rate by Class (CRC) PMPM

- C. Other Benefits
 - Step 11a - Rider
 - Step 11b - Mental Health/Substance Abuse

- D. Aggregate individual per member per month claim costs.
 - Step 12 - Aggregate Individual Claim Costs
 - Step 13 - Blending In and Out of Network - Applicable to DPP, OAP and PPO products only.

- E. Create per member per month revenues by tier.
 - Step 14 - Final Tiered Rates

Detailed Formulas

The following steps detail the claim cost calculation process. Except where noted, the identical process is followed to determine both in-network and out-of-network claims. The specific steps are applied to each cost category, except as noted. Claim costs for each individual life are calculated separately and the results aggregated.

SECTION B

Step 1a - Extract the National Base Claims

Base claim costs are established for experience-rated business. Base Costs are set nationally for Open Access Plus product type and cost category. Major Service Categories (MSC) include: inpatient, outpatient surgical, emergency room, primary care physician, specialty care physician and other.

Within each MSC, there is also a Sub Cost Category (SCC) for services performed at those facilities. Those SCC include: Facility, Professional, Diagnostic Lab/Xray (DXL), Advanced Radiology (ARI), PCP, SCP, Surgery, and Other Services

Extract the base claims for each MSC from the applicable pricing table. Then extract the applicable percentages for each SCC:

<p>Formula: $\text{Base Claim Cost by MSC and SCC} = \text{Base Claim Cost by MSC} \times \text{SCC} \%$</p>
--

For products that contain in-network and out-of-network features (PPO, OAP and DPP), first extract the in-network claim costs and proceed with the remaining steps 2 - 10. After completion of steps 2 - 10, extract the out-of-network claim costs and proceed with the remaining steps 2 - 10.

The Base Claims in Tables III EU BA1-5 reflect end-state, experience-rated business.

Step 1b - Adjustment for Wrap and Super Major Medical Products

If the product to be priced is Wrap or Super Major Medical, extract the category specific adjustment factor from the pricing tables corresponding to the plan design selected.

For Wrap products, the formula:
Step 2 base claims = Step 1 base claims x (1 - Blue Cross adjustment factor)

For Super Major Medical products, the formula:
Step 2 base claims = Step 1 base claims - [(step 1 base claims x Blue Cross adjustment factor)
+ (step 1 base claims x Blue Shield adjustment factor)]

Step 2 - Calculate Trend Factor

Determine the total trend days from the base claim period midpoint to the policy period midpoint. Calculate the trend years by exposure year and calculate applied trend. Use trend factors per the pricing tables specific to the particular product being priced.

Formulas:
Extract trend factors from the pricing tables for the particular product being priced.
Base claim period midpoint = base claim effective date + 182.5 days (use 183 days if leap year)
Policy period midpoint = (policy effective date + next policy effective date) / 2
Total trend days = policy period midpoint - base claim period midpoint

For all years between the base claim effective date and the next policy effective date, calculate the following:

(a) = first day of year n+1, where n = base claim effective date year, base claim effective date year + 1, ... ,
up to next policy effective date year
(b) = base claim effective date + total trend days
(c) = minimum of (a) & (b)
(d) = first day of year n
(e) = base claim effective date
(f) = maximum of (d) & (e)
(g) = maximum of [0, (c - f)]
(h) = number of days in year n (365, unless leap year)
Trend exponent for exposure year n = (g) / (h)

Total trend factor = Product of [(1 + trend factor for exposure year n) ^ (trend exponent for exposure year n)]
for all values of n

Step 3 - Apply Trend Factor

Apply the total trend factor determined in step 2 to each MSC and SCC in step 1.

Formulas:
Step 3 base claims = Step 1 Adjusted Base Claims x Step 2 total trend factor

Step 4 - Apply Copay Impact Factors to Cost Categories

Extract the utilization factors for each applicable base claim MSC from the applicable pricing tables (i). Extract the SCC percentages from the applicable pricing tables (ii). Extract the copays per the plan design. Calculate the dollar offset for each cost category, excluding MHSA. The impact for Mental Health & Substance Abuse is calculated in step 5B.

Formulas:
Dollar copay impact = (utilization factor for each MSC x SCC % x applicable copay for each cost category*) / 12 [do not include MHSA]
* Note that the effective ER Copay is combination of 1/3 UC Copay + 2/3 ER Copay
Step 4A adjusted base claims = Step 3 base claims - dollar copay impact
Step 4A copay employee pay percentage = $\frac{\text{(dollar copay impact)}}{\text{(step 3 base claims)}}$

Step 5 - Cost-Sharing Offset

Formulas:

Extract the individual and family out of pocket maximum from the plan design.

Extract the Deductible Adjustment Factor and OOP Max Adjustment Factor from the table based on the individual deductible and the ratio of family deductible/individual deductible.

Extract the claim cost distribution with annual frequency and claim costs for each cost category in Step 1.

Effective Deductible = Individual Deductible x Deductible Adjustment Factor

Effective OOP Max = Individual OOP Max x OOP Max Adjustment Factor

Step 5A Base Claim Costs

Adjust the Claim Cost Distribution to reflect the trended claims in Step 3.

5A.i Find the expected value of the total claim claim costs in table [Claim Distribution Table]

5A.ii Sum all expected, trended claims found in Step 3 across all MSC and SCC

5A.iii Find the ratio as $5A_{ii} / 5A_i$

5A.iv For each row of probabilities in the [Claim Distribution Table], multiply each MSC and total claims by the ratio computed in step 5A.iii

Calculate for each row of the claim distribution table, calculate the MSC by SCC by multiplying the value in 5A.iv by the percentages extracted in step 1 for each row in the claim distribution table.

As an example:

(a) Annual Hospital Out Patient Facility Claim = OP MSC claim (5A.iv) x OP Facility %

(a) Annual Claim Total = Sum of (a) Annual Claims for each Cost Category

Step 5B Copay ; calculate for each row of the claim distribution table the (b) Claims After the Deductible for each MSC and SCC

Compute the (b) Annual Claims adjusted for plan cost and copays by multiplying annual claim cost by MSC and SCC (Step 5A) by copay offset % (step 4A)

As an example:

(b) Annual Hospital Out Patient Facility (post copay offset) = Annual Hospital Out Patient Facility x (1 - copay employee pay percentage)

(b) Annual Claim Total = Sum of (b) Annual Claims for each Cost Category

(b) Member Cost Sharing from Copays = (a) Annual Claim Total - (b) Annual Claim Total

Step 5C Deductible ; calculate for each row of the claim distribution table the (c) Claims After Deductible and Copay for each MSC and SCC

5C.i Annual Claims Before Deductible by MSC and SCC = (b) Annual Claims for each Cost Category (step 5B) to which the deductible applies.

5C.ii Total Annual Claims Before Deductible = sum of (b) Annual Claims for each Cost Category (step 5B) to which the deductible applies.

5C.iii Annual Claims After Deductible = $\max[(c) \text{ Total Annual Claims Before Deductible} - \text{Effective Deductible}, 0]$

(c) Value of Deductible = (5C.i) Before Deductible - (5C.ii) After Deductible

Compute the (c) Annual Claims After Deductible for each MSC and SCC by multiplying the ratio of 5C.i / 5C.iii to annual claims after deductible

As an example:

(c) Annual Hospital Out Patient Facility (post copay / deductible) Claim =

$(5C.i) \text{ Annual Hospital Out Patient Facility (post copay offset)} / (5C.ii) \text{ Total Annual Claims Before Deductible} \times 5C.iii \text{ Annual Claims After the Deductible}$

Step 5D Coinsurance; calculate for each row of the claim distribution table the (d) Claims After Deductible, Copay, and Coinsurance for each MSC and SCC

For each row of the claim probability distribution and for each MSC and SCC, multiply the Annual Claim Amount post copay and coinsurance by the applicable level of coinsurance

As an example:

(d) Annual Hospital Out Patient Facility (post copay / deductible / coinsurance) =

$(c) \text{ Annual Hospital Out Patient Facility (post copay / deductible)} \times \text{Hospital Out Patient Coinsurance}$

(d) Annual Claim Total = Sum of (d) Annual Claims for each Cost Category

(d) Value of Coinsurance = (c) After Deductible - (d) Annual Claim Total

Step 5E OOP Max ; calculate for each row of the claim distribution table

(e) Total Medical Claims Before OOP Max = (b) Annual Claim Total - (d) Value of Coinsurance - (c) Value of Deductible

(e) Member Cost Sharing Applied to OOP = (d) Value of Coinsurance + (c) Value of Deductible (if deductible applies to OOP)

+ (b) Member Copay Cost Sharing from Copays (if Copays Apply to OOP Max)

(e) Total Annual Claims After OOP Max = max [(e) Total Medical Claims + (e) Member Cost Sharing - Effective OOP Max, (e) Total Medical Claims]

Step 5F Annual Max ; calculate for each row of the claim distribution table

(f) Total Annual Claims After Annual Max = min [(e) Total Annual Claims After OOP Max, Annual Maximum]

Step 5G Final Cost Sharing Offset

(g) Total PMPM After Annual Max = SumProduct[(f) Total Annual Claims After Annual Max, Annual Frequency]/12

Step 5 Total Offset Percentage = 1 - [(g) Total PMPM After Annual Max / Step 3 Base Claims]

Step 5H Final Cost Sharing by Cost Category

Compute the Out of Pocket Cost Share to add back by each Cost Category

(h) Total Out of Pocket amount to add back = (e) Total Annual Claims After OOP Max - (e) Total Medical Claims Before OOP Max

For each MSC and SCC, add back a proportionate amount of the claims from deductible, copay, and coinsurance offsets. For example:

(h) OOP Hospital Out Patient Surgery Facility = ((b) Member Copay Cost Sharing from Out Patient Facility Copays (if Copays Apply to OOP Max)
+ (c) Annual Hospital Out Patient Surgery Facility - (b) Annual Hospital Out Patient Surgery Facility (if outpatient Deductible Apply to OOP Max)
+ (d) Annual Hospital Out Patient Surgery Facility / Hospital Out Patient Surgery Facility Coinsurance Percentage
- (d) Annual Hospital Out Patient Surgery Facility) * (1 - Effective OOP Max / (h) Total Out of Pocket amount to add back)

Compute the Annual Max Cost Share to take out by each MSC and SCC. For example:

(h) Annual Max Hospital Out Patient Surgery Facility =
((d) Annual Hospital Out Patient Surgery Facility + (h) OOP Hospital Out Patient Surgery Facility) / ((d) Annual Claim Total + (h) Total Out of Pocket amount to add back)
* (h) Total Annual Max amount to take out

Combine the SCC across each MSC. For example:

(h) Annual Max Hospital Out Patient = SUM[Annual Max Hospital Out Patient Facility + Annual Max Hospital Out Patient Professional + Annual Max Hospital Out Patient DXL
+ Annual Max Hospital Out Patient ARI + Annual Max Hospital Out Patient Surgery + Annual Max Hospital Out Patient Other]

(h) OOP Hospital Out Patient = SUM[OOP Hospital Out Patient Facility + OOP Hospital Out Patient Professional + OOP Hospital Out Patient DXL
+ OOP Hospital Out Patient ARI + OOP Hospital Out Patient Surgery + OOP Hospital Out Patient Other]

(d) Annual Hospital Out Patient Claim = SUM[Annual Hospital Out Patient Facility + Annual Hospital Out Patient Professional + Annual Hospital Out Patient DXL
+ Annual Hospital Out Patient ARI + Annual Hospital Out Patient Surgery + Annual Hospital Out Patient Other]

Compute the Cost Share for each MSC. For example:

(h) Step 5 Hospital Out Patient Offset Percentage = 1 - (SumProduct[(d) Annual Hospital Out Patient + (h) OOP Hospital Out Patient
+ (h) Annual Max Hospital Out Patient, Annual Frequency]/12) / Step 3 Base Claims (total Out Patient)

Step 5I Final Cost Sharing by Cost Category - Aggregate Deductible

Collective Decrement is looked up based on average family size, deductible, and deductible multiplier

Single to Family ratio = employee only count / total members

Final cost share adjustment = (1 - Single to Family Ratio) x Collective Decrement

Step 6 - Utilization Dampening

Utilization dampening is applied to each MSC

Formulas:

Select UTILDC1, UTILDC2 from the pricing table based on cost category being priced.

CS = (h.Step 5) for each cost category

6A = EXP (UTILDC1 * CS + UTILDC2) + UTILDC3

Step 6 utilization dampening = Maximum of (6A) & (0.20)

Step 7 - Base Medical Community Rate (CR) PMPM

Total claims adjusted for copays, deductibles, coinsurance, utilization dampening, and gatekeeper credit summed for all individuals in a given area and tier.

Formula:
Base Medical Community Rate PMPM = [Step 3 base claims x (1 - Step 5(h.4) by cost category)
x Step 6 utilization dampening x (1+ gatekeeper credit from table(if applicable)) x(1+multiple offering load from tables (if applicable))
x med area factors from tables x Product factor from tables⁽¹⁾ x (1+health advocacy factor (if applicable)) x (1+lifetime max factor)
x (1+Deductible Accumulation Adjustment⁽²⁾) x (1+Carryover Deductible Adj) x (1 + Consumerism Adj)
x (1+Office Surgery Adj) x (1 + Combined Deductible Adjustment) x (1+Breast Pump Supplies Adj) x (1 + 100% Preventive Care Adj)
x(1+Combined Med and Rx OOP adj (if applicable) + health advocacy claim decrement PMPM

(1) This factor translates the Open Access Plus Product into other products (e.g., HMO and Indemnity)
(2) This is an adjustment to go from IN and OON deductible cross accumulation to no cross accumulation. Cross accumulation means out of network spending applies towards out-of-network deductible and in-network deductible

Select the applicable percentage attributes from the pricing table for each cost category.

Step 8 - Industry Load and Capitation Percentage

Determine applied industry load for each cost category.

Formulas:
Select the full industry load from the pricing table based on the SIC code and case size of the group being priced.
A case size of small applies for groups with less than 1,000 subscribers.
Select the capitation percentage from the pricing table for each cost category.

Adjusted industry load = (full industry load - 1) x (1 - capitation percentage)

Step 8 applied industry load (by cost category) = 1 + adjusted industry load

Step 9 - Demographic Adjustment

Apply demographic and industry loads to Community Rate PMPM summed for all individuals in a given area and tier.
Demo Loads are a function of Sex/Age/Status of the client and deductible amount. Status includes employee, spouse and children.
If status of a member cannot be determined, the Demo load are a function of Sex/Age and deductible amount.

Step 10 - Base Medical Community Rate by Class (CRC) PMPM

If status of a member can be determined, extract the age/sex/status/deductible demographic factor from the pricing tables for the particular individual being rated.
If status of a member cannot be determined, extract the age/sex/deductible demographic factor from the pricing tables for the particular individual being rated.

Formulas:
Base Medical Community Rate by Class PMPM = Step 7 Medical CR x Step 8 applied industry load
x (Step 9 age/sex/status/deductible factor OR Step 9 age/sex/deductible factor)

SECTION C2

Step 11 - Other Benefit Riders

Step 11a - Rider

Extract other benefit rider base cost pmpms per the pricing table according to the plan design. Adjust for trend, demographic and industry loads per the other benefit load table.

Formulas:
For each rider use the following:
Extract the rider base cost pmpm per the pricing table.
Trend = step 2 medical trend factor (except for Vision riders, use 1.03). Mental Health/Substance Abuse has own trend (may vary by product/rating area).
Age/sex/deductible factor = step 9 age/sex/status/deductible demographic factor
Industry load = step 8 applied industry load

Step 11 rider pmpm = rider base cost pmpm x trend x age/sex/status/deductible factor* x industry load
Step 11 total riders = sum of all rider pmpms

* age/sex/status/deductible factor applies to all rider except infertility rider pmpm. Infertility rider has its own age/sex factor that does not depend on status/deductible.
** For HMO and NWK products, the mental, health & substance abuse coverage is capitated and will be included as a rider to the base plan.

Step 11b - Mental Health/Substance Abuse

Extract the MHSA base cost pmpm per the pricing table.(The table key varies by deductible/copay/coinsurance)
Trend = 6.00%
FFS Adjustment = 1% (This is applied to MHSA Cap pmpm)

Step 11b MHSA pmpm = MHSA base cost pmpm x trend x FFS Adjustment

SECTION D

Step 12 - Aggregate Medical Claim Costs

Combine the individual per member per month claim costs to determine aggregate costs by area and tier.

Determine aggregate pmpm for each area (defined as network/pricing module/site combination):

$$\text{Step 12 total aggregate PMPM by area by tier} = \frac{\text{sum the step 10 total PMPM for all individuals (members) within the given area and tier}}{\text{sum of the number of members within the given area and tier}}$$

Determine aggregate pmpm for each other benefit for each area (defined as network/pricing module combination):

$$\text{Step 12 aggregate riders by area by tier} = \frac{\text{sum the step 11 total riders PMPM for all individuals (members) within the given area and tier}}{\text{sum of the number of members within the given area and tier}}$$

$$\text{Step 12 aggregate MHPA by area by tier} = \frac{\text{sum the step 11 total MHPA PMPM for all individuals (members) within the given area and tier}}{\text{sum of the number of members within the given area and tier}}$$

$$\text{step 12 aggregate other benefits by area by tier} = \text{'Step 12 aggregate MHPA by area by tier} + \text{'Step 12 aggregate riders by area by tier}$$

Step 13 - Blending Medical In and Out of Network

For products with an in-network and an out-of-network component, such as POS, this step blends the in-and out-of-network base medical costs to create one overall rate. Once steps 1-10 have been completed for both in-network and out-of-network, use the specific in-network and out-of-network rating factors in the following formulas. Blending is done by tier at the area level.

Formulas:

Select the applicable base POS load factor from the pricing table. POS load is the pmpm of a blended product divide by the pmpm of an lockin product. Extract the followings from the pricing table which vary by specific areas and products.

1. A, B, and C factors
2. Average Cost Share differences between in-network and out-network (X)

After we get the average POS info, we need to calculate the case specific POS load.

$$\text{Case POS Load} = A \times X^2 + B \times X + C$$

$$\text{Case POS load After MRC} = \text{Max}(\text{Case POS Load}, 0) \times \text{MRC Factor}$$

Calculate the in-network and OON-network utilization

$$\text{In-Network Utilization} = \text{Max}(\text{Min}(\text{step 12 total aggregated in-network pmpm} \times (1 - \text{Step 8 aggregated capitation percentage}) \times (1 + \text{Case POS load After MRC}) - \text{step 12 total aggregated out-of-network pmpm}), 0)$$

$$/ (\text{step 12 total aggregated in-network pmpm} \times (1 - \text{Step 8 aggregated capitation percentage}) - \text{step 12 total aggregated out-of-network pmpm}), 1), 0)$$

$$\text{Out-of-Network Utilization} = 1 - \text{In-Network Utilization}$$

If OON pmpm is lower than IN PMPM, IN Util will be set to 100%.

$$\text{Step 13 blended PMPM} = [\text{step 12 total aggregated in-network pmpm} \times \text{Step 8 aggregated capitation percentage} + \text{step 12 total aggregated in-network pmpm} \times (1 - \text{Step 8 aggregated capitation percentage}) \times \text{step 13 in-network utilization} + \text{step 12 total aggregated out-of-network pmpm} \times \text{step 13 out-of-network utilization}]$$

$$\text{Step 13 blended community rated PMPM} = [\text{step 12 total community rated in-network pmpm} \times \text{aggregate capitation percentage} + \text{step 12 total community rated in-network pmpm} \times (1 - \text{capitation percentage}) \times \text{step 13 in-network utilization} + \text{step 12 total community rated out-of-network pmpm} \times \text{step 13 out-of-network utilization}]$$

SECTION E

Step 14 - Final Tiered Rates

Formulas:

For EPP, EPO and Indemnity products, without either FlexCare/CIGNA Pharmacy Plus or RxPrime/CIGNA Pharmacy:

$$\text{Step 14 final tiered PMPMs} = \frac{(\text{step 12 total aggregate PMPM by area by tier} + \text{step 12 aggregate other benefits by area by tier} + \text{step P13 total aggregated pharmacy PMPM by area by tier})}{\text{applied loss ratio}}$$

For EPP, EPO and Indemnity products, with FlexCare/CIGNA Pharmacy Plus or RxPrime/CIGNA Pharmacy:

$$\text{Step 14 final tiered PMPMs} = \frac{(\text{step 12 total aggregate PMPM by area by tier} + \text{step 12 aggregate other benefits by area by tier})}{\text{applied loss ratio}}$$

For DPP, OAP and PPO products, without either FlexCare/CIGNA Pharmacy Plus or RxPrime/CIGNA Pharmacy:

$$\text{Step 14 final tiered PMPMs} = \frac{(\text{step 13 blended PMPM} + \text{step 12 aggregate other benefits by area by tier}) + \text{step P13 total aggregated pharmacy PMPM by area by tier (or RxPrime, if applicable)}}{\text{applied loss ratio}}$$

For DPP, OAP and PPO and Indemnity products, with FlexCare/CIGNA Pharmacy Plus or RxPrime/CIGNA Pharmacy:

$$\text{Step 14 final tiered PMPMs} = \frac{(\text{step 12 total aggregate PMPM by area by tier} + \text{step 12 aggregate other benefits by area by tier})}{\text{applied loss ratio}}$$

SECTION C1 - PHARMACY MANUAL RATING FORMULAS

INSTRUCTIONS:

Use this section to calculate fee-for-service pharmacy expected claim costs.

PA. Run each individual from the census through the calculation steps as indicated below. Hold the resulting per member per month claim costs.

- Step P1 - Extract the Average Wholesale Price per Script
- Step P2 - Apply the Discount
- Step P3 - Calculate Gross Cost Per Script
- Step P4 - Calculate and Apply the Cost Trend Factor
- Step P5 - Extract the Script Counts Across All Drug Categories
- Step P6 - Calculate and Apply Utilization Trend Factor
- Step P7 - Calculate Gross Trended PMPM
- Step P8 - Calculate Gross Area-Adjusted PMPM
- Step P9 - Calculate Regular Cost Share Using Claims Probability Distribution (CPD)
- Step P10 - Calculate Adjusted Cost Share for 4th-tier Cost Categories
- Step P11 - Calculate Regular Cost Share PMPM, Regular Net Pharmacy PMPM, and Adjusted Cost Share PMPM
- Step P12 - Calculate Aggregate Metrics
- Step P13 - Calculate Net Pharmacy Rate
- Step P14 - Apply the Clinical Modules Factor
- Step P15 - Apply the Pharmacy Demographic Adjustment
- Step P16 - Apply the Pharmacy Industry Adjustment
- Step P17 - Apply the Pharmacy Mandates Adjustment
- Step P18 - Calculate and Apply Utilization Dampening Adjustment

PB. Determine the Final Pharmacy PMPM for each individual.

- Step P19 - Determine Final Pharmacy PMPM

PC. Aggregate individual per member per month claim costs.

- Step P20 - Aggregate Individual Claim Costs

DETAILED FORMULAS:

The following formulas detail the claim cost calculation process. The specific steps are applied to each cost category, except as specifically noted. It should be noted that there are no separate provisions made for OON pharmacy benefits. All benefits are assumed to be in network. Claim costs for each individual life are calculated separately and the results are aggregated. Where noted, a separate set of assumptions or calculations are used for cases run on the FACETS platform.

SECTION PA

Step P1 - Extract the Average Wholesale Price per Script

Extract the AWP per script by cost category in both the retail and mail order (MOD) buckets (note: separate assumptions for FACETS platform). AWP per script varies by Formulary Status (Closed vs. Open) and Formulary Type (Standard, Performance, Advantage, Generics Only).

Step P2 - Apply the Discount

Discounts are estimated for retail and mail. The discounts vary by funding type. Discounts also differ for the FACETS platform, which has separate discounts for its 90-day retail option. If applicable, discounts are adjusted for 90-day retail option.

Formula:

Final Retail Tier Discount = 30-Day Retail Discount x (1 - % of Retail from 90-Day) + 90-Day Retail Discount x % of Retail from 90-Day
where % of Retail from 90-Day = [(Retail Script Counts x Retail shift to 90-Day Supply) + (MOD Script Counts x MOD Shift to 90-Day Supply x
MOD Multiplier Assumption)] / Retail Script counts

If selecting Performance 4-Tier product, where non-preventive generics and preferred brand share the second tier, one needs to calculate a weighted average discount to use.

Formula:

Performance 4-Tier Product, 2nd Tier Discount for Retail or MOD =
$$1 - \frac{((\text{Non-Preventive Generics Script Counts} \times \text{Non-Preventive Generics AWP}) \times (1 - \text{Generic Discount}) + (\text{Preferred Brand Script Counts} \times \text{Preferred Brand AWP}) \times (1 - \text{Preferred Brand Discount}))}{((\text{Non-Preventive Generics Script Counts} \times \text{Non-Preventive Generics AWP}) + (\text{Preferred Brand Script Counts} \times \text{Preferred Brand AWP}))}$$

Once discount is calculated, apply it to Average AWP.

Formula:

Step P2 Discounted AWP = (1 - Discount Factor) x Step P1 Average AWP

Step P3 - Calculate Gross Cost Per Script

Dispensing fees are estimated for retail and mail. They vary by funding type and differ for the FACETS platform. For mail, dispensing fees don't vary between brand and generic drugs. For retail, they do.

Sales tax is not included in either for retail or mail due to insignificance.

Formula:

Step P3 Gross Cost Per Script = Step P2 Discounted AWP + Dispensing Fee

Step P4 - Calculate and Apply the Cost Trend Factor

Determine the total trend days from the base claim period midpoint to the policy period midpoint. Calculate the trend years by exposure year and calculate applied trend. Use trend values specific to the particular product being priced. Trend values will also vary by year.

Unit Cost Trend Factor is the sumproduct of days to trend in specific years with those years' corresponding trend factors.

Trend Calculation Example:

- (a) = Product = CignaPharmacy
- (b) = Base claim effective date = 1/1/2012
- (c) = Policy effective date of quote = 7/1/2013
- (d) = Policy end date of quote = 6/30/2014
- (e) = Annual CignaPharmacy cost trend factor for 2013/2012 = 6.22%
- (f) = Annual CignaPharmacy cost trend factor for 2014/2013 = 8.09%
- (g) = Base claim period midpoint = b + 182.5 days = 7/1/2012
- (h) = Policy period midpoint = (c + d) / 2 = 12/30/2013
- (i) = Total trend days = h - g = 546.5
- (j) = Trend days from 2012 to 2013 = 364.5
- (k) = Trend days from 2013 to 2014 = 182

Unit Cost Trend Factor = $(1 + e)^{(j / 366)} \times (1 + f)^{(k / 365)} = (1.0622^{0.999}) \times (1.0809^{0.499}) = 1.1041$

Formula:

Step P4 Gross Trended Cost per Script = Step P3 Gross Cost per Script x Unit Cost Trend Factor

Step P5 - Extract the Script Counts Across All Drug Categories

Extract the retail and MOD script counts PMPY for each cost category (note: separate assumption for FACETS platform). Pull in script counts for buy-up cost categories (e.g. Oral Contraceptives, Smoking Cessation, etc.) as needed. If the category-specific buy-up has not been selected, set the script count to 0. If it has been selected, pull the script count normally as previously mentioned. Utilization by tier varies by Formulary Status (Closed vs. Open) and Formulary Type (Standard, Performance, Advantage, Generics Only). If applicable, script counts are adjusted for 90-day retail option.

Formulas:

Final Retail Script Count = Extracted Retail Script Count + (90-Day Retail Shift from MOD Assumption x MOD Multiplier Assumption x MOD Script Counts)

Final MOD Script Count = Extracted MOD Script Count x (1 - MOD Shift to 90-Day Retail Assumption)

Step P6 - Calculate and Apply Utilization Trend Factor

Calculate the utilization trend factor by re-running Step P4 with utilization trend factors.

Formulas:

Utilization Trend Factor = Result of Step P4 using utilization trends instead of cost trends

Step P6 Trended Script Count = Step P5 Script Count x Utilization Trend Factor

Step P7 - Calculate Gross Trended PMPM

Calculate Gross Trended PMPM by multiplying trended script count by trended cost per script and dividing by 12 (scripts are PMPY).

Formula:

Step P7 Gross Trended PMPM = Step P4 Gross Trended Cost per Script x Step P6 trended script count / 12

Step P8 - Calculate Gross Area-Adjusted PMPM

Extract the area factor. This factor is based on the site/funding type being rated.

Formula:

Step P8 Gross Area-Adjusted PMPM = Step P7 Gross Trended PMPM x Rx Area Factor

Step P9 - Calculate Regular Member Cost Share Using Claims Probability Distribution (CPD)

Extract the co-pays/co-insurance, deductible, applicable deductible waivers, out-of-pocket maximum, and plan maximum for the plan design.

Step P9a - Readjust Distribution to Appropriate Rate Level

Scale PMPY cost for each row and tier of the pharmacy CPD table, by the case-specific utilization and cost by tier derived in steps P1 through P6. The tiers should be further split into preventive vs. nonpreventive.

Formula:

For each row and tier of CPD,

Step P9a Gross PMPY by Tier = Step P8 Gross Area-Adjusted PMPM / (weighted average of PMPY's within each tier from each row)

Step P9b - Calculate Deductible Impact, Adjust for Excluded Preventives

Compare the summed Gross PMPY's by Tier for each row to the deductible to see how much of the deductible is applied for each row. If the client elects to waive preventive drugs, do not apply those costs to the summed Gross PMPY's by Tier.

Note: For combined deductible, no deductible is used. Instead an adjustment is made as part of the final community loads.

Formula:

For each row of CPD,

Step P9b Deductible Applied = Min [Sum(Step 9a Gross PMPY by Tier), Deductible]

Step P9c - Calculate Percentage of Costs Left after Deductible is Applied

Formula:

For each row of CPD,

Step P9c Percentage Left = $1 - [\text{Step P9b Deductible Applied} / \text{Sum(Step P9a Gross PMPY by Tier)}]$

Step P9d - Estimate Remaining Member Costs per Script

Take cost per script from each row and tier from the scaled CPD table after step P9a and by the percentage left over after the deductible is applied.

Formula:

For each row and tier of scaled CPD after step P9a,

Step P9d Per Script Cost per Tier = (Cost per Script from scaled CPD) x Step P9c Percentage Left

Step P9e - Adjust for Copays/Coinsurance

To obtain adjusted member costs per script for each tier, factor in copay or coinsurance impact.

Formula:

For each row and tier of CPD,

If copay plan:

Step P9e Adjusted per Script Cost per Tier = Min (Tier copay, Step P9d Per Script Cost per Tier)

If coinsurance plan with minimum and maximum copays:

Step P9e Adjusted per Script Cost per Tier = Min [Max (Tier coinsurance x Step P9d Per Script Cost per Tier, Min Copay), Max Copay]

Step P9f - Calculate Aggregate Member Cost Share

Formula:

For each row of CPD,

Step P9f Aggregate Member Cost Share = Sum [(Step P9e Adjusted per Script Cost per Tier) x (Number of Scripts) + Step P9b Deductible Applied]

Step P9g - Adjust for Out-of-Pocket Maximum

Factor in impact of OOP maximum on member cost share.

Formula:

For each row of CPD,

Step P9g Cost Share after OOP Max = Min (OOP Max, Step P9f Aggregate Member Cost Share)

Step P9h - Adjust for Plan Maximum

Factor in the impact of the plan maximum on member cost share.

Formula:

For each row of CPD,

Step P9h Cost Share after Plan Max = Max (Step P9g Cost Share after OOP Max, Total Estimated Cost - Plan Max)

Step P9i - Calculate Final Cost Share

Compare the weighted average (by row) of the member cost share with the weighted average of the total cost.

Formula:

Step P9i Regular Member Cost Share = Weighted average (Step P9h Cost Share after Plan Max) / Weighted average (Total Costs)

Step P10 - Calculate Adjusted Cost Share for 4th-tier Cost Categories

The cost categories that can be elected to be moved to the 4th tier are oral contraceptives, anti-histamines, cold & cough, and lifestyle. If they are not elected to be moved to the 4th tier, use the regular cost share calculated in Step P9. If they are moved to 4th tier, increase cost share by 5%.

Adding a class to the 4th tier should always increase the cost share for that class, but with minimal impact to overall rates due to low utilization levels.

Formula:

Step P10 Adjusted Cost Share = Step P9i Regular Member Cost Share x 1.05

Step P11 - Calculate Regular Cost Share PMPM, Regular Net Pharmacy PMPM, and Adjusted Cost Share PMPM

Formulas:

Step P11 Regular Cost Share PMPM = Step P8 Gross Area-Adjusted PMPM x Step P9i Regular Member Cost Share

Step P11 Regular Net Pharmacy PMPM = Step P8 Gross Area-Adjusted PMPM - Step P12 Regular Cost Share PMPM

For all regular cost categories *and* other categories that have *not* been moved to 4th tier, use the following:

Step P11 Adjusted Cost Share PMPM = Step P8 Gross Area-Adjusted PMPM x Step P9i Regular Member Cost Share

For cost categories that have been moved to 4th tier, use the following:

Step P11 Adjusted Cost Share PMPM = Step P8 Gross Area-Adjusted PMPM x Step P10 Adjusted Cost Share

Step P12 - Calculate Aggregate Metrics

Many of these aggregate metrics are only used for analysis purposes and visibility.

Step P12a - Aggregate AWP

Calculated by doing a sumproduct of each category's AWP with its corresponding script count and dividing by the total script count.

Example (assuming only retail generic and retail preferred brand categories):

(a) = Retail Generic AWP = \$50

(b) = Retail Preferred Brand AWP = \$125

(c) = Retail Generic Script Count PMPY = 4

(d) = Retail Preferred Brand Script Count PMPY = 2

Aggregate AWP = $(a \times c + b \times d) / (c + d) = (50 \times 4 + 125 \times 2) / 6 = 75$

Step P12b - Aggregate Discounted AWP, Dispensing Fee

Calculated in the same way as Aggregate AWP in Step P12a.

Step P12c - Aggregate Discount

Calculated by "backing into it" using Aggregate AWP and Aggregate Discounted AWP.

Formula:

Step P12c Aggregate Discount = $1 - (\text{Step P12b Aggregate Discounted AWP} / \text{Step P12a Aggregate AWP})$

Step P12d - Aggregate Cost Trend Factor, Utilization Trend Factor, Area Factor, and Regular Cost Share

These metrics are equal across all categories, and are thus the same in aggregate.

Step P12e - Aggregate Gross Cost per Script and Gross Trended Cost per Script

Calculated in the same way the individual cost categories are calculated.

Formulas:

Step P12e Aggregate Gross Cost per Script = Step P12b Aggregate Discounted AWP + Aggregate Dispensing Fee

Step P12e Aggregate Gross Trended Cost per Script = Step P12e Aggregate Gross Cost per Script x Step P12d Aggregate Cost Trend Factor

Step P12f - Aggregate Script Counts, Trended Script Counts, Gross Trended PMPM, Gross Area Rx PMPM, Regular Cost Share PMPM, Regular Net Pharmacy PMPM, and Adjusted Cost Share PMPM

Calculated by summing up the corresponding metrics across all cost categories.

Step P12g - Aggregate Adjusted Cost Share

Calculated by "backing into it" using Aggregate Gross Area Rx PMPM and Aggregate Rx Cost Share PMPM.

Formula:

Step P12g Aggregate Adjusted Cost Share = $\text{Step P12f Aggregate Adjusted Cost Share PMPM} / \text{Step P12f Aggregate Gross Area Rx PMPM}$

All calculations going forward are done on an aggregate basis only (i.e. not split into cost categories).

Step P13 - Calculate the Net Pharmacy Rate

Formula:

Step P13 Net Pharmacy Rate = $\text{Step P12f Aggregate Gross Area-Adjusted PMPM} - \text{Step P12g Aggregate Adjusted Cost Share PMPM}$

Step P14 - Apply the Clinical Modules Factor

Extract the Clinical Modules factor, which is dependent upon which modules/GST programs are selected.

Formula:

Step P14 Clinical-Adjusted PMPM = $\text{Step P13 Net Pharmacy Rate} \times \text{Clinical Modules Factor}$

Step P15 - Apply the Pharmacy Demographic Adjustment

Extract the age/sex factor from Rx Demo Factors table for the demographic of the case being run and apply to the Step 14 Clinical-Adjusted PMPM. The factor will be calculated in the same way as is done for Medical, just using a different table.

Formula:

Step P15 Clinical/Demo-Adjusted PMPM = Step P14 Clinical-Adjusted PMPM x Pharmacy Demographic Factor

Step P16 - Apply the Pharmacy Industry Adjustment

Extract the unadjusted industry factor and apply it to the PMPM calculated in Step P15.

Formula:

Step P16 Clinical/Demo/Industry-Adjusted PMPM = Step P15 Clinical/Demo-Adjusted PMPM x Industry Factor

Step P17 - Apply the Pharmacy Mandates Adjustment

Extract the mandate factor from the Rx Mandate Factors table for the state/funding type of the case being rated and apply it to the PMPM calculated in Step P16.

Formula:

Step P16 Clinical/Demo/Industry/Mandate-Adjusted PMPM = Step P16 Clinical/Demo/Industry-Adjusted PMPM x (1 + Mandate Factor)

Step P18 - Calculate and Apply Utilization Dampening Adjustment

Extract the Utilization Dampening Adjustment based on member cost share and apply it to the Step 17 Clinical/Demo/Industry/Mandate-Adjusted PMPM.

Formula:

Step P18 Total Benefit Pharmacy CRC = Step P17 Clinical/Demo/Industry/Mandate-adjusted PMPM x Utilization Dampening Adjustment

SECTION PB

Step P19 - Determine Final Pharmacy CRC

Extract the pharmacy loading factor based on applicable community rate adjustments, similar to medical, and apply it to the PMPM calculated in Step P18 to get the community rate by class (CRC) PMPM. This includes items such as multiple offering loads, open access loads, women's preventive health adjustments, generic requirement adjustments, combined deductible and/or OOP maximum adjustments, and deductible accumulation adjustments. Then take out the industry and demographic factors to get to the community rate (CR) PMPM.

Formula:

Step P19 Final Pharmacy CRC = Step P18 Total Benefit Pharmacy CRC x Pharmacy Loading Factor

Step P19 Final Pharmacy CR = Step P19 Final Pharmacy CRC / Industry factor / Demographic factor

SECTION PC

Step P20 - Aggregate Individual Claim Costs

Combine the individual per member per month claim costs to determine aggregate costs by area.

Step P20 Total Aggregated CRC by Area =
$$\frac{\text{Sum of the Step P19 Final Pharmacy CRC for all individuals (members) within the given area}}{\text{Sum of the number of individuals (members) within the given area}}$$

Step P20 Total Aggregated CR by Area =
$$\frac{\text{Sum of the Step P19 Final Pharmacy CR for all individuals (members) within the given area}}{\text{Sum of the number of individuals (members) within the given area}}$$

Experience Rating Formula for CGLIC Medical Products

Blended claims are a weighted average of the group's official experience and the manually rated claims.

The group's official experience is calculated as fee-for-service paid claims, adjusted for large claims and capitation, then multiplied by a trend factor. Large claims up to the pooling limit are added back in. The claims are then adjusted for any changes in liability. This experience could include CIGNA experience on the particular group or a portion of the group or prior carrier experience.

The manually rated claims are calculated according to the formulas and tables filed and approved with the state.

The weights used to blend the claims are based on the credibility of the group. The blended claims may be adjusted for underwriting discretion. A retention charge is then added for administrative expenses, taxes, commissions and profit. The premium is then adjusted for the Experience Protection Benefit (pooling charge) and network access fees, where applicable.

TIERED BENEFITS ADJUSTMENT

1) A manual rate will be developed for the underlying plan, consistent with this filing's base methodology and reflecting the Tier 1 level of cost sharing for Specialty/Primary office visits.

The rate adjustment will equal (1 - Savings %), according to the following formula:

- 2) If a client decides to administer the Tier 1 benefit to non-CCN services (no-cut dollars), benefit save is not multiplied by the % of members in the no-cut group.
 3) PCP and SCP savings are calculated separately and then combined for a total impact to the manual rate.

$$\text{Savings \%} = [1\% \text{ out-of-network}] \times [\text{benefit save} \times \text{CCN dilution \%} \times \text{\% non-HPN dollars}] + \text{benefit save} \times \text{CCN dilution \%} \times \text{\% no-cut dollars}] \times \text{Dual Choice Adjustment}$$

4) A multiplicative dampening adjustment will be made to this rate if the Cigna care network will be offered in a multiple choice (either with Cigna or slice with another carrier) environment

TABLES

General (example):

Starting Save, % non-HPN dollars, and % no-cut dollars are developed by area based on Care Network contracting data.

% out-of-network

Developed for the underlying plan, consistent with this filing's base methodology and reflecting the Tier 1 benefit level

CCN Dilution %

Deductible	Dilution %
\$250	75%
\$500	73%
\$750	64%
\$1,000	57%
\$1,250	55%
\$1,500	52%
Greater than \$1,500 not CCN	50%
	100%

Benefit Save

Specialist Care Physician				
Copay Difference	Proposed Savings	Tier 1 Coins	Tier 2 Coins	Proposed Savings
\$ -	0.0%	70%	60%	0.2%
\$ 5.00	0.4%	80%	60%	0.6%
\$ 10.00	0.9%	80%	70%	0.3%
\$ 15.00	1.3%	90%	60%	1.4%
\$ 20.00	1.6%	90%	70%	1.1%
\$ 25.00	2.0%	90%	80%	0.6%
\$ 30.00	2.8%	100%	60%	4.7%
\$ 35.00	3.1%	100%	70%	4.1%
\$ 40.00	3.5%	100%	80%	2.8%
\$ 45.00	3.8%	100%	90%	1.6%
\$ 50.00	4.1%			
\$ 55.00	4.4%			
\$ 60.00	4.7%			

Primary Care Physician				
Copay Difference	Proposed Savings	Tier 1 Coins	Tier 2 Coins	Proposed Savings
\$ -	0.0%	70%	60%	0.1%
\$ 5.00	0.2%	80%	60%	0.3%
\$ 10.00	0.3%	80%	70%	0.2%
\$ 15.00	0.5%	90%	60%	0.7%
\$ 20.00	0.6%	90%	70%	0.5%
\$ 25.00	0.8%	90%	80%	0.3%
\$ 30.00	0.9%	100%	60%	2.0%
\$ 35.00	1.1%	100%	70%	1.7%
\$ 40.00	1.2%	100%	80%	1.3%
\$ 45.00	1.7%	100%	90%	0.7%
\$ 50.00	1.9%			
\$ 55.00	2.0%			
\$ 60.00	2.2%			

Dual Choice Adjustment

Are the CCN EE contributions 10%

less than all other plans?	Adjustment Factor
No	0.00
Yes	0.25
not dual choice	1.00

Medical Area Factors

Revised

NWK Area Description	NWK Base Area	Product Factor	OAP Base Area
VT, STATEWIDE VT	VT401A	1.01	VT300A

PPO/Indemnity Area Description	PPO/Indemnity Base Area	Product Factor	OAP Base Area
VT, STATEWIDE VT	VT701A	1.06	VT300A

OAP Area Description	OAP Base	Area Factor	OAP National
VT, STATEWIDE VT	VT300A	0.778	VT300A

Medical Modular Management

PHS	0.9%
-----	------

Gatekeeper Credit

Gatekeeper Credit	-1%
-------------------	-----

Deductible Accumulation Adjustment

- 0.5% No Cross Accumulation
- 0.0% One Way Accumulation (out of nwk to in nwk)
- 0.5% Cross Accumulation

Consumerism Adjustment

Adjustment	-1.5%
------------	-------

Breast Pump Supplies Covered at 100%

Adjustment	0.05%
------------	-------

Medical Utilization Dampening Curve

Utilization Dampening Formula = $EXP(UTILDC1 * CS + UTILDC2) + UTILDC3$
 CS = Cost Share $UTLDC3 = Total\ Cost\ Share \times -0.152 + .011$

	Inpatient	Outpatient	PCP	ER	SCP	Other
UTILDC1	-1.31	-0.59	-0.50	-0.22	-1.09	-0.98
UTILDC2	0.10	0.11	0.15	0.04	0.26	0.14
CS	IP CS	OP CS	PCP CS	ER CS	SCP CS	Other CS

Indemnity (NY Metro)		Indemnity (NJ)		Indemnity (non-NY metro and non-NJ)	
	Aggregate		Aggregate		Aggregate
UTILDC1	-0.10	UTILDC1	-0.10	UTILDC1	-0.32
UTILDC2	0.27	UTILDC2	0.36	UTILDC2	0.22
CS	Agg CS	CS	Agg CS	CS	Agg CS

Lifetime Max

Amount	Factor
50,000	-2.00%
100,000	-1.50%
150,000	-1.25%
200,000	-1.00%
300,000	-0.83%
400,000	-0.67%
500,000	-0.50%
750,000	-0.40%
1,000,000	-0.25%
2,000,000	-0.10%
3,000,000	-0.05%
4,000,000	-0.02%
5,000,000+	-0.01%

Medical MRC / ARC Factor

	Percentile	Factor	
		All Other	LCP
Medicare Stacked	100%	0.264	0.208
Medicare Stacked	110%	0.275	0.218
Medicare Stacked	150%	0.318	0.260
Medicare Stacked	200%	0.361	0.303
Medicare Stacked	300%	0.568	0.540
Medicare Only	100%	0.237	0.183
Medicare Only	110%	0.250	0.195
ACR		N/A	0.487
U&C	80%	1.000	1.000
U&C	90%	1.000*	1.000*

*1.003 is applied to total medical expected claims (w/o riders)

Carryover Deductible Factor

Deductible	Factor
0	1
250	1.013
500	1.019
750	1.023
1000	1.03

PreventativeCareCovered100Pct

Pricing for 100% preventive coverage per PPACA. A multiplicative factor is applied to the medical expected claims, the riders, and to the Rx expected claims. This factor ranges from 1.0 to 1.03655 based on the richness of the plan design (closer to 1.0 the richer the plan).

Office Surgery Table

Waive Deductible	0.001
Waive Deductible and Coinsurance	0.002

Medical Demographic factors

This is used only if the status of the individual can be determined.

Female Demographic Factors

Age Band	Employee Factor	Spouse Factor	Child Factor	Age Band	Employee Factor	Spouse Factor	Child Factor
00 - 19	0.462	0.462	0.462	00 - 19	0.483	0.483	0.483
20 - 24	0.833	1.336	0.680	20 - 24	0.385	0.387	0.583
25 - 29	0.975	1.426	1.569	25 - 29	0.461	0.656	0.721
30 - 34	1.179	1.401	1.541	30 - 34	0.535	0.651	0.716
35 - 39	1.165	1.261	1.387	35 - 39	0.632	0.871	0.959
40 - 44	1.212	1.302	1.432	40 - 44	0.803	0.975	1.072
45 - 49	1.388	1.496	1.646	45 - 49	0.993	1.298	1.427
50 - 54	1.574	1.807	1.988	50 - 54	1.340	1.737	1.911
55 - 59	1.742	2.057	2.263	55 - 59	1.700	2.198	2.418
60 - 64	2.136	2.543	2.797	60 - 64	2.211	2.963	3.260
65 - 69	2.926	2.926	3.219	65 - 69	3.219	3.658	4.024
70 +	3.414	3.414	3.756	70 +	4.243	4.243	4.668

Male Demographic Factors

Medical Demographic factors

Use if status can not be determined

Age Band	Male Factor	Female Factor
00 - 19	0.483	0.462
20 - 24	0.457	0.823
25 - 29	0.480	1.134
30 - 34	0.552	1.281
35 - 39	0.672	1.213
40 - 44	0.833	1.257
45 - 49	1.048	1.440
50 - 54	1.416	1.680
55 - 59	1.801	1.874
60 - 64	2.380	2.279
65 - 69	3.658	2.926
70 +	4.243	3.414

Minnesota Demo Factors

Age Band	Factor
00 - 19	0.472
20 - 24	0.640
25 - 29	0.807
30 - 34	0.916
35 - 39	0.943
40 - 44	1.045
45 - 49	1.244
50 - 54	1.548
55 - 59	1.837
60 - 64	2.330
65 - 69	3.292
70 +	3.829

Infertility Demo Factor

Age Band	Male Factor	Female Factor	For MN
00 - 19	-	-	-
20 - 24	-	0.600	0.297
25 - 29	0.072	3.432	1.789
30 - 34	0.234	8.046	4.294
35 - 39	0.518	7.278	4.010
40 - 44	0.170	2.635	1.434
45 - 49	0.095	0.530	0.319
50 - 54	0.037	0.043	0.040
55 - 59	0.026	0.018	0.022
60 - 64	-	0.009	0.005
65 - 69	-	-	-
70 +	-	-	-

Medicare COB Factor Language

Rates for Post-65 Medicare Eligible Retirees are adjusted to reflect the coordination of benefits with Medicare. The Medicare COB adjustment is based on the percentage of Medicare eligible members in the population being rated, the age/sex, the geographic location of the membership, the coordination of benefits method being applied, the underlying medical product type, and the plan deductible, coinsurance, copay, out-of-pocket maximum, and other cost-sharing.

Health Advocacy Factors			Health Advocacy Claim Decrement PMPM's	
Your Health First Factor	New	Renewal	Clinical Program Factors	PMPM
Your Health First 300	-1.64%	-1.64%	Healthy Babies - Option 1	-\$0.36
Your Health First 250	-1.64%	-1.64%	Healthy Babies - Option 2	-\$0.36
Your Health First 200	-1.64%	-1.64%	Healthy Babies - Option 3	-\$0.36
Your Health First 100	-1.64%	-1.64%	Oncology	-\$0.20

*Note: Factor for YHF 300 differs for experience rated cases.
Also note that these factors are post-"5/7" adjustment in MRE (tables in MRE are pre-"5/7" adjustment).

**Medical
Family Deductible**

DEDUCTIBLE ADJ FOR FAMILY LIMIT

	0	50	100	150	200	300	400	500	750	1000	1500	2000	2500	3000	3500	4000	4500	5000
1.00	1.00	0.67	0.67	0.67	0.68	0.68	0.69	0.70	0.72	0.73	0.80	0.84	0.88	0.91	0.95	0.99	1.00	1.00
2.00	1.00	0.80	0.80	0.80	0.81	0.81	0.82	0.83	0.84	0.85	0.87	0.89	0.91	0.93	0.96	0.98	1.00	1.00
2.25	1.00	0.83	0.83	0.84	0.84	0.85	0.86	0.86	0.88	0.89	0.91	0.93	0.95	0.97	0.99	1.00	1.00	1.00
2.50	1.00	0.87	0.87	0.87	0.88	0.88	0.89	0.90	0.92	0.93	0.95	0.96	0.98	0.99	1.00	1.00	1.00	1.00
2.75	1.00	0.90	0.90	0.90	0.91	0.91	0.92	0.92	0.94	0.95	0.96	0.97	0.98	0.99	1.00	1.00	1.00	1.00
3.00	1.00	0.93	0.94	0.93	0.94	0.94	0.95	0.95	0.96	0.97	0.97	0.98	0.98	0.99	1.00	1.00	1.00	1.00
3.25	1.00	0.94	0.94	0.94	0.95	0.95	0.96	0.96	0.97	0.98	0.98	0.98	0.99	1.00	1.00	1.00	1.00	1.00
3.50	1.00	0.94	0.95	0.95	0.96	0.96	0.97	0.97	0.98	0.98	0.98	0.99	1.00	1.00	1.00	1.00	1.00	1.00
3.75	1.00	0.95	0.96	0.96	0.97	0.97	0.98	0.98	0.98	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00
4.00	1.00	0.96	0.97	0.97	0.98	0.98	0.98	0.98	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**Medical
Family OOP Max**

OOP MAX ADJ FOR FAMILY LIMIT

	0	500	1000	1500	2000	3000	4000	5000	7500	10000	15000	20000	25000	30000	35000	40000	45000	50000
1.00	1.00	0.92	0.92	0.92	0.92	0.92	0.92	0.93	0.93	0.94	0.95	0.95	0.96	0.97	0.97	0.98	0.99	0.99
2.00	1.00	0.95	0.95	0.95	0.95	0.95	0.95	0.96	0.96	0.96	0.97	0.97	0.98	0.98	0.99	0.99	1.00	1.00
2.25	1.00	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.97	0.97	0.98	0.98	0.99	0.99	1.00	1.00	1.00	1.00
2.50	1.00	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.98	0.98	0.98	0.99	0.99	1.00	1.00	1.00	1.00	1.00
2.75	1.00	0.97	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00
3.00	1.00	0.98	0.98	0.98	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00
3.25	1.00	0.98	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3.50	1.00	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3.75	1.00	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
4.00	1.00	0.99	0.99	0.99	0.99	0.99	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Medical

Base Claims

Network, Experience Rated PPO, Open Access Plus (in-network)	Service Category					
	In Patient (IP)	Out Patient (OP)	Primary Care Physician	Emergency Room	Specialty Physician	Other
	111.48	104.51	27.87	29.61	40.06	34.84

Network, Experience Rated PPO, Indemnity, Open Access Plus (Out-of-Network)	Service Category					
	In Patient (IP)	Out Patient (OP)	Primary Care Physician	Emergency Room	Specialty Physician	Other
	178.37	167.22	44.59	47.38	64.10	55.74

Utilization

Network, Experience Rated PPO, Indemnity, Open Access Plus	Service Category						
	In Patient - Per Day	In Patient - Per Admit	Out Patient (OP)	Primary Care Physician	Emergency Room	Specialty Physician	Other
	Use Avg Days from Table below x 0.09	0.09	0.12	2.45	0.30	3.30	0.00

Number of Copays Per Admit Adjustment		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Maximum Days																						
Average Days		0.00	1.00	1.80	2.34	2.71	2.96	3.15	3.29	3.42	3.52	3.61	3.68	3.75	3.81	3.85	3.90	3.93	3.96	3.99	4.02	

Sub Categories by Major Service Categories

Sub category	Major Service Category - PROCLAIM, NWK, FACETS					
	Inpatient (Hospital)	Outpatient (Hospital)	ER	PCP	SCP	Other
Facility	85%	55%	100%	0%	0%	100%
Professional	15%	17%	0%	90%	81%	0%
Diagnostic Lab/Xray (DXL)	0%	17%	0%	10%	9%	0%
Adv Radiology (ARI)	0%	11%	0%	0%	10%	0%

Medical and Pharmacy Claim Distribution Table

Medical member cost share is applied to the Medical CPD and Rx member cost share is applied to the Rx CPD below. (Cost share is calculated using the individual separate Medical and Rx CPDs.) The combined cost share is then capped at the OOP level. The adjustment is calculated by dividing the expected value of claims after the OOP is applied by the expected value of claims before the combined OOP is applied.

Percent (Frequency, Probability)	Medical Claims*	Rx Claims**	Percent (Frequency, Probability)	Medical Claims*	Rx Claims**
0.0358	\$ -	\$ -	0.0022	\$ 7,812.97	\$ 2,800.80
0.0301	\$ 2.18	\$ 19.11	0.0074	\$ 8,293.48	\$ 2,930.53
0.0329	\$ 47.43	\$ 26.77	0.0042	\$ 8,543.33	\$ 2,996.33
0.0241	\$ 81.22	\$ 43.38	0.0023	\$ 8,971.09	\$ 3,106.37
0.0332	\$ 111.45	\$ 56.72	0.0014	\$ 9,371.01	\$ 3,206.34
0.0224	\$ 148.37	\$ 71.29	0.0068	\$ 9,805.72	\$ 3,311.87
0.0213	\$ 182.76	\$ 83.33	0.0023	\$ 10,139.12	\$ 3,390.64
0.0233	\$ 217.69	\$ 97.19	0.0012	\$ 10,566.18	\$ 3,488.84
0.0199	\$ 252.75	\$ 110.50	0.0008	\$ 11,006.18	\$ 3,586.90
0.0257	\$ 291.46	\$ 124.53	0.0064	\$ 11,311.00	\$ 3,653.01
0.0187	\$ 332.53	\$ 138.68	0.0013	\$ 11,820.98	\$ 3,760.35
0.0150	\$ 359.85	\$ 150.00	0.0009	\$ 12,236.19	\$ 3,844.78
0.0223	\$ 392.34	\$ 163.43	0.0045	\$ 12,694.18	\$ 3,934.87
0.0209	\$ 434.24	\$ 180.73	0.0014	\$ 13,072.24	\$ 4,006.88
0.0160	\$ 471.84	\$ 196.24	0.0010	\$ 13,507.88	\$ 4,087.28
0.0129	\$ 500.47	\$ 208.02	0.0007	\$ 13,944.51	\$ 4,165.12
0.0094	\$ 536.11	\$ 222.68	0.0005	\$ 14,405.12	\$ 4,244.33
0.0270	\$ 566.98	\$ 235.36	0.0070	\$ 14,717.91	\$ 4,296.44
0.0104	\$ 607.26	\$ 251.87	0.0013	\$ 15,206.58	\$ 4,375.18
0.0085	\$ 642.28	\$ 266.21	0.0012	\$ 15,852.26	\$ 4,474.33
0.0233	\$ 681.19	\$ 282.12	0.0006	\$ 16,891.09	\$ 4,502.88
0.0170	\$ 732.24	\$ 302.95	0.0003	\$ 17,950.70	\$ 4,512.27
0.0251	\$ 801.45	\$ 331.13	0.0002	\$ 18,950.69	\$ 4,503.94
0.0147	\$ 867.33	\$ 357.88	0.0010	\$ 20,164.25	\$ 4,472.80
0.0234	\$ 931.23	\$ 383.75	0.0007	\$ 20,973.72	\$ 4,439.90
0.0203	\$ 1,019.42	\$ 419.36	0.0046	\$ 21,848.35	\$ 4,576.84
0.0119	\$ 1,081.63	\$ 444.40	0.0007	\$ 22,761.04	\$ 4,716.05
0.0170	\$ 1,150.04	\$ 471.86	0.0004	\$ 23,744.01	\$ 4,861.83
0.0102	\$ 1,216.70	\$ 498.55	0.0002	\$ 24,736.73	\$ 5,004.73
0.0148	\$ 1,299.44	\$ 531.57	0.0101	\$ 28,669.48	\$ 5,529.31
0.0142	\$ 1,346.76	\$ 550.41	0.0039	\$ 38,184.30	\$ 6,540.14
0.0474	\$ 1,562.96	\$ 636.03	0.0042	\$ 48,637.78	\$ 7,267.81
0.0436	\$ 1,916.89	\$ 774.59	0.0025	\$ 58,051.79	\$ 7,926.38
0.0288	\$ 2,274.73	\$ 912.69	0.0016	\$ 71,324.55	\$ 8,516.65
0.0292	\$ 2,642.06	\$ 1,052.39	0.0006	\$ 74,091.19	\$ 8,592.87
0.0226	\$ 3,037.54	\$ 1,200.51	0.0010	\$ 88,512.25	\$ 8,746.47
0.0132	\$ 3,338.30	\$ 1,311.57	0.0002	\$ 89,170.17	\$ 8,746.47
0.0180	\$ 3,689.28	\$ 1,439.49	0.0004	\$ 90,581.26	\$ 8,746.47
0.0148	\$ 4,117.34	\$ 1,593.06	0.0003	\$ 91,305.92	\$ 8,746.47
0.0074	\$ 4,432.07	\$ 1,704.28	0.0001	\$ 92,414.86	\$ 8,746.47
0.0122	\$ 4,739.11	\$ 1,811.42	0.0038	\$ 135,639.99	\$ 8,746.47
0.0044	\$ 5,179.92	\$ 1,962.92	0.0007	\$ 239,114.76	\$ 8,746.47
0.0166	\$ 5,552.87	\$ 2,088.98	0.0002	\$ 312,193.98	\$ 8,746.47
0.0053	\$ 5,897.26	\$ 2,203.70	0.0003	\$ 407,944.19	\$ 8,746.47
0.0035	\$ 6,271.50	\$ 2,326.54	0.0002	\$ 1,131,536.39	\$ 8,746.47
0.0024	\$ 6,645.18	\$ 2,447.33			
0.0127	\$ 6,957.78	\$ 2,546.96			
0.0027	\$ 7,405.57	\$ 2,687.44			

*National Medical Trend is applied

**National Pharmacy Trend is applied

Medical Revised

Network

Network	Site	Capitation	In Network Cost Trend		OON Network Cost Trend		Mental Health Cost Trend	Proclaim MHSA Minimum CAP Rate	Proclaim MHSA Maximum CAP Rate	Facets MHSA Minimum CAP Rate	Facets MHSA Maximum CAP Rate
			2013/2012	2014+/2013	2013/2012	2014+/2013	2010+/2009				
VT, STATEWIDE VT	VT401A	3.82%	8.55%	7.72%	10.00%	10.00%	6.00%	\$9.24	\$16.43	\$2.43	\$3.98

Experience Rated PPO and Indemnity

Network	Site	Experience Rated PPO		Experience Rated Indemnity		Mental Health Cost Trend	Proclaim MHSA Minimum CAP Rate	Proclaim MHSA Maximum CAP Rate	Facets MHSA Minimum CAP Rate	Facets MHSA Maximum CAP Rate
		2013/2012	2014+/2013	2013/2012	2014+/2013	2010+/2009				
VT, STATEWIDE VT	VT701A	8.02%	8.48%	10.00%	10.00%	6.00%	\$9.24	\$16.43	\$2.43	\$3.98

Open Access Plus

Network	Site	Experience Rated PPO		Experience Rated Indemnity		Mental Health Cost Trend	Proclaim MHSA Minimum CAP Rate	Proclaim MHSA Maximum CAP Rate	Facets MHSA Minimum CAP Rate	Facets MHSA Maximum CAP Rate
		2013/2012	2014+/2013	2013/2012	2014+/2013	2010+/2009				
VT, STATEWIDE VT	VT300A	9.34%	8.61%	10.00%	10.00%	6.00%	\$9.24	\$16.43	\$2.43	\$3.98

Network

Network	Site	A - Average POS load	B - Avg Diff between OON and IN Cost Share	C - POS Slope
VT, STATEWIDE VT	VT401A	55.00%	-43.00%	8.00%

OAP

Network	Site	A - Average POS load	B - Avg Diff between OON and IN Cost Share	C - POS Slope
VT, STATEWIDE VT	VT300A	25.00%	-24.00%	5.27%

PPO/Indemnity

Network	Site	A - Average POS load	B - Avg Diff between OON and IN Cost Share	C - POS Slope
VT, STATEWIDE VT	VT701A	55.00%	-43.00%	7.58%

**Medical
Aggregate Deductible Adjustment**

Average Family Size	IN Deductible Multiplier	Effective Medical Deductible - Individual	Collective Decrement	Average Family Size	IN Deductible Multiplier	Effective Medical Deductible - Individual	Collective Decrement	Average Family Size	IN Deductible Multiplier	Effective Medical Deductible - Individual	Collective Decrement
0	1	500	0.0%	3	1	500	0.0%	4	1	500	0.0%
0	1	1000	0.0%	3	1	1000	0.0%	4	1	1000	0.0%
0	1	1500	0.0%	3	1	1500	0.0%	4	1	1500	0.0%
0	1	2000	0.0%	3	1	2000	0.0%	4	1	2000	0.0%
0	1	2500	0.0%	3	1	2500	0.0%	4	1	2500	0.0%
0	1	3000	0.0%	3	1	3000	0.0%	4	1	3000	0.0%
0	1	4000	0.0%	3	1	4000	0.0%	4	1	4000	0.0%
0	1.5	500	0.0%	3	1.5	500	-0.1%	4	1.5	500	0.0%
0	1.5	1000	0.0%	3	1.5	1000	-0.3%	4	1.5	1000	-0.1%
0	1.5	1500	0.0%	3	1.5	1500	-0.5%	4	1.5	1500	-0.2%
0	1.5	2000	0.0%	3	1.5	2000	-0.7%	4	1.5	2000	-0.3%
0	1.5	2500	0.0%	3	1.5	2500	-0.9%	4	1.5	2500	-0.4%
0	1.5	3000	0.0%	3	1.5	3000	-1.2%	4	1.5	3000	-0.6%
0	1.5	4000	0.0%	3	1.5	4000	-1.7%	4	1.5	4000	-0.9%
0	2	500	0.0%	3	2	500	-0.3%	4	2	500	-0.1%
0	2	1000	0.0%	3	2	1000	-0.9%	4	2	1000	-0.4%
0	2	1500	0.0%	3	2	1500	-1.5%	4	2	1500	-0.7%
0	2	2000	0.0%	3	2	2000	-2.2%	4	2	2000	-1.2%
0	2	2500	0.0%	3	2	2500	-3.0%	4	2	2500	-1.7%
0	2	3000	0.0%	3	2	3000	-3.7%	4	2	3000	-2.3%
0	2	4000	0.0%	3	2	4000	-5.3%	4	2	4000	-3.5%
0	2.5	500	0.0%	3	2.5	500	-0.9%	4	2.5	500	-0.4%
0	2.5	1000	0.0%	3	2.5	1000	-2.1%	4	2.5	1000	-1.0%
0	2.5	1500	0.0%	3	2.5	1500	-3.4%	4	2.5	1500	-1.9%
0	2.5	2000	0.0%	3	2.5	2000	-4.7%	4	2.5	2000	-2.9%
0	2.5	2500	0.0%	3	2.5	2500	-6.1%	4	2.5	2500	-4.0%
0	2.5	3000	0.0%	3	2.5	3000	-7.4%	4	2.5	3000	-5.1%
0	2.5	4000	0.0%	3	2.5	4000	-10.0%	4	2.5	4000	-7.4%
0	3	500	0.0%	3	3	500	-1.6%	4	3	500	-0.7%
0	3	1000	0.0%	3	3	1000	-3.5%	4	3	1000	-2.0%
0	3	1500	0.0%	3	3	1500	-5.6%	4	3	1500	-3.5%
0	3	2000	0.0%	3	3	2000	-7.6%	4	3	2000	-5.3%
0	3	2500	0.0%	3	3	2500	-9.6%	4	3	2500	-7.0%
0	3	3000	0.0%	3	3	3000	-11.4%	4	3	3000	-8.8%
0	3	4000	0.0%	3	3	4000	-14.9%	4	3	4000	-12.0%
2	1	500	0.0%	3.5	1	500	0.0%				
2	1	1000	0.0%	3.5	1	1000	0.0%				
2	1	1500	0.0%	3.5	1	1500	0.0%				
2	1	2000	0.0%	3.5	1	2000	0.0%				
2	1	2500	0.0%	3.5	1	2500	0.0%				
2	1	3000	0.0%	3.5	1	3000	0.0%				
2	1	4000	0.0%	3.5	1	4000	0.0%				
2	1.5	500	-0.2%	3.5	1.5	500	-0.1%				
2	1.5	1000	-0.4%	3.5	1.5	1000	-0.2%				
2	1.5	1500	-0.7%	3.5	1.5	1500	-0.3%				
2	1.5	2000	-0.9%	3.5	1.5	2000	-0.5%				
2	1.5	2500	-1.3%	3.5	1.5	2500	-0.7%				
2	1.5	3000	-1.6%	3.5	1.5	3000	-0.9%				
2	1.5	4000	-2.2%	3.5	1.5	4000	-1.3%				
2	2	500	-0.5%	3.5	2	500	-0.2%				
2	2	1000	-1.2%	3.5	2	1000	-0.6%				
2	2	1500	-2.0%	3.5	2	1500	-1.1%				
2	2	2000	-2.8%	3.5	2	2000	-1.7%				
2	2	2500	-3.7%	3.5	2	2500	-2.3%				
2	2	3000	-4.6%	3.5	2	3000	-3.0%				
2	2	4000	-6.3%	3.5	2	4000	-4.4%				
2	2.5	500	-1.3%	3.5	2.5	500	-0.6%				
2	2.5	1000	-2.8%	3.5	2.5	1000	-1.6%				
2	2.5	1500	-4.2%	3.5	2.5	1500	-2.6%				
2	2.5	2000	-5.7%	3.5	2.5	2000	-3.8%				
2	2.5	2500	-7.2%	3.5	2.5	2500	-5.1%				
2	2.5	3000	-8.6%	3.5	2.5	3000	-6.3%				
2	2.5	4000	-11.3%	3.5	2.5	4000	-8.8%				
2	3	500	-2.2%	3.5	3	500	-1.2%				
2	3	1000	-4.5%	3.5	3	1000	-2.8%				
2	3	1500	-6.7%	3.5	3	1500	-4.6%				
2	3	2000	-8.9%	3.5	3	2000	-6.5%				
2	3	2500	-10.9%	3.5	3	2500	-8.4%				
2	3	3000	-12.8%	3.5	3	3000	-10.2%				
2	3	4000	-16.3%	3.5	3	4000	-13.6%				

Med CS Band	Rx CS Band	Apply Ded to Physician	Exclude Prev Rx from Ded	Proposed Loads	
				Medical Load	Rx Load
<0.1	<0.1	Y	N	1.30%	-5.25%
<0.1	0.1 - 0.15	Y	N	1.40%	-4.75%
<0.1	0.15 - 0.2	Y	N	1.50%	-4.25%
<0.1	0.2 - 0.25	Y	N	1.60%	-3.75%
<0.1	0.25 - 0.3	Y	N	1.70%	-3.25%
<0.1	0.3 - 0.35	Y	N	1.80%	-2.75%
<0.1	>0.35	Y	N	1.90%	-2.25%
0.1 - 0.15	<0.1	Y	N	1.65%	-10.95%
0.1 - 0.15	0.1 - 0.15	Y	N	1.75%	-10.45%
0.1 - 0.15	0.15 - 0.2	Y	N	1.85%	-9.95%
0.1 - 0.15	0.2 - 0.25	Y	N	1.95%	-9.45%
0.1 - 0.15	0.25 - 0.3	Y	N	2.05%	-8.95%
0.1 - 0.15	0.3 - 0.35	Y	N	2.15%	-8.45%
0.1 - 0.15	>0.35	Y	N	2.25%	-7.95%
0.15 - 0.2	<0.1	Y	N	3.10%	-23.40%
0.15 - 0.2	0.1 - 0.15	Y	N	3.20%	-22.90%
0.15 - 0.2	0.15 - 0.2	Y	N	3.30%	-22.40%
0.15 - 0.2	0.2 - 0.25	Y	N	3.40%	-21.90%
0.15 - 0.2	0.25 - 0.3	Y	N	3.50%	-21.40%
0.15 - 0.2	0.3 - 0.35	Y	N	3.60%	-20.90%
0.15 - 0.2	>0.35	Y	N	3.70%	-20.40%
0.2 - 0.25	<0.1	Y	N	4.25%	-32.75%
0.2 - 0.25	0.1 - 0.15	Y	N	4.35%	-32.25%
0.2 - 0.25	0.15 - 0.2	Y	N	4.45%	-31.75%
0.2 - 0.25	0.2 - 0.25	Y	N	4.55%	-31.25%
0.2 - 0.25	0.25 - 0.3	Y	N	4.65%	-30.75%
0.2 - 0.25	0.3 - 0.35	Y	N	4.75%	-30.25%
0.2 - 0.25	>0.35	Y	N	4.85%	-29.75%
0.25 - 0.3	<0.1	Y	N	4.50%	-38.50%
0.25 - 0.3	0.1 - 0.15	Y	N	4.60%	-37.50%
0.25 - 0.3	0.15 - 0.2	Y	N	4.70%	-36.50%
0.25 - 0.3	0.2 - 0.25	Y	N	4.80%	-35.50%
0.25 - 0.3	0.25 - 0.3	Y	N	4.90%	-34.50%
0.25 - 0.3	0.3 - 0.35	Y	N	5.00%	-33.50%
0.25 - 0.3	>0.35	Y	N	5.10%	-32.50%
0.3 - 0.35	<0.1	Y	N	4.95%	-46.20%
0.3 - 0.35	0.1 - 0.15	Y	N	5.05%	-45.20%
0.3 - 0.35	0.15 - 0.2	Y	N	5.15%	-44.20%
0.3 - 0.35	0.2 - 0.25	Y	N	5.25%	-43.20%
0.3 - 0.35	0.25 - 0.3	Y	N	5.35%	-42.20%
0.3 - 0.35	0.3 - 0.35	Y	N	5.45%	-41.20%
0.3 - 0.35	>0.35	Y	N	5.55%	-40.20%
>0.35	<0.1	Y	N	5.20%	-49.75%
>0.35	0.1 - 0.15	Y	N	5.30%	-48.75%
>0.35	0.15 - 0.2	Y	N	5.40%	-47.75%
>0.35	0.2 - 0.25	Y	N	5.50%	-46.75%
>0.35	0.25 - 0.3	Y	N	5.60%	-45.75%
>0.35	0.3 - 0.35	Y	N	5.70%	-44.75%
>0.35	>0.35	Y	N	5.80%	-43.75%
<0.1	<0.1	N	N	1.20%	-20.25%
<0.1	0.1 - 0.15	N	N	1.30%	-19.75%
<0.1	0.15 - 0.2	N	N	1.40%	-19.25%
<0.1	0.2 - 0.25	N	N	1.50%	-18.75%
<0.1	0.25 - 0.3	N	N	1.60%	-18.25%
<0.1	0.3 - 0.35	N	N	1.70%	-17.75%
<0.1	>0.35	N	N	1.80%	-17.25%
0.1 - 0.15	<0.1	N	N	1.55%	-25.95%
0.1 - 0.15	0.1 - 0.15	N	N	1.65%	-25.45%
0.1 - 0.15	0.15 - 0.2	N	N	1.75%	-24.95%
0.1 - 0.15	0.2 - 0.25	N	N	1.85%	-24.45%
0.1 - 0.15	0.25 - 0.3	N	N	1.95%	-23.95%
0.1 - 0.15	0.3 - 0.35	N	N	2.05%	-23.45%
0.1 - 0.15	>0.35	N	N	2.15%	-22.95%
0.15 - 0.2	<0.1	N	N	3.00%	-38.40%
0.15 - 0.2	0.1 - 0.15	N	N	3.10%	-37.90%
0.15 - 0.2	0.15 - 0.2	N	N	3.20%	-37.40%
0.15 - 0.2	0.2 - 0.25	N	N	3.30%	-36.90%
0.15 - 0.2	0.25 - 0.3	N	N	3.40%	-36.40%
0.15 - 0.2	0.3 - 0.35	N	N	3.50%	-35.90%
0.15 - 0.2	>0.35	N	N	3.60%	-35.40%

Med CS Band	Rx CS Band	Apply Ded to Physician	Exclude Prev Rx from Ded	Proposed Loads	
				Medical Load	Rx Load
0.2 - 0.25	<0.1	N	N	4.15%	-47.75%
0.2 - 0.25	0.1 - 0.15	N	N	4.25%	-47.25%
0.2 - 0.25	0.15 - 0.2	N	N	4.35%	-46.75%
0.2 - 0.25	0.2 - 0.25	N	N	4.45%	-46.25%
0.2 - 0.25	0.25 - 0.3	N	N	4.55%	-45.75%
0.2 - 0.25	0.3 - 0.35	N	N	4.65%	-45.25%
0.2 - 0.25	>0.35	N	N	4.75%	-44.75%
0.25 - 0.3	<0.1	N	N	4.40%	-53.50%
0.25 - 0.3	0.1 - 0.15	N	N	4.50%	-52.50%
0.25 - 0.3	0.15 - 0.2	N	N	4.60%	-51.50%
0.25 - 0.3	0.2 - 0.25	N	N	4.70%	-50.50%
0.25 - 0.3	0.25 - 0.3	N	N	4.80%	-49.50%
0.25 - 0.3	0.3 - 0.35	N	N	4.90%	-48.50%
0.25 - 0.3	>0.35	N	N	5.00%	-47.50%
0.3 - 0.35	<0.1	N	N	4.85%	-61.20%
0.3 - 0.35	0.1 - 0.15	N	N	4.95%	-60.20%
0.3 - 0.35	0.15 - 0.2	N	N	5.05%	-59.20%
0.3 - 0.35	0.2 - 0.25	N	N	5.15%	-58.20%
0.3 - 0.35	0.25 - 0.3	N	N	5.25%	-57.20%
0.3 - 0.35	0.3 - 0.35	N	N	5.35%	-56.20%
0.3 - 0.35	>0.35	N	N	5.45%	-55.20%
>0.35	<0.1	N	N	5.10%	-64.75%
>0.35	0.1 - 0.15	N	N	5.20%	-63.75%
>0.35	0.15 - 0.2	N	N	5.30%	-62.75%
>0.35	0.2 - 0.25	N	N	5.40%	-61.75%
>0.35	0.25 - 0.3	N	N	5.50%	-60.75%
>0.35	0.3 - 0.35	N	N	5.60%	-59.75%
>0.35	>0.35	N	N	5.70%	-58.75%
<0.1	<0.1	Y	Y	1.20%	-4.25%
<0.1	0.1 - 0.15	Y	Y	1.30%	-3.75%
<0.1	0.15 - 0.2	Y	Y	1.40%	-3.25%
<0.1	0.2 - 0.25	Y	Y	1.50%	-2.75%
<0.1	0.25 - 0.3	Y	Y	1.60%	-2.25%
<0.1	0.3 - 0.35	Y	Y	1.70%	-1.75%
<0.1	>0.35	Y	Y	1.80%	-1.25%
0.1 - 0.15	<0.1	Y	Y	1.55%	-9.95%
0.1 - 0.15	0.1 - 0.15	Y	Y	1.65%	-9.45%
0.1 - 0.15	0.15 - 0.2	Y	Y	1.75%	-8.95%
0.1 - 0.15	0.2 - 0.25	Y	Y	1.85%	-8.45%
0.1 - 0.15	0.25 - 0.3	Y	Y	1.95%	-7.95%
0.1 - 0.15	0.3 - 0.35	Y	Y	2.05%	-7.45%
0.1 - 0.15	>0.35	Y	Y	2.15%	-6.95%
0.15 - 0.2	<0.1	Y	Y	3.00%	-22.40%
0.15 - 0.2	0.1 - 0.15	Y	Y	3.10%	-21.90%
0.15 - 0.2	0.15 - 0.2	Y	Y	3.20%	-21.40%
0.15 - 0.2	0.2 - 0.25	Y	Y	3.30%	-20.90%
0.15 - 0.2	0.25 - 0.3	Y	Y	3.40%	-20.40%
0.15 - 0.2	0.3 - 0.35	Y	Y	3.50%	-19.90%
0.15 - 0.2	>0.35	Y	Y	3.60%	-19.40%
0.2 - 0.25	<0.1	Y	Y	4.15%	-29.75%
0.2 - 0.25	0.1 - 0.15	Y	Y	4.25%	-29.25%
0.2 - 0.25	0.15 - 0.2	Y	Y	4.35%	-28.75%
0.2 - 0.25	0.2 - 0.25	Y	Y	4.45%	-28.25%
0.2 - 0.25	0.25 - 0.3	Y	Y	4.55%	-27.75%
0.2 - 0.25	0.3 - 0.35	Y	Y	4.65%	-27.25%
0.2 - 0.25	>0.35	Y	Y	4.75%	-26.75%
0.25 - 0.3	<0.1	Y	Y	4.40%	-35.50%
0.25 - 0.3	0.1 - 0.15	Y	Y	4.50%	-34.50%
0.25 - 0.3	0.15 - 0.2	Y	Y	4.60%	-33.50%
0.25 - 0.3	0.2 - 0.25	Y	Y	4.70%	-32.50%
0.25 - 0.3	0.25 - 0.3	Y	Y	4.80%	-31.50%
0.25 - 0.3	0.3 - 0.35	Y	Y	4.90%	-30.50%
0.25 - 0.3	>0.35	Y	Y	5.00%	-29.50%
0.3 - 0.35	<0.1	Y	Y	4.85%	-43.20%
0.3 - 0.35	0.1 - 0.15	Y	Y	4.95%	-42.20%
0.3 - 0.35	0.15 - 0.2	Y	Y	5.05%	-41.20%
0.3 - 0.35	0.2 - 0.25	Y	Y	5.15%	-40.20%
0.3 - 0.35	0.25 - 0.3	Y	Y	5.25%	-39.20%
0.3 - 0.35	0.3 - 0.35	Y	Y	5.35%	-38.20%
0.3 - 0.35	>0.35	Y	Y	5.45%	-37.20%

Med CS Band	Rx CS Band	Apply Ded to Physician	Exclude Prev Rx from Ded	Proposed Loads	
				Medical Load	Rx Load
>0.35	<0.1	Y	Y	5.10%	-44.75%
>0.35	0.1 - 0.15	Y	Y	5.20%	-43.75%
>0.35	0.15 - 0.2	Y	Y	5.30%	-42.75%
>0.35	0.2 - 0.25	Y	Y	5.40%	-41.75%
>0.35	0.25 - 0.3	Y	Y	5.50%	-40.75%
>0.35	0.3 - 0.35	Y	Y	5.60%	-39.75%
>0.35	>0.35	Y	Y	5.70%	-38.75%
<0.1	<0.1	N	Y	1.10%	-19.25%
<0.1	0.1 - 0.15	N	Y	1.20%	-18.75%
<0.1	0.15 - 0.2	N	Y	1.30%	-18.25%
<0.1	0.2 - 0.25	N	Y	1.40%	-17.75%
<0.1	0.25 - 0.3	N	Y	1.50%	-17.25%
<0.1	0.3 - 0.35	N	Y	1.60%	-16.75%
<0.1	>0.35	N	Y	1.70%	-16.25%
0.1 - 0.15	<0.1	N	Y	1.45%	-24.95%
0.1 - 0.15	0.1 - 0.15	N	Y	1.55%	-24.45%
0.1 - 0.15	0.15 - 0.2	N	Y	1.65%	-23.95%
0.1 - 0.15	0.2 - 0.25	N	Y	1.75%	-23.45%
0.1 - 0.15	0.25 - 0.3	N	Y	1.85%	-22.95%
0.1 - 0.15	0.3 - 0.35	N	Y	1.95%	-22.45%
0.1 - 0.15	>0.35	N	Y	2.05%	-21.95%
0.15 - 0.2	<0.1	N	Y	2.90%	-37.40%
0.15 - 0.2	0.1 - 0.15	N	Y	3.00%	-36.90%
0.15 - 0.2	0.15 - 0.2	N	Y	3.10%	-36.40%
0.15 - 0.2	0.2 - 0.25	N	Y	3.20%	-35.90%
0.15 - 0.2	0.25 - 0.3	N	Y	3.30%	-35.40%
0.15 - 0.2	0.3 - 0.35	N	Y	3.40%	-34.90%
0.15 - 0.2	>0.35	N	Y	3.50%	-34.40%
0.2 - 0.25	<0.1	N	Y	4.05%	-44.75%
0.2 - 0.25	0.1 - 0.15	N	Y	4.15%	-44.25%
0.2 - 0.25	0.15 - 0.2	N	Y	4.25%	-43.75%
0.2 - 0.25	0.2 - 0.25	N	Y	4.35%	-43.25%
0.2 - 0.25	0.25 - 0.3	N	Y	4.45%	-42.75%
0.2 - 0.25	0.3 - 0.35	N	Y	4.55%	-42.25%
0.2 - 0.25	>0.35	N	Y	4.65%	-41.75%
0.25 - 0.3	<0.1	N	Y	4.30%	-50.50%
0.25 - 0.3	0.1 - 0.15	N	Y	4.40%	-49.50%
0.25 - 0.3	0.15 - 0.2	N	Y	4.50%	-48.50%
0.25 - 0.3	0.2 - 0.25	N	Y	4.60%	-47.50%
0.25 - 0.3	0.25 - 0.3	N	Y	4.70%	-46.50%
0.25 - 0.3	0.3 - 0.35	N	Y	4.80%	-45.50%
0.25 - 0.3	>0.35	N	Y	4.90%	-44.50%
0.3 - 0.35	<0.1	N	Y	4.75%	-58.20%
0.3 - 0.35	0.1 - 0.15	N	Y	4.85%	-57.20%
0.3 - 0.35	0.15 - 0.2	N	Y	4.95%	-56.20%
0.3 - 0.35	0.2 - 0.25	N	Y	5.05%	-55.20%
0.3 - 0.35	0.25 - 0.3	N	Y	5.15%	-54.20%
0.3 - 0.35	0.3 - 0.35	N	Y	5.25%	-53.20%
0.3 - 0.35	>0.35	N	Y	5.35%	-52.20%
>0.35	<0.1	N	Y	5.00%	-59.75%
>0.35	0.1 - 0.15	N	Y	5.10%	-58.75%
>0.35	0.15 - 0.2	N	Y	5.20%	-57.75%
>0.35	0.2 - 0.25	N	Y	5.30%	-56.75%
>0.35	0.25 - 0.3	N	Y	5.40%	-55.75%
>0.35	0.3 - 0.35	N	Y	5.50%	-54.75%
>0.35	>0.35	N	Y	5.60%	-53.75%

Industry Load	min	max	median
Agriculture	1.00	1.15	1.00
Mining	1.05	1.15	1.15
Construction	1.00	1.20	1.00
Manufacturing	0.92	1.05	0.95
Transportation, Communication, & Utilities	0.95	1.10	1.00
Wholesale Trade	0.95	1.05	0.95
Retail Trade	1.00	1.20	1.05
Finance, Insurance and Real Estate	0.95	1.10	1.00
Services	0.95	1.15	1.05
Public Administration	1.05	1.15	1.05

ADVERSE SELECTION ADJUSTMENT FOR MULTIPLE CHOICE SCENARIOS WITH LESS THAN 6 OFFERINGS

Multiple Offering Loads*

<u>Offerings</u>	<u>Load</u>
1	0.0%
2	2.0%
3	2.5%
4+	3.0%

**Does not apply to Local Plus*

Platform	Riders
Proclaim and Facets	All riders are multiplied by (1) Area Factor , (2) Medical Trend (IN or OON where appropriate) , (3) Rider Load (this incorporates the Multiple Offering, Deductible Accumulation, Open Access, Preventive Care, CCF, Breast Pump Supplies, & Combined Deductible), (4) Demographic Factor (equivalent to the medical demographic factor load), and (5) Industry Load . **Couple of exceptions for Vision and Infertility
	** Vision has a different trend. Infertility has a different demographic adjustment.
Proclaim and Facets	Preventive - Routine Care Age 3+ (Max Amt) and FACETS PreventativeOtherServicesThresholdFor100PctCoverage_IN The value of 4.649896 is the PMPM charged when Preventive Care is not selected The value of 0.0014 is the slope, which is multiplied the max dollar amount chosen for preventive services. This number would be added to the value of 4.649896. The PMPM is capped at 6.96012
Proclaim	Preventive - Routine Care Age 3+ (OON Buy Up) IN PMPM multiplied by the POS load
Proclaim	Preventive - Routine Care Age <= 2 (OON Buy Up) 1.693512 is the PMPM charged when selecting the OON buy-up. This value is constant.
Facets	Preventive - FACETS PreventativeOtherServicesThresholdFor100PctCoverage_OON IN PMPM multiplied by the POS load 1.693512 is the PMPM charged when selecting the OON buy-up. This value is constant.
Proclaim	Outpatient Short Term Rehab Therapy and Chiro (Max Visit) 0.136603 is slope for the first 30 visits 0.056402 is the slope for all visits after the first 30 visits example: If 45 days were selected, to get you PMPM you would do the following: (30*0.136603 + 15*0.056402) The PMPM is capped at 7.482
Proclaim and Facets	Chiropractic Care (Max Amt) and FACETS ChiroMaxAmt For the first \$1020 of the Max Amount, take the (Max Amount/17)*0.136603 * Notice how the same slope was used as in the Max Visit above. (Max Amount/17) transforms the dollar amount into a Max Visits amount. For all Max Amount dollars after \$1021 use slope of 0.056402. The PMPM is capped at 3.660474
Proclaim and Facets	Chiropractic Care (Max Visit) and FACETS ChiroMaxDays 0.053831 is slope for the first 60 visits 0.014354 is the slope for all visits after the first 60 visits The PMPM is capped at 3.660474
Proclaim and Facets	FACETS OutpatientPT_STRMaxDays_IN 0.100276 is slope for the first 20 visits 0.023541 is the slope for all visits after the first 20 visits example: If 45 days were selected, to get you PMPM you would do the following: (20*0.100276 + 25*0.023541) The PMPM is capped at 3.417986
Proclaim and Facets	FACETS OutpatientSpeechHearingOccupationalMaxDays 0.010766 is slope for the first 20 visits 0.002692 is the slope for all visits after the first 20 visits example: If 45 days were selected, to get you PMPM you would do the following: (20*0.010766 + 15*0.002692) The PMPM is capped at 0.40373
Proclaim and Facets	FACETS OutpatientSpeechHearingOccupationalMaxAmt For the first \$600 of the Max Amount, take the (Max Amount/30)*0.010766 * Notice how the same slope was used as in the Max Visit above. (Max Amount/30) transforms the dollar amount into a Max Visits amount. For all Max Amount dollars after \$601 use slope of 0.002692. The PMPM is capped at 0.40373
Proclaim and Facets	PAR Infertility Treatment - Buy Up #1 and Facets Family Planning 1 1.266 is the PMPM charged when selecting this option. This value is constant.
Proclaim and Facets	PAR Infertility Treatment - Buy Up #1 OON and Facets Family Planning 1 OON IN PMPM multiplied by the POS load
Proclaim and Facets	Infertility Treatment - Buy Up #2 and Facets Family Planning 2 All PMPMs are based of the value 5.226 Slope = ((Max/20,200)^(0.6)) Final PMPM = 5.226*Slope

	The PMPM is capped at 10.452
Proclaim and Facets	Infertility Treatment - Buy Up #2 OON and Facets Family Planning 2 OON IN PMPM multiplied by the POS load
Proclaim and Facets	Alternative Care (Acupuncture, Naturopath, Massage) Options for Acupuncture and Naturopath therapy with or without Massage are available at \$300 or \$600 annual maximums. The PMPM's without Massage are 1.545 and 2.256 respectively, and with Massage they are 1.782 and 3.322 respectively
Proclaim and Facets	Acupuncture (if any Alternative Care option is elected, then this doesn't apply) IN PMPM equals 0.557 for 12 visits, 0.661 for 15 visits, and equals 0.835 for 20 and 24 visit options.
Proclaim and Facets	Organ Transplants OON Covered 0.237 is the PMPM charged when selecting the OON Transplants buy-up. This value is constant.
Proclaim	Durable Medical Equipment The PMPM is capped at 1.453
Proclaim	Durable Medical Equipment OON Buy Up IN PMPM multiplied by the POS load
Proclaim	External Prosthetic Appliances The PMPM is capped at 0.292
Proclaim	External Prosthetic Appliances OON Buy Up IN PMPM multiplied by the POS load
Facets	Durable Medical Equipment and External Prosthetic Appliances The PMPM is capped at 1.745
Facets	Durable Medical Equipment and External Prosthetic Appliances OON Buy Up IN PMPM multiplied by the POS load
Proclaim and Facets	Routine Foot Disorders Buy Up 1.007 is the PMPM charged for Max Amounts less than 1,000. 1.184 is the PMPM charged for Max Amounts larger than \$1,000
Proclaim and Facets	Routine Foot Disorders Buy Up OON IN PMPM multiplied by the POS load
Proclaim and Facets	Home Health Care (Max Visit) The Standard (free) benefit is a 64.6 day max (-1.232) is the PMPM charged when Max Visits is set to zero. The value of 0.0186613 is the slope multiplied by the number of Max days selected. This product is then added to the value of (-1.232). This corresponds to 64.6 max days being the Standard (free) benefit. The PMPM is capped at 1.338
Proclaim and Facets	TMJ 0.367 is the PMPM charged when selecting the TMJ buy-up. This value is constant
Proclaim and Facets	Bariatric Surgery .71 is the PMPM charged for Max Amounts less than or equal to \$8,000 and the value of 2.25 is the PMPM charged for Max amounts greater than \$8,000. Unlimited is 2.58 PMPM.
Proclaim and Facets	Complex Psych Program Savings (-0.178) is the PMPM charged when this benefit is selected. This value is constant
Proclaim and Facets	Narcotics Therapy Program Savings (-0.178) is the PMPM charged when this benefit is selected. This value is constant

Medical Revised

Additional Benefits -MHSA
EPP/DPP

		Medical Riders - MHSA Option												
		Coverage Type: Mental Health												
Network	Site	Outpatient Copay:	0	5	10	15	20	25	30	35	40	45	50	
VT, STATEWIDE VT	VT401A		18.24	17.40	16.60	15.83	15.04	14.24	13.44	12.61	11.84	11.05	10.25	
		Medical Riders - MHSA Option												
		Coverage Type: Substance Abuse												
Network	Site	Outpatient Copay:	0	5	10	15	20	25	30	35	40	45	50	
VT, STATEWIDE VT	VT401A		3.45	3.40	3.34	3.28	3.22	3.16	3.10	3.04	2.98	2.92	2.86	
		Medical Riders - MHSA Option												
		Coverage Type: Mental Health & Substance Abuse												
Network	Site	Outpatient Copay:	0	5	10	15	20	25	30	35	40	45	50	
VT, STATEWIDE VT	VT401A		20.55	19.64	18.77	17.94	17.07	16.20	15.33	14.42	13.58	12.71	11.84	
		Medical Riders - MHSA Option												
		Coverage Type: Non Standard												
Network	Site	Outpatient Copay:												
VT, STATEWIDE VT	VT401A		17.94											

Medical

Revised

Additional Benefits -Vision

EPP Network	Site	Medical Riders - Vision Option			
		High	Medium	Low	LowPlus
VT, STATEWIDE VT	VT401A	2.15	1.22	0.71	1.15

PPO/Experience Rated Indemnity	Site	Medical Riders - Vision Option						Usual and Customary
		Schedule 1-1	Schedule 1-2	Schedule 2-1	Schedule 2-2	Schedule 3-1	Schedule 3-2	
VT, STATEWIDE VT	VT701A	1.65	1.35	2.09	1.72	2.54	2.09	9.72

Open Access Plus Network	Site	Medical Riders - Vision Option						Usual and Customary
		Schedule 1-1	Schedule 1-2	Schedule 2-1	Schedule 2-2	Schedule 3-1	Schedule 3-2	
VT, STATEWIDE VT	VT300A	1.65	1.35	2.09	1.72	2.54	2.09	9.72

Pharmacy Assumptions

Retail	Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Standard Injectables	Injectable Buy-Up	Oral Contraceptives	Anti-Histamines	Cold & Cough	Life Style	Oral Infertility	Diet Drugs	Smoking Cessation	Vitamins
Script Counts - PMPY														
StandardOpen	6.0329	1.2743	0.3190	0.1088	0.0072	0.0013	0.4201	0.2342	0.0844	0.0315	0.0070	0.0249	0.0131	0.0606
StandardClosed	6.3965	1.2697	-	-	0.0072	0.0013	0.4201	0.2220	0.0827	0.0237	0.0070	0.0243	0.0131	0.0563
AdvantageOpen	5.8152	-	1.1260	0.5159	0.0072	0.0013	0.4201	0.1704	-	0.0315	0.0070	0.0249	0.0131	0.0606
AdvantageClosed	7.2107	0.1642	-	-	0.0072	0.0013	0.4201	0.1088	-	0.0158	0.0070	0.0243	0.0131	0.0560
Average Wholesale Price														
StandardOpen	\$ 89.11	\$ 237.99	\$ 327.52	\$ 320.63	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 90.57	\$ 34.43	\$ 182.96	\$ 341.53	\$ 51.55	\$ 193.47	\$ 18.79
StandardClosed	\$ 89.11	\$ 237.99	\$ -	\$ -	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 87.02	\$ 33.63	\$ 182.96	\$ 341.53	\$ 44.67	\$ 193.47	\$ 14.57
AdvantageOpen	\$ 85.95	\$ -	\$ 279.69	\$ 218.71	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 107.30	\$ -	\$ 182.96	\$ 341.53	\$ 51.55	\$ 193.47	\$ 18.79
AdvantageClosed	\$ 85.95	\$ -	\$ -	\$ -	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 86.00	\$ -	\$ 182.96	\$ 341.53	\$ 44.67	\$ 193.47	\$ 14.55

Mail Order	Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Standard Injectables	Injectable Buy-Up	Oral Contraceptives	Anti-Histamines	Cold & Cough	Life Style	Oral Infertility	Diet Drugs	Smoking Cessation	Vitamins
Script Counts - PMPY														
StandardOpen	0.6110	0.1972	0.0450	0.0177	0.0130	0.0014	0.0340	0.0180	0.0001	0.0059	0.0016	0.0006	0.0003	0.0032
StandardClosed	0.6643	0.1928	-	-	0.0130	0.0014	0.0340	0.0166	0.0001	0.0043	0.0016	0.0005	0.0003	0.0029
AdvantageOpen	0.5737	-	0.1667	0.0826	0.0130	0.0014	0.0340	0.0145	-	0.0059	0.0016	0.0006	0.0003	0.0032
AdvantageClosed	0.7856	0.0249	-	-	0.0130	0.0014	0.0340	0.0091	-	0.0029	0.0016	0.0005	0.0003	0.0029
Average Wholesale Price														
StandardOpen	\$ 291.66	\$ 748.55	\$ 1,034.74	\$ 287.76	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 315.29	\$ 213.56	\$ 490.65	\$ 1,588.70	\$ 370.86	\$ 423.73	\$ 71.47
StandardClosed	\$ 291.66	\$ 748.55	\$ -	\$ -	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 302.00	\$ 213.41	\$ 490.65	\$ 1,588.70	\$ 101.83	\$ 423.73	\$ 44.63
AdvantageOpen	\$ 276.70	\$ -	\$ 915.02	\$ 471.86	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 322.07	\$ -	\$ 490.65	\$ 1,588.70	\$ 370.86	\$ 423.73	\$ 71.47
AdvantageClosed	\$ 276.70	\$ -	\$ -	\$ -	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 261.57	\$ -	\$ 490.65	\$ 1,588.70	\$ 101.83	\$ 423.73	\$ 44.51

Mandatory Generic Shift factor*

50%

*If the Generic Requirement is Mandatory Generic, this percentage of the Non-Preferred Multi-source scripts shifts to Generic scripts

Retail Discounts & Dispensing Fees

Funding Type	Size	Generic Discount	Brand Discount	Specialty Discount	Generic Dispensing Fee	Brand Dispensing Fee
GC CHMO	All	69%	14.8%	15.6%	\$1.50	\$1.45
GC Non-CHMO	All	65%	14.8%	15.6%	\$1.50	\$1.45
Non-GC EXR	All	65%	14.8%	11.5%	\$1.50	\$1.45
Non-GC ASO	All	69%	15.4%	12.2%	\$1.35	\$1.35

Mail Order Discounts & Dispensing Fees

Funding Type	Size	Generic Discount	Brand Discount	Specialty Discount	Generic Dispensing Fee	Brand Dispensing Fee
GC CHMO	All	71%	14.8%	12.1%	\$1.50	\$1.50
GC Non-CHMO	All	66%	13.4%	12.1%	\$2.00	\$2.00
Non-GC EXR	All	66%	17.3%	12.1%	\$0.60	\$0.55
Non-GC ASO	All	71%	17.4%	12.4%	\$0.00	\$0.00

Demo Factors

	Blended		Employee		Spouse		Child		MN - unisex	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 20	0.394	0.324	0.208	0.375	0.330	0.263	0.394	0.323	0.359	0.359
20-24	0.326	0.650	0.244	0.590	0.245	0.484	0.448	0.780	0.488	0.488
25-29	0.394	0.770	0.380	0.801	0.412	0.672	0.453	0.881	0.582	0.582
30-34	0.540	0.893	0.526	0.925	0.583	0.838	0.641	1.017	0.716	0.716
35-39	0.752	1.062	0.739	1.066	0.798	1.048	0.878	1.173	0.907	0.907
40-44	1.023	1.246	1.007	1.223	1.079	1.266	1.187	1.392	1.135	1.135
45-49	1.322	1.550	1.289	1.463	1.436	1.651	1.580	1.816	1.436	1.436
50-54	1.712	1.976	1.663	1.840	1.876	2.154	2.063	2.369	1.844	1.844
55-59	2.141	2.397	2.081	2.229	2.325	2.643	2.557	2.907	2.269	2.269
60-64	2.660	2.840	2.593	2.687	2.845	3.102	3.130	3.412	2.750	2.750
65-69	3.111	3.058	2.926	2.816	3.492	3.440	3.841	3.784	3.085	3.085
70 +	3.578	3.425	3.483	3.170	3.744	3.875	4.118	4.262	3.501	3.501

Rx GST Program Cost Savings

Formulary	GST Category	Gen 1st/2-Step	Stacked
Standard	GST_StomachAcid	0.0009	0.0008
Standard	GST_HighCholesterol	0.0036	0.0036
Standard	GST_HighBloodPressure	0.0024	0.0024
Standard	GST_AR	-	-
Standard	GST_OveractiveBladder	0.0006	0.0000
Standard	GST_Lyrica	-	-
Standard	GST_BoneLoss	0.0013	0.0006
Standard	GST_SleepDisorders	0.0019	-
Standard	GST_Allergy	0.0018	0.0003
Standard	GST_AntiDepressants	0.0020	0.0016
Standard	GST_SkinTreatments	0.0013	-
Standard	GST_Asthma	0.0002	-
Standard	GST_NonNarcoticPainRelievers	0.0009	0.0002
Standard	GST_HyperactivityDisorder	0.0001	0.0001
Standard	GST_MentalHealth	-	-
Standard	GST_NarcoticPainRelievers	0.0011	-
Advantage	GST_StomachAcid	-	-
Advantage	GST_HighCholesterol	0.0028	-
Advantage	GST_HighBloodPressure	0.0009	-
Advantage	GST_AR	-	-
Advantage	GST_OveractiveBladder	0.0003	-
Advantage	GST_Lyrica	-	-
Advantage	GST_BoneLoss	0.0018	-
Advantage	GST_SleepDisorders	0.0015	-
Advantage	GST_Allergy	0.0016	-
Advantage	GST_AntiDepressants	0.0004	-
Advantage	GST_SkinTreatments	0.0014	-
Advantage	GST_Asthma	0.0008	-
Advantage	GST_NonNarcoticPainRelievers	-	-
Advantage	GST_HyperactivityDisorder	0.0001	-
Advantage	GST_MentalHealth	-	-
Advantage	GST_NarcoticPainRelievers	0.0008	-

Rx Clinical Management Programs

Clinical Modules A	0
Clinical Modules B	0.005
Clinical Modules C	0.015

Mandate Factors

State	Funding Type	Adjustment
CO	nonASO	0.001
CT	nonASO	0.001
DC	nonASO	0.001
DE	nonASO	0.001
HI	nonASO	0.001
IA	nonASO	0.001
IL	nonASO	0.001
IN	nonASO	0.001
KS	nonASO	0.001
LA	nonASO	0.001
MA	nonASO	0.001
MD	nonASO	0.001
MN	nonASO	0.001
NE	nonASO	0.001
NJ	nonASO	0.001
NM	nonASO	0.001
NY	nonASO	0.001
OR	nonASO	0.001
TX	nonASO	0.001
VA	nonASO	0.001
VT	nonASO	0.001
WA	nonASO	0.001

Cost Trend

Product	2012/2011	2013/2012	2014/2013
CHMO	3.71%	6.22%	8.09%
CignaPharmacyPlus	3.71%	6.22%	8.09%
CignaPharmacy	3.71%	6.22%	8.09%

Utilization Trend

Product	2012/2011	2013/2012	2014/2013
CHMO	0.69%	1.02%	1.03%
CignaPharmacyPlus	0.69%	1.02%	1.03%
CignaPharmacy	0.69%	1.02%	1.03%

Area Factor

	VT
CHMO	0.000
GC Non-CHMO	0.806
Non-GC NWK	0.806
Non-GC Other	0.806

FACTETS Pharmacy Assumptions

Performance Formulary	Retail Open					Mail Open					Retail Closed					Mail Closed				
	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS
Script Counts - PMPY																				
Smoking Cessation	-	0.0004	0.0115	0.0001	-	-	0.0000	0.0002	0.0000	-	-	0.0005	0.0115	-	-	-	0.0000	0.0002	-	-
Fertility	-	0.0151	0.0039	0.0013	0.0009	-	0.0007	0.0009	0.0005	0.0001	-	0.0170	0.0041	-	-	-	0.0012	0.0010	-	-
Contraceptives	-	0.2858	0.1122	0.0065	0.0063	-	0.0136	0.0052	0.0002	0.0004	-	0.2967	0.1134	-	-	-	0.0141	0.0052	-	-
Lifestyle, drugs w/OTC options	0.0007	0.1008	0.1090	0.0280	0.0315	0.0000	0.0012	0.0125	0.0015	0.0017	0.0007	0.1514	0.0449	-	-	0.0000	0.0039	0.0025	-	-
Specialty	-	0.0178	0.0128	0.0036	0.0005	-	0.0091	0.0242	0.0060	0.0005	-	0.0212	0.0132	-	-	-	0.0146	0.0249	-	-
All else	1.5245	4.4616	1.1495	0.3064	0.1276	0.1700	0.1521	0.1093	0.0200	0.0093	1.6349	4.7192	1.1886	-	-	0.1775	0.1696	0.1122	-	-
Average Wholesale Price																				
Smoking Cessation	\$ -	\$ 131.96	\$ 198.53	\$ 190.12	\$ -	\$ -	\$ 162.94	\$ 399.88	\$ 145.73	\$ -	\$ -	\$ 131.96	\$ 198.53	\$ -	\$ -	\$ -	\$ 162.94	\$ 399.88	\$ -	\$ -
Fertility	\$ -	\$ 90.42	\$ 776.23	\$ 1,714.17	\$ 165.03	\$ -	\$ 436.90	\$ 2,263.45	\$ 2,753.14	\$ 208.40	\$ -	\$ 90.42	\$ 776.23	\$ -	\$ -	\$ -	\$ 436.90	\$ 2,263.45	\$ -	\$ -
Contraceptives	\$ -	\$ 58.28	\$ 117.85	\$ 96.58	\$ 79.67	\$ -	\$ 128.92	\$ 284.66	\$ 252.95	\$ 178.90	\$ -	\$ 58.28	\$ 117.85	\$ -	\$ -	\$ -	\$ 128.92	\$ 284.66	\$ -	\$ -
Lifestyle, drugs w/OTC options	\$ 3.93	\$ 18.96	\$ 121.24	\$ 123.40	\$ 98.35	\$ 14.18	\$ 54.66	\$ 363.66	\$ 429.37	\$ 288.78	\$ 3.93	\$ 21.86	\$ 142.95	\$ -	\$ -	\$ 14.18	\$ 68.81	\$ 420.92	\$ -	\$ -
Specialty	\$ -	\$ 405.10	\$ 1,573.94	\$ 3,111.95	\$ 3,067.86	\$ -	\$ 742.84	\$ 5,948.49	\$ 5,756.38	\$ 9,275.54	\$ -	\$ 405.10	\$ 1,573.94	\$ -	\$ -	\$ -	\$ 742.84	\$ 5,948.49	\$ -	\$ -
All else	\$ 104.06	\$ 93.96	\$ 232.81	\$ 273.10	\$ 360.83	\$ 255.20	\$ 334.31	\$ 680.31	\$ 758.79	\$ 639.19	\$ 104.06	\$ 93.96	\$ 232.81	\$ -	\$ -	\$ 255.20	\$ 334.31	\$ 680.31	\$ -	\$ -

Advantage Formulary	Retail Open					Mail Open					Retail Closed					Mail Closed				
	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS
Script Counts - PMPY																				
Smoking Cessation	-	0.0004	-	0.0116	-	-	0.0000	-	0.0002	-	-	0.0103	0.0012	-	-	-	0.0002	0.0000	-	-
Fertility	-	0.0151	0.0039	0.0013	0.0009	-	0.0007	0.0009	0.0005	0.0001	-	0.0170	0.0041	-	-	-	0.0012	0.0010	-	-
Contraceptives	-	0.2858	-	0.1104	0.0145	-	0.0136	-	0.0047	0.0010	-	0.3920	0.0125	-	-	-	0.0185	0.0006	-	-
Lifestyle, drugs w/OTC options	0.0007	0.0458	-	0.0581	0.1019	0.0000	0.0004	-	0.0032	0.0124	-	0.1817	0.0160	-	-	0.0000	0.0137	0.0016	-	-
Specialty	-	0.0178	0.0128	0.0036	0.0005	-	0.0091	0.0236	0.0060	0.0005	-	0.0212	0.0132	-	-	-	0.0146	0.0242	-	-
All else	1.5245	4.1486	-	1.1299	0.3580	0.1700	0.1351	-	0.0928	0.0337	1.9039	5.0339	0.1488	-	-	0.2023	0.2103	0.0127	-	-
Average Wholesale Price																				
Smoking Cessation	\$ -	\$ 131.96	\$ -	\$ 198.46	\$ -	\$ -	\$ 162.94	\$ -	\$ 394.30	\$ -	\$ -	\$ 131.96	\$ -	\$ -	\$ -	\$ -	\$ 162.94	\$ -	\$ -	\$ -
Fertility	\$ -	\$ 90.42	\$ 776.23	\$ 1,714.17	\$ 165.03	\$ -	\$ 436.90	\$ 2,263.45	\$ 2,753.14	\$ 208.40	\$ -	\$ 90.42	\$ 776.23	\$ -	\$ -	\$ -	\$ 436.90	\$ 2,263.45	\$ -	\$ -
Contraceptives	\$ -	\$ 58.28	\$ -	\$ 112.03	\$ 136.00	\$ -	\$ 128.92	\$ -	\$ 284.02	\$ 238.37	\$ -	\$ 58.28	\$ -	\$ -	\$ -	\$ -	\$ 128.92	\$ -	\$ -	\$ -
Lifestyle, drugs w/OTC options	\$ 3.93	\$ 22.36	\$ -	\$ 148.19	\$ 107.43	\$ 14.18	\$ 27.19	\$ -	\$ 449.87	\$ 339.01	\$ 3.93	\$ 20.60	\$ -	\$ -	\$ -	\$ 14.18	\$ 27.51	\$ -	\$ -	\$ -
Specialty	\$ -	\$ 405.10	\$ 1,563.64	\$ 3,110.73	\$ 3,067.86	\$ -	\$ 742.84	\$ 5,806.63	\$ 5,724.03	\$ 9,275.54	\$ -	\$ 405.10	\$ 1,563.64	\$ -	\$ -	\$ -	\$ 742.84	\$ 5,806.63	\$ -	\$ -
All else	\$ 104.06	\$ 91.73	\$ -	\$ 250.58	\$ 245.94	\$ 255.20	\$ 315.72	\$ -	\$ 744.16	\$ 507.86	\$ 104.06	\$ 91.73	\$ -	\$ -	\$ -	\$ 255.20	\$ 315.72	\$ -	\$ -	\$ -

Generics Only	Retail Open					Mail Open				
	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS	Preventive Generic	Non-Preventive Generic	Preferred Brand	Non-Preferred Brand - SS	Non-Preferred Brand - MS
Script Counts - PMPY										
Smoking Cessation	-	0.0062	-	-	-	-	0.0001	-	-	-
Fertility	-	0.0182	-	-	-	-	0.0015	-	-	-
Contraceptives	-	0.4045	-	-	-	-	0.0190	-	-	-
Lifestyle, drugs w/OTC options	0.0007	0.1257	-	-	-	0.0000	0.0082	-	-	-
Specialty	-	0.0262	-	-	-	-	0.0241	-	-	-
All else	1.9262	5.0860	-	-	-	0.2042	0.2148	-	-	-
Average Wholesale Price										
Smoking Cessation	\$ -	\$ 131.96	\$ -	\$ -	\$ -	\$ -	\$ 162.94	\$ -	\$ -	\$ -
Fertility	\$ -	\$ 90.42	\$ -	\$ -	\$ -	\$ -	\$ 436.90	\$ -	\$ -	\$ -
Contraceptives	\$ -	\$ 58.28	\$ -	\$ -	\$ -	\$ -	\$ 128.92	\$ -	\$ -	\$ -
Lifestyle, drugs w/OTC options	\$ 3.93	\$ 22.36	\$ -	\$ -	\$ 14.18	\$ -	\$ 27.19	\$ -	\$ -	\$ -
Specialty	\$ -	\$ 405.10	\$ -	\$ -	\$ -	\$ -	\$ 742.84	\$ -	\$ -	\$ -
All else	\$ 104.06	\$ 91.73	\$ -	\$ -	\$ 255.20	\$ 315.72	\$ -	\$ -	\$ -	\$ -

Discounts and Dispense Fees							
Pricing Option	Retail Brand 30-day	Retail Brand 90-day	Retail Generic discount	Mail Brand discount	Mail Generic discount	Retail Dispensing Fee	Mail Dispensing Fee
1	11.0%	14.0%	62%	17.0%	62%	\$1.50	\$0.00
2	11.6%	14.7%	62%	17.1%	62%	\$1.50	\$0.00
3	12.1%	15.1%	62%	17.1%	62%	\$1.50	\$0.00
4	12.3%	15.4%	62%	18.0%	62%	\$1.50	\$0.00
5	11.0%	14.0%	62%	17.0%	62%	\$1.50	\$0.00
6	13.0%	16.0%	67%	19.0%	73%	\$1.00	\$0.00
7	11.0%	14.0%	65%	17.0%	73%	\$1.50	\$0.00

Shift Assumptions for 90 Day Retail Plans		
Copay Multiplier	Retail shift to 90 days	MOD shift to 90 days
-1	0%	0%
2	20%	0%
2.5	20%	0%
3	10%	0%

MOD Multiplier Assumption (MOD provides larger day supply per script than retail)

3

Pharmacy Utilization Dampening

Cost Sharing Factor	0.000	0.005	0.010	0.015	0.020	0.025	0.030	0.035	0.040	0.045	0.050	0.055	0.060	0.065	0.070	0.075	0.080	0.085	0.090	0.095	0.100
	1.150	1.150	1.150	1.150	1.150	1.134	1.125	1.121	1.116	1.112	1.108	1.103	1.099	1.094	1.090	1.086	1.081	1.077	1.073	1.068	1.064
Cost Sharing Factor	0.105	0.110	0.115	0.120	0.125	0.130	0.135	0.140	0.145	0.150	0.155	0.160	0.165	0.170	0.175	0.180	0.185	0.190	0.195	0.200	0.205
	1.059	1.055	1.051	1.046	1.042	1.038	1.033	1.029	1.024	1.020	1.016	1.011	1.007	1.003	0.998	0.994	0.989	0.985	0.981	0.977	0.973
Cost Sharing Factor	0.210	0.215	0.220	0.225	0.230	0.235	0.240	0.245	0.250	0.255	0.260	0.265	0.270	0.275	0.280	0.285	0.290	0.295	0.300	0.305	0.310
	0.969	0.966	0.962	0.958	0.954	0.951	0.947	0.943	0.939	0.936	0.932	0.928	0.924	0.921	0.917	0.913	0.909	0.906	0.902	0.898	0.894
Cost Sharing Factor	0.315	0.320	0.325	0.330	0.335	0.340	0.345	0.350	0.355	0.360	0.365	0.370	0.375	0.380	0.385	0.390	0.395	0.400	0.405	0.410	0.415
	0.891	0.887	0.883	0.879	0.876	0.872	0.868	0.864	0.861	0.857	0.853	0.849	0.846	0.842	0.838	0.834	0.831	0.827	0.823	0.819	0.816
Cost Sharing Factor	0.420	0.425	0.430	0.435	0.440	0.445	0.450	0.455	0.460	0.465	0.470	0.475	0.480	0.485	0.490	0.495	0.500	0.505	0.510	0.515	0.520
	0.812	0.808	0.804	0.801	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.525	0.530	0.535	0.540	0.545	0.550	0.555	0.560	0.565	0.570	0.575	0.580	0.585	0.590	0.595	0.600	0.605	0.610	0.615	0.620	0.625
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.630	0.635	0.640	0.645	0.650	0.655	0.660	0.665	0.670	0.675	0.680	0.685	0.690	0.695	0.700	0.705	0.710	0.715	0.720	0.725	0.730
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.735	0.740	0.745	0.750	0.755	0.760	0.765	0.770	0.775	0.780	0.785	0.790	0.795	0.800	0.805	0.810	0.815	0.820	0.825	0.830	0.835
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.840	0.845	0.850	0.855	0.860	0.865	0.870	0.875	0.880	0.885	0.890	0.895	0.900	0.905	0.910	0.915	0.920	0.925	0.930	0.935	0.940
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.945	0.950																			
	0.800	0.800																			

FACETS Vision Riders

Determine the **product type** and which methodology to use

- 1) If *plan name* is one of the existing medical vision riders from *tableVisionTranslate*, then proceed under the old methodology by looking up the rates by product name and plan name in *tableVisionRiderPMPM*.
- 2) Next, determine whether the **product type** is indemnity or PPO:
 - a) If it is a Facets/CIGNA West product, then it is indemnity
 - b) If it is a CIGNA Vision product, then it is PPO (*currently not rated in MRE*)

Calculate **effective trend** as follows:

- 1) The **experience period midpoint** is **7/1/2011**.
- 2) The **rating period begin date** is the *effective date*.
- 3) The **rating period end date** is the *option date*.
- 4) The **rating period midpoint** is the average of the *effective date* and *option date*.
- 5) **Annualized trend** is set at 3.0%.
- 6) **Effective trend** = $(1 + \text{annualized trend})^{\text{(number of days in rating period midpoint - experience period midpoint)/365.25}}$

Vision trend is generally low. Scheduled fees tend to increase year-over-year for exams but decrease for materials, which balances out to slightly positive trend. Most of real trend is due to increased utilization, but the pricing assumes trend shows up in cost.

The **tiering cost factor** is calculated as follows:

- 1) If the census is a demographic census, then the **tiering cost factor** is the Grand Composite Cost ACS from *tableVisionTiering* multiplied by the aggregate medical demo factor.
- 2) If the census is a relationship census, then the **tiering cost factor** is calculated as follows:
 - (a) *subscribers* multiplied by the cost from *tableVisionRelationship*
 - (b) *spouses* multiplied by the cost from *tableVisionRelationship*
 - (c) *dependents* multiplied by the cost from *tableVisionRelationship*
 - (d) [(a) + (b) + (c)] divided by total subscribers

The **tiering cost factor** is 2(e) from above.

tableVisionTiering

Tier	Cost ACS	Member ACS	Distribution
Subscribers Single	1.000	1.000	46.9%
Subscribers Two Party	2.000	2.000	18.1%
Subscribers EE+Child	2.020	2.700	9.7%
Subscribers Family	3.224	4.040	25.3%
Grand Composite	1.936	2.11	100.0%

tableVisionRelationship

Tier	Cost
Subscriber	1.000
Spouse	1.000
Dependent	0.600

There are no demo factors used to price vision, other than a load for 65+. The implied demo factors are built into the Cost ACS factor, since children have lower claim costs.

The **65+ load** is calculated as follows:

- 1) If the census is a demographic census, then the **65+ load** is 1.00.
- 2) If the census is a relationship census, then the **65+ load** is calculated as follows:
 - (a) the sum of all subscribers 65+ divided by *calcCensusTotalSubscribers*
 - (b) (a) * a 65+ factor from **table65Load**

table65Load

Age	Load
65-	1.000
65+	1.100

The 65+ load reflects increased utilization of bifocal, trifocal, and progressive lens by those aged over 65+ compared to the general adult population.

The **small group load** is calculated as follows:

- (1) If calcCensusTotalSubscribers is less than 50, then the **small group load** is the factor from **tableSGLoad**
- (2) Otherwise, it is 1.00

tableSGLoad

Subscribers	Load
1	1.000
50	1.100

The small group load applies due to antiselection in smaller cases.

The **industry load** is calculated as follows:

- (1) Look up the industry factor using the caseSIC from **tableIndustryLoad** below

tableIndustryLoad

SIC Code	Factor
0	1.000
1000	1.000
1500	0.930
2000	1.180
4000	1.000
5000	1.090
5200	1.020
6000	1.210
7000	1.140
7200	1.110
7300	1.100
7500	1.000
7600	0.930
7800	1.000
7900	1.000
8000	1.030
8100	1.040
8200	1.140
8300	0.870
8400	1.120
8600	1.120
8900	1.100
9100	1.180
9999	1.000

The industry load reflects different utilization patterns across industries either due to eyewear requirements (cosmetic or otherwise), better product awareness, or eye health.

The **frequency load** is calculated as follows:

- (1) Determine if the plan design covers an exam only or materials as well.
- (2) If it covers an exam only, look up the exam frequency load from **tableExamFrequency** using input *VisionEyeExamFrequency*.

tableExamFrequency

Frequency	Factor
12	1.01
24	0.7

- (3) If it covers materials as well, lookup the corresponding frequency loads from **tableComprehensiveFrequency** using input *FACETS_VisionLensesContactsFramesFrequency*.

tableComprehensiveFrequency

Frequency	Exam	Lenses	Contacts	Frames	Materials
12	1	1	1	1	1
24	0.650	0.700	0.700	0.700	0.700

The frequency load accounts for different utilization patterns given a 24 month coverage period.

The **comprehensive exam load** is calculated as follows:

- Lookup the comprehensive exam load from **tableComprehensiveExam**.

tableComprehensiveExam

Type of Plan	Factor
Comprehensive Exam	1.7
Exam	1

When materials are covered as well as the exam, members are 62% more likely to get an exam compared to members in an exam only plan.

Calculate the **network utilization** as follows:

- Lookup the network utilization based on **product type** from **tableNetworkUtilization**.

tableNetworkUtilization

Product Type	Private	Retailer	OON
PPO	84.6%	15.4%	8.0%
Indemnity	89.8%	10.2%	100.0%

For the PPO, approximately 90% of IN network utilization goes to independent, private retailers. The other 10% goes to chain retailers. About 5% of total utilization goes out of network for PPO type plans.

For indemnity plans, all 100% is "out of network," so to speak.

Calculate the **total cost per exam claim** as follows:

- Lookup the relevant row from **tableExamCost** using *Site*.
- Calculate the **in-network average total cost per exam claim** as follows:
 - if the **product type** is indemnity, this is \$0.00
 - if the **product type** is PPO, then this is the **retailer utilization** times the retailer scheduled cost from **tableExamCost** plus the **independent utilization** times the independent scheduled cost from **tableExamCost**
 - (b) times the **effective trend**
- Calculate the **out-of-network average total cost per exam claim** as follows:
 - the retailer utilization times the retailer U&C cost from **tableExamCost** plus the independent utilization times the independent U&C cost from **tableExamCost**
 - (a) times the **effective trend**

tableExamCost

Rating Area	Independent		Retailer	
	U&C	Scheduled	U&C	Scheduled
National	\$141.77	\$63.99	\$75.86	\$45.00
AK	\$200.04	\$96.58	\$95.00	\$50.00
AL	\$126.24	\$61.82	\$67.27	\$45.00
AR	\$140.79	\$57.32	\$75.47	\$45.00
AZ	\$170.21	\$67.72	\$69.33	\$45.00
CA	\$147.62	\$73.13	\$68.64	\$50.00
CO	\$151.92	\$63.60	\$59.83	\$45.00
CT	\$186.74	\$74.91	\$114.49	\$45.00
DC	\$169.85	\$67.38	\$62.75	\$45.00
DE	\$147.79	\$52.25	\$145.00	\$45.00
FL	\$128.62	\$57.16	\$72.46	\$45.00
GA	\$146.28	\$65.16	\$55.79	\$45.00
HI	\$168.49	\$71.50	\$84.06	\$50.00
IA	\$143.09	\$60.31	\$70.15	\$45.00
ID	\$153.78	\$64.92	\$68.71	\$45.00
IL	\$117.45	\$57.13	\$58.17	\$45.00
IN	\$110.40	\$59.43	\$61.32	\$45.00
KS	\$139.44	\$65.31	\$86.87	\$45.00
KY	\$104.71	\$51.03	\$81.74	\$45.00
LA	\$141.40	\$60.88	\$55.95	\$45.00
MA	\$166.07	\$64.03	\$103.67	\$45.00
MD	\$140.52	\$66.72	\$58.11	\$45.00
ME	\$140.00	\$65.96	\$160.00	\$45.00
MI	\$93.53	\$51.82	\$66.94	\$45.00
MN	\$219.31	\$69.37	\$85.11	\$45.00
MO	\$141.17	\$58.17	\$61.93	\$45.00
MS	\$142.63	\$61.54	\$67.93	\$45.00
MT	\$122.75	\$62.42	\$61.24	\$45.00
NC	\$155.86	\$64.75	\$101.35	\$45.00
ND	\$133.38	\$61.03	\$92.27	\$45.00
NE	\$143.26	\$58.88	\$60.97	\$45.00

NH	\$153.65	\$63.90	\$98.58	\$45.00
NJ	\$160.43	\$72.84	\$84.77	\$45.00
NM	\$154.58	\$60.32	\$71.18	\$45.00
NV	\$144.14	\$70.07	\$89.17	\$45.00
NY	\$145.93	\$67.49	\$62.47	\$45.00
OH	\$115.21	\$55.86	\$81.56	\$45.00
OK	\$128.54	\$61.69	\$97.31	\$45.00
OR	\$173.19	\$70.01	\$88.73	\$50.00
PA	\$113.65	\$49.35	\$66.16	\$45.00
PR	\$98.21	\$64.68	\$49.00	\$45.00
RI	\$162.60	\$69.91	\$64.09	\$45.00
SC	\$130.56	\$64.96	\$89.52	\$45.00
SD	\$118.02	\$62.20	\$84.50	\$45.00
TN	\$128.89	\$59.88	\$57.95	\$45.00
TX	\$144.50	\$62.11	\$78.16	\$45.00
UT	\$156.81	\$63.96	\$58.49	\$45.00
VA	\$141.61	\$64.66	\$160.96	\$45.00
VT	\$130.12	\$65.45	\$56.63	\$45.00
WA	\$211.36	\$71.42	\$101.05	\$50.00
WI	\$126.08	\$57.53	\$57.50	\$45.00
WV	\$120.58	\$53.15	\$68.54	\$45.00
WY	\$125.01	\$60.50	\$62.37	\$45.00

The idea here is to take calculate the IN and OON average claim cost separately, since benefits are different in each case. Then each claim cost can be used to figure out the expected claim cost IN vs. OON based on the benefit design.

Calculate **member cost share** and **claims cost** per service type as follows:

- (1) Calculate the IN and OON **member cost share per service type** in terms of dollars for utilization dampening:
 - (a) if there is a copay for a service, then this is the member cost share for that service
 - (b) if the service type is contact lens or frames and there is an allowance, then the member cost share is 0
 - (c) if there is a single allowance for all materials combined (contact lenses, frames, and lenses), then the member cost share is 0
 - (d) if there is an allowance for a specific service type, then the member cost share is the average total cost for that service minus the allowance (floored at 0)
- (2) Calculate the IN and OON **claims cost per service** for each service type in terms of dollars.
 - (a) if there is a copay for a service, then the claims cost is the average total cost for that service minus the copay
 - (b) if the service type is contact lens or frames and there is an allowance, then the claims cost is the allowance
 - (c) if there is a single allowance for all materials combined (contact lenses, frames, and lenses), then the member claims cost is the allowance
 - (d) if the service type is not contact lens or frames and there is an allowance, then the claims cost is the lesser of the average total cost for that service or the allowance

Increased member cost share decreases utilization. The only exception is for services where the unit costs are variable and there is an allowance. Frames and contact lens fall into this category. Members can purchase more expensive frames given a higher frames/materials allowance. They can also increase the number of contact lens purchased given a higher contact lens/materials allowance.

Calculate the **utilization dampening factor** as follows.

- (1) The exam utilization dampening factor is the greater of 50% or 1 - (exam factor **frontableUD** times the dollar member cost share).
- (2) The materials utilization dampening factor is the greater of 50% or 1 - (materials factor **frontableUD** times the dollar member cost share).

tableUD

Service	Factor
Exam	-0.72%
Materials	0.00%

Each dollar of additional member cost share reduces the expected utilization for that service by .72% for exams and .2% for materials. It's capped at 50% to reflect that some members will utilize the service regardless of coverage, due to discounts, or otherwise (actual number is lower than this).

Calculate the **total utilization load** as follows.

- (1) **65+ load**
- (2) **small group load**
- (3) **industry load**
- (4) **tiering cost factor**
- (5) The **total utilization load** is (1) x (2) x (3) x (4).

This load gets applied to all service types IN and OON.

Calculate utilization for exams as follows.

- (1) Lookup exam base utilization from **tableServiceUtilization**.
- (2) Calculate **exam utilization load** as follows:
 - (a) **total utilization load**
 - (b) **frequency load** for exam
 - (c) **comprehensive exam load**
 - (d) **utilization dampening factor**
 - (e) (a) x (b) x (c) x (d)
- (3) If **product type** is PPO, calculate **IN exam utilization** as follows:
 - (a) Base utilization
 - (b) **exam utilization load**
 - (c) (a) x (b)
- (4) If **product type** is PPO, calculate **OON exam utilization** as follows:
 - (a) Base utilization divided by [(1 - OON utilization)/OON utilization]
 - (b) **exam utilization load**
 - (c) (a) x (b)
- (5) If **product type** is indemnity, calculate **OON exam utilization** as follows:
 - (a) Base utilization divided by (1 - **OON utilization**)
 - (b) **exam utilization load**
 - (c) (a) x (b)

tableServiceUtilization

Service Type	IN Subscriber	Category
Exam	30.10%	Exam
Frames	32.68%	Frames
Single Vision	15.14%	Lens
Contact Lenses (soft)	9.33%	Contact Lens
Contact Lenses (hard)	3.11%	Contact Lens
Progressive lenses	8.19%	Lens
Contact Lens Exam	9.36%	Contact Lens
Bifocal	8.30%	Lens
Polycarbonate	12.85%	Lens
Antireflective	16.16%	Lens
Trifocal	0.24%	Lens
Photochromic	6.65%	Lens
Scratch Coat	1.87%	Lens
UV	0.50%	Lens
Lenticular Lens	0.02%	Lens
Therapeutic CL	0.20%	Lens
Safety Glasses	12.95%	Frames
Tints	1.20%	Lens
Materials	45.10%	Materials
Low Vision	0.10%	Lens
High Index	4.04%	Lens

The subscriber utilization in the table above is based on utilization count divided by eligible subscribers. Calculate utilization for materials as follows.

- (1) If the plan has a single allowance for all materials (contact lenses, lenses, frames), look up the base "Materials" utilization from **tableServiceUtilization**. Otherwise, look up base materials utilization by service type.
- (2) Calculate the **materials utilization load** as follows:
 - (a) **total utilization load**
 - (b) **frequency load** for total materials or service type
 - (c) **utilization dampening factor**
 - (d) 1.50 if additional materials are covered, 1.0 otherwise
 - (e) (a) x (b) x (c) x (d)
- (2) If **product type** is PPO, calculate **IN materials utilization** as follows:
 - (a) Base utilization for total materials or service type
 - (b) **materials utilization load**
 - (c) (a) * (b)
- (3) If **product type** is PPO, calculate **OON materials utilization** as follows:
 - (a) Base utilization divided by [(1 - **OON utilization**)/**OON utilization**]
 - (b) **materials utilization load**
 - (c) (a) * (b)
- (4) If **product type** is indemnity, calculate **OON materials utilization** as follows:
 - (a) Base utilization divided by (1 - **OON utilization**)
 - (b) **materials utilization load**
 - (c) (a) * (b)

Calculate average in network claim cost for each service type as follows:

- (1) If **product type** is indemnity, then this is zero for all service types.
Otherwise, proceed to step 2.
- (2) Calculate the IN PEPM claim cost for each service (including combined materials allowance) as follows:
 - (a) **IN claims cost per service**
 - (b) **IN utilization**
 - (c) (a) x (b) divided by policy period length in months (i.e. 12 for 1 year)
- (3) Calculate the IN PEPM cost share for each service as follows:
 - (a) **IN cost share per service**
 - (b) **IN utilization**
 - (c) (a) x (b) divided by policy period length in months (i.e. 12 for 1 year)

Calculate average out of network claim cost for each service type as follows:

- (1) Calculate the OON PEPY claim cost for each service (including combined materials allowance) as follows:
 - (a) **OON claims cost per service**
 - (b) **OON utilization**
 - (c) (a) x (b) divided by policy period length in months (i.e. 12 for 1 year)
- (2) Calculate the OON PEPM cost share for each service as follows:
 - (a) **OON cost share per service**
 - (b) **OON utilization**
 - (c) (a) x (b) divided by policy period length in months (i.e. 12 for 1 year)

Calculate the final **PEPM** and **PMPM rate** as follows.

- (1) Calculate the **PEPM manual rate** by summing up the IN and OON PEPM claim costs across all service types.
- (2) Calculate the **PMPM manual rate** as follows:
 - (a) PEPM manual rate
 - (b) average contract size: total members divided by total subscribers
 - (c) (a) divided by (b)
- (3) Calculate the **PEPM cost share** by summing up the IN and OON PEPM cost share across all service types.
- (4) Calculate the **cost share %** as follows:
 - (a) $[\text{PEPM cost share}] / [\text{PEPM cost share} + \text{PEPM manual rate}]$
- (5) Any rollups should be done by summing up the raw dollar amounts and dividing by the sum of the members or subscribers.

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical
Project Name/Number: CHLIC Rate Filing 1/1/14/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	LEA - VTactuarial memo.pdf LEA Letter VT.pdf CHLIC-VTexh.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	In compliance
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Filing Compliance Certification
Bypass Reason:	Included in memorandum
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	n/a
Attachment(s):	

SERFF Tracking #:

CCGP-129378424

State Tracking #:

Company Tracking #:

67369

State: Vermont

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Medical

Project Name/Number: CHLIC Rate Filing 1/1/14/

Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Response to objection 2-3-14
Comments:	
Attachment(s):	Response to VT filing questions (2-3-2014).pdf
Item Status:	
Status Date:	
Satisfied - Item:	Responses to objeccion 2-6-14
Comments:	
Attachment(s):	VT Objection Response 2 6 14.pdf MedicalExampleforVT.pdf RX PMPM example.pdf VT Vision buildup.pdf
Item Status:	
Status Date:	

ACTUARIAL MEMORANDUM

Scope and Purpose

The purpose of this filing is to submit CIGNA Health and Life Insurance Company's group manual rating methodology. Our pricing model was developed to provide a consistent rating methodology across products. This filing includes Open Access Plus, PPO, Network, Indemnity, and retiree medical insurance product, and is applicable for groups of 51 or more lives. Methodology is also included for Pharmacy products.

Benefit Description

The benefits covered in this memorandum include group health insurance coverage as described in CIGNA Health and Life Insurance Company forms HP-POL et al, and HC-TOC et al.

Census

Member level census will be used when available. If only subscriber level data is available, penetration and translation assumptions will be used to create a member level census for manual rate development. The penetration and translation assumptions used are developed from studies of our book of business, which includes experience from similar Connecticut General Life Insurance Company ("CGLIC") policies. Penetration estimates the number of subscribers that will select the CIGNA Health and Life Insurance Company plan; the translation process develops projected subscribers and members within rating tiers.

Adjustments to Base Claims

The base claim rates by area are adjusted for certain group and member characteristics. These include industry loads and discounts, age and sex demographic adjustments, and trends.

Adjustments for industry (SIC) are developed from a study of our book of business, which includes experience from similar CGLIC policies, combined with results from an outside consultant's national industry factor assessment study.

Age and sex demographic adjustments are developed from a study of our book of business, which includes experience from similar CGLIC policies. The resulting age/sex slopes are normalized to represent the national census.

Trends reflect historical experience from CIGNA's group medical experience, which includes experience from similar CGLIC policies, and projections for future levels. Medical trend rates are applied on a daily basis.

Benefit Plan Adjustments

Base claims are reduced for specific cost sharing features of the product and benefit plan selected. Copay and other cost sharing benefit design related adjustments are made using assumptions regarding utilization levels by base claim component. Claim distributions are used to determine the impact of deductibles, coinsurance and out of pocket maximums. In addition, a utilization dampening factor is applied to reflect lower utilization levels as cost sharing rises.

Renewability Clause

The benefit plans covered under this memorandum are guaranteed renewable.

Applicability

CIGNA Health and Life Insurance Company anticipates both renewals and new issues from the forms currently filed.

Marketing Method

These products are sold to employer-employee groups, labor union groups and association groups through CIGNA Health and Life Insurance Company group sales offices.

Underwriting

A very limited number of groups are medically underwritten, though the effects are not currently quantified.

Premium Classes

Premium rates may vary by product, plan design, geographic area, group demographics, industry, effective date, experience, and underwriting discretion.

Issue Age Range

There are no issue age restrictions in our policy forms; however, eligibility requirements must be fulfilled.

Premium Modalization Rules

The CIGNA Health and Life Insurance Company Health Manual produces monthly premiums. Modalization factors are expressed as a function of these monthly rates as follows:

Annual	11.8227
Semi-Annual	5.9557
Quarterly	2.9852

Distribution of Business

Rates vary by geographic location and group specific characteristics, including demographics. Target distribution is to groups with both single employees and employees with dependents, assuming a 40/60 distribution.

Experience Rating

The group rates filed represent the rate level we expect to be necessary to achieve a desired average loss ratio for all group contracts. Accordingly, actual rates for groups will vary as a result of a variety of factors. These include variation in benefit plan, age, gender, family composition, size, industry, area, healthplan claim experience, and underwriting discretion. Depending upon group size, case specific claim experience may be used to adjust the rate.

Credibility is based on group size and months of experience. Rates for partially credible groups are based on a blend of experience and manual rating.

Anticipated Loss Ratio

The methodology and supporting factors apply to groups of 51 or more employees.

The anticipated large group loss ratio for this policy is 85%, using the loss ratio definition consistent with PPACA.

This filing includes a number of changes to our medical and pharmacy rating factors and assumptions. Each year Cigna engages in a variety of studies to examine and potentially update portions of our rating methodology. This is done to ensure that pricing factors are accurate and reflect recent experience. We may also modify pricing in response to changes in state or federal regulations. It is difficult to quantify each change independent of the others, but overall we have estimated the following impacts based upon our national book of business:

- Updates to our medical area factors across the country to reflect recent favorable claims experience. Overall this results in roughly a 2.5% decrease to medical expected claims.
- A change in utilization assumptions for 2012 that result in an overall decrease (national book of business) of roughly 1.5% to medical expected claims.
- Updates to pricing for certain coverage riders, including Chiropractic Care, Durable Medical Equipment, External Prosthetic Appliances, and Therapies. The overall impact of these changes is roughly a 1.9% decrease to medical expected claims, but impacts will vary widely depending upon the riders selected and the levels of coverage associated with each rider.
- Updates to our pricing methods for plans with a collective (non-embedded) deductible. This sort of deductible is more common with HRA and HSA/HDHP plans. The net impact to our Collective book of business is roughly a 3% increase but overall the impact to the entire book of business is a 0.3% increase to medical expected claims.
- A number of updates to pharmacy pricing factors, including:
 - Average Wholesale Prices
 - Script Counts
 - Trend factors
 - Step Therapy Cost Savings
 - Area FactorsOverall these changes result in an increase of 2.9% to pharmacy expected claims.

The components of Cigna's retention for our Large Group pricing are as follows:

Administrative Expenses 7%
Commissions 3%
Premium and Income Taxes 2%
Profit 3%
Total 15%

ACTUARIAL CERTIFICATION

Opinion

In my opinion, the rates were developed using reasonable actuarial assumptions, and the rate levels are reasonable in relationship to the benefits provided. The actuarial data and experience will be maintained by the company and available for review by the Commissioner of Insurance upon request.

I certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the State. In summary, I believe that the rating assumptions proposed will produce rates which are not excessive, inadequate, or unfairly discriminatory.



David Myers, ASA, MAAA
Actuarial Director

David Myers, ASA, MAAA
Actuarial Director
CIGNA HealthCare
Pricing



November 12, 2013

The Honorable John P. Crowley
Commissioner of Banking, Insurance,
Securities and Health Care Administration
Vermont Division of Insurance
89 Main Street, Drawer 20
Montpelier, VT 05620-3101

Routing C5PRC
900 Cottage Grove Rd
Hartford CT 06152
Telephone 303.566.4617
Facsimile 860.226.3183
David.myers@cigna.com

RE: CIGNA Health and Life Insurance Company
GROUP HEALTH RATING MANUAL
NAIC# 67369

Dear Mr. Crowley:

We are submitting for your approval our Group Health Rating Manual Rate Filing for CIGNA Health and Life Insurance Company (CHLIC).

This medical rate filing duplicates the rate filing recently submitted to your Department for Connecticut General Life Insurance Company (CGLIC). Please note the CIGNA Health and Life Insurance Company is a direct, wholly owned subsidiary of Connecticut General Life Insurance Company.

Our intent with filing an updated rate methodology is to maintain rates consistent with those filed for CGLIC. Our pricing analysis is based upon a combination of the experience from both CGLIC and CHLIC. We anticipate that the books of business written in both CGLIC and CHLIC will continue to be very similar.

Questions regarding this application can be directed to Wayne Chuang at (860) 226-5921, or via email at Wayne.chuang@cigna.com.

Sincerely,

A handwritten signature in blue ink that reads "David Myers".

David Myers, ASA, MAAA
Actuarial Director

VERMONT FILING SUMMARY
Cigna Health and Life Insurance Company

Vermont (only)
(000's)

5th prior year 2008	-	-	0.0%
4th prior year 2009	-	-	0.0%
3rd prior year 2010	-	-	0.0%
2nd prior year 2011	2,380	1,093	45.9%
1st prior year 2012	11,951	7,874	65.9%

Countrywide
(000's)

5th prior year 2008	-	-	0.0%
4th prior year 2009	-	-	0.0%
3rd prior year 2010	-	-	0.0%
2nd prior year 2011	296,642	226,864	76.5%
1st prior year 2012	1,880,578	1,516,282	80.6%

1. Cover letter states that the Company decided to withdraw the filing for 2013 rates. Does that mean that the 2.8% decrease was not applied for rates charged in 2013?

Cigna employs a series of filing indicators in our rating application to control which set of rating factors and formulas are used in each state. For states that require approval of rate filings we set the indicator to point to current rates until we receive a formal approval. At that time we set the indicator to point to the proposed rates. Because our 2013 filing was never approved in Vermont we did not switch the filing indicator to point to the proposed rates, and therefore the 2.8% average rate decrease was never implemented in our manual rating engines.

However, when Pricing completes its annual review of experience each year we do communicate results to Underwriting. Through those communications our Underwriting partners would have been made aware that we saw favorable experience in Vermont and that a rate decrease was proposed for the state. On a case-by-case basis underwriters might then factor that knowledge into their rate setting processes and choose to reduce rates below pure manual. Underwriters are afforded some discretion in setting final rates and a decision to lower rates might be based on the assumption that actual experience will emerge more favorably than what the current manual pricing would suggest.

2. Please list and quantify the reasons for the 2014 rate increase of 3.8%.

The primary driver behind the rate increase is trend: both known and planned unit cost increases from providers and utilization and/or mix of service increases. For 2014 this is estimated to be 8.7 %. The rate increase also includes changes in area factors when we review claims in Vermont and compare against manual rates and pricing methodology updates. In 2014 we estimate that Vermont accounts will experience a combined -4.5% decrease (area factor and methodology updates, excluding trend). Therefore, the combined estimated impact is $(1-0.045)*(1+0.087)-1$, or +3.8%.

3. Please fill out the Annual Rate Change Distribution table below

Response pending

4. What changes have been incorporated into the rate manual as a result of PPACA?

Response pending

5. Please provide the detailed quantitative and qualitative development of the following:

- Area Factors;
- In-Network, Out-of-Network, and Mental Health Cost Trend;
- Additional Benefits rates (Mental Health, Substance Abuse, and Vision); and
- Medical MRC/ARC Factors

Response pending

6. Please provide at least one (1) example of the PMPM rate calculation based on a real live case from previous year.

Response pending

7. Define utilization dampening.

• Has the Utilization Dampening Formula been adjusted since the last filing?

Utilization dampening is Cigna's terminology for the formulas we utilize to adjust expected claims based upon the relative richness of benefits under the plan. As clients modify benefits and shift more of the costs to the individual member (through higher deductibles and copays, lower coinsurance, etc.) we expect members to curtail their consumption of healthcare services to some degree. The utilization dampening formulas model the anticipated decrease in utilization as the member's share of total plan costs increases. These formulas have not changed from the most recent approved filing in Vermont.

8. Define gatekeeper credit.

The gatekeeper credit is a decrement to the expected claims for plans where all medical care is coordinated by the member's primary care physician (PCP). At the present time very little of Cigna's book of business still requires that the PCP act as a gatekeeper, so this credit is rarely applied.

9. Define consumerism adjustment.

The consumerism adjustment is a reduction to expected claims for so-called consumer driven health plans, in particular Cigna's account-based HRA and HSA plans. We have observed that experience for these plans tends to be slightly more favorable than plans with similar benefits but without an account component. This credit is a relatively simple way to reflect that favorability without having to make more significant modifications to our core pricing methodology. This credit has not been reviewed since the last approved rate filing in Vermont.

10. What is Health Advocacy Claim Decrement PMPM and how often is it applied?

Health Advocacy is a somewhat generic Cigna terminology for a variety of medical outreach programs, including wellness and disease management programs. These programs are expected to reduce overall claims by helping members better manage their health and healthcare spending, whether those members are relatively healthy or have chronic health conditions. The adjustments and claim decrements reflect the anticipated impacts of the various programs.

11. What trend level was used in the last filing for Mental Health?

The last approved filing dates from 2012. The mental health trend in that filing was 6% and that value is consistent with this year's requested rate.

12. Please provide the detailed quantitative support for the increase in Rx Cost Trend.

Response pending

13. What is Dual Choice Adjustment?

The Cigna Care Network (CCN) product is one that employs a limited tiered network for certain categories of physicians. The Dual Choice adjustment is used in situations where the CCN product is offered alongside another product. This piece of the pricing methodology ensures we are quoting CCN most effectively as the leanest or only offering, which is where the product is designed to perform best.

If the CCN plan isn't the leaner offering by a significant enough margin (defined here as 10%), the CCN plan experience is less favorable. We believe this is due to a greater percentage of high utilizing members enrolling in the CCN plan. If the CCN plan is offered alongside another plan, and the CCN plan isn't at least 10% lower cost, then we decrease the CCN pricing discount. If the CCN plan is offered alongside another plan but is at least 10% leaner then we make no adjustment to the CCN discount. If the CCN plan is the only plan being offered then the dual choice adjustment does not come into play.

14. Page "III EU AS1" lists lifetime maximum factors. Please explain how the use of these factors complies with the ACA.

The lifetime maximum factors shown on page III EU AS1 are mostly obsolete. These factors were used when medical plans commonly included a lifetime maximum on benefits payable under the plan. With the passage of the Affordable Care Act these lifetime maximums are no longer allowed. However, clients with plans that incorporated a lifetime maximum were able to "phase out" the maximums and we've left the pricing factors in place in order to support that transition. At some point in the near future we will likely remove the factors from our manual pricing methodology altogether.

15. Please provide an example of how the Deductible and OOP Max adjustments are used in the calculations.

Response pending

16. What is the support for the base claims? What are the base claims in other states?

Response pending

17. What are the applied Nation Medical and Pharmacy Trends that are applied to the provided claim distribution tables?

Response pending

18. Please provide more detail of the Combined Deductible Adjustment. What are the "CS Bands"?

For the most part Cigna employs separate pricing methodologies to calculate manual claims for medical and pharmacy plans. The combined deductible adjustment is used when a client's medical and pharmacy plans share a combined calendar year deductible. The reference to CS in these tables means cost share – i.e., the percentage of covered expenses borne by the individual member. The table lookup is based in part upon the cost share values, which for ease of lookup are expressed in ranges.

19. Please provide the quantitative development of the Multiple Offering Loads. The multiple offering loads are applied to plans where clients offer their employees/subscribers a choice between two or more different plans. In that situation the ability to choose creates a degree of selection bias that doesn't exist when only a single plan is offered. The loads were developed by comparing actual to expected results for single option plans with results for plans that are part of a multiple offering situation. These loads have not been reviewed in several years so we do not have any data that can be provided quickly. We can extract some data from our Medical Rate Review databases but that will require some time to compile.

20. Actuarial Memorandum states that there is a limited of number of underwritten groups.

- How many groups currently in-force are underwritten?
- Does the experience differ between UW and Non-UW groups?

The section that mentions medical underwriting is obsolete and should be removed from our rate filings. Cigna employs a form of medical underwriting for smaller self-funded groups. We had begun to extend that medical underwriting process to fully insured groups in some markets but that pilot was halted after the passage of the Affordable Care Act. None of our insured business in Vermont has been priced using any form of medical underwriting.

21. Anticipated Loss Ratio section of the Actuarial Memorandum provides a list of changes to

the rating methodologies. Please demonstrate how the expected VT impacts were developed for the following changes:

- The -4.5% change to the area factors;
- The -1.5% change for utilization assumptions; and
- The 1.1% change for pharmacy area factors.

[Response pending](#)

22. How do the current retention assumptions compare to past experience and what retention assumptions were used in the previous filing?

[Response pending](#)

23. Please demonstrate the projected MLR calculation.

[Response pending](#)

Vermont Filing - Response to Objections

1. Please fill out the Annual Rate Change Distribution table below

We have provided counts for members and groups. We do not have any data that directly corresponds to contracts, but in our estimation this should be very similar to (if not the same as) the data provided for groups. Please note that the data reported for members should reflect only those individuals who reside in Vermont. The group counts include policies with members in Vermont as well as other states, so the distribution of rate changes for groups will reflect rate impacts for states other than Vermont.

The member and policy counts shown in this exhibit are based upon Cigna's entire book of business in Vermont and not just fully insured accounts. We believe the distribution would be very similar if limited to fully insured accounts but that information is not readily available. Also note that this exhibit combines business for both Connecticut General Life Insurance Company (CGLIC) and Cigna Health and Life Insurance Company (CHLIC). We conduct our experience reviews and pricing analyses on the entire book and not by legal entity, so a split of this exhibit by legal entity is not readily available.

Range	Member Months	Accounts
reduction of 15% or more	51	1
reduction of 10.01% to 14.99%	-	-
reduction of 5.01% to 10.00%	3,518	9
reduction of 0.01% - 5.00%	49,748	154
no change	-	-
increase of 0.01% to 5.00%	277,628	296
increase of 5.01% to 10.00%	238,303	28
increase of 10.01% to 14.99%	7,318	2
increase of 15% or more	-	-
total	576,566	490

2. What changes have been incorporated into the rate manual as a result of PPACA?

There were no changes made to rating factors or formulas specific to PPACA with this rate filing. The one area of focus this year with respect to PPACA was out-of-pocket maximum requirements. Historically most of our large group medical plans did not have copays accumulate to the OOP maximum. Our rating methodology supports that option, so no changes were needed to our rating engine. However, since that option has been thinly elected in the past we're not confident our factors are as accurate as we'd like. As the book of business with that option increases we plan to review our claims experience and make any necessary modifications to ensure that we're pricing that option in a manner consistent with emerging experience.

3. Please provide the detailed quantitative and qualitative development of the following:

- Area Factors;
- In-Network, Out-of-Network, and Mental Health Cost Trend;
- Additional Benefits rates (Mental Health, Substance Abuse, and Vision); and
- Medical MRC/ARC Factors

Area factors are determined by comparing the geography's average manual rate to the average claims in that geography. Additional consideration is given in situations where the average is skewed by a large case to best allow the area factor to represent an "average" case. The current

area factor is then calibrated based on that comparison. For determining 2014 rates, the comparison between manuals and claims in Vermont suggested a net change of -3.3%. However, this includes the State of Vermont which accounted for approximately 40% of the member months under evaluation. Dampening the weight of this account and other large accounts suggests a net increase of 1%, and that is the rate change enacted. National rate actions are also taken based on review of trend/utilization, and for the 2014 filing an additional -1.5% was taken.

Medical Trend is determined using a variety of quantitative and qualitative information when setting prospective utilization/mix trends. Examples of internal quantitative information include a utilization report, a bed day report and a closed block analysis, all of which utilize recent national data. Examples of qualitative information include items such as economic outlook, flu season severity, changes in provider billing practices, medical technology enhancements, legislative changes, external studies, contracting strategy changes, clinical insight regarding medical management programs, among other drivers. Unit cost trend is determined using various data: 1) historical claim data to determine service weights within a facility and facility weights within a market, 2) facility and professional contract information (for expected cost increases), 3) prospective incorporation of trend improvement from key initiatives to manage medical costs in the current year. A couple examples of key initiatives are enhancements to the claim edits and a new national contract with a radiology vendor. Out of network trend is no longer considered separately for 2014 filing and is included in the overall development of trend. There are still values for out of network trend until the legacy methodology migrates out as new filings are approved.

Mental Health Trend: MHSA prospective trend is calculated using a variety of quantitative and qualitative information. Examples of internal quantitative information include utilization reports, bed day reports, and historical trend analysis. Examples of qualitative information includes items such as legislative changes, contracting strategy changes, and changes in provider billing practices.

Mental Health and Substance Abuse rates: MHSA base rates are developed by applying a trend factor to the prior year's MHSA rates.

Vision Rates: Please see separate PDF file "VT Vision Buildup"

Medical MRC ARC Factors The MRC/ACR factors are a component of the rating methodology designed to help price the portion of expected claims due to non-participating or out-of-network (OON) providers. Cigna's rating methodology starts from a benchmark that assumes no coverage for services rendered by OON providers. For plans that offer such coverage we apply a load to the benchmark claim rate. That load is comprised of two pieces:

1. A POS load, which essentially defines the anticipated level of utilization of OON services for that plan, and
2. An adjustment to the expected OON claims to reflect various savings programs.

The OON programs are designed to reduce the billed charges from OON providers. The various programs may employ the use of:

- Secondary networks
- Bill negotiation
- Medicare-based caps on billed charges
- Usual & Customary caps on billed charges

The factors shown in the table are developed from analysis of the savings that Cigna is able to achieve through these various programs. The factors can be thought of as reductions to the load

we would apply for OON coverage in the absence of any savings programs. The baseline or benchmark value for the OON program factors is Usual & Customary at the 80th percentile. The factor for this program is set to a value of 1.000, and all other programs (except higher percentiles of U&C) are assumed to achieve greater savings on OON claims than U&C. For example, the factor for our Medicare Stacked 150% option is 0.318. That means that the combination of saving programs included with this option is expected to reduce OON charges by 68.2% vs. U&C.

4. Please provide at least one (1) example of the PMPM rate calculation based on a real live case from previous year.

Please see attached exhibits.

5. Please provide the detailed quantitative support for the increase in Rx Cost Trend.

The previously approved filing in 2011 had an Rx Cost Trend of 5.0% for 2013/2012 and 2014/2013. The current filing under review has an Rx Cost Trend of 6.22% for 2013/2012 and 8.09% for 2014/2013. The increase in the 2013/2012 Rx Cost Trend is driven by improved insight into Specialty inflation and pipeline drugs. Specifically, new HIV drugs that came out in late 2012 and utilization of Hep C drugs add cost pressure in 2013. Partially offsetting the unfavorable impact from Specialty drugs are significant patent expirations that took place in mid to late 2012 (e.g. Seroquel, Plavix, Singulair, Lexapro). The increase in the 2014/2013 Rx Cost Trend is driven by a significantly lower level of patent expirations, which removes much of the favorability seen in the 2013/2012 Rx Cost Trend. Brand drug inflation (in the 11-12% range) and consistently high specialty drug trend also contribute.

6. Please provide an example of how the Deductible and OOP Max adjustments are used in the calculations.

We believe you may be referring to the adjustments found on page III EU AS1. If that is correct then those adjustments are intended to account for the impact of the family multiple on the calendar year deductible and OOP maximum. For instance, if the individual deductible is \$1,000 and the family deductible is \$3,000 (and non-collective) we then have a multiple of 3 for the family deductible. The adjustments in these two tables allow us to calculate "effective" values for the deductible and OOP maximum that reflect the impact of the family multiples. The larger the family multiple, the smaller the impact.

The tables are based upon the family multiple value and the individual deductible or OOP maximum value. For example, if the family multiple is 2 and the individual deductible is \$1,000 then the adjustment factor is 0.85. That factor is applied to the individual deductible to produce an effective deductible value of \$850. We then apply the effective deductible and OOP maximum values to our medical claim probability distribution.

7. What is the support for the base claims? What are the base claims in other states?

The base claim values do not vary by state. These are national average values used to scale our claim probability distributions to the appropriate level. Our base claim values are calibrated to a particular starting point. For this filing that base claim effective date is January 1, 2012. We pull actual claims data for our Cigna book of large group business to help establish the appropriate base claim values.

8. What are the applied Nation Medical and Pharmacy Trends that are applied to the provided claim distribution tables?

The national medical trend rates are used to calibrate the claim distributions to a level consistent with the rate effective date for a particular quote. In the past Cigna used a trend rate specific to each rating area to calibrate the claim distribution. While technically more accurate this approach led to subtle differences in the value of certain fixed dollar plan elements like the calendar year deductible. This was raising concerns with sales people and brokers who could not understand why certain plan design elements had a different impact depending upon the rating area used in the quote. As a result we modified our rating methodology to use national average trend rates to calibrate the claims distributions. This allows for greater consistency in the pricing of the plan design. After that part of the calculation we then introduce adjustments to move from the national average trend rates to market-specific trend rates.

9. Anticipated Loss Ratio section of the Actuarial Memorandum provides a list of changes to the rating methodologies. Please demonstrate how the expected VT impacts were developed for the following changes:

- The -4.5% change to the area factors;
- The -1.5% change for utilization assumptions; and
- The 1.1% change for pharmacy area factors.

This is partially described in our response to question 3 on area factors: 1.5% decrease based on utilization review and 1% increase based on area specific review. What wasn't described accurately in the memo is the 4.5% decrease includes the impact of methodology changes and is not technically an adjustment to the area factor. This implies that the of methodology changes is estimated to be ~4% decrease to the mix of plan designs in Vermont. Pharmacy area factors follow a similar review of comparing manual rates to claims.

Our method for estimating the impact of rating methodology changes involves running a block of business through both the current and proposed rating engines. As part of our review of claims experience we create a version of our rating engines that incorporates all of the proposed changes to our rating formulas and factors. In all other aspects these proposed engines are identical to the current production engines. For this experience review process we also create a database containing information on the vast majority of our book of large group business. We then run two batch processes using the book of business database and the two versions of our rating engines. We can then compare the calculated rates across the entire book of business or a subset of that book. To estimate the rate impacts by state we identify those groups with membership in that state and aggregate the impacts for that subset. Please note that many of Cigna's large group clients have employees or covered members residing in multiple states. Thus, the results reported for Vermont do reflect some influence from other states where groups with Vermont membership also have members residing.

10. How do the current retention assumptions compare to past experience and what retention assumptions were used in the previous filing?

Administrative Expenses	7%
Commissions	3%
Premium and Income Taxes	2%
Profit	3%
Total	15%

This year's is as follows:

Administrative Expenses 7%
PPACA Fees 3%
Premium and Income Taxes 2%
Profit 3%
Total 15%

As you may be aware, there was a change to exclude commissions from premium and instead show it as an advisor fee.

In terms of how this compares to experience, taxes and commissions were in line with experience. Operating expenses however were about 2-3% higher than what was priced/expected in the admin fee. We do not yet have full year 2013 financials, however 2012 financials indicate a loss ratio lower than 85%, so profit was higher than assumed and primarily due to a lower than expected trend environment.

11. Please demonstrate the projected MLR calculation.

We are not sure what projected MLR calculation you are referring to. As far as we know there is no such calculation in our filing. We do show historic loss ratios along with premium and claims in the Vermont Filing Summary exhibit. In our Actuarial Memorandum we show our anticipated loss ratio as 85%. This value is not, however, a projection but simply a target loss ratio that our pricing is designed to achieve. In the SERFF data file we do project premium and claim values for the Requested Rate period. These values are calculated as follows:

- Projected Earned Premium – derived by taking the Total Earned Premium from the Prior Rate period and applying two years' of trend along with the % average change requested.
- Projected Incurred Claims – derived by taking the Projected Earned Premium and multiplying by the target loss ratio of 85%.

If you are looking at some other projection please specify where you are seeing that and we will be happy to review and respond.

State: VT
 Filing Date: 2013
 OAPIN
 VT300A

Medical Benefits	Network	Effective					
Ded	500	415					
Coins	100%						
OOP	1000	950					
Family Multiplier	2						
SIC	9111						
Copay Accumulates to OOP	All						
Ded Accumulates to OOP	Y						
			In-network				
	Total	IP	OP	ER	PCP	SCP	Other
Step 1 - Extract the National Base Claims	\$348.38	111.48	104.51	29.61	27.87	40.06	34.84
Step 2 - Calculate Trend Factor (National Trend)*	1.166375	1.166375	1.166375	1.166375	1.166375	1.166375	1.166375
Step 3 - Apply Trend Factor (Step 1 x Step 2)	\$406.34	\$130.03	\$121.90	\$34.54	\$32.51	\$46.73	\$40.63
Step 4 - Apply Copay Impact Factors to Cost Categories							
<i>Utilization</i>		0.09	0.12	0.30	2.45	3.3	0
<i>Copay</i>		-	-	\$ 83.33	\$ 25.00	\$ 50.00	-
Total	\$ 20.94	-	-	\$ 2.08	\$ 5.10	\$ 13.75	-
Step 5 - Cost-Sharing Offset							
<i>Value of Deductible (CPD calculation)</i>	\$ 16.70	1.75	10.09	0.00	0.00	0.00	4.86
<i>Value of Coinsurance (CPD calculation)</i>	\$ -	0.00	0.00	0.00	0.00	0.00	0.00
<i>Value of OOP (CPD calculation)</i>	\$ (5.50)	-0.46	-0.42	-0.48	-0.55	-3.43	-0.15
<i>Value of Coinsurance/OOP (CPD calculation)</i>	\$ (5.50)	-0.46	-0.42	-0.48	-0.55	-3.43	-0.15
Total	\$ 11.20	1.29	9.67	-0.48	-0.55	-3.43	4.71
<i>After Cost Sharing</i>	\$374.20	\$128.74	\$112.23	\$32.94	\$27.96	\$36.41	\$35.92
Step 6 - Utilization Dampening							
<i>Cost Share Percentage</i>	7.91%	0.99%	7.93%	4.63%	14.00%	22.08%	11.60%
<i>Total Utilization Dampening</i>	1.0627	1.0861	1.0679	1.0259	1.0823	1.0235	1.0205
<i>After Cost Sharing</i>	\$397.64	\$139.82	\$119.86	\$33.79	\$30.26	\$37.27	\$36.66

Step 2 cont'd - Determine Relativity of Area Specific Trend to National Trend	
<i>National - gets applied to cpd (for consistency)</i>	1.1664
<i>Area Specific Trend</i>	1.1876
(Area Trend)/(National Trend)	1.0182
Trend Adjustment	1.0182
<i>After Trend Adjustment</i>	\$ 404.87

Effective D 1/1/2014

Step 8 Calculation (from 'Medical Trend')			
Trend Year	Days In	Trend	Annualized
2013	365	9.34%	1.0934
2014	365	8.61%	1.0861
2015	0	8.61%	1.0000
2016	0	8.61%	1.0000
2017	0	8.61%	1.0000
Total			1.1876

Step 7 - Base Medical Community Rate	
x (1 + Gatekeeper)	1
x (1+aggregate deductible adjustment from tables)	1
x (1+multiple offering load from tables)	1
x Medical area factor from tables	0.778
x Product Factor	1
x ASO Decrement Adj	1
x (1+lifetime max factor)	1
x (1+office surgery)	1
x (1 +Deductible Accumulation Adjustment)	1
x (1+Carryover Deductible Adj)	1
x (1 + Consumerism Adj)	1
x (1 + Combined Deductible Adjustment)	1
x (1+Breast Pump Supplies Adj)	1.0005
x (1 + 100% Preventive Care Adj)	1.014
x (1 - Health Advocacy)	0.984
Total	0.7768
Step 8 - Industry Load	1.05
Step 9 - Demographic Adjustment (Blended)	1.01
Step 10 - Base Medical Community Rate PMPM	\$ 333.40
Step 11 - Other Benefits (includes adjs such as area, trend, demo, SIC, etc)	
Step 11a - Riders	
Preventive	6.81
Outpatient Rehab and Chiro	3.58
Infertility Buy-up #1	1.59
Infertility Buy-up #2	-
Alternative Care	-
Acupuncture	-
Organ Transplant	-
DME	1.42
EPA	-
Routine Foot Care	-
Home Healthcare	1.31
TMJ	0.36
Bariatric Surgery	2.52
Complex Psych Program Savings	(0.17)
Narcotics Therapy Program Savings	(0.17)
Vision	-
Total	\$ 17.24
11b - Mental Health/Substance Abuse	\$ 17.15
Step 11 - Total	\$ 34.39

Census:	
Male < 20	15
Male 20-24	6
Male 25-29	4
Male 30-34	4
Male 35-39	4
Male 40-44	7
Male 45-49	7
Male 50-54	4
Male 55-59	1
Male 60-64	4
Male 65-69	0
Male 70+	0
Female < 20	12
Female 20-24	1
Female 25-29	3
Female 30-34	7
Female 35-39	6
Female 40-44	6
Female 45-49	5
Female 50-54	3
Female 55-59	4
Female 60-64	1
Female 65-69	1
Female 70+	0
Total Members:	105

Case Information

The case being priced does not reside on the FACETS platform.

Case Level Information	Funding Type	GC
Case Level Information	Effective Date	1/1/2014
Case Level Information	SIC	9111
Case Level Information	Situs State	VT
Case Level Information	Area	VT300A

Census	Employee Male younger than 20	0
Census	Employee Male 20-24	4
Census	Employee Male 25-29	4
Census	Employee Male 30-34	4
Census	Employee Male 35-39	3
Census	Employee Male 40-44	7
Census	Employee Male 45-49	6
Census	Employee Male 50-54	3
Census	Employee Male 55-59	0
Census	Employee Male 60-64	4
Census	Employee Male 65-69	0
Census	Employee Male 70+	0
Census	Employee Female younger than 20	0
Census	Employee Female 20-24	0
Census	Employee Female 25-29	1
Census	Employee Female 30-34	5
Census	Employee Female 35-39	0
Census	Employee Female 40-44	2
Census	Employee Female 45-49	2
Census	Employee Female 50-54	2
Census	Employee Female 55-59	2
Census	Employee Female 60-64	1
Census	Employee Female 65-69	1
Census	Employee Female 70+	0
Census	Spouse Male younger than 20	0
Census	Spouse Male 20-24	0
Census	Spouse Male 25-29	0
Census	Spouse Male 30-34	0
Census	Spouse Male 35-39	1
Census	Spouse Male 40-44	0
Census	Spouse Male 45-49	1
Census	Spouse Male 50-54	1
Census	Spouse Male 55-59	1
Census	Spouse Male 60-64	0
Census	Spouse Male 65-69	0
Census	Spouse Male 70+	0
Census	Spouse Female younger than 20	0
Census	Spouse Female 20-24	0
Census	Spouse Female 25-29	2
Census	Spouse Female 30-34	2
Census	Spouse Female 35-39	6
Census	Spouse Female 40-44	4

Census	Spouse Female 45-49	3
Census	Spouse Female 50-54	1
Census	Spouse Female 55-59	2
Census	Spouse Female 60-64	0
Census	Spouse Female 65-69	0
Census	Spouse Female 70+	0
Census	Child Male younger than 20	15
Census	Child Male 20-24	2
Census	Child Male 25-29	0
Census	Child Male 30-34	0
Census	Child Male 35-39	0
Census	Child Male 40-44	0
Census	Child Male 45-49	0
Census	Child Male 50-54	0
Census	Child Male 55-59	0
Census	Child Male 60-64	0
Census	Child Male 65-69	0
Census	Child Male 70+	0
Census	Child Female younger than 20	12
Census	Child Female 20-24	1
Census	Child Female 25-29	0
Census	Child Female 30-34	0
Census	Child Female 35-39	0
Census	Child Female 40-44	0
Census	Child Female 45-49	0
Census	Child Female 50-54	0
Census	Child Female 55-59	0
Census	Child Female 60-64	0
Census	Child Female 65-69	0
Census	Child Female 70+	0

Pharmacy	Formulary	StandardOpen
Pharmacy	Product Type	CignaPharmacy
Pharmacy	Generic Requirement	DAW
Pharmacy	Combined Deductible with Medical	FALSE
Pharmacy	Deductible	\$0
Pharmacy	Plan Maximum	Unlimited
Pharmacy	OOP Maximum	\$1,250
Pharmacy	Retail Copay Tier 1	\$10
Pharmacy	Retail Copay Tier 2	\$20
Pharmacy	Retail Copay Tier 3	\$40
Pharmacy	Retail Copay Tier 4	n/a
Pharmacy	Mail Order Copay Tier 1	\$30
Pharmacy	Mail Order Copay Tier 2	\$60
Pharmacy	Mail Order Copay Tier 3	\$120
Pharmacy	Mail Order Copay Tier 4	n/a
Pharmacy	Retail Coinsurance % Tier 1	n/a
Pharmacy	Retail Coinsurance % Tier 2	n/a
Pharmacy	Retail Coinsurance % Tier 3	n/a
Pharmacy	Retail Coinsurance % Tier 4	n/a
Pharmacy	Retail MIN Coinsurance \$ Tier 1	n/a
Pharmacy	Retail MIN Coinsurance \$ Tier 2	n/a

Brand only?

FALSE

Pharmacy	Retail MIN Coinsurance \$ Tier 3	n/a		
Pharmacy	Retail MIN Coinsurance \$ Tier 4	n/a		
Pharmacy	Retail MAX Coinsurance \$ Tier 1	n/a		
Pharmacy	Retail MAX Coinsurance \$ Tier 2	n/a		
Pharmacy	Retail MAX Coinsurance \$ Tier 3	n/a		
Pharmacy	Retail MAX Coinsurance \$ Tier 4	n/a		
Pharmacy	Mail Order Coinsurance Tier 1	n/a		
Pharmacy	Mail Order Coinsurance Tier 2	n/a		
Pharmacy	Mail Order Coinsurance Tier 3	n/a		
Pharmacy	Mail Order Coinsurance Tier 4	n/a		
Pharmacy	Mail Order MIN Coinsurance \$ Tier 1	n/a		
Pharmacy	Mail Order MIN Coinsurance \$ Tier 2	n/a		
Pharmacy	Mail Order MIN Coinsurance \$ Tier 3	n/a		
Pharmacy	Mail Order MIN Coinsurance \$ Tier 4	n/a		
Pharmacy	Mail Order MAX Coinsurance \$ Tier 1	n/a		
Pharmacy	Mail Order MAX Coinsurance \$ Tier 2	n/a		
Pharmacy	Mail Order MAX Coinsurance \$ Tier 3	n/a		
Pharmacy	Mail Order MAX Coinsurance \$ Tier 4	n/a		
Pharmacy	Preventive Drugs: Waive Deductible	FALSE	Generic only?	FALSE
Pharmacy	Preventive Drugs: Waive Cost Sharing	FALSE	Generic only?	FALSE
Pharmacy	Injectable Buy-Up	FALSE	Rate as 4th tier?	FALSE
Pharmacy	Oral Contraceptives Buy-Up	TRUE	Rate as 4th tier?	FALSE
Pharmacy	Anti-Histamines Buy-Up	TRUE	Rate as 4th tier?	FALSE
Pharmacy	Cold & Cough Buy-Up	TRUE	Rate as 4th tier?	FALSE
Pharmacy	Life Style Buy-Up	FALSE	Rate as 4th tier?	FALSE
Pharmacy	Oral Fertility Drugs Buy-Up	FALSE		
Pharmacy	Diet Pills Buy-Up	FALSE		
Pharmacy	Smoking Cessation Buy-Up	TRUE		
Pharmacy	Vitamins Buy-Up	FALSE		
Pharmacy	Clinical Modules A	TRUE		
Pharmacy	Clinical Modules B	TRUE		
Pharmacy	Clinical Modules C	TRUE		
Pharmacy	GST_StomachAcid	Stacked		
Pharmacy	GST_HighCholesterol	Stacked		
Pharmacy	GST_HighBloodPressure	Stacked		
Pharmacy	GST_AR	n/a		
Pharmacy	GST_OveractiveBladder	Stacked		
Pharmacy	GST_Lyrica	n/a		
Pharmacy	GST_BoneLoss	Stacked		
Pharmacy	GST_SleepDisorders	Gen 1st/2-Step		
Pharmacy	GST_Allergy	Stacked		
Pharmacy	GST_AntiDepressants	Stacked		
Pharmacy	GST_SkinTreatments	Gen 1st/2-Step		
Pharmacy	GST_Asthma	Gen 1st/2-Step		
Pharmacy	GST_NonNarcoticPainRelievers	Stacked		
Pharmacy	GST_HyperactivityDisorder	Stacked		
Pharmacy	GST_MentalHealth	Gen 1st/2-Step		
Pharmacy	GST_NarcoticPainRelievers	Gen 1st/2-Step		
Pharmacy	PPACA Women's Contraceptives Coverage	TRUE		

FALSE

Vitamins

\$ 18.79
85.2%
\$ 16.01

\$ 1.45
\$ 17.46
1.148
\$ 20.05

0.000
1.021
0.000

\$ -
0.806
\$ -

13.4%
\$ -
\$ -

13.4%
\$ -

	TRUE	TRUE	TRUE	TRUE	TRUE	FALSE	TRUE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE	FALSE
Mail														
	Generic	Preferred Brand	Non-Prefer Brand Single	Non-Prefer Brand Multi-	Standard Injectables	Injectable Buy-Up	Oral Contraceptives	Anti-Histamines	Cold & Cough	Life Style	Oral Infertility	Diet Drugs	Smoking Cessation	Vitamins
\$	291.66	\$ 748.55	\$ 1,034.74	\$ 287.76	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 315.29	\$ 213.56	\$ 490.65	\$ 1,588.70	\$ 370.86	\$ 423.73	\$ 71.47
	33.9%	86.6%	86.6%	86.6%	87.9%	87.9%	86.6%	86.6%	86.6%	86.6%	86.6%	86.6%	86.6%	86.6%
\$	98.80	\$ 648.02	\$ 895.77	\$ 249.12	\$ 6,517.03	\$ 3,102.18	\$ 152.62	\$ 272.95	\$ 184.88	\$ 424.75	\$ 1,375.34	\$ 321.06	\$ 366.82	\$ 61.88
\$	2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
\$	100.80	\$ 650.02	\$ 897.77	\$ 251.12	\$ 6,519.03	\$ 3,104.18	\$ 154.62	\$ 274.95	\$ 186.88	\$ 426.75	\$ 1,377.34	\$ 323.06	\$ 368.82	\$ 63.88
	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148	1.148
\$	115.75	\$ 746.40	\$ 1,030.90	\$ 288.35	\$ 7,485.68	\$ 3,564.47	\$ 177.55	\$ 315.72	\$ 214.59	\$ 490.03	\$ 1,581.58	\$ 370.96	\$ 423.51	\$ 73.35
	0.611	0.197	0.045	0.018	0.013	0.000	0.034	0.018	0.000	0.000	0.000	0.000	0.000	0.000
	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021
	0.624	0.201	0.046	0.018	0.013	0.000	0.035	0.018	0.000	0.000	0.000	0.000	0.000	0.000
\$	6.01	\$ 12.52	\$ 3.95	\$ 0.44	\$ 8.29	\$ -	\$ 0.51	\$ 0.48	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.01	\$ -
	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806	0.806
\$	4.85	\$ 10.09	\$ 3.18	\$ 0.35	\$ 6.68	\$ -	\$ 0.41	\$ 0.39	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.01	\$ -
	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%
\$	0.65	\$ 1.36	\$ 0.43	\$ 0.05	\$ 0.90	\$ -	\$ 0.06	\$ 0.05	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ -
\$	4.20	\$ 8.74	\$ 2.76	\$ 0.30	\$ 5.78	\$ -	\$ 0.36	\$ 0.34	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.01	\$ -
	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%
\$	0.65	\$ 1.36	\$ 0.43	\$ 0.05	\$ 0.90	\$ -	\$ 0.06	\$ 0.05	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ -

Steps P4 & P6: Pharmacy Trend Calculation

Color Key	
Black text =	Descriptive text
Blue text =	Formula
Green text =	Formula that references another sheet
Pink text =	Hard-coded value

Base Claim Effective Date: 1/1/2012 Base claim dates refer to the dates used to come up with the
 Base Claim Midpoint: 7/1/2012 pharmacy data tables (see "General Pharmacy Tables"). The
 pharmacy data tables are trended to the policy period by trending
 from the base claim midpoint to the policy year midpoint.

Quote Effective Date: 1/1/2014
 Quote Midpoint: 7/2/2014
 Quote End Date: 12/31/2014

Trend		Days in		Cost		Utilization	
Year	Midpoint	Year	Case	Trend	Annual Factor	Trend	Annual Factor
2012	7/1/2012	365	364.5	6.22%	1.0621	1.02%	1.0102
2013	7/1/2013	365	365	8.09%	1.0809	1.03%	1.0103
2014	7/1/2014	365	1	8.09%	1.0002	1.03%	1.0000
2015	7/1/2015	366	0	8.09%	1.0000	1.03%	1.0000
2016	7/1/2016	365	0	8.09%	1.0000	1.03%	1.0000
2017	7/1/2017						
				Unit Cost		Utilization	
				Trend Factor		Trend Factor	
				1.1483		1.0206	

Step P9: Pharmacy Regular Cost Share Calculation

Color Key	
Black text =	Descriptive text
Blue text =	Formula
Green text =	Formula that references another sheet
Pink text =	Hard-coded value

Step P9a: Scale CPD to Appropriate Rate Level

	AWP/Script								Scripts PMPY							
	Retail				Mail				Retail				Mail			
	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables
Base Amount	\$ 89.11	\$ 237.99	\$ 325.77	\$ 3,262.44	\$ 291.66	\$ 748.55	\$ 823.67	\$ 7,414.14	6.0329	1.2743	0.4278	0.0072	0.6110	0.1972	0.0628	0.0130
Discount	65.00%	14.80%	14.80%	15.60%	66.12%	13.43%	13.43%	12.10%								
Dispense Fee	\$ 1.50	\$ 1.45	\$ 1.45	\$ 1.45	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00								
Gross Cost per Script	\$ 32.69	\$ 204.22	\$ 279.00	\$ 2,754.95	\$ 100.80	\$ 650.02	\$ 715.05	\$ 6,519.03								
Original CPD Table	\$ 28.80	\$ 191.82	\$ 226.46	\$ 3,653.95	\$ 86.71	\$ 581.75	\$ 660.21	\$ 7,285.42	6.4160	1.4115	0.4752	0.0163	0.6280	0.2069	0.0658	0.0226
Scaling Adjustment	1.1351	1.0646	1.2320	0.7540	1.1625	1.1173	1.0831	0.8948	0.9403	0.9028	0.9001	0.4407	0.9728	0.9531	0.9537	0.5770

	Trended Cost/Script using Scaling Adjustment								Trended Scripts PMPY using Scaling Adjustment							
	Retail				Mail Order				Retail				Mail Order			
	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables	Generic	Preferred Brand	Non-Prefer Brand	Injectables
\$	-	-	-	-	-	-	-	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$	15.00	35.59	31.92	22.99	22.55	29.36	27.22	-	1.8174	0.0204	0.0058	0.0000	0.0129	0.0002	0.0001	0.0000
\$	20.72	58.65	68.90	-	34.27	53.02	41.63	-	3.5954	0.1472	0.0557	0.0000	0.0857	0.0016	0.0003	0.0000
\$	22.35	91.50	94.11	97.36	39.82	77.37	53.94	115.08	4.7646	0.3137	0.0935	0.0000	0.1974	0.0049	0.0008	0.0000
\$	23.91	106.63	121.04	92.50	45.77	90.40	84.95	-	5.6456	0.4571	0.1284	0.0000	0.2754	0.0114	0.0019	0.0000
\$	25.07	118.96	142.08	71.72	50.37	118.45	101.69	115.08	6.2778	0.6060	0.1657	0.0000	0.3590	0.0260	0.0029	0.0000
\$	25.90	117.89	159.46	68.40	55.19	124.98	142.97	115.08	7.3092	0.7078	0.2095	0.0000	0.4680	0.0304	0.0038	0.0000
\$	27.54	123.65	166.22	122.21	59.60	155.05	176.51	-	7.8905	0.8311	0.2352	0.0000	0.5374	0.0340	0.0059	0.0000
\$	28.35	126.86	166.71	139.85	63.23	185.11	222.37	115.08	8.6738	0.9329	0.2765	0.0000	0.6047	0.0449	0.0092	0.0000
\$	29.44	133.53	179.54	190.49	65.57	217.76	262.72	115.08	8.9995	1.0453	0.3130	0.0000	0.6615	0.0560	0.0139	0.0000
\$	30.63	140.52	194.92	173.02	68.47	253.52	278.22	115.08	9.0657	1.1797	0.3570	0.0000	0.6983	0.0624	0.0141	0.0000
\$	31.29	140.86	201.06	84.54	72.14	256.47	293.76	115.08	9.6010	1.2891	0.3958	0.0001	0.7541	0.0780	0.0196	0.0000
\$	32.11	141.38	212.12	449.73	73.91	266.18	303.18	-	9.9468	1.4124	0.4380	0.0000	0.8240	0.0877	0.0232	0.0000
\$	33.96	143.60	214.61	106.68	79.47	276.25	293.05	-	9.9741	1.5376	0.4745	0.0001	0.8399	0.1060	0.0234	0.0000
\$	34.52	148.16	214.19	206.70	84.54	290.02	314.28	166.26	10.2793	1.6693	0.4827	0.0001	0.8839	0.1193	0.0292	0.0000
\$	34.76	146.94	212.74	204.59	87.06	303.63	324.14	484.51	10.6446	1.8191	0.5309	0.0001	0.9418	0.1386	0.0337	0.0000
\$	36.12	146.91	220.25	98.79	87.87	317.97	331.89	633.82	10.6710	1.9109	0.5997	0.0002	0.9934	0.1547	0.0378	0.0001
\$	37.31	151.21	224.94	265.18	91.12	314.52	341.11	768.08	10.7925	2.0435	0.5827	0.0001	0.9971	0.1797	0.0478	0.0001
\$	37.68	149.33	217.13	392.84	94.59	324.42	354.57	694.08	10.9269	2.2540	0.6266	0.0001	1.0138	0.2112	0.0503	0.0001
\$	38.11	149.99	218.17	477.61	95.87	336.48	344.34	521.11	11.2171	2.3683	0.6735	0.0000	1.0756	0.2282	0.0530	0.0001
\$	38.32	152.70	219.94	361.93	100.40	344.05	351.94	585.96	11.1077	2.5561	0.7173	0.0001	1.0973	0.2384	0.0606	0.0001
\$	38.87	150.67	221.21	298.73	102.74	353.04	379.75	558.71	11.5033	2.8335	0.7479	0.0004	1.1498	0.2644	0.0655	0.0000
\$	40.09	159.35	229.11	268.38	105.33	374.82	390.78	262.02	11.8996	2.8858	0.8085	0.0001	1.2486	0.3081	0.0778	0.0001
\$	40.66	163.67	230.55	367.04	107.36	389.89	402.07	426.15	12.2627	3.0693	0.9076	0.0001	1.3147	0.3384	0.0943	0.0001
\$	41.46	170.37	234.64	593.04	112.29	403.13	414.65	368.44	12.7027	3.1111	0.9901	0.0001	1.4315	0.3675	0.1122	0.0001
\$	41.48	176.35	233.67	379.83	111.71	426.39	418.23	681.21	13.2619	3.2816	1.0384	0.0001	1.5476	0.3976	0.1231	0.0001
\$	42.24	180.11	238.40	525.06	115.59	437.17	434.73	763.50	13.4960	3.3591	1.1495	0.0002	1.5987	0.4519	0.1323	0.0003
\$	41.94	186.02	239.78	411.37	111.56	444.72	443.93	728.70	13.7734	3.6030	1.2237	0.0005	1.6704	0.4752	0.1527	0.0001
\$	42.37	188.78	245.70	583.56	112.16	457.79	450.45	755.15	14.1322	3.8053	1.2595	0.0002	1.7392	0.5067	0.1650	0.0001
\$	42.96	192.13	248.77	562.15	113.35	465.02	456.21	831.52	14.4390	3.8805	1.3763	0.0004	1.8138	0.5488	0.1799	0.0002
\$	43.31	196.01	252.99	907.68	116.97	483.23	459.59	988.80	14.7573	4.1313	1.3522	0.0005	1.8620	0.5696	0.1828	0.0002
\$	44.00	204.04	256.97	1,369.79	116.63	498.96	476.28	1,587.52	15.7938	4.5428	1.5292	0.0039	2.1082	0.6864	0.2232	0.0025
\$	44.82	215.66	269.13	1,257.66	121.04	533.48	489.91	1,591.55	17.3005	5.2824	1.8258	0.0009	2.4684	0.8848	0.2883	0.0025
\$	46.54	227.90	277.88	1,080.57	123.27	566.49	501.04	1,588.79	18.5466	5.8847	2.0797	0.0010	2.8145	1.0932	0.3549	0.0027
\$	48.18	237.70	287.82	1,132.44	129.34	595.23	509.99	1,733.19	19.6242	6.5033	2.3590	0.0013	3.0600	1.2762	0.4095	0.0027
\$	48.52	248.21	295.99	1,720.88	131.76	626.99	516.99	2,037.35	20.6177	7.1885	2.5533	0.0030	3.2409	1.4409	0.4630	0.0050
\$	49.22	257.89	305.72	1,561.52	131.87	653.70	537.92	2,148.05	21.2525	7.7151	2.7336	0.0043	3.5369	1.6536	0.5360	0.0048
\$	49.10	268.84	309.62	1,400.68	135.89	667.59	565.31	2,096.54	22.1607	8.3816	3.0086	0.0043	3.7084	1.8123	0.5788	0.0010
\$	50.02	275.11	327.27	1,465.52	137.60	701.75	555.91	2,999.08	22.7902	8.8854	3.1268	0.0041	3.9134	2.0066	0.6321	0.0014
\$	50.41	282.25	332.76	1,813.49	139.72	713.67	560.77	4,322.85	23.6169	9.1897	3.2904	0.0063	4.1135	2.1574	0.7033	0.0045
\$	51.38	289.01	337.44	1,896.37	144.78	736.87	585.46	4,214.68	24.2621	9.4936	3.4997	0.0108	4.1768	2.3145	0.7256	0.0069
\$	52.04	294.97	351.41	2,028.13	141.82	755.36	603.83	3,716.34	25.3902	10.1401	3.8378	0.0095	4.4541	2.3906	0.7879	0.0060
\$	53.47	305.46	366.91	2,035.35	145.53	765.35	600.43	3,261.00	25.7535	10.5248	3.9144	0.0091	4.6202	2.6204	0.8018	0.0071
\$	54.60	313.26	373.72	1,759.62	150.42	805.06	610.82	3,399.49	26.5856	10.8274	4.0684	0.0180	4.6138	2.6626	0.8559	0.0080
\$	55.15	321.24	387.77	1,886.42	154.71	801.89	614.59	3,303.73	26.9241	10.9637	4.0647	0.0290	4.7232	2.8038	0.9159	0.0149
\$	57.02	328.77	400.70	2,039.15	157.77	831.31	689.39	3,106.98	26.6193	11.3742	4.4165	0.0225	4.8498	2.8880	0.9348	0.0125
\$	56.83	335.60	392.84	1,805.17	157.55	897.56	667.74	3,359.65	28.2699	11.7665	4.4868	0.0261	4.9995	2.9573	0.9854	0.0132
\$	58.59	349.26	404.10	1,950.76	171.10	852.56	716.55	3,772.09	28.7519	12.1631	4.5283	0.0310	5.0168	2.9492	1.0239	0.0172
\$	60.75	356.10	430.26	1,874.21	162.66	896.53	801.38	3,473.74	28.3523	11.8763	4.4584	0.0402	5.2467	3.0843	1.1339	0.0224
\$	58.36	362.14	451.67	1,990.52	170.57	935.73	783.96	3,756.13	28.7933	11.7492	4.5326	0.0530	5.0500	3.1497	1.1373	0.0350

\$ 59.82	\$ 363.61	\$ 435.23	\$ 2,205.00	\$ 172.64	\$ 954.78	\$ 792.07	\$ 3,885.47	29.4980	12.5291	4.9872	0.0532	5.2238	3.0467	1.1184	0.0367
\$ 62.73	\$ 369.52	\$ 449.29	\$ 1,975.32	\$ 177.01	\$ 963.68	\$ 775.79	\$ 4,757.40	29.6008	12.1488	4.6305	0.0532	5.1484	3.2603	1.0680	0.0595
\$ 64.65	\$ 387.92	\$ 453.36	\$ 2,188.92	\$ 184.20	\$ 974.22	\$ 893.47	\$ 5,822.17	26.1862	11.2584	4.1415	0.0707	4.7385	2.9043	1.0403	0.1092
\$ 62.08	\$ 391.64	\$ 509.44	\$ 2,137.14	\$ 175.10	\$ 965.34	\$ 796.55	\$ 5,888.14	26.8214	10.7391	4.3619	0.0891	4.7030	2.9527	1.0079	0.1364
\$ 61.51	\$ 381.02	\$ 446.05	\$ 2,167.30	\$ 196.30	\$ 1,003.52	\$ 877.79	\$ 5,379.67	30.1756	12.7258	4.5622	0.0721	5.1910	3.2590	1.1239	0.0973
\$ 70.18	\$ 408.15	\$ 497.68	\$ 2,085.72	\$ 186.85	\$ 1,052.96	\$ 1,017.59	\$ 4,767.22	30.2413	12.7152	4.8862	0.0927	4.8513	2.9818	1.0329	0.0895
\$ 70.24	\$ 418.67	\$ 522.77	\$ 1,941.02	\$ 200.67	\$ 1,109.22	\$ 931.02	\$ 4,452.45	29.6521	11.9784	4.5095	0.1318	4.9966	3.3287	1.1562	0.1126
\$ 69.02	\$ 423.70	\$ 548.07	\$ 2,154.78	\$ 203.33	\$ 1,136.39	\$ 937.61	\$ 4,444.89	28.2985	11.9765	4.6741	0.1288	5.4639	3.2726	1.1037	0.1284
\$ 72.60	\$ 448.38	\$ 545.31	\$ 2,201.81	\$ 200.93	\$ 1,136.98	\$ 1,081.22	\$ 4,130.37	29.1900	12.3338	4.8240	0.1347	5.0048	3.2134	1.0740	0.1240
\$ 68.12	\$ 453.21	\$ 623.82	\$ 2,238.37	\$ 217.37	\$ 1,143.62	\$ 1,698.91	\$ 4,630.10	28.6156	11.3103	4.5192	0.1232	5.3305	3.2697	1.3405	0.0941
\$ 68.10	\$ 463.48	\$ 680.91	\$ 2,386.65	\$ 220.43	\$ 1,260.79	\$ 1,306.56	\$ 4,241.19	27.7879	11.7210	4.9250	0.1519	5.0170	3.0274	1.1496	0.1473
\$ 70.29	\$ 448.62	\$ 620.39	\$ 2,105.55	\$ 202.03	\$ 1,220.63	\$ 1,247.32	\$ 3,706.07	29.3073	11.8266	4.9246	0.2314	4.9878	3.0030	1.2149	0.2324
\$ 71.55	\$ 480.76	\$ 700.81	\$ 2,232.56	\$ 278.78	\$ 1,337.89	\$ 1,239.89	\$ 4,235.23	28.1130	11.4517	4.7978	0.2147	4.6200	2.9604	1.0244	0.1953
\$ 71.20	\$ 483.66	\$ 674.55	\$ 2,165.84	\$ 223.81	\$ 1,458.57	\$ 1,504.50	\$ 4,649.15	29.8413	12.7552	4.9021	0.1941	4.7707	2.7285	1.0629	0.1647
\$ 77.91	\$ 514.33	\$ 807.50	\$ 2,302.63	\$ 241.45	\$ 1,412.72	\$ 1,434.23	\$ 5,069.65	25.5000	9.7918	4.3391	0.2304	3.9435	2.3084	0.8826	0.3573
\$ 85.04	\$ 489.15	\$ 662.15	\$ 2,211.81	\$ 228.49	\$ 1,422.14	\$ 1,396.60	\$ 5,422.30	25.0373	9.4524	3.8462	0.2913	3.3115	2.1157	0.6853	0.5908
\$ 75.58	\$ 529.52	\$ 780.60	\$ 2,324.16	\$ 225.07	\$ 1,330.36	\$ 1,300.06	\$ 5,432.01	25.6715	10.3716	4.0000	0.2057	4.1336	2.0400	0.8747	0.5243
\$ 77.73	\$ 546.79	\$ 950.51	\$ 2,092.05	\$ 247.30	\$ 1,377.48	\$ 1,595.83	\$ 5,080.49	25.7374	10.2055	4.5848	0.5113	4.0071	2.4224	0.8575	0.8303
\$ 75.14	\$ 606.72	\$ 1,044.18	\$ 2,132.34	\$ 248.19	\$ 1,642.38	\$ 3,108.34	\$ 4,818.97	22.7911	8.3735	3.5913	0.3369	3.8389	2.2682	1.1331	0.9373
\$ 68.12	\$ 617.71	\$ 1,273.84	\$ 2,056.35	\$ 230.49	\$ 1,641.20	\$ 2,737.52	\$ 5,266.64	22.0101	8.4224	4.6094	0.3289	3.5787	1.9222	0.9095	1.0391
\$ 75.38	\$ 710.29	\$ 1,172.89	\$ 2,109.58	\$ 238.66	\$ 1,595.61	\$ 2,734.51	\$ 4,826.04	22.0233	7.9886	3.7728	0.3831	3.7852	2.1016	0.9154	1.0487
\$ 81.03	\$ 648.73	\$ 1,224.90	\$ 2,250.83	\$ 237.75	\$ 1,798.55	\$ 2,250.65	\$ 4,991.53	24.5893	9.2770	4.3098	0.4447	3.1978	1.8215	0.6874	0.9189
\$ 65.49	\$ 642.86	\$ 989.33	\$ 2,250.86	\$ 204.17	\$ 1,996.10	\$ 2,730.32	\$ 5,990.42	17.8595	5.8793	2.2501	0.5400	2.7000	1.3238	0.4918	2.5283
\$ 65.61	\$ 643.13	\$ 915.43	\$ 2,110.16	\$ 188.94	\$ 1,791.98	\$ 2,903.51	\$ 6,207.61	22.2805	7.5167	2.7993	0.4074	3.2705	1.4412	0.5885	1.0607
\$ 64.60	\$ 686.53	\$ 857.06	\$ 2,150.91	\$ 230.64	\$ 1,951.53	\$ 3,762.53	\$ 5,400.66	21.2998	7.6431	2.5644	0.4417	3.5188	1.9537	0.8843	0.8272
\$ 68.58	\$ 722.57	\$ 740.15	\$ 2,060.77	\$ 203.87	\$ 1,776.81	\$ 3,021.24	\$ 5,572.28	23.6912	9.5660	2.9662	0.6130	3.8929	2.0103	0.8245	0.6494
\$ 74.02	\$ 707.05	\$ 873.59	\$ 2,255.72	\$ 242.61	\$ 2,069.32	\$ 2,996.02	\$ 5,318.44	22.7230	9.5935	3.1460	0.4418	3.5872	2.2512	0.7180	0.7038
\$ 78.87	\$ 757.76	\$ 979.45	\$ 2,568.80	\$ 262.47	\$ 2,240.54	\$ 2,596.75	\$ 6,733.19	23.4454	9.2333	3.0620	0.3873	4.1293	2.4892	0.8106	5.4135
\$ 80.98	\$ 903.48	\$ 1,369.62	\$ 3,229.18	\$ 321.43	\$ 2,701.81	\$ 3,421.46	\$ 8,331.86	21.1487	7.3962	2.7389	0.2316	3.8123	2.3462	0.8748	2.4295
\$ 81.70	\$ 925.67	\$ 1,600.24	\$ 3,822.69	\$ 290.51	\$ 3,670.61	\$ 6,432.67	\$ 9,950.16	19.0652	5.3107	2.3357	0.3382	3.3048	1.8539	0.9808	2.7029
\$ 95.75	\$ 1,392.78	\$ 2,527.47	\$ 3,762.13	\$ 254.98	\$ 5,518.53	\$ 7,248.16	\$ 9,854.49	24.0536	7.4599	3.3411	0.1645	4.1004	2.3632	1.3914	1.2326
\$ 107.64	\$ 2,495.01	\$ 2,674.01	\$ 3,010.20	\$ 328.36	\$ 8,793.23	\$ 6,929.46	\$ 7,529.70	22.2439	7.6501	3.1742	0.4011	3.6625	3.2462	1.3997	0.7457
\$ 99.57	\$ 2,942.77	\$ 3,197.21	\$ 3,223.36	\$ 239.53	\$ 8,799.21	\$ 6,610.00	\$ 7,755.90	25.1189	8.0114	3.8892	0.3571	4.5901	3.0213	1.9043	0.4260
\$ 241.36	\$ 1,941.29	\$ 3,184.13	\$ 2,370.57	\$ 407.74	\$ 7,455.16	\$ 9,479.19	\$ 11,508.39	27.9205	10.6251	3.1865	0.0631	3.0096	3.8302	1.5817	0.0061
\$ 93.11	\$ 2,056.82	\$ 4,682.16	\$ 2,305.27	\$ 322.48	\$ 5,275.51	\$ 5,788.42	\$ 16,338.28	22.9610	8.1562	4.7973	0.2952	6.5823	6.4489	2.3794	0.0059
\$ 88.43	\$ 2,342.77	\$ 2,563.02	\$ 2,661.91	\$ 1,171.79	\$ 12,318.83	\$ 5,802.23	\$ 12,199.53	30.2597	7.8320	4.7367	1.0662	1.7375	3.4654	0.5779	0.0151
\$ 143.66	\$ 2,490.55	\$ 4,207.97	\$ 2,308.73	\$ 409.51	\$ 12,976.60	\$ 8,835.82	\$ 6,091.88	20.4730	6.8722	4.0190	0.4076	5.0057	3.5262	2.0279	0.0163
\$ 331.00	\$ 2,433.25	\$ 3,875.12	\$ 3,736.07	\$ 136.97	\$ 11,463.12	\$ 11,066.03	\$ 11,565.29	24.1837	8.9377	4.0879	0.9558	5.4111	3.2101	0.5354	0.0161
\$ 100.61	\$ 2,120.49	\$ 4,463.15	\$ 3,687.01	\$ 138.58	\$ 8,091.93	\$ 9,565.31	\$ 4,853.32	26.5509	7.8540	3.4121	1.3944	4.4915	3.4741	2.4566	0.0972
\$ 208.20	\$ 2,928.89	\$ 4,880.52	\$ 2,839.18	\$ 465.45	\$ 15,755.14	\$ 14,090.81	\$ 11,868.45	26.1599	4.9825	3.3343	0.6426	2.0961	1.6933	2.1630	0.6809
\$ 120.76	\$ 4,087.54	\$ 3,819.06	\$ 2,387.20	\$ 157.44	\$ 2,310.58	\$ 9,307.00	\$ 10,278.54	24.0984	6.5523	3.6745	0.4665	4.4679	2.6480	2.4334	1.2650
\$ 90.20	\$ 3,077.07	\$ 8,227.62	\$ 4,736.05	\$ 146.41	\$ 7,476.59	\$ 7,147.50	\$ 6,109.42	22.5043	7.6477	3.5367	0.6497	6.4040	4.2314	2.8228	0.2392
\$ 150.37	\$ 2,974.01	\$ 434.00	\$ 2,325.01	\$ 58.76	\$ 10,224.65	\$ 7,146.56	\$ -	28.7902	7.3713	7.7666	0.4048	7.2209	5.6596	3.8935	0.0000
\$ 108.04	\$ 3,237.43	\$ 6,826.58	\$ 5,872.76	\$ 466.35	\$ 10,344.68	\$ 12,673.90	\$ 16,108.55	23.5151	8.1422	4.4291	17.8287	3.7205	3.9016	2.3391	12.4887

Step P9b: Calculate Deductible Impact, Adjust for Excluded Preventives
Part 1: PMPY Total Cost by Preventative vs. Non-Preventative

PMPM	\$ 7.65	\$ 13.78	\$ 3.37	\$ 17.62	\$ 24.15	\$ 12.67	\$ 10.22	\$ 89.47
PMPY	\$ 91.81	\$ 165.39	\$ 40.43	\$ 211.48	\$ 289.82	\$ 152.05	\$ 122.62	\$ 1,073.60

Step P9b: Calculate Deductible Impact, Adjust for Excluded Preventives
Part 2: PMPY Cost Share BEFORE Deductible

Deductible \$ -
Gross Trended PMPM \$ 95.03

Cost Share waived:	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Deductible waived:	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

	Preventative			Non-Preventative			Injectables	Total
	Generic	Preferred Brand	Non-Prefer Brand	Generic	Preferred Brand	Non-Prefer Brand		
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2.21	\$ 0.55	\$ 0.04	\$ 25.34	\$ 0.18	\$ 0.14	\$ 0.00	\$ 28.47	
\$ 10.11	\$ 4.27	\$ 0.82	\$ 67.34	\$ 4.45	\$ 3.03	\$ -	\$ 90.02	
\$ 20.92	\$ 6.29	\$ 1.69	\$ 93.43	\$ 22.79	\$ 7.15	\$ 0.00	\$ 152.27	
\$ 28.99	\$ 13.39	\$ 3.39	\$ 118.62	\$ 36.38	\$ 12.31	\$ 0.00	\$ 213.08	
\$ 36.47	\$ 17.99	\$ 3.85	\$ 138.99	\$ 57.18	\$ 19.99	\$ 0.00	\$ 274.47	
\$ 47.90	\$ 23.41	\$ 5.50	\$ 167.21	\$ 63.82	\$ 28.45	\$ 0.00	\$ 336.29	
\$ 55.28	\$ 30.84	\$ 8.23	\$ 194.08	\$ 77.20	\$ 31.89	\$ 0.00	\$ 397.54	
\$ 66.45	\$ 36.74	\$ 9.63	\$ 217.67	\$ 89.92	\$ 38.50	\$ 0.00	\$ 458.92	
\$ 77.27	\$ 41.85	\$ 12.70	\$ 231.06	\$ 109.91	\$ 47.15	\$ 0.01	\$ 519.95	
\$ 87.44	\$ 51.22	\$ 16.46	\$ 238.02	\$ 130.38	\$ 57.06	\$ 0.01	\$ 580.58	
\$ 98.31	\$ 60.56	\$ 16.63	\$ 256.54	\$ 141.02	\$ 68.71	\$ 0.01	\$ 641.77	
\$ 108.08	\$ 68.56	\$ 19.98	\$ 272.17	\$ 154.48	\$ 79.95	\$ 0.00	\$ 703.22	
\$ 114.02	\$ 75.10	\$ 22.85	\$ 291.43	\$ 175.00	\$ 85.85	\$ 0.01	\$ 764.25	
\$ 122.33	\$ 84.07	\$ 25.85	\$ 307.25	\$ 197.85	\$ 86.70	\$ 0.02	\$ 824.07	
\$ 130.51	\$ 96.91	\$ 27.87	\$ 321.52	\$ 212.45	\$ 95.99	\$ 0.04	\$ 885.30	
\$ 137.66	\$ 104.28	\$ 34.59	\$ 335.02	\$ 225.64	\$ 110.05	\$ 0.06	\$ 947.29	
\$ 145.73	\$ 112.27	\$ 37.77	\$ 347.82	\$ 253.24	\$ 109.60	\$ 0.10	\$ 1,006.54	
\$ 153.15	\$ 122.17	\$ 41.41	\$ 354.51	\$ 282.95	\$ 112.49	\$ 0.07	\$ 1,066.74	
\$ 163.48	\$ 133.96	\$ 47.15	\$ 367.11	\$ 298.05	\$ 118.01	\$ 0.08	\$ 1,127.84	
\$ 170.81	\$ 145.25	\$ 50.47	\$ 364.98	\$ 327.08	\$ 128.61	\$ 0.08	\$ 1,187.29	
\$ 186.10	\$ 160.75	\$ 55.34	\$ 379.18	\$ 359.49	\$ 134.98	\$ 0.13	\$ 1,275.99	
\$ 202.19	\$ 197.39	\$ 66.46	\$ 406.32	\$ 377.95	\$ 149.16	\$ 0.07	\$ 1,399.56	
\$ 217.95	\$ 234.62	\$ 82.74	\$ 421.78	\$ 399.67	\$ 164.41	\$ 0.11	\$ 1,521.28	
\$ 242.56	\$ 270.93	\$ 101.43	\$ 444.78	\$ 407.28	\$ 177.41	\$ 0.09	\$ 1,644.48	
\$ 259.11	\$ 310.24	\$ 110.26	\$ 463.84	\$ 437.99	\$ 183.87	\$ 0.13	\$ 1,765.45	
\$ 267.46	\$ 350.35	\$ 124.28	\$ 487.42	\$ 452.21	\$ 207.30	\$ 0.35	\$ 1,889.37	
\$ 272.30	\$ 375.29	\$ 140.49	\$ 491.68	\$ 506.25	\$ 220.71	\$ 0.30	\$ 2,007.02	
\$ 284.70	\$ 417.29	\$ 152.35	\$ 509.16	\$ 533.01	\$ 231.42	\$ 0.20	\$ 2,128.13	
\$ 289.63	\$ 446.19	\$ 167.87	\$ 536.19	\$ 554.60	\$ 256.57	\$ 0.37	\$ 2,251.42	
\$ 305.30	\$ 477.64	\$ 166.08	\$ 551.55	\$ 607.37	\$ 260.03	\$ 0.71	\$ 2,368.68	
\$ 338.33	\$ 565.12	\$ 177.63	\$ 602.45	\$ 704.30	\$ 321.62	\$ 9.22	\$ 2,718.66	
\$ 398.93	\$ 750.99	\$ 210.08	\$ 675.24	\$ 860.24	\$ 422.53	\$ 5.18	\$ 3,323.20	
\$ 456.83	\$ 961.08	\$ 247.82	\$ 753.30	\$ 999.29	\$ 507.91	\$ 5.34	\$ 3,931.57	
\$ 501.46	\$ 1,146.02	\$ 281.84	\$ 839.82	\$ 1,159.46	\$ 605.96	\$ 6.23	\$ 4,540.79	
\$ 529.38	\$ 1,305.62	\$ 301.19	\$ 898.10	\$ 1,382.05	\$ 693.92	\$ 15.31	\$ 5,125.56	
\$ 572.10	\$ 1,491.07	\$ 324.30	\$ 940.40	\$ 1,579.57	\$ 799.73	\$ 17.07	\$ 5,724.24	
\$ 597.46	\$ 1,682.09	\$ 356.22	\$ 994.58	\$ 1,781.07	\$ 902.51	\$ 8.11	\$ 6,322.02	
\$ 618.65	\$ 1,881.01	\$ 349.81	\$ 1,059.82	\$ 1,971.61	\$ 1,024.89	\$ 10.30	\$ 6,916.09	
\$ 656.03	\$ 1,991.57	\$ 377.23	\$ 1,109.35	\$ 2,141.89	\$ 1,112.09	\$ 30.79	\$ 7,418.96	
\$ 663.20	\$ 2,089.67	\$ 374.48	\$ 1,188.01	\$ 2,359.58	\$ 1,231.23	\$ 49.33	\$ 7,955.49	
\$ 683.63	\$ 2,283.90	\$ 409.80	\$ 1,269.46	\$ 2,512.89	\$ 1,414.58	\$ 41.55	\$ 8,615.81	
\$ 706.13	\$ 2,445.80	\$ 415.18	\$ 1,343.19	\$ 2,774.60	\$ 1,502.48	\$ 41.58	\$ 9,228.96	
\$ 725.46	\$ 2,514.37	\$ 426.78	\$ 1,420.04	\$ 3,020.96	\$ 1,616.43	\$ 58.94	\$ 9,782.98	
\$ 706.76	\$ 2,544.75	\$ 451.38	\$ 1,508.84	\$ 3,225.52	\$ 1,687.69	\$ 103.84	#####	
\$ 735.02	\$ 2,630.32	\$ 447.10	\$ 1,547.84	\$ 3,510.01	\$ 1,967.00	\$ 84.74	#####	
\$ 755.93	\$ 2,822.64	\$ 455.16	\$ 1,638.28	\$ 3,780.57	\$ 1,965.43	\$ 91.46	#####	
\$ 766.21	\$ 2,774.92	\$ 466.76	\$ 1,776.68	\$ 3,987.60	\$ 2,096.85	\$ 125.24	#####	
\$ 752.91	\$ 2,778.46	\$ 466.34	\$ 1,823.07	\$ 4,215.90	\$ 2,360.64	\$ 153.13	#####	
\$ 728.21	\$ 2,761.43	\$ 451.40	\$ 1,813.62	\$ 4,440.70	\$ 2,487.43	\$ 236.87	#####	

	Preventative			Non-Preventative			Injectables	PMPY Total	Deductible Total
	Generic	Preferred Brand	Non-Prefer Brand	Generic	Preferred Brand	Non-Prefer Brand			
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2.35	\$ 0.59	\$ 0.05	\$ 26.92	\$ 0.19	\$ 0.15	\$ 0.00	\$ 30.24	\$ -	
\$ 10.74	\$ 4.54	\$ 0.87	\$ 71.53	\$ 4.73	\$ 3.22	\$ -	\$ 95.62	\$ -	
\$ 22.23	\$ 6.69	\$ 1.80	\$ 99.24	\$ 24.20	\$ 7.59	\$ 0.00	\$ 161.74	\$ -	
\$ 30.79	\$ 14.22	\$ 3.60	\$ 126.00	\$ 38.64	\$ 13.08	\$ 0.00	\$ 226.33	\$ -	
\$ 38.73	\$ 19.11	\$ 4.09	\$ 147.64	\$ 60.73	\$ 21.23	\$ 0.00	\$ 291.54	\$ -	
\$ 50.88	\$ 24.87	\$ 5.84	\$ 177.61	\$ 67.79	\$ 30.21	\$ 0.00	\$ 357.21	\$ -	
\$ 58.72	\$ 32.76	\$ 8.75	\$ 206.15	\$ 82.01	\$ 33.88	\$ 0.00	\$ 422.26	\$ -	
\$ 70.59	\$ 39.03	\$ 10.23	\$ 231.21	\$ 95.52	\$ 40.90	\$ 0.01	\$ 487.47	\$ -	
\$ 82.08	\$ 44.46	\$ 13.49	\$ 245.43	\$ 116.75	\$ 50.08	\$ 0.01	\$ 552.29	\$ -	
\$ 92.88	\$ 54.40	\$ 17.48	\$ 252.82	\$ 138.49	\$ 60.61	\$ 0.01	\$ 616.69	\$ -	
\$ 104.42	\$ 64.32	\$ 17.66	\$ 272.50	\$ 149.79	\$ 72.98	\$ 0.01	\$ 681.68	\$ -	
\$ 114.80	\$ 72.82	\$ 21.22	\$ 289.10	\$ 164.09	\$ 84.93	\$ 0.00	\$ 746.96	\$ -	
\$ 121.12	\$ 79.77	\$ 24.27	\$ 309.55	\$ 185.88	\$ 91.18	\$ 0.01	\$ 811.78	\$ -	
\$ 129.93	\$ 89.30	\$ 27.46	\$ 326.36	\$ 210.15	\$ 92.10	\$ 0.02	\$ 875.32	\$ -	
\$ 138.63	\$ 102.94	\$ 29.61	\$ 341.52	\$ 225.66	\$ 101.97	\$ 0.04	\$ 940.36	\$ -	
\$ 146.22	\$ 110.77	\$ 36.74	\$ 355.86	\$ 239.67	\$ 116.89	\$ 0.06	\$ 1,006.21	\$ -	
\$ 154.79	\$ 119.26	\$ 40.12	\$ 369.45	\$ 269.00	\$ 116.42	\$ 0.10	\$ 1,069.14	\$ -	
\$ 162.68	\$ 129.77	\$ 43.98	\$ 376.56	\$ 300.54	\$ 119.49	\$ 0.07	\$ 1,133.09	\$ -	
\$ 173.65	\$ 142.29	\$ 50.08	\$ 389.94	\$ 316.59	\$ 125.35	\$ 0.08	\$ 1,197.99	\$ -	
\$ 181.43	\$ 154.29	\$ 53.61	\$ 387.68	\$ 347.42	\$ 136.61	\$ 0.09	\$ 1,261.13	\$ -	
\$ 197.67	\$ 170.75	\$ 58.78	\$ 402.77	\$ 381.85	\$ 143.38	\$ 0.14	\$ 1,355.35	\$ -	
\$ 214.77	\$ 209.67	\$ 70.60	\$ 431.59	\$ 401.46	\$ 158.44	\$ 0.07	\$ 1,486.60	\$ -	
\$ 231.51	\$ 249.21	\$ 87.89	\$ 448.01	\$ 424.53	\$ 174.63	\$ 0.12	\$ 1,615.90	\$ -	
\$ 257.65	\$ 287.78	\$ 107.74	\$ 472.45	\$ 432.61	\$ 188.44	\$ 0.10	\$ 1,746.76	\$ -	
\$ 275.22	\$ 329.54	\$ 117.12	\$ 492.69	\$ 465.24	\$ 195.31	\$ 0.14	\$ 1,875.25	\$ -	
\$ 284.09	\$ 372.14	\$ 132.01	\$ 517.74	\$ 480.33	\$ 220.19	\$ 0.37	\$ 2,006.88	\$ -	
\$ 289.24	\$ 398.63	\$ 149.23	\$ 522.26	\$ 537.74	\$ 234.44	\$ 0.32	\$ 2,131.85	\$ -	
\$ 302.40	\$ 443.24	\$ 161.83	\$ 540.83	\$ 566.16	\$ 245.82	\$ 0.21	\$ 2,260.50	\$ -	
\$ 307.65	\$ 473.94	\$ 178.31	\$ 569.53	\$ 589.10	\$ 272.52	\$ 0.39	\$ 2,391.45	\$ -	
\$ 324.29	\$ 507.35	\$ 176.41	\$ 585.86	\$ 645.15	\$ 276.20	\$ 0.75	\$ 2,516.01	\$ -	
\$ 329.37	\$ 600.26	\$ 188.68	\$ 639.93	\$ 748.10	\$ 341.62	\$ 9.80	\$ 2,887.75	\$ -	
\$ 423.74	\$ 797.70	\$ 223.15	\$ 717.24	\$ 913.74	\$ 448.81	\$ 5.50	\$ 3,529.89	\$ -	
\$ 485.24	\$ 1,020.85	\$ 263.23	\$ 800.16	\$ 1,061.44	\$ 539.50	\$ 5.67	\$ 4,176.10	\$ -	
\$ 532.65	\$ 1,217.30	\$ 299.37	\$ 892.06	\$ 1,231.57	\$ 643.65	\$ 6.62	\$ 4,823.21	\$ -	
\$ 562.31	\$ 1,386.82	\$ 319.92	\$ 953.96	\$ 1,468.00	\$ 737.08	\$ 16.26	\$ 5,444.35	\$ -	
\$ 607.69	\$ 1,583.81	\$ 344.47	\$ 998.89	\$ 1,677.81	\$ 849.47	\$ 18.13	\$ 6,080.27	\$ -	
\$ 634.62	\$ 1,786.70	\$ 378.37	\$ 1,056.44	\$ 1,891.84	\$ 958.64	\$ 8.61	\$ 6,715.23	\$ -	
\$ 657.13	\$ 1,998.00	\$ 371.57	\$ 1,125.73	\$ 2,094.24	\$ 1,088.63	\$ 10.94	\$ 7,346.25	\$ -	
\$ 696.83	\$ 2,115.44	\$ 400.69	\$ 1,178.35	\$ 2,275.11	\$ 1,181.26	\$ 32.71	\$ 7,880.39	\$ -	
\$ 704.44	\$ 2,219.64	\$ 397.78	\$ 1,261.90	\$ 2,506.33	\$ 1,307.81	\$ 52.40	\$ 8,450.29	\$ -	
\$ 726.15	\$ 2,425.95	\$ 435.29	\$ 1,348.41	\$ 2,669.19	\$ 1,502.56	\$ 44.14	\$ 9,151.68	\$ -	
\$ 750.04	\$ 2,597.92	\$ 441.00	\$ 1,426.73	\$ 2,947.17	\$ 1,595.93	\$ 44.17	\$ 9,802.97	\$ -	
\$ 770.58	\$ 2,670.75	\$ 453.33	\$ 1,508.36	\$ 3,208.85	\$ 1,716.96	\$ 62.61	#####	\$ -	
\$ 750.72	\$ 2,703.02	\$ 479.45	\$ 1,602.68	\$ 3,426.14	\$ 1,792.66	\$ 110.30	#####	\$ -	
\$ 780.74	\$ 2,793.91	\$ 474.90	\$ 1,644.10	\$ 3,728.31	\$ 2,089.34	\$ 90.01	#####	\$ -	
\$ 802.94	\$ 2,998.20	\$ 483.47	\$ 1,740.18	\$ 4,015.71	\$ 2,087.67	\$ 97.15	#####	\$ -	
\$ 813.86	\$ 2,947.51	\$ 495.79	\$ 1,887.18	\$ 4,235.61	\$ 2,227.27	\$ 133.03	#####	\$ -	
\$ 799.74	\$ 2,951.27	\$ 495.35	\$ 1,936.45	\$ 4,478.12	\$ 2,507.47	\$ 162.65	#####	\$ -	
\$ 773.50	\$ 2,933.18	\$ 479.48	\$ 1,926.42	\$ 4,716.89	\$ 2,642.14	\$ 251.60	#####	\$ -	

\$ 763.72	\$ 2,902.15	\$ 464.23	\$ 1,902.75	\$ 4,562.48	\$ 2,592.22	\$ 259.96	#####	#####
\$ 777.33	\$ 2,759.76	\$ 451.78	\$ 1,990.95	\$ 4,871.43	\$ 2,457.19	\$ 387.99	#####	#####
\$ 682.89	\$ 2,201.14	\$ 411.35	\$ 1,882.97	\$ 4,995.72	\$ 2,395.69	\$ 790.62	#####	#####
\$ 629.37	\$ 2,072.94	\$ 368.49	\$ 1,859.10	\$ 4,983.23	\$ 2,656.42	\$ 993.45	#####	#####
\$ 722.70	\$ 2,610.15	\$ 392.15	\$ 2,152.29	\$ 5,509.08	\$ 2,629.36	\$ 679.61	#####	#####
\$ 704.63	\$ 2,631.15	\$ 494.39	\$ 2,324.30	\$ 5,698.36	\$ 2,988.44	\$ 619.79	#####	#####
\$ 645.38	\$ 2,595.14	\$ 357.87	\$ 2,440.10	\$ 6,112.18	\$ 3,076.00	\$ 756.97	#####	#####
\$ 712.90	\$ 2,600.76	\$ 396.37	\$ 2,351.27	\$ 6,192.68	\$ 3,200.19	\$ 848.23	#####	#####
\$ 651.94	\$ 2,735.58	\$ 380.91	\$ 2,473.02	\$ 6,448.10	\$ 3,410.94	\$ 808.62	#####	#####
\$ 638.94	\$ 2,401.68	\$ 360.51	\$ 2,468.96	\$ 6,463.51	\$ 4,736.13	\$ 711.66	#####	#####
\$ 596.18	\$ 2,320.70	\$ 400.29	\$ 2,401.99	\$ 6,928.76	\$ 4,455.16	\$ 987.33	#####	#####
\$ 612.15	\$ 2,193.15	\$ 406.55	\$ 2,455.46	\$ 6,778.02	\$ 4,163.96	\$ 1,348.46	#####	#####
\$ 611.93	\$ 2,130.74	\$ 360.09	\$ 2,687.41	\$ 7,335.44	\$ 4,272.39	\$ 1,306.37	#####	#####
\$ 625.66	\$ 2,544.88	\$ 351.11	\$ 2,566.61	\$ 7,603.93	\$ 4,554.65	\$ 1,186.26	#####	#####
\$ 523.57	\$ 1,514.14	\$ 336.03	\$ 2,415.25	\$ 6,783.26	\$ 4,433.61	\$ 2,342.11	#####	#####
\$ 376.90	\$ 1,106.06	\$ 234.59	\$ 2,509.01	\$ 6,526.43	\$ 3,269.20	\$ 3,847.87	#####	#####
\$ 466.33	\$ 1,323.97	\$ 267.37	\$ 2,404.34	\$ 6,881.85	\$ 3,992.20	\$ 3,325.92	#####	#####
\$ 447.90	\$ 1,490.42	\$ 289.05	\$ 2,543.75	\$ 7,426.69	\$ 5,437.21	\$ 5,287.97	#####	#####
\$ 407.48	\$ 1,150.54	\$ 257.91	\$ 2,257.71	\$ 7,655.06	\$ 7,014.20	\$ 5,235.34	#####	#####
\$ 353.86	\$ 941.80	\$ 233.66	\$ 1,970.28	\$ 7,415.46	\$ 8,127.76	\$ 6,148.81	#####	#####
\$ 434.72	\$ 956.29	\$ 203.90	\$ 2,128.66	\$ 8,071.35	\$ 6,724.45	\$ 5,869.31	#####	#####
\$ 377.68	\$ 834.90	\$ 200.55	\$ 2,375.01	\$ 8,459.43	\$ 6,625.57	\$ 5,587.71	#####	#####
\$ 267.73	\$ 332.07	\$ 101.65	\$ 1,453.14	\$ 6,089.91	\$ 3,467.12	#####	#####	#####
\$ 320.31	\$ 480.06	\$ 121.26	\$ 1,759.39	\$ 6,936.75	\$ 4,149.98	\$ 7,444.29	#####	#####
\$ 332.40	\$ 622.94	\$ 149.54	\$ 1,855.24	\$ 8,437.03	\$ 5,375.44	\$ 5,417.30	#####	#####
\$ 389.63	\$ 792.08	\$ 159.20	\$ 2,028.69	\$ 9,691.92	\$ 4,527.17	\$ 4,881.90	#####	#####
\$ 402.48	\$ 776.18	\$ 198.07	\$ 2,149.84	\$ 10,665.36	\$ 4,701.46	\$ 4,739.76	#####	#####
\$ 372.60	\$ 779.46	\$ 144.70	\$ 2,560.42	\$ 11,794.44	\$ 4,959.18	#####	#####	#####
\$ 320.98	\$ 742.47	\$ 143.35	\$ 2,617.06	\$ 12,278.79	\$ 6,601.05	#####	#####	#####
\$ 257.33	\$ 471.09	\$ 115.69	\$ 2,260.40	\$ 11,249.83	\$ 9,930.98	#####	#####	#####
\$ 315.55	\$ 821.40	\$ 177.73	\$ 3,033.10	\$ 22,610.13	\$ 18,351.72	#####	#####	#####
\$ 306.10	\$ 1,365.99	\$ 167.26	\$ 3,290.82	\$ 46,265.92	\$ 18,020.04	\$ 6,822.35	#####	#####
\$ 384.73	\$ 891.07	\$ 183.90	\$ 3,215.86	\$ 49,269.45	\$ 24,837.95	\$ 4,454.89	#####	#####
\$ 305.84	\$ 1,392.08	\$ 95.22	\$ 7,660.17	\$ 47,788.80	\$ 25,044.55	\$ 219.92	#####	#####
\$ 410.68	\$ 965.16	\$ 299.39	\$ 3,849.95	\$ 49,832.14	\$ 35,935.04	\$ 777.14	#####	#####
\$ 306.74	\$ 354.75	\$ 304.73	\$ 4,405.23	\$ 60,683.50	\$ 15,188.87	\$ 3,022.60	#####	#####
\$ 168.62	\$ 238.39	\$ 110.66	\$ 4,822.42	\$ 62,635.19	\$ 34,719.04	\$ 1,040.16	#####	#####
\$ 240.44	\$ 486.75	\$ 9.13	\$ 8,505.54	\$ 58,058.21	\$ 21,756.27	\$ 3,757.53	#####	#####
\$ 308.32	\$ 339.82	\$ 49.93	\$ 2,985.51	\$ 44,426.48	\$ 38,676.83	\$ 5,613.03	#####	#####
\$ 228.80	\$ 348.62	\$ 121.73	\$ 6,193.26	\$ 40,922.54	\$ 46,630.49	\$ 9,905.26	#####	#####
\$ 293.06	\$ 1,539.39	\$ 130.25	\$ 3,320.58	\$ 31,361.79	\$ 36,550.95	#####	#####	#####
\$ 536.22	\$ 4,240.05	\$ 33.96	\$ 2,431.30	\$ 50,929.29	\$ 49,240.78	\$ 4,538.62	#####	#####
\$ 394.80	\$ 767.01	\$ 428.40	\$ 4,358.67	\$ 79,022.71	\$ 30,767.32	\$ 941.22	#####	#####
\$ 378.58	\$ 1,079.08	\$ 191.90	\$ 3,897.00	\$ 65,641.12	\$ 59,688.41	#####	#####	#####

\$ 811.22	\$ 3,082.66	\$ 493.10	\$ 2,021.10	\$ 4,846.25	\$ 2,753.44	\$ 276.13	#####	\$ -
\$ 825.68	\$ 2,931.41	\$ 479.88	\$ 2,114.78	\$ 5,174.41	\$ 2,610.02	\$ 412.13	#####	\$ -
\$ 725.37	\$ 2,338.04	\$ 436.94	\$ 2,000.09	\$ 5,306.44	\$ 2,544.69	\$ 839.80	#####	\$ -
\$ 668.51	\$ 2,201.86	\$ 391.41	\$ 1,974.73	\$ 5,293.16	\$ 2,821.64	\$ 1,055.24	#####	\$ -
\$ 767.65	\$ 2,772.49	\$ 416.54	\$ 2,286.15	\$ 5,851.72	\$ 2,792.89	\$ 721.88	#####	\$ -
\$ 748.45	\$ 2,794.79	\$ 525.14	\$ 2,468.87	\$ 6,052.78	\$ 3,174.31	\$ 658.34	#####	\$ -
\$ 685.52	\$ 2,756.55	\$ 380.13	\$ 2,591.87	\$ 6,492.33	\$ 3,267.31	\$ 804.05	#####	\$ -
\$ 757.24	\$ 2,762.51	\$ 421.02	\$ 2,497.51	\$ 6,577.84	\$ 3,399.23	\$ 900.99	#####	\$ -
\$ 692.49	\$ 2,905.72	\$ 404.60	\$ 2,626.83	\$ 6,849.14	\$ 3,623.09	\$ 858.92	#####	\$ -
\$ 678.68	\$ 2,551.05	\$ 382.94	\$ 2,622.52	\$ 6,865.52	\$ 5,030.70	\$ 755.92	#####	\$ -
\$ 633.26	\$ 2,465.04	\$ 425.18	\$ 2,551.38	\$ 7,359.70	\$ 4,732.26	\$ 1,048.74	#####	\$ -
\$ 650.22	\$ 2,329.56	\$ 431.84	\$ 2,608.18	\$ 7,199.58	\$ 4,422.94	\$ 1,432.33	#####	\$ -
\$ 649.99	\$ 2,263.27	\$ 382.49	\$ 2,854.56	\$ 7,791.67	\$ 4,538.12	\$ 1,387.62	#####	\$ -
\$ 664.57	\$ 2,703.17	\$ 372.95	\$ 2,726.24	\$ 8,076.87	\$ 4,837.93	\$ 1,260.04	#####	\$ -
\$ 556.13	\$ 1,608.32	\$ 356.93	\$ 2,565.47	\$ 7,205.15	\$ 4,709.36	\$ 2,487.78	#####	\$ -
\$ 400.34	\$ 1,174.85	\$ 249.18	\$ 2,665.06	\$ 6,932.35	\$ 3,472.53	\$ 4,087.19	#####	\$ -
\$ 495.34	\$ 1,406.31	\$ 284.00	\$ 2,553.88	\$ 7,309.88	\$ 4,240.50	\$ 3,532.78	#####	\$ -
\$ 475.76	\$ 1,583.12	\$ 307.02	\$ 2,701.96	\$ 7,888.60	\$ 5,775.39	\$ 5,616.86	#####	\$ -
\$ 432.83	\$ 1,222.10	\$ 273.95	\$ 2,398.13	\$ 8,131.17	\$ 7,450.45	\$ 5,560.95	#####	\$ -
\$ 375.86	\$ 1,000.38	\$ 248.19	\$ 2,092.83	\$ 7,876.68	\$ 8,633.27	\$ 6,531.24	#####	\$ -
\$ 461.76	\$ 1,015.76	\$ 216.58	\$ 2,261.06	\$ 8,573.36	\$ 7,142.68	\$ 6,234.36	#####	\$ -
\$ 401.17	\$ 886.83	\$ 213.03	\$ 2,522.72	\$ 8,985.57	\$ 7,037.66	\$ 5,935.24	#####	\$ -
\$ 284.38	\$ 352.72	\$ 107.98	\$ 1,543.52	\$ 6,468.68	\$ 3,682.77	#####	#####	\$ -
\$ 340.23	\$ 509.92	\$ 128.81	\$ 1,868.81	\$ 7,368.19	\$ 4,408.09	\$ 7,907.29	#####	\$ -
\$ 353.08	\$ 661.68	\$ 158.84	\$ 1,970.63	\$ 8,961.78	\$ 5,709.77	\$ 5,754.23	#####	\$ -
\$ 413.87	\$ 841.35	\$ 169.10	\$ 2,154.86	\$ 10,294.72	\$ 4,808.74	\$ 5,185.54	#####	\$ -
\$ 427.51	\$ 824.46	\$ 210.38	\$ 2,283.55	\$ 11,328.71	\$ 4,993.87	\$ 5,034.56	#####	\$ -
\$ 395.77	\$ 827.94	\$ 153.70	\$ 2,719.67	\$ 12,528.01	\$ 5,267.62	#####	#####	\$ -
\$ 340.94	\$ 788.65	\$ 152.26	\$ 2,779.83	\$ 13,042.49	\$ 7,011.61	#####	#####	\$ -
\$ 273.34	\$ 500.39	\$ 122.88	\$ 2,400.99	\$ 11,949.53	\$ 10,548.65	#####	#####	\$ -
\$ 335.17	\$ 872.49	\$ 188.78	\$ 3,221.75	\$ 24,016.39	\$ 19,493.13	#####	#####	\$ -
\$ 325.14	\$ 1,450.94	\$ 177.66	\$ 3,495.49	\$ 49,143.48	\$ 19,140.82	\$ 7,246.67	#####	\$ -
\$ 408.66	\$ 946.49	\$ 195.34	\$ 3,415.87	\$ 52,333.82	\$ 26,382.77	\$ 4,731.97	#####	\$ -
\$ 324.87	\$ 1,478.66	\$ 101.15	\$ 8,136.60	\$ 50,761.07	\$ 26,602.22	\$ 233.60	#####	\$ -
\$ 436.23	\$ 1,025.18	\$ 318.01	\$ 4,089.41	\$ 52,931.51	\$ 38,170.06	\$ 825.47	#####	\$ -
\$ 325.82	\$ 376.81	\$ 323.68	\$ 4,679.22	\$ 64,457.78	\$ 16,133.56	\$ 3,210.60	#####	\$ -
\$ 179.11	\$ 253.22	\$ 117.54	\$ 5,122.36	\$ 66,530.85	\$ 36,878.43	\$ 1,104.85	#####	\$ -
\$ 255.39	\$ 517.02	\$ 9.69	\$ 9,034.55	\$ 61,669.21	\$ 23,109.43	\$ 3,991.23	#####	\$ -
\$ 327.49	\$ 360.96	\$ 53.04	\$ 3,171.20	\$ 47,189.63	\$ 41,082.38	\$ 5,962.14	#####	\$ -
\$ 243.04	\$ 370.31	\$ 129.31	\$ 6,578.45	\$ 43,467.77	\$ 49,530.73	#####	#####	\$ -
\$ 311.29	\$ 1,635.13	\$ 138.35	\$ 3,527.11	\$ 33,312.37	\$ 38,824.27	#####	#####	\$ -
\$ 569.57	\$ 4,503.76	\$ 36.07	\$ 2,582.51	\$ 54,096.90	\$ 52,303.37	\$ 4,820.91	#####	\$ -
\$ 419.36	\$ 814.71	\$ 455.04	\$ 4,629.77	\$ 83,937.62	\$ 32,680.93	\$ 999.76	#####	\$ -
\$ 402.12	\$ 1,146.20	\$ 203.83	\$ 4,139.37	\$ 69,723.74	\$ 63,400.79	#####	#####	\$ -

100%	\$	63.83	\$	86.85	\$	27.97	\$	231.15	\$	163.73	\$	171.52	\$	1.06	\$	66.36	\$	83.15	\$	24.23	\$	90.35	\$	99.65	\$	109.98	\$	2.20	\$	1,222.04	\$	1,222.04	\$	1,222.04
100%	\$	65.85	\$	85.45	\$	25.68	\$	230.16	\$	157.52	\$	159.54	\$	1.06	\$	61.73	\$	73.52	\$	25.27	\$	92.72	\$	122.10	\$	102.89	\$	3.57	\$	1,207.07	\$	1,207.07	\$	1,207.07
100%	\$	55.44	\$	71.17	\$	22.22	\$	206.42	\$	154.00	\$	143.44	\$	1.41	\$	52.84	\$	50.54	\$	21.43	\$	89.31	\$	123.72	\$	103.41	\$	6.55	\$	1,101.90	\$	1,101.90	\$	1,101.90
100%	\$	52.23	\$	66.26	\$	19.26	\$	215.98	\$	148.52	\$	155.21	\$	1.78	\$	52.28	\$	48.20	\$	18.55	\$	88.81	\$	128.97	\$	102.39	\$	8.18	\$	1,106.63	\$	1,106.63	\$	1,106.63
100%	\$	61.79	\$	82.88	\$	23.77	\$	239.96	\$	171.63	\$	158.72	\$	1.44	\$	52.36	\$	61.65	\$	17.37	\$	103.37	\$	133.89	\$	117.50	\$	5.84	\$	1,232.17	\$	1,232.17	\$	1,232.17
100%	\$	52.67	\$	74.61	\$	27.08	\$	249.74	\$	179.69	\$	168.36	\$	1.85	\$	53.78	\$	63.17	\$	18.56	\$	91.76	\$	115.74	\$	105.38	\$	5.37	\$	1,207.78	\$	1,207.78	\$	1,207.78
100%	\$	48.94	\$	67.53	\$	14.80	\$	247.58	\$	172.04	\$	165.58	\$	2.64	\$	45.09	\$	63.91	\$	21.20	\$	104.81	\$	135.81	\$	117.54	\$	6.75	\$	1,214.22	\$	1,214.22	\$	1,214.22
100%	\$	48.77	\$	66.25	\$	17.76	\$	234.22	\$	173.28	\$	169.21	\$	2.58	\$	55.52	\$	63.21	\$	19.59	\$	108.40	\$	133.15	\$	112.86	\$	7.70	\$	1,212.48	\$	1,212.48	\$	1,212.48
100%	\$	48.29	\$	66.23	\$	16.77	\$	243.61	\$	180.45	\$	176.19	\$	2.69	\$	45.00	\$	66.01	\$	16.90	\$	105.15	\$	126.80	\$	111.98	\$	7.44	\$	1,213.50	\$	1,213.50	\$	1,213.50
100%	\$	42.84	\$	48.99	\$	13.51	\$	243.32	\$	177.21	\$	167.26	\$	2.46	\$	47.91	\$	67.76	\$	10.58	\$	112.01	\$	128.42	\$	150.28	\$	5.65	\$	1,218.20	\$	1,218.20	\$	1,218.20
100%	\$	41.86	\$	52.83	\$	13.99	\$	236.02	\$	181.59	\$	183.01	\$	3.04	\$	42.35	\$	52.17	\$	14.90	\$	108.16	\$	129.47	\$	123.05	\$	8.84	\$	1,191.28	\$	1,191.28	\$	1,191.28
100%	\$	43.36	\$	54.35	\$	14.51	\$	249.71	\$	182.18	\$	182.48	\$	4.63	\$	45.64	\$	47.88	\$	17.47	\$	103.99	\$	132.30	\$	128.32	\$	13.94	\$	1,220.76	\$	1,220.76	\$	1,220.76
100%	\$	43.03	\$	44.37	\$	11.40	\$	238.10	\$	184.67	\$	180.51	\$	4.29	\$	32.72	\$	47.73	\$	15.52	\$	105.88	\$	129.90	\$	107.41	\$	11.72	\$	1,157.24	\$	1,157.24	\$	1,157.24
100%	\$	48.61	\$	55.64	\$	13.64	\$	249.81	\$	199.46	\$	182.44	\$	3.88	\$	37.48	\$	49.33	\$	9.65	\$	105.64	\$	114.38	\$	117.89	\$	9.88	\$	1,197.74	\$	1,197.74	\$	1,197.74
100%	\$	40.05	\$	38.57	\$	10.64	\$	214.95	\$	157.27	\$	162.93	\$	4.61	\$	26.28	\$	22.18	\$	10.15	\$	92.02	\$	116.32	\$	95.76	\$	21.44	\$	1,013.17	\$	1,013.17	\$	1,013.17
100%	\$	27.18	\$	31.87	\$	9.59	\$	223.20	\$	157.18	\$	144.26	\$	5.83	\$	19.14	\$	13.78	\$	6.52	\$	80.21	\$	113.16	\$	75.71	\$	35.45	\$	943.07	\$	943.07	\$	943.07
100%	\$	34.40	\$	37.57	\$	9.93	\$	222.31	\$	169.86	\$	150.07	\$	4.11	\$	27.50	\$	14.85	\$	6.80	\$	96.51	\$	107.55	\$	98.16	\$	31.46	\$	1,011.08	\$	1,011.08	\$	1,011.08
100%	\$	31.55	\$	33.30	\$	8.56	\$	225.83	\$	170.81	\$	174.84	\$	10.23	\$	24.59	\$	25.26	\$	6.45	\$	95.63	\$	120.08	\$	96.45	\$	49.82	\$	1,073.37	\$	1,073.37	\$	1,073.37
100%	\$	27.12	\$	20.06	\$	5.05	\$	200.79	\$	147.41	\$	138.60	\$	6.74	\$	24.63	\$	19.80	\$	4.87	\$	90.54	\$	116.29	\$	131.11	\$	56.24	\$	989.24	\$	989.24	\$	989.24
100%	\$	30.08	\$	18.21	\$	5.40	\$	190.02	\$	150.23	\$	178.97	\$	6.58	\$	19.39	\$	13.86	\$	2.70	\$	87.98	\$	101.46	\$	106.44	\$	62.35	\$	973.68	\$	973.68	\$	973.68
100%	\$	26.76	\$	14.38	\$	4.16	\$	193.47	\$	145.39	\$	146.75	\$	7.66	\$	29.29	\$	16.75	\$	3.59	\$	84.26	\$	109.34	\$	106.26	\$	62.92	\$	951.01	\$	951.01	\$	951.01
100%	\$	26.61	\$	16.36	\$	5.24	\$	219.29	\$	169.18	\$	167.15	\$	8.89	\$	20.45	\$	10.15	\$	2.14	\$	75.48	\$	99.14	\$	80.35	\$	55.13	\$	955.56	\$	955.56	\$	955.56
100%	\$	23.92	\$	8.45	\$	2.58	\$	154.68	\$	109.13	\$	87.42	\$	10.80	\$	16.33	\$	1.82	\$	1.66	\$	64.68	\$	77.61	\$	57.35	\$	151.70	\$	768.12	\$	768.12	\$	768.12
100%	\$	27.20	\$	10.50	\$	3.46	\$	195.61	\$	139.83	\$	108.51	\$	8.15	\$	22.53	\$	4.77	\$	1.74	\$	75.59	\$	81.71	\$	68.88	\$	63.64	\$	812.11	\$	812.11	\$	812.11
100%	\$	26.50	\$	10.46	\$	3.50	\$	186.50	\$	142.40	\$	99.08	\$	8.83	\$	20.97	\$	8.12	\$	2.38	\$	84.59	\$	109.11	\$	103.74	\$	49.63	\$	855.80	\$	855.80	\$	855.80
100%	\$	31.74	\$	12.51	\$	6.26	\$	205.17	\$	178.81	\$	112.39	\$	12.26	\$	25.30	\$	11.49	\$	1.73	\$	91.48	\$	109.13	\$	97.21	\$	38.97	\$	934.45	\$	934.45	\$	934.45
100%	\$	28.65	\$	13.01	\$	6.72	\$	198.58	\$	178.86	\$	119.12	\$	8.84	\$	23.54	\$	9.17	\$	2.05	\$	84.07	\$	125.90	\$	84.11	\$	42.23	\$	924.86	\$	924.86	\$	924.86
100%	\$	25.46	\$	11.61	\$	4.08	\$	209.00	\$	173.06	\$	118.40	\$	61.75	\$	19.64	\$	9.09	\$	2.08	\$	104.24	\$	140.26	\$	95.19	\$	324.81	\$	1,298.66	\$	1,250.00	\$	1,250.00
100%	\$	21.02	\$	7.13	\$	3.19	\$	190.47	\$	140.79	\$	106.36	\$	4.63	\$	14.07	\$	9.33	\$	1.20	\$	100.29	\$	131.44	\$	103.78	\$	145.77	\$	979.48	\$	979.48	\$	979.48
100%	\$	17.48	\$	4.39	\$	2.00	\$	173.17	\$	101.83	\$	91.43	\$	6.76	\$	11.83	\$	4.38	\$	0.67	\$	87.32	\$	106.85	\$	117.02	\$	162.17	\$	887.30	\$	887.30	\$	887.30
100%	\$	19.50	\$	6.16	\$	1.87	\$	221.04	\$	143.04	\$	131.77	\$	3.29	\$	15.16	\$	4.27	\$	0.98	\$	107.85	\$	137.53	\$	165.98	\$	73.96	\$	1,032.40	\$	1,032.40	\$	1,032.40
100%	\$	15.54	\$	3.62	\$	1.60	\$	206.90	\$	149.39	\$	125.37	\$	8.02	\$	12.69	\$	6.24	\$	1.05	\$	97.19	\$	188.53	\$	166.92	\$	44.74	\$	1,027.79	\$	1,027.79	\$	1,027.79
100%	\$	20.39	\$	3.01	\$	1.56	\$	230.80	\$	157.22	\$	154.01	\$	7.14	\$	22.76	\$	3.06	\$	1.08	\$	114.94	\$	178.22	\$	227.44	\$	25.56	\$	1,147.18	\$	1,147.18	\$	1,147.18
100%	\$	11.18	\$	6.81	\$	1.20	\$	268.03	\$	205.69	\$	126.26	\$	1.26	\$	2.66	\$	5.89	\$	-	\$	87.63	\$	223.92	\$	189.81	\$	0.37	\$	1,130.70	\$	1,130.70	\$	1,130.70
100%	\$	21.88	\$	3.60	\$	2.32	\$	207.73	\$	159.52	\$	189.58	\$	5.90	\$	19.25	\$	6.76	\$	0.59	\$	178.22	\$	380.17	\$	284.94	\$	0.35	\$	1,460.81	\$	1,250.00	\$	1,250.00
100%	\$	24.65	\$	2.44	\$	3.84	\$	277.95	\$	154.20	\$	185.63	\$	21.32	\$	2.27	\$	0.34	\$	1.21	\$	49.85	\$	207.59	\$	68.14	\$	0.91	\$	1,000.34	\$	1,000.34	\$	1,000.34
100%	\$	6.41	\$	0.52	\$	0.33	\$	198.32	\$	136.92	\$	160.43	\$	8.15	\$	5.61	\$	0.80	\$	1.04	\$	144.56	\$	210.77	\$	242.31	\$	0.98	\$	1,117.15	\$	1,117.15	\$	1,117.15
100%	\$	3.92	\$	2.52	\$	0.09	\$	237.92	\$	176.23	\$	163.42	\$	19.12	\$	24.24	\$	0.94	\$	-	\$	138.09	\$	191.66	\$	64.24	\$	0.97	\$	1,023.37	\$	1,023.37	\$	1,023.37
100%	\$	17.68	\$	1.45	\$	0.45	\$	247.83	\$	155.63	\$	136.04	\$	27.89	\$	28.24	\$	1.38	\$	-	\$	106.51	\$	207.06	\$	294.79	\$	5.83	\$	1,230.78	\$	1,230.78	\$	1,230.78
100%	\$	4.58	\$	2.38	\$	0.58	\$	257.02	\$	97.27	\$	132.80	\$	12.85	\$	8.60	\$	-	\$	0.44	\$	54.28	\$	101.60	\$	259.13	\$	40.85	\$	972.37	\$	972.37	\$	972.37
100%	\$	10.20	\$	2.71	\$	0.55	\$	230.78	\$	128.34	\$	146.43	\$	9.33	\$	32.36	\$	25.61	\$	1.00	\$	101.68	\$	133.27	\$	291.01	\$	75.90	\$	1,189.17	\$	1,189.17	\$	1,189.17
100%	\$	29.01	\$	3.52	\$	0.05	\$	196.03	\$	149.43	\$	141.42	\$	12.99	\$	56.25	\$	29.68	\$	0.41	\$	135.87	\$	224.21	\$	338.33	\$	14.35	\$	1,331.55	\$	1,250.00	\$	1,250.00
100%	\$	17.44	\$	2.93	\$	16.47	\$	270.46	\$	144.49	\$	294.19	\$	8.10	\$	67.69	\$	1.94	\$	4.19	\$	148.94	\$	337.63	\$	463.03	\$	-	\$	1,777.51	\$	1,250.00	\$	1,250.00
100%	\$	20.10	\$	2.75	\$	0.55	\$	215.05	\$	160.09	\$	176.61	\$	356.57	\$	10.38	\$	3.68	\$	0.93	\$	101.23	\$	230.42	\$	279.76	\$	749.32	\$	2,307.45	\$	1,250.00	\$	1,250.00

Step P14: Pharmacy Clinical Modules Factor Calculation

Color Key	
Black text =	Descriptive text
Blue text =	Formula
Green text =	Formula that references another sheet
Pink text =	Hard-coded value

	Savings
Clinical Modules A	0.0000
Clinical Modules B	0.0050
Clinical Modules C	0.0150
GST_StomachAcid	0.0008
GST_HighCholesterol	0.0036
GST_HighBloodPressure	0.0024
GST_AR	0.0000
GST_OveractiveBladder	0.0000
GST_Lyrica	0.0000
GST_BoneLoss	0.0006
GST_SleepDisorders	0.0019
GST_Allergy	0.0003
GST_AntiDepressants	0.0016
GST_SkinTreatments	0.0013
GST_Asthma	0.0002
GST_NonNarcoticPainRelievers	0.0002
GST_HyperactivityDisorder	0.0001
GST_MentalHealth	0.0000
GST_NarcoticPainRelievers	0.0011
Clinical Modules Factor	0.0340

Step P15: Pharmacy Demo Factor Calculation

Color Key	
Black text =	Descriptive text
Blue text =	Formula
Green text =	Formula that references another sheet
Pink text =	Hard-coded value

Census Summary

	Employee		Spouse		Child		Aggregate	
	Male	Female	Male	Female	Male	Female	Male	Female
< 20	0	0	0	0	15	12	15	12
20-24	4	0	0	0	2	1	6	1
25-29	4	1	0	2	0	0	4	3
30-34	4	5	0	2	0	0	4	7
35-39	3	0	1	6	0	0	4	6
40-44	7	2	0	4	0	0	7	6
45-49	6	2	1	3	0	0	7	5
50-54	3	2	1	1	0	0	4	3
55-59	0	2	1	2	0	0	1	4
60-64	4	1	0	0	0	0	4	1
65-69	0	1	0	0	0	0	0	1
70 +	0	0	0	0	0	0	0	0
Aggregate Demo	61.3938		33.1970		11.4644		106.0552	
Average Demo	1.2038		1.3832		0.3821		1.0100	
Demo Aging Adj	1.0075 (Same as Medical)							
Adj Avg Demo	1.2129		1.3936		0.3850		1.0177	

Step P19: Pharmacy Load Calculation

Color Key	
Black text =	Descriptive text
Blue text =	Formula
Green text =	Formula that references another sheet
Pink text =	Hard-coded value

Applicable Final Loads

Pharmacy

Multiple Offering Load	1.0000 (same as Medical)
Deductible Accumulation Adjustment	1.0000 (same as Medical)
Open Access Load	1.0000 (same as Medical)
Generic Requirement Adjustment	1.0000
PPACA Women's Contraceptives Coverage	1.0100
Total Loads	1.0100

SECTION C1 - PHARMACY MANUAL RATING FORMULAS

INSTRUCTIONS:

Use this section to calculate fee-for-service pharmacy expected claim costs.

PA. Run each individual from the census through the calculation steps as indicated below. Hold the resulting per member per r

- Step P1 - Extract the Average Wholesale Price per Script
- Step P2 - Apply the Discount
- Step P3 - Calculate Gross Cost Per Script
- Step P4 - Calculate and Apply the Cost Trend Factor
- Step P5 - Extract the Script Counts Across All Drug Categories
- Step P6 - Calculate and Apply Utilization Trend Factor
- Step P7 - Calculate Gross Trended PMPM
- Step P8 - Calculate Gross Area-Adjusted PMPM
- Step P9 - Calculate Regular Cost Share Using Claims Probability Distribution (CPD)
- Step P10 - Calculate Adjusted Cost Share for 4th-tier Cost Categories
- Step P11 - Calculate Regular Cost Share PMPM, Regular Net Pharmacy PMPM, and Adjusted Cost Share PMPM
- Step P12 - Calculate Aggregate Metrics
- Step P13 - Calculate Net Pharmacy Rate
- Step P14 - Apply the Clinical Modules Factor
- Step P15 - Apply the Pharmacy Demographic Adjustment
- Step P16 - Apply the Pharmacy Industry Adjustment
- Step P17 - Apply the Pharmacy Mandates Adjustment
- Step P18 - Calculate and Apply Utilization Dampening Adjustment

PB. Determine the Final Pharmacy PMPM for each individual.

- Step P19 - Determine Final Pharmacy PMPM

PC. Aggregate individual per member per month claim costs.

- Step P20 - Aggregate Individual Claim Costs

DETAILED FORMULAS:

The following formulas detail the claim cost calculation process. The specific steps are applied to each cost category, except as specific noted that there are no separate provisions made for OON pharmacy benefits. All benefits are assumed to be in network. Claim costs f calculated separately and the results are aggregated. Where noted, a separate set of assumptions or calculations are used for cases rui

SECTION PA

Step P1 - Extract the Average Wholesale Price per Script

Extract the AWP per script by cost category in both the retail and mail order (MOD) buckets (note: separate assumptions for FACETS pl; by Formulary Status (Closed vs. Open) and Formulary Type (Standard, Performance, Advantage, Generics Only).

Step P2 - Apply the Discount

Discounts are estimated for retail and mail. The discounts vary by funding type. Discounts also differ for the FACETS platform, which ha its 90-day retail option. If applicable, discounts are adjusted for 90-day retail option.

Formula:

Final Retail Tier Discount = 30-Day Retail Discount x (1 - % of Retail from 90-Day) + 90-Day Retail Discount x % of Retail from 90-Day
 where % of Retail from 90-Day = [(Retail Script Counts x Retail shift to 90-Day Supply) + (MOD Script Counts x MOD Shift to 90-Day S
 MOD Multiplier Assumption)] / Retail Script counts

If selecting Performance 4-Tier product, where non-preventive generics and preferred brand share the second tier, one needs to calcul
 discount to use.

Formula:

Performance 4-Tier Product, 2nd Tier Discount for Retail or MOD =

$1 - \frac{[(\text{Non-Preventive Generics Script Counts} \times \text{Non-Preventive Generics AWP}) \times (1 - \text{Generic Discount}) + (\text{Preferred Brand Script Count} \times (1 - \text{Preferred Brand Discount})]}{[(\text{Non-Preventive Generics Script Counts} \times \text{Non-Preventive Generics AWP}) + (\text{Preferred Brand Script C}]}]$

Once discount is calculated, apply it to Average AWP.

Formula:

Step P2 Discounted AWP = (1 - Discount Factor) x Step P1 Average AWP

Step P3 - Calculate Gross Cost Per Script

Dispensing fees are estimated for retail and mail. They vary by funding type and differ for the FACETS platform. For mail, dispensing fee
 generic drugs. For retail, they do.

Sales tax is not included in either for retail or mail due to insignificance.

Formula:

Step P3 Gross Cost Per Script = Step P2 Discounted AWP + Dispensing Fee

Step P4 - Calculate and Apply the Cost Trend Factor

Determine the total trend days from the base claim period midpoint to the policy period midpoint. Calculate the trend years by exposu
 trend. Use trend values specific to the particular product being priced. Trend values will also vary by year.

Unit Cost Trend Factor is the sumproduct of days to trend in specific years with those years' corresponding trend factors.

Trend Calculation Example:

- (a) = Product = CignaPharmacy
- (b) = Base claim effective date = 1/1/2012
- (c) = Policy effective date of quote = 7/1/2013
- (d) = Policy end date of quote = 6/30/2014
- (e) = Annual CignaPharmacy cost trend factor for 2013/2012 = 6.22%
- (f) = Annual CignaPharmacy cost trend factor for 2014/2013 = 8.09%
- (g) = Base claim period midpoint = b + 182.5 days = 7/1/2012
- (h) = Policy period midpoint = (c + d) / 2 = 12/30/2013
- (i) = Total trend days = h - g = 546.5
- (j) = Trend days from 2012 to 2013 = 364.5
- (k) = Trend days from 2013 to 2014 = 182

Unit Cost Trend Factor = $(1 + e)^{(j / 366)} \times (1 + f)^{(k / 365)} = (1.0622)^{0.999} \times (1.0809)^{0.499} = 1.1041$

Formula:

Step P4 Gross Trended Cost per Script = Step P3 Gross Cost per Script x Unit Cost Trend Factor

Step P5 - Extract the Script Counts Across All Drug Categories

**Pharmacy
Script Counts and AWP's**

Retail																	
	Total	Generic	Preferred Brand	Non-Prefer Brand:		Standard Injectables	Injectable Buy-Up	Oral Contraceptives		Anti-Histamines		Cold & Cough	Life Style	Oral Infertility	Diet Drugs	Smoking Cessation	Vitamins
				Single Source	Multi-source												
Script Counts - PMPY																	
StandardOpen	9.4604	6.0329	1.2743	0.3190	0.1088	0.0072	0.0013	0.4201	0.2342	0.0844	0.0315	0.0070	0.0249	0.0131	0.0606		
StandardClosed	9.3558	6.3965	1.2697	-	-	0.0072	0.0013	0.4201	0.2220	0.0827	0.0237	0.0070	0.0243	0.0131	0.0563		
AdvantageOpen	8.9827	5.8152	-	1.1260	0.5159	0.0072	0.0013	0.4201	0.1704	-	0.0315	0.0070	0.0249	0.0131	0.0606		
AdvantageClosed	8.8090	7.2107	0.1642	-	-	0.0072	0.0013	0.4201	0.1088	-	0.0158	0.0070	0.0243	0.0131	0.0560		
Average Wholesale Price																	
StandardOpen	\$ 164.17	\$ 89.11	\$ 237.99	\$ 327.52	\$ 320.63	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 90.57	\$ 34.43	\$ 182.96	\$ 341.53	\$ 51.55	\$ 193.47	\$ 18.79		
StandardClosed	\$ 149.81	\$ 89.11	\$ 237.99	\$ -	\$ -	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 87.02	\$ 33.63	\$ 182.96	\$ 341.53	\$ 44.67	\$ 193.47	\$ 14.57		
AdvantageOpen	\$ 163.25	\$ 85.95	\$ -	\$ 279.69	\$ 218.71	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 107.30	\$ -	\$ 182.96	\$ 341.53	\$ 51.55	\$ 193.47	\$ 18.79		
AdvantageClosed	\$ 114.86	\$ 85.95	\$ -	\$ -	\$ -	\$ 3,262.44	\$ 2,444.12	\$ 63.76	\$ 86.00	\$ -	\$ 182.96	\$ 341.53	\$ 44.67	\$ 193.47	\$ 14.55		

Mail																	
	Generic	Preferred Brand	Non-Prefer Brand:		Standard Injectables	Injectable Buy-Up	Oral Contraceptives		Anti-Histamines		Cold & Cough	Life Style	Oral Infertility	Diet Drugs	Smoking Cessation	Vitamins	
			Single Source	Multi-source													
Script Counts - PMPY																	
StandardOpen	0.6110	0.1972	0.0450	0.0177	0.0130	0.0014	0.0340	0.0180	0.0001	0.0059	0.0016	0.0006	0.0003	0.0032	0.0032		
StandardClosed	0.6643	0.1928	-	-	0.0130	0.0014	0.0340	0.0166	0.0001	0.0043	0.0016	0.0005	0.0003	0.0029	0.0029		
AdvantageOpen	0.5737	-	0.1667	0.0826	0.0130	0.0014	0.0340	0.0145	-	0.0059	0.0016	0.0006	0.0003	0.0032	0.0032		
AdvantageClosed	0.7856	0.0249	-	-	0.0130	0.0014	0.0340	0.0091	-	0.0029	0.0016	0.0005	0.0003	0.0029	0.0029		
Average Wholesale Price																	
StandardOpen	\$ 291.66	\$ 748.55	\$ 1,034.74	\$ 287.76	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 315.29	\$ 213.56	\$ 490.65	\$ 1,588.70	\$ 370.86	\$ 423.73	\$ 71.47	\$ 71.47		
StandardClosed	\$ 291.66	\$ 748.55	\$ -	\$ -	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 302.00	\$ 213.41	\$ 490.65	\$ 1,588.70	\$ 101.83	\$ 423.73	\$ 44.63	\$ 44.63		
AdvantageOpen	\$ 276.70	\$ -	\$ 915.02	\$ 471.86	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 322.07	\$ -	\$ 490.65	\$ 1,588.70	\$ 370.86	\$ 423.73	\$ 71.47	\$ 71.47		
AdvantageClosed	\$ 276.70	\$ -	\$ -	\$ -	\$ 7,414.14	\$ 3,529.21	\$ 176.30	\$ 261.57	\$ -	\$ 490.65	\$ 1,588.70	\$ 101.83	\$ 423.73	\$ 44.51	\$ 44.51		

Mandatory Generic Shift factor*
50%

*If the Generic Requirement is Mandatory Generic, this percentage of the Non-Preferred Multi-source scripts shifts to Generic scripts

Retail Discount						
FAT	Size	Generic Discount	Brand Discount	Specialty Discount	Generic Dispensing	Brand Dispensing
GC CHMO	All	69%	14.8%	15.6%	\$ 1.50	\$ 1.45
GC Non-CHMO	All	65%	14.8%	15.6%	\$ 1.50	\$ 1.45
Non-GC EXR	All	65%	14.8%	11.5%	\$ 1.50	\$ 1.45
Non-GC ASO	All	69%	15.4%	12.2%	\$ 1.35	\$ 1.35

Mail Order Discount						
FAT	Size	Generic Discount	Brand Discount	Specialty Discount	Generic Dispensing	Brand Dispensing
GC CHMO	All	71%	14.8%	12.1%	\$ 1.50	\$ 1.50
GC Non-CHMO	All	66%	13.4%	12.1%	\$ 2.00	\$ 2.00
Non-GC EXR	All	66%	17.3%	12.1%	\$ 0.60	\$ 0.55
Non-GC ASO	All	71%	17.4%	12.4%	\$ -	\$ -

	Blended		Employee		Spouse		Child		MN - unisex	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 20	0.394	0.324	0.208	0.375	0.330	0.263	0.394	0.323	0.359	0.359
20-24	0.326	0.650	0.244	0.590	0.245	0.484	0.448	0.780	0.488	0.488
25-29	0.394	0.770	0.380	0.801	0.412	0.672	0.453	0.881	0.582	0.582
30-34	0.540	0.893	0.526	0.925	0.583	0.838	0.641	1.017	0.716	0.716
35-39	0.752	1.062	0.739	1.066	0.798	1.048	0.878	1.173	0.907	0.907
40-44	1.023	1.246	1.007	1.223	1.079	1.266	1.187	1.392	1.135	1.135
45-49	1.322	1.550	1.289	1.463	1.436	1.651	1.580	1.816	1.436	1.436
50-54	1.712	1.976	1.663	1.840	1.876	2.154	2.063	2.369	1.844	1.844
55-59	2.141	2.397	2.081	2.229	2.325	2.643	2.557	2.907	2.269	2.269
60-64	2.660	2.840	2.593	2.687	2.845	3.102	3.130	3.412	2.750	2.750
65-69	3.111	3.058	2.926	2.816	3.492	3.440	3.841	3.784	3.085	3.085
70 +	3.578	3.425	3.483	3.170	3.744	3.875	4.118	4.262	3.501	3.501

Mandate Factors		
State	Funding Type	Adjustment
CO	nonASO	0.001
CT	nonASO	0.001
DC	nonASO	0.001
DE	nonASO	0.001
HI	nonASO	0.001
IA	nonASO	0.001
IL	nonASO	0.001
IN	nonASO	0.001
KS	nonASO	0.001
LA	nonASO	0.001
MA	nonASO	0.001
MD	nonASO	0.001
MN	nonASO	0.001
NE	nonASO	0.001
NJ	nonASO	0.001
NM	nonASO	0.001
NY	nonASO	0.001
OR	nonASO	0.001
TX	nonASO	0.001
VA	nonASO	0.001
VT	nonASO	0.001
WA	nonASO	0.001

Cost Trend			
Lookup	2013/2012	2014/2013	
CHMO	6.2%	8.1%	
CIGNA Pharmacy Plus	6.2%	8.1%	
CIGNA Pharmacy	6.2%	8.1%	

Utilization Trend			
Lookup	2013/2012	2014/2013	
CHMO	1.0%	1.0%	
CIGNA Pharmacy Plus	1.0%	1.0%	
CIGNA Pharmacy	1.0%	1.0%	

Rx Clinical Management Programs			
	CHMO	CIGNA Pharmacy Plus	CIGNA Pharmacy
Clinical Modules A	0	0	0
Clinical Modules B	0.005	0.005	0.005
Clinical Modules C	0.015	0.015	0.015

Rx GST Program Cost Savings			
Formulary	GST Category	Gen 1st/2-Step	Stacked
Standard	GST_StomachAcid	0.0009	0.0008
Standard	GST_HighCholesterol	0.0036	0.0036
Standard	GST_HighBloodPressure	0.0024	0.0024
Standard	GST_AR	-	-
Standard	GST_OveractiveBladder	0.0006	0.0000
Standard	GST_Lyrica	-	-
Standard	GST_BoneLoss	0.0013	0.0006
Standard	GST_SleepDisorders	0.0019	-
Standard	GST_Allergy	0.0018	0.0003
Standard	GST_AntiDepressants	0.0020	0.0016
Standard	GST_SkinTreatments	0.0013	-
Standard	GST_Asthma	0.0002	-
Standard	GST_NonNarcoticPainRelievers	0.0009	0.0002
Standard	GST_HyperactivityDisorder	0.0001	0.0001
Standard	GST_MentalHealth	-	-
Standard	GST_NarcoticPainRelievers	0.0011	-
Advantage	GST_StomachAcid	-	-
Advantage	GST_HighCholesterol	0.0028	-
Advantage	GST_HighBloodPressure	0.0009	-
Advantage	GST_AR	-	-
Advantage	GST_OveractiveBladder	0.0003	-
Advantage	GST_Lyrica	-	-
Advantage	GST_BoneLoss	0.0018	-
Advantage	GST_SleepDisorders	0.0015	-
Advantage	GST_Allergy	0.0016	-
Advantage	GST_AntiDepressants	0.0004	-
Advantage	GST_SkinTreatments	0.0014	-
Advantage	GST_Asthma	0.0008	-
Advantage	GST_NonNarcoticPainRelievers	-	-
Advantage	GST_HyperactivityDisorder	0.0001	-
Advantage	GST_MentalHealth	-	-
Advantage	GST_NarcoticPainRelievers	0.0008	-

Utilization Dampening

Cost Sharing Factor	0.000	0.005	0.010	0.015	0.020	0.025	0.030	0.035	0.040	0.045	0.050	0.055	0.060	0.065	0.070	0.075	0.080	0.085	0.090	0.095	0.100
	1.150	1.150	1.150	1.150	1.150	1.134	1.125	1.121	1.116	1.112	1.108	1.103	1.099	1.094	1.090	1.086	1.081	1.077	1.073	1.068	1.064
Cost Sharing Factor	0.105	0.110	0.115	0.120	0.125	0.130	0.135	0.140	0.145	0.150	0.155	0.160	0.165	0.170	0.175	0.180	0.185	0.190	0.195	0.200	0.205
	1.059	1.055	1.051	1.046	1.042	1.038	1.033	1.029	1.024	1.020	1.016	1.011	1.007	1.003	0.998	0.994	0.989	0.985	0.981	0.977	0.973
Cost Sharing Factor	0.210	0.215	0.220	0.225	0.230	0.235	0.240	0.245	0.250	0.255	0.260	0.265	0.270	0.275	0.280	0.285	0.290	0.295	0.300	0.305	0.310
	0.969	0.966	0.962	0.958	0.954	0.951	0.947	0.943	0.939	0.936	0.932	0.928	0.924	0.921	0.917	0.913	0.909	0.906	0.902	0.898	0.894
Cost Sharing Factor	0.315	0.320	0.325	0.330	0.335	0.340	0.345	0.350	0.355	0.360	0.365	0.370	0.375	0.380	0.385	0.390	0.395	0.400	0.405	0.410	0.415
	0.891	0.887	0.883	0.879	0.876	0.872	0.868	0.864	0.861	0.857	0.853	0.849	0.846	0.842	0.838	0.834	0.831	0.827	0.823	0.819	0.816
Cost Sharing Factor	0.420	0.425	0.430	0.435	0.440	0.445	0.450	0.455	0.460	0.465	0.470	0.475	0.480	0.485	0.490	0.495	0.500	0.505	0.510	0.515	0.520
	0.812	0.808	0.804	0.801	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.525	0.530	0.535	0.540	0.545	0.550	0.555	0.560	0.565	0.570	0.575	0.580	0.585	0.590	0.595	0.600	0.605	0.610	0.615	0.620	0.625
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.630	0.635	0.640	0.645	0.650	0.655	0.660	0.665	0.670	0.675	0.680	0.685	0.690	0.695	0.700	0.705	0.710	0.715	0.720	0.725	0.730
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.735	0.740	0.745	0.750	0.755	0.760	0.765	0.770	0.775	0.780	0.785	0.790	0.795	0.800	0.805	0.810	0.815	0.820	0.825	0.830	0.835
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.840	0.845	0.850	0.855	0.860	0.865	0.870	0.875	0.880	0.885	0.890	0.895	0.900	0.905	0.910	0.915	0.920	0.925	0.930	0.935	0.940
	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800	0.800
Cost Sharing Factor	0.945	0.950																			
	0.800	0.800																			

Rx CPD Table

Probability	% Preventative						Cost/Script								Num of Scripts								
	Retail			Mail Order			Retail				Mail Order				Retail				Mail Order				
	Generic	Pref Brand	Non-Pref Brand	Generic	Pref Brand	Non-Pref Brand	Generic	Pref Brand	Non-Pref Brand	Injectable	Generic	Pref Brand	Non-Pref Brand	Injectable	Generic	Pref Brand	Non-Pref Brand	Injectable	Generic	Pref Brand	Non-Pref Brand	Injectable	
23.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-
18.3%	7.5%	75.6%	23.3%	55.6%	27.0%	36.9%	\$ 11.51	\$ 29.12	\$ 22.56	\$ 26.55	\$ 16.90	\$ 22.88	\$ 21.89	\$ -	\$ 1.894	\$ 0.022	\$ 0.006	\$ 0.000	0.013	0.000	0.000	-	-
8.3%	11.7%	49.3%	21.3%	47.8%	14.6%	31.9%	\$ 15.90	\$ 47.97	\$ 48.70	\$ -	\$ 25.67	\$ 41.33	\$ 33.48	\$ -	\$ 3.747	\$ 0.160	\$ 0.061	\$ -	0.086	0.002	0.000	-	-
5.4%	16.1%	21.4%	19.0%	47.6%	36.6%	39.7%	\$ 17.15	\$ 74.84	\$ 66.52	\$ 112.45	\$ 29.83	\$ 60.30	\$ 43.37	\$ 112.00	\$ 4.965	\$ 0.340	\$ 0.102	\$ 0.000	0.199	0.005	0.001	0.000	0.000
4.1%	17.3%	27.0%	21.6%	45.0%	20.1%	26.0%	\$ 18.35	\$ 87.22	\$ 85.56	\$ 106.84	\$ 34.29	\$ 70.46	\$ 68.30	\$ -	\$ 5.883	\$ 0.496	\$ 0.140	\$ 0.000	0.277	0.012	0.002	-	-
3.3%	18.4%	24.4%	15.9%	41.9%	12.4%	19.23	\$ 19.23	\$ 97.31	\$ 100.43	\$ 82.84	\$ 37.73	\$ 92.32	\$ 81.77	\$ 112.00	\$ 6.542	\$ 0.658	\$ 0.180	\$ 0.000	0.362	0.027	0.003	0.000	0.000
2.6%	19.9%	27.1%	15.8%	39.8%	20.6%	42.4%	\$ 19.87	\$ 96.43	\$ 112.72	\$ 79.01	\$ 41.34	\$ 97.41	\$ 114.96	\$ 112.00	\$ 7.616	\$ 0.768	\$ 0.228	\$ 0.000	0.471	0.031	0.004	0.000	0.000
2.2%	19.7%	28.7%	15.7%	38.9%	26.4%	49.7%	\$ 21.13	\$ 101.14	\$ 117.49	\$ 141.16	\$ 49.7%	\$ 120.85	\$ 141.93	\$ -	\$ 8.222	\$ 0.902	\$ 0.256	\$ 0.000	0.541	0.035	0.006	-	-
1.9%	20.7%	29.1%	18.5%	40.6%	28.3%	54.1%	\$ 21.75	\$ 103.77	\$ 117.84	\$ 161.53	\$ 47.36	\$ 144.27	\$ 178.80	\$ 112.00	\$ 9.038	\$ 1.013	\$ 0.301	\$ 0.000	0.609	0.046	0.009	0.000	0.000
1.6%	22.1%	27.2%	18.5%	42.8%	31.6%	62.8%	\$ 22.59	\$ 109.23	\$ 126.91	\$ 220.02	\$ 49.12	\$ 169.72	\$ 211.24	\$ 112.00	\$ 9.378	\$ 1.134	\$ 0.341	\$ 0.000	0.666	0.058	0.014	0.000	0.000
1.5%	23.8%	27.6%	20.2%	44.8%	34.4%	61.9%	\$ 23.50	\$ 114.94	\$ 137.78	\$ 199.84	\$ 51.29	\$ 197.60	\$ 223.71	\$ 112.00	\$ 9.447	\$ 1.280	\$ 0.389	\$ 0.000	0.703	0.064	0.014	0.000	0.000
1.3%	24.7%	29.3%	17.6%	44.4%	36.5%	45.1%	\$ 24.01	\$ 115.22	\$ 142.12	\$ 97.64	\$ 54.04	\$ 199.90	\$ 236.20	\$ 112.00	\$ 10.005	\$ 1.399	\$ 0.431	\$ 0.000	0.760	0.080	0.020	0.000	0.000
1.2%	25.1%	30.0%	18.3%	45.8%	36.7%	42.1%	\$ 24.63	\$ 115.65	\$ 149.94	\$ 519.46	\$ 55.37	\$ 207.46	\$ 243.78	\$ -	\$ 10.365	\$ 1.533	\$ 0.477	\$ 0.000	0.830	0.090	0.024	-	-
1.1%	24.5%	29.2%	19.4%	46.4%	36.0%	44.5%	\$ 26.05	\$ 117.47	\$ 151.70	\$ 123.22	\$ 59.53	\$ 215.31	\$ 235.63	\$ -	\$ 10.393	\$ 1.669	\$ 0.517	\$ 0.000	0.846	0.109	0.024	-	-
1.0%	25.0%	29.0%	20.8%	45.1%	35.9%	47.8%	\$ 26.49	\$ 121.20	\$ 151.40	\$ 238.75	\$ 63.33	\$ 226.04	\$ 252.70	\$ 161.81	\$ 10.711	\$ 1.812	\$ 0.525	\$ 0.000	0.890	0.123	0.030	0.000	0.000
0.9%	25.4%	30.3%	20.3%	44.4%	37.7%	45.4%	\$ 26.67	\$ 120.20	\$ 150.38	\$ 236.32	\$ 65.22	\$ 236.65	\$ 260.63	\$ 471.55	\$ 11.092	\$ 1.974	\$ 0.578	\$ 0.000	0.949	0.142	0.035	0.000	0.000
0.8%	25.3%	30.6%	21.6%	46.2%	37.6%	48.1%	\$ 27.71	\$ 120.17	\$ 155.69	\$ 114.10	\$ 65.83	\$ 247.83	\$ 266.86	\$ 616.86	\$ 11.119	\$ 2.074	\$ 0.653	\$ 0.000	1.001	0.159	0.039	0.000	0.000
0.8%	25.4%	29.5%	21.7%	47.8%	37.1%	47.2%	\$ 28.63	\$ 123.69	\$ 159.00	\$ 306.30	\$ 68.25	\$ 245.14	\$ 274.28	\$ 747.53	\$ 11.246	\$ 2.218	\$ 0.634	\$ 0.000	1.004	0.185	0.049	0.000	0.000
0.7%	25.9%	28.5%	23.3%	48.3%	38.5%	54.3%	\$ 28.91	\$ 122.15	\$ 153.48	\$ 453.75	\$ 70.86	\$ 252.86	\$ 285.10	\$ 675.52	\$ 11.386	\$ 2.446	\$ 0.682	\$ 0.000	1.021	0.217	0.052	0.000	0.000
0.7%	26.3%	29.7%	25.3%	49.4%	37.2%	54.5%	\$ 29.24	\$ 122.69	\$ 154.22	\$ 551.67	\$ 71.82	\$ 262.26	\$ 276.87	\$ 507.17	\$ 11.689	\$ 2.570	\$ 0.733	\$ 0.000	1.083	0.235	0.054	0.000	0.000
0.7%	27.0%	29.0%	24.5%	50.8%	39.2%	55.5%	\$ 29.40	\$ 124.91	\$ 155.46	\$ 418.05	\$ 75.21	\$ 268.16	\$ 282.98	\$ 570.29	\$ 11.574	\$ 2.774	\$ 0.781	\$ 0.000	1.105	0.245	0.062	0.000	0.000
1.2%	28.2%	29.1%	25.9%	50.6%	39.3%	50.0%	\$ 29.82	\$ 123.25	\$ 156.37	\$ 345.04	\$ 76.96	\$ 275.16	\$ 305.35	\$ 543.76	\$ 11.987	\$ 3.075	\$ 0.814	\$ 0.001	1.158	0.272	0.067	0.000	0.000
1.1%	28.4%	31.8%	27.1%	50.8%	44.4%	53.6%	\$ 30.76	\$ 130.35	\$ 161.95	\$ 309.99	\$ 78.90	\$ 292.14	\$ 314.22	\$ 255.01	\$ 12.400	\$ 3.132	\$ 0.880	\$ 0.000	1.258	0.317	0.080	0.000	0.000
1.0%	28.5%	33.6%	28.7%	53.7%	49.9%	60.0%	\$ 31.20	\$ 133.88	\$ 162.96	\$ 423.95	\$ 80.43	\$ 303.88	\$ 323.29	\$ 414.75	\$ 12.778	\$ 3.331	\$ 0.988	\$ 0.000	1.324	0.348	0.097	0.000	0.000
0.9%	29.7%	36.5%	30.8%	53.5%	52.4%	64.0%	\$ 31.20	\$ 139.36	\$ 165.85	\$ 684.99	\$ 84.11	\$ 314.20	\$ 333.41	\$ 358.58	\$ 13.236	\$ 3.376	\$ 1.078	\$ 0.000	1.442	0.378	0.115	0.000	0.000
0.8%	29.9%	37.7%	32.2%	54.6%	54.2%	62.6%	\$ 31.82	\$ 144.25	\$ 165.17	\$ 438.72	\$ 83.69	\$ 332.34	\$ 336.28	\$ 662.99	\$ 13.819	\$ 3.561	\$ 1.130	\$ 0.000	1.559	0.409	0.126	0.000	0.000
0.7%	29.5%	40.1%	33.1%	53.8%	54.5%	58.6%	\$ 32.41	\$ 147.33	\$ 168.52	\$ 606.47	\$ 86.59	\$ 340.74	\$ 349.56	\$ 743.07	\$ 14.063	\$ 3.646	\$ 1.251	\$ 0.000	1.610	0.465	0.136	0.001	0.001
0.6%	29.6%	38.5%	34.1%	54.4%	55.5%	59.5%	\$ 32.18	\$ 152.16	\$ 169.49	\$ 475.16	\$ 83.57	\$ 346.62	\$ 356.95	\$ 709.20	\$ 14.352	\$ 3.910	\$ 1.332	\$ 0.001	1.682	0.488	0.157	0.000	0.000
0.6%	29.6%	39.8%	34.0%	55.2%	56.7%	63.3%	\$ 32.51	\$ 154.42	\$ 173.67	\$ 674.04	\$ 84.02	\$ 356.81	\$ 362.19	\$ 734.95	\$ 14.726	\$ 4.130	\$ 1.371	\$ 0.000	1.752	0.521	0.169	0.000	0.000
0.6%	28.8%	40.3%	34.7%	54.0%	57.2%	59.8%	\$ 32.96	\$ 157.17	\$ 175.84	\$ 649.31	\$ 84.91	\$ 362.44	\$ 366.83	\$ 809.27	\$ 15.046	\$ 4.211	\$ 1.498	\$ 0.001	1.827	0.564	0.185	0.000	0.000
0.5%	29.2%	40.0%	33.6%	54.6%	55.9%	60.8%	\$ 33.23	\$ 160.34	\$ 178.83	\$ 1,048.42	\$ 87.62	\$ 376.63	\$ 369.54	\$ 962.35	\$ 15.377	\$ 4.484	\$ 1.472	\$ 0.001	1.875	0.586	0.188	0.000	0.000
2.1%	29.6%	40.4%	30.8%	54.1%	55.7%	53.2%	\$ 33.76	\$ 166.91	\$ 181.64	\$ 1,582.17	\$ 87.37	\$ 388.89	\$ 382.96	\$ 1,545.05	\$ 16.457	\$ 4.930	\$ 1.665	\$ 0.009	2.123	0.706	0.229	0.004	0.004
1.5%	30.4%	42.1%	28.4%	54.6%	57.5%	49.8%	\$ 34.39	\$ 176.41	\$ 190.23	\$ 1,452.66	\$ 90.67	\$ 415.80	\$ 393.92	\$ 1,548.97	\$ 18.028	\$ 5.733	\$ 1.988	\$ 0.002	2.486	0.910	0.296	0.004	0.004
1.1%	30.4%	44.6%	27.7%	56.0%	58.7%	49.3%	\$ 35.71	\$ 186.42	\$ 196.42	\$ 1,248.11	\$ 92.34	\$ 441.53	\$ 402.87	\$ 1,546.29	\$ 19.326	\$ 6.387	\$ 2.264	\$ 0.002	2.835	1.124	0.365	0.005	0.005
0.8%	30.3%	45.4%	27.0%	54.2%	58.5%	47.2%	\$ 36.97	\$ 194.44	\$ 203.45	\$ 1,308.02	\$ 96.89	\$ 463.93	\$ 410.07	\$ 1,686.82	\$ 20.449	\$ 7.058	\$ 2.568	\$ 0.003	3.082	1.312	0.421	0.005	0.005
0.7%	30.1%	43.9%	25.6%	53.4%	57.8%	44.9%	\$ 37.23	\$ 203.03	\$ 209.22	\$ 1,987.69	\$ 98.70	\$ 488.68	\$ 415.70	\$ 1,982.85	\$ 21.484	\$ 7.802	\$ 2.779	\$ 0.007	3.264	1.481	0.476	0.008	0.008
0.5%	30.3%	44.1%	24.1%	54.8%	56.8%	42.7%	\$ 37.77	\$ 210.96	\$ 216.10	\$ 1,803.63	\$ 98.78	\$ 509.50	\$ 432.53	\$ 2,090.58	\$ 22.146	\$ 8.373	\$ 2.976	\$ 0.010	3.562	1.700	0.551	0.008	0.008
0.4%	29.9%	43.9%	24.0%	53.9%	57.3%	40.6%	\$ 37.67	\$ 219.91	\$ 218.86	\$ 1,617.86	\$ 101.79	\$ 520.32	\$ 454.55	\$ 2,040.45	\$ 23.092	\$ 9.096	\$ 3.275	\$ 0.010	3.735	1.863	0.595	0.002	0.002
0.4%	29.0%	44.5%	21.1%	53.4%	56.3%	38.1%	\$ 38.38	\$ 225.04	\$ 231.33	\$ 1,692.74	\$ 103.08	\$ 546.95	\$ 446.99	\$ 2,918.84	\$ 23.748	\$ 9.643	\$ 3.404	\$ 0.009	3.941	2.063	0.649	0.002	0.002
0.3%	29.8%	44.5%	20.9%	52.5%	54.4%	37.7%	\$ 38.68	\$ 230.88	\$ 235.21	\$ 2,094.67	\$ 104.67	\$ 556.24	\$ 450.90	\$ 4,207.20	\$ 24.609	\$ 9.973	\$ 3.582	\$ 0.014	4.143	2.218	0.723	0.008	0.008
0.2%	28.3%	44.2%	20.0%	51.3%	51.4%	32.7%	\$ 39.42	\$ 236.41	\$ 238.52	\$ 2,190.40	\$ 108.46	\$ 574.32	\$ 470.75	\$ 4,101.93	\$ 25.282	\$ 10.303	\$ 3.810	\$ 0.024	4.207	2.379	0.745	0.012	0.012
0.2%	27.2%	43.9%	19.2%	51.3%	53.7%	31.6%	\$ 39.93	\$ 241.29	\$ 248.40	\$ 2,342.59	\$ 106.24	\$ 588.74	\$ 485.52	\$ 3,616.91	\$ 26.457	\$ 11.005	\$ 4.178	\$ 0.021	4.486	2.458	0.809	0.010	0.010
0.2%	27.2%	42.9%	18.5%	49.3%	53.3%	31.0%	\$ 41.02	\$ 249.87	\$ 259.35	\$ 2,350.93	\$ 109.02	\$ 596.52	\$ 482.79	\$ 3,173.76	\$ 26.836	\$ 11.422	\$ 4.261	\$ 0.020	4.653	2.694	0.824	0.012	0.012
0.1%	26.6%	40.8%	17.3%	4																			

Vision Cost Buildup

Exam Cost

IF copay	IF allowance
=	=
Average Total cost (A)	{Maximum of}
-	Allowance or Average Total cost (A)
Copay	
x	x
Exam Utilization (B)	Exam Utilization (B)
x	
Exam Frequency Factor [E]	Exam Frequency Factor [E]

Materials Cost

IF copay	IF allowance
=	=
Average Total cost [C]	{Maximum of}
-	Allowance or Average Total cost [C]
Copay	
x	x
Materials Utilization (D)	Materials Utilization (D)

Total cost

= Exam cost + Materials cost

Detailed calculations

VT Average Total cost (A)

\$ 82.15

Exam Utilization (B)

Base Exam utilization	0.368071
x	
65+ Load	1.1 for each 65+ customer
x	
Industry Load	See table
x	
Comprehensive Plan Load	1.617 if Comp

Exam Frequency Factor [E]

Frequency (months)	Factor
12	1.01
24	0.7

Average Total cost [C]

= Materials Allowance

Materials Utilization (D)

=	
Base Materials utilization	0.522608
x	
65+ Load	1.1 for each 65+ customer
x	
Industry Load	See table
x	
Comprehensive Plan Load	1.617 if Comp

Industry Table

SIC Code	Factor
0	1
1000	1
1500	0.93
2000	1.18
4000	1
5000	1.09
5200	1.02
6000	1.21
7000	1.14
7200	1.11
7300	1.1
7500	1
7600	0.93
7800	1
7900	1
8000	1.03
8100	1.04
8200	1.14
8300	0.87
8400	1.12
8600	1.12
8900	1.1
9100	1.18
9999	1