

State: Vermont **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing
Project Name/Number: /

Filing at a Glance

Company: MVP Health Insurance Company
Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing
State: Vermont
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: GMCB Rate
Date Submitted: 02/05/2014
SERFF Tr Num: MVPH-129401327
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num:

Implementation: 07/01/2014
Date Requested:
Author(s): Kristen Marsh, Matt Lombardo, Evan Steinhart
Reviewer(s): Thomas Crompton (primary), Kelly Macnee, David Dillon, Judith Henkin, Jacqueline Lee
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: Vermont **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing
Project Name/Number: /

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 9.4%	Filing Status Changed: 02/06/2014
	State Status Changed:
Deemer Date:	Created By: Matt Lombardo
Submitted By: Matt Lombardo	Corresponding Filing Tracking Number:
	PPACA: Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:

The proposed rates within this filing are for residents of Vermont seeking individual health insurance coverage with effective dates of coverage beginning between July 1, 2014 and December 31, 2014. Only grandfathered individuals are allowed to purchase these products.

Company and Contact

Filing Contact Information

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

Filing Company Information

MVP Health Insurance Company	CoCode: 11125	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Insurance
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1827918	State ID Number:

Filing Fees

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

SERFF Tracking #:

MVPH-129401327

State Tracking #:

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 9.700%

Effective Date of Last Rate Revision: 07/01/2014

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):
MVP Health Insurance Company	Increase	9.400%	9.400%	\$187,662	424	\$1,996,410	9.400%	9.400%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								675
Policy Holders:								424

State: Vermont Filing Company: MVP Health Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing
 Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Insurance Company
 HHS Issuer Id: 92802

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Nongroup Indem	92802VT010	001	675

Trend Factors:

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: VT Indemnity COC - Grandfathered

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 9,376
 Benefit Change: Increase
 Percent Change Requested: Min: 9.4 Max: 9.4 Avg: 9.4

PRIOR RATE:

Total Earned Premium: 1,996,410.00
 Total Incurred Claims: 1,840,354.00
 Annual \$: Min: 19.19 Max: 386.88 Avg: 212.93

REQUESTED RATE:

Projected Earned Premium: 2,184,072.00
 Projected Incurred Claims: 1,679,251.00
 Annual \$: Min: 20.98 Max: 423.14 Avg: 232.94

SERFF Tracking #:

MVPH-129401327

State Tracking #:

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	PDF Pipeline for 1Q 2014 Indemnity Filing.pdf Rolling 12 Medical and Rx Data - Individual Indemnity.pdf Rolling 12 Medical and Rx Data - Individual Indemnity.xlsx 2014 Q3-Q4 Rate Filing Indemnity.pdf Act_Memo Q3-2014 Indemnity.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A -- Grandfathered Rate Filing
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's Individual Indemnity policies conform with the civil union rating requirements of 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Proposed rate increase does not exceed threshold.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certificate of Compliance - DD.PDF
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A

SERFF Tracking #:

MVPH-129401327

State Tracking #:

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 3Q/4Q 2014 Individual Indemnity Rate Filing

Project Name/Number: /

Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

MVPH-129401327

State Tracking #:

Company Tracking #:

State:

Vermont

Filing Company:

MVP Health Insurance Company

TOI/Sub-TOI:

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

Product Name:

3Q/4Q 2014 Individual Indemnity Rate Filing

Project Name/Number:

/

Attachment Rolling 12 Medical and Rx Data - Individual Indemnity.xlsx is not a PDF document and cannot be reproduced here.

State: Vermont **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1Q/2Q 2014 Grandfathered Indemnity
Project Name/Number: /

Filing at a Glance

Company: MVP Health Insurance Company
Product Name: 1Q/2Q 2014 Grandfathered Indemnity
State: Vermont
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 08/02/2013
SERFF Tr Num: MVPH-129145840
SERFF Status: Closed-Approved
State Tr Num: 67422
State Status: Approved
Co Tr Num:
Co Status:
Implementation: 01/01/2014
Date Requested:
Author(s): Kristen Marsh, Matt Lombardo, Evan Steinhart
Reviewer(s): Phil Keller (primary)
Disposition Date: 12/12/2013
Disposition Status: Approved
Implementation Date: 01/01/2014

State: Vermont **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1Q/2Q 2014 Grandfathered Indemnity
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval **Domicile Status Comments:**
Explanation for Combination/Other: Market Type: Individual
Submission Type: Individual Market Type: Individual, Non Employer Group - Individual
Overall Rate Impact: Filing Status Changed: 12/12/2013
Company Status Changed: State Status Changed: 12/12/2013
Deemer Date: Created By: Matt Lombardo
Submitted By: Matt Lombardo **Corresponding Filing Tracking Number:**
Include Exchange Intentions: PPACA: Grandfathered Immed Mkt Reforms
 No

Filing Description:
 The proposed rates are applicable to Grandfathered Individual members with effective dates of coverage beginning between 1/1/2014 - 6/30/2014.

Company and Contact

Filing Contact Information

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

Filing Company Information

MVP Health Insurance Company CoCode: 11125 State of Domicile: New York
 625 State Street Group Code: 1198 Company Type: Health
 Schenectady, NY 12305 Group Name: Insurance
 (518) 388-2469 ext. [Phone] FEIN Number: 14-1827918 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: Yes

Company	Amount	Date Processed	Transaction #
MVP Health Insurance Company	\$50.00	08/02/2013	72562617

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State:

Vermont

Filing Company:

MVP Health Insurance Company

TOI/Sub-TOI:

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

Product Name:

1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number:

/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Phil Keller	12/12/2013	12/12/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health Filing Data	Matt Lombardo	11/05/2013	11/05/2013

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number: /

Disposition

Disposition Date: 12/12/2013

Implementation Date: 01/01/2014

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Insurance Company	Decrease	-5.300%	-5.300%	\$-57,438	767	\$1,083,739	-5.300%	-5.300%

Percent Change Approved:

Minimum: -5.300%

Maximum: -5.300%

Weighted Average: -5.300%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Filing Compliance Certification		Yes
Supporting Document	Health Administrative Forms		Yes
Supporting Document (revised)	Health Filing Data		Yes
Supporting Document	Health Filing Data		Yes
Supporting Document	Third Party Filing Authorization		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document	Unified Rate Review Template		Yes

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number: /

Amendment Letter

Submitted Date: 11/05/2013

Comments:

The revised rate filing reflects the GMCB's Decision and Order rendered on 11/4/13.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Health Filing Data
Comments:	The attached rate filing reflects the GMCB's Decision and Order Rendered on 11/4/13.
Attachment(s):	VIIPs R12 Exhibit - Q2 2014 VALUES ONLY.xlsx 2014 Q1-Q2 Rate Filing Indemnity v2_DFR recommendation.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Health Filing Data</i>
Comments:	
Attachment(s):	<i>2014 Q1-Q2 Rate Filing Indemnity.pdf VIIPs R12 Exhibit - Q2 2014 VALUES ONLY.xlsx</i>

State: Vermont Filing Company: MVP Health Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: 1Q/2Q 2014 Grandfathered Indemnity
 Project Name/Number: /

Post Submission Update Request Processed On 12/12/2013

Status: Allowed
 Created By: Matt Lombardo
 Processed By: Phil Keller
 Comments:

Company Rate Information:

Company Name:MVP Health Insurance Company

Field Name	Requested Change	Prior Value
Company Rate Change	Decrease	Neutral
Overall % Indicated Change	-5.300%	0.000%
Overall % Rate Impact	-5.300%	0.000%
Written Premium Change for this Program	\$-57438	\$0
Maximum %Change (where required)	-5.300%	0.000%
Minimum %Change (where required)	-5.300%	0.000%

Product: VT Individual Indemnity - Grandfathered	REMOVED	
Product Name		VT Individual Indemnity - Grandfathered
Number of Covered Lives		1

Product:	NEW
Product Name	VT Individual Indemnity - Grandfathered
Number of Covered Lives	0

REQUESTED RATE CHANGE INFORMATION:

Min:	-5.300	0.000
Max:	-5.300	0
Weighted Avg.:	-5.300	0

REQUESTED RATE:

Min:	18.170	19.180
Max:	366.360	386.870
Weighted Avg.:	194.690	205.590

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State:

Vermont

Filing Company:

MVP Health Insurance Company

TOI/Sub-TOI:

H161 Individual Health - Major Medical/H161.005C Individual - Other

Product Name:

1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number:

/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

10.400%

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):
MVP Health Insurance Company	Decrease	-5.300%	-5.300%	\$-57,438	767	\$1,083,739	-5.300%	-5.300%

Product Type:

HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
							1,246
							767

Covered Lives:

Policy Holders:

State: Vermont Filing Company: MVP Health Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: 1Q/2Q 2014 Grandfathered Indemnity
 Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Insurance Company
 HHS Issuer Id: 92802

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual Indemnity - Grandfathered			0

Trend Factors:

FORMS:

New Policy Forms: VT INDM 4/04
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 24,461
 Benefit Change: None
 Percent Change Requested: Min: -5.3 Max: -5.3 Avg: -5.3

PRIOR RATE:

Total Earned Premium: 5,028,902.00
 Total Incurred Claims: 3,417,785.00
 Annual \$: Min: 19.18 Max: 386.87 Avg: 205.59

REQUESTED RATE:

Projected Earned Premium: 5,028,902.00
 Projected Incurred Claims: 4,080,724.00
 Annual \$: Min: 18.17 Max: 366.36 Avg: 194.69

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State: Vermont

Filing Company:

MVP Health Insurance Company

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

Product Name: 1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Act_Memo Q1-2014 Indemnity.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - MAF.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Health Administrative Forms
Comments:	
Attachment(s):	Health Filing Form F106 Indiv Indemnity.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Health Filing Data
Comments:	The attached rate filing reflects the GMCB's Decision and Order Rendered on 11/4/13.
Attachment(s):	VIIPs R12 Exhibit - Q2 2014 VALUES ONLY.xlsx 2014 Q1-Q2 Rate Filing Indemnity v2_DFR recommendation.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:

State:

Vermont

Filing Company:

MVP Health Insurance Company

TOI/Sub-TOI:

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

Product Name:

1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number:

/

Attachment VIIPs R12 Exhibit - Q2 2014 VALUES ONLY.xlsx is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM
MVP Health Insurance Company
VERMONT INDIVIDUAL INDEMNITY
Effective Dates January 2014 – June 2014
Grandfathered Benefits

Proposed Rate Change

MVP is filing for approval of premium rates for January 1, 2014 – June 30, 2014 effective dates. The proposed rates reflect a 0% increase over the currently approved December 2013 premium rates. The resulting annual renewal increase is 0%.

The rate development suggests a (2.1%) change to the December 2013 premium rates. However, this block has produced volatile loss ratios due to its size, and MVP is pricing to a higher target loss ratio than it can currently administer due to the Green Mountain Care Board's ruling for the 1Q/2Q 2013 Indemnity filing. Therefore, a rate reduction would not be prudent.

Medical Utilization

Incurred medical claim data for the experience period 03/01/2012 – 02/28/2013 paid through 05/31/2013 was used for this analysis. This claim utilization reflects both Grandfathered and Non-Grandfathered benefit plans. Historical claims as well as projected claims are illustrated in Exhibit C. Trend information used to project costs to the rating period is displayed in Exhibit A. Trend assumptions are consistent with those outlined in the 1Q/2Q 2014 group premium rate filings.

Prescription Drug Utilization

Prescription drugs are a covered benefit in these indemnity plans, and they are covered at 50% after a \$250 deductible has been met. The drug utilization analyzed was for the period 03/01/2012 – 02/28/2013 paid through 05/31/2013 and is consistent with the medical claims experience period. Historical claims as well as projected claims are illustrated in Exhibit B. Trend assumptions are consistent with those outlined in the 1Q/2Q 2014 group premium rate filings. The projected Rx Rebate amount was calculated by determining the Rx Rebates received for this block over the experience period as a percentage of paid claims and applying the same percentage to the 1Q 2014 projected paid claim cost. MVP also made an adjustment to its claim projection to reflect the impact of Vermont's Rx OOP Mandate; the impact of this Bill on MVP's claim projection is outlined below.

New Benefit Mandates

Benefit mandates also impacting the projection include the Autism Mandate and the Rx OOP maximum mandate. The impacts of each are outlined below:

Autism Mandate

This benefit expansion was first introduced effective 10/1/2011 and then a subsequent expansion of the coverage mandate was introduced effective 10/1/2012. While regulation required carriers to begin the coverage expansions upon group renewal date, MVP rolled out the mandates across the board for all renewal groups on the respective effective dates for administrative reasons. The cost

implication of the 10/1/2011 expansion is emerging in all 12 months of MVP's experience period data and therefore no adjustment is being made. An additional \$0.49 PMPM was added to the claim projection to adjust for the expanded coverage effective 10/1/2012 that is not already reflected in the experience period data.

The adjustment of the cost of the Austim expansion was calculated as 0.5% of projected claims. This is consistent with the adjustment made in the prior rate filing.

Rx OOP Maximum Mandate

Bill H559 is effective beginning with October 2012 renewals. Included in this regulation is a new out of pocket maximum for prescription drug expenses.

The Rx OOP Max adjustment was determined by analyzing the actual amounts members paid in excess of \$1,250 over the experience period and equaled \$2.23 PMPM.

New ACA Taxes

Beginning in 2014 MVP will be subject to 2 new taxes as a result of the ACA. The taxes are an assessment for the Temporary Individual Reinsurance Pool and ACA Insurer Tax.

Temporary Individual Reinsurance Pool

Carriers will be assessed a fee to fund the Temporary Reinsurance Pool which supports the individual reinsurance program both in and out of the exchange from 2014 through 2016. In the proposed HHS Notice of Benefit and Parameters for 2014, this fee is \$5.25 PMPM.

ACA Insurer Tax

Beginning in 2014, carriers will be taxed based on earned premium. Based on estimates from consultants, this tax will be approximately 2.0% for 2014 dates of service.

Premium Rate Development

Exhibit C illustrates the development of the required premium and resulting proposed rate action based on a blend of actual historical claims and expected claims (derived based on target pricing loss ratios from the experience period). The 40% credibility weight assigned to the historical claims has been used for the past several rate filings based on a limited fluctuation credibility analysis performed by Oliver Wyman. The block of business has not grown significantly nor has the product mix changed significantly over this time to lead MVP to change the weights used.

Credibility weighted claim costs are projected to the rating period, adjusted for mandate costs not yet included in the base and loaded up for all non claim cost expenses. The gross required revenue is compared to the projected premium at the current rate levels to derive the suggested quarterly change. MVP's 16.5% non claim expense load did not change from the prior filing and still reflects an 11% administrative load, 2.5% broker load and 3% contribution to reserves.

Base Rate Table and Trend Factors

Exhibit D restates the Base Table Rates established as of June 1, 2004. Actual rates charged are the product of these base rates and the trend factors in Exhibit E. Detailed tables of Grandfathered product premiums by age/deductible are shown in Exhibit F. The table is using a roundup function to

calculate the rate so as not to understate the actual premium as calculated on our billing system. This methodology and rate tables are consistent with our previous filing,

Supplemental Exhibits

Also included with this filing is 36 months of incurred medical claims, prescription drug claims, premium information, membership data, financial data, and benefit relativity data. The data includes claim runoff through 05/31/2013 plus an adjustment for IBNR. This data will be refreshed and re-run with each filing. Therefore, historical figures are subject to change due to retroactive claims administration as well as changes due to runoff and IBNR differences.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates effective January 1, 2014 for the State of Vermont.

Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are neither excessive, inadequate, nor unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.



Matthew Lombardo, FSA, MAAA
Supervising Actuary, Reserving and Pricing
MVP Health Insurance Company

7/31/2013
Date

Certification of Compliance

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

Print Name: Mark A. Fish Title: Executive Vice President & CFO

Signature: *Mark A. Fish* Date: 08/01/2013

Health Filing Form F106 (03/08)
Required Information for all filings & the Fee

NAIC#: 11125
Company Name: MVP Health Insurance Company
Address: 625 State Street
City, State, Zip: Schenectady, NY 12308
Phone: 518-388-2483 Contact Person: Matt Lombardo

Filing Contents:

1) New Change
If Change: Latest Approval Date: 05/16/2013 Vermont Filing Number (VFN): 64791

2) Rates: Forms:

3) Policy Contract Amendment Endorsement
 Handbook Rider Certificate Other _____


4) Individual Small Groups Large Group (51+) All Groups

Type of Filing:

<input type="checkbox"/> Accident Only	<input type="checkbox"/> Dental	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> AD&D	<input type="checkbox"/> Disability	<input type="checkbox"/> Nursing Home Only
<input type="checkbox"/> Advertising	<input type="checkbox"/> Home Health Only	<input type="checkbox"/> Organ Transplant
<input type="checkbox"/> Blanket	<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Prescription Drug
<input type="checkbox"/> Cancer Expense	<input type="checkbox"/> Limited Benefit	<input type="checkbox"/> Student/Athlete
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Long Term Care:	<input type="checkbox"/> Stop Loss/Excess Risk
<input checked="" type="checkbox"/> Major Medical	<input type="checkbox"/> Qualified	<input type="checkbox"/> Travel
<input type="checkbox"/> Conversion	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Vision
<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Other: _____

Mandatory – Filing Fee Information:

1. State of Domicile: New York
2. Amount of Fee: \$50.00
3. Is the Fee you are sending based on your state of domicile's retaliatory fee? Yes No
4. Explain how each part of the Fee was determined, showing all calculation (use separate sheet if necessary).
filing Fee in accordance with 8 VSA 4062a
5. Fee calculated by: Matt Lombardo
(Print Name)


(Signature)



Rate Filing Adjustment

MVP Health Insurance Company

~ Article 42 ~

Individual Indemnity

Grandfathered ONLY

Rates Effective

01/01/14 - 12/31/14

TABLE OF CONTENTS

			<u>PAGE</u>
EXHIBIT	A	Medical Trend Summary	1
EXHIBIT	B	Rx Claim Experience and Projection	2
EXHIBIT	C	Projected Claim Costs and Premium Rate Development	3
EXHIBIT	D	Monthly Base Rate Table	4
EXHIBIT	E	Monthly Trend Factors	5
EXHIBIT	F	Premium Rates by Age and Deductible Level	6
EXHIBIT	G	Member Month Distribution Among Schedules	7

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP

State of Vermont 2014

January - June 2014 Rate Filing

Midpoint

Experience Period:	March 1, 2012 - February 28, 2013	September 1, 2012
Rating Period^:	February 15, 2014 - February 14, 2015	August 15, 2014

^ Reflects midpoint of Q1 contract effective dates

Exhibit A - Medical Trend Summary

2012 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	5.1%	0.0%	5.1%
OP and Other Med	48.0%	5.1%	0.0%	5.1%
PHY	32.2%	2.4%	0.0%	2.4%
Medical Total		4.2%	0.0%	4.2%

2013 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	8.8%	0.0%	8.8%
OP and Other Med	48.0%	4.6%	0.0%	4.6%
PHY	32.2%	2.5%	0.0%	2.5%
Medical Total		4.8%	0.0%	4.8%

2014 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	8.8%	0.0%	8.8%
OP and Other Med	48.0%	4.6%	0.0%	4.6%
PHY	32.2%	2.5%	0.0%	2.5%
Medical Total		4.8%	0.0%	4.8%

Leveraging Impact - Individual Indemnity

	Allowed	Coinsurance	Copay	Deductible	Paid
Experience Period:	\$217.36	\$6.86	\$0.27	\$77.99	\$132.24
23.5 Months of Trend:	1.094	1.094	1.000	1.063	1.111
Projection Period:	\$237.68	\$7.51	\$0.27	\$82.94	\$146.97
Allowed Trend (Annual)	4.7%				
Paid Trend (Annual)	5.5%				
Leveraging (Annual)	0.8%				

Rx Trend Summary

	2012 Trend	2013 Trend	2014 Trend	Annual Trend for Rate Filing
Traditional	-1.5%	-1.0%	-1.7%	-1.3%
Specialty	18.4%	17.8%	19.6%	18.5%

Exhibit B - Rx Claim Experience and Projection

<u>Member Months</u>	24,461		
<u>Rx Claim Information</u>	Traditional	Specialty	Total
1) Experience Period Paid PMPM	\$6.18	\$1.71	\$7.89
1a) Experience Period Rx Rebates PMPM			(\$2.93)
2) Annual Trend Factor	0.987	1.185	1.033
3) Months of Trend to Q1 2014*	23.5	23.5	23.5
4) Projected Paid PMPM as of Q1 2014	\$6.02	\$2.39	\$8.41
5) Bill H559 Impact			\$2.23
6) Rx Rebate Assumption			(\$3.12)
11) Net Claim Cost for Q1 2014 = 4) + 5) + 6)			\$7.52

*Midpoint of Experience Period -- 9/1/12, Midpoint of Q1 2014 Rating Period -- 8/15/2014

EXHIBIT C - Projected Claim Costs and Premium Rate Development

Gross Premium PMPM (03/01/12 - 02/28/13)	\$205.59		
Member Months (03/01/12 - 02/28/13)	24,461		
		Actual	Expected
		<u>Claims</u>	<u>Claims</u>
IBNR Factor	1.014		
Incurred FFS Medical Claims PMPM (03/01/12 - 02/28/13)	\$132.24	\$145.32	\$140.09
Non-FFS Claims PMPM (03/01/12 - 02/28/13)	\$2.53	\$2.78	\$2.68
Incurred Net Rx Claims PMPM (03/01/12 - 02/28/13, see Exhibit B)	\$4.96	\$5.45	\$5.25
Total Incurred Claims	<u>\$139.72</u>	<u>\$153.55</u>	<u>\$148.02</u>
Loss Ratio for experience period	68.0%	74.7%	72.00%
Credibility Factors	40%	60%	
Projected FFS Medical Claims PMPM (see Exhibit A for Paid Trend)	\$146.97	\$161.51	\$155.70
Projected Capitations and Non-FFS Claims PMPM	\$2.53	\$2.78	\$2.68
Projected Rx Claims PMPM (see Exhibit B)	<u>\$7.52</u>	<u>\$8.26</u>	<u>\$7.96</u>
Total Projected Incurred Claims	\$157.02	\$172.55	\$166.34
Additional Incurred Claim estimate to account for the autism mandate			\$0.49
Total Adjusted Projected Incurred Claims			\$166.83
VT paid Claim Tax (.999%)			\$1.67
Temporary Reinsurance Assessment			\$5.25
Projected Net Premium Based on Approved December 2013 Rate	\$224.56		
Net Required Revenue PMPM (01/01/14 - 12/31/14)	\$173.74		
Percent of Premium non claim expense loads			
Vaccine Assessment Pilot	0.4%		
Premium Tax	2.0%		
Insurer Tax	2.0%		
General Admin/Broker Expense/Contribution to Reserves	12.0%		
Total	16.4%		
Gross Required revenue PMPM (01/01/14 - 12/31/14)	\$207.93		
Suggested Rate Change over current approved rate (January 2014/December 2013)	-7.4%		
Proposed Rate Change over current approved rate (January 2014/December 2013)	-5.3%		
Proposed Rate Change Renewal Impact for Grandfathered Jan-Mar renewals	-5.3%		
Proposed Rate Change Renewal Impact for Grandfathered Apr-Jun renewals	-5.3%		

EXHIBIT D - Monthly Base Rate Table
MVP HEALTH INSURANCE COMPANY
 (Established June 1, 2004)

Thru Attained Age	DEDUCTIBLE				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$148.33	\$125.91	\$100.61	\$40.79	\$11.03
30	\$150.17	\$127.46	\$101.85	\$41.30	\$11.16
31	\$152.03	\$129.03	\$103.11	\$41.81	\$11.30
32	\$153.91	\$130.63	\$104.38	\$42.33	\$11.43
33	\$155.81	\$132.25	\$105.67	\$42.85	\$11.57
34	\$157.73	\$133.89	\$106.97	\$43.38	\$11.72
35	\$159.68	\$135.54	\$108.30	\$43.91	\$11.87
36	\$161.66	\$137.22	\$109.64	\$44.46	\$12.01
37	\$163.65	\$138.93	\$111.00	\$45.00	\$12.16
38	\$165.68	\$140.65	\$112.37	\$45.56	\$12.31
39	\$167.73	\$142.39	\$113.76	\$46.13	\$12.45
40	\$169.80	\$144.15	\$115.16	\$46.69	\$12.61
41	\$171.90	\$145.94	\$116.59	\$47.27	\$12.77
42	\$174.02	\$147.75	\$118.03	\$47.86	\$12.93
43	\$176.17	\$149.57	\$119.49	\$48.45	\$13.08
44	\$178.34	\$151.42	\$120.97	\$49.05	\$13.24
45	\$180.55	\$153.29	\$122.46	\$49.65	\$13.41
46	\$182.78	\$155.18	\$123.97	\$50.26	\$13.58
47	\$185.04	\$157.10	\$125.51	\$50.88	\$13.74
48	\$187.33	\$159.04	\$127.06	\$51.51	\$13.91
49	\$189.65	\$161.01	\$128.64	\$52.15	\$14.08
50	\$191.99	\$163.00	\$130.22	\$52.79	\$14.26
51	\$194.37	\$165.02	\$131.83	\$53.45	\$14.44
52	\$196.77	\$167.06	\$133.46	\$54.11	\$14.62
53	\$199.21	\$169.12	\$135.10	\$54.78	\$14.79
54	\$201.67	\$171.21	\$136.77	\$55.45	\$14.97
55	\$204.16	\$173.33	\$138.46	\$56.13	\$15.16
56	\$206.68	\$175.48	\$140.18	\$56.83	\$15.35
57	\$209.23	\$177.65	\$141.91	\$57.53	\$15.54
58	\$211.82	\$179.84	\$143.66	\$58.24	\$15.73
59	\$214.43	\$182.07	\$145.44	\$58.97	\$15.93
60	\$217.08	\$184.32	\$147.23	\$59.69	\$16.13
61	\$219.77	\$186.60	\$149.05	\$60.43	\$16.33
62	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
63	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
64+	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
CHILD	\$69.53	\$59.01	\$47.16	\$19.12	\$5.17

NOTE: WHEN CHILDREN ONLY ARE INSURED, THE PREMIUM FOR THE YOUNGEST CHILD IS THE YOUNGEST ADULT PREMIUM.

TO OBTAIN QUARTERLY, SEMIANNUAL AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6 AND 12, RESPECTIVELY. ADD \$2.00 TO THE TOTAL PREMIUM IF BILLED MONTHLY ON A MANUAL BASIS.

Exhibit E - Monthly Trend Factors

		Trend Factors	
	Contract Renewal Date	All Grandfathered Plans	Distribution of Grandfathered Membership by Renewal Month over Experience Period
Approved	Jul-12	1.5350	
	Aug-12	1.5350	
	Sep-12	1.5350	
	Oct-12	1.6498	
	Nov-12	1.6498	
	Dec-12	1.6498	
Approved	Jan-13	1.7389	
	Feb-13	1.7389	
	Mar-13	1.7389	
	Apr-13	1.7389	
	May-13	1.7389	
	Jun-13	1.7389	
Approved	Jul-13	1.7389	14.4%
	Aug-13	1.7389	10.9%
	Sep-13	1.7389	8.8%
	Oct-13	1.7389	5.0%
	Nov-13	1.7389	5.5%
	Dec-13	1.7389	5.5%
Approved	Jan-14	1.6467	9.8%
	Feb-14	1.6467	6.3%
	Mar-14	1.6467	2.9%
	Apr-14	1.6467	4.7%
	May-14	1.6467	3.4%
	Jun-14	1.6467	22.7%

Renewal Increase 1Q 2014	-5.3%
-----------------------------	-------

Renewal Increase 2Q 2014	-5.3%
-----------------------------	-------

Average Increase -5.3%

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP
State of Vermont 2014
January - June 2014 Rate Filing

Exhibit F - Premium Rates					
Rates for January - June 2014 Renewals					
Grandfathered					
Age	Deductible				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$244.26	\$207.34	\$165.68	\$67.17	\$18.17
30	\$247.29	\$209.89	\$167.72	\$68.01	\$18.38
31	\$250.35	\$212.48	\$169.80	\$68.85	\$18.61
32	\$253.45	\$215.11	\$171.89	\$69.71	\$18.83
33	\$256.58	\$217.78	\$174.01	\$70.57	\$19.06
34	\$259.74	\$220.48	\$176.15	\$71.44	\$19.30
35	\$262.95	\$223.20	\$178.34	\$72.31	\$19.55
36	\$266.21	\$225.97	\$180.55	\$73.22	\$19.78
37	\$269.49	\$228.78	\$182.79	\$74.11	\$20.03
38	\$272.83	\$231.61	\$185.04	\$75.03	\$20.28
39	\$276.21	\$234.48	\$187.33	\$75.97	\$20.51
40	\$279.61	\$237.38	\$189.64	\$76.89	\$20.77
41	\$283.07	\$240.32	\$191.99	\$77.84	\$21.03
42	\$286.56	\$243.30	\$194.37	\$78.82	\$21.30
43	\$290.10	\$246.30	\$196.77	\$79.79	\$21.54
44	\$293.68	\$249.35	\$199.21	\$80.78	\$21.81
45	\$297.32	\$252.43	\$201.66	\$81.76	\$22.09
46	\$300.99	\$255.54	\$204.15	\$82.77	\$22.37
47	\$304.71	\$258.70	\$206.68	\$83.79	\$22.63
48	\$308.48	\$261.90	\$209.23	\$84.83	\$22.91
49	\$312.30	\$265.14	\$211.84	\$85.88	\$23.19
50	\$316.15	\$268.42	\$214.44	\$86.93	\$23.49
51	\$320.07	\$271.74	\$217.09	\$88.02	\$23.78
52	\$324.03	\$275.10	\$219.77	\$89.11	\$24.08
53	\$328.04	\$278.49	\$222.47	\$90.21	\$24.36
54	\$332.09	\$281.94	\$225.22	\$91.31	\$24.66
55	\$336.20	\$285.43	\$228.01	\$92.43	\$24.97
56	\$340.34	\$288.97	\$230.84	\$93.59	\$25.28
57	\$344.54	\$292.54	\$233.69	\$94.74	\$25.59
58	\$348.81	\$296.15	\$236.57	\$95.91	\$25.91
59	\$353.11	\$299.82	\$239.50	\$97.11	\$26.24
60	\$357.47	\$303.52	\$242.45	\$98.30	\$26.57
61	\$361.90	\$307.28	\$245.45	\$99.52	\$26.90
62	\$366.36	\$311.08	\$248.48	\$100.73	\$27.22
63	\$366.36	\$311.08	\$248.48	\$100.73	\$27.22
64+	\$366.36	\$311.08	\$248.48	\$100.73	\$27.22
CHILD	\$114.50	\$97.18	\$77.66	\$31.49	\$8.52

EXHIBIT G - Membership Distribution Among Schedules

**Distribution of Member Months by Plan
 For the Experience Period 03/01/12 - 02/28/13**

Deductible Level	MMs Grandfathered	MMs Non-Grandfathered	% of Total
\$3,500 Annual Deductible	3,368	3,928	30%
\$5,000 Annual Deductible	3,332	3,447	28%
\$10,000 Annual Deductible	1,289	2,414	15%
\$25,000 Annual Deductible	2,101	3,839	24%
\$100,000 Annual Deductible	108	635	3%
Total MM's	10,198	14,263	100%

Deductible Level	Contracts- Grandfathered	Contracts - Non-Grandfathered	% of Total
\$3,500 Annual Deductible	2,556	2,584	34%
\$5,000 Annual Deductible	2,315	2,234	30%
\$10,000 Annual Deductible	741	1,434	14%
\$25,000 Annual Deductible	1,033	1,945	19%
\$100,000 Annual Deductible	72	365	3%
Total Contracts over Exp Period	6,717	8,562	100%

SERFF Tracking #:

MVPH-129145840

State Tracking #:

67422

Company Tracking #:**State:**

Vermont

Filing Company:

MVP Health Insurance Company

TOI/Sub-TOI:

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

Product Name:

1Q/2Q 2014 Grandfathered Indemnity

Project Name/Number:

/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/02/2013		Supporting Document	Health Filing Data	11/05/2013	2014 Q1-Q2 Rate Filing Indemnity.pdf (Superceded) VIIPs R12 Exhibit - Q2 2014 VALUES ONLY.xlsx



Rate Filing Adjustment

MVP Health Insurance Company

~ Article 42 ~

Individual Indemnity

Grandfathered ONLY

Rates Effective

01/01/14 - 12/31/14

TABLE OF CONTENTS

		<u>PAGE</u>
EXHIBIT	A Medical Trend Summary	1
EXHIBIT	B Rx Claim Experience and Projection	2
EXHIBIT	C Projected Claim Costs and Premium Rate Development	3
EXHIBIT	D Monthly Base Rate Table	4
EXHIBIT	E Monthly Trend Factors	5
EXHIBIT	F Premium Rates by Age and Deductible Level	6
EXHIBIT	G Member Month Distribution Among Schedules	7

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP

State of Vermont 2014

January - June 2014 Rate Filing

Midpoint

Experience Period:	March 1, 2012 - February 28, 2013	September 1, 2012
Rating Period^:	February 15, 2014 - February 14, 2015	August 15, 2014

^ Reflects midpoint of Q1 contract effective dates

Exhibit A - Medical Trend Summary

2012 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	5.1%	0.0%	5.1%
OP and Other Med	48.0%	5.1%	0.0%	5.1%
PHY	32.2%	2.4%	0.0%	2.4%
Medical Total		4.2%	0.0%	4.2%

2013 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	8.8%	0.0%	8.8%
OP and Other Med	48.0%	4.6%	0.0%	4.6%
PHY	32.2%	2.5%	0.0%	2.5%
Medical Total		4.8%	0.0%	4.8%

2014 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	19.8%	8.8%	0.0%	8.8%
OP and Other Med	48.0%	4.6%	0.0%	4.6%
PHY	32.2%	2.5%	0.0%	2.5%
Medical Total		4.8%	0.0%	4.8%

Leveraging Impact - Individual Indemnity

	Allowed	Coinsurance	Copay	Deductible	Paid
Experience Period:	\$217.36	\$6.86	\$0.27	\$77.99	\$132.24
23.5 Months of Trend:	1.094	1.094	1.000	1.063	1.111
Projection Period:	\$237.68	\$7.51	\$0.27	\$82.94	\$146.97
Allowed Trend (Annual)	4.7%				
Paid Trend (Annual)	5.5%				
Leveraging (Annual)	0.8%				

Rx Trend Summary

	2012 Trend	2013 Trend	2014 Trend	Annual Trend for Rate Filing
Traditional	-1.5%	-1.0%	-1.7%	-1.3%
Specialty	18.4%	17.8%	19.6%	18.5%

Exhibit B - Rx Claim Experience and Projection

<u>Member Months</u>	24,461		
<u>Rx Claim Information</u>	Traditional	Specialty	Total
1) Experience Period Paid PMPM	\$6.18	\$1.71	\$7.89
1a) Experience Period Rx Rebates PMPM			(\$2.93)
2) Annual Trend Factor	0.987	1.185	1.033
3) Months of Trend to Q1 2014*	23.5	23.5	23.5
4) Projected Paid PMPM as of Q1 2014	\$6.02	\$2.39	\$8.41
5) Bill H559 Impact			\$2.23
6) Rx Rebate Assumption			(\$3.12)
11) Net Claim Cost for Q1 2014 = 4) + 5) + 6)			\$7.52

*Midpoint of Experience Period -- 9/1/12, Midpoint of Q1 2014 Rating Period -- 8/15/2014

EXHIBIT C - Projected Claim Costs and Premium Rate Development

Gross Premium PMPM (03/01/12 - 02/28/13)	\$205.59		
Member Months (03/01/12 - 02/28/13)	24,461		
		Actual	Expected
		<u>Claims</u>	<u>Claims</u>
IBNR Factor	1.014		
Incurred FFS Medical Claims PMPM (03/01/12 - 02/28/13)	\$132.24	\$145.32	\$140.09
Non-FFS Claims PMPM (03/01/12 - 02/28/13)	\$2.53	\$2.78	\$2.68
Incurred Net Rx Claims PMPM (03/01/12 - 02/28/13, see Exhibit B)	\$4.96	\$5.45	\$5.25
Total Incurred Claims	<u>\$139.72</u>	<u>\$153.55</u>	<u>\$148.02</u>
Loss Ratio for experience period	68.0%	74.7%	72.00%
Credibility Factors	40%	60%	
Projected FFS Medical Claims PMPM (see Exhibit A for Paid Trend)	\$146.97	\$161.51	\$155.70
Projected Capitations and Non-FFS Claims PMPM	\$2.53	\$2.78	\$2.68
Projected Rx Claims PMPM (see Exhibit B)	<u>\$7.52</u>	<u>\$8.26</u>	<u>\$7.96</u>
Total Projected Incurred Claims	\$157.02	\$172.55	\$166.34
Additional Incurred Claim estimate to account for the autism mandate			\$0.49
Total Adjusted Projected Incurred Claims			\$166.83
VT paid Claim Tax (.999%)			\$1.67
Temporary Reinsurance Assessment			\$5.25
Projected Net Premium Based on Approved December 2013 Rate	\$224.56		
Net Required Revenue PMPM (01/01/14 - 12/31/14)	\$173.74		
Percent of Premium non claim expense loads			
Vaccine Assessment Pilot	0.4%		
Premium Tax	2.0%		
Insurer Tax	2.0%		
General Admin/Broker Expense/Contribution to Reserves	16.5%		
Total	20.9%		
Gross Required revenue PMPM (01/01/14 - 12/31/14)	\$219.76		
Suggested Rate Change over current approved rate (January 2014/December 2013)	-2.1%		
Proposed Rate Change over current approved rate (January 2014/December 2013)		0.0%	
Proposed Rate Change Renewal Impact for Grandfathered Jan-Mar renewals		0.0%	
Proposed Rate Change Renewal Impact for Grandfathered Apr-Jun renewals		0.0%	

EXHIBIT D - Monthly Base Rate Table
MVP HEALTH INSURANCE COMPANY
(Established June 1, 2004)

Thru Attained Age	DEDUCTIBLE				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$148.33	\$125.91	\$100.61	\$40.79	\$11.03
30	\$150.17	\$127.46	\$101.85	\$41.30	\$11.16
31	\$152.03	\$129.03	\$103.11	\$41.81	\$11.30
32	\$153.91	\$130.63	\$104.38	\$42.33	\$11.43
33	\$155.81	\$132.25	\$105.67	\$42.85	\$11.57
34	\$157.73	\$133.89	\$106.97	\$43.38	\$11.72
35	\$159.68	\$135.54	\$108.30	\$43.91	\$11.87
36	\$161.66	\$137.22	\$109.64	\$44.46	\$12.01
37	\$163.65	\$138.93	\$111.00	\$45.00	\$12.16
38	\$165.68	\$140.65	\$112.37	\$45.56	\$12.31
39	\$167.73	\$142.39	\$113.76	\$46.13	\$12.45
40	\$169.80	\$144.15	\$115.16	\$46.69	\$12.61
41	\$171.90	\$145.94	\$116.59	\$47.27	\$12.77
42	\$174.02	\$147.75	\$118.03	\$47.86	\$12.93
43	\$176.17	\$149.57	\$119.49	\$48.45	\$13.08
44	\$178.34	\$151.42	\$120.97	\$49.05	\$13.24
45	\$180.55	\$153.29	\$122.46	\$49.65	\$13.41
46	\$182.78	\$155.18	\$123.97	\$50.26	\$13.58
47	\$185.04	\$157.10	\$125.51	\$50.88	\$13.74
48	\$187.33	\$159.04	\$127.06	\$51.51	\$13.91
49	\$189.65	\$161.01	\$128.64	\$52.15	\$14.08
50	\$191.99	\$163.00	\$130.22	\$52.79	\$14.26
51	\$194.37	\$165.02	\$131.83	\$53.45	\$14.44
52	\$196.77	\$167.06	\$133.46	\$54.11	\$14.62
53	\$199.21	\$169.12	\$135.10	\$54.78	\$14.79
54	\$201.67	\$171.21	\$136.77	\$55.45	\$14.97
55	\$204.16	\$173.33	\$138.46	\$56.13	\$15.16
56	\$206.68	\$175.48	\$140.18	\$56.83	\$15.35
57	\$209.23	\$177.65	\$141.91	\$57.53	\$15.54
58	\$211.82	\$179.84	\$143.66	\$58.24	\$15.73
59	\$214.43	\$182.07	\$145.44	\$58.97	\$15.93
60	\$217.08	\$184.32	\$147.23	\$59.69	\$16.13
61	\$219.77	\$186.60	\$149.05	\$60.43	\$16.33
62	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
63	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
64+	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
CHILD	\$69.53	\$59.01	\$47.16	\$19.12	\$5.17

NOTE: WHEN CHILDREN ONLY ARE INSURED, THE PREMIUM FOR THE YOUNGEST CHILD IS THE Y ADULT PREMIUM.

TO OBTAIN QUARTERLY, SEMIANNUAL AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QU PREMIUMS BY 3, 6 AND 12, RESPECTIVELY. ADD \$2.00 TO THE TOTAL PREMIUM IF BILLED I ON A MANUAL BASIS.

Exhibit E - Monthly Trend Factors

		Trend Factors	
	Contract Renewal Date	All Grandfathered Plans	Distribution of Grandfathered Membership by Renewal Month over Experience Period
Approved	Jul-12	1.5350	
	Aug-12	1.5350	
	Sep-12	1.5350	
	Oct-12	1.6498	
	Nov-12	1.6498	
	Dec-12	1.6498	
Approved	Jan-13	1.7389	
	Feb-13	1.7389	
	Mar-13	1.7389	
	Apr-13	1.7389	
	May-13	1.7389	
	Jun-13	1.7389	
Approved	Jul-13	1.7389	14.4%
	Aug-13	1.7389	10.9%
	Sep-13	1.7389	8.8%
	Oct-13	1.7389	5.0%
	Nov-13	1.7389	5.5%
	Dec-13	1.7389	5.5%
Proposed	Jan-14	1.7389	9.8%
	Feb-14	1.7389	6.3%
	Mar-14	1.7389	2.9%
	Apr-14	1.7389	4.7%
	May-14	1.7389	3.4%
	Jun-14	1.7389	22.7%

Renewal Increase 1Q 2014	0.0%
-----------------------------	------

Renewal Increase 2Q 2014	0.0%
-----------------------------	------

Average Increase 0.0%

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP
State of Vermont 2014
January - June 2014 Rate Filing

Exhibit F - Premium Rates					
Rates for January - June 2014 Renewals					
Grandfathered					
Age	Deductible				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$257.94	\$218.95	\$174.96	\$70.93	\$19.19
30	\$261.14	\$221.65	\$177.11	\$71.82	\$19.41
31	\$264.37	\$224.38	\$179.30	\$72.71	\$19.65
32	\$267.64	\$227.16	\$181.51	\$73.61	\$19.88
33	\$270.94	\$229.97	\$183.75	\$74.52	\$20.12
34	\$274.28	\$232.83	\$186.02	\$75.44	\$20.38
35	\$277.67	\$235.70	\$188.33	\$76.36	\$20.65
36	\$281.12	\$238.62	\$190.66	\$77.32	\$20.89
37	\$284.58	\$241.59	\$193.02	\$78.26	\$21.15
38	\$288.11	\$244.58	\$195.41	\$79.23	\$21.41
39	\$291.67	\$247.61	\$197.82	\$80.22	\$21.65
40	\$295.27	\$250.67	\$200.26	\$81.19	\$21.93
41	\$298.92	\$253.78	\$202.74	\$82.20	\$22.21
42	\$302.61	\$256.93	\$205.25	\$83.23	\$22.49
43	\$306.35	\$260.09	\$207.79	\$84.25	\$22.75
44	\$310.12	\$263.31	\$210.36	\$85.30	\$23.03
45	\$313.96	\$266.56	\$212.95	\$86.34	\$23.32
46	\$317.84	\$269.85	\$215.58	\$87.40	\$23.62
47	\$321.77	\$273.19	\$218.25	\$88.48	\$23.90
48	\$325.75	\$276.56	\$220.95	\$89.58	\$24.19
49	\$329.79	\$279.99	\$223.70	\$90.69	\$24.49
50	\$333.86	\$283.45	\$226.44	\$91.80	\$24.80
51	\$337.99	\$286.96	\$229.24	\$92.95	\$25.11
52	\$342.17	\$290.51	\$232.08	\$94.10	\$25.43
53	\$346.41	\$294.09	\$234.93	\$95.26	\$25.72
54	\$350.69	\$297.72	\$237.83	\$96.43	\$26.04
55	\$355.02	\$301.41	\$240.77	\$97.61	\$26.37
56	\$359.40	\$305.15	\$243.76	\$98.83	\$26.70
57	\$363.84	\$308.92	\$246.77	\$100.04	\$27.03
58	\$368.34	\$312.73	\$249.82	\$101.28	\$27.36
59	\$372.88	\$316.61	\$252.91	\$102.55	\$27.71
60	\$377.49	\$320.52	\$256.02	\$103.80	\$28.05
61	\$382.16	\$324.48	\$259.19	\$105.09	\$28.40
62	\$386.88	\$328.50	\$262.39	\$106.37	\$28.75
63	\$386.88	\$328.50	\$262.39	\$106.37	\$28.75
64+	\$386.88	\$328.50	\$262.39	\$106.37	\$28.75
CHILD	\$120.91	\$102.62	\$82.01	\$33.25	\$9.00

EXHIBIT G - Membership Distribution Among Schedules

**Distribution of Member Months by Plan
 For the Experience Period 03/01/12 - 02/28/13**

Deductible Level	MMs Grandfathered	MMs Non-Grandfathered	% of Total
\$3,500 Annual Deductible	3,368	3,928	30%
\$5,000 Annual Deductible	3,332	3,447	28%
\$10,000 Annual Deductible	1,289	2,414	15%
\$25,000 Annual Deductible	2,101	3,839	24%
\$100,000 Annual Deductible	108	635	3%
Total MM's	10,198	14,263	100%

Deductible Level	Contracts-Grandfathered	Contracts - Non-Grandfathered	% of Total
\$3,500 Annual Deductible	2,556	2,584	34%
\$5,000 Annual Deductible	2,315	2,234	30%
\$10,000 Annual Deductible	741	1,434	14%
\$25,000 Annual Deductible	1,033	1,945	19%
\$100,000 Annual Deductible	72	365	3%
Total Contracts over Exp Period	6,717	8,562	100%

Individual Indemnity Historical Medical Claims Summary - Grandfathered

Rolling 12 End Date	Medical Claim Expense > \$100k PMPM	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Claims > \$100k as % of Total Claims	Rolling 12 Medical Claim Expense Trend	Rolling 12 Medical Paid Trend Removing High Cost Claims	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$10.49	\$128.49	\$229.30	4,540	8.2%	N/A	N/A	N/A	N/A	56.0%
201108	\$10.40	\$135.58	\$234.62	5,561	7.7%	N/A	N/A	N/A	N/A	57.8%
201109	\$10.59	\$129.32	\$222.99	6,645	8.2%	N/A	N/A	N/A	N/A	58.0%
201110	\$14.13	\$139.19	\$230.27	7,626	10.1%	N/A	N/A	N/A	N/A	60.4%
201111	\$20.67	\$154.23	\$247.33	8,474	13.4%	N/A	N/A	N/A	N/A	62.4%
201112	\$27.05	\$160.51	\$250.34	9,230	16.9%	N/A	N/A	N/A	N/A	64.1%
201201	\$27.03	\$163.43	\$255.77	9,842	16.5%	N/A	N/A	N/A	N/A	63.9%
201202	\$26.50	\$168.88	\$263.57	10,363	15.7%	N/A	N/A	N/A	N/A	64.1%
201203	\$25.50	\$173.26	\$268.14	10,835	14.7%	N/A	N/A	N/A	N/A	64.6%
201204	\$24.24	\$170.63	\$265.45	11,252	14.2%	N/A	N/A	N/A	N/A	64.3%
201205	\$24.82	\$164.50	\$262.31	11,617	15.1%	N/A	N/A	N/A	N/A	62.7%
201206	\$18.87	\$159.33	\$257.98	11,722	11.8%	N/A	N/A	N/A	N/A	61.8%
201207	\$18.49	\$157.22	\$257.79	11,662	11.8%	22.4%	17.6%	12.4%	156.9%	61.0%
201208	\$16.75	\$156.08	\$257.39	11,491	10.7%	15.1%	11.3%	9.7%	106.6%	60.6%
201209	\$15.32	\$159.37	\$260.85	11,244	9.6%	23.2%	21.3%	17.0%	69.2%	61.1%
201210	\$4.93	\$152.08	\$254.13	10,999	3.2%	9.3%	17.7%	10.4%	44.2%	59.8%
201211	\$2.73	\$143.50	\$246.72	10,779	1.9%	-7.0%	5.4%	-0.2%	27.2%	58.2%
201212	\$2.73	\$147.88	\$254.72	10,564	1.8%	-7.9%	8.8%	1.8%	14.5%	58.1%
201301	\$17.46	\$172.86	\$285.26	10,376	10.1%	5.8%	13.9%	11.5%	5.4%	60.6%
201302	\$20.19	\$170.76	\$280.41	10,189	11.8%	1.1%	5.8%	6.4%	-1.7%	60.9%
201303	\$28.83	\$169.54	\$278.73	10,013	17.0%	-2.2%	-4.8%	3.9%	-7.6%	60.8%
201304	\$31.53	\$169.66	\$280.25	9,839	18.6%	-0.6%	-5.6%	5.6%	-12.6%	60.5%
201305	\$31.65	\$168.65	\$277.26	9,675	18.8%	2.5%	-1.9%	5.7%	-16.7%	60.8%
201306	\$31.16	\$170.42	\$279.89	9,531	18.3%	7.0%	-0.8%	8.5%	-18.7%	60.9%
201307	\$30.77	\$183.68	\$296.73	9,376	16.7%	16.8%	10.2%	15.1%	-19.6%	61.9%

Individual Indemnity Historical Medical Claims Summary - Non-Grandfathered

Rolling 12 End Date	Medical Claim Expense > \$100k PMPM	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Claims > \$100k as % of Total Claims	Rolling 12 Medical Claim Expense Trend	Rolling 12 Medical Paid Trend Removing High Cost Claims	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$2.10	\$176.22	\$176.75	17,665	2.1%	N/A	N/A	N/A	N/A	56.7%
201108	\$2.24	\$96.60	\$174.58	16,628	2.3%	N/A	N/A	N/A	N/A	55.3%
201109	\$2.08	\$93.20	\$170.08	15,555	2.2%	N/A	N/A	N/A	N/A	54.8%
201110	\$0.83	\$89.95	\$168.82	14,614	0.9%	N/A	N/A	N/A	N/A	53.3%
201111	\$0.88	\$98.70	\$180.86	13,768	0.9%	N/A	N/A	N/A	N/A	54.6%
201112	\$0.93	\$92.45	\$175.20	13,030	1.0%	N/A	N/A	N/A	N/A	52.8%
201201	\$0.97	\$91.97	\$174.75	12,563	1.1%	N/A	N/A	N/A	N/A	52.6%
201202	\$1.00	\$92.97	\$174.44	12,186	1.1%	N/A	N/A	N/A	N/A	53.3%
201203	\$1.16	\$102.88	\$185.42	11,850	1.1%	N/A	N/A	N/A	N/A	55.5%
201204	\$0.38	\$92.13	\$176.59	11,564	0.4%	N/A	N/A	N/A	N/A	52.2%
201205	\$0.34	\$95.64	\$183.25	11,326	0.4%	N/A	N/A	N/A	N/A	52.2%
201206	\$0.31	\$98.04	\$185.36	11,371	0.3%	N/A	N/A	N/A	N/A	52.9%
201207	\$0.23	\$95.13	\$184.49	11,585	0.2%	-5.1%	-3.3%	4.4%	-34.4%	51.6%
201208	\$0.17	\$96.43	\$185.03	11,923	0.2%	-0.2%	2.0%	6.0%	-28.3%	52.1%
201209	\$0.17	\$98.81	\$185.32	12,338	0.2%	6.0%	8.3%	9.0%	-20.7%	53.3%
201210	\$0.16	\$97.28	\$181.57	12,733	0.2%	8.1%	9.0%	7.6%	-12.9%	53.6%
201211	\$0.16	\$90.93	\$169.36	13,139	0.2%	-7.9%	-7.2%	-6.4%	-4.6%	53.7%
201212	\$0.15	\$98.31	\$171.86	13,542	0.1%	6.3%	7.3%	-1.9%	3.9%	57.2%
201301	\$0.65	\$107.33	\$178.25	13,911	0.6%	16.7%	17.2%	2.0%	10.7%	60.2%
201302	\$0.71	\$109.44	\$177.48	14,259	0.6%	17.7%	18.2%	1.7%	17.0%	61.7%
201303	\$0.54	\$111.27	\$174.37	14,611	0.5%	8.2%	8.9%	-6.0%	23.3%	63.8%
201304	\$0.53	\$115.73	\$175.38	14,984	0.5%	25.6%	25.6%	-0.7%	29.6%	66.0%
201305	\$0.52	\$115.95	\$178.64	15,349	0.4%	21.2%	21.1%	-2.5%	35.5%	64.9%
201306	\$0.50	\$113.08	\$181.13	15,720	0.4%	15.3%	15.2%	-2.3%	38.2%	62.4%
201307	\$0.49	\$114.20	\$183.90	16,072	0.4%	20.0%	19.8%	-0.3%	38.7%	62.1%

Individual Indemnity Historical Medical Claims Summary - Indemnity Total

Rolling 12 End Date	Medical Claim Expense > \$100k PMPM	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Claims > \$100k as % of Total Claims	Rolling 12 Medical Claim Expense Trend	Rolling 12 Medical Paid Trend Removing High Cost Claims	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$3.82	\$106.00	\$187.49	22,205	3.6%	N/A	N/A	N/A	N/A	56.5%
201108	\$4.28	\$106.37	\$189.63	22,189	4.0%	N/A	N/A	N/A	N/A	56.1%
201109	\$4.62	\$104.01	\$185.92	22,200	4.4%	N/A	N/A	N/A	N/A	55.9%
201110	\$5.39	\$106.84	\$189.89	22,240	5.0%	N/A	N/A	N/A	N/A	56.3%
201111	\$8.42	\$119.86	\$206.18	22,242	7.0%	N/A	N/A	N/A	N/A	58.1%
201112	\$11.76	\$120.67	\$206.35	22,260	9.7%	N/A	N/A	N/A	N/A	58.5%
201201	\$12.42	\$123.36	\$210.34	22,405	10.1%	N/A	N/A	N/A	N/A	58.6%
201202	\$12.72	\$127.85	\$215.40	22,549	9.9%	N/A	N/A	N/A	N/A	59.4%
201203	\$12.78	\$136.50	\$224.93	22,685	9.4%	N/A	N/A	N/A	N/A	60.7%
201204	\$12.15	\$130.84	\$220.41	22,816	9.3%	N/A	N/A	N/A	N/A	59.4%
201205	\$12.74	\$130.51	\$223.28	22,943	9.8%	N/A	N/A	N/A	N/A	58.4%
201206	\$9.73	\$129.15	\$222.22	23,093	7.5%	N/A	N/A	N/A	N/A	58.1%
201207	\$9.39	\$126.28	\$221.26	23,247	7.4%	19.1%	14.4%	18.0%	4.7%	57.1%
201208	\$8.31	\$125.71	\$220.54	23,414	6.6%	18.2%	15.0%	16.3%	5.5%	57.0%
201209	\$7.39	\$127.68	\$221.33	23,582	5.8%	22.8%	21.0%	19.1%	6.2%	57.7%
201210	\$2.37	\$122.68	\$215.20	23,732	1.9%	14.8%	18.6%	13.3%	6.7%	57.0%
201211	\$1.32	\$114.62	\$204.23	23,918	1.2%	-4.4%	1.7%	-1.0%	7.5%	56.1%
201212	\$1.28	\$120.04	\$208.17	24,106	1.1%	-0.5%	9.0%	0.9%	8.3%	57.7%
201301	\$7.83	\$135.33	\$223.97	24,287	5.8%	9.7%	14.9%	6.5%	8.4%	60.4%
201302	\$8.83	\$134.99	\$220.38	24,448	6.5%	5.6%	9.6%	2.3%	8.4%	61.3%
201303	\$12.05	\$134.96	\$216.80	24,624	8.9%	-1.1%	-0.6%	-3.6%	8.5%	62.3%
201304	\$12.82	\$137.10	\$216.95	24,823	9.3%	4.8%	4.7%	-1.6%	8.8%	63.2%
201305	\$12.55	\$136.32	\$216.77	25,024	9.2%	4.5%	5.1%	-2.9%	9.1%	62.9%
201306	\$12.07	\$134.72	\$218.41	25,251	9.0%	4.3%	2.7%	-1.7%	9.3%	61.7%
201307	\$11.65	\$139.80	\$225.47	25,448	8.3%	10.7%	9.6%	1.9%	9.5%	62.0%

Individual Indemnity Historical Rx Claims Summary - Grandfathered

Rolling 12 End Date	Rx Claim Expense PMPM	Rx Allowed PMPM	Member Months	Rolling 12 Rx Claim Expense Trend	Rolling 12 Rx Allowed Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$7.43	\$24.07	4,540	N/A	N/A	N/A	30.9%
201108	\$7.60	\$23.70	5,561	N/A	N/A	N/A	32.1%
201109	\$8.09	\$23.73	6,645	N/A	N/A	N/A	34.1%
201110	\$8.16	\$23.58	7,626	N/A	N/A	N/A	34.6%
201111	\$8.46	\$23.98	8,474	N/A	N/A	N/A	35.3%
201112	\$8.57	\$23.83	9,230	N/A	N/A	N/A	36.0%
201201	\$8.58	\$23.70	9,842	N/A	N/A	N/A	36.2%
201202	\$8.47	\$23.62	10,363	N/A	N/A	N/A	35.9%
201203	\$8.81	\$24.00	10,835	N/A	N/A	N/A	36.7%
201204	\$8.87	\$23.93	11,252	N/A	N/A	N/A	37.1%
201205	\$9.04	\$24.13	11,617	N/A	N/A	N/A	37.4%
201206	\$9.11	\$24.01	11,722	N/A	N/A	N/A	37.9%
201207	\$9.00	\$23.89	11,662	21.2%	-0.7%	156.9%	37.7%
201208	\$8.94	\$23.89	11,491	17.5%	0.8%	106.6%	37.4%
201209	\$9.14	\$24.06	11,244	13.0%	1.4%	69.2%	38.0%
201210	\$9.71	\$24.57	10,999	19.1%	4.2%	44.2%	39.5%
201211	\$9.59	\$24.22	10,779	13.4%	1.0%	27.2%	39.6%
201212	\$9.58	\$24.13	10,564	11.8%	1.3%	14.5%	39.7%
201301	\$9.18	\$24.00	10,376	6.9%	1.2%	5.4%	38.2%
201302	\$8.79	\$23.24	10,189	3.8%	-1.6%	-1.7%	37.8%
201303	\$8.38	\$22.56	10,013	-4.9%	-6.0%	-7.6%	37.2%
201304	\$8.21	\$22.32	9,839	-7.5%	-6.7%	-12.6%	36.8%
201305	\$7.99	\$21.94	9,675	-11.5%	-9.1%	-16.7%	36.4%
201306	\$7.89	\$21.70	9,531	-13.4%	-9.6%	-18.7%	36.4%
201307	\$8.06	\$21.51	9,376	-10.5%	-10.0%	-19.6%	37.5%

Individual Indemnity Historical Rx Claims Summary - Non-Grandfathered

Rolling 12 End Date	Rx Claim Expense PMPM	Rx Allowed PMPM	Member Months	Rolling 12 Rx Claim Expense Trend	Rolling 12 Rx Allowed Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$7.24	\$20.83	17,665	N/A	N/A	N/A	34.8%
201108	\$7.20	\$20.95	16,628	N/A	N/A	N/A	34.4%
201109	\$6.99	\$20.73	15,555	N/A	N/A	N/A	33.7%
201110	\$6.72	\$20.58	14,614	N/A	N/A	N/A	32.7%
201111	\$6.22	\$19.72	13,768	N/A	N/A	N/A	31.5%
201112	\$6.60	\$19.95	13,030	N/A	N/A	N/A	33.1%
201201	\$6.58	\$19.49	12,563	N/A	N/A	N/A	33.8%
201202	\$6.61	\$19.33	12,186	N/A	N/A	N/A	34.2%
201203	\$6.87	\$19.02	11,850	N/A	N/A	N/A	36.1%
201204	\$6.79	\$18.74	11,564	N/A	N/A	N/A	36.2%
201205	\$6.58	\$18.45	11,326	N/A	N/A	N/A	35.7%
201206	\$6.42	\$17.97	11,371	N/A	N/A	N/A	35.7%
201207	\$6.41	\$17.83	11,585	-11.5%	-14.4%	-34.4%	35.9%
201208	\$6.39	\$17.71	11,923	-11.3%	-15.5%	-28.3%	36.1%
201209	\$6.90	\$18.12	12,338	-1.3%	-12.6%	-20.7%	38.1%
201210	\$7.29	\$18.84	12,733	8.4%	-8.5%	-12.9%	38.7%
201211	\$7.30	\$18.78	13,139	17.3%	-4.8%	-4.6%	38.9%
201212	\$6.99	\$18.48	13,542	5.9%	-7.4%	3.9%	37.8%
201301	\$7.35	\$19.02	13,911	11.6%	-2.4%	10.7%	38.6%
201302	\$7.25	\$19.03	14,259	9.6%	-1.5%	17.0%	38.1%
201303	\$6.89	\$18.97	14,611	0.3%	-0.3%	23.3%	36.3%
201304	\$6.88	\$19.01	14,984	1.3%	1.4%	29.6%	36.2%
201305	\$7.65	\$19.65	15,349	16.3%	6.5%	35.5%	39.0%
201306	\$7.83	\$19.55	15,720	21.9%	8.7%	38.2%	40.0%
201307	\$8.13	\$19.81	16,072	26.8%	11.1%	38.7%	41.0%

Individual Indemnity Historical Rx Claims Summary - Indemnity Total							
Rolling 12 End Date	Rx Claim Expense PMPM	Rx Allowed PMPM	Member Months	Rolling 12 Rx Claim Expense Trend	Rolling 12 Rx Allowed Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201107	\$7.28	\$21.49	22,205	N/A	N/A	N/A	33.9%
201108	\$7.30	\$21.64	22,189	N/A	N/A	N/A	33.7%
201109	\$7.32	\$21.63	22,200	N/A	N/A	N/A	33.8%
201110	\$7.21	\$21.61	22,240	N/A	N/A	N/A	33.4%
201111	\$7.07	\$21.34	22,242	N/A	N/A	N/A	33.1%
201112	\$7.42	\$21.56	22,260	N/A	N/A	N/A	34.4%
201201	\$7.46	\$21.34	22,405	N/A	N/A	N/A	35.0%
201202	\$7.47	\$21.30	22,549	N/A	N/A	N/A	35.0%
201203	\$7.80	\$21.40	22,685	N/A	N/A	N/A	36.4%
201204	\$7.82	\$21.30	22,816	N/A	N/A	N/A	36.7%
201205	\$7.82	\$21.33	22,943	N/A	N/A	N/A	36.7%
201206	\$7.78	\$21.04	23,093	N/A	N/A	N/A	37.0%
201207	\$7.71	\$20.87	23,247	5.9%	-2.9%	4.7%	36.9%
201208	\$7.64	\$20.74	23,414	4.6%	-4.2%	5.5%	36.8%
201209	\$7.97	\$20.95	23,582	8.8%	-3.1%	6.2%	38.0%
201210	\$8.41	\$21.49	23,732	16.6%	-0.5%	6.7%	39.1%
201211	\$8.33	\$21.23	23,918	17.8%	-0.5%	7.5%	39.2%
201212	\$8.12	\$20.95	24,106	9.6%	-2.8%	8.3%	38.8%
201301	\$8.13	\$21.15	24,287	8.9%	-0.9%	8.4%	38.4%
201302	\$7.89	\$20.79	24,448	5.7%	-2.4%	8.4%	38.0%
201303	\$7.50	\$20.43	24,624	-3.8%	-4.5%	8.5%	36.7%
201304	\$7.41	\$20.32	24,823	-5.2%	-4.6%	8.8%	36.5%
201305	\$7.79	\$20.53	25,024	-0.5%	-3.7%	9.1%	37.9%
201306	\$7.85	\$20.36	25,251	0.9%	-3.2%	9.3%	38.6%
201307	\$8.10	\$20.44	25,448	5.1%	-2.1%	9.5%	39.6%

Financial Information for MVP Health Insurance Co., NAIC #: 11125

Company Name: MVP Health Insurance Company

NAIC Number: 11125

Expense Category	Expenses				
	2008	2009	2010	2011	2012
Salary and Benefits	n/a	n/a	\$4,569,312	\$5,630,335	\$5,328,266
Overhead	n/a	n/a	\$1,499,089	\$1,841,847	\$1,822,000
Information Technology	n/a	n/a	\$977,697	\$1,158,905	\$1,134,512
Pharmacy Benefit Management	n/a	n/a	\$210,058	\$269,079	\$251,418
Purchased/Outsourced Services	n/a	n/a	\$1,517,957	\$1,306,060	\$760,068
Sales and Marketing	n/a	n/a	\$660,563	\$376,247	\$403,294
Auditing and Consulting	n/a	n/a	\$104,377	\$72,324	\$77,003
Legal Expenses	n/a	n/a	\$61,995	\$41,771	\$55,732
Reimbursement by Uninsured Plans	n/a	n/a	\$0	\$0	\$0
Cost Containment	n/a	n/a	\$2,484,031	\$2,621,061	\$2,525,061
Quality Improvement Expenses	n/a	n/a	\$1,393,882	\$1,591,495	\$1,443,503
Commissions	n/a	n/a	\$5,877,353	\$4,609,273	\$3,210,046
Taxes and Fees	n/a	n/a	\$2,693,533	\$2,657,129	\$2,535,496
Other*	n/a	n/a	\$574,965	\$474,473	\$275,389
Total	n/a	n/a	22,624,813	22,649,999	19,821,789

*NAIC Categories that did not easily map to above expense categories, including aggregate of Write-ins and Travel Expenses

	2008	2009	2010	2011	2012
Earned Premium - Fully Insured	\$21,625,934	\$80,750,410	\$121,967,423	\$124,701,599	\$119,361,111
Premium Equivalents - Self Insured					

	2008	2009	2010	2011	2012
Incurred Claims - Medical	\$14,945,105	\$63,326,010	\$98,068,304	\$95,903,762	\$92,091,858
Incurred Claims - Prescription Drug	\$2,238,491	\$8,318,226	\$11,585,236	\$11,877,073	\$10,621,135

	2008	2009	2010	2011	2012
Investment Income	\$126,555	\$266,499	\$319,544	\$444,889	\$0

	2008	2009	2010	2011	2012
Risk Based Capital Ratio	319.0	339.8	310.5	479.8	435.8

	2008	2009	2010	2011	2012
Member Months - Fully Insured	70,830	257,000	380,777	387,789	351,869
Member Months - Self Insured					



Rate Filing Adjustment

MVP Health Insurance Company

~ Article 42 ~

Individual Indemnity

Grandfathered ONLY

For Effective Dates Beginning Between July 1, 2014 - December 31, 2014

TABLE OF CONTENTS

		<u>PAGE</u>
EXHIBIT	A Medical Trend Summary	1
EXHIBIT	B Rx Claim Experience and Projection	2
EXHIBIT	C Projected Claim Costs and Premium Rate Development	3
EXHIBIT	D Monthly Base Rate Table	4
EXHIBIT	E Monthly Trend Factors	5
EXHIBIT	F Premium Rates by Age and Deductible Level	6
EXHIBIT	G Member Month Distribution Among Schedules	7
Appendix	I Medical Trend Summary (Grandfathered ONLY)	
Appendix	II Rx Claim Experience and Projection (Grandfathered ONLY)	
Appendix	III Projected Claim Costs and Premium Rate Development (Grandfathered ONLY)	

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP

State of Vermont 2014

July - December 2014 Rate Filing

Midpoint

Experience Period:	August 1, 2012 - July 31, 2013	February 1, 2013
Rating Period^:	October 1, 2014 - September 30, 2015	April 1, 2015

^ Reflects Midpoint of 3Q/4Q 2014 Rating Period

Exhibit A - Medical Trend Summary

2013 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	8.8%	0.0%	8.8%
OP and Other Med	45.2%	4.6%	0.0%	4.6%
PHY	29.2%	2.5%	0.0%	2.5%
Medical Total		5.1%	0.0%	5.1%

2014 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	5.4%	0.0%	5.4%
OP and Other Med	45.2%	5.4%	0.0%	5.4%
PHY	29.2%	16.6%	0.0%	16.6%
Medical Total		8.7%	0.0%	8.7%

2015 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	5.4%	0.0%	5.4%
OP and Other Med	45.2%	5.4%	0.0%	5.4%
PHY	29.2%	2.5%	0.0%	2.5%
Medical Total		4.5%	0.0%	4.5%

Leveraging Impact - Individual Indemnity

	Allowed	Coinsurance	Copay	Deductible	Paid
Experience Period:	\$225.47	\$8.32	\$0.31	\$77.04	\$139.80
26 Months of Trend:	1.150	1.150	1.000	1.100	1.177
Projection Period:	\$259.21	\$9.57	\$0.31	\$84.76	\$164.58
Allowed Trend (Annual)	6.6%				
Paid Trend (Annual)	7.8%				
Leveraging (Annual)	1.1%				

Rx Trend Summary

	2013 Trend	2014 Trend	2015 Trend	Annual Trend for Rate Filing
Traditional	-1.0%	-1.7%	-1.4%	-1.4%
Specialty	17.8%	19.6%	18.4%	18.7%

Exhibit B - Rx Claim Experience and Projection

<u>Member Months</u>	25,448		
<u>Rx Claim Information</u>	Traditional	Specialty	Total
1) Experience Period Paid PMPM	\$5.90	\$2.21	\$8.10
1a) Experience Period Rx Rebates PMPM			(\$3.07)
2) Annual Trend Factor	0.986	1.187	1.045
3) Months of Trend to April 1, 2015	26	26	26
4) Projected Paid PMPM for April 1, 2015	\$5.72	\$3.20	\$8.92
5) Bill H559 Impact			\$1.76
6) Rx Rebate Assumption			(\$3.38)
11) Net Claim Cost for April 1, 2015 = 4) + 5) + 6)			\$7.30
*Midpoint of Experience Period -- 2/1/13, Midpoint of Rating Period -- 4/1/2015			

EXHIBIT C - Projected Claim Costs and Premium Rate Development

Gross Premium PMPM (08/01/12 - 07/31/13)	\$207.49		
Member Months (08/01/12 - 07/31/13)	25,448		
		Actual	Expected
		<u>Claims</u>	<u>Claims</u>
IBNR Factor		1.004	
Incurred FFS Medical Claims PMPM (08/01/12 - 07/31/13)	\$139.80	\$145.48	\$143.21
Non-FFS Claims PMPM (08/01/12 - 07/31/13)	\$2.81	\$2.92	\$2.87
Incurred Net Rx Claims PMPM (08/01/12 - 07/31/13, see Exhibit B)	\$5.03	\$5.24	\$5.15
Total Incurred Claims	\$147.64	\$153.64	\$151.24
Loss Ratio for experience period	71.2%	74.0%	72.9%
Credibility Factors	40%	60%	
Projected FFS Medical Claims PMPM (see Exhibit A for Paid Trend)	\$164.58	\$171.27	\$168.60
Projected Capitations and Non-FFS Claims PMPM	\$2.81	\$2.92	\$2.87
Projected Rx Claims PMPM (see Exhibit B)	\$7.30	\$7.60	\$7.48
Total Projected Incurred Claims	\$174.69	\$181.79	\$178.95
Additional Incurred Claim estimate to account for the autism mandate			\$0.15
Total Adjusted Projected Incurred Claims			\$179.10
VT paid Claim Tax (.999%)			\$1.79
Temporary Reinsurance Assessment for October 2014 Renewals*			\$4.07
Projected Net Premium Based on Approved June 2013 Rate	\$212.41		
Net Required Revenue PMPM (10/01/14 - 09/30/15)	\$184.96		
Percent of Premium Expense Loads			
Vaccine Assessment Pilot	0.6%		
Premium Tax	2.0%		
Insurer Tax	2.0%		
General Admin/Contribution to Reserves	20.0%		
Total	24.6%		
Gross Required revenue PMPM (10/01/14 - 09/30/15)	\$245.30		
Data Suggested Rate Change over Currently Approved Rate (July 2014/June 2014)		15.5%	
Proposed Annual Rate Change over 3Q/4Q 2013		9.4%	

*October 2014 represents the midpoint of the 3Q/4Q rating period.

EXHIBIT D - Monthly Base Rate Table
MVP HEALTH INSURANCE COMPANY
(Established June 1, 2004)

Thru Attained Age	DEDUCTIBLE				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$148.33	\$125.91	\$100.61	\$40.79	\$11.03
30	\$150.17	\$127.46	\$101.85	\$41.30	\$11.16
31	\$152.03	\$129.03	\$103.11	\$41.81	\$11.30
32	\$153.91	\$130.63	\$104.38	\$42.33	\$11.43
33	\$155.81	\$132.25	\$105.67	\$42.85	\$11.57
34	\$157.73	\$133.89	\$106.97	\$43.38	\$11.72
35	\$159.68	\$135.54	\$108.30	\$43.91	\$11.87
36	\$161.66	\$137.22	\$109.64	\$44.46	\$12.01
37	\$163.65	\$138.93	\$111.00	\$45.00	\$12.16
38	\$165.68	\$140.65	\$112.37	\$45.56	\$12.31
39	\$167.73	\$142.39	\$113.76	\$46.13	\$12.45
40	\$169.80	\$144.15	\$115.16	\$46.69	\$12.61
41	\$171.90	\$145.94	\$116.59	\$47.27	\$12.77
42	\$174.02	\$147.75	\$118.03	\$47.86	\$12.93
43	\$176.17	\$149.57	\$119.49	\$48.45	\$13.08
44	\$178.34	\$151.42	\$120.97	\$49.05	\$13.24
45	\$180.55	\$153.29	\$122.46	\$49.65	\$13.41
46	\$182.78	\$155.18	\$123.97	\$50.26	\$13.58
47	\$185.04	\$157.10	\$125.51	\$50.88	\$13.74
48	\$187.33	\$159.04	\$127.06	\$51.51	\$13.91
49	\$189.65	\$161.01	\$128.64	\$52.15	\$14.08
50	\$191.99	\$163.00	\$130.22	\$52.79	\$14.26
51	\$194.37	\$165.02	\$131.83	\$53.45	\$14.44
52	\$196.77	\$167.06	\$133.46	\$54.11	\$14.62
53	\$199.21	\$169.12	\$135.10	\$54.78	\$14.79
54	\$201.67	\$171.21	\$136.77	\$55.45	\$14.97
55	\$204.16	\$173.33	\$138.46	\$56.13	\$15.16
56	\$206.68	\$175.48	\$140.18	\$56.83	\$15.35
57	\$209.23	\$177.65	\$141.91	\$57.53	\$15.54
58	\$211.82	\$179.84	\$143.66	\$58.24	\$15.73
59	\$214.43	\$182.07	\$145.44	\$58.97	\$15.93
60	\$217.08	\$184.32	\$147.23	\$59.69	\$16.13
61	\$219.77	\$186.60	\$149.05	\$60.43	\$16.33
62	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
63	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
64+	\$222.48	\$188.91	\$150.89	\$61.17	\$16.53
CHILD	\$69.53	\$59.01	\$47.16	\$19.12	\$5.17

NOTE: WHEN CHILDREN ONLY ARE INSURED, THE PREMIUM FOR THE YOUNGEST CHILD IS THE YOUNGEST ADULT PREMIUM.

TO OBTAIN QUARTERLY, SEMIANNUAL AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6 AND 12, RESPECTIVELY. ADD \$2.00 TO THE TOTAL PREMIUM IF BILLED MONTHLY ON A MANUAL BASIS.

Exhibit E - Monthly Trend Factors

		Trend Factors	
	Contract Renewal Date	All Grandfathered Plans	Distribution of Grandfathered Membership by Renewal Month over Experience Period
Approved	Jan-13	1.7389	
	Feb-13	1.7389	
	Mar-13	1.7389	
	Apr-13	1.7389	
	May-13	1.7389	
	Jun-13	1.7389	
Approved	Jul-13	1.7389	
	Aug-13	1.7389	
	Sep-13	1.7389	
	Oct-13	1.7389	
	Nov-13	1.7389	
	Dec-13	1.7389	
Approved	Jan-14	1.6467	9.4%
	Feb-14	1.6467	6.3%
	Mar-14	1.6467	2.8%
	Apr-14	1.6467	4.9%
	May-14	1.6467	3.3%
	Jun-14	1.6467	23.1%
Proposed	Jul-14	1.9019	14.5%
	Aug-14	1.9019	10.9%
	Sep-14	1.9019	9.1%
	Oct-14	1.9019	4.9%
	Nov-14	1.9019	5.8%
	Dec-14	1.9019	5.1%

Renewal Increase 3Q 2014	9.4%
-----------------------------	------

Renewal Increase 4Q 2014	9.4%
-----------------------------	------

Average Increase 9.4%

Exhibit F - Premium Rates					
Rates for July - December 2014 Renewals					
Grandfathered					
Age	Deductible				
	\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
29	\$282.11	\$239.47	\$191.36	\$77.58	\$20.98
30	\$285.61	\$242.42	\$193.71	\$78.55	\$21.23
31	\$289.15	\$245.41	\$196.11	\$79.52	\$21.50
32	\$292.73	\$248.45	\$198.53	\$80.51	\$21.74
33	\$296.34	\$251.53	\$200.98	\$81.50	\$22.01
34	\$299.99	\$254.65	\$203.45	\$82.51	\$22.30
35	\$303.70	\$257.79	\$205.98	\$83.52	\$22.58
36	\$307.47	\$260.98	\$208.53	\$84.56	\$22.85
37	\$311.25	\$264.24	\$211.12	\$85.59	\$23.13
38	\$315.11	\$267.51	\$213.72	\$86.66	\$23.42
39	\$319.01	\$270.82	\$216.37	\$87.74	\$23.68
40	\$322.95	\$274.16	\$219.03	\$88.80	\$23.99
41	\$326.94	\$277.57	\$221.75	\$89.91	\$24.29
42	\$330.97	\$281.01	\$224.49	\$91.03	\$24.60
43	\$335.06	\$284.47	\$227.26	\$92.15	\$24.88
44	\$339.19	\$287.99	\$230.08	\$93.29	\$25.19
45	\$343.39	\$291.55	\$232.91	\$94.43	\$25.51
46	\$347.63	\$295.14	\$235.78	\$95.59	\$25.83
47	\$351.93	\$298.79	\$238.71	\$96.77	\$26.14
48	\$356.29	\$302.48	\$241.66	\$97.97	\$26.46
49	\$360.70	\$306.23	\$244.67	\$99.19	\$26.78
50	\$365.15	\$310.01	\$247.67	\$100.41	\$27.13
51	\$369.68	\$313.86	\$250.73	\$101.66	\$27.47
52	\$374.24	\$317.74	\$253.83	\$102.92	\$27.81
53	\$378.88	\$321.65	\$256.95	\$104.19	\$28.13
54	\$383.56	\$325.63	\$260.13	\$105.47	\$28.48
55	\$388.30	\$329.66	\$263.34	\$106.76	\$28.84
56	\$393.09	\$333.75	\$266.61	\$108.09	\$29.20
57	\$397.94	\$337.88	\$269.90	\$109.42	\$29.56
58	\$402.87	\$342.04	\$273.23	\$110.77	\$29.92
59	\$407.83	\$346.28	\$276.62	\$112.16	\$30.30
60	\$412.87	\$350.56	\$280.02	\$113.53	\$30.68
61	\$417.99	\$354.90	\$283.48	\$114.94	\$31.06
62	\$423.14	\$359.29	\$286.98	\$116.34	\$31.44
63	\$423.14	\$359.29	\$286.98	\$116.34	\$31.44
64+	\$423.14	\$359.29	\$286.98	\$116.34	\$31.44
CHILD	\$132.24	\$112.24	\$89.70	\$36.37	\$9.84

EXHIBIT G - Membership Distribution Among Schedules

**Distribution of Member Months by Plan
 For the Experience Period 08/01/12 - 07/31/13**

Deductible Level	MMs Grandfathered	MMs Non-Grandfathered	% of Total
\$3,500 Annual Deductible	3,074	4,336	29%
\$5,000 Annual Deductible	3,076	4,063	28%
\$10,000 Annual Deductible	1,183	2,653	15%
\$25,000 Annual Deductible	1,947	4,234	24%
\$100,000 Annual Deductible	96	786	3%
Total MM's	9,376	16,072	100%

Deductible Level	Contracts- Grandfathered	Contracts - Non-Grandfathered	% of Total
\$3,500 Annual Deductible	2,312	2,918	33%
\$5,000 Annual Deductible	2,123	2,559	30%
\$10,000 Annual Deductible	690	1,568	14%
\$25,000 Annual Deductible	943	2,162	20%
\$100,000 Annual Deductible	68	460	3%
Total Contracts over Exp Period	6,136	9,667	100%

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP

State of Vermont 2014

July - December 2014 Rate Filing

Midpoint

Experience Period:	August 1, 2012 - July 31, 2013	February 1, 2013
Rating Period^:	October 1, 2014 - September 30, 2015	April 1, 2015

^ Reflects Midpoint of 3Q/4Q 2014 Rating Period

Appendix I - Medical Trend Summary (Grandfathered ONLY)

2013 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	8.8%	0.0%	8.8%
OP and Other Med	45.2%	4.6%	0.0%	4.6%
PHY	29.2%	2.5%	0.0%	2.5%
Medical Total		5.1%	0.0%	5.1%

2014 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	5.4%	0.0%	5.4%
OP and Other Med	45.2%	5.4%	0.0%	5.4%
PHY	29.2%	16.6%	0.0%	16.6%
Medical Total		8.7%	0.0%	8.7%

2015 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	25.6%	5.4%	0.0%	5.4%
OP and Other Med	45.2%	5.4%	0.0%	5.4%
PHY	29.2%	2.5%	0.0%	2.5%
Medical Total		4.5%	0.0%	4.5%

Leveraging Impact - Individual Indemnity

	Allowed	Coinsurance	Copay	Deductible	Paid
Experience Period:	\$296.73	\$16.24	\$0.76	\$96.04	\$183.68
26 Months of Trend:	1.150	1.150	1.000	1.096	1.178
Projection Period:	\$341.13	\$18.67	\$0.76	\$105.26	\$216.44
Allowed Trend (Annual)	6.6%				
Paid Trend (Annual)	7.9%				
Leveraging (Annual)	1.1%				

Rx Trend Summary

	2013 Trend	2014 Trend	2015 Trend	Annual Trend for Rate Filing
Traditional	-1.0%	-1.7%	-1.4%	-1.4%
Specialty	17.8%	19.6%	18.4%	18.7%

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP

State of Vermont 2014

July - December 2014 Rate Filing

Appendix II - Rx Claim Experience and Projection (Grandfathered ONLY)

<u>Member Months</u>	9,376		
<u>Rx Claim Information</u>	Traditional	Specialty	Total
1) Experience Period Paid PMPM	\$6.80	\$1.26	\$8.06
1a) Experience Period Rx Rebates PMPM			(\$3.07)
2) Annual Trend Factor	0.986	1.187	1.021
3) Months of Trend to April 1, 2015	26	26	26
4) Projected Paid PMPM for April 1, 2015	\$6.60	\$1.82	\$8.42
5) Bill H559 Impact			\$2.09
6) Rx Rebate Assumption			(\$3.21)
11) Net Claim Cost for April 1, 2015 = 4) + 5) + 6)			\$7.30

*Midpoint of Experience Period -- 2/1/13, Midpoint of Rating Period -- 4/1/2015

MVP HEALTH INSURANCE COMPANY - INDIVIDUAL NON-GROUP
State of Vermont 2014
July - December 2014 Rate Filing

Appendix III - Projected Claim Costs and Premium Rate Development (Grandfathered ONLY)

Gross Premium PMPM (08/01/12 - 07/31/13)	\$212.93		
Member Months (08/01/12 - 07/31/13)	9,376		
		<u>Actual</u> <u>Claims</u>	<u>Expected</u> <u>Claims</u>
IBNR Factor	1.004		<u>Blended</u> <u>Claims</u>
Incurred FFS Medical Claims PMPM (08/01/12 - 07/31/13)	\$183.68	\$146.10	\$161.13
Non-FFS Claims PMPM (08/01/12 - 07/31/13)	\$7.62	\$6.06	\$6.68
Incurred Net Rx Claims PMPM (08/01/12 - 07/31/13, see Exhibit B)	\$4.98	\$3.96	\$4.37
Total Incurred Claims	\$196.28	\$156.12	\$172.19
Loss Ratio for experience period	92.2%	73.3%	80.87%
Credibility Factors	40%	60%	
Projected FFS Medical Claims PMPM (see Exhibit A for Paid Trend)	\$216.44	\$172.16	\$189.87
Projected Capitations and Non-FFS Claims PMPM	\$7.62	\$6.06	\$6.68
Projected Rx Claims PMPM (see Exhibit B)	<u>\$7.30</u>	<u>\$5.81</u>	<u>\$6.40</u>
Total Projected Incurred Claims	\$231.36	\$184.02	\$202.96
Additional Incurred Claim estimate to account for the autism mandate			\$0.17
Total Adjusted Projected Incurred Claims			\$203.12
VT paid Claim Tax (.999%)			\$2.03
Temporary Reinsurance Assessment for October 2014 Renewals*			\$4.07
Projected Net Premium Based on Approved June 2013 Rate	\$218.87		
Net Required Revenue PMPM (10/01/14 - 09/30/15)	\$209.22		
Percent of Premium Expense Loads			
Vaccine Assessment Pilot	0.6%		
Premium Tax	2.0%		
Insurer Tax	2.0%		
General Admin/Contribution to Reserves	20.0%		
Total	24.6%		
Gross Required revenue PMPM (10/01/14 - 09/30/15)	\$277.48		
Data Suggested Rate Change over Currently Approved Rate (July 2014/June 2014)	26.8%		

*October 2014 represents the midpoint of the 3Q/4Q rating period.

ACTUARIAL MEMORANDUM
MVP Health Insurance Company
VERMONT INDIVIDUAL INDEMNITY
Effective Dates July 2014 – December 2014
Grandfathered Benefits

Proposed Rate Change

The purpose of this filing is to demonstrate the development of premium rates in support of MVP Health Insurance Company's Individual Indemnity Grandfathered product portfolio and seek approval of the premium rates. The premium rates included in this filing are for effective dates of coverage beginning between 7/1/2014 and 12/31/2014. The rates are effective for 12 months. This rate filing has been prepared to satisfy the requirements of 8 V.S.A § 5104 and is not intended to be used for other purposes.

Rates for these products are based on filed and approved trend factors that, when applied to the Base Rate Table, generate the Rate Tables for each new and renewal business effective date. MVP is requesting to increase the most current approved January - June 2014 Trend Factors by 15.5% which will result in a 9.4% renewal rate increase for business renewing between July and December 2014.

This is a closed block of business as of 1/1/14 and only the Grandfathered products are eligible for renewal in 2014. Roughly 35% of the experience period membership is Grandfathered and 675 Grandfathered members remain in force as of December 2013.

Historically MVP has rated the Grandfathered and non-Grandfathered products together as one rating pool and applied a credibility factor in the rating due to the small size of the block and the very large product deductibles. The medical loss ratios for this block are very volatile and therefore the proposed rate changes have been historically driven more by the goal of rate stability than historical claims.

Historical Utilization

Historical Medical and Rx claims for the experience period 08/01/2012 – 07/31/2013 paid through 10/31/2013 was reviewed and projected to the rating period. Claims and membership for the non-Grandfathered (NGF) and Grandfathered (GF) membership were projected both on a combined basis and for GF membership only to determine the proposed rate increase. Exhibits B and C illustrate the combined GF/NGF Rx and medical claim projections while Appendices II and III illustrate the GF only Rx and medical claim projections.

Trend information used to project costs to the rating period is displayed in Exhibit A (GF and NGF combined) and in Appendix I (GF only). The unit cost trends used in this filing are consistent with those outlined in the 3Q/4Q 2014 group premium rate filings.

The projected Rx Rebate amounts were calculated by determining the Rx Rebates received over the experience period as a percentage of paid claims and applying the same percentage to the projected paid claim cost.

Adjustments to Historical Claims for New Benefit Mandates

Benefit mandates also impacting the projection include the Autism Mandate and the Rx OOP maximum mandate. The impacts of each are outlined below:

Autism Mandate

This benefit expansion was first introduced effective 10/1/2011 and then a subsequent expansion of the coverage mandate was introduced effective 10/1/2012. While regulation required carriers to begin the coverage expansions upon group renewal date, MVP rolled out the mandates across the board for all renewal groups on the respective effective dates for administrative reasons. The cost implication of the 10/1/2011 expansion is emerging in all 12 months of MVP's experience period data and therefore no adjustment is being made. An additional \$0.15 PMPM was added to the claim projection to adjust for the expanded coverage effective 10/1/2012 that is not already reflected in the experience period data.

The adjustment to account for the Autism expansion was calculated as 0.5% of projected claims. This is consistent with the adjustment made in the prior rate filing.

Rx OOP Maximum Mandate

Bill H559 is effective beginning with October 2012 renewals. Included in this regulation is a new out of pocket maximum for prescription drug expenses.

The Rx OOP Max adjustment was determined by analyzing the actual amounts members paid in excess of \$1,250 over the experience period.

New ACA Taxes

Temporary Individual Reinsurance Pool

Beginning in 2014, carriers will be assessed a fee to fund the Temporary Reinsurance Pool which supports the individual reinsurance program both in and out of the exchange from 2014 through 2016. In the proposed HHS Notice of Benefit and Parameters for 2014, this fee is \$5.25 PMPM. The Federal Reinsurance Fee for 2015 has been updated per HHS' 2015 Notice of Benefit and Payment Parameters. The fee is decreasing from \$5.25 PMPM in 2014 to \$3.67 PMPM for 2015 dates of service and was prorated appropriately for this rating period.

ACA Insurer Tax

Beginning in 2014, carriers will be taxed based on earned premium. Based on estimates from consultants, this tax will be approximately 2.0% of premium.

Premium Rate Development

Exhibit C illustrates the development of the required premium and resulting proposed rate action based on a blend of actual historical claims and expected claims (derived based on target pricing loss ratios from the experience period) using both the GF and NGF historical claims and maintaining the 40% credibility weight assigned to the historical claims. Appendix III contains the same projection but uses only historical data from GF members.

As illustrated in Exhibit C, if this whole block was eligible for renewal, the projected claim cost would suggest an increase of 15.5% for the 3Q/4Q 2014 trend factor. However, for the GF only

projection illustrated in Appendix III, the projected claim costs suggests a much higher trend factor increase of 26.8%.

Prior to the termination of the NGF products, the size of this block of business has been fairly stable. The credibility in the historical claim data for the GF block is arguably considerably lower than 40% given the size of the GF membership and the high deductible product. The average deductible for the GF block is \$10,265. If 0% credibility is assigned to the historical claims of the GF product, a 15.2% increase for the 3Q/4Q trend factor would be the suggested rate action. The variability of these suggested rate increases highlights the sensitivity of the results based on the credibility assumption and underlying experience basis used.

General Administration and Risk Charges

The administrative load included in the proposed premium rates is 18% of premium or \$49.95 PMPM for the GF members eligible for renewal. This is an increase from the 11% administrative load in the prior rate filing however it is still not fully supporting the administrative expense allocated to this line of business.

In the 1Q2013 rate filing, the GMCB required MVP to lower its administrative expense load such that the total expected loss ratio did not exceed 80%. This was a reduction from 20% down to 11%. At the time, the 80% floor was calculated using the traditional MLR calculation of medical expense / premium. In retrospect, this reduction to the administrative load should have been determined based on the 80% floor calculated using the Federal MLR definitions and it would have allowed MVP to keep a higher, more appropriate, administrative load in the rates.

For this rate development, the Federal MLR is calculated to be 80.1%. Therefore, MVP is still adhering to the GMCB's mandate to price to at least the minimum required loss ratio. The increase to the admin load contributes to 9.3% of the proposed rate increase.

Base Rate Table and Trend Factors

Exhibit D restates the Base Table Rates established as of June 1, 2004. Actual rates charged are the product of these base rates and the trend factors in Exhibit E. Detailed tables of Grandfathered product premiums by age/deductible are shown in Exhibit F. The table is using a roundup function to calculate the rate so as not to understate the actual premium as calculated on our billing system. This methodology and rate tables are consistent with our previous filing,

Supplemental Exhibits

Also included with this filing is a historical claim and membership summary for the past 36 months grouped into rolling 12 month periods. The data is shown separately for GF vs. NGF plans and also aggregated for the entire Individual Indemnity block. Incurred claims from August 2010 – July 2013 paid through October 31, 2013 with an adjustment for IBNR are reflected in the data. Also included is a history of administrative expenses for MVP Health Insurance Co. which is taken from filed NAIC statements.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates effective July 1, 2014 for the

State of Vermont. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and they are not excessive, inadequate, or unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.



Matthew Lombardo, FSA, MAAA
Supervising Actuary, Reserving and Pricing
MVP Health Insurance Company

02/05/2014

Date

Certification of Compliance

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

Print Name: Daniel Drislane ^ Title: Vice President & Interim CFO

Signature: *Daniel Drislane* Date: 01/21/2014