

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

### Filing at a Glance

Company: MVP Health Plan, Inc.  
 Product Name: VT Exchange 2021  
 State: VermontGMCB  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Filing Type: GMCB Rate  
 Date Submitted: 05/08/2020  
 SERFF Tr Num: MVPH-132371260  
 SERFF Status: Closed-Approved  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Implementation: 01/01/2021  
 Date Requested:  
 Author(s): Matt Lombardo, Eric Bachner, Christopher Pontiff  
 Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin Aborjaily, Michael Barber  
  
 Disposition Date: 08/14/2020  
 Disposition Status: Approved  
 Implementation Date: 01/01/2021  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer, Other	Explanation for Other Group Market Type: Individual
Overall Rate Impact: 2.71%	Filing Status Changed: 08/20/2020
	State Status Changed:
Deemer Date:	Created By: Christopher Pontiff
Submitted By: Eric Bachner	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	Plans are proposed to be sold on the state of Vermont's exchange.

### Filing Description:

These rates are for Small Group and Individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2021

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

MVP Health Plan, Inc.	CoCode: 95521	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Maintenance Organization
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1640868	State ID Number:

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Filing Company:** MVP Health Plan, Inc.  
**Project Name/Number:** /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	08/20/2020	08/20/2020

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Thomas Crompton	07/23/2020	07/23/2020
Pending Response	Jacqueline Lee	06/29/2020	06/29/2020
Pending Response	Jacqueline Lee	06/19/2020	06/19/2020
Pending Response	Jacqueline Lee	06/15/2020	06/15/2020
Pending Response	Jacqueline Lee	06/12/2020	06/12/2020
Pending Response	Jacqueline Lee	05/19/2020	05/19/2020
Pending Response	Jacqueline Lee	05/18/2020	05/18/2020

#### Response Letters

Responded By	Created On	Date Submitted
Christopher Pontiff	07/31/2020	07/31/2020
Christopher Pontiff	07/01/2020	07/01/2020
Eric Bachner	06/26/2020	06/26/2020
Matt Lombardo	06/15/2020	06/15/2020
Eric Bachner	06/19/2020	06/19/2020
Eric Bachner	05/20/2020	05/20/2020
Eric Bachner	05/26/2020	05/26/2020

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Christopher Pontiff	08/18/2020	08/20/2020
Supporting Document	Unified Rate Review Template	Christopher Pontiff	08/18/2020	08/20/2020
Supporting Document	L&E Objection #3 Response	Matt Lombardo	07/01/2020	07/01/2020

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company: MVP Health Plan, Inc.

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

Product Name: VT Exchange 2021

Project Name/Number: /

## Disposition

Disposition Date: 08/14/2020

Implementation Date: 01/01/2021

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: This filing has been approved in accordance with GMCB order (GMCB-006-20rr).

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	2.710%	2.710%	\$6,745,291	14,848	\$248,934,672	4.700%	-3.900%

### Percent Change Approved:

Minimum: -3.900%

Maximum: 4.700%

Weighted Average: 2.710%

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

**SERFF Tracking #:**

MVPH-132371260

**State Tracking #:****Company Tracking #:****State:** VermontGMCB**Filing Company:** MVP Health Plan, Inc.**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO**Product Name:** VT Exchange 2021**Project Name/Number:** /

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	L&E Objection #1 Response		No
<b>Supporting Document</b>	L&E Objection #4 Response - Prematurely Posted Interrogatory		No
<b>Supporting Document (revised)</b>	L&E Objection #3 Response		No
<b>Supporting Document</b>	L&E Objection #3 Response		No
<b>Supporting Document</b>	L&E Objection #4 Response		No
<b>Supporting Document</b>	L&E Objection #5 Response		No
<b>Supporting Document</b>	Post Hearing Questions Response		No

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/23/2020
Submitted Date	07/23/2020
Respond By Date	07/31/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see attached letter regarding post hearing questions. Response due by 07/31/20.

**Conclusion:**

Sincerely,  
Thomas Crompton

**Green Mountain Care Board**  
144 State Street  
Montpelier, VT 05602

802-828-2177  
www.gmcbboard.vermont.gov

*Kevin Mullin, Chair*  
*Jessica Holmes, PhD*  
*Robin Lunge, JD, MHCDS*  
*Maureen Usifer*  
*Tom Pelham*  
*Susan Barrett, JD, Executive Director*

**DELIVERED ELECTRONICALLY**

July 23, 2020

Gary Karnedy, Esq.  
PRIMMER PIPER EGGLESTON & CRAMER PC  
30 Main St., Suite 500 | P.O. Box 1489, Burlington, VT 05402

**RE: MVPHP's Individual & Small Group Rate Filing (Docket No. GMCB-006-20rr; SERFF Tracking #: MVPH-132371260)**

Dear Mr. Karnedy,

I am writing to follow up on questions posed and issues raised by the Board during this week's hearing on the above-referenced filing. Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6), the Board requests that MVPHP provide the following information to assist with its review. Some of this information is actuarial in nature and therefore this letter will also be posted through SERFF.

1. Provide a table that shows monthly paid claims and incurred claims by major service category for the period beginning January 2019 and ending June 2020, as well as the completion factor(s) used.
2. Please provide an analysis of recoveries realized through the Special Investigations Unit's fraud, waste, and abuse (FWA) program for calendar years 2016 through 2019 for the population covered by this filing. The analysis should include the total dollar amount recovered and the percentage of paid claims recovered. Please also explain what MVPHP expects to recover in 2021 through its FWA program, whether these expected recoveries were factored into MVPHP's proposed rate, and what the premium impact of recoveries is expected to be.
3. What annual percentage increase in wages and salaries is assumed in within the projected 2021 administrative costs? What is its impact on the PMPM administrative charge and the overall premium increase?
4. MVPHP's June 19, 2020 responses (Exhibit 5A) indicate that costs for separate billing for certain abortion services are included in projected administrative costs. The federal rule requiring separate billing has recently been set aside. *California, et al. v. U.S. Dept. of Health and Human Services, et al.*, Case No. 20-cv-00682-LB, Order on Motions for Summary Judgment (July 20, 2020). How much do the separate billing costs contribute to MVPHP's administrative expense assumption?
5. Please provide an analysis of Vermont insureds' utilization of telehealth and telemedicine at Vermont providers and out-of-state providers.



6. MVPHP indicated that increases in telehealth/telemedicine result in cost savings, for example by preventing more expensive trips to an urgent care clinic or emergency room. However, MVPHP assumed resumption of in person visits. What is the magnitude of telehealth visits in 2020 in dollars and as a percentage of premium compared to prior year and projections for 2021? What are the projected cost savings in 2020 and 2021?
7. Please provide support for MVPHP's assumption that providers will be increasing after-hours and weekend services/surgeries to make up for deferred 2020 utilization. To the extent the assumption is based on discussions with Vermont providers, include the types of Vermont providers that were contacted and the number of each type of provider contacted.
8. What percentage of total premium (not premium increase) is driven by Vermont hospitals? What percentage of total premium is driven by inpatient, outpatient, physician, or other services at Vermont hospitals?
9. Has MVPHP observed any increases in the retirement of older providers as a result of COVID-19?
10. What has been MVPHP's loss of membership since the beginning of the COVID-19 pandemic and how does that compare to the same period last year?
11. What is the current balance of arrears and number of policyholders in arrears in MVPHP's QHP book of business and how do these compare to last year at this time?
12. Regarding the table in Exhibit 2A, how does MVPHP define "community physicians" and "all other physicians"?
13. Please explain whether MVPHP received a notice of a chargemaster update from the University of Vermont Health Network on or about June 30, 2020 and please verify MVPHP's assumptions regarding unit cost increases for Porter and CVMC. If submitted assumptions are incorrect, or partially incorrect, please submit a revised analysis of the impact on rates.
14. Please provide the expected unit cost increase assuming the Board approves 2021 hospital charge increases equivalent to 2020 hospital charge increases.
15. Please provide a comparison of the average base price for each Vermont hospital and Dartmouth Hitchcock. This could be as a percentage of Medicare or other comparison of overall price differences between hospitals.
16. Please provide the impact on premiums of a 1% charge increase for Vermont hospitals.

Please submit the above information no later than July 31, 2020.

Sincerely,

*/s/ Michael Barber*

Michael Barber, General Counsel  
Green Mountain Care Board





---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/29/2020
Submitted Date	06/29/2020
Respond By Date	07/01/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 29, 2020

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260  
Objection #5

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

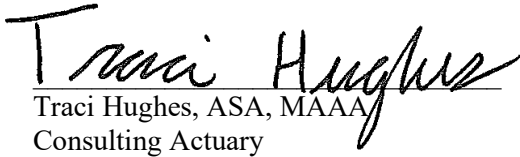
Questions:

1. The projected members by plan was provided in the Rate Increase Exhibit (“Rate Increase Exhibit 2020-2021\_SERFF.xlsx”) in row 40 (totaling 36,980), corresponding to the URRT projected member months ( $443,760/12=36,980$ ). Please provide a similar breakdown of experience period members by plan (totaling 29,960), corresponding to the URRT experience period member months ( $359,516/12=29,960$ ).
2. We were informed that a change will need to be made prior to finalization of this rate filing for the Bronze 1 non-standard plan to be in compliance with Federal AV requirements. Please provide a very detailed outline of the expected changes. In this documentation, please point out all cells/values from any Excel Exhibits, the URRT, etc. that will change.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 1, 2020.

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

Sincerely,

A handwritten signature in black ink that reads "Traci Hughes". The signature is written in a cursive style with a horizontal line underneath the name.

Traci Hughes, ASA, MAAA  
Consulting Actuary  
Lewis & Ellis, Inc.  
thughes@LewisEllis.com  
(972)-850-0850

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/19/2020
Submitted Date	06/19/2020
Respond By Date	06/26/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 19, 2020

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260  
Objection #4

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Please specify whether the filing assumes that MVPHP will be responsible for billing consumers who purchase plans on Vermont Health Connect (VHC) in 2021. List any changes to the filing that are needed to reflect that MVPHP will not be responsible for consumer billing in 2021.
2. Do cost sharing plans take more administrative time than other QHPs and therefore represent a larger portion of administrative costs? If yes, does MVPHP “silver stack” these costs or spread them out across all plans?
3. Please provide an update of your PBM’s actual-to-expected trend analysis for the last four years.
4. MVPHP has experienced large growth in its VHC population over the last few years. Please provide any assumptions built into the filing for the increase in membership or change in membership mix, including the following:
  - a. Changes in pooling level, and
  - b. Impact from mix of individual or small groups.
5. Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If the

cell is blank or you believe the value listed is incorrect, please provide the value that you believe is correct.

In your response, please provide any caveats or qualifications that are necessary to prevent the response from being misleading.

Year Filed		2020	2019	2018
Docket #		GMCB-006-20r	GMCB-005-19rr	GMCB-008-18rr
Members		36,980	30,887	25,223
Average Rate Change	Proposed	7.3%	10.9%	10.9%
	Allowed	NA	10.1%	6.6%
Allowed Medical Trend	Proposed		3.7%	3.2%
	Allowed	NA	4.7%	3.4%
	Actual*	NA	NA	
Medical Unit Cost Trend	Proposed		3.7%	3.2%
	Allowed	NA	3.7%	3.4%
	Actual*	NA	NA	
Medical Utilization	Proposed	1%	0%	0%
	Allowed	NA	1%	0%
	Actual*	NA	NA	
Average Annual Allowed Rx Trend	Proposed	7.3%	8.2%	13.3%
	Allowed	NA	8.2%	13.3%
	Actual*	NA	NA	
General Administrative Load (PMPM)	Proposed	\$43.75	\$42.00	\$39.80
	Allowed	NA	\$42.00	\$39.80
	Actual*	NA	NA	
CTR	Proposed	1.5%	1.5%	2%
	Allowed	NA	1%	1.5%

\* Actual is for the year that the rates are effective for. For instance, for the column "2018", the actual field should be populated with the experience of 2019 (the year the rates are effective for).

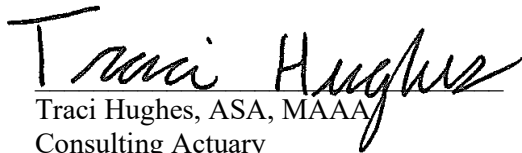
6. MVPHP is proposing an increase for pent-up demand from Covid-19. These are services which were expected to be performed in 2020. As such, the HCA expects that the cost was built into the premium rates for 2020. Please demonstrate how this additional cost in 2021 premiums is not double charging members.
7. In your response to question 14 of Objection Letter 1, you state that your assumption of an 80% Covid-19 vaccine rate is "consistent with the paper published by Wakely." Please confirm that you are referring solely to the sentence in the last paragraph on page 11 of Wakely's March 30, 2020 Covid-19 Cost Scenario Modeling paper which begins, "For example..." If you believe the paper provides additional support for your assumption of an 80% vaccination rate beyond this sentence, please specify where this support is.
8. Vermont implemented a special enrollment period (SEP) in response to the Covid-19 crisis which is still open. Please provide the number of Vermonters who have enrolled in an MVPHP plan using this SEP, broken out by CSR plan and metal level.

---

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 26, 2020.

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

Sincerely,

A handwritten signature in black ink that reads "Traci Hughes". The signature is written in a cursive style with a horizontal line underneath the name.

Traci Hughes, ASA, MAAA  
Consulting Actuary  
Lewis & Ellis, Inc.  
thughes@LewisEllis.com  
(972)-850-0850

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/15/2020
Submitted Date	06/15/2020
Respond By Date	06/22/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. )  
VT Health Connect 2021 Filing ) GMCB-006-20rr  
)

**HCA ACTUARIAL QUESTIONS FOR MVP HEALTH PLAN, INC.**

The Office of the Health Care Advocate (HCA) submits to the Green Mountain Care Board the below-listed actuarial questions for MVP Health Plan, Inc. (MVPHP) in the above-captioned matter.

1. Vermont Health Connect (VHC) has been responsible for billing consumers who purchased plans through VHC. The state had planned for carriers to take over billing these consumers starting in 2021. However, the planned switch was postponed. As in past years, VHC will bill these consumers in 2021.

Given the recent timing of the announcement that VHC will continue to be responsible for VHC enrollee billing in 2021, MVPHP may not have had time to update its assumptions before it submitted its VHC filing. Please specify whether your VHC filing assumed that MVPHP would take over billing for VHC in 2021 and list any changes to the filed rate that are now needed to reflect that VHC, and not MVPHP, will be responsible for billing VHC enrolled members in 2021.

2. Do cost sharing reduction plans take more administrative time than other QHPs and therefore represent a larger portion of administrative costs? If yes, does MVHPH silver stack these costs or spread it out among all plans?
3. Please provide an update of MVPH's PBM's actual to expected trend analysis for the last 4 years.
4. MVPHP has experienced large growth in its VHC population over the last few years, but we do not see any mention of this in the filing with the exception of the comment regarding medical trend data instability on page 6 of the actuarial memorandum. Please provide any assumptions built into your filing for the increase in membership or change in membership mix including the following:
  - a. Changes in pooling level, and
  - b. Impact from mix of individual or small group members.

5. Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If the cell is blank or you believe the value listed is incorrect, please provide the value that you believe is correct.

<b>Year Filed</b>		<b>2020</b>	<b>2019</b>	<b>2018</b>
<b>Docket #</b>		GMCB-006-20r	GMCB-005-19rr	GMCB-008-18rr
<b>Members</b>		36,980	30,887	25,223
<b>Average Rate Change</b>	Proposed	7.3%	10.9%	10.9%
	Allowed	NA	10.1%	6.6%
<b>Allowed Medical Trend</b>	Proposed		3.7%	3.2%
	Allowed	NA	4.7%	3.4%
	Actual*	NA	NA	
<b>Medical Unit Cost Trend</b>	Proposed		3.7%	3.2%
	Allowed	NA	3.7%	3.4%
	Actual*	NA	NA	
<b>Medical Utilization</b>	Proposed	1%	0%	0%
	Allowed	NA	1%	0%
	Actual*	NA	NA	
<b>Average Annual Allowed Rx Trend</b>	Proposed	7.3%	8.2%	13.3%
	Allowed	NA	8.2%	13.3%
	Actual*	NA	NA	
<b>General Administrative Load (PMPM)</b>	Proposed	\$43.75	\$42.00	\$39.80
	Allowed	NA	\$42.00	\$39.80
	Actual*	NA	NA	
<b>CTR</b>	Proposed	1.5%	1.5%	2%
	Allowed	NA	1%	1.5%

\* Actual is for the year that the rates are effective for. For instance, for the column "2018", the actual field should be populated with the experience of 2019 (the year the rates are effective for).

6. MVPHP is proposing an increase for pent-up demand from Covid-19. These are services which were expected to be performed in 2020. As such we would expect that the cost was built into the premium rates for 2020. Please demonstrate how this additional cost in 2021 premiums is not double charging members.
7. In your response to question 14 of Objection Letter 1, you state that your assumption of an 80% Covid-19 vaccine rate is "consistent with the paper published by Wakely." Please confirm that you are referring solely to the sentence in the last paragraph on page 11 of Wakely's March 30, 2020 Covid-19 Cost Scenario Modeling paper which begins, "For example..." If you believe the paper provides additional support for your assumption of an 80% vaccination rate beyond this sentence, please specify where this support is.
8. Vermont implemented a special enrollment period (SEP) in response to the Covid-19 crisis which is still open. Please provide the following to date:
  - a. the number of Vermonters who have enrolled in an MVPHP plan using this SEP, broken out by CSR plan and metal level, and
  - b. any impact this new member population had on age/demographic factors.

Dated at Montpelier, Vermont this 8th day of June, 2020.

s/ Kaili Kuiper  
Kaili Kuiper, Esq.  
Office of the Health Care Advocate  
Vermont Legal Aid  
56 College Street  
Montpelier, VT 05602  
Voice (802) 223-6377 ext. 329  
kkuiper@vtlegalaid.org

s/ Eric Schultheis  
Eric Schultheis, Ph.D., Esq.  
Office of the Health Care Advocate  
Vermont Legal Aid  
56 College Street  
Montpelier, VT 05602  
Voice (802) 223-6377 ext. 325  
eschultheis@vtlegalaid.org

## CERTIFICATE OF SERVICE

I, Eric Schultheis, hereby certify that I have served the above Notice of Appearance on Michael Barber, Green Mountain Care Board General Counsel; Amerin Aborjaily, Green Mountain Care Board Staff Attorney; and Gary Karnedy, Ryan Long, and Michelle Bennett, representatives for MVP Health Plan, Inc., by electronic mail, return receipt requested, this 8th day of June, 2020.

*s/ Eric Schultheis*

Eric Schultheis, Ph.D., Esq.  
Office of the Health Care Advocate  
Vermont Legal Aid  
56 College Street  
Montpelier, VT 05602

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/12/2020
Submitted Date	06/12/2020
Respond By Date	06/19/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 12, 2020

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260  
Objection #3

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

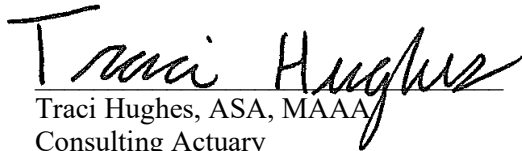
1. Regarding the response to question #4 of objection 1 – Please provide further quantitative support for how these Rx trends are applied and how the resulting trended allowed PMPMs reconcile with the Rx trended allowed PMPM in the URRT, as well as the unit cost and utilization year 1 and year 2 trends in the URRT.
2. Regarding the response to question #7 of objection 1 – Please provide a breakdown of the general administrative load of \$43.75 provided in Exhibit 5. Please provide a similar breakdown for the load as filed in 2020 of \$42.00 and elaborate on any material differences.
3. Regarding Exhibit 2b of “VT 2021 Exchange Rate Filing\_SERFF\_LE.xlsx” – the total trends in cells F23:F25 do not equal the weighted average of the trends for each drug class in cells C23:E25 when weighted by the experience period allowed PMPM in cells C16:F16. Please reconcile.
4. For each month from January 2016 through March 2020, total allowed costs member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.
5. Please split the 0.6% plan design change adjustment into the two components discussed on page 5 of the Federal Actuarial Memo, CSR and benefit relativities, and provide quantitative and qualitative support for each component.

6. Please explain why the induced demand factors in Exhibit 7 do not match HHS factors as stated on page 6 of the Federal Actuarial Memorandum.
7. Please provide the bad debt as a percentage of premium over each of the last 3 years.
8. How has COVID-19 affected non-benefit costs (expenses such as claims adjudication, overhead, travel, profit, etc.)?
9. Describe how Vermont consumers were considered in light of the current savings due to the COVID-19 pandemic and this unprecedented time.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 19, 2020.

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

Sincerely,



Traci Hughes, ASA, MAAA  
Consulting Actuary  
Lewis & Ellis, Inc.  
thughes@LewisEllis.com  
(972)-850-0850

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/19/2020
Submitted Date	05/19/2020
Respond By Date	05/22/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee





LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South  
Suite 550  
Allen, TX 75013

972-850-0850  
lewisellis.com

May 19, 2020

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260  
Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Please provide the RATEE report from CMS.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than May 22, 2020.

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

Sincerely,

Traci Hughes, ASA, MAAA  
Consulting Actuary  
Lewis & Ellis, Inc.  
thughes@LewisEllis.com  
(972)-850-0850

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/18/2020
Submitted Date	05/18/2020
Respond By Date	05/26/2020

---

Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



May 18, 2020

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260  
Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the most recently approved budget changes (<https://gmcbboard.vermont.gov/sites/gmcb/files/documents/FY20%20Summary%20of%200Budget%20Submissions%20and%20Approvals.pdf>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.
2. We acknowledge the following from page 3 of the Actuarial Memorandum, "MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered reliable." Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.
3. Please reconcile the 11.1% of CY2018 claims that were above \$100,000 with the 10.5% shown in last year's actuarial memorandum.
4. Please provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.

- 
5. Provide quantitative and qualitative support for the leveraged Rx trend.
  6. Provide quantitative support for the 1.041 trend factor applied to the claims for the deductible in Exhibit 2a.
  7. Please provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the projected increased membership in 2021.
  8. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand Reflected in Index Rate in Exhibit 7.
  9. Please provide an exhibit showing the membership by plan and actuarial value for 2019, 2020 and the projection for 2021.
  10. Please provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
  11. Provide additional support for the 1.2% trend in Exhibit 6 in the projection of the CSR load.
  12. As stated in the Actuarial Memorandum, MVP has begun to allow small groups to pay their premiums via credit card. What is the current percentage of groups that are paying via credit card? Explain any differences between the current percentage and the CY2021 assumption of 10%.
  13. Please provide support for the assumed COVID-19 immunization cost of \$75.
  14. Please provide further support for the assumed COVID-19 immunization rate of 80%, considering that the flu immunization rate in Vermont is approximately 50% for adults and 60% for children.
  15. Please disclose the assumed date that the COVID-19 immunization will become available and provide support for the assumption.
  16. Please provide support for the assumption that 20% of elective services were deferred during the 2 months in which elective surgeries were restricted. Support should include actual utilization/claims data observed during the 2-month time period.
  17. Has the company considered the possibility of a second wave of COVID-19 resulting in a second period in which elective surgeries would be restricted? If that was the case how would costs be impacted?
  18. Please provide support for the assumption that providers will perform 110% of elective services from August 2020 through April 2021.
  19. What was the company's observed change in emergency department utilization due to COVID-19? Has the company considered the impact of COVID-19 on ED utilization and utilization trends?

---

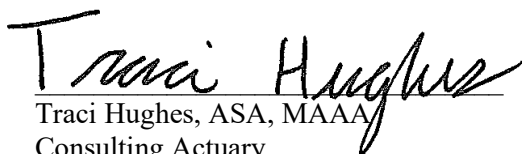
20. Please provide a reconciliation between the exhibits (i.e. Exh 3) and the URRT. Specifically, please tie to the morbidity adjustment, plan design changes, other factor, and the Market Adjusted Index Rate.

21. Please provide inforce membership by plan for February 2020.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than May 26, 2020.

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

Sincerely,



Traci Hughes, ASA, MAAA  
Consulting Actuary  
Lewis & Ellis, Inc.  
thughes@LewisEllis.com  
(972)-850-0850

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/31/2020  
Submitted Date 07/31/2020

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see attached for MVP's response to GMCB Post-Hearing Questions*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Post Hearing Questions Response
<b>Comments:</b>	
<b>Attachment(s):</b>	[REDACTED] MVP's Responses to GMCB Post-Hearing Questions.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Christopher Pontiff*

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/01/2020  
Submitted Date 07/01/2020

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please see the attached for the response to L&E Objection letter #5.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #5 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Support for Objection #5 SERFF.xlsx Response to 2021 VT Exchange Objection #5.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,  
Christopher Pontiff*

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/26/2020  
Submitted Date 06/26/2020

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see the attached for the response to L&E Objection letter #4.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #4 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #4.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Eric Bachner*



SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/15/2020  
Submitted Date 06/15/2020

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see the attached letter in response to the interrogatory posted prematurely today.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #4 Response - Prematurely Posted Interrogatory
<b>Comments:</b>	
<b>Attachment(s):</b>	20200615_MVP_2021VISG_HCAQuestions.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Matt Lombardo*

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 06/19/2020  
 Submitted Date 06/19/2020

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

Please see the attached for MVP's reponse to L&E Objection #3.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #3 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED_Response to 2021 VT Exchange Objection #3.pdf Support for L&E Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Eric Bachner

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/20/2020  
Submitted Date 05/20/2020

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

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

### Changed Items:

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	L&E Objection #2 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #2_REDACTED.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Eric Bachner

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 05/26/2020  
 Submitted Date 05/26/2020

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached for MVP's responses to L&E Objection #1. Also, please see the unredacted verbal response to Objection #2, consistent with the GMCB's ruling on the confidentiality of the document.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #2 Response Unredacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #2.pdf
Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #2 Response Unredacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #2.pdf
<b>Satisfied - Item:</b>	L&E Objection #1 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #1_REDACTED.pdf Support for L&E Objection #1_SERFF.xlsx Support for L&E Objection #1_SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

**SERFF Tracking #:**

MVPH-132371260

**State Tracking #:**

**Company Tracking #:**

---

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

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

**Product Name:**

VT Exchange 2021

**Project Name/Number:**

/

*Sincerely,*

*Eric Bachner*

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

---

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Exchange 2021

Project Name/Number:

/

## Amendment Letter

Submitted Date: 08/20/2020

Comments:

Updated to reflect board ordered changes

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Exchange 2021

Project Name/Number: /

**Supporting Document Schedule Item Changes****Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):**

Actuarial Memo Dataset 2021 \_SERFF.xlsx  
 Actuarial Memo Dataset 2021 \_SERFF.pdf  
 Federal AVC Actuarial Certification for Non-standard Plans - 2021\_032620.pdf  
 Non-Standard AVC Screenshots VT 2021 Exchange.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2020-03-09.pdf  
 2021 Actuarial Memorandum Vermont Exchange.pdf  
 Rate Increase Exhibit 2020-2021\_GMCB Decision SERFF.pdf  
 Rate Increase Exhibit 2020-2021\_GMCB Decision SERFF.xlsx  
 VT 2021 Exchange Rate Filing\_GMCB Decision SERFF.pdf  
 VT 2021 Exchange Rate Filing\_GMCB Decision SERFF.xlsx  
 PY21RateTables\_VTINDOFF\_081720.xls  
 PY21RateTables\_VTINDON\_081720.xls  
 PY21RateTables\_VTSMOFF\_081720.xls  
 PY21RateTables\_VTSMON\_081720.xls

*Previous Version***Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):**

VT 2021 Exchange Rate Filing\_SERFF.xlsx  
 VT 2021 Exchange Rate Filing\_SERFF.pdf  
 Actuarial Memo Dataset 2021 \_SERFF.xlsx  
 Actuarial Memo Dataset 2021 \_SERFF.pdf  
 Federal AVC Actuarial Certification for Non-standard Plans - 2021\_032620.pdf  
 Non-Standard AVC Screenshots VT 2021 Exchange.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2020-03-09.pdf  
 Rate Increase Exhibit 2020-2021 \_SERFF.pdf  
 Rate Increase Exhibit 2020-2021 \_SERFF.xlsx  
 2021 Actuarial Memorandum Vermont Exchange.pdf  
 PY21RateTables\_VTINDOFF\_050820.xls  
 PY21RateTables\_VTINDON\_050820.xls  
 PY21RateTables\_VTSMON\_050820.xls

**Satisfied - Item:** Unified Rate Review Template**Comments:****Attachment(s):**

Unified-Rate-Review-VT Combined 2021\_GMCB Decision.pdf  
 Unified-Rate-Review-VT Combined 2021\_GMCB Decision.xlsm

*Previous Version***Satisfied - Item:** Unified Rate Review Template**Comments:**

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Exchange 2021

Project Name/Number:

/

Attachment(s):

*Unified-Rate-Review-VT Combined 2021.pdf*  
*Unified-Rate-Review-VT Combined 2021.xlsm*



SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 07/01/2020

Comments:

Per GMCB counsel decision on our confidentiality request, we have amended our response to Objection #3

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection #3 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Support for L&E Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx REDACTED_Response to 2021 VT Exchange Objection #3 V2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection #3 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED_Response to 2021 VT Exchange Objection #3.pdf Support for L&amp;E Objection #3 SERFF.pdf Support for L&amp;E Objection #3 SERFF.xlsx</i>

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Post Submission Update Request Processed On 08/19/2020

**Status:** Allowed  
**Created By:** Christopher Pontiff  
**Processed By:** Thomas Crompton  
**Comments:** This post submission update has been allowed matching the GMCB Order.

### General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	2.71	7.34

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	2.710%	7.340%
Overall % Rate Impact	2.710%	7.340%
Written Premium Change for this Program	\$6745291	\$18270092
Maximum %Change (where required)	4.700%	9.550%
Minimum %Change (where required)	-3.900%	0.540%

**Product:** NEW  
**Product Name** VT Individual HMO  
**HIOS Product ID** 77566VT004  
**Number of Covered Lives** 16137

**Product:** NEW  
**Product Name** VT Small Group HMO  
**HIOS Product ID** 77566VT005  
**Number of Covered Lives** 20843

### REQUESTED RATE CHANGE INFORMATION:

Min:	-3.900	0.540
Max:	4.700	9.55
Weighted Avg.:	2.710	7.34

### REQUESTED RATE:

Projected Earned Premium:	255,688,963.000	267,204,764.000
Min:	339.180	354.840
Max:	798.230	835.030
Weighted Avg.:	576.190	602.140

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.080%  
**Effective Date of Last Rate Revision:** 01/01/2020  
**Filing Method of Last Filing:** SERFF  
**SERFF Tracking Number of Last Filing:** MVPH-131934219

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	2.710%	2.710%	\$6,745,291	14,848	\$248,934,672	4.700%	-3.900%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
 Product Name: VT Exchange 2021  
 Project Name/Number: /

**Rate Review Detail**

**COMPANY:**

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

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual HMO	77566VT004		16137
VT Small Group HMO	77566VT005		20843

Trend Factors:

**FORMS:**

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

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 443,760  
 Benefit Change: Increase  
 Percent Change Requested: Min: -3.9 Max: 4.7 Avg: 2.71

**PRIOR RATE:**

Total Earned Premium: 248,934,672.00  
 Total Incurred Claims: 222,083,202.00  
 Annual \$: Min: 336.24 Max: 784.52 Avg: 560.97

**REQUESTED RATE:**

Projected Earned Premium: 255,688,963.00  
 Projected Incurred Claims: 240,484,288.00  
 Annual \$: Min: 339.18 Max: 798.23 Avg: 576.19

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memo Dataset 2021 _SERFF.xlsx Actuarial Memo Dataset 2021 _SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2021_032620.pdf Non-Standard AVC Screenshots VT 2021 Exchange.pdf Wakely - VT Standard Plan Designs - AV Certification_2020-03-09.pdf 2021 Actuarial Memorandum Vermont Exchange.pdf Rate Increase Exhibit 2020-2021_GMGB Decision SERFF.pdf Rate Increase Exhibit 2020-2021_GMGB Decision SERFF.xlsx VT 2021 Exchange Rate Filing_GMGB Decision SERFF.pdf VT 2021 Exchange Rate Filing_GMGB Decision SERFF.xlsx PY21RateTables_VTINDOFF_081720.xls PY21RateTables_VTINDON_081720.xls PY21RateTables_VTSMOFF_081720.xls PY21RateTables_VTSMON_081720.xls
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 Federal Act Memo Vermont Exchange.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Civil Union Rating Requirements
<b>Comments:</b>	MVP's rating rules satisfy 8 V.S.A. § 4724.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Consumer Disclosure Form
<b>Comments:</b>	
<b>Attachment(s):</b>	Consumer Disclosure Form about Rate Increases - 2021 VT Exchange.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Filing Compliance Certification

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

<b>Comments:</b>	
<b>Attachment(s):</b>	Certification of Compliance- VT.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified-Rate-Review-VT Combined 2021_GMCB Decision.pdf Unified-Rate-Review-VT Combined 2021_GMCB Decision.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #2 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #2_REDACTED.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #2 Response Unredacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #1 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #1_REDACTED.pdf Support for L&E Objection #1_SERFF.xlsx Support for L&E Objection #1_SERFF.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	L&E Objection #4 Response - Prematurely Posted Interrogatory
<b>Comments:</b>	
<b>Attachment(s):</b>	20200615_MVP_2021VISG_HCAQuestions.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #3 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Support for L&E Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx REDACTED_Response to 2021 VT Exchange Objection #3 V2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #4 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2021 VT Exchange Objection #4.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection #5 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Support for Objection #5 SERFF.xlsx Response to 2021 VT Exchange Objection #5.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Post Hearing Questions Response
<b>Comments:</b>	
<b>Attachment(s):</b>	[REDACTED] MVP's Responses to GMCB Post-Hearing Questions.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

***Attachment Actuarial Memo Dataset 2021 \_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2020-2021\_GMCB Decision SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2021 Exchange Rate Filing\_GMCB Decision SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTINDOFF\_081720.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTINDON\_081720.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTSMOFF\_081720.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTSMON\_081720.xls is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-VT Combined 2021\_GMCB Decision.xlsm is not a PDF document and cannot be reproduced here.***

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

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



SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

---

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Exchange 2021

Project Name/Number:

/

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

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

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	MVP Health Plan, Inc.
HIOS ID	77666
SERFF Filing Number	MVPH-132371200
Date of Submission	5/8/2020
Proposed Effective Date	1/1/2021

Average Annual Premium	
Before Rate Change	\$6,732
After Rate Change	\$7,226

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	7.34%	N/A
Proposed Minimum Rate Change	0.54%	N/A
Proposed Maximum Rate Change	9.55%	N/A

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

N/A

**Relationship of Proposed Rate Scale to Current Rate Scale:**

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

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	1.000	1.075	1.075	e.g. previous filing experience period index rate compared to the current filing experience index rate
Impact of Leap Year on Experience	1.003	1.000	0.997	If applicable, the change in this factor is based on the average copy impact difference between previous filing and current filing.
Impact of Rx Benefit Curve-In	1.001	1.001	1.000	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2 )
Adjustment for Safe Harbor Coverage on QHDHPs	1.000	1.000	1.000	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Adjustment for COVID-19 Immunization Cost	1.000	1.013	1.013	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Adjustment for pediatric dental carve-in to Small Group Grandfathered	1.000	1.000	1.000	
Adjustment for COVID-19 Tent-up Demand	1.000	1.004	1.004	
Adjustment for National Reinsurance	1.002	1.003	1.000	
Pricing Trend	1.132	1.140	1.007	
Risk Adjustment Recoveries	1.160	1.158	0.999	
Experience Period Benefit and AV Change	1.013	1.000	0.987	
SG&A	1.064	1.065	1.001	
Taxes and Fees (PMPM Basis)	1.003	1.003	1.000	
Taxes and Fees (% of Premium Basis)	1.013	1.003	0.990	
Margin	1.014	1.020	1.005	
Single Conversion Factor	1.091	1.097	1.005	
CSR Defunding	1.034	1.025	0.992	
Benefit Mix Impact	1.001	1.000	0.999	
<b>Total Rate Change</b>			1.073	

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

N/A

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	314	416	31
Increase of 5.01% to 10.00%	23,558	36,564	3,251
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	23,872	36,980	3,282

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	8.93%	3.89%
2018	6.74%	3.42%
2019	10.88%	6.63%
2020	8.45%	10.08%

**Retention**

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	1/1/2019 - 12/31/2019	1/1/2020 - 12/31/2020	1/1/2021 - 12/31/2021		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$1.06	\$9.39	\$4.07	283.75%	-56.66%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$39.80	\$42.00	\$43.75	9.93%	4.17%
Profit/Risk Margin	\$9.68	\$7.85	\$11.44	18.20%	45.83%
Total	\$50.54	\$59.23	\$59.26	17.26%	0.05%
Variable	\$25.38	\$27.60	\$29.82	17.48%	8.06%
Non-Variable	\$25.16	\$31.64	\$29.44	17.03%	-6.94%
Total	\$50.54	\$59.23	\$59.26	17.26%	0.05%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.21%	1.68%	0.68%	224.66%	-59.67%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.81%	7.50%	7.27%	-7.00%	-3.06%
Profit/Risk Margin	1.90%	1.40%	1.90%	0.00%	35.71%
Total	9.92%	10.57%	9.84%	-0.80%	-6.89%
Variable	4.99%	4.92%	4.95%	-0.61%	0.57%
Non-Variable	4.94%	5.65%	4.89%	-0.99%	-13.40%
Total	9.92%	10.57%	9.84%	-0.80%	-6.89%
Check	TRUE	TRUE	TRUE		

**Trend & Projection Assumptions**

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$		Rolling 12 Mo Trend	Annualized Rolling 6 Mo			Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$		Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
			PMPM*	Trend		Annualized Rolling 3 Mo Trend	PMPM*	Normalized Rolling 12 Mo Trend							
	Jan-2017	9,775	\$235.33					1.00	1.00	1.00	\$235.33				
	Feb-2017	10,301	\$243.57					1.00	1.00	1.00	\$242.46				
	Mar-2017	11,249	\$348.85					1.01	1.01	1.00	\$343.65				
	Apr-2017	11,326	\$280.47					1.00	1.01	1.00	\$276.70				
	May-2017	11,395	\$330.56					1.00	1.01	1.00	\$326.60				
	Jun-2017	11,437	\$335.77					1.00	1.01	1.00	\$331.65			29.60%	
	Jul-2017	11,594	\$310.48				32.21%	1.00	1.01	1.00	\$306.53			53.44%	
	Aug-2017	11,706	\$338.73				10.93%	1.00	1.01	1.00	\$334.06			11.17%	
	Sep-2017	11,726	\$340.03				19.13%	1.00	1.01	1.00	\$336.57			19.27%	
	Oct-2017	11,764	\$351.66				23.96%	1.00	1.01	1.00	\$348.33			24.56%	
	Nov-2017	11,675	\$415.90				59.74%	1.00	1.00	1.00	\$413.69			62.87%	
	Dec-2017	11,600	\$367.03				34.25%	1.00	1.00	1.00	\$366.65			34.73%	
	Jan-2018	25,006	\$274.48				18.16%	0.98	1.02	1.00	\$272.68			19.26%	
	Feb-2018	25,014	\$296.58				0.93%	0.98	1.02	1.00	\$295.23			2.41%	
	Mar-2018	25,117	\$316.04				-0.56%	0.98	1.02	1.00	\$314.94			0.94%	
	Apr-2018	25,025	\$351.53				-5.60%	0.98	1.02	1.00	\$351.04			-10.44%	
	May-2018	25,098	\$398.25				-11.28%	0.98	1.02	1.00	\$386.12			-9.92%	
	Jun-2018	25,199	\$359.97				-12.63%	0.98	1.02	1.00	\$360.60			-11.51%	
	Jul-2018	25,331	\$359.15				5.28%	0.98	1.01	1.00	\$359.88			6.69%	
	Aug-2018	25,418	\$411.40				25.03%	0.98	1.01	1.00	\$412.50			26.63%	
	Sep-2018	25,557	\$355.33				32.53%	0.98	1.01	1.00	\$356.32			34.20%	
	Oct-2018	25,520	\$453.17				42.15%	0.98	1.01	1.00	\$455.43			43.90%	
	Nov-2018	25,523	\$461.23				48.32%	0.98	1.01	1.00	\$463.99			50.21%	
	Dec-2018	25,498	\$420.53				12.18%	0.98	1.01	1.00	\$424.07	13.42%		55.78%	
	Jan-2019	30,160	\$380.98				17.10%	0.97	1.01	1.00	\$389.13	18.69%		45.71%	
	Feb-2019	30,197	\$331.50				17.41%	0.97	1.01	1.00	\$338.94	19.20%		21.97%	
	Mar-2019	30,247	\$409.95				20.85%	0.97	1.01	1.00	\$420.05	22.85%		23.58%	
	Apr-2019	30,257	\$406.76				6.33%	0.97	1.01	1.00	\$417.58	22.07%		9.76%	
	May-2019	30,224	\$434.32				18.75%	0.97	1.01	1.00	\$445.90	21.01%		1.96%	
	Jun-2019	30,021	\$378.96				18.11%	0.97	1.01	1.00	\$389.19	20.44%		-5.70%	
	Jul-2019	29,960	\$406.40				17.92%	0.97	1.00	1.00	\$418.36	20.36%		-5.25%	
	Aug-2019	29,866	\$397.74				15.15%	0.97	1.00	1.00	\$409.93	17.66%		7.38%	
	Sep-2019	29,794	\$399.42				15.73%	0.97	1.00	1.00	\$412.25	18.41%		-3.87%	
	Oct-2019	29,723	\$446.36				12.68%	0.97	1.00	1.00	\$461.02	15.43%		7.86%	
	Nov-2019	29,629	\$436.54				10.24%	0.97	1.00	1.00	\$451.52	13.09%		9.14%	
	Dec-2019	29,438	\$447.67				9.54%	0.96	1.00	1.00	\$463.47	12.52%		18.70%	

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

N/A

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

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

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	403,989,260	403,989,260
Authorized Control Level	93,171,951	93,171,951
RBC Ratio	433.59%	433.59%

**Loss Ratio**

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2015	12/31/2015	63,884	22,841,257	26,703,077	85.5%
Historical Year -3	1/1/2016	12/31/2016	82,627	31,173,390	35,126,637	88.7%
Historical Year -2	1/1/2017	12/31/2017	135,548	53,704,172	60,178,693	89.2%
Historical Year -1	1/1/2018	12/31/2018	303,306	132,029,885	141,715,771	93.2%
Historical Year 0	1/1/2019	12/31/2019	359,516	166,195,023	181,982,319	91.3%
<b>Historical Totals</b>			944,881	405,943,727	445,706,497	91.1%
<b>Interim Time Period</b>	1/1/2020	2/29/2020	73,836	33,595,069	41,395,022	81.2%
<b>Future Year 1</b>	1/1/2021	12/31/2021	443,760	240,567,192	267,204,764	90.0%

Expected Incurred Claims	A-to-E Claims Ratio
22,944,918	99.5%
30,777,242	101.3%
54,138,008	99.2%
124,831,896	105.8%
164,715,313	100.9%
397,407,377	102.1%
36,929,926	91.0%
240,567,192	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Med Loss Ratio
320,437	857,959	89.6%
261,019	1,125,644	92.5%
475,773	412,043	90.7%
1,155,596	2,231,894	95.5%
1,430,874	381,087	92.3%
3,643,699	5,008,627	92.9%
186,067	693,301	83.0%
1,151,823	1,805,123	91.1%

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

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

**Consumer Adjusted Premium Rate Development**  
 Section III of WS2 of the 2021 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. Please see the example below.

**Actuarial value and cost-sharing design of the plan**

Actuarial value and cost-sharing design of the plan (From the URRRT)	0.900
Paid/Allowed Ratio (Cost-Sharing only)	0.783
Used Induced utilization factors	1.150
Calculated	0.900

In the text box, please state where in the filing it is located.

Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing. In addition, note that this value in the URRRT also includes the value of the CSR load on the On Exchange Silver plans.

**Risk Adjustment**

	Actual Risk Adjustment Received(2019 Interim RA results)	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	1/1/2019	1/1/2020	1/1/2021		
Total Risk adjustment (Dollar amount)	(\$22,492,428)	(\$24,716,866)	(\$32,277,910)		
Membership Member Months	359,516	370,644	443,760	23.43%	19.73%
PMPM	(\$62.56)	(\$66.69)	(\$72.74)	16.26%	9.07%
Premium	\$181,982,319	\$207,693,975	\$267,204,764	46.83%	28.65%
As a % of Premium	-12%	-12%	-12%	-2.26%	1.51%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

N/A

**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>9(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Benefit Factor	Average Age/Gen der	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
Jan-2017	9,775	\$76.42				1.00	1.00	1.00	\$76.42				
Feb-2017	10,301	\$63.51				1.00	1.00	1.00	\$63.22				
Mar-2017	11,249	\$103.30				1.01	1.01	1.00	\$101.76				
Apr-2017	11,326	\$48.03				1.00	1.01	1.00	\$47.39				
May-2017	11,395	\$67.44				1.00	1.01	1.00	\$66.63				
Jun-2017	11,437	\$65.58				1.00	1.01	1.00	\$64.77				-70.80%
Jul-2017	11,594	\$58.20				1.00	1.01	1.00	\$57.46				-38.14%
Aug-2017	11,706	\$58.73				1.00	1.01	1.00	\$57.92				-51.29%
Sep-2017	11,726	\$60.88				1.00	1.01	1.00	\$60.26				-7.02%
Oct-2017	11,764	\$50.47				1.00	1.01	1.00	\$49.99				-37.05%
Nov-2017	11,675	\$99.71				1.00	1.00	1.00	\$99.18				82.33%
Dec-2017	11,600	\$70.45				1.00	1.00	1.00	\$70.37				-11.37%
Jan-2018	25,006	\$60.09				0.98	1.02	1.00	\$59.70				-4.97%
Feb-2018	25,014	\$70.73				0.98	1.02	1.00	\$70.40				-19.55%
Mar-2018	25,117	\$57.06				0.98	1.02	1.00	\$56.87				23.86%
Apr-2018	25,025	\$66.55				0.98	1.02	1.00	\$66.45				-34.66%
May-2018	25,098	\$62.73				0.98	1.02	1.00	\$62.71				-3.32%
Jun-2018	25,199	\$72.99				0.98	1.02	1.00	\$73.11				-2.91%
Jul-2018	25,331	\$70.04				0.98	1.01	1.00	\$70.18				4.53%
Aug-2018	25,418	\$83.73				0.98	1.01	1.00	\$83.96				4.56%
Sep-2018	25,557	\$59.46				0.98	1.01	1.00	\$59.62				11.22%
Oct-2018	25,520	\$82.44				0.98	1.01	1.00	\$82.85				14.39%
Nov-2018	25,523	\$104.58				0.98	1.01	1.00	\$105.21				45.73%
Dec-2018	25,498	\$67.90				0.98	1.01	1.00	\$68.47				53.86%
Jan-2019	30,160	\$115.10	4.59%			0.98	1.01	1.00	\$117.58	5.70%			45.97%
Feb-2019	30,197	\$62.74	15.37%			0.97	1.01	1.00	\$64.15	17.03%			71.29%
Mar-2019	30,247	\$89.28	12.67%			0.97	1.01	1.00	\$91.48	14.48%			46.53%
Apr-2019	30,257	\$79.08	23.54%			0.97	1.01	1.00	\$81.18	25.67%			8.25%
May-2019	30,224	\$80.56	44.53%			0.97	1.01	1.00	\$82.71	24.85%			49.27%
Jun-2019	30,021	\$66.99	10.22%			0.97	1.01	1.00	\$68.80	27.93%			-58.34%
Jul-2019	29,960	\$71.02	25.49%			0.97	1.01	1.00	\$73.11	27.93%			14.39%
Aug-2019	29,866	\$68.64	22.74%			0.97	1.01	1.00	\$68.80	25.19%			4.44%
Sep-2019	29,794	\$74.94	21.08%			0.97	1.00	1.00	\$73.11	15.73%			-47.31%
Oct-2019	29,723	\$72.68	-24.72%			0.97	1.00	1.00	\$73.11	23.60%			-22.18%
Nov-2019	29,629	\$78.15	-19.94%			0.97	1.00	1.00	\$70.74	17.95%			-19.02%
Dec-2019	29,438	\$57.14	-15.06%			0.97	1.00	1.00	\$70.74	17.95%			-12.50%
			-28.80%			0.97	1.00	1.00	\$77.35	20.67%			-18.42%
			-29.71%			0.97	1.00	1.00	\$75.06	16.03%			-2.69%
			7.72%			0.97	1.00	1.00	\$80.83	10.48%			44.72%
			6.76%			0.96	1.00	1.00	\$59.16	9.61%			-10.49%

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>9(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Benefit Factor	Average Age/Gen der	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
Jan-2017	9,775	\$121.51				1.00	1.00	1.00	\$121.51				
Feb-2017	10,301	\$101.47				1.00	1.00	1.00	\$101.01				
Mar-2017	11,249	\$136.08				1.01	1.01	1.00	\$134.05				
Apr-2017	11,326	\$132.01				1.00	1.01	1.00	\$130.23				
May-2017	11,395	\$143.39				1.00	1.01	1.00	\$141.67				
Jun-2017	11,437	\$139.78				1.00	1.01	1.00	\$138.06				72.43%
Jul-2017	11,594	\$132.48				1.00	1.01	1.00	\$130.80				56.19%
Aug-2017	11,706	\$150.00				1.00	1.01	1.00	\$147.93				11.17%
Sep-2017	11,726	\$142.75				1.00	1.01	1.00	\$141.29				10.22%
Oct-2017	11,764	\$159.41				1.00	1.01	1.00	\$157.90				40.87%
Nov-2017	11,675	\$168.39				1.00	1.00	1.00	\$165.51				54.34%
Dec-2017	11,600	\$158.16				1.00	1.00	1.00	\$156.00				69.60%
Jan-2018	25,006	\$111.47				0.98	1.02	1.00	\$110.73				36.45%
Feb-2018	25,014	\$124.08				0.98	1.02	1.00	\$123.52				69.60%
Mar-2018	25,117	\$137.28				0.98	1.02	1.00	\$136.80				17.80%
Apr-2018	25,025	\$146.32				0.98	1.02	1.00	\$146.11				-32.99%
May-2018	25,098	\$174.25				0.98	1.02	1.00	\$174.19				-2.41%
Jun-2018	25,199	\$142.73				0.98	1.02	1.00	\$142.98				-58.33%
Jul-2018	25,331	\$139.87				0.98	1.01	1.00	\$140.15				-4.56%
Aug-2018	25,418	\$166.16				0.98	1.01	1.00	\$166.60				-4.56%
Sep-2018	25,557	\$144.36				0.98	1.01	1.00	\$144.76				-10.56%
Oct-2018	25,520	\$183.97				0.98	1.01	1.00	\$184.88				1.87%
Nov-2018	25,523	\$182.29				0.98	1.01	1.00	\$183.39				-9.53%
Dec-2018	25,498	\$179.40				0.98	1.01	1.00	\$180.91				124.76%
Jan-2019	30,160	\$146.72	8.52%			0.97	1.01	1.00	\$149.89	9.72%			43.85%
Feb-2019	30,197	\$145.49	13.39%			0.97	1.01	1.00	\$148.75	14.92%			12.02%
Mar-2019	30,247	\$172.65	16.47%			0.97	1.01	1.00	\$176.91	16.06%			35.95%
Apr-2019	30,257	\$168.06	16.54%			0.97	1.01	1.00	\$172.53	18.44%			-25.81%
May-2019	30,224	\$188.01	14.27%			0.97	1.01	1.00	\$193.02	18.41%			24.00%
Jun-2019	30,021	\$168.54	15.57%			0.97	1.01	1.00	\$173.10	18.63%			-43.76%
Jul-2019	29,960	\$175.10	17.36%			0.97	1.00	1.00	\$180.25	16.46%			12.25%
Aug-2019	29,866	\$171.05	16.00%			0.97	1.00	1.00	\$176.29	17.89%			2.69%
Sep-2019	29,794	\$162.62	16.86%			0.97	1.00	1.00	\$167.85	19.84%			64.60%
Oct-2019	29,723	\$191.06	15.03%			0.97	1.00	1.00	\$197.33	7.57%			44.71%
Nov-2019	29,629	\$178.18	13.16%			0.97	1.00	1.00	\$184.29	18.00%			-9.12%
Dec-2019	29,438	\$169.32	11.05%			0.96	1.00	1.00	\$175.30	8.95%			-10.18%
			12.03%			0.96	1.00	1.00	\$175.30	14.07%			17.86%
			25.61%			0.96	1.00	1.00	\$175.30	14.07%			17.86%

**Trend & Projection Assumptions For Physician Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>2(1)</sup>

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen der Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
Jan-2017	9,775	\$71.36				1.00	1.00	1.00	\$71.36				
Feb-2017	10,301	\$62.94				1.00	1.00	1.00	\$62.66				
Mar-2017	11,249	\$76.57				1.01	1.01	1.00	\$75.42				
Apr-2017	11,326	\$73.55				1.00	1.01	1.00	\$72.57				
May-2017	11,395	\$84.93				1.00	1.01	1.00	\$83.91				
Jun-2017	11,437	\$79.86			61.73%	1.00	1.01	1.00	\$78.88				58.26%
Jul-2017	11,594	\$76.18			61.22%	1.00	1.01	1.00	\$75.21				60.70%
Aug-2017	11,706	\$87.08			14.50%	1.00	1.01	1.00	\$85.88				14.70%
Sep-2017	11,726	\$86.47			20.58%	1.00	1.01	1.00	\$85.59				20.74%
Oct-2017	11,764	\$95.86			56.50%	1.00	1.01	1.00	\$94.95				57.27%
Nov-2017	11,675	\$107.13			100.56%	1.00	1.00	1.00	\$106.56				104.50%
Dec-2017	11,600	\$96.21			48.22%	1.00	1.00	1.00	\$96.11		48.73%		111.62%
Jan-2018	25,006	\$70.72			32.67%	-17.30%	0.98	1.02	1.00	\$70.25		33.87%	-15.13%
Feb-2018	25,014	\$71.20			9.03%	-62.06%	0.98	1.02	1.00	\$70.88		10.62%	-61.50%
Mar-2018	25,117	\$79.84			1.84%	-69.81%	0.98	1.02	1.00	\$79.56		3.37%	-69.75%
Apr-2018	25,025	\$87.04			-7.58%	-26.28%	0.98	1.02	1.00	\$86.91		-6.08%	-25.79%
May-2018	25,098	\$96.57			-14.00%	80.95%	0.98	1.02	1.00	\$96.53		-12.69%	83.02%
Jun-2018	25,199	\$93.85			-17.28%	145.04%	0.98	1.02	1.00	\$94.02		-16.22%	149.84%
Jul-2018	25,331	\$90.17			-2.14%	92.85%	0.98	1.01	1.00	\$90.35		-0.82%	96.09%
Aug-2018	25,418	\$97.88			19.23%	31.16%	0.98	1.01	1.00	\$98.14		20.76%	33.16%
Sep-2018	25,557	\$93.66			28.78%	6.26%	0.98	1.01	1.00	\$93.92		30.40%	7.30%
Oct-2018	25,520	\$117.38			44.26%	46.96%	0.98	1.01	1.00	\$117.95		46.04%	48.41%
Nov-2018	25,523	\$108.42			48.15%	64.81%	0.98	1.01	1.00	\$109.07		50.03%	66.47%
Dec-2018	25,498	\$103.51	10.77%		49.78%	86.69%	0.98	1.01	1.00	\$104.39	11.97%	51.80%	89.61%
Jan-2019	30,160	\$82.26	10.77%		33.71%	-20.73%	0.97	1.01	1.00	\$84.04	15.01%	35.98%	-18.12%
Feb-2019	30,197	\$78.99	14.63%		12.46%	-54.55%	0.97	1.01	1.00	\$80.76	16.33%	14.80%	-52.24%
Mar-2019	30,247	\$94.04	15.92%		6.97%	-63.87%	0.97	1.01	1.00	\$96.36	17.80%	9.78%	-61.43%
Apr-2019	30,257	\$95.59	15.11%		-10.17%	-27.86%	0.97	1.01	1.00	\$98.13	17.12%	-7.30%	-24.09%
May-2019	30,224	\$102.75	13.71%		-14.72%	54.44%	0.97	1.01	1.00	\$105.49	15.82%	-11.55%	59.83%
Jun-2019	30,021	\$88.62	11.39%		-21.25%	59.68%	0.97	1.01	1.00	\$91.01	13.55%	-18.03%	62.05%
Jul-2019	29,960	\$93.97	10.48%		-14.72%	27.38%	0.97	1.00	1.00	\$96.73	12.74%	-11.55%	28.87%
Aug-2019	29,866	\$97.17	9.03%		-2.16%	-16.20%	0.97	1.00	1.00	\$100.14	11.37%	1.12%	-15.19%
Sep-2019	29,794	\$97.06	8.56%		-1.10%	1.67%	0.97	1.00	1.00	\$100.18	11.05%	1.72%	3.26%
Oct-2019	29,723	\$109.16	5.26%		10.96%	27.68%	0.97	1.00	1.00	\$112.75	7.83%	13.49%	29.79%
Nov-2019	29,629	\$94.99	9.36%		9.36%	34.46%	0.97	1.00	1.00	\$98.25	5.84%	11.33%	36.55%
Dec-2019	29,438	\$94.84	1.60%		17.24%	15.94%	0.96	1.00	1.00	\$98.18	4.37%	18.96%	17.45%

**Trend & Projection Assumptions For Other Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>2(1)</sup>

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen der Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
Jan-2017	9,775	\$7.61				1.00	1.00	1.00	\$7.61				
Feb-2017	10,301	\$5.77				1.00	1.00	1.00	\$5.74				
Mar-2017	11,249	\$4.67				1.01	1.01	1.00	\$4.61				
Apr-2017	11,326	\$5.71				1.00	1.01	1.00	\$5.63				
May-2017	11,395	\$5.25				1.00	1.01	1.00	\$5.19				
Jun-2017	11,437	\$11.48			151.20%	1.00	1.01	1.00	\$11.34				144.36%
Jul-2017	11,594	\$5.70			274.35%	1.00	1.01	1.00	\$5.63				272.19%
Aug-2017	11,706	\$5.20			314.73%	1.00	1.01	1.00	\$5.13				315.82%
Sep-2017	11,726	\$9.99			-24.82%	1.00	1.01	1.00	\$9.89				-24.60%
Oct-2017	11,764	\$5.22			-31.25%	1.00	1.01	1.00	\$5.17				-30.86%
Nov-2017	11,675	\$6.58			-9.02%	1.00	1.00	1.00	\$6.55				-7.47%
Dec-2017	11,600	\$6.04			-8.46%	-47.10%	1.00	1.00	1.00	\$6.04		-8.29%	-45.65%
Jan-2018	25,006	\$6.54			4.48%	-20.14%	0.98	1.02	1.00	\$6.50		5.36%	-18.21%
Feb-2018	25,014	\$4.37			4.31%	-65.52%	0.98	1.02	1.00	\$4.35		-3.53%	-65.00%
Mar-2018	25,117	\$5.59			-39.04%	-26.76%	0.98	1.02	1.00	\$5.57		-38.16%	-26.73%
Apr-2018	25,025	\$8.07			-25.10%	-23.83%	0.98	1.02	1.00	\$8.06		-23.89%	-23.15%
May-2018	25,098	\$5.43			-33.28%	70.73%	0.98	1.02	1.00	\$5.43		-32.24%	72.87%
Jun-2018	25,199	\$7.88			-4.41%	181.91%	0.98	1.02	1.00	\$7.90		-3.14%	187.63%
Jul-2018	25,331	\$6.79			-6.93%	54.72%	0.98	1.01	1.00	\$6.80		-5.63%	57.27%
Aug-2018	25,418	\$7.44			23.37%	79.83%	0.98	1.01	1.00	\$7.45		25.06%	82.61%
Sep-2018	25,557	\$5.17			44.92%	-32.47%	0.98	1.01	1.00	\$5.18		46.73%	-31.81%
Oct-2018	25,520	\$6.50			11.91%	-18.70%	0.98	1.01	1.00	\$6.53		13.27%	-17.98%
Nov-2018	25,523	\$7.39			30.44%	-44.80%	0.98	1.01	1.00	\$7.43		32.11%	-44.22%
Dec-2018	25,498	\$7.73	-0.36%		17.08%	54.52%	0.98	1.01	1.00	\$7.80	0.70%	18.67%	57.05%
Jan-2019	30,160	\$4.77	-1.88%		2.84%	10.44%	0.97	1.01	1.00	\$4.88	-0.60%	4.52%	13.86%
Feb-2019	30,197	\$5.91	4.33%		-18.71%	-17.63%	0.97	1.01	1.00	\$6.04	5.89%	-16.97%	-13.59%
Mar-2019	30,247	\$7.40	6.72%		-6.56%	-51.01%	0.97	1.01	1.00	\$7.58	8.48%	-4.00%	-47.70%
Apr-2019	30,257	\$7.42	1.76%		6.06%	25.76%	0.97	1.01	1.00	\$7.62	3.59%	9.50%	32.64%
May-2019	30,224	\$10.96	10.31%		15.09%	306.80%	0.97	1.01	1.00	\$11.25	12.51%	19.49%	321.68%
Jun-2019	30,021	\$6.39	10.06%		9.26%	252.71%	0.97	1.01	1.00	\$6.56	12.30%	13.78%	257.71%
Jul-2019	29,960	\$10.35	13.57%		56.67%	219.30%	0.97	1.00	1.00	\$10.66	16.06%	62.63%	223.13%
Aug-2019	29,866	\$6.22	9.23%		7.23%	-37.09%	0.97	1.00	1.00	\$6.41	11.73%	77.81%	-36.35%
Sep-2019	29,794	\$8.99	19.07%		63.24%	13.22%	0.97	1.00	1.00	\$9.28	21.93%	67.75%	14.97%
Oct-2019	29,723	\$7.12	18.53%		53.79%	-57.85%	0.97	1.00	1.00	\$7.36	21.49%	57.17%	-57.16%
Nov-2019	29,629	\$5.78	14.93%		3.30%	-17.19%	0.97	1.00	1.00	\$5.98	17.93%	5.04%	-15.95%
Dec-2019	29,438	\$6.63	11.46%		10.84%	-65.91%	0.96	1.00	1.00	\$6.86	14.50%	12.34%	-65.46%

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

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualiz	Annualiz	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normaliz	Annualize	Annualize
					ed Rolling 6 Mo Trend	ed Rolling 3 Mo Trend					d Rolling 12 Mo Trend	d Rolling 6 Mo Trend	d Rolling 3 Mo Trend
Jan-2017	9,775	\$4.88					1.00	1.00	1.00	\$4.88			
Feb-2017	10,301	\$5.23					1.00	1.00	1.00	\$5.20			
Mar-2017	11,249	\$6.35					1.01	1.01	1.00	\$6.25			
Apr-2017	11,326	\$6.71					1.00	1.01	1.00	\$6.62			
May-2017	11,395	\$7.50					1.00	1.01	1.00	\$7.41			
Jun-2017	11,437	\$8.33				244.00%	1.00	1.01	1.00	\$8.23			237.19%
Jul-2017	11,594	\$8.37				202.13%	1.00	1.01	1.00	\$8.26			201.22%
Aug-2017	11,706	\$8.61				129.52%	1.00	1.01	1.00	\$8.50			129.91%
Sep-2017	11,726	\$7.63				41.97%	1.00	1.01	1.00	\$7.56			42.09%
Oct-2017	11,764	\$9.12				20.67%	1.00	1.01	1.00	\$9.03			21.25%
Nov-2017	11,675	\$8.96				6.43%	1.00	1.00	1.00	\$8.91			8.47%
Dec-2017	11,600	\$10.25		80.80%	75.19%	1.00	1.00	1.00	1.00	\$10.24		81.56%	80.35%
Jan-2018	25,006	\$5.10		19.18%	-45.44%	0.98	1.02	1.00	1.00	\$5.06		20.28%	-43.91%
Feb-2018	25,014	\$5.48		-14.57%	-72.21%	0.98	1.02	1.00	1.00	\$5.46		-13.32%	-71.74%
Mar-2018	25,117	\$6.68		-22.44%	-86.19%	0.98	1.02	1.00	1.00	\$6.66		-21.20%	-86.17%
Apr-2018	25,025	\$7.61		-31.19%	-32.38%	0.98	1.02	1.00	1.00	\$7.60		-30.05%	-32.02%
May-2018	25,098	\$8.15		-33.90%	108.79%	0.98	1.02	1.00	1.00	\$8.15		-32.84%	110.90%
Jun-2018	25,199	\$8.01		-39.88%	259.50%	0.98	1.02	1.00	1.00	\$8.02		-39.09%	266.41%
Jul-2018	25,331	\$7.59		-12.78%	108.19%	0.98	1.01	1.00	1.00	\$7.61		-11.59%	111.63%
Aug-2018	25,418	\$8.69		21.20%	37.27%	0.98	1.01	1.00	1.00	\$8.71		22.74%	39.36%
Sep-2018	25,557	\$9.39		41.65%	36.14%	0.98	1.01	1.00	1.00	\$9.41		43.42%	37.50%
Oct-2018	25,520	\$12.09		72.05%	160.29%	0.98	1.01	1.00	1.00	\$12.15		74.15%	162.91%
Nov-2018	25,523	\$11.88		93.31%	255.35%	0.98	1.01	1.00	1.00	\$11.95		95.76%	259.00%
Dec-2018	25,498	\$13.46		12.48%	136.53%	0.98	1.01	1.00	1.00	\$13.57	13.79%	139.79%	358.63%
Jan-2019	30,160	\$7.38		18.45%	105.00%	28.32%	0.97	1.01	1.00	\$7.54	20.07%	108.39%	32.11%
Feb-2019	30,197	\$7.95		23.55%	71.53%	-49.17%	0.97	1.01	1.00	\$8.13	25.45%	74.96%	-46.80%
Mar-2019	30,247	\$9.69		27.43%	54.17%	-80.00%	0.97	1.01	1.00	\$9.93	29.56%	58.04%	-78.65%
Apr-2019	30,257	\$9.64		28.33%	20.10%	-47.82%	0.97	1.01	1.00	\$9.90	30.62%	23.75%	-44.93%
May-2019	30,224	\$10.77		29.77%	2.22%	30.60%	0.97	1.01	1.00	\$11.06	32.24%	5.87%	35.69%
Jun-2019	30,021	\$9.14		30.50%	-25.22%	94.46%	0.97	1.01	1.00	\$9.39	33.06%	-22.19%	97.29%
Jul-2019	29,960	\$9.70		33.16%	-16.66%	38.82%	0.97	1.00	1.00	\$9.99	35.87%	-13.54%	40.44%
Aug-2019	29,866	\$10.99		34.33%	-4.14%	-3.59%	0.97	1.00	1.00	\$11.33	37.19%	-0.84%	-2.41%
Sep-2019	29,794	\$9.16		30.87%	-6.39%	4.18%	0.97	1.00	1.00	\$9.46	33.81%	-3.62%	5.79%
Oct-2019	29,723	\$9.03		22.31%	-1.07%	-5.68%	0.97	1.00	1.00	\$9.33	25.19%	1.29%	-4.17%
Nov-2019	29,629	\$8.39		14.68%	-6.37%	-36.89%	0.97	1.00	1.00	\$8.68	17.54%	-4.61%	-35.92%
Dec-2019	29,438	\$13.40		10.40%	23.46%	13.09%	0.96	1.00	1.00	\$13.87	13.35%	25.27%	14.68%

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

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualiz	Annualiz	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normaliz	Annualize	Annualize
					ed Rolling 6 Mo Trend	ed Rolling 3 Mo Trend					d Rolling 12 Mo Trend	d Rolling 6 Mo Trend	d Rolling 3 Mo Trend
Jan-2017	9,775	\$12.31					1.00	1.00	1.00	\$12.31			
Feb-2017	10,301	\$9.64					1.00	1.00	1.00	\$9.59			
Mar-2017	11,249	\$17.20					1.01	1.01	1.00	\$16.94			
Apr-2017	11,326	\$16.14					1.00	1.01	1.00	\$15.92			
May-2017	11,395	\$16.50					1.00	1.01	1.00	\$16.30			
Jun-2017	11,437	\$19.36				198.77%	1.00	1.01	1.00	\$19.12			193.43%
Jul-2017	11,594	\$19.03				156.11%	1.00	1.01	1.00	\$18.78			155.95%
Aug-2017	11,706	\$21.05				102.60%	1.00	1.01	1.00	\$20.76			103.01%
Sep-2017	11,726	\$20.71				86.71%	1.00	1.01	1.00	\$20.50			86.94%
Oct-2017	11,764	\$21.41				75.34%	1.00	1.01	1.00	\$21.21			76.19%
Nov-2017	11,675	\$24.62				58.66%	1.00	1.00	1.00	\$24.48			61.77%
Dec-2017	11,600	\$23.33		99.63%	69.22%	1.00	1.00	1.00	1.00	\$23.30		100.53%	74.11%
Jan-2018	25,006	\$11.92		35.68%	-49.72%	0.98	1.02	1.00	1.00	\$11.84		36.99%	-48.34%
Feb-2018	25,014	\$12.86		-10.16%	-82.18%	0.98	1.02	1.00	1.00	\$12.80		-8.85%	-81.89%
Mar-2018	25,117	\$17.09		-19.62%	-86.68%	0.98	1.02	1.00	1.00	\$17.03		-18.39%	-86.66%
Apr-2018	25,025	\$19.29		-26.09%	-26.54%	0.98	1.02	1.00	1.00	\$19.27		-24.87%	-26.11%
May-2018	25,098	\$19.40		-36.77%	174.06%	0.98	1.02	1.00	1.00	\$19.39		-35.78%	176.82%
Jun-2018	25,199	\$20.05		-40.18%	286.89%	0.98	1.02	1.00	1.00	\$20.09		-39.39%	294.26%
Jul-2018	25,331	\$20.51		-9.45%	119.75%	0.98	1.01	1.00	1.00	\$20.55		-8.20%	123.39%
Aug-2018	25,418	\$21.90		30.12%	57.29%	0.98	1.01	1.00	1.00	\$21.96		31.80%	59.71%
Sep-2018	25,557	\$21.51		46.89%	40.14%	0.98	1.01	1.00	1.00	\$21.57		48.73%	41.52%
Oct-2018	25,520	\$25.06		59.97%	70.06%	0.98	1.01	1.00	1.00	\$25.19		61.90%	71.60%
Nov-2018	25,523	\$23.65		74.86%	59.68%	0.98	1.01	1.00	1.00	\$23.79		77.00%	61.27%
Dec-2018	25,498	\$26.44		7.39%	90.94%	91.11%	0.98	1.01	1.00	\$26.67	8.61%	93.47%	94.19%
Jan-2019	30,160	\$15.68		12.89%	48.36%	-20.29%	0.97	1.01	1.00	\$16.02	14.41%	50.76%	-17.84%
Feb-2019	30,197	\$16.51		15.79%	15.31%	-55.00%	0.97	1.01	1.00	\$16.88	17.51%	17.61%	-52.85%
Mar-2019	30,247	\$17.27		15.91%	-0.39%	-81.23%	0.97	1.01	1.00	\$17.69	17.76%	2.08%	-79.98%
Apr-2019	30,257	\$19.96		14.20%	-15.89%	-52.41%	0.97	1.01	1.00	\$20.49	16.15%	-13.32%	-49.81%
May-2019	30,224	\$20.64		13.11%	-24.42%	2.44%	0.97	1.01	1.00	\$21.19	15.18%	-21.70%	6.35%
Jun-2019	30,021	\$20.36		12.28%	-36.99%	130.49%	0.97	1.01	1.00	\$20.91	14.41%	-34.41%	133.94%
Jul-2019	29,960	\$21.20		11.39%	-24.12%	79.38%	0.97	1.00	1.00	\$21.82	13.63%	-21.24%	81.51%
Aug-2019	29,866	\$22.08		10.22%	-8.54%	46.31%	0.97	1.00	1.00	\$22.76	12.56%	-5.37%	48.04%
Sep-2019	29,794	\$21.27		9.11%	4.99%	25.79%	0.97	1.00	1.00	\$21.95	11.58%	8.14%	27.74%
Oct-2019	29,723	\$22.85		8.82%	18.88%	28.33%	0.97	1.00	1.00	\$23.60	8.37%	21.53%	30.41%
Nov-2019	29,629	\$21.71		4.30%	25.88%	14.52%	0.97	1.00	1.00	\$22.46	6.96%	28.28%	16.31%
Dec-2019	29,438	\$24.60		1.57%	46.36%	30.94%	0.96	1.00	1.00	\$25.36	4.32%	48.50%	32.70%



Trend & Projection Assumptions For RX Specialty Claims

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM	Rolling 12 Mo Trend	Annualized	Annualized	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normalized	Normalized	Normalized
					Rolling 6 Mo Trend	Rolling 3 Mo Trend					d Rolling 12 Mo Trend	d Rolling 6 Mo Trend	d Rolling 3 Mo Trend
Jan-2017	9,775	\$23.86					1.00	1.00	1.00	\$20.86			
Feb-2017	10,301	\$24.62					1.00	1.00	1.00	\$24.51			
Mar-2017	11,249	\$34.29					1.01	1.01	1.00	\$33.78			
Apr-2017	11,326	\$27.92					1.00	1.01	1.00	\$27.54			
May-2017	11,395	\$35.15					1.00	1.01	1.00	\$34.73			
Jun-2017	11,437	\$40.98			176.23%		1.00	1.01	1.00	\$40.48			171.48%
Jul-2017	11,594	\$40.12			216.25%		1.00	1.01	1.00	\$39.61			215.40%
Aug-2017	11,706	\$37.66			121.03%		1.00	1.01	1.00	\$37.14			121.50%
Sep-2017	11,726	\$41.20			70.49%		1.00	1.01	1.00	\$40.78			70.70%
Oct-2017	11,764	\$39.77			8.32%		1.00	1.01	1.00	\$39.39			8.87%
Nov-2017	11,675	\$32.11			-17.60%		1.00	1.00	1.00	\$31.94			-16.14%
Dec-2017	11,600	\$34.20		46.63%	-36.69%		1.00	1.00	1.00	\$34.16		47.12%	-34.97%
Jan-2018	25,006	\$25.61		-2.55%	-70.07%		0.98	1.02	1.00	\$25.45		-1.72%	-69.28%
Feb-2018	25,014	\$24.83		-26.87%	-74.05%		0.98	1.02	1.00	\$24.72		-25.85%	-73.62%
Mar-2018	25,117	\$29.32		-37.64%	-68.06%		0.98	1.02	1.00	\$29.22		-36.72%	-67.97%
Apr-2018	25,025	\$33.62		-44.18%	0.13%		0.98	1.02	1.00	\$33.57		-43.27%	0.82%
May-2018	25,098	\$36.70		-38.18%	131.96%		0.98	1.02	1.00	\$36.68		-37.18%	134.65%
Jun-2018	25,199	\$31.44		-34.95%	164.57%		0.98	1.02	1.00	\$31.49		-34.04%	169.66%
Jul-2018	25,331	\$41.18		-4.27%	140.80%		0.98	1.01	1.00	\$41.27		-2.88%	144.81%
Aug-2018	25,418	\$42.36		34.74%	77.65%		0.98	1.01	1.00	\$42.47		36.57%	80.37%
Sep-2018	25,557	\$38.76		61.66%	108.70%		0.98	1.01	1.00	\$38.87		63.75%	110.82%
Oct-2018	25,520	\$42.73		76.61%	64.58%		0.98	1.01	1.00	\$42.95		78.76%	66.12%
Nov-2018	25,523	\$39.91		68.33%	24.06%		0.98	1.01	1.00	\$40.15		70.43%	25.27%
Dec-2018	25,498	\$38.93		3.30%	80.43%		0.98	1.01	1.00	\$39.26	4.49%	82.82%	-0.78%
Jan-2019	30,160	\$25.22		4.45%	30.95%		0.97	1.01	1.00	\$25.76	5.86%	32.99%	-51.75%
Feb-2019	30,197	\$30.38		8.03%	-1.50%		0.97	1.01	1.00	\$31.06	9.66%	0.46%	-63.33%
Mar-2019	30,247	\$35.37		11.47%	-12.25%		0.97	1.01	1.00	\$36.24	13.29%	-9.98%	-65.51%
Apr-2019	30,257	\$42.82		12.54%	-17.90%		0.97	1.01	1.00	\$43.96	14.54%	-15.24%	33.21%
May-2019	30,224	\$36.40		11.29%	-22.24%		0.97	1.01	1.00	\$37.38	13.39%	-19.33%	135.61%
Jun-2019	30,021	\$34.44		13.93%	-29.57%		0.97	1.01	1.00	\$35.37	16.15%	-26.64%	147.33%
Jul-2019	29,960	\$39.96		11.85%	-5.48%		0.97	1.00	1.00	\$41.14	14.15%	-1.84%	9.67%
Aug-2019	29,866	\$35.45		7.86%	10.94%		0.97	1.00	1.00	\$36.54	10.19%	14.74%	-14.57%
Sep-2019	29,794	\$37.49		7.15%	16.46%		0.97	1.00	1.00	\$38.70	9.61%	19.81%	-1.19%
Oct-2019	29,723	\$37.30		4.29%	9.37%		0.97	1.00	1.00	\$38.52	6.83%	11.80%	-0.42%
Nov-2019	29,629	\$41.18		3.03%	17.26%		0.97	1.00	1.00	\$42.59	5.69%	19.35%	26.15%
Last Month in Experience Period	Dec-2019	29,438	\$45.84	3.67%	34.25%		0.96	1.00	1.00	\$47.45	6.51%	36.20%	48.74%



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
mvphhealthcare.com

**ACTUARIAL CERTIFICATION  
FEDERAL ACTUARIAL VALUE ADJUSTMENT  
VERMONT EXCHANGE  
*Gold 3 HDHP Plus*  
*Silver 2 HDHP Plus*  
*Silver 2 HDHP Plus II***

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2021 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 211,000 covered MVP commercial members. The data reflects claims paid for 2017 incurred dates, paid as of January 31, 2019. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

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

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

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

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

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

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

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77% and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

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

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

- Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	75.65%	79.59%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.32%	79.24%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	66.66%	69.09%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	69.38%	71.91%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	69.80%	71.85%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	71.82%	73.93%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	74.26%	75.78%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.54%	77.09%
Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit	84.66%	87.34%
Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit	84.96%	87.65%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	92.64%	93.76%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	92.65%	93.77%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	66.58%	69.01%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	69.30%	71.83%

Actuarial Adjustment factor for Gold 3 Plan:  $0.9956 = 75.32\% / 75.65\%$   
Final Federal AV for Gold 3 Plan:  $79.59\% \times 0.9956 = 79.24\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.0408 = 69.38\% / 66.66\%$   
Final Federal AV for Silver 2 Plan:  $69.09\% \times 1.0408 = 71.91\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.0289 = 71.82\% / 69.80\%$   
Final Federal AV for Silver 2 73% Plan:  $71.85\% \times 1.0289 = 73.93\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.0172 = 75.54\% / 74.26\%$   
Final Federal AV for Silver 2 77% Plan:  $75.78\% \times 1.0172 = 77.09\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.0035 = 84.96\% / 84.66\%$   
Final Federal AV for Silver 2 87% Plan:  $87.34\% \times 1.0035 = 87.65\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.0001 = 92.65\% / 92.64\%$   
Final Federal AV for Silver 2 94% Plan:  $93.76\% \times 1.0001 = 93.77\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.0409 = 69.30\% / 66.58\%$   
Final Federal AV for Silver 2 II Plan:  $69.01\% \times 1.0409 = 71.83\%$

#### CERTIFICATION

I, Matthew Lombardo, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2021 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

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



---

Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care

3/26/2020  
Date

User Inputs for Plan Parameters

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

[MVP VT Plus] Gold 2

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$700.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,500.00	\$1,400.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Gold 2  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$15  
 VBID \$1

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.87%  
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1641 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Gold 3 HDHP

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$3,000.00
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description: [MVP VT Plus] Gold 3 HDHP

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 2021\_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.59%      0.998      79.43%

Metal Tier:

Gold      AV Adj      Final AV

Additional Notes:

Calculation Time:

0.1953 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$500.00	
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,700.00	\$1,400.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 1  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.80%

Silver

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

0.1758 seconds



User Inputs for Plan Parameters

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

[MVP VT Plus] Reflective Silver 1 II

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$500.00	
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,700.00	\$1,400.00	

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Reflective Silver 1 II  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.80%

Silver

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

0.3047 seconds

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 73

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$450.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$5,500.00	\$1,400.00	

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1]

Generic \$5  
 VBID \$1

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.86%  
 Metal Tier: Silver  
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1875 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 77

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$200.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	60.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$5,500.00	\$1,400.00	

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 78.19%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1836 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 87

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	90.00%	60.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$2,600.00	\$700.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

87.78%

Gold

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

0.1406 seconds

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 94

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	95.00%
MOOP (\$)		
MOOP if Separate (\$)	\$1,450.00	\$350.00

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 2021\_1]

Generic \$5  
 VBID \$1

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.96%  
 Metal Tier: Platinum  
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.2031 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,075.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,075.00
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 2021\_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.09%                      1.0416                      71.96%

Metal Tier:

Silver                      AV Adj                      Final AV

Additional Notes:

Calculation Time:

0.3398 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Ref Silver 2 HDHP

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,100.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,100.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Ref Silver 2 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1]

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 69.01% 1.0416 71.88%  
 Metal Tier: Silver AV Adj Final AV

Additional Notes:

Calculation Time: 0.3984 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP CSR 73

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,300.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,300.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1]

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.67% 1.0286 73.72%  
 Metal Tier: Silver AV Adj Final AV

Additional Notes:

Calculation Time: 0.2773 seconds

Final 2021 AV Calculator



User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP CSR 77

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,250.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1]

Output

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 75.78% 1.017 77.07%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.2148 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP 87

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

Desired Metal Tier Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$1,500.00
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 2021\_1j

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

87.34%      1.003      87.61%

Metal Tier:

Gold      AV Adj      Final AV

Additional Notes:

Calculation Time:

0.2344 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP CSR 94

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

Desired Metal Tier Platinum

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

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

93.76% 1 93.76%

Platinum AV Adj Final AV

Additional Notes:

Calculation Time:

0.2852 seconds

Final 2021 AV Calculator

**User Inputs for Plan Parameters**

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

**[MVP VT Plus] Bronze 1**

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

Desired Metal Tier Bronze

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$7,250.00	\$700.00	
Coinsurance (%; Insurer's Cost Share)	50.00%	40.00%	
MOOP (\$)	\$8,400.00		
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

**Name:** [MVP VT Plus] Bronze 1  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID] 2021\_1j

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

62.61%

Bronze

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

0.1211 seconds

User Inputs for Plan Parameters

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

[MVP VT Plus] Bronze 5

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

Desired Metal Tier Platinum

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$7,850.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$7,850.00
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$23.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Bronze 5  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021\_1j

Generic \$30  
 VBID \$3

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.81%

Metal Tier:

Additional Notes:

Calculation Time:

0.3242 seconds

Final 2021 AV Calculator



March 9, 2020

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

**RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2021 STANDARD PLAN DESIGNS**

Dear Dana:

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2020, one Platinum, one Gold, two Silver, and three Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2020 standard plan designs are all continuing in 2021.

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

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the 2021 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2021 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A. The 2021 Notice of Benefit and Payment Parameters (NBPP) is still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes.

A list of the changes from the 2020 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

1. Platinum – The medical deductible and medical Maximum Out of Pocket (MOOP) were increased.
2. Gold – The medical deductible, medical Maximum Out of Pocket (MOOP), pharmacy MOOP, generic pharmacy copay, and preferred brand pharmacy copay were all increased.
3. Silver Deductible – The combined medical/pharmacy MOOP and separate pharmacy MOOP were increased. Chiropractic services copays and physical therapy copays were decreased.
4. Bronze Deductible with Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and separate pharmacy MOOP were all increased. The generic pharmacy, chiropractic services, and physical therapy copays were all decreased. The deductible was also waived for generic scripts.
5. Bronze Deductible without Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and generic pharmacy copays were increased.
6. Silver HDHP – The medical deductible, medical MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
7. Bronze HDHP – The medical MOOP and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, starting in 2016 the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

## Regulatory Background

The ACA allows for a -4% to +2% de minimis range around the target AVs for each metal level. For example, any plan design that has an AV from 66% to 72% is considered a Silver plan. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, all three Bronze plans qualify for the expanded range. This is a change for 2021. In 2020 and prior, the Bronze Deductible plan with Pharmacy Limit did not qualify.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2021 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. The final AVC has not yet been released. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are not yet released for 2021. The 2020 minimum deductible and MOOP were \$1,400 and \$6,900, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. Should the federal HDHP minimum deductible for 2021 increase from \$1,400, both the Silver and Bronze HDHPs and associated CSR plan designs will require changes to meet this requirement.

Additionally, the 2021 Notice of Benefits and Payment Parameters (NBPP)<sup>2</sup> is still in draft form. Based on the draft regulations, the single annual limit, or MOOP, is expected to be \$8,550, up from \$8,150 in 2020. Should the single annual limit not be finalized as proposed and the regulations finalize a limit below \$8,550, both the Silver and Bronze HDHPs shown in this report will require changes in order to meet this requirement. Additionally, if the final limit is finalized below \$8,400 both Bronze Deductible Plans (with and without drug limit) will also require changes in order to meet this requirement.

## CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2021.

---

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

<sup>2</sup> <https://www.federalregister.gov/documents/2020/01/24/2020-00077/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2021>



The off-Exchange “reflective” plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange “reflective” plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

## **Chiropractic and Physical Therapy Copays**

Act No. 7 (Bill S.1), relating to copayment limits for chiropractic care and physical therapy, was signed into law June 25, 2018. Act No. 7 requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125%-150% of the copay applicable to services provided by a primary care provider (PCP) in 2020. For 2021, S.202 was introduced which would require the copay for chiropractic services for Silver and Bronze metal level plans to be less than or equal to 125% of the PCP copay. The plan designs shown here have been updated assuming that S.202 is passed as introduced and sets the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. This change impacts only the Silver and Bronze metal level plans with a copay. Plans with coinsurance are not impacted.

The Federal actuarial value calculator does not account for all service categories and chiropractic services is one of those that is not explicitly included in the calculator. As noted in the “Actuarial Value Considerations” section below, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. We have not previously made adjustments to the results of the AVC to reflect chiropractic services cost sharing and do not feel that this regulation would warrant a change to that methodology. Therefore, no adjustments have been made to the actuarial value calculations and certification included in this memo for chiropractic services.

S.202 does not specifically require changes to the physical therapy copays. Based on issuer feedback, it is preferable to continue to set physical therapy and chiropractic copays equal to each other. The AVC does account for physical therapy services. The changes to the copays for chiropractic and physical therapy services are reflected in the 2021 standard plan designs.

## Actuarial Value Considerations

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

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

Both Silver plans and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost sharing reduction plan designs have similar features. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The three potential substantial differences that Wakely considered include:

1. Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>3</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible

---

<sup>3</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

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

and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the proposed single limit of \$8,550, the MOOP must either be stacked or there must be an embedded individual MOOP of \$8,550. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,400 and \$2,800 for individual and family coverage in 2020, 2021 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,400 and \$2,800 for individual and family coverage in 2020) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,400 for individual or \$2,800 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,400 or \$2,800, regardless of the amount of the overall MOOP which will include both drug and medical claims.

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

3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this

increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase). Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, it is recommended that the appropriateness of this adjustment is analyzed for the 2022 plan designs.

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

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

**Table 1: Adjusted Acceptable Federal Actuarial Values**

	Plan	Adjusted Acceptable Range
<b>Deductible Plans</b>	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
	Silver	66.0%-72.0%
	Bronze (with drug limit)	56.0%-65.0% <sup>4</sup>
	Bronze (without drug limit)	56.0%-65.0%
<b>HDHPs</b>	Silver - Embedded MOOP	66.0%-71.5%
	Bronze - Embedded MOOP	56.0%-64.5%
<b>Cost Sharing Reduction Plan Designs - Deductible Plans</b>	250-300% FPL (73% AV)	72.0%-74.0%
	200-250% FPL (77% AV)	76.0%-78.0%
	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
<b>Cost Sharing Reduction Plan Designs - HDHPs</b>	250-300% FPL (73% AV)	72.0%-73.5%
	200-250% FPL (77% AV)	76.0%-77.5%
	150-200% FPL (87% AV)	86.0%-87.5%
	133-150% FPL (94% AV)	93.0%-94.5%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

## Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

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

---

<sup>4</sup> In 2020 and prior, the Bronze Deductible (with drug limit) plan was not eligible for the expanded de minimis range and would had an upper AV limit of 62.0%. Due to changes in the 2021 plan design, this plan now qualifies for the expanded range.

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

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

## **Vermont-Specific Adjustment Model**

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or

that both medical and drug claims will accumulate to both deductibles, even if different amounts.

- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

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

### Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.

- a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
  - b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
  - c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$8,550.
3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit<sup>5</sup> and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.

---

<sup>5</sup> Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
  - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

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

## Disclosures and Limitations

**Responsible Actuary.** Julie Peper and Brittney Phillips are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney is a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report.

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

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected

actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

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

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Final 2021 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.

**Subsequent Events.** Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

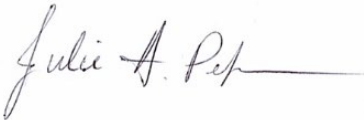
1. The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2021. The 2020 minimum deductible and MOOP are \$1,400 and \$6,900, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. The plan designs presented are compliant with the 2020 HDHP limits and may need to change once the 2021 HDHP limits are released, primarily if the minimum deductible is increased.
2. The 2021 Notice of Benefits and Payment Parameters (NBPP) are still in draft form. Based on the draft regulations, the single annual limit is expected to be \$8,550, up from \$8,150 in 2020. The plan designs presented are compliant with the 2021 draft NBPP and may need to change if the final NBPP lowers the annual limit from the draft notice.
3. Other changes to regulations passed subsequent to this report.

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

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

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

Sincerely,

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

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

A handwritten signature in black ink that reads "Brittney Phillips" in a cursive style.

Brittney Phillips, ASA, MAAA  
Consulting Actuary

## Appendix A

### **Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2021**

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2021 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

1. The final 2021 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
2. Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
3. The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
4. The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, one Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2021 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System

(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

A handwritten signature in black ink that reads 'Brittney Phillips'.

---

Brittney Phillips, ASA, MAAA  
March 9, 2020

## Appendix B – Summary of Plan Design Changes from 2020 Designs

		Deductible Plans	
Plan	Platinum		Gold
<b>Changes</b>	Increase medical OOPM from \$1,350 to \$1,400		Increase medical deductible from \$900 to \$1,100
	Increase Rx OOPM from \$1,350 to \$1,400		Increase medical OOPM from \$5,000 to \$5,200
			Increase Rx OOPM from \$1,350 to \$1,400
			Increase generic Rx copay from \$10 to \$12
			Increase preferred brand Rx copay from \$50 to \$55

		Deductible Plans	
Plan	Silver		Bronze w/ Rx Limit
<b>Changes</b>	Increase medical OOPM from \$7,900 to \$8,150		Increase medical deductible from \$6,000 to \$6,250
	Increase Rx OOPM from \$1,350 to \$1,400		Increase medical OOPM from \$8,150 to \$8,400
	Decrease chiro/PT copay from \$45 to \$40		Increase Rx OOPM from \$1,350 to \$1,400
			Waive deductible for generic scripts
			Decrease generic Rx copay from \$20 to \$15
			Decrease chiro/PT copay from \$45 to \$40

		Deductible Plans
Plan		Bronze w/o Rx Limit
<b>Changes</b>	Increase medical deductible from \$7,900 to \$8,400	
	Increase medical OOPM from \$7,900 to \$8,400	
	Increase generic Rx copay from \$25 to \$30	

		HDHPs	
Plan	Silver - Embedded MOOP		Bronze - Embedded MOOP
<b>Changes</b>	Increase medical deductible from \$1,700 to \$1,750		Increase medical OOPM from \$6,750 to \$6,900
	Increase medical OOPM from \$6,750 to \$6,900		Increase embedded single OOPM from \$8,150 to \$8,550
	Increase embedded single OOPM from \$8,150 to \$8,550		



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

Deductible/OOP Max	2021 Plan Designs - Silver Deductible Plans	
	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,200	\$3,200
Rx Ded	\$350	\$350
Integrated Ded	No	No
Medical MOOP	\$8,150	\$8,150
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%
Outpatient	50%	50%
ER	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$35
MH/SA Office Visit	\$35	\$35
Chiropractic	\$80	\$80
Physical Therapy	\$40	\$40
Specialist Office Visit	\$40	\$40
Urgent Care	\$90	\$90
Ambulance	\$100	<b>\$105</b>
Rx Generic	\$15	\$15
Rx Preferred Brand	\$60	\$60
Rx Non-Preferred Brand	50%	50%
Rx Specialty	50%	50%
Actuarial Value		
2021 Federal AVC, Adjusted if Necessary	71.8%	71.8%

2021 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,750	\$1,750
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual
Preventive	Preventive
Wellness scripts	Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	30%
30%	30%
30%	<b>35%</b>
\$10	\$10
\$40	\$40
50%	50%
50%	50%
Actuarial Value	
71.2%	71.2%

## Appendix D – Comments Relative to Applicable ASOPs

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

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

### **ASOP 23: Data Quality**

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

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
  1. Data was appropriate and sufficiently current.
  2. Data was reasonable and comprehensive of the necessary data elements.
  3. There were no known, material limitations of the data.
  4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
  5. Alternative data sets were not deemed necessary to complete the analysis.
  6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.



3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

## **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

### 3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report lists the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

## **ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act**

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

## Appendix E – Standard Plan Designs

### Deductible Plan Designs

2021 Plan Designs - Deductible Plans						
Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit	
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	
Medical Ded	\$350	\$1,100	\$3,200	\$6,250	\$8,400	
Rx Ded	\$0	\$100	\$350	\$1,000	N/A	
Integrated Ded	No	No	No	No	Yes	
Medical MOOP	\$1,400	\$5,200	\$8,150	\$8,400	\$8,400	
Rx MOOP	\$1,400	\$1,400	\$1,400	\$1,400	N/A	
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV	
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts	
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	
Inpatient	10%	30%	50%	50%	0%	
Outpatient	10%	30%	50%	50%	0%	
ER	\$100	\$150	\$250	50%	0%	
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%	
Preventive	\$0	\$0	\$0	\$0	0%	
PCP Office Visit	\$15	\$20	\$35	\$35	\$40	
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40	
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100	
Chiropractic	\$20	\$30	\$40	\$40	\$50	
Physical Therapy	\$20	\$30	\$40	\$40	\$50	
Urgent Care	\$50	\$60	\$90	\$100	0%	
Ambulance	\$60	\$70	\$100	\$100	0%	
Rx Generic	\$10	\$12	\$15	\$15	\$30	
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%	
Rx Non-Preferred Brand	50%	50%	50%	60%	0%	
Rx Specialty	50%	50%	50%	60%	0%	
Actuarial Value						
2021 Federal AVC, Adjusted if Necessary	89.7%	81.9%	71.8%	64.1%	64.8%	



**Deductible Plan Designs – Cost Sharing Reduction Plans**

2021 Plan Designs - Deductible Plans					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,200	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$350	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$8,150	\$6,750	\$6,000	\$2,200	\$900
Rx MOOP	\$1,400	\$1,250	\$1,100	\$450	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$10	\$5
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15
Chiropractic	\$40	\$40	\$30	\$12	\$6
Physical Therapy	\$90	\$80	\$60	\$40	\$25
Urgent Care	\$100	\$100	\$100	\$100	\$50
Ambulance	\$15	\$12	\$12	\$10	\$5
Rx Generic	\$60	\$60	\$60	\$50	\$20
Rx Preferred Brand	50%	50%	50%	50%	30%
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	40%	10%
Actuarial Value					
2021 Federal AVC, Adjusted if Necessary	71.8%	74.0%	78.0%	88.0%	94.8%

**HDHP Plan Designs**

<b>2021 Plan Designs - HDHP Plans</b>		
<b>Deductible/OOP Max</b>	<b>Silver</b>	<b>Bronze</b>
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,750	\$5,500
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$6,900
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
<b>Actuarial Value</b>		
2021 Federal AVC, Adjusted if Necessary	71.2%	63.8%



**HDHP Plan Designs – Cost Sharing Reduction Plans**

2021 Plan Designs - HDHP Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,750	\$1,750	\$1,600	\$1,400	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,400	\$550
Rx MOOP	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated MOOP	Rx – No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2021 Federal AVC, Adjusted if Necessary	71.2%	73.5%	77.4%	87.5%	93.7%

## Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$8,550	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
<b>Silver HDHP – Embedded \$8,550 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	73.4%	71.2%
<b>Bronze HDHP– Embedded \$8,550 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	65.2%	63.8%
<b>Silver Deductible</b>	No	No	No	Yes	No	70.8%	71.8%
<b>Bronze Deductible (with pharmacy limit)</b>	No	No	Yes	Yes	No	63.3%	64.1%
<b>Silver HDHP - Embedded \$8,550 Individual MOOP CSR 73%</b>	Yes	Yes	No	Yes	Yes	75.7%	73.5%
<b>Silver HDHP - Embedded \$8,550 Individual MOOP CSR 77%</b>	Yes	Yes	No	Yes	Yes	79.5%	77.4%
<b>Silver HDHP - Embedded \$8,550 Individual MOOP CSR 87%</b>	Yes	Yes	No	No	Yes	88.0%	87.5%
<b>Silver HDHP - Embedded \$8,550 Individual MOOP CSR 94%</b>	Yes	Yes	No	No	Yes	93.8%	93.7%
<b>Silver Deductible CSR – 73%</b>	No	No	Yes	Yes	No	73.1%	74.0%
<b>Silver Deductible CSR – 77%</b>	No	No	Yes	Yes	No	77.4%	78.0%
<b>Silver Deductible CSR – 87%</b>	No	No	Yes	Yes	No	87.7%	88.0%
<b>Silver Deductible CSR – 94%</b>	No	No	Yes	Yes	No	94.7%	94.8%



## Appendix G – Screen Shots and AV Development

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

1. Silver HDHP – Embedded MOOP

AV from AVC = 73.4%

Adjusted AV = 71.2%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		70.00%			
		\$6,900.00			

[Click Here for Important Instructions](#)

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**  
 2021 Silver HDHP Plan  
 Name: Option 2  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2021\_1j

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.  
 Actuarial Value: 73.37%

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

Additional Notes:

Calculation Time: 0.1445 seconds

Draft 2021 AV Calculator

### 1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,750		
Family Deductible		3,500	3,500		
Individual Out-of-Pocket		6,900	6,900		
Family Out-of-Pocket		13,800	13,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		8,150			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$312.51	\$76.17	\$388.68	
Actuarial Value		73.1%	74.4%	73.38%	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$295.84	\$81.03	\$376.87	
Actuarial Value		69.2%	79.1%	71.15%	

## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 65.2%

Adjusted AV = 63.8%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$5,500.00			
Coinsurance (% , Insurer's Cost Share)		50.00%			
MOOP (\$)		\$6,900.00			
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

**Plan Description:**

2021 Bronze HDHP Plan

**Name:** Option 2

**Plan HIOSID:**

**Issuer HIOS ID:**

**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 65.16%

Metal Tier:

Additional Notes:

Calculation Time: 0.1797 seconds

Draft 2021 AV Calculator

## 2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,500	5,500		
Family Deductible		11,000	11,000		
Individual Out-of-Pocket		6,900	6,900		
Family Out-of-Pocket		13,800	13,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		8,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$513.61	\$123.15	\$636.77	
	Plan PMPM	\$331.13	\$83.82	\$414.95	
	Actuarial Value	64.5%	68.1%	65.17%	

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

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,500	1,400		
Family Deductible		11,000	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$313.37	\$92.61	\$405.99	
Actuarial Value		61.0%	75.2%	63.76%	

### 3. Silver Deductible

AV from AVC = 70.8%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $65.96\%/65.04\% = 1.01 \times .708 = 71.8\%$

Adjusted AV = 71.8%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,200.00	\$350.00			
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$8,150.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**  
 2021 Silver Deductible Plan Option 1  
**Name:** 2021 Silver Deductible Plan Option 1  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.81%  
 Metal Tier: Silver  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.082 seconds

**Draft 2021 AV Calculator**



Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		8,150	8,150		
Family Out-of-Pocket		16,300	16,300		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,150			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$265.35	\$79.17	\$344.52	
Actuarial Value		62.1%	77.3%	65.04%	

### 3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		8,150	1,400		
Family Out-of-Pocket		16,300	2,800		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,150			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$262.56	\$86.82	\$349.38	
Actuarial Value		61.5%	84.7%	65.96%	

#### 4. Bronze Deductible (with drug limit)

AV from AVC = 63.3%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $63.62\%/62.82\% = 1.013 \times .633 = 64.1\%$

Adjusted AV = 64.1%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,250.00	\$1,000.00				
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%				
MOOP (\$)	\$8,400.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \_\_\_\_\_

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

# Days (1-10): \_\_\_\_\_

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

# Visits (1-10): \_\_\_\_\_

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

# Copays (1-10): \_\_\_\_\_

**Plan Description:**

2021 Bronze Deductible Plan - with Rx Limit - Option 5

**Name:** \_\_\_\_\_

**Plan HIOS ID:** \_\_\_\_\_

**Issuer HIOS ID:** \_\_\_\_\_

**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value: 63.30%

Metal Tier: Bronze

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

Calculation Time: 0.082 seconds

**Draft 2021 AV Calculator**

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

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	8,400		
Family Out-of-Pocket		16,800	16,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$308.05	\$91.95	\$400.01	
Actuarial Value		60.0%	74.7%	62.82%	

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

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	1,400		
Family Out-of-Pocket		16,800	2,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
		Costs that Accumulate			
				OOP	Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$303.35	\$101.76	\$405.11	
Actuarial Value		59.1%	82.6%	63.62%	

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.5%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,750.00			
Coinsurance (%; Insurer's Cost Share)		75.00%			
MOOP (\$)		\$5,200.00			
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

2021 HDHP  
 Plan CSR  
 Variations - 250  
 300% FPL (73% AV)  
**Name:** \_\_\_\_\_  
**Plan HIOS ID:** \_\_\_\_\_  
**Issuer HIOS ID:** \_\_\_\_\_  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 75.69%  
 Metal Tier: \_\_\_\_\_  
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.  
 Calculation Time: 0.1172 seconds  
**Draft 2021 AV Calculator**

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

HDHP Model – Normalization:

Inputs					
<p>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.            Press 'Calculate' anytime an input or dropdown selection is changed.            Note that the model run-time will vary based on the computers processing speed.            A message box will appear to indicate that the calculations are done.</p>					
		Medical	Rx		
Individual Deductible		1,750	1,750		
Family Deductible		3,500	3,500		
Individual Out-of-Pocket		5,200	5,200		
Family Out-of-Pocket		10,400	10,400		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$435.09	\$104.33	\$539.42	
	Plan PMPM	\$329.44	\$78.80	\$408.24	
	Actuarial Value	75.7%	75.5%	75.68%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		5,200	1,400		
Family Out-of-Pocket		10,400	2,800		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$313.60	\$82.73	\$396.33	
Actuarial Value		72.1%	79.3%	73.47%	



### 6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.4%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,600.00			
		75.00%			
		\$4,400.00			

[Click Here for Important Instructions](#)

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

**Options for Additional Benefit Design Limits:**

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

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

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

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

**Plan Description:**  
2021 HDHP  
Plan CSR  
Variations - 200  
250% FPL  
(77% AV)

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
Actuarial Value: 79.48%

Metal Tier:

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

Calculation Time: 0.1055 seconds

Draft 2021 AV Calculator

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,600		
Family Deductible		3,200	3,200		
Individual Out-of-Pocket		4,400	4,400		
Family Out-of-Pocket		8,800	8,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$406.05	\$98.31	\$504.36	
Actuarial Value		79.3%	80.1%	79.49%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,400		
Family Deductible		3,200	2,800		
Individual Out-of-Pocket		4,400	1,400		
Family Out-of-Pocket		8,800	2,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$511.77	\$122.71	\$634.48	
	Plan PMPM	\$390.18	\$100.66	\$490.84	
	Actuarial Value	76.2%	82.0%	77.36%	

### 7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 88.0%

Adjusted AV = 87.5%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Medical	Drug	Combined
Deductible (\$)					\$1,400.00
Coinsurance (%; Insurer's Cost Share)					100.00%
MOOP (\$)					\$1,400.00
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

**Plan Description:**

2021 HDHP  
Plan CSR  
Variations - 150  
200% FPL  
(87% AV)

**Name:**

**Plan HIOS ID:**

**Issuer HIOS ID:**

**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 87.98%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1367 seconds

**Draft 2021 AV Calculator**

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$430.02	\$103.99	\$534.01	
Actuarial Value		87.8%	88.6%	87.98%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$427.60	\$103.45	\$531.05	
Actuarial Value		87.3%	88.1%	87.49%	

### 8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.8%

Adjusted AV = 93.7%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

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

[Click Here for Important Instructions](#)

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

**Options for Additional Benefit Design Limits:**

<input type="checkbox"/> Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	<b>Plan Description:</b> 2021 HDHP Plan CSR Variations - 133 150% FPL (94% AV)
<input type="checkbox"/> Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<b>Name:</b> Plan HIOS ID: Issuer HIOS ID: AVC Version: 2021_1j
<input type="checkbox"/> Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	
<input type="checkbox"/> Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	

**Output**

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

Actuarial Value: 93.76%

Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1289 seconds

**Draft 2021 AV Calculator**

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.34	\$93.36	\$482.70	
Actuarial Value		93.8%	93.8%	93.76%	



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

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.18	\$93.26	\$482.45	
Actuarial Value		93.7%	93.7%	93.72%	

9. Silver Deductible CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 68.11%/67.35% = 1.011 x 73.1% = 74.0%

Adjusted AV = 74.0% AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,100.00	\$350.00			
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,750.00				
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

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

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

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

**Plan Description:**

2021  
Deductible  
Plan CSR  
Variations - 250  
300% FPL  
(73% AV)

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
Actuarial Value: 73.14%  
Metal Tier: Silver  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0625 seconds

Draft 2021 AV Calculator

**9. Silver Deductible CSR – 73%, Continued**

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	6,750		
Family Out-of-Pocket		13,500	13,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$280.83	\$82.48	\$363.31	
Actuarial Value		64.5%	79.1%	67.35%	

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	1,250		
Family Out-of-Pocket		13,500	2,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$277.96	\$89.44	\$367.40	
Actuarial Value		63.9%	85.7%	68.11%	

### 10. Silver Deductible CSR – 77%

AV from AVC = 77.4%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $73.0\%/72.46\% = 1.007 \times .774 = 78.0\%$

Adjusted AV = 78.0%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,600.00	\$300.00				
Coinurance (% Insurer's Cost Share)	50.00%	50.00%				
MOOP (\$)	\$6,100.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

2021  
 Deductible  
 Plan CSR  
 Variations - 200  
 250% FPL (77% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

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

Actuarial Value: 77.40%

Metal Tier:

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

Calculation Time: 0.125 seconds

Draft 2021 AV Calculator

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	6,100		
Family Out-of-Pocket		12,200	12,200		
Coinsurance (50% or Less)		41%	26%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$511.77	\$122.71	\$634.48	
	Plan PMPM	\$357.42	\$102.33	\$459.75	
	Actuarial Value	69.8%	83.4%	72.46%	

**10. Silver Deductible CSR – 77%, Continued**

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	1,100		
Family Out-of-Pocket		12,200	2,200		
Coinsurance (50% or Less)		41%	26%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$354.49	\$108.67	\$463.16	
Actuarial Value		69.3%	88.6%	73.00%	

### 11. Silver Deductible CSR – 87%

AV from AVC = 87.7%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $85.15\%/84.92\% = 1.003 \times .877 = 88.0\%$

Adjusted AV = 88.0%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,100.00	\$200.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$2,200.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \_\_\_\_\_

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

# Days (1-10): \_\_\_\_\_

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

# Visits (1-10): \_\_\_\_\_

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

# Copays (1-10): \_\_\_\_\_

**Plan Description:**

2021  
Deductible  
Plan CSR  
Variations - 150  
200% FPL  
(87% AV)

**Name:** \_\_\_\_\_  
**Plan HIOS ID:** \_\_\_\_\_  
**Issuer HIOS ID:** \_\_\_\_\_  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 87.73%

Metal Tier: Gold

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

Calculation Time: 0.0859 seconds

Draft 2021 AV Calculator



11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,100	200		
Family Deductible		2,200	400		
Individual Out-of-Pocket		2,200	2,200		
Family Out-of-Pocket		4,400	4,400		
Coinsurance (50% or Less)		31%	25%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$410.23	\$105.22	\$515.45	
Actuarial Value		83.8%	89.6%	84.92%	

### 11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,100	200		
Family Deductible		2,200	400		
Individual Out-of-Pocket		2,200	450		
Family Out-of-Pocket		4,400	900		
Coinsurance (50% or Less)		31%	25%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$407.76	\$109.12	\$516.88	
Actuarial Value		83.3%	93.0%	85.15%	

## 12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $94.62\%/94.47\% = 1.002 \times .947 = 94.8\%$

Adjusted AV = 94.8%

### AVC Screen Shot:

#### User Inputs for Plan Parameters

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

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

Desired Metal Tier: Platinum

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$200.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	90.00%	70.00%				
MOOP (\$)	\$900.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

#### Options for Additional Benefit Design Limits:

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

#### Plan Description:

2020  
Deductible  
Plan CSR  
Variations - 133-  
150% FPL  
(94% AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

#### Output

Status/Error Messages:

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

Actuarial Value:

94.84%

Metal Tier:

Platinum

Additional Notes:

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

Calculation Time:

0.0938 seconds

Draft 2020 AV Calculator

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	900		
Family Out-of-Pocket		1,800	1,800		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$415.23	\$99.56	\$514.80	
	Plan PMPM	\$391.69	\$94.63	\$486.32	
	Actuarial Value	94.3%	95.0%	94.47%	

**12. Silver Deductible CSR – 94%, Continued**

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked 2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$390.85	\$96.26	\$487.11	
Actuarial Value		94.1%	96.7%	94.62%	



## Contact Information

### **Company Information**

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

### **Primary Contact Information**

Contact Name:	Eric Bachner, ASA
Contact Title:	Leader, Actuarial
Primary Contact Phone #:	1-800-777-4793, ext. 7213
Primary Contact Address:	625 State Street Schenectady, NY 12301-2207
Primary Contact E-mail:	<a href="mailto:ebachner@mvphealthcare.com">ebachner@mvphealthcare.com</a>

## **ACTUARIAL MEMORANDUM 2021 Vermont Exchange Filing**

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

This memorandum details the methods and assumptions underlying the proposed 2021 premium rates for the State of Vermont's individual and small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2021 and 12/31/2021. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The rate increase including on-exchange Silver members (MVP's revenue increase) is 7.3%, with increases ranging from 0.5% to 9.5%.

### **Market/Benefits**

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2021)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2020, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2020 to 2021. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

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

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 14,848 policyholders, 23,782 subscribers and 36,980 members based on February 2020 membership.

### **Experience Period Claims**

MVP Health Plan historical claim data was the basis of the premium rate development. All ACA compliant individual and small employer group data are included in the experience period data set.

MVP combined the experience of these separate pools of data to satisfy the single risk pool requirement of the Federal ACA as well as Vermont rating requirements. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/19 and 12/31/19, paid through 2/29/20. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/20.

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

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

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

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

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

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 2.4% which is our best estimate of ultimate liabilities as of 3/31/20. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

<b>Incurred Month</b>	<b>Paid Claims</b>	<b>Incurred Claims</b>	<b>IBNR Factor</b>
201912	\$10,119,416	\$11,743,963	1.161
201911	\$10,776,918	\$11,521,206	1.069
201910	\$11,662,988	\$12,081,473	1.036
201909	\$11,182,138	\$11,322,827	1.013
201908	\$10,858,640	\$10,940,513	1.008
201907	\$11,064,530	\$11,112,628	1.004
201906	\$10,559,629	\$10,589,170	1.003
201905	\$12,038,345	\$12,059,192	1.002
201904	\$11,255,116	\$11,275,409	1.002
201903	\$11,663,650	\$11,685,456	1.002
201902	\$9,500,237	\$9,499,191	1.000
201901	\$11,011,331	\$11,017,826	1.001
<b>Total</b>	<b>\$131,692,938</b>	<b>\$134,848,855</b>	<b>1.024</b>



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

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

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

Category for Rating	Rx Rebates	Rx Claims	Rebate %
ACA Compliant Small Group	(\$3,047,079)	\$12,870,055	-23.6%
ACA Compliant Individual	(\$2,727,581)	\$11,114,006	-24.5%
Total	(\$5,774,660)	\$23,984,062	-24.1%

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

Lines 10 to 12 account for volatility in high cost claims. Claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 12.4% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for the experience period as well as the two preceding calendar years (2019, 2018, 2017). Please see the following table for the high cost claim percentage by year:

Time Period	High Cost Claim %
CY2017	13.6%
CY2018	11.1%
CY2019	12.3%
Average	12.4%

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

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

Summary of Experience Period Non-FFS and Capitation Amounts	
Other Medical Expenses not in claim warehouse	\$1.15
Net Reinsurance Expense	\$0.48
Medical Home and PCP Incentive	\$2.93
Total Non-FFS and Capitation Amounts	\$4.56

\*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 \* 1.149% + the applicable value shown above.

The line “Chiropractic and Acupuncture Cap” from this table in the 2020 filing has been removed. MVP is working toward carving these services back into our network and the FFS equivalent claim amounts have been reflected in the experience period claim data in Line 2.

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

#### **Market-Wide Adjustments to Experience Period Claims**

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

##### *Line 15- Adjustment for Pharmacy Benefit Carve-in*

For plans that are considered Qualified High-Deductible Health Plans (QHDHPs), certain drugs are classified as preventive and are not subject to the member’s deductible. MVP will be classifying antidepressants and antipsychotic/antimanic agents as “preventive” effective January 1, 2020.

Quantifying the effect of this benefit change takes place in two steps. First, MVP analyzed 2019 pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$86,499 under their deductible for these drugs, which was then converted to a PMPM amount using total membership for each cohort in the experience period. These amounts are \$0.12 for individual and \$0.35 for small group and are reflected on line 15.

The second step was to adjust the benefit actuarial values to ensure that this load was only applied to QHDHPs. MVP adjusted the historical data in its benefit relativity model to capture these drugs as preventive before the benefit AVs were calculated. This loads the cost of covering the preventive drugs discussed above onto just the QHDHPs, as those plans have a higher relativity in the rating period than they did in the experience period.

##### *Line 16- Adjustment for Medical Safe Harbor Coverage on QHDHP’s*

In July of 2019, the Internal Revenue Service released IRS Notice 2019-45, which allowed for the coverage of specific medical services and items before the deductible on QHDHPs. MVP analyzed the claim cost for QHDHPs from the entire commercial population for the services not currently covered under the Safe Harbor provision and found that the additional claim expense will be worth \$0.23 for small group and \$0.09 for individual.

The benefit actuarial values were then adjusted in a similar manner to the adjustment described in line 15 above, in order to ensure that the additional claim cost was reflected specifically on the QHDHP benefit designs for 2021.

##### *Line 17- Adjustment for COVID-19 Immunization Cost*

MVP is assuming that a vaccine to prevent the novel coronavirus (COVID-19) will be tested and widely available in 2021. To account for the costs an immunization would add to claim cost, MVP is assuming that an immunization would be covered in full at the cost of \$75 per dose. MVP is also assuming that 80% of the population would obtain the vaccine (based on an analysis published by Wakely Consulting), which corresponds to a PMPM claim cost of \$5.00 PMPM (\$75 per dose times 80% utilization PMPY divided by 12 months). This adjustment is reflected on line 17 of Exhibit 3.

##### *Line 18- Adjustment for COVID-19 Pent-up Demand*

As a result of the COVID-19 pandemic, elective surgeries and associated services have been postponed for effectively all of MVP’s service area. As of the time of the filing, both Vermont and New Hampshire have announced that they are allowing the ramp up of elective procedures again. Therefore, MVP is assuming that 2 months of elective surgeries have been canceled in 2020.

MVP analyzed its entire commercial population for 2019 and found that the claim cost related to elective services was \$45.09 PMPM. To value what the delay of these elective services will be worth in 2021, MVP made the following assumptions:

- Resumption of a normal level of elective services will begin in mid-May 2020
- Twenty percent (20%) of elective services deferred during the 2 months will be eliminated
- In order to recoup lost revenue, beginning in August 2020 providers will perform 110% of their prior elective service volume until deferred services were fully performed

These assumptions combine to add \$4.51 PMPM in claim cost for the time period of January to April 2021 (at which point all deferred services will be made up and providers will return to normal utilization levels). MVP is reflecting \$1.50 PMPM (\$4.51 PMPM for 4 months, converted to an annual PMPM) in this filing to account for the increased utilization.

#### *Line 19- Adjustment for National High Cost Reinsurance Pool*

In the 2021 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont's merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2021 will be 0.28%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be the full 0.28% shown on line 19.

#### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 2020 and 2021 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2020 and MVP's best estimate of future budgeted changes for 2021. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 3.8% for 2020 and 6.1% for 2021.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business. During the previous year's filing, "L&E [Lewis & Ellis Actuaries and Consultants] performed a series of independent trend calculations using market wide utilization data from 2015 to 2018" and found that "After assessing all the market wide results, L&E believes that a reasonable range for market wide utilization trend to be 1% to 4%" (L&E Actuarial Memo, SERFF # MVPH-131934219, page 7). Because MVP believes that their data still lacks necessary stability and L&E's view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

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

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

The average annual allowed trend factor applied to FFS medical claims in this filing is 6.0%. The annual paid leveraging factor is 0.7% which results in an average annual paid FFS medical trend of 6.7%. This can be found on line 21 of Exhibit 3.

**Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP’s PBM was determined using MVP’s Vermont commercial data by drug class. The forecasts provided by MVP’s PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. In addition to the market trend data provided by the PBM, MVP is also reflecting its best estimate of known contract changes for 2020 and 2021. Those contract changes are reflected in the unit cost trends shown on Exhibit 2a.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2020 and 2021 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (20.6%) and applied that percentage to the rating period allowed claims. This represents MVP’s best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 7.3%, and the average annual paid Rx trend net of Rx rebates is 8.3% which can be found in line 22 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 23 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 23, the following calculation is performed: [ line 6 \* line 21 + line 9 \* line 22 ] / [ line 6 + line 9 ]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 25 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 26 and 27 of Exhibit 3 represent MVP’s best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 27 can be found below. Expenses captured in the “Other Medical Expense not in warehouse” line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

<b>Summary of Rating Period Non-FFS and Capitation Amounts</b>	
Other Medical Expenses not in claim warehouse	\$1.49
Net Reinsurance Expense	\$0.48
Medical Home and PCP Incentive	\$2.93
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$4.90</b>

After analyzing historical data on Vermont’s small group and individual population, MVP has determined that the NYS HCRA Surcharge of 0.25% included in last year’s filing can be reduced to 0.15% for the 2021 filing. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2021 and equal 0.999%.

**Federal Risk Adjustment Program**

Based on the Interim Risk Transfer results for 2019 provided by CMS, MVP is expected to pay \$22,492,428 into the merged market transfer pool for 2019. This is \$62.56 on a PMPM basis or 15.80% of experience period claims prior to market-wide adjustments. To calculate line 29 of Exhibit 3, MVP then applied this risk adjustment payment as a percentage of claim expense to line 28 of Exhibit 3, which the best estimate of the rating period claim expense. This results in an estimated payment of \$72.84 PMPM or \$26,187,563 using experience period membership.

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

Line 30 of Exhibit 3 represents MVP’s projected paid index rate after adjustments for the single risk pool in 2021. This is the starting net claim cost that will be used to set 2021 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 7)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 30 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

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

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

**Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP’s in-house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.7963) can be found in Exhibit 7.

**Non Claim Expense Plan Level Adjustments**

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

#### *Federal Taxes PMPM based*

A total of \$0.18 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.01 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2021. The charge is \$0.19 per billable member per month, and so the amount added to premium rates is the \$0.19 times MVP's ratio of billable to actual member months in the experience period (0.948).

#### *State Taxes PMPM Based*

\$1.84 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2019 to 2021.

#### *Federal Taxes Premium based*

Based on current Federal regulations, the ACA Health Insurer Tax has been repealed for 2021 and future years. Therefore, MVP has removed the 1.0% of premium load from the prior year's filing. MVP is reflecting 0.0% for Federal Taxes as a percent of premium for 2021.

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

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.26 per covered child and \$0.96 covered adult for January to March 2021, followed by an estimate of \$10.60 per covered child and \$1.09 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$1.86 for the first quarter of 2021 followed by \$2.12 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$600.10) to convert the assessment to a percent of premium load of 0.34%.

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

The total administrative expense load included as a plan level adjustment equals \$43.75 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP's best estimate of the premium load to cover base administrative expenses for 2021 is \$43.26 PMPM. In response to the COVID-19 pandemic, MVP has begun to allow small groups to pay their premiums via credit card. This policy is slated to continue in 2021, so MVP needs to include estimated credit card fees incurred by MVP into the administrative costs. MVP is assuming that 10% of small group premiums will be paid via credit card at a fee of 2.8% premium. This translates to \$0.49 PMPM across all individual and small group members.

Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.60 PMPM of the \$43.26 PMPM administrative expense (ignoring the new expense) is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2017, 2018, and 2019 SHCEs compared to the available admin expense built into the rates for the same time period:

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2017	N/A	\$38.54
Small Group	2017	N/A	\$40.72
Combined	2017	\$36.60	\$39.59
Individual	2018	N/A	\$42.78
Small Group	2018	N/A	\$39.29
Combined	2018	\$38.10	\$40.72
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86

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

#### *Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2021. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### *Bad Debt Expense*

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

#### **Rider FRVT366 (Wellness Benefit in Addition to EHBs)**

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in wellness-related rewards and/or be reimbursed for wellness-related activities. MVP projects the net cost of this benefit to equal \$0.88 PMPM which is unchanged from the prior year.

#### **Catastrophic Plan Adjustment**

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.630 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 7 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.048
Single Risk Pool Total	1.663
Catastrophic Adjustment	0.630

### **Per Contract Premium Rates**

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

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2020. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

### **Silver CSR Loading**

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

Total subsidies under the federal CSR program were \$5,372,118 during the experience period. In order to determine the expected federal subsidy outlay during the rating period, experience period federal CSR dollars by CSR level are re-weighted based on actual February 2020 membership as this calculation reflects MVP's best estimate of the members expected to enroll in on-Exchange Silver plans during the rating period. Please see the following table which details this calculation:

CSR Level	Federal CSR Dollars	CSR Membership, Experience Period	Federal CSR PMPM	Projected CSR Member Months	Projected CSR Dollars
Non-CSR APTC	\$0	6,064	\$0.00	6,768	\$0
73% CSR	\$0	4,718	\$0.00	5,136	\$0
77% CSR	\$313,154	14,034	\$22.31	14,580	\$325,337
87% CSR	\$3,477,460	32,547	\$106.84	34,224	\$3,656,637
94% CSR	\$1,581,505	10,951	\$144.42	12,036	\$1,738,197
TOTAL	\$5,372,118	68,314	\$78.64	72,744	\$5,720,172
				Projected CSR PMPM	\$78.63

This amount was then completed with IBNR and trended at 1.3% for 24 months to get to a projected CSR load of \$82.56 PMPM for the rating period. The 1.3% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.1%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.1%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2021:



**Target Loss Ratio for 2021 VT Exchange**

A) Claims Expense	\$533.95
B) Taxes/Assessments	\$3.86
C) Quality Improvement	\$2.60
D) Premium	\$592.82
E) Traditional Loss Ratio = A) / D)	90.1%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	91.1%

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. This table includes estimated risk adjustment based on the CMS Interim Risk Adjustment results. MVP does not anticipate having to rebate members for 2019 per the ACA minimum MLR requirements.

VT Data Pool	Member Months	Claims Net RA PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
ACA Compliant Small Group	190,655	\$465.25	\$490.73	\$1.06	\$1.93	94.8%	95.4%
ACA Compliant Individual	168,861	\$494.68	\$523.63	\$1.06	\$2.37	94.5%	95.1%
Small Group + Individual Single Risk Pool	359,516	\$479.07	\$506.18	\$1.06	\$2.14	94.6%	95.3%

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

Also included with this rate filing are L&E’s Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2020, the Federal URRT, and the Federal Actuarial Memorandum.

*Projection Period Enrollment*

MVP’s projection period membership equals the February 2020 enrollment of the population eligible to purchase these products, or 36,980 members. On Worksheet 2 of the URRT, members are mapped based on their February 2020 benefit to the same benefits for 2021.

**Actuarial Certification**

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

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

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2021 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups and changes to cost sharing due to the COVID-19 pandemic, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2021 plan year.

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



---

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Gov't Programs  
MVP Health Care, Inc.

05/08/2020  
Date





**MVP Health Care -- 2021 Exchange Rate Filing**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2020 to 2021 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2021 Premium Rates

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy							
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$10 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMOH-S-004-S I (2021)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Aggregate	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMOH-S-002-S (2021)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,250	\$12,500	Aggregate	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$1200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$25 No DD/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	On Exchange	\$4*	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,550	\$17,100	Embedded	0%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)					In-Network Benefits										Pharmacy							
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$1400 (Fac) \$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$450 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-002-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$10 No DD	\$30	10%	\$50	\$100 (Phys) \$40 (Fac)	\$50	\$100	\$200	Embedded	10%	Embedded	Embedded	\$2,500	\$5,000	\$700	\$1,400	Separate	\$5 / 20% / 40%, \$100/\$200 Ded VBID = \$1 #
FRVT-HMO-S1-003-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys) \$800 (Fac)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 #
FRVT-HMO-S1-004-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*					In-Network Benefits										Pharmacy							
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-PA2-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-GA2-001-S (2021)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded
FRVT-HMO-GA2-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$10 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	\$10 / \$15 / 50%, Subject to Med Deductible
FRVT-HMOH-SA2-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SA2-004-S (2021)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-SA2-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0%/0%/0%
FRVT-HMO-SA2-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-BA2-002-S (2021)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$1200 Ded then \$15/\$85/60%
FRVT-HMOH-BA2-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-BA2-004-S (2021)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%
FRVT-HMO-BA2-005-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-BA2-001-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)					In-Network Benefits										Pharmacy
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER							

**Exhibit 1a -- Comparison of 2020 to 2021 Benefits by Plan**  
 MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
 For Effective Dates Beginning January 1, 2021 - December 31, 2021

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits											Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy		
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type							Rx OOP Type	
FRVT-HMO-P-001-S (2020)	HYHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%	
FRVT-HMO-P-001-S (2021)	HYHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-S-001-S (2020)	HYHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded	
FRVT-HMO-S-001-S (2021)	HYHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded	
FRVT-HMO-G-002-N (2020)	HYHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$600	\$1,200	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #	
FRVT-HMO-G-002-N (2021)	HYHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$10 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #	
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2020)	HYHMO	Silver	Standard	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMO-S-003-S (2021)	HYHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500*	\$1,350	\$2,700	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-N (2020)	HYHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S-001-N (2021)	HYHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$1400 (Fac)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,200	\$16,400	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$1200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500*	\$1,350	\$2,700	Integrated	\$12/40/60%, Subject to Med Deductible	
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$12/40/60%, Subject to Med Deductible	
FRVT-HMOH-B-004-S (2020)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #	
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$30 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #	
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	\$0*	\$0	0%	\$0	0%	0%	\$0	\$8,000	\$16,000	Embedded	0%	Embedded	Embedded	\$8,000	\$16,000	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	0%	\$0	\$8,550	\$17,100	Embedded	0%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non All/AN)				In-Network Benefits											Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type							Rx OOP Type
FRVT-HMO-S3-001-S (2020)	HYHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,000	\$6,000	Embedded	50%	Embedded	Embedded	\$6,550	\$13,100	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-001-S (2021)	HYHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2020)	HYHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2021)	HYHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-003-S (2020)	HYHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2021)	HYHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2020)	HYHMO	Silver	Standard	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD	\$2,300	\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMO-S3-004-S (2021)	HYHMO	Silver	Standard	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,450	\$2,900	Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%															

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Experience Period: January 1, 2019 - December 31, 2019  
Rating Period: January 1, 2021 - December 31, 2021

Months of Trend	2020	2021	Total
	12	12	24

**Medical Trend Summary****2020 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.0%	5.1%	1.0%	6.1%
OP	48.9%	4.4%	1.0%	5.5%
PHY	27.1%	1.3%	1.0%	2.3%
OTR	1.9%	2.0%	1.0%	3.0%
<b>Medical Total</b>		<b>3.7%</b>	<b>1.0%</b>	<b>4.7%</b>

**2021 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.3%	6.2%	1.0%	7.3%
OP	49.3%	6.1%	1.0%	7.1%
PHY	26.5%	3.2%	1.0%	4.3%
OTR	1.8%	5.0%	1.0%	6.1%
<b>Medical Total</b>		<b>5.3%</b>	<b>1.0%</b>	<b>6.4%</b>

Annual Allowed Medical Trend **5.5%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$423.97	\$11.14	\$7.79	\$58.33	\$346.70
24 Months of Trend:	1.114	1.114	1.020	1.039	<b>1.129</b>
Projection Period:	\$472.26	\$12.41	\$7.95	\$60.59	\$391.31
Allowed Trend (Annual)	5.5%				
Paid Trend (Annual)	6.2%				
<b>Leveraging (Annual)</b>	<b>0.7%</b>				

**Rx Trend Summary**

	2020 Trend		2021 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-16.6%	2.8%	-8.9%	2.3%	-12.8%	2.6%
Brand	11.9%	-6.8%	4.6%	1.5%	8.2%	-2.7%
Specialty	6.4%	8.4%	6.0%	9.1%	6.2%	8.7%

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,455	681	103	12,239
Experience Period Allowed Cost per Script	\$17.42	\$412.53	\$4,420.08	\$78.33
Experience Period Deductible Per Script	\$3.38	\$21.73	\$74.53	\$5.00
Experience Period Copay Per Script	\$2.88	\$13.32	\$12.02	\$3.54
Experience Period Coinsurance Per Script	\$1.10	\$19.66	\$30.18	\$2.38
Experience Period Paid Cost Per Script	\$10.06	\$357.82	\$4,303.40	\$65.41
Experience Period Allowed PMPM	\$16.63	\$23.42	\$37.79	\$77.85
Experience Period Deductible PMPM	\$3.23	\$1.23	\$0.64	\$5.10
Experience Period Copay PMPM	\$2.75	\$0.76	\$0.10	\$3.61
Experience Period Coinsurance PMPM	\$1.05	\$1.12	\$0.26	\$2.43
Experience Period Paid PMPM	\$9.60	\$20.32	\$36.80	\$66.71
Experience Period Rx Rebates PMPM				(\$16.06)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.048
Annual Allowed Trend	0.894	1.052	1.155	1.073
Annual Deductible Trend	1.019	1.019	1.019	1.016
Annual Paid Trend	0.793	1.059	1.156	1.081
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.083
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,049	644	121	12,815
Projected Allowed Cost per Script	\$13.24	\$462.85	\$4,984.38	\$83.90
Projected Deductible Per Script	\$3.51	\$22.57	\$77.41	\$5.17
Projected Copay Per Script	\$2.88	\$13.32	\$12.02	\$3.49
Projected Coinsurance Per Script	\$0.84	\$23.01	\$34.03	\$2.27
Projected Paid Cost Per Script	\$6.01	\$423.95	\$4,860.92	\$72.98
Projected Allowed PMPM	\$13.29	\$25.93	\$50.38	\$89.60
Projected Deductible PMPM	\$3.53	\$1.21	\$0.78	\$5.52
Projected Copay PMPM	\$2.89	\$0.72	\$0.12	\$3.73
Projected Coinsurance PMPM	\$0.84	\$1.24	\$0.34	\$2.42
Projected Paid PMPM	\$6.03	\$22.77	\$49.13	\$77.03
Projected Rx Rebates				(\$18.40)
Net Projected Paid PMPM				\$59.44

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,462	686	103	12,251
Experience Period Allowed Cost per Script	\$17.80	\$407.09	\$4,606.80	\$78.07
Experience Period Deductible Per Script	\$4.26	\$24.28	\$93.34	\$6.13
Experience Period Copay Per Script	\$2.96	\$14.97	\$13.90	\$3.73
Experience Period Coinsurance Per Script	\$1.15	\$14.72	\$21.86	\$2.09
Experience Period Paid Cost Per Script	\$9.42	\$353.11	\$4,477.79	\$66.12
Experience Period Allowed PMPM	\$17.00	\$23.28	\$39.41	\$79.70
Experience Period Deductible PMPM	\$4.07	\$1.39	\$0.80	\$6.26
Experience Period Copay PMPM	\$2.83	\$0.86	\$0.12	\$3.81
Experience Period Coinsurance PMPM	\$1.10	\$0.84	\$0.19	\$2.13
Experience Period Paid PMPM	\$9.00	\$20.20	\$38.31	\$67.50
Experience Period Rx Rebates PMPM				(\$15.98)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.049
Annual Allowed Trend	0.894	1.052	1.155	1.074
Annual Deductible Trend	1.019	1.019	1.019	1.016
Annual Paid Trend	0.767	1.059	1.156	1.083
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.085
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,056	649	121	12,827
Projected Allowed Cost per Script	\$13.53	\$476.48	\$5,194.94	\$85.98
Projected Deductible Per Script	\$4.42	\$25.19	\$98.85	\$6.35
Projected Copay Per Script	\$2.96	\$14.97	\$13.90	\$3.68
Projected Coinsurance Per Script	\$0.88	\$17.23	\$24.65	\$1.93
Projected Paid Cost Per Script	\$5.27	\$419.08	\$5,059.54	\$74.03
Projected Allowed PMPM	\$13.59	\$25.78	\$52.53	\$91.90
Projected Deductible PMPM	\$4.44	\$1.36	\$0.98	\$6.79
Projected Copay PMPM	\$2.98	\$0.81	\$0.14	\$3.93
Projected Coinsurance PMPM	\$0.88	\$0.93	\$0.25	\$2.06
Projected Paid PMPM	\$5.29	\$22.67	\$51.16	\$79.13
Projected Rx Rebates				(\$18.43)
Net Projected Paid PMPM				\$60.70

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,447	676	103	12,225
Experience Period Allowed Cost per Script	\$16.99	\$416.77	\$4,209.04	\$74.36
Experience Period Deductible Per Script	\$2.39	\$18.81	\$53.28	\$3.72
Experience Period Copay Per Script	\$2.78	\$11.43	\$9.89	\$3.32
Experience Period Coinsurance Per Script	\$1.05	\$25.31	\$39.58	\$2.71
Experience Period Paid Cost Per Script	\$10.77	\$363.21	\$4,106.29	\$64.61
Experience Period Allowed PMPM	\$16.20	\$23.58	\$35.97	\$75.75
Experience Period Deductible PMPM	\$2.28	\$1.06	\$0.46	\$3.79
Experience Period Copay PMPM	\$2.66	\$0.64	\$0.08	\$3.38
Experience Period Coinsurance PMPM	\$1.00	\$1.43	\$0.34	\$2.76
Experience Period Paid PMPM	\$10.27	\$20.45	\$35.09	\$65.92
Experience Period Rx Rebates PMPM				(\$16.15)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.047
Annual Allowed Trend	0.894	1.052	1.155	1.072
Annual Deductible Trend	1.020	1.020	1.020	1.017
Annual Paid Trend	0.818	1.058	1.155	1.079
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.081
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,041	639	121	12,801
Projected Allowed Cost per Script	\$12.91	\$490.15	\$4,746.39	\$81.56
Projected Deductible Per Script	\$2.48	\$19.55	\$55.40	\$3.83
Projected Copay Per Script	\$2.78	\$11.43	\$9.89	\$3.28
Projected Coinsurance Per Script	\$0.80	\$29.63	\$44.64	\$2.65
Projected Paid Cost Per Script	\$6.85	\$429.53	\$4,636.48	\$71.79
Projected Allowed PMPM	\$12.95	\$26.11	\$47.94	\$87.00
Projected Deductible PMPM	\$2.49	\$1.04	\$0.56	\$4.09
Projected Copay PMPM	\$2.79	\$0.61	\$0.10	\$3.50
Projected Coinsurance PMPM	\$0.80	\$1.58	\$0.45	\$2.83
Projected Paid PMPM	\$6.87	\$22.88	\$46.83	\$76.58
Projected Rx Rebates				(\$18.55)
Net Projected Paid PMPM				\$58.03



**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/20

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	190,655	168,861	359,516
2 FFS Paid Medical Claims	\$318.63	\$380.24	\$347.56
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.84
4a Federal CSR Payments	\$0.00	(\$32.00)	(\$15.03)
4b State CSR Payments	\$0.00	(\$2.68)	(\$1.26)
5 IBNR Factor	1.024	1.024	1.024
6 FFS Incurred Paid Medical Claims	\$327.11	\$354.68	\$340.06
7 FFS Incurred Rx Claims	\$67.50	\$65.82	\$66.71
8 Experience Period Rx Rebates	(\$15.98)	(\$16.15)	(\$16.06)
9 FFS Incurred Rx Claims (Net of Rebates)	\$51.52	\$49.66	\$50.65
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$41.77)	(\$51.26)	(\$46.23)
11 Pooling Charge	\$41.62	\$43.63	\$42.56
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$378.48	\$396.72	\$387.04
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.90	\$9.11	\$9.00
<b>14 Adjusted Experience Period Claim Expense</b>	<b>\$387.38</b>	<b>\$405.83</b>	<b>\$396.05</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>			
15 Adjustment for pharmacy benefit carve-in	\$0.35	\$0.12	\$0.24
16 Adjustment for Safe Harbor Coverage on QHDHP's	\$0.23	\$0.09	\$0.16
17 Adjustment for COVID-19 Immunization Cost	\$0.00	\$0.00	\$0.00
18 Adjustment for COVID-19 Pent-up Demand	\$0.00	\$0.00	\$0.00
19 Adjustment for National High Cost Reinsurance Pool	\$1.06	\$1.11	\$1.08
<b>20 Experience Period Claim Expense After All Adjustments</b>	<b>\$389.02</b>	<b>\$407.15</b>	<b>\$397.53</b>
21 Annual FFS Medical projection factor	1.062	1.062	1.062
22 Annual FFS Rx projection factor	1.085	1.081	1.083
23 Annual FFS Claim trend projection factor	1.066	1.065	1.065
24 Months of Trend	24	24	24
25 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$431.56	\$451.18	\$440.77
26 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$4.96	\$5.18	\$5.06
27 Projection Period Capitation and Non-FFS Medical Costs	\$4.90	\$4.90	\$4.90
<b>28 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$441.42</b>	<b>\$461.26</b>	<b>\$450.73</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>			
29 Federal Risk Adjustment Program Impact	\$62.85	\$65.68	\$64.18
<b>30 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$504.27</b>	<b>\$526.94</b>	<b>\$514.91</b>

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
---

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	16,111	16,111	1.000	1.000
4	Double	4,188	8,376	2.000	2.000
4	Parent/Child(ren)	914	2,244	2.455	1.930
4	Family	2,659	10,249	3.854	2.810

Single Conversion Factor 1.097

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

**% of Premium Retention Components**

Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	0.50%
<b>Total % of Premium Retention Components</b>	<b>0.90%</b>

**PMPM Retention Components**

General Administrative Load	\$42.17
-----------------------------	---------

**% of Premium Taxes and Assessments**

Premium Tax	0.00%
VT Vaccine Pilot	0.34%
ACA Insurer Tax	0.00%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.34%</b>

**% of Paid Claim Taxes and Assessments**

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

**PMPM Taxes and Assessments**

HHS Risk Adjustment User Fee	\$0.18
18 VSA 9374(h) Billback	\$1.84
<b>Total PMPM Taxes/Assessments</b>	<b>\$2.02</b>

<b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b>
--

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

<b>Derivation of Projected CSR Load</b>
---

1) Projection Period Federal CSR Dollars	\$5,720,172	
2) Projection Period Member Months, CSR Plans	72,744	
3) Projection Period Federal CSR PMPM	\$78.63	= 1) / 2)
4) IBNR Factor	1.024	
5) Federal CSR PMPM with IBNR	\$80.52	= 3) * 4)
6) Annual Trend Factor	1.012	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$82.43	= 5) * 6) ^ [ 7) / 12 ]

Exhibit 7 -- 2021 Exchange Premium Rates

2021 Adjusted Paid Claim Cost (Exhibit 3, Line 30)	\$514.91
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7963
Adjusted Claim Cost for Pricing	\$646.59

Coplan	Product Type	Metal Level	Standard/No n-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost		Parent/Child (ren)	Family	Increase over 2020 Single Rate	Increase over 2020 Double Rate	Increase over 2020 P/C Rate	Increase over 2020 Family Rate		
															PMPM	Single***							Double	
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.907	1.150	\$674.44	\$6.55	\$42.17	\$2.47	\$0.00	\$0.00	\$0.00	\$727.65	\$798.23	\$1,596.46	\$1,540.58	\$2,243.03	1.7%	1.7%	1.7%	1.7%	
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.803	1.083	\$562.40	\$5.53	\$42.17	\$2.09	\$0.00	\$0.00	\$0.00	\$614.20	\$673.78	\$1,347.56	\$1,300.40	\$1,893.32	1.5%	1.5%	1.5%	1.5%	
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.823	1.098	\$584.33	\$5.74	\$42.17	\$2.17	\$0.00	\$0.00	\$0.00	\$637.31	\$699.13	\$1,398.26	\$1,349.32	\$1,964.56	0.5%	0.5%	0.5%	0.5%	
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.809	1.089	\$569.47	\$5.60	\$42.17	\$2.12	\$0.00	\$0.00	\$0.00	\$622.26	\$682.62	\$1,365.24	\$1,317.46	\$1,918.16	4.7%	4.7%	4.7%	4.7%	
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.722	1.043	\$466.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMO-S-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.722	1.043	\$486.87	\$4.84	\$42.17	\$1.83	\$0.00	\$0.00	\$0.00	\$537.72	\$589.88	\$1,179.76	\$1,138.47	\$1,657.56	0.9%	0.9%	0.9%	0.9%	
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.712	1.034	\$476.00	\$4.74	\$42.17	\$1.79	\$0.00	\$0.00	\$0.00	\$526.72	\$577.81	\$1,155.62	\$1,115.17	\$1,623.65	1.2%	1.2%	1.2%	1.2%	
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.718	1.037	\$481.64	\$4.80	\$42.17	\$1.81	\$0.00	\$0.00	\$0.00	\$533.33	\$585.06	\$1,170.12	\$1,129.17	\$1,644.02	1.0%	1.0%	1.0%	1.0%	
FRVT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.707	1.032	\$471.82	\$4.71	\$42.17	\$1.78	\$0.00	\$0.00	\$0.00	\$523.38	\$574.15	\$1,148.30	\$1,108.11	\$1,613.36	3.6%	3.6%	3.6%	3.6%	
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.621	1.005	\$403.50	\$4.08	\$42.17	\$1.54	\$0.00	\$0.00	\$0.00	\$453.31	\$497.28	\$994.56	\$959.75	\$1,397.36	4.4%	4.4%	4.4%	4.4%	
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.628	1.007	\$408.56	\$4.13	\$42.17	\$1.56	\$0.00	\$0.00	\$0.00	\$458.43	\$502.90	\$1,005.80	\$970.60	\$1,413.15	2.6%	2.6%	2.6%	2.6%	
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.649	1.013	\$425.44	\$4.28	\$42.17	\$1.62	\$0.00	\$0.00	\$0.00	\$475.53	\$521.66	\$1,043.32	\$1,006.80	\$1,465.86	-3.9%	-3.9%	-3.9%	-3.9%	
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.634	1.008	\$412.90	\$4.17	\$42.17	\$1.58	\$0.00	\$0.00	\$0.00	\$463.72	\$508.70	\$1,017.40	\$981.79	\$1,429.45	1.5%	1.5%	1.5%	1.5%	
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.612	1.003	\$397.23	\$4.03	\$42.17	\$1.52	\$0.00	\$0.00	\$0.00	\$447.86	\$491.30	\$982.60	\$948.21	\$1,380.55	3.2%	3.2%	3.2%	3.2%	
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.634	0.637	\$261.17	\$2.78	\$42.17	\$1.05	\$0.00	\$0.00	\$0.00	\$309.19	\$339.18	\$678.36	\$654.62	\$953.10	0.9%	0.9%	0.9%	0.9%	
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.722	1.043	\$486.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%	
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.722	1.043	\$486.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%	
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.722	1.043	\$486.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%	
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.722	1.043	\$486.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%	
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	On Exchange	Subsidized (87%)	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	On Exchange	Subsidized (94%)	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMO-S1-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-S1-002-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-S1-003-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-S1-004-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-PA2-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	A/I/A/N	0.907	1.150	\$674.44	\$6.55	\$42.17	\$2.47	\$0.00	\$0.00	\$0.00	\$727.65	\$798.23	\$1,596.46	\$1,540.58	\$2,243.03	1.7%	1.7%	1.7%	1.7%	
FRVT-HMO-GA2-001-S (2021)	HyHMO	Gold	Standard	On Exchange	A/I/A/N	0.803	1.083	\$562.40	\$5.53	\$42.17	\$2.09	\$0.00	\$0.00	\$0.00	\$614.20	\$673.78	\$1,347.56	\$1,300.40	\$1,893.32	1.5%	1.5%	1.5%	1.5%	
FRVT-HMO-GA2-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.823	1.098	\$584.33	\$5.74	\$42.17	\$2.17	\$0.00	\$0.00	\$0.00	\$637.31	\$699.13	\$1,398.26	\$1,349.32	\$1,964.56	0.5%	0.5%	0.5%	0.5%	
FRVT-HMOH-GA2-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.809	1.089	\$569.47	\$5.60	\$42.17	\$2.12	\$0.00	\$0.00	\$0.00	\$622.26	\$682.62	\$1,365.24	\$1,317.46	\$1,918.16	4.7%	4.7%	4.7%	4.7%	
FRVT-HMO-SA2-003-S (2021)	HyHMO	Silver	Standard	On Exchange	A/I/A/N	0.722	1.043	\$466.87	\$5.59	\$42.17	\$2.11	\$0.00	\$0.00	\$0.00	\$82.43	\$621.19	\$681.45	\$1,362.90	\$1,315.20	\$1,914.87	0.9%	0.9%	0.9%	0.9%
FRVT-HMOH-SA2-004-S (2021)	HDHMO	Silver	Standard	On Exchange	A/I/A/N	0.712	1.034	\$476.00	\$5.49	\$42.17	\$2.07	\$0.00	\$0.00	\$0.00	\$82.43	\$610.19	\$669.38	\$1,338.76	\$1,291.90	\$1,880.96	1.2%	1.2%	1.2%	1.2%
FRVT-HMOH-SA2-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	A/I/A/N	0.719	1.040	\$483.53	\$5.57	\$42.17	\$2.10	\$0.00	\$0.00	\$0.00	\$82.43	\$618.70	\$678.71	\$1,357.42	\$1,309.91	\$1,907.18	1.0%	1.0%	1.0%	1.0%
FRVT-HMO-SA2-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	A/I/A/N	0.707	1.032	\$471.82	\$5.46	\$42.17	\$2.06	\$0.00	\$0.00	\$0.00	\$82.43	\$606.85	\$665.71	\$1,331.42	\$1,284.82	\$1,870.65	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-BA2-002-S (2021)	HMO	Bronze	Standard	On Exchange	A/I/A/N	0.621	1.005	\$403.50	\$4.08	\$42.17	\$1.54	\$0.00	\$0.00	\$0.00	\$453.31	\$497.28	\$994.56	\$959.75	\$1,3					



## Contact Information

### **Company Identifying Information**

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

### **Primary Contact Information**

Contact Name:	Eric Bachner, ASA
Contact Title:	Leader, Actuarial
Primary Contact Phone #:	1-800-777-4793, ext. 7213
Primary Contact Address:	625 State Street Schenectady, NY 12301-2207
Primary Contact E-mail:	ebachner@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2021 Vermont Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2021 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2021 and 12/31/2021. There are no benefit plans being retired and no new base plans being offered. MVP made modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 7.3%, ranging from 0.5% to 9.5%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, the impact of the novel coronavirus (COVID-19) pandemic, and an increase to the administrative expense and contribution to reserve assumptions. Premium rate increases are varying by plan due to benefit modifications of several benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### **Market/Benefits**

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2021)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 14,848 policyholders, 23,782 subscribers and 36,980 members based on February 2020 membership.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. And MVP Health Insurance Company Small Group and Individual data for Vermont members over the time period 1/1/2019 – 12/31/2019, completed through 3/31/2020. MVP included all data for ACA-compliant small group and individual members, satisfying the single risk pool requirements of 45 CFR Part 156.

MVP does not project to rebate consumers for 2019 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

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

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

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

	<b>Allowed</b>	<b>Incurred</b>
Claims Processed Through Claim System	\$175,137,911	\$143,467,810
Experience Period Costs Not Processed Through Claims System	\$3,686,381	\$3,236,663
IBNR	\$3,652,704	\$2,994,440
<b>Total</b>	<b>\$182,476,996</b>	<b>\$149,698,913</b>

**Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)**

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). The “Other” category includes pediatric dental claims. The “Capitation” category includes capitated payments as well as all other claims not processed through MVP’s claim warehouses.

**Medical Trend Factors**

The assumed unit cost trends reflect known and assumed price increases from MVP’s provider network, weighted by benefit category. The Capitation unit cost trend reflects the expected change between the capitated and non-FFS claim expense between the experience period and the projection period.

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered reliable. However, the reviewing actuary in the previous year’s filing performed an analysis that found that “a reasonable range for market wide utilization trend to be 1% to 4%”. Therefore, MVP is building in 1% annual medical utilization trend in this filing.

**Rx Trend Factors**

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

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

MVP is assuming that the single risk pool membership base of 359,516 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).



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

*Morbidity Adjustment- Impact of Pooling High Cost Claimants*

As part of its rate filing process, MVP removes the claim expense (net of reinsurance) above \$100,000 for members who reach that threshold on an annual basis. Those claims have been replaced by the average of the annual cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for the previous three calendar years (2019, 2018 and 2017). Please see the following table for the high cost claim percentage by year:

<b>Time Period</b>	<b>High Cost Claim %</b>
CY2017	13.6%
CY2018	11.1%
CY2019	12.3%
Average	12.4%

The net impact of this factor is an decrease to the experience period allowed claim cost of -0.7%.

*Morbidity Adjustment- Impact of COVID-19 Immunization Cost*

MVP is assuming that a vaccine to prevent the novel coronavirus (COVID-19) will be tested and widely available in 2021. To account for the costs an immunization would add to claim cost, MVP is assuming that an immunization would be covered in full at the cost of \$75 per dose. MVP is also assuming that 80% of the population would obtain the vaccine (based on an analysis published by Wakely Consulting), which corresponds to a PMPM claim cost of \$5.00 PMPM (\$75 per dose times 80% utilization PMPY divided by 12 months). This factor is increasing the experience period allowed claim cost by 1.0%.

*Morbidity Adjustment- Impact of COVID-19 Pent-up Demand*

As a result of the COVID-19 pandemic, elective surgeries and associated services have been postponed for effectively all of MVP's service area. As of the time of the filing, both Vermont and New Hampshire have announced that they are allowing the ramp up of elective procedures again. Therefore, MVP is assuming that 2 months of elective surgeries have been canceled in 2020.

MVP analyzed its entire commercial population for 2019 and found that the claim cost related to elective services was \$45.09 PMPM. To value what the delay of these elective services will be worth in 2021, MVP made the following assumptions:

- Resumption of a normal level of elective services will begin in mid-May 2020
- Twenty percent (20%) of elective services deferred during the 2 months will be eliminated
- In order to recoup lost revenue, beginning in August 2020 providers will perform 110% of their prior elective service volume until deferred services were fully performed

These assumptions combine to add \$4.51 PMPM in claim cost for the time period of January to April 2021 (at which point all deferred services will be made up and providers will return to normal utilization levels). MVP is reflecting \$1.50 PMPM (\$4.51 PMPM for 4 months, converted to an annual PMPM) in this filing to account for the increased utilization. This factor is increasing the experience period allowed claim cost by 0.3%.

#### *Plan Design Changes- Paid to Allowed Ratio Normalization*

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ for two reasons. First, the federal cost sharing reduction (CSR) subsidies are no longer being paid to MVP, which artificially inflates MVP's claim expense relative to the total allowed claim cost. Second, the actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios to develop an equivalent Market Adjusted Index Rate. The total of this two-part adjustment is 0.6%.

#### *Other- Impact of National High Cost Reinsurance Pool (HCRP)*

In the 2021 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont's merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2021 will be 0.28%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be a 0.28% increase to the allowed claim cost.

#### **Reinsurance (Worksheet 1, Section 2)**

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period. MVP did not have any members hit the MVP corporate or national HCRP thresholds in 2019, and does not expect to have any hit them in 2021.

#### **Federal Risk Adjustment Program (Worksheet 1, Section 2)**

Based on the Interim Risk Transfer results for 2019 provided by CMS, MVP is expected to pay \$22,492,428 into the merged market transfer pool for 2019. This is \$62.56 on a PMPM basis or 15.80% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$91.34 PMPM).

#### **Exchange User Fees (Worksheet 1, Section 2)**

Vermont's Exchange is not a Federally-Facilitated Exchange, therefore 0.00% of premium is built in to account for user fees during the projection period.

#### **Market-Wide Adjusted Index Rate**

The experience period index rate of \$507.56 is equal to the single risk pool allowed claim data for the time period, 1/1/2019 – 12/31/2019, completed through 3/31/2020. The single risk pool projection period index rate is \$578.73. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustments discussed above in the section labeled, "Projection Factors".

The actual market adjusted index rate for the projection period equals \$669.54. However, due to the rounding of factors present in the URRT, the value in the file reflects \$670.07. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

**Actuarial Values and Cost Sharing Design of Plan (Worksheet 2, Section 3)**

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard Gold 3, and non-Standard Silver 2 plans. The actuarial certification of these adjustments has been included.

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

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

This field also includes the adjustment for Silver loading made to on-Exchange Silver plans. The load of \$82.54 PMPM has been converted to a percentage of the net claim cost and the total adjustment made is the product of the three values (AV, induced demand, and silver loading).

**Provider Network Adjustment (Worksheet 2, Section 3)**

MVP only offers one provider network for its Vermont plans; therefore, no plan-level adjustment is necessary.

**Benefits in Addition to EHB (Worksheet 2, Section 3)**

Members purchasing a non-standard plan will receive MVP’s Member Wellness Incentive (Form: FRVT366). This benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. MVP projects the net cost of this benefit to equal \$0.88 PMPM, which is converted to a percentage of the net claim cost and applied to the non-Standard plans only.

**Catastrophic Plan Adjustment (Worksheet 2, Section 3)**

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.630.

<b>Catastrophic Plan Level Adjustment</b>	
	<b>HHS Age Factor</b>
Ages 0-29, Meeting Subscriber Qualifications	1.048
Single Risk Pool Total	1.663
Catastrophic Adjustment	0.630

### **Non Claim Expense Plan Level Adjustments**

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

#### *Federal Taxes PMPM based*

A total of \$0.18 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.01 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2021. The charge is \$0.19 per billable member per month, and so the amount added to premium rates is the \$0.19 times MVP's ratio of billable to actual member months in the experience period (0.948).

#### *State Taxes PMPM Based*

\$1.84 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2019 to 2021.

#### *Federal Taxes Premium based*

Based on current Federal regulations, the ACA Health Insurer Tax has been repealed for 2021 and future years. Therefore, MVP has removed the 1.0% of premium load from the prior year's filing. MVP is reflecting 0.0% for Federal Taxes as a percent of premium for 2021.

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

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.26 per covered child and \$0.96 covered adult for January to March 2021, followed by an estimate of \$10.60 per covered child and \$1.09 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$1.86 for the first quarter of 2021 followed by \$2.12 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$600.10) to convert the assessment to a percent of premium load of 0.34%.

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

The total administrative expense load included as a plan level adjustment equals \$43.75 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP's best estimate of the premium load to cover base administrative expenses for 2021 is \$43.26 PMPM. In response to the COVID-19 pandemic, MVP has begun to allow small groups to pay their premiums via credit card. This policy is slated to continue in 2021, so MVP needs to include estimated credit card fees incurred by MVP into the administrative costs. MVP is assuming that 10% of small group premiums will be paid via credit card at a fee of 2.8% premium. This translates to \$0.49 PMPM across all individual and small group members.

Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.60 PMPM of the \$43.26 PMPM administrative expense (ignoring the new expense) is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2017, 2018, and 2019 SHCEs:

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59
Individual	2018	\$42.78
Small Group	2018	\$39.29
Combined	2018	\$40.72
Individual	2019	\$41.04
Small Group	2019	\$38.84
Combined	2019	\$39.86

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

#### *Profit/Risk Load*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2021. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions. A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

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

Per Vermont rating rules, variation in rates due to tobacco and age are not allowed. Therefore, all calibration factors are 1. Additionally, there is only 1 rating region in Vermont, so the geography calibration is also 1.

#### **Consumer Adjusted Premium Rates**

The Calibrated Plan Adjusted Index Rate PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. Please note that due to the rounding present in the URRT template, actual Plan Adjusted Index Rate PMPMs may vary from the URRT to the actual rates as filed.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2020. The SCF = weighted average contract size/ weighted average load ratio.

#### **Projection Period Membership**

MVP's projection period membership equals the February 2019 enrollment of the population eligible to purchase these products, or 30,887 members. On Worksheet 2 of the URRT, members are mapped based on their February 2019 benefit to the same benefits for 2019.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.1%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.1%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2021:

Target Loss Ratio for 2021 VT Exchange	
A) Claims Expense	\$533.95
B) Taxes/Assessments	\$3.86
C) Quality Improvement	\$2.60
D) Premium	\$592.82
E) Traditional Loss Ratio = A) / D)	90.1%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	91.1%

**Actuarial Certification**

I, Matthew Lombardo, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

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



Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care, Inc.

5/7/2020  
Date



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2021 ACA Exchange Rate Filing

### **About Us**

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

### **Why We Are Changing Our Premiums**

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2021 Exchange rates for effective dates of coverage between January 1, 2021 and December 31, 2021. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

***-Increases in base period experience.*** Premium rates are increasing by **0.3%** because claims are higher than expected compared to the previous year.

***-Increases in cost and utilization of services.*** The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by **5.2%** because of this estimated trend in 2021.

***-Impact of the COVID-19 pandemic.*** MVP is assuming that a vaccine to prevent the virus will be available in 2021. Additionally, MVP is assuming that services postponed as a result of the outbreak in 2020 will be made up in 2021. These two items combine to increase the premium rate by **1.6%**.

***-Impact of the Federal Risk Adjustment Program.*** The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of lower-risk members, so it is required to pay into the program. MVP's payment has decreased slightly from last year, decreasing premium rates by approximately **-0.1%**.

***-Fees and assessments charged by the government to insurers.*** The repeal of the Federal Insurer Tax for 2021 is decreasing premium rates by **-1.0%**.

***-Increases in the cost of doing business.*** As the cost of doing business rises over time, MVP must increase the amount of administrative expenses built into premium rates. Additionally, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. These increases are worth approximately **0.6%** of the premium increase.

***-Impact of Changes in Product Mix.*** MVP has changed plan benefits on most plans from 2020 to 2021. Additionally, members have purchased different products in 2020 than 2019. The two are combining to drive up the rate increase by approximately **0.5%**.

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 7.3%, ranging from 0.5% to 9.5%. Increases for subscribers receiving Advanced Premium Tax Credits will vary based on income. There are 14,848 policyholders, 23,872 subscribers and 36,980 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period from May 11 to July 22. For information about providing public comment, please visit [https://ratereview.vermont.gov/public\\_comment](https://ratereview.vermont.gov/public_comment)

**Certification of Compliance**

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

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

**Signature:** 

**Date:** 05/08/2020



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	<b>Unified Rate Review v5.1</b>										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.										
2																					
3	Company Legal Name:	MVP Health Plan, Inc.										State:	VT								
4	HIOS Issuer ID:	77566										Market:	Combined								
5	Effective Date of Rate Change(s):	1/1/2021																			
6																					
7																					
8	<b>Market Level Calculations (Same for all Plans)</b>																				
9																					
10																					
11	<b>Section I: Experience Period Data</b>																				
12	Experience Period:	1/1/2019			to	12/31/2019															
13					Total				PMPM												
14	Allowed Claims				\$182,476,995.91				\$507.56												
15	Reinsurance				\$0.00				\$0.00												
16	Incurred Claims in Experience Period				\$149,698,913.25				\$416.39												
17	Risk Adjustment				-\$20,273,720.04				-\$56.39												
18	Experience Period Premium				\$182,486,583.88				\$507.59												
19	Experience Period Member Months				359,516																
20																					
21	<b>Section II: Projections</b>																				
22		Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM														
23	Benefit Category		Cost	Utilization	Cost	Utilization															
24	Inpatient Hospital	\$82.09	1.051	1.010	1.062	1.010	\$93.47														
25	Outpatient Hospital	\$215.27	1.044	1.010	1.061	1.010	\$243.24														
26	Professional	\$129.11	1.013	1.010	1.032	1.010	\$137.69														
27	Other Medical	\$9.06	1.020	1.010	1.050	1.010	\$9.90														
28	Capitation	\$10.25	1.047	1.000	1.047	1.000	\$11.24														
29	Prescription Drug	\$61.78	1.048	1.023	1.048	1.023	\$71.01														
30	Total	\$507.56					\$566.54														
31																					
32	Morbidity Adjustment							0.993													
33	Demographic Shift							1.000													
34	Plan Design Changes							1.003													
35	Other							1.000													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021						\$564.26													
37																					
38	Manual EHB Allowed Claims PMPM							\$0.00													
39	Applied Credibility %							100.00%													
40																					
41	<b>Projected Period Totals</b>																				
42	Projected Index Rate for	1/1/2021			\$564.26			\$250,396,017.60													
43	Reinsurance				-\$1.57			-\$696,703.20													
44	Risk Adjustment Payment/Charge				-\$80.59			-\$35,762,618.40													
45	Exchange User Fees				0.00%			\$0.00													
46	Market Adjusted Index Rate				\$646.42			\$286,855,339.20													
47																					
48	Projected Member Months							443,760													
49																					
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																				
51																					



Small																	
77566VT005																	
FRVT-HMO-P-001	FRVT-HMO-G-001	FRVT-HMO-G-002	FRVT-HMOH-G	FRVT-HMO-S-003	FRVT-HMOH-S	FRVT-HMOH-S	FRVT-HMO-S-001	FRVT-HMOH-S	FRVT-HMO-S-003	FRVT-HMOH-S	FRVT-HMO-S-002-N	FRVT-HMO-S-001-N	FRVT-HMO-B-002	FRVT-HMOH-B	FRVT-HMO-B-004	FRVT-HMO-B-005	FRVT-HMO-B-001
77566VT005001	77566VT005003	77566VT005004	77566VT005003	77566VT005005	77566VT005006	77566VT005004	77566VT005007	77566VT005003	77566VT005001	77566VT005029	77566VT005028	77566VT005009	77566VT005010	77566VT005009	77566VT005026	77566VT005011	
Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze
0.897	0.819	0.819	0.794	0.718	0.718	0.718	0.720	0.718	0.712	0.720	0.718	0.641	0.638	0.648	0.648	0.626	
Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	
1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.75%	1.53%	0.46%	4.73%	0.92%	1.16%	1.01%	3.23%	0.88%	1.16%	1.00%	3.56%	4.42%	2.63%	-3.89%	1.52%	3.22%	

2.74%

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050009	77566VT0050026	77566VT0050011
\$19,870,277	\$12,215,586	\$1,254,966	\$30,084,495	\$341,846	\$900,963	\$170,421	\$233,028	\$4,399,151	\$5,370,332	\$1,513,375	\$3,152,725	\$3,327,565	\$7,878,137	\$160,824	\$1,522,423	\$436,675
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1,641,081	\$2,152,901	\$185,336	\$6,003,144	\$125,018	\$227,038	\$13,821	\$75,948	\$1,141,704	\$1,350,142	\$413,498	\$770,415	\$1,335,096	\$2,900,732	\$68,150	\$390,673	\$93,989
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$18,226,596	\$10,062,685	\$1,069,631	\$24,081,351	\$216,828	\$673,925	\$156,600	\$158,080	\$3,255,447	\$4,020,190	\$1,099,877	\$2,382,310	\$1,992,467	\$4,977,405	\$92,674	\$1,131,750	\$340,686
\$998,706	\$1,879,970	\$110,298	\$817,131	\$195,453	\$225,752	\$18,786	\$259,191	\$2,097,908	\$1,434,026	\$799,072	\$1,788,967	\$1,663,720	\$3,418,115	\$178,652	\$28,049	\$75,322
\$15,929,534	\$13,192,080	\$1,039,066	\$27,240,879	\$639,075	\$936,596	\$63,357	\$616,531	\$6,299,927	\$5,642,274	\$1,890,498	\$4,299,056	\$4,517,210	\$9,683,911	\$374,016	\$1,130,940	\$343,153
\$5,250	\$4,617	\$1,853	\$4,255	\$1,238	\$1,904	\$98	\$1,197	\$2,986	\$2,385	\$4,322	\$9,397	\$11,322	\$5,163	\$9	\$2,771	\$41
\$-965	\$1,128	\$42	\$6,034	\$0	\$5	\$5	\$0	\$1,537	\$1,493	\$499	\$1,245	\$1,151	\$2,246	\$64	\$111	\$118
\$697.16	\$582.12	\$614.62	\$582.46	\$0.00	\$661.70	\$512.02	\$0.00	\$530.28	\$496.58	\$509.46	\$501.43	\$439.95	\$429.08	\$500.60	\$460.49	\$438.93
107.67%	88.95%	93.06%	91.14%	48.88%	94.81%	351.35%	44.24%	77.47%	95.53%	100.77%	94.91%	69.83%	79.44%	47.44%	97.65%	127.20%
\$786.94	\$496.23	\$677.26	\$554.50	\$276.13	\$473.20	\$1,577.98	\$194.68	\$338.76	\$433.58	\$241.47	\$335.50	\$293.90	\$313.08	\$394.00	\$540.41	\$461.11
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$65.10	\$87.46	\$100.02	\$110.65	\$100.98	\$119.24	\$127.98	\$62.61	\$88.07	\$109.01	\$93.30	\$81.99	\$117.92	\$115.28	\$82.21	\$140.99	\$101.36
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$721.85	\$408.77	\$577.24	\$441.85	\$175.14	\$353.95	\$1,450.00	\$132.06	\$250.69	\$324.58	\$248.17	\$253.52	\$175.98	\$197.81	\$111.79	\$408.43	\$399.75
\$39.56	\$71.37	\$59.52	\$15.06	\$157.88	\$118.17	\$173.94	\$214.53	\$115.78	\$180.30	\$190.38	\$146.95	\$135.84	\$215.50	\$10.12	\$75.54	\$19.54
\$630.87	\$535.89	\$660.75	\$602.09	\$516.22	\$491.91	\$586.64	\$515.06	\$485.13	\$455.54	\$426.56	\$457.49	\$398.98	\$384.85	\$451.17	\$408.13	\$362.36

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050009	77566VT0050026	77566VT0050011
1.0431	0.8698	0.9037	0.8807	0.8805	0.8637	0.8753	0.8572	0.7530	0.7362	0.7449	0.7297	0.6240	0.6319	0.6580	0.6386	0.6144
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.0000	1.0000	1.0015	1.0015	1.0000	1.0000	1.0016	1.0016	1.0000	1.0000	1.0018	1.0019	1.0000	1.0000	1.0000	1.0021	1.0022
5.80%	6.87%	6.62%	6.78%	6.79%	6.82%	6.95%	7.84%	8.01%	7.91%	8.06%	8.20%	9.20%	8.87%	9.09%	9.42%	
0.62%	0.67%	0.66%	0.66%	0.67%	0.67%	0.67%	0.67%	0.72%	0.72%	0.72%	0.73%	0.79%	0.78%	0.76%	0.78%	0.79%
0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$727.54	\$614.08	\$637.17	\$622.03	\$621.10	\$610.04	\$618.62	\$606.69	\$537.61	\$526.61	\$533.20	\$453.17	\$458.34	\$475.40	\$463.60	\$447.78	

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050009	77566VT0050026	77566VT0050011
\$23,159,031	\$23,016,775	\$1,804,339	\$44,641,661	\$0	\$42,048	\$42,212	\$0	\$10,889,092	\$10,483,238	\$3,516,186	\$8,730,409	\$7,858,413	\$15,357,343	\$440,499	\$759,845	\$804,002
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$2,153,521	\$4,537,879	\$318,938	\$8,546,769	\$0	\$12,102	\$11,870	\$0	\$3,028,578	\$3,018,188	\$991,574	\$2,559,972	\$2,979,860	\$5,718,350	\$154,486	\$278,408	\$311,623
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$21,005,510	\$18,478,897	\$1,485,401	\$36,094,892	\$0	\$29,946	\$30,342	\$0	\$7,860,514	\$7,465,050	\$2,524,612	\$6,170,437	\$4,878,523	\$9,638,993	\$286,013	\$481,437	\$492,375
\$2,990,943	\$2,631,183	\$211,504	\$5,139,498	\$0	\$3,560	\$3,616	\$0	\$1,119,247	\$1,062,937	\$359,476	\$878,599	\$694,646	\$1,372,482	\$40,725	\$68,551	\$70,109
\$25,889,787	\$23,054,611	\$1,850,748	\$45,056,602	\$0	\$36,611	\$37,122	\$0	\$9,917,708	\$9,436,716	\$3,193,580	\$7,819,297	\$6,261,118	\$12,355,605	\$365,207	\$617,675	\$634,170
\$9,580	\$7,536	\$2,904	\$7,498	\$0	\$0	\$0	\$0	\$8,444	\$7,916	\$5,988	\$4,840	\$3,812	\$7,692	\$208	\$332	\$416
91.73%	90.48%	90.61%	90.42%	#DIV/0!	90.60%	90.56%	#DIV/0!	89.34%	89.15%	89.08%	88.90%	87.64%	87.76%	88.14%	87.67%	87.29%
\$650.90	\$613.19	\$621.33	\$616.53	#DIV/0!	\$700.80	\$703.53	#DIV/0!	\$590.39	\$585.13	\$587.21	\$584.36	\$568.96	\$569.80	\$573.57	\$570.45	\$567.80
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$60.53	\$120.89	\$109.83	\$118.04	#DIV/0!	\$201.49	\$197.83	#DIV/0!	\$164.20	\$168.46	\$161.59	\$171.35	\$212.17	\$201.15	\$209.62	\$210.08	
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$590.37	\$492.30	\$511.50	\$498.49	#DIV/0!	\$499.10	\$505.69	#DIV/0!	\$426.18	\$416.67	\$421.61	\$413.01	\$353.21	\$357.64	\$372.41	\$361.44	\$347.72
\$84.06	\$70.10	\$72.83	\$70.98	#DIV/0!	\$59.33	\$60.27	#DIV/0!	\$60.68	\$59.33	\$60.03	\$58.81	\$50.29	\$50.92	\$53.03	\$51.46	\$49.51
\$727.65	\$614.20	\$637.31	\$622.26	#DIV/0!	\$610.19	\$618.70	#DIV/0!	\$537.72	\$526.72	\$533.33	\$453.31	\$458.43	\$475.53	\$463.72	\$447.86	

## Rating Area Data Collection

*Specify the total number of Rating  
Select only the Rating Areas you ar  
To validate, select the Validate but  
To finalize, select the Finalize butt*

Rating Area	Rating Factor
Rating Area 1	1.0000

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

May 20, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/19/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

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

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

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

May 26, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/19/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

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

Response: Please see the attached file "77566.RATEE.D20200514T180055.P" for the CMS RATEE report.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

May 26, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MvPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/18/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the most recently approved budget changes (<https://gmcbboard.vermont.gov/sites/gmcb/files/documents/FY20%20Summary%20of%20Budget%20Submissions%20and%20Approvals.pdf>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.*

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

*2. We acknowledge the following from page 3 of the Actuarial Memorandum, "MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered reliable." Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.*

Response: MVP used the triple exponential smoothing forecasting method for analyzing historical utilization patterns and projecting them to the rating period. MVP has experienced rapid membership growth in this block of business in the recent past, which may influence the results of historical trend methodologies. To account for this, the data used in this analysis reflects only members that are currently active with MVP. The utilization data is aggregated into rolling 12-month time periods at the service category level and adjusted for age/gender based on the Milliman age/gender table.





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

MVP used the (A,Ad,N) version of triple exponential smoothing for the inpatient service category and the (M,Ad,N) version for both outpatient and physician. The data inputs as well as the model outputs for the service categories can be seen on tabs "Question #2 Inpatient" , "Question #2 Outpatient" , and "Question #2 Physician" in the provided excel workbook (Support for L&E Objection #1\_SERFF). Because each of these simulations produce a distribution of outcomes as opposed to a point estimate, MVP ran Monte Carlo simulations (based on the resulting distributions) to aggregate the data across service category models. MVP ran 10,000 simulations where individual trend values were picked based on the service category distributions and combined using the experience period allowed claims by service category as weights. The result of the 10,000 simulations is therefore a distribution of the total expected utilization trend over the period.

The results of the Monte Carlo simulations can be seen in tab "Question #2 Monte Carlo" in the provided excel workbook (Support for L&E Objection #1\_SERFF). MVP has determined that the range of utilization trends forecasted by the model is too large to have confidence in the result.

*3. Please reconcile the 11.1% of CY2018 claims that were above \$100,000 with the 10.5% shown in last year's actuarial memorandum.*

Response: Please see the "Question #3" tab of the attached Excel document (Support for L&E Objection #1\_SERFF) for a quantitative derivation of the actual pooling charges for 2018 as of the previous filing and the current filing. The change in the pooling charge is driven by 3 major components:

- 1) The Impact of Claim Run-out on new Claimants above the \$100,000 Pooling Point:** With another 12 months of paid claim information, the number of Individual and Small ACA members above \$100,000 in annual claims has increased from 145 members to 149, with one claimant from the prior filing having their claims reduced under the \$100,000 threshold. Those 5 new claimants collectively have claims above the pooling point of \$219,179.
- 2) The Impact of Claim Run-out for existing Claimants above the \$100,000 Pooling Point:** The 145 members reaching the pooling point from the previous filing have seen their claims restate upward by \$329,639, all of which directly flow into the "Claims above \$100,000" bucket.
- 3) The Impact of Claim Run-out on the Claims below the \$100,000 Pooling Point:** MVP's total claims for the 2018 Individual and Small ACA populations have restated downward by \$576,383 from the previous filing to the current filing. However, the claims above the pooling point have increased by \$548,818 (the sum of the two numbers above). Therefore, the total restatement of the claims below the pooling point is \$1,125,201 downward (the total restatement less the restatement of the claims above the pooling point). This has the impact of leveraging the change in the pooling charge upwards due to the decreased denominator of the pooling charge formula.

With these 3 changes, the pooling charge for the 2018 ACA business has increased from 10.5% to 11.1% from the previous filing to the current one.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

*4. Please provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.*

Response: MVP is provided with pharmacy trend estimates by its Pharmacy Benefit Manager, CVSHealth. These trends are run for all of MVP's Vermont fully insured membership (ACA and Large Group) and use historical utilization and unit cost data for those populations. This historical data is combined with CVSHealth estimates of changes in utilization, unit cost and generic dispensing rates to calculate their best estimate of Gross PMPM claim cost trends for 2020 and 2021. MVP also applies its best estimate of contract changes between the experience period and the rating period to the unit cost information using a trend model provided by CVSHealth. Please see the attached exhibit (CONFIDENTIAL MVP\_Vermont\_4Q2019\_CSTM\_04132020) which provides CVSHealth's best estimate of trends as of the time of the filing.

The individual cost components (unit cost and utilization by Generic/Brand/Specialty) are calculated as follows:

**Generic:** Unit Cost trend is represented by Generic Non-Specialty Cost/Day trend which is found in cell L46 on Page 1 (2020) and Page 2 (2021) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 3 (2020) and Page 4 (2021) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend divided by the unit cost trend.

**Brand:** Unit Cost trend is represented by Brand Non-Specialty Cost/Day trend which is found in cell M46 on Page 1 (2020) and Page 2 (2021) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 3 (2020) and Page 4 (2021) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend divided by the unit cost trend. The impact of brand drugs moving to generic is implicitly covered under the cost/day trend under this methodology. This reflects the utilization of the current drug being re-weighted from the brand bucket to the generic bucket.

**Specialty:** Utilization trend is represented by Specialty Utilization trend which is found in cell N47 on Page 1 (2020) and Page 2 (2021) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2020) and Page 2 (2021) of the attached. Specialty unit cost trend is then calculated by taking Gross Cost PMPM Trend divided by the utilization trend.

CVSHealth buckets non-Specialty drugs by the first 2 characters of the GPI and Specialty drugs using their proprietary Rx Navigator methodology. The individual contribution of these buckets to Gross Cost PMPM trend can be found in column I of Page 1 (2020) and Page 2 (2021) of the attached. The Other bucket for non-Specialty claims includes all GPI categories not explicitly listed and the other bucket for Specialty claims include all conditions not explicitly listed.

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



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

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

The paid claims net of pharmacy rebates is calculated as the projected net paid claims PMPM divided by the experience period net paid claims PMPM.

*5. Provide quantitative and qualitative support for the leveraged Rx trend.*

Response: The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained in the response to Question #4. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #6.

*6. Provide quantitative support for the 1.041 trend factor applied to the claims for the deductible in Exhibit 2a.*

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

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

The deductible trend is then calculated as the change in the “deductible value” from the experience period to the rating period. The trends for the claims under the deductible level are lower than the base allowed trend as

The total deductible trend is calculated as:

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

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

*7. Please provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the projected increased membership for 2021.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

Response: MVP considers the Exchange population as a combined unit when setting the administrative expenses built into the rate filing. When setting premium rates for all of MVP’s blocks of business the contribution to administrative expenses is considered collectively across the enterprise to ensure that in total MVP can cover the anticipated corporate administrative budget for the coverage year. Projections for membership, fully insured premiums, Administrative Services Only (ASO) administrative fees, anticipated administrative funding for the New York State Medicaid Managed Care program and MVP’s administrative cost allocation models were all considered to project overall contribution to administrative expenses for 2021 and used to inform pricing assumptions.

While MVP’s membership has grown in the Vermont Exchange population, MVP’s enterprise-wide membership has declined while costs continue to rise. Please see the table below for a summary of MVP’s enterprise-wide membership over recent time periods. Over the past 27 months, MVP’s enterprise-wide membership has declined by 8.3%.

	<b>Dec 2017</b>	<b>Dec 2018</b>	<b>Dec 2019</b>	<b>Mar 2020</b>
MVP Enterprise Wide Members	592,228	567,663	545,383	542,873
% Change Compared to Prior Period	n/a	-4.1%	-3.9%	-0.5%

*8. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand Reflected in Index Rate in Exhibit 7.*

Response: Please see the tab “Question #8” in the attached Excel document (Support for L&E Objection #1\_SERFF) for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2021 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

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

*9. Please provide an exhibit showing the membership by plan and actuarial value for 2019, 2020 and the projection for 2021.*

Response: Please see the tab “Question #9” in the attached Excel file (Support for L&E Objection #1\_SERFF) for this exhibit.

*10. Please provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.*

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

*11. Provide additional support for the 1.2% trend in Exhibit 6 in the projection of the CSR load.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

Response: The 1.2% trend for CSR amounts (claims above the member's subsidized deductible but below the unsubsidized Silver deductible) was calculated by calculating a weighted allowed trend (6.1% annually using experience period claim weighting) and multiplying by the likelihood of being between the average subsidized and average unsubsidized deductible using the PDF table shown in MVP's response to Objection #6 (0.206). Claims below the subsidized deductible in the PDF table are assumed to be handled under the member's cost sharing while claims above the unsubsidized deductible are assumed to be handled via MVP's claim expense.

*12. As stated in the Actuarial Memorandum, MVP has begun to allow small groups to pay their premiums via credit card. What is the current percentage of groups that are paying via credit card? Explain any differences between the current percentage and the CY2021 assumption of 10%.*

Response: Currently, only 4 small groups in Vermont out of 1,411 are paying by credit/debit card. However, this program is still in the very early stages of its development. MVP expects requests for this payment option to increase in the future. Information provided the state of Vermont shows individual credit/debit card utilization (where it is allowed for all members) at approximately 20% for January to March 2020.

*13. Please provide support for the assumed COVID-19 immunization cost of \$75.*

Response: Wakely Consulting Group prepared a report titled "COVID-19 Cost Scenario Modeling" for America's Health Insurance Plans on March 30, 2020. In that report, Wakely assumed that the cost of a vaccination for COVID-19 was equal to the cost of a script of Tamiflu from the 2017 IBM MarketScan Research Database. MVP pulled claim data for Tamiflu for VT Exchange members in 2019 and found that the average cost was approximately \$75 for brand Tamiflu scripts. Therefore, MVP assumed \$75 for the price of the vaccine immediately upon release.

*14. Please provide further support for the assumed COVID-19 immunization rate of 80%, considering that the flu immunization rate in Vermont is approximately 50% for adults and 60% for children.*

Response: MVP recognizes that the take-up rate on the flu vaccine is generally lower than our assumption of the COVID-19 immunization rate. However, the unique nature of the virus makes it more likely that people would seek the vaccination which is why MVP is assuming 80% utilization consistent with the paper published by Wakely. This includes the severity of symptoms, mortality rate and easier transmission relative to the flu virus. Additionally, it is likely that the removal or lessening of many social distancing regulations will be contingent on individuals or populations achieving a vaccination rate (unlike the flu).

*15. Please disclose the assumed date that the COVID-19 immunization will become available and provide support for the assumption.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

Response: An exact date for the immunization has not been assumed by MVP for purposes of the filing. However, several companies have already begun Phase I and Phase I/II clinical trials for testing on potential immunizations (see the London School of Hygiene and Tropical Medicine's vaccine pipeline tracker, [https://vacc-lshtm.shinyapps.io/ncov\\_vaccine\\_landscape/](https://vacc-lshtm.shinyapps.io/ncov_vaccine_landscape/)). The World Health Organization has announced their organization of a "Solidarity Trial" whereby these trials will be prioritized and organized in such a way as to accelerate the timeline of Phase II and Phase III trials and get an immunization to market quicker than normal. Finally, the Federal Government announced on May 15 their organization of Operation Warp Speed, whose stated goal is "to have substantial quantities of a safe and effective vaccine available for Americans by January 2021." (<https://www.hhs.gov/about/news/2020/05/15/trump-administration-announces-framework-and-leadership-for-operation-warp-speed.html>) At this time, MVP is assuming a vaccine will be ready to be mass produced and distributed in early 2021 and optimistically that distribution will be available earlier in the year.

*16. Please provide support for the assumption that 20% of elective services were deferred during the 2 months in which elective surgeries were restricted. Support should include actual utilization/claims data observed during the 2-month time period.*

Response: It should be made clearer that MVP is not assuming 20% of elective services were not performed during the 2 months. MVP is assuming that 100% of elective services were not performed (consistent with state guidelines in MVP's service area) during the 2 months, and 20% of those services will never be performed in the future (meaning 80% of the services will be performed at a future time).

MVP chose a 20% deferral rate based on a 2010 research paper sponsored by the Society of Actuaries called "Potential Impact of Pandemic Influenza on the U.S. Health Insurance Industry"

(<https://www.soa.org/globalassets/assets/files/research/projects/research-2010-pandemic-health-report.pdf>).

On page 28 of the report, the author states "Reports have shown that this deferral of care during a crisis is often not recaptured but is instead a net savings to the system. This effect has been quantified by assuming a 5 percent reduction in individuals seeking elective services in a moderate scenario, and a 20 percent reduction in a severe scenario." The author cites research including experience with other major disruptions to the health care supply chain in modeling those assumptions.

If MVP were to assume a lower deferral rate (such as the 5 percent reduction in a moderate scenario above), the cost impacts presented in the response to Question 17 below would increase as more services would be made up.

As stated above, effectively all the elective services during this period were cancelled. Therefore, data for the 2 months in question would not be useful in supporting the assumption, as there is no way to determine which services that were cancelled will be made up simply by looking at the reduction in claim expense.

*17. Has the company considered the possibility of a second wave of COVID-19 resulting in a second period in which elective surgeries would be restricted? If that was the case how would costs be impacted?*

Response: MVP modeled several scenarios of COVID-19 "waves" when determining its assumption for elective services. Working under the same assumptions of deferral of services and hospital capacity, please see the following table for the impact on 2021 claim cost under those various scenarios:



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

Months of COVID-19 in 2020	Months of COVID-19 in 2021	Impact on 2021 Cost PMPM (10% increase in Hosp Capacity)
2	0	\$1.50
3	0	\$4.51
6	0	\$4.51
3	3	(\$7.89)
6	3	(\$7.89)

The scenarios with six months of COVID-19 in 2020 in the above table assume elective services will be canceled for mid-March through mid-June and then again in October through December of 2020. It should be noted that in every scenario above except for the first, the make-up of elective services will spill into 2022 and increase claim cost then as well. If providers can work at greater than 110% capacity, that would speed up the timeline and push those costs back into 2021.

*18. Please provide support for the assumption that providers will perform 110% of elective services from August 2020 through April 2021.*

Response: Based on information provided to us by our medical management team, providers of elective services were already working at near to full capacity prior to the pandemic during regular working hours. To make up for lost revenue while services were canceled, MVP is assuming providers will increase capacity through extended hours or working weekends. While providers are financially incentivized to perform as many services as possible to recoup lost revenue, there is an upper bound on the number of services they can provide. A lack of physical (number of available rooms, the potential for personal protective equipment shortages) and human capital (nurses, doctors and other support staff) as well as the additional time spent following the more stringent sanitation practices in the wake of the pandemic place a cap on how many services can be provided at one time.

MVP settled on the 110% assumption by balancing patient need for these services to be done with the limits described above. While we do feel that working above an assumed capacity for a long period of time is not sustainable, in the short-term it can be reasonably accomplished.

*19. What was the company's observed change in emergency department utilization due to COVID19? Has the company considered the impact of COVID-19 on ED utilization and utilization trends?*

Response: The lack of complete data on emergency room claims at this point (a maximum of two months of run-out) has limited MVP's analysis of utilization due to COVID-19. Please see the following table for allowed claims PMPM, adjusted for the number of days in a month, for March and April 2020 relative to the previous 14 months (January 2019 to February 2020):



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

Time Period	Allowed Claims PMPM
April 2020, 0 months run out	\$6.74
Average month 0, 01/19 to 02/20	\$12.66
March 2020, 1 month run out	\$20.10
Average month 0+1, 01/19 to 02/20	\$27.60

These decreases are subject to changes in claims processing patterns as well as changes in consumer behavior, so a full analysis would require more run-out of the data. Because MVP has assumed that a vaccine will be available in early 2021, we are assuming that ED utilization will return to pre-COVID-19 levels in 2021 and no adjustment to utilization trend is necessary.

20. Please provide a reconciliation between the exhibits (i.e. Exh 3) and the URRT. Specifically, please tie to the morbidity adjustment, plan design changes, other factor, and the Market Adjusted Index Rate.

Response: It should first be noted that due to the rounding requirements in the URRT, we should not expect the Market Adjusted Index Rate in the URRT (\$670.07) to tie exactly to the value labeled “Adjusted Claims Cost for Pricing” on Exhibit 7 of the rate filing document (\$669.54), although they are designed to be equivalent. The following provides a list of adjustments made in the URRT and the equivalent locations in the rate filing document:

**Morbidity Adjustment- Impact of Pooling High Cost Claimants**

-The difference between row 10 (claims removed above the pooling point) and row 11 (assumed claims above the pooling point, using the pooling charge) on an allowed basis, as a percentage of trended allowed claims (0.993).

**Morbidity Adjustment- Impact of COVID-19 Immunization Cost**

-Row 17 of Exhibit 3, as a percentage of trended allowed claims (1.010).

**Morbidity Adjustment- Impact of COVID-19 Pent-up Demand**

-Row 18 of Exhibit 3, as a percentage of trended allowed claims (1.003).

**Plan Design Changes- Paid to Allowed Ratio Normalization**

-(Row 28 of Exhibit 3 DIVIDED BY Benefit Relativity \* Induced Demand Reflected in Index Rate, Exhibit 7) DIVIDED BY (URRT Worksheet 1, cell H30 TIMES Morbidity Adjustment factor from URRT TIMES Other factor from URRT) (1.006). This value represents the difference between the assumed allowed trended claim expense using MVP’s benefit relativity model and the allowed trended claim expense using actual allowed claims in the URRT.

**Other- Impact of National High Cost Reinsurance Pool (HCRP)**

-Row 19 of Exhibit 3, as a percentage of trended allowed claims (1.003).





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

Rows 15 and 16 of Exhibit 3 are not included as claim adjustments in the URRT because they are adjustments to MVP's expense only and do not impact the allowed claims. For a full description of each of the factors in the URRT, please see the Federal Actuarial Memorandum provided as a supplement to the URRT, starting on page 3.

*21. Please provide inforce membership by plan for February 2020.*

Response: Please see the tab "Question #21" in the attached Excel file (Support for L&E Objection #1\_SERFF) for this exhibit.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Bachner".

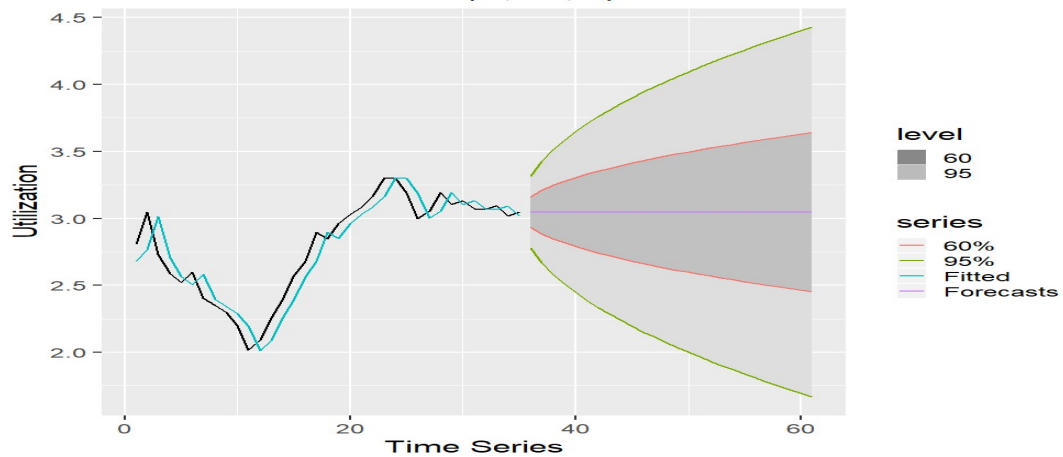
Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

### Prediction Intervals for Utilization

Data set: VT IP

R12 Ending	Timeline	Rolling 12 Month Utilization Per 1000 Members	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2016-12	1	2.805					
2017-01	2	3.047					
2017-02	3	2.728					
2017-03	4	2.587					
2017-04	5	2.523					
2017-05	6	2.598					
2017-06	7	2.404					
2017-07	8	2.350					
2017-08	9	2.297					
2017-09	10	2.200					
2017-10	11	2.017					
2017-11	12	2.095					
2017-12	13	2.258					
2018-01	14	2.389					
2018-02	15	2.565					
2018-03	16	2.680					
2018-04	17	2.897					
2018-05	18	2.849					
2018-06	19	2.962					
2018-07	20	3.030					
2018-08	21	3.083					
2018-09	22	3.165					
2018-10	23	3.304					
2018-11	24	3.298					
2018-12	25	3.190					
2019-01	26	3.000					
2019-02	27	3.054					
2019-03	28	3.195					
2019-04	29	3.105					
2019-05	30	3.131					
2019-06	31	3.070					
2019-07	32	3.068					
2019-08	33	3.094					
2019-09	34	3.019					
2019-10	35	3.048					
2019-11	36		3.048	2.932	3.163	2.779	3.316
2019-12	37		3.047	2.885	3.210	2.669	3.426
2020-01	38		3.047	2.848	3.247	2.583	3.512
2020-02	39		3.047	2.817	3.278	2.511	3.584
2020-03	40		3.047	2.789	3.305	2.447	3.648
2020-04	41		3.047	2.765	3.330	2.389	3.706
2020-05	42		3.047	2.742	3.353	2.336	3.759
2020-06	43		3.047	2.720	3.374	2.286	3.809
2020-07	44		3.047	2.700	3.394	2.239	3.855
2020-08	45		3.047	2.681	3.413	2.195	3.900
2020-09	46		3.047	2.663	3.431	2.153	3.942
2020-10	47		3.047	2.646	3.449	2.112	3.982
2020-11	48		3.047	2.629	3.465	2.074	4.021
2020-12	49		3.047	2.613	3.481	2.037	4.058
2021-01	50		3.047	2.598	3.496	2.001	4.094
2021-02	51		3.047	2.583	3.511	1.966	4.128
2021-03	52		3.047	2.568	3.526	1.932	4.162
2021-04	53		3.047	2.554	3.540	1.900	4.194
2021-05	54		3.047	2.541	3.553	1.868	4.226
2021-06	55		3.047	2.528	3.567	1.837	4.257
2021-07	56		3.047	2.515	3.580	1.807	4.287
2021-08	57		3.047	2.502	3.592	1.778	4.317
2021-09	58		3.047	2.490	3.605	1.749	4.345
2021-10	59		3.047	2.478	3.617	1.721	4.374
2021-11	60		3.047	2.466	3.629	1.693	4.401
2021-12	61		3.047	2.454	3.640	1.666	4.428

Forecasts from ETS(A,Ad,N)

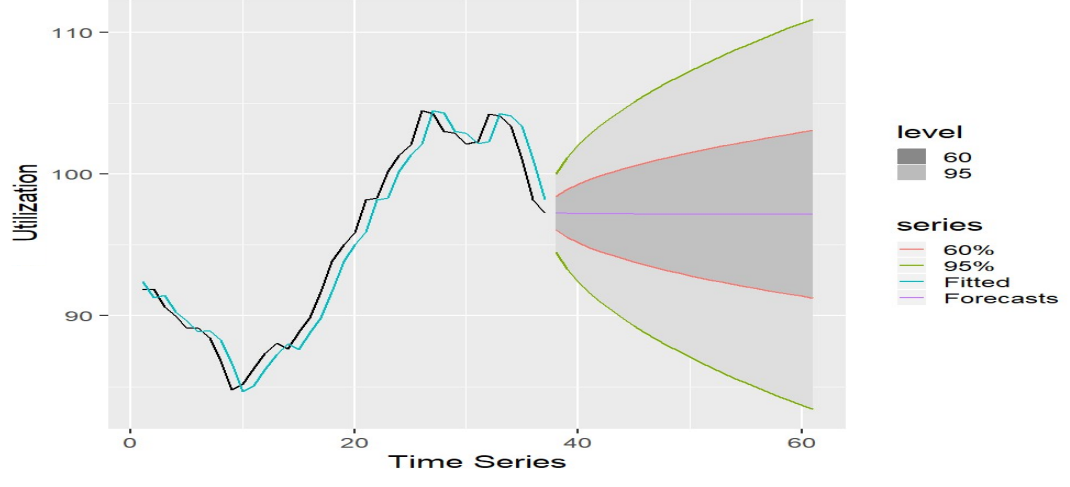


### Prediction Intervals for Utilization

Data set: VT OP

R12 Ending	Timeline	Rolling 12 Month Utilization Per 1000 Members	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2016-12	1	91.841					
2017-01	2	91.891					
2017-02	3	90.637					
2017-03	4	89.971					
2017-04	5	89.124					
2017-05	6	89.171					
2017-06	7	88.434					
2017-07	8	86.805					
2017-08	9	84.769					
2017-09	10	85.180					
2017-10	11	86.287					
2017-11	12	87.330					
2017-12	13	88.057					
2018-01	14	87.658					
2018-02	15	88.837					
2018-03	16	89.864					
2018-04	17	91.685					
2018-05	18	93.827					
2018-06	19	95.015					
2018-07	20	95.882					
2018-08	21	98.174					
2018-09	22	98.310					
2018-10	23	100.174					
2018-11	24	101.317					
2018-12	25	102.096					
2019-01	26	104.475					
2019-02	27	104.282					
2019-03	28	103.022					
2019-04	29	102.886					
2019-05	30	102.141					
2019-06	31	102.288					
2019-07	32	104.252					
2019-08	33	104.110					
2019-09	34	103.392					
2019-10	35	101.068					
2019-11	36	98.192					
2019-12	37	97.266					
2020-01	38		97.249	96.063	98.435	94.487	100.011
2020-02	39		97.234	95.554	98.915	93.321	101.148
2020-03	40		97.223	95.161	99.285	92.421	102.025
2020-04	41		97.213	94.828	99.598	91.659	102.767
2020-05	42		97.205	94.535	99.875	90.987	103.423
2020-06	43		97.199	94.270	100.127	90.379	104.019
2020-07	44		97.193	94.027	100.360	89.819	104.568
2020-08	45		97.189	93.800	100.578	89.298	105.081
2020-09	46		97.186	93.588	100.783	88.808	105.563
2020-10	47		97.183	93.388	100.978	88.345	106.021
2020-11	48		97.180	93.197	101.163	87.904	106.456
2020-12	49		97.178	93.015	101.341	87.483	106.873
2021-01	50		97.177	92.841	101.512	87.080	107.273
2021-02	51		97.175	92.674	101.677	86.692	107.659
2021-03	52		97.174	92.512	101.836	86.317	108.031
2021-04	53		97.173	92.356	101.991	85.955	108.392
2021-05	54		97.173	92.205	102.140	85.604	108.741
2021-06	55		97.172	92.059	102.286	85.264	109.080
2021-07	56		97.172	91.916	102.427	84.933	109.411
2021-08	57		97.171	91.777	102.565	84.610	109.732
2021-09	58		97.171	91.642	102.700	84.295	110.046
2021-10	59		97.171	91.510	102.831	83.988	110.353
2021-11	60		97.170	91.381	102.960	83.688	110.653
2021-12	61		97.170	91.255	103.086	83.395	110.946

Forecasts from ETS(M,Ad,N)

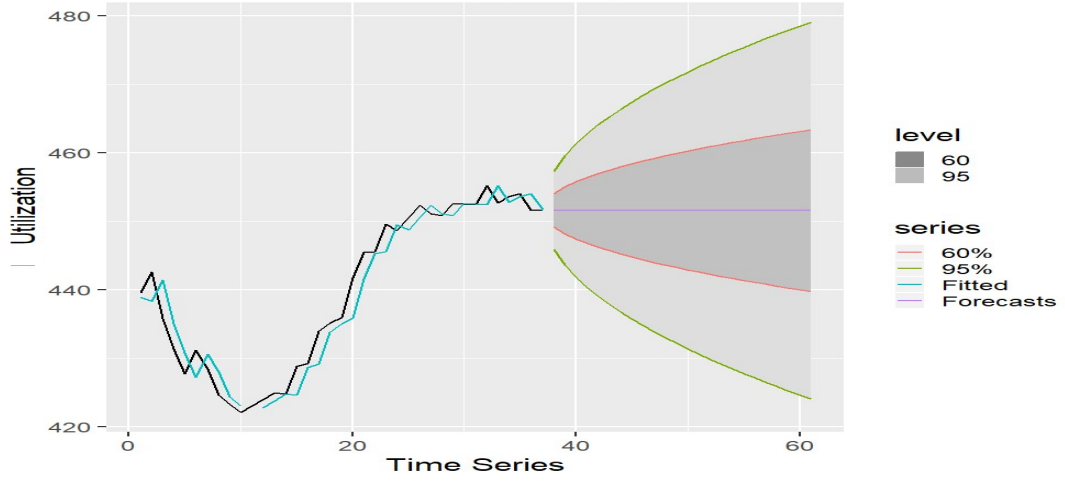


## Prediction Intervals for Utilization

Data set: VT PHY

R12 Ending	Timeline	Rolling 12 Month Utilization Per 1000 Members	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2016-12	1	439.553					
2017-01	2	442.545					
2017-02	3	435.736					
2017-03	4	431.355					
2017-04	5	427.736					
2017-05	6	431.169					
2017-06	7	428.373					
2017-07	8	424.627					
2017-08	9	423.260					
2017-09	10	422.073					
2017-10	11	423.030					
2017-11	12	423.947					
2017-12	13	424.963					
2018-01	14	424.745					
2018-02	15	428.813					
2018-03	16	429.217					
2018-04	17	433.962					
2018-05	18	435.060					
2018-06	19	435.911					
2018-07	20	441.760					
2018-08	21	445.400					
2018-09	22	445.527					
2018-10	23	449.535					
2018-11	24	448.658					
2018-12	25	450.567					
2019-01	26	452.336					
2019-02	27	451.063					
2019-03	28	450.814					
2019-04	29	452.591					
2019-05	30	452.461					
2019-06	31	452.434					
2019-07	32	455.211					
2019-08	33	452.647					
2019-09	34	453.611					
2019-10	35	453.972					
2019-11	36	451.580					
2019-12	37	451.561					
2020-01	38		451.562	449.113	454.011	445.858	457.265
2020-02	39		451.561	448.138	454.983	443.590	459.532
2020-03	40		451.560	447.382	455.737	441.831	461.288
2020-04	41		451.559	446.742	456.376	440.341	462.777
2020-05	42		451.558	446.176	456.940	439.024	464.092
2020-06	43		451.557	445.663	457.452	437.830	465.285
2020-07	44		451.557	445.191	457.923	436.731	466.383
2020-08	45		451.557	444.750	458.363	435.706	467.407
2020-09	46		451.556	444.337	458.776	434.743	468.369
2020-10	47		451.556	443.945	459.167	433.831	469.281
2020-11	48		451.556	443.572	459.539	432.963	470.148
2020-12	49		451.556	443.216	459.895	432.134	470.978
2021-01	50		451.555	442.874	460.237	431.338	471.773
2021-02	51		451.555	442.545	460.566	430.571	472.539
2021-03	52		451.555	442.227	460.883	429.832	473.279
2021-04	53		451.555	441.920	461.190	429.116	473.994
2021-05	54		451.555	441.622	461.488	428.423	474.687
2021-06	55		451.555	441.333	461.777	427.749	475.360
2021-07	56		451.555	441.051	462.058	427.094	476.015
2021-08	57		451.555	440.777	462.332	426.456	476.653
2021-09	58		451.555	440.510	462.599	425.834	477.276
2021-10	59		451.555	440.249	462.860	425.226	477.883
2021-11	60		451.555	439.994	463.115	424.632	478.477
2021-12	61		451.555	439.744	463.365	424.051	479.058

Forecasts from ETS(M,Ad,N)



Utilization	R12 Ending	Timeline	Rolling 12 Month Utilization Per 1000 Members	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
IP	2019-10		35					
IP	2021-10		59	3.05	2.48	3.62	1.72	4.37
OP	2019-12		37					
OP	2021-12		61	97.17	91.25	103.09	83.39	110.95
PHY	2019-12		37					
PHY	2021-12		61	451.55	439.74	463.37	424.05	479.06

**2 Year Trends**

Utilization	Mean	Standard Deviation	Weight
IP	-0.03%	22.20%	21.22%
OP	-0.10%	7.23%	48.12%
PHY	0.00%	3.11%	30.66%
Blend	-0.06%	5.91%	

**2 Year Trends**

5th Percentile	10th Percentile	20th Percentile	30th Percentile	40th Percentile	50th Percentile	60th Percentile	70th Percentile	80th Percentile	90th Percentile	95th Percentile
-9.80%	-7.61%	-5.02%	-3.17%	-1.56%	-0.06%	1.40%	3.01%	4.91%	7.53%	9.69%



**Derivation of High Cost Claimant Percentage, 2020 Exchange Filing vs. 2021 Exchange Filing**

	2020 Exchange Filing		
	Individual	Small ACA	Total
Number of Claimants above \$100K	60	85	145
Claims above \$100k Pooling Point	\$4,206,344	\$6,990,367	\$11,196,712
Claims below \$100k Pooling Point	\$47,493,146	\$59,254,663	\$106,747,809
Member Months	130,575	172,758	303,333
Claims >\$100k PMPM	\$32.21	\$40.46	\$36.91
Claims <\$100k PMPM	\$363.72	\$342.99	\$351.92
Pooling Charge	8.9%	11.8%	10.5%

	2021 Exchange Filing		
	Individual	Small ACA	Total
Number of Claimants above \$100K	63	86	149
Claims above \$100k Pooling Point	\$4,722,772	\$7,022,758	\$11,745,530
Claims below \$100k Pooling Point	\$46,831,226	\$58,791,382	\$105,622,608
Member Months	130,571	172,735	303,306
Claims >\$100k PMPM	\$36.17	\$40.66	\$38.73
Claims <\$100k PMPM	\$358.66	\$340.36	\$348.24
Pooling Charge	10.1%	11.9%	11.1%

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

				Weighted Average AV * ID
				<b>0.7963</b>
<b>Medical Coplan</b>	<b>Member Months</b>	<b>Pricing Model AV</b>	<b>Induced Demand Factor</b>	<b>AV * ID</b>
VT Standard Platinum 1 (2019)	30,806	0.911	1.150	1.048
VT Standard Gold 1 (2019)	44,561	0.821	1.097	0.901
VT Non-Standard Gold 2 (2019)	4,387	0.826	1.103	0.911
VT Non-Standard Gold 3 (2019)	66,864	0.820	1.098	0.901
VT Standard Silver 3 (2019)	6,890	0.737	1.050	0.774
VT Standard Silver 4 (2019)	6,064	0.722	1.043	0.753
VT Non-Standard Silver 2 (2019)	1,268	0.727	1.044	0.759
VT Non-Standard Silver 1 (2019)	58,572	0.719	1.039	0.747
VT Standard Silver 3 II (2019)	13,955	0.737	1.050	0.774
VT Standard Silver 4 II (2019)	13,722	0.722	1.043	0.753
VT Non-Standard Silver 2 II (2019)	5,810	0.726	1.045	0.759
VT Non-Standard Silver 1 II (2019)	13,495	0.719	1.039	0.747
VT Standard Bronze 2 (2019)	33,105	0.627	1.007	0.632
VT Standard Bronze 3 (2019)	37,421	0.633	1.009	0.639
VT Standard Bronze 4 (2019)	3,610	0.665	1.019	0.678
VT Non-Standard Bronze 5 (2019)	10,027	0.639	1.011	0.646
VT Non-Standard Bronze 1 (2019)	8,807	0.628	1.009	0.634
VT Catastrophic (2019)	152	0.649	1.014	0.658

**Derivation of 2019 Average AV**

		Weighted Average AV
		<b>0.7471</b>
Medical Coplan	Member Months	Pricing Model AV
VT Non-Standard Bronze 1 (2019)	8,807	0.628
VT Standard Bronze 2 (2019)	33,105	0.627
VT Standard Bronze 3 (2019)	37,421	0.633
VT Standard Bronze 4 (2019)	3,610	0.665
VT Non-Standard Bronze 5 (2019)	10,027	0.639
VT Catastrophic (2019)	152	0.649
VT Standard Gold 1 (2019)	44,561	0.821
VT Non-Standard Gold 2 (2019)	4,387	0.826
VT Non-Standard Gold 3 (2019)	66,864	0.820
VT Non-Standard Silver 1 (2019)	58,572	0.719
VT Non-Standard Silver 1 II (2019)	13,495	0.719
VT Non-Standard Silver 2 (2019)	1,268	0.727
VT Non-Standard Silver 2 II (2019)	5,810	0.726
VT Standard Silver 3 (2019)	6,890	0.737
VT Standard Silver 3 II (2019)	13,955	0.737
VT Standard Silver 4 (2019)	6,064	0.722
VT Standard Silver 4 II (2019)	13,722	0.722
VT Standard Platinum 1 (2019)	30,806	0.911

**Derivation of February 2020 Average AV**

		Weighted Average AV
		<b>0.7464</b>
Medical Coplan	Members	Pricing Model AV
VT Non-Standard Bronze 1 (2020)	962	0.618
VT Standard Bronze 2 (2020)	3,003	0.622
VT Standard Bronze 3 (2020)	3,480	0.630
VT Standard Bronze 4 (2020)	416	0.660
VT Non-Standard Bronze 5 (2020)	837	0.639
VT Catastrophic (2020)	9	0.643
VT Standard Gold 1 (2020)	5,139	0.815
VT Non-Standard Gold 2 (2020)	510	0.819
VT Non-Standard Gold 3 (2020)	7,361	0.820
VT Non-Standard Silver 1 (2020)	5,122	0.692
VT Non-Standard Silver 1 II (2020)	1,686	0.692
VT Non-Standard Silver 2 (2020)	141	0.726
VT Non-Standard Silver 2 II (2020)	624	0.726
VT Standard Silver 3 (2020)	490	0.726
VT Standard Silver 3 II (2020)	1,640	0.726
VT Standard Silver 4 (2020)	311	0.716
VT Standard Silver 4 II (2020)	1,628	0.716
VT Standard Platinum 1 (2020)	3,621	0.909

**Derivation of Projected 2021 Average AV**

		Weighted Average AV
		<b>0.7437</b>
Medical Coplan	Members	Pricing Model AV
VT Non-Standard Bronze 1 (2021)	962	0.609
VT Standard Bronze 2 (2021)	3,003	0.621
VT Standard Bronze 3 (2021)	3,480	0.628
VT Standard Bronze 4 (2021)	416	0.649
VT Non-Standard Bronze 5 (2021)	837	0.634
VT Catastrophic (2021)	9	0.634
VT Standard Gold 1 (2021)	5,139	0.803
VT Non-Standard Gold 2 (2021)	510	0.823
VT Non-Standard Gold 3 (2021)	7,361	0.809
VT Non-Standard Silver 1 (2021)	5,122	0.707
VT Non-Standard Silver 1 II (2021)	1,686	0.707
VT Non-Standard Silver 2 (2021)	141	0.719
VT Non-Standard Silver 2 II (2021)	624	0.718
VT Standard Silver 3 (2021)	490	0.722
VT Standard Silver 3 II (2021)	1,640	0.722
VT Standard Silver 4 (2021)	311	0.712
VT Standard Silver 4 II (2021)	1,628	0.712
VT Standard Platinum 1 (2021)	3,621	0.907

## February 2020 Membership By Plan

Medical Coplan	Members
VT Non-Standard Bronze 1 (2020)	962
VT Standard Bronze 2 (2020)	3,003
VT Standard Bronze 3 (2020)	3,480
VT Standard Bronze 4 (2020)	416
VT Non-Standard Bronze 5 (2020)	837
VT Catastrophic (2020)	9
VT Standard Gold 1 (2020)	5,139
VT Non-Standard Gold 2 (2020)	510
VT Non-Standard Gold 3 (2020)	7,361
VT Non-Standard Silver 1 (2020)	5,122
VT Non-Standard Silver 1 II (2020)	1,686
VT Non-Standard Silver 2 (2020)	141
VT Non-Standard Silver 2 II (2020)	624
VT Standard Silver 3 (2020)	490
VT Standard Silver 3 II (2020)	1,640
VT Standard Silver 4 (2020)	311
VT Standard Silver 4 II (2020)	1,628
VT Standard Platinum 1 (2020)	3,621

**Green Mountain Care Board**  
144 State Street  
Montpelier, VT 05602

802-828-2177  
[www.gmcboard.vermont.gov](http://www.gmcboard.vermont.gov)

*Kevin Mullin, Chair*  
*Jessica Holmes, PhD*  
*Robin Lunge, JD, MHCDS*  
*Maureen Usifer*  
*Tom Pelham*  
*Susan Barrett, JD, Executive Director*

**DELIVERED ELECTRONICALLY**

June 15, 2020

Eric Bachner, A.S.A.  
MVP Health Care  
625 State Street  
Schenectady, NY 12305

**RE: MVP Health Care Individual & Small Group Rate Filing (Docket No. GMCB-006-20rr; SERFF Tracking #: MVPH-132371260)**

Dear Mr. Bachner:

This morning an objection letter was posted to SERFF with actuarial questions proposed by the Office of the Health Care Advocate. The objection letter was posted prematurely; we do not expect MVP to answer the proposed questions at this time. Please use this letter as MVP's "response" to today's objection letter to close out the objection in SERFF.

Sincerely,

*/s/ Michael Barber*

GMCB General Counsel



**Exhibit 2b -- Rx Trend Development**

<u>Rx Claim Information</u>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	11,455	681	103	12,239
Experience Period Allowed Cost per Script	\$17.42	\$412.53	\$4,420.08	\$76.33
Experience Period Allowed PMPM	\$16.63	\$23.42	\$37.79	\$77.85
Experience Period Rx Rebates PMPM				(\$16.06)
Experience Period Allowed Net of Rebates				\$61.78
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.048
Annual Allowed Trend	0.894	1.052	1.155	1.073
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,049	644	121	12,815
Projected Allowed Cost per Script	\$13.24	\$482.85	\$4,984.38	\$83.90
Projected Allowed PMPM	\$13.29	\$25.93	\$50.38	\$89.60
Projected Rx Rebates				(\$18.49)
Projected Allowed Net of Rebates				\$71.11

**RX Info From URRT**

Experience Period Allowed PMPM	\$61.78
Annual Unit Cost Trend	1.048
Annual Utilization Trend	1.023
Projected Allowed PMPM	\$71.01

Month	Member Months	Medical Allowed	Pharmacy Allowed	Dental Allowed	Age Fx	ID Fx	Medical Unit Cost	Rx Unit Cost Fx	Normalized Medical Allowed	Normalized Pharmacy Allowed	Normalized Dental Allowed	Normalized Total Allowed
		PMPM	PMPM	PMPM			Fx	Cost Fx	PMPM	Allowed PMPM	PMPM	PMPM
201601	5,836	\$324.73	\$58.16	\$0.33	1.694	1.046	1	1	\$324.73	\$58.16	\$0.33	\$383.21
201602	6,018	\$422.64	\$61.50	\$0.84	1.691	1.046	1	1	\$423.32	\$61.60	\$0.84	\$485.75
201603	6,513	\$382.36	\$65.22	\$0.44	1.683	1.045	1	1	\$385.38	\$65.73	\$0.44	\$451.55
201604	6,698	\$384.14	\$54.77	\$0.94	1.683	1.045	1	1	\$387.05	\$55.18	\$0.94	\$443.18
201605	6,903	\$368.93	\$71.71	\$0.32	1.684	1.045	1	1	\$371.54	\$72.22	\$0.33	\$444.08
201606	7,061	\$370.94	\$73.82	\$0.77	1.685	1.044	1	1	\$373.60	\$74.35	\$0.77	\$448.72
201607	7,134	\$432.56	\$68.63	\$0.76	1.686	1.044	1	1	\$435.37	\$69.08	\$0.77	\$505.22
201608	7,164	\$426.30	\$74.45	\$0.91	1.689	1.044	1	1	\$428.39	\$74.81	\$0.91	\$504.11
201609	7,235	\$393.56	\$73.89	\$0.36	1.692	1.044	1	1	\$394.86	\$74.13	\$0.36	\$469.35
201610	7,250	\$374.98	\$76.46	\$1.25	1.697	1.044	1	1	\$375.06	\$76.47	\$1.25	\$452.79
201611	7,290	\$413.67	\$68.15	\$0.61	1.699	1.044	1	1	\$413.26	\$68.08	\$0.61	\$481.95
201612	7,525	\$428.57	\$70.56	\$0.90	1.709	1.045	1	1	\$425.53	\$70.05	\$0.89	\$496.48
201701	9,775	\$392.60	\$58.96	\$0.79	1.673	1.051	1.023	1.043	\$386.80	\$56.95	\$0.78	\$444.52
201702	10,301	\$318.85	\$55.34	\$0.59	1.667	1.051	1.023	1.043	\$315.40	\$53.66	\$0.58	\$369.64
201703	11,249	\$410.35	\$72.62	\$0.41	1.657	1.050	1.023	1.043	\$408.78	\$70.92	\$0.40	\$480.10
201704	11,326	\$332.68	\$62.28	\$0.74	1.658	1.050	1.023	1.043	\$331.09	\$60.77	\$0.74	\$392.59
201705	11,395	\$376.06	\$70.38	\$0.59	1.661	1.050	1.023	1.043	\$373.62	\$68.55	\$0.59	\$442.77
201706	11,437	\$365.32	\$78.99	\$0.71	1.661	1.050	1.023	1.043	\$363.12	\$76.97	\$0.70	\$440.79
201707	11,594	\$335.67	\$76.98	\$0.72	1.659	1.050	1.023	1.043	\$333.88	\$75.06	\$0.72	\$409.65
201708	11,706	\$364.88	\$76.75	\$1.25	1.656	1.050	1.023	1.043	\$363.54	\$74.97	\$1.24	\$439.75
201709	11,726	\$363.23	\$78.67	\$0.41	1.661	1.050	1.023	1.043	\$360.77	\$76.60	\$0.41	\$437.78
201710	11,764	\$369.80	\$79.56	\$0.59	1.662	1.051	1.023	1.043	\$367.18	\$77.44	\$0.59	\$445.21
201711	11,675	\$436.38	\$73.50	\$0.59	1.667	1.051	1.023	1.043	\$431.81	\$71.30	\$0.58	\$503.69
201712	11,600	\$385.44	\$75.80	\$0.83	1.672	1.051	1.023	1.043	\$380.18	\$73.30	\$0.82	\$454.30
201801	25,006	\$354.83	\$61.07	\$1.21	1.637	1.054	1.055	1.144	\$345.52	\$54.81	\$1.18	\$401.51
201802	25,014	\$360.43	\$56.71	\$1.16	1.639	1.054	1.055	1.144	\$350.45	\$50.82	\$1.12	\$402.39
201803	25,117	\$368.67	\$66.46	\$1.25	1.641	1.054	1.055	1.144	\$358.12	\$59.50	\$1.22	\$418.84
201804	25,025	\$390.87	\$72.28	\$0.79	1.643	1.055	1.055	1.144	\$379.08	\$64.61	\$0.77	\$444.45
201805	25,098	\$424.16	\$75.03	\$1.21	1.645	1.055	1.055	1.144	\$410.94	\$66.99	\$1.17	\$479.10
201806	25,199	\$393.14	\$69.88	\$1.22	1.647	1.055	1.055	1.144	\$380.24	\$62.29	\$1.18	\$443.71
201807	25,331	\$377.49	\$78.74	\$1.37	1.649	1.055	1.055	1.144	\$364.91	\$70.15	\$1.32	\$436.39
201808	25,418	\$428.01	\$81.77	\$1.22	1.650	1.055	1.055	1.144	\$413.48	\$72.80	\$1.18	\$487.46
201809	25,557	\$360.27	\$78.30	\$0.73	1.650	1.055	1.055	1.144	\$347.95	\$69.70	\$0.70	\$418.36
201810	25,520	\$458.45	\$89.61	\$1.19	1.653	1.055	1.055	1.144	\$441.90	\$79.60	\$1.14	\$522.64
201811	25,523	\$461.19	\$83.87	\$1.21	1.655	1.055	1.055	1.144	\$444.13	\$74.44	\$1.16	\$519.73
201812	25,498	\$408.54	\$87.34	\$1.74	1.657	1.055	1.055	1.144	\$392.76	\$77.39	\$1.67	\$471.81
201901	30,160	\$468.45	\$69.28	\$1.13	1.656	1.060	1.093	1.204	\$432.53	\$58.11	\$1.05	\$491.68
201902	30,197	\$389.75	\$70.18	\$0.97	1.656	1.060	1.093	1.204	\$359.75	\$58.84	\$0.89	\$419.48
201903	30,247	\$458.17	\$76.06	\$1.44	1.659	1.060	1.093	1.204	\$422.23	\$63.67	\$1.33	\$487.22
201904	30,257	\$437.07	\$84.54	\$1.21	1.661	1.060	1.093	1.204	\$402.11	\$70.65	\$1.11	\$473.88
201905	30,224	\$465.24	\$79.23	\$1.37	1.661	1.061	1.093	1.204	\$428.07	\$66.22	\$1.26	\$495.55
201906	30,021	\$401.07	\$73.29	\$2.16	1.662	1.061	1.093	1.204	\$368.91	\$61.24	\$1.99	\$432.13
201907	29,960	\$423.82	\$80.10	\$1.59	1.665	1.061	1.093	1.204	\$388.95	\$66.77	\$1.46	\$457.18
201908	29,866	\$414.03	\$77.93	\$1.26	1.667	1.061	1.093	1.204	\$379.58	\$64.90	\$1.16	\$445.64
201909	29,794	\$414.39	\$76.11	\$1.15	1.668	1.061	1.093	1.204	\$379.49	\$63.31	\$1.05	\$443.85
201910	29,723	\$458.49	\$77.27	\$1.36	1.669	1.061	1.093	1.204	\$419.68	\$64.25	\$1.25	\$485.18
201911	29,629	\$444.16	\$78.55	\$1.51	1.671	1.061	1.093	1.204	\$406.00	\$65.23	\$1.38	\$472.61
201912	29,438	\$440.97	\$91.92	\$1.64	1.672	1.061	1.093	1.204	\$402.95	\$76.30	\$1.50	\$480.75
202001	36,989	\$470.02	\$73.82	\$1.68	1.663	1.060	1.134	1.251	\$417.04	\$59.37	\$1.49	\$477.89
202002	36,847	\$446.35	\$80.06	\$1.48	1.664	1.060	1.134	1.251	\$395.64	\$64.32	\$1.31	\$461.28

**Quantitative Derivation of Allowed Claim Adjustment in URRT**

A)	\$460.45	Paid Index Rate PMPM Prior to Adjustments for Federal Programs (Rate Filing, Exhibit 3, Line 28)
B)	\$574.85	Adjusted Trended EHB Allowed Claims PMPM, URRT, Prior to Paid/Allowed Adjustment
$C) = A) / B)$	80.1%	Paid/Allowed Ratio Using Paid and Allowed Claims Projected Separately
D)	\$82.54	Trended Federal CSR PMPM (Rate Filing, Exhibit 6, Row 8)
E)	72,744	Projection Period Member Months, CSR Plans (Rate Filing, Exhibit 6, Row 2)
F)	359,516	Experience Period Member Months (Rate Filing, Exhibit 3, Row 1)
$G) = D) * [ E) / F) ]$	\$16.70	Additional CSR Claim Expense, PMPM
$H) = [ A) + G) ] / B)$	83.0%	Paid/Allowed Ratio Using Paid and Allowed Claims Projected Separately, After CSR Adjustment
$I) = H) / C)$	1.036	CSR Paid/Allowed Ratio Adjustment Factor
J)	79.6%	Benefit Relativity * Induced Demand Reflected in Index Rate (Rate Filing, Exhibit 7)
$K) = J) / H)$	0.959	Adjustment Factor to Reflect Projected Expected Allowed Claims
$L) = I) * K)$	0.994	Total Paid/Allowed Ratio Adjustment Factor
$M) = 1 / L)$	1.006	Total Allowed Claim Adjustment Factor



<b>Historical Bad Debt as % of Premium, 2017 to 2019</b>
--

**Individual**

<b>Year</b>	<b>Bad Debt</b>	<b>Premium</b>	<b>Bad Debt as % Premium</b>
2017	\$247,603	\$35,310,073	0.7%
2018	\$318,940	\$60,072,154	0.5%
2019	\$283,512	\$87,575,510	0.3%
<b>Total</b>	<b>\$850,055</b>	<b>\$182,957,737</b>	<b>0.5%</b>

**Small Group**

<b>Year</b>	<b>Bad Debt</b>	<b>Premium</b>	<b>Bad Debt as % Premium</b>
2017	\$36,680	\$24,966,952	0.1%
2018	\$15,113	\$82,322,131	0.0%
2019	\$63,355	\$86,305,106	0.1%
<b>Total</b>	<b>\$115,148</b>	<b>\$193,594,189</b>	<b>0.1%</b>

**Grand Total      \$965,203                      \$376,551,926                      0.26%**



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

July 1, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/12/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1 Regarding the response to question #4 of objection 1 – Please provide further quantitative support for how these Rx trends are applied and how the resulting trended allowed PMPMs reconcile with the Rx trended allowed PMPM in the URRT, as well as the unit cost and utilization year 1 and year 2 trends in the URRT.*

Response: Please see the tab “Questions 1 and 3” in the attached Excel document which shows the derivation of the RX trended allowed PMPM in both the rate filing and URRT. The 2020 and 2021 RX trends on Exhibit 2a are combined to create an annualized trend. The experience period data is then trended at two years of the annualized trend. The Projected Allowed Rx PMPM Net of Rebates is \$71.11 in the rate filing and \$71.01 in the URRT. This variance is due to the URRT requiring rounding to three decimals. MVP does not round its trends in the rate filing and therefore a variance between the submitted rate filing and the URRT will exist.

In the URRT, the unit cost and utilization trends in year 1 and year 2 represent the annualized 2-year RX trends. This is consistent with how the trends are applied in the rate development and comparing cells I6 and I7 with cells F12 and F13 on the “Questions 1 and 3” tabs in the attached Excel file will show that these trends are equivalent to 3 decimal places.

*2. Regarding the response to question #7 of objection 1 – Please provide a breakdown of the general administrative load of \$43.75 provided in Exhibit 5. Please provide a similar breakdown for the load as filed in 2020 of \$42.00 and elaborate on any material differences.*

Response: Please see the following table which provides a breakout of the 2020 administrative expense assumed in the rate filing by major category:



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
mvphhealthcare.com

Administrative Expense Category	2020 Available Admin PMPM
Personnel Expenses	\$24.53
Software	\$3.33
Project Expenses	\$2.94
Consulting Expenses	\$2.53
All Other Administrative Expenses	\$8.66
<b>Total</b>	<b>\$42.00</b>

MVP has yet to project in detail administrative expenses for 2021, so a similar breakdown of the \$43.75 has yet to be performed at this point. However, several major programs have been undertaken by MVP which will require resources in 2021, including:

#### Corporate Infrastructure Improvements

- In 2020 and 2021 MVP is working hard to remediate its aging systems ("technical debt"). In 2020 we have rolled out several major initiatives that enabled our staff to work from home in 2020. These encompassed replacing our old in-house phone system with a cloud based one (fully completed in June 2020), replacement aging desktop hardware with laptops, switching to Office 365 (encompassing MS Teams) and a series of other hardware/software infrastructure investments. Ultimately, these investments enabled our organization to have 85% or more of our staff working remotely in early March 2020 when COVID 19 impacted our New York State offices.
- Since 2014, MVP has been using the same version of Facets, the software system that handles claims administration, billing, benefit configuration, provider contracts and data, member enrollment, and accumulators. As a result, we have been on an 18-month upgrade process (completing July 2020) that will ensure our core systems are as advanced and integrated as possible.
- In 2020 and 2021 we are also [REDACTED]

[REDACTED] It is designed to embody MVP desire to make Healthcare personal to match our slogan: "Health insurance, Built around me".

#### IT Security

- IT security has become an increasingly important as we look to protect members' sensitive personal information. We continue to invest in this area every year.

#### 2021 Incremental Abortion Billing Costs

- CMS's wide-ranging interim final rule (IFR) made public on April 30 is a requirement that health plans separately bill enrollees for the portion of premiums attributable to non-Hyde abortion services. These Federal requirements will result in system changes occurring in 2020 and 2021. Internal estimates estimate the implementation fees could be in the region of \$190k, while the ongoing operating costs would be between \$100k and \$300k per annum for Vermont members alone. MVP has begun the process of scoping these required system changes to be coded in the 4th quarter of 2020/ 1st Quarter of 2021.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

### Operationalize Takeover of VT Billing for 2022

- MVP has been slated by the Department of Vermont Health Access to take over billing for Vermont individual members in 2022. While the primary cost of billing these members will begin in 2022, MVP does need to spend money in 2021 to make our systems operational before this takeover begins. The work to operationalize must be implemented and tested by July 2021. MVP estimates this cost will be around \$250,000 in 2021.

Costs for these projects expect to make up the bulk of increased administrative spending for 2021.

*3. Regarding Exhibit 2b of "VT 2021 Exchange Rate Filing\_SERFF\_LE.xlsx" – the total trends in cells F23:F25 do not equal the weighted average of the trends for each drug class in cells C23:E25 when weighted by the experience period allowed PMPM in cells C16:F16. Please reconcile.*

Response: MVP uses the unit cost and utilization trends and applies them to the experience period cost per script and scripts per 1,000 members to compute an annual allowed trend. Scripts per 1,000 is trended using the utilization trends, while the allowed cost per script is trended using the unit cost trends. These trended items are then converted to an allowed PMPM using the formula (projected cost per script \* projected scripts per 1,000 members / 12,000 ). The annualized allowed trend is then calculated as the square root of (projected period allowed PMPM / experience period allowed PMPM).

The unit cost and utilization trends by category will not weight out to the total trend because of this. The weights for unit cost and utilization by category do not match the allowed PMPM weights. For example, generic claims represent only 21.4% of total allowed costs, but make up 93.6% of total script counts. Therefore, a weighted utilization trend should be more heavily weighted toward generic drugs than a trend using total allowed weights.

Please see tab "Questions 1 and 3" in the attached Excel file for quantitative support for these calculations.

*4. For each month from January 2016 through March 2020, total allowed costs member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.*

Response: Please see the tab "Question #4" in the attached Excel document which provides this information. The age normalization reflects the age curve created by HHS and the induced demand normalization factors reflect the induced demand slope MVP uses to price (which complies with HHS guidelines). The unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2019/2018 trend is from the 2020 Exchange filing, as opposed to the 2019 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payments as a percentage of allowed claims have



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

increased over this period and this will serve to deflate allowed trends above and beyond analysis of a static population.

*5. Please split the 0.6% plan design change adjustment into the two components discussed on page 5 of the Federal Actuarial Memo, CSR and benefit relativities, and provide quantitative and qualitative support for each component.*

Response: On Exhibit 3 of the filing, row 28 displays the projected Paid Index Rate PMPM (prior to risk adjustment and CSR loading) of \$460.45. The Adjusted Trended EHB Allowed Claims PMPM in the URRT, prior to incorporating this factor is \$574.85. The resulting paid to allowed ratio (0.801) is approximately 0.6% higher than the "Benefit Reality \* Induced Demand Reflected in Index Rate" (0.796) on Exhibit 7. Therefore, an adjustment to the URRT allowed claims of 1.006 is applied to ensure that Worksheet 2 of the URRT ties to Exhibit 7 of the filing. The 1.006 factor is broken down as follows:

The first adjustment is the adjustment to the paid to allowed ratio to account for the CSR payments. To comply with federal rating requirements, the benefit actuarial value for CSR plans must match the base Silver plan. Therefore, when calculating the "Benefit Relativity \* Induced Demand Reflected in Index Rate" factor on Exhibit 7, Silver CSR plans are assumed to have a benefit relativity equal to the Silver base plan (which would be correct assuming that MVP were able to reduce its incurred claims for the cost sharing difference on Silver CSR plans). However, MVP is obligated to pay this cost sharing difference, which has the impact of increasing MVP's incurred claim expense without increasing the allowed claim expense.

The estimated PMPM incurred claims due to CSR is calculated by taking row 8 on Exhibit 6 (\$82.54 per CSR member per month) and multiplying by the percentage of experience period members in a CSR plan (72,744 divided by 359,516, or 20.2%). Adding this PMPM (\$16.70) to the \$460.45 above raises the expected paid to allowed ratio from 0.801 to 0.830.

The second part of the adjustment takes the paid to allowed ratio from 0.830 to the 0.796 as displayed on Exhibit 7. This is performed, as stated in the Federal Actuarial Memorandum, to account for the fact that MVP uses net incurred claim expense to price and the URRT Market Adjusted Index Rate is on an allowed basis. The actual paid to allowed ratio in any given year will vary from the expected ratio, and MVP's best estimate of the expected paid to allowed ratio (ignoring CSR payments) in 2021 (using experience period membership and benefits) is 0.796.

The product of these factors is 0.994, which means that the paid to allowed ratio needs to decrease by 0.6%. Because the incurred claim amount is fixed and the allowed amount is adjusted, the allowed amount needs to be multiplied by the inverse ( $1 / 0.994$ ) to decrease the ratio.

For a quantitative derivation of the factors, please see the tab "Question #5" in the attached Excel document.

*6. Please explain why the induced demand factors in Exhibit 7 do not match HHS factors as stated on page 6 of the Federal Actuarial Memorandum.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

Response: On page 6 of the Federal memorandum, MVP states that the factors are “sloped to comply with the HHS prescribed induced utilization factors”. This means that benefit AVs between 0.60 and 0.70 have induced demand factors between 1.00 and 1.03 (a similar pattern can be shown for AVs between 0.70 - 0.80 and 0.80 - 0.90). Should MVP have a plan that had a benefit AV of 0.70, as an example, that induced demand factor would be exactly 1.03. MVP does cap the induced demand factors on either end, so that a Bronze plan cannot have a factor below 1.00 and a Platinum plan cannot have a factor above 1.15.

*7. Please provide the bad debt as a percentage of premium over each of the last 3 years.*

Response: Please see the tab “Question #7” in the attached Excel document for historical actual bad debt information by Small Group and Individual for years 2017 to 2019. MVP’s historical bad debt as a percentage of premium for the three years is 0.26%.

*8. How has COVID-19 affected non-benefit costs (expenses such as claims adjudication, overhead, travel, profit, etc.)?*

Response: The impact of the COVID-19 epidemic has affected administrative expenses in many ways, both increasing and decreasing expenses. A full calculation of the impact of COVID-19 on administrative expenses has yet to be performed, as the situation has quickly evolved over time. At this point, MVP is uncertain whether the pandemic will increase or decrease expenses in aggregate for 2020. MVP expects to have more clarity on the issue as we move into the third quarter of 2020.

Based on MVP’s assumptions in this filing about the spread of the virus, MVP expects administrative expenses in 2021 to resemble more closely expenses prior to the pandemic as opposed to during the pandemic, with necessary adjustments for changes to the cost of doing business over time.

*9. Describe how Vermont consumers were considered in light of the current savings due to the COVID-19 pandemic and this unprecedented time.*

Response: In an effort to increase public awareness of telemedicine resources during the COVID-19 pandemic, MVP created a new, brand-agnostic, public service website called [www.TryTelemedicineFirst.com](http://www.TryTelemedicineFirst.com); a directory of available telemedicine services throughout NY and VT. It can be searched by health insurance company name, or by zip code. Specifically for MVP customers in Vermont, MVP has implemented:

- Provider-based telehealth, telemental health, & telephonic visits.
- 24/7 telemedicine services like myVisitNow® and myERNOWSM for urgent care services and COVID-19 symptoms.
- Waiving member cost-shares for COVID-19 testing and treatment, as well as no member cost-share for all telemedicine/telehealth visits, including mental health.
- Early prescription refills for 30-day supplies and promotion of 90-day supply option through CVS Caremark mail order pharmacy.
- 90-day prior authorization changes through 6/18, inpatient and post-acute hospitalizations, radiation therapy, high-tech radiology, musculoskeletal surgery.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

- changes to all our member communications to notify VT members of eligible VT State programs.
- individual market special enrollment periods
- premium payment grace period relief for individual, small group, student health plans

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

June 26, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/19/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please specify whether the filing assumes that MVPHP will be responsible for billing consumers who purchase plans on Vermont Health Connect (VHC) in 2021. List any changes to the filing that are needed to reflect that MVPHP will not be responsible for consumer billing in 2021.*

Response: This filing assumes that the transition in billing from Vermont Health Connect to MVP will take place beginning in January 2022 as opposed to January 2021. MVP did build administrative expense in this filing to support building out and testing the billing functionality as that work will be done in 2021. However, no expenses related to actual billing of individual members is assumed in this filing.

*2. Do cost sharing plans take more administrative time than other QHPs and therefore represent a larger portion of administrative costs? If yes, does MVPHP "silver stack" these costs or spread them out across all plans?*

Response: MVP's administrative cost allocation model does not allocate expenses at this level of detail (Silver CSR plans as compared to all other plans). However, MVP has built "shadow claim" functionality in its claim processing software, which allows the company to track both actual claim expense as well as CSR claim expense on all claims in an automated fashion. Because the process is automated, there is not significant expense associated with tracking and reporting CSR claim expenses. MVP does not "silver stack" these expenses.

*3. Please provide an update of your PBM's actual-to-expected trend analysis for the last four years.*

Response: Please see the following table for this trend analysis. Trends are taken from the most recent rate filing where a trend occurred (for instance, the 2018 to 2019 expected trend is taken from the 2020 VT Exchange filing).

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





625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

The trends provided by the PBM are calculated based on a static population at the time trends are produced. MVP’s membership has grown from about 10% of the market in 2016 to 40% of the market in 2019, and MVP’s risk adjustment payment as a percentage of premium has also increased during the same period. These year over year population and risk morbidity changes impact the mix of drugs members are purchasing which can skew actual trends.

**Comparison of Actual to Expected  
 Pharmacy Allowed Trend, 2016 to 2019,  
 VT Exchange**

Year	Actual	Expected
2019/2018	3.6%	7.4%
2018/2017	5.1%	12.4%
2017/2016	5.2%	11.1%
2016/2015	8.6%	8.8%

4. *MVPHHP has experienced large growth in its VHC population over the last few years. Please provide any assumptions built into the filing for the increase in membership or change in membership mix, including the following:*

- a. *Changes in pooling level, and*
- b. *Impact from mix of individual or small groups.*

Response: MVP generally has not taken its large growth in market share into account when rating. Items may be adjusted that are specific to one subset of the population to reflect current membership as opposed to experience period membership (such as projected membership in Silver on exchange plans for the Silver load). Specifically related to changes in pooling level, MVP has not considered changing the level it is pooling claims at to reflect a larger market share. Specifically related to the mix of individual and small groups, MVP prices using a single risk pool, so an adjustment is not warranted except for specific circumstances (such as the Silver on exchange adjustment made above).

5. *Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If the cell is blank or you believe the value listed is incorrect, please provide the value that you believe is correct.*

*In your response, please provide any caveats or qualifications that are necessary to prevent the response from being misleading.*

Response: MVP has amended the table as shown below. To calculate utilization trend, MVP compared utilization per 1,000 members for each service category (defined by MVP as Inpatient, Outpatient, Physician and Other) from calendar year 2018 to calendar year 2019 and then weighted those trends by the percentage of allowed costs in each bucket during calendar year 2018.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

MVP would like to caveat that filtering down allowed claim trend to two component numbers (utilization and unit cost) can be misleading, for reasons including but not limited to:

-Allowed Medical Trend does not consider population changes or changes in morbidity within the previously insured population. This can skew both total trends as well as utilization and intensity trends. As an example, an older population generally uses both more services and more intense services, which would increase both utilization and unit cost trends as MVP has calculated them. In a risk-adjusted environment, allowed trends should be viewed in tandem with the change in a carrier's risk position to view the total claim trend for a given year.

-Claim shifts between service categories can increase/decrease total allowed trends while also increasing/decreasing utilization trends within those categories. For example, shifting surgeries previously performed in an Inpatient setting to an Outpatient setting will simultaneously increase Outpatient utilization and total allowed costs and decrease Inpatient utilization and total allowed costs (while likely decreasing total allowed claim costs). This is not easily quantifiable into a single unit cost and a single utilization trend figure.

-The intensity of services is not considered in the table. MVP is implicitly assuming that it is included under unit cost trends, but this produces misleading results if the intent is to measure the change in cost for a given service over time. For example, if a higher-intensity Outpatient service is replaced with a lower-intensity service, the utilization change would be 0.0% and the unit cost trend would be below zero. However, the costs of both services may have increased over time, which would not be evident based on the data provided. Additionally, MVP used admits as the utilization measure for Inpatient services. To the extent that the average length of stay changes over time, this would be captured in the unit cost trend as opposed to the utilization trend.



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

Year Filed Docket #		2020 GMCB-006-20rr	2019 GMCB-05-19rr	2018 GMCB-008-18rr
Members		36,980	30,887	25,223
Average Rate Change	Proposed	7.3%	10.9%	10.9%
	Allowed	NA	10.1%	6.6%
Allowed Medical Trend	Proposed	5.9%	3.7%	3.2%
	Allowed	NA	4.9%	3.4%
	Actual*	NA	NA	9.0%
Medical Unit Cost	Proposed	4.8%	3.7%	3.2%
	Allowed	NA	3.9%	3.4%
	Actual*	NA	NA	13.3%
Medical Utilization	Proposed	1.0%	0.0%	0.0%
	Allowed	NA	1.0%	0.0%
	Actual*	NA	NA	-3.8%
Allowed Rx Trend	Proposed	7.3%	8.2%	13.3%
	Allowed	NA	8.2%	13.3%
	Actual*	NA	NA	3.6%
General Admin Load (PMPM)	Proposed	\$43.75	\$42.00	\$39.80
	Allowed	NA	\$42.00	\$39.80
	Actual*	NA	NA	\$39.86
CTR	Proposed	1.5%	1.5%	2.0%
	Allowed	NA	1.0%	1.5%

6. MVPHP is proposing an increase for pent-up demand from Covid-19. These are services which were expected to be performed in 2020. As such, the HCA expects that the cost was built into the premium rates for 2020. Please demonstrate how this additional cost in 2021 premiums is not double charging members.

Response: The rates proposed by MVP are developed to be actuarially sound. According to Actuarial Standard of Practice #26, Section 2.1, actuarial soundness is defined as [emphasis added] “for business in the state for which the certification is being prepared **and for the period covered by the certification, projected premiums in the aggregate**, including expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income, **are adequate to provide for all expected costs, including health benefits**, health benefit settlement expenses, marketing and administrative expenses, and the cost of capital.” Therefore, MVP must consider health claims expected to incur in and only in 2021 when setting premium rates that are effective for 2021. If MVP were to reduce rates in 2021 for claims that were expected to occur but did not in 2020, those rates would be considered inadequate based on actuarial principles.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

*7. In your response to question 14 of Objection Letter 1, you state that your assumption of an 80% Covid-19 vaccine rate is "consistent with the paper published by Wakely." Please confirm that you are referring solely to the sentence in the last paragraph on page 11 of Wakely's March 30, 2020 Covid-19 Cost Scenario Modeling paper which begins, "For example..." If you believe the paper provides additional support for your assumption of an 80% vaccination rate beyond this sentence, please specify where this support is.*

Response: We confirm that the statement on page 11 was the specific support from this paper for an 80% vaccination rate.

*8. Vermont implemented a special enrollment period (SEP) in response to the Covid-19 crisis which is still open. Please provide the number of Vermonters who have enrolled in an MVPHP plan using this SEP, broken out by CSR plan and metal level.*

Response: MVP does not receive detailed data on why a member enrolled or changed coverage outside of open enrollment. Therefore, it is impossible for MVP to determine whether a member enrolled with MVP specifically using the COVID-19 SEP or if it was for a Qualifying Event unrelated to COVID-19 (change in family status, change in employment, change in APTC/CSR eligibility, etc.). MVP has enrolled 1,618 members between March and May 2020 which were not enrolled prior to March 2020. That is slightly lower than the 1,724 new members enrolled between March and May 2019, but it is impossible in either case for MVP to determine where or if these members had health insurance coverage previously.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

July 1, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MvPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/29/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. The projected members by plan was provided in the Rate Increase Exhibit ("Rate Increase Exhibit 2020-2021\_SERFF.xlsx") in row 40 (totaling 36,980), corresponding to the URRT projected member months (443,760/12=36,980). Please provide a similar breakdown of experience period members by plan (totaling 29,960), corresponding to the URRT experience period member months (359,516/12=29,960).*

Response: Please see the tab "Question #1" of the attached Excel document for a table providing a count of unique plan/member combinations for the experience period. Please note that because not all members are enrolled with MVP and enrolled in the same coplan for all 12 months, the sum of these distinct members is greater than the 29,960 quoted above.

*2. We were informed that a change will need to be made prior to finalization of this rate filing for the Bronze 1 non-standard plan to be in compliance with Federal AV requirements. Please provide a very detailed outline of the expected changes. In this documentation, please point out all cells/values from any Excel Exhibits, the URRT, etc. that will change.*

Response: In MVP's original Federal AV calculation for the Bronze 1 plan design, there were cost sharing items entered contrary to the filed Summary of Benefit Coverage (SBC). Once those changes were accounted for in the Federal AV calculator, the plan's AV fell outside of the permissible range for a Bronze plan. The change that was made was to offer the Tier 1 pharmacy at a copay prior to the deductible (as opposed to after the deductible as was originally filed). This allowed the plan design to qualify for the expanded Bronze AV range and allowed it to become AV-compliant.

MVP determined this plan design change increases the benefit AV by approximately 0.6%. Combined with an increase to the induced demand factor, the total premium change is approximately 0.8%. Please see below for a full listing of changes to the rate filing, the Rate Increase Exhibit and the URRT.

*Rate Filing, Exhibit 7 (Rows 28, 58, 71)*

-Benefit Actuarial Value: 0.6088 to 0.6124 (+0.59%)

-Induced Demand Factor: 1.0011 to 1.0032 (+0.20%)



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

-Net Claim Cost PMPM, % of Premium Loads, Gross Claim PMPM, Premium Rates: Increase by 0.80%

*Rate Increase Exhibit (Column H)*

-Cells H10:H13: Increase by 0.80%

-Cell T25 (Overall Rate Change): Increase by 0.02%

*URRT Worksheet 2 (Columns U and AM)*

-Row 20: Increase from 7.21% to 7.98%

-Section III: Updated to reflect new Calibrated Plan Adjusted Index Rate

-Section IV: Updated to reflect new Allowed Claim, Member Cost Sharing, Risk Adjustment and Premium estimates.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

July 31, 2020

Michael Barber  
 Green Mountain Care Board  
 144 State Street  
 Montpelier, VT 05602

Re: 2021 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-132371260, GMCB Docket #: GMCB-006-20rr

Dear Mr. Barber:

This letter is in response to your correspondence received 07/23/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Provide a table that shows monthly paid claims and incurred claims by major service category for the period beginning January 2019 and ending June 2020, as well as the completion factor(s) used.

Response: Please see the following table, Table 1, which provides incurred claims by incurred month (on a PMPM basis) from January 2019 to June 2020.

**Table 1: Incurred Claims**

Incurred Month	Member Months	IP Claims	OP Claims	PHY Claims	OTR Claims	RX Claims	Total Claims
201901	30,163	\$115.10	\$146.56	\$79.91	\$2.50	\$52.57	\$396.63
201902	30,199	\$61.92	\$145.34	\$76.67	\$4.12	\$58.52	\$346.57
201903	30,250	\$89.52	\$172.72	\$91.47	\$4.63	\$66.98	\$425.32
201904	30,263	\$80.05	\$167.91	\$93.68	\$5.18	\$76.25	\$423.07
201905	30,227	\$82.81	\$187.64	\$101.21	\$8.61	\$71.36	\$451.62
201906	30,024	\$67.15	\$168.32	\$85.98	\$3.73	\$68.43	\$393.62
201907	29,961	\$75.07	\$185.14	\$97.97	\$8.18	\$74.55	\$440.91
201908	29,870	\$67.85	\$171.33	\$95.45	\$3.90	\$72.27	\$410.80
201909	29,802	\$75.05	\$162.78	\$96.07	\$6.69	\$71.98	\$412.58
201910	29,729	\$80.32	\$192.61	\$106.91	\$4.74	\$75.91	\$460.49
201911	29,635	\$86.08	\$185.70	\$96.40	\$3.87	\$76.25	\$448.30
201912	29,456	\$87.65	\$182.15	\$99.47	\$4.36	\$85.59	\$459.21
202001	37,007	\$76.86	\$173.62	\$81.27	\$3.50	\$57.43	\$392.68
202002	36,831	\$84.05	\$158.78	\$78.09	\$4.61	\$68.94	\$394.47
202003	36,642	\$57.70	\$144.11	\$71.36	\$3.54	\$88.72	\$365.42
202004	36,346	\$62.13	\$111.50	\$62.28	\$3.39	\$87.10	\$326.39
202005	36,031	\$77.93	\$161.78	\$79.44	\$3.75	\$80.58	\$403.48
202006	36,179	\$59.58	\$205.06	\$111.56	\$1.55	\$94.81	\$472.55



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

Please see the following table, Table 2, which provides paid claims by paid month (on a PMPM basis) from January 2019 to June 2020.

**Table 2: Paid Claims**

<b>Paid Month</b>	<b>Member Months</b>	<b>IP Claims</b>	<b>OP Claims</b>	<b>PHY Claims</b>	<b>OTR Claims</b>	<b>RX Claims</b>	<b>Total Claims</b>
201901	30,163	\$43.00	\$148.60	\$83.10	\$4.29	\$53.39	\$332.39
201902	30,199	\$88.10	\$136.87	\$78.98	\$3.40	\$57.18	\$364.53
201903	30,250	\$92.87	\$146.34	\$85.16	\$2.98	\$66.41	\$393.76
201904	30,263	\$80.41	\$175.42	\$96.09	\$4.10	\$76.60	\$432.63
201905	30,227	\$63.76	\$180.90	\$92.24	\$4.05	\$71.50	\$412.45
201906	30,024	\$70.53	\$188.32	\$95.49	\$4.19	\$68.41	\$426.95
201907	29,961	\$73.64	\$162.79	\$89.88	\$6.66	\$76.32	\$409.29
201908	29,870	\$112.97	\$195.67	\$86.57	\$6.81	\$71.19	\$473.21
201909	29,802	\$114.81	\$153.45	\$95.93	\$6.74	\$72.48	\$443.41
201910	29,729	\$85.11	\$204.90	\$111.79	\$6.53	\$74.91	\$483.23
201911	29,635	\$57.59	\$164.91	\$87.47	\$5.12	\$77.68	\$392.77
201912	29,456	\$76.38	\$167.96	\$99.03	\$6.45	\$88.15	\$437.97
202001	37,007	\$67.91	\$120.18	\$70.19	\$2.01	\$61.68	\$321.96
202002	36,831	\$60.34	\$177.57	\$73.45	\$3.69	\$65.57	\$380.63
202003	36,642	\$104.35	\$187.33	\$93.92	\$4.56	\$89.01	\$479.16
202004	36,346	\$89.25	\$135.89	\$65.92	\$4.37	\$82.83	\$378.25
202005	36,031	\$73.08	\$113.35	\$69.53	\$4.32	\$80.59	\$340.88
202006	36,179	\$71.72	\$182.29	\$83.16	\$3.05	\$93.48	\$433.70

Please see the following table, Table 3, which provides MVP’s best estimate of current IBNR factors (incurred/paid) for the VT market in total as of June 2020.





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

**Table 3: IBNR Factors**

Month	Factor
202006	2.007
202005	1.226
202004	1.190
202003	1.049
202002	1.039
202001	1.015
201912	1.008
201911	1.005
201910	1.003
201909	1.002
201908	1.002
201907	1.057*
201906	1.001
201905	1.001
201904	1.001
201903	1.000
201902	1.000
201901	1.000

\*Accounting for known extended inpatient stay. Member still in hospital, claim not yet received

2. Please provide an analysis of recoveries realized through the Special Investigations Unit's fraud, waste, and abuse (FWA) program for calendar years 2016 through 2019 for the population covered by this filing. The analysis should include the total dollar amount recovered and the percentage of paid claims recovered. Please also explain what MVPHP expects to recover in 2021 through its FWA program, whether these expected recoveries were factored into MVPHP's proposed rate, and what the premium impact of recoveries is expected to be.

Response: Vermont-specific recoveries conducted by MVP's Special Investigations Unit totaled \$23,757 for the four-year period 2016 through 2019. Year-to-date recoveries total \$9,005 and MVP expects to recover approximately \$3,000 for the remainder of 2020 which would put total 2020 recoveries at approximately \$12,000. Currently, MVP expects 2021 recoveries to be in line with 2020 recoveries. The recoveries made by MVP's SIU team resulted in claim reversals, and therefore, are captured in MVP's premium rates. On a percentage of claims basis, the amount of claims recovered is negligible.

3. What annual percentage increase in wages and salaries is assumed in within the projected 2021 administrative costs? What is its impact on the PMPM administrative charge and the overall premium increase?

Response: The assumed increase in personnel expenses for this filing is approximately \$0.09 PMPM. This translates to an increase in aggregated personnel expenses of 0.2% which is increasing overall premium rates by approximately 0.02%.



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

4. MVPHP's June 19, 2020 responses (Exhibit 5A) indicate that costs for separate billing for certain abortion services are included in projected administrative costs. The federal rule requiring separate billing has recently been set aside. *California, et al. v. U.S. Dept. of Health and Human Services, et al., Case No. 20-cv-00682-LB, Order on Motions for Summary Judgment (July 20, 2020)*. How much do the separate billing costs contribute to MVPHP's administrative expense assumption?

Response: MVP's administrative expense increase associated with separate billing for abortion services is \$0.43 PMPM, which is approximately 1% of MVP's total administrative expense assumption in this filing. MVP would like to note that while this issue has been set aside temporarily on July 2020, an appeal can be made to a United States Court of Appeals. There is still a possibility that the rule would be reinstated for the 2021 plan year. If the appeal is won and separate abortion billing is to be instituted in 2021, MVP will incur administrative expenses to implement this process and incur the costs of separate billing of members.

5. Please provide an analysis of Vermont insureds' utilization of telehealth and telemedicine at Vermont providers and out-of-state providers.

Response: MVP defines telemedicine as utilization of MVP's myVisitNow app. Telehealth is defined as a virtual visit to a physician of the member's choice within MVP's network. Please see the table in the response to question #6 shows the breakdown of claims using telemedicine and telehealth. Although there are Vermont providers in MVP's telemedicine network, we do not have a way currently to identify in-state versus out-of-state utilization within the app. For this reason, we are assuming telemedicine providers are out of state and telehealth providers are within Vermont.

6. MVPHP indicated that increases in telehealth/telemedicine result in cost savings, for example by preventing more expensive trips to an urgent care clinic or emergency room. However, MVPHP assumed resumption of in person visits. What is the magnitude of telehealth visits in 2020 in dollars and as a percentage of premium compared to prior year and projections for 2021? What are the projected cost savings in 2020 and 2021?

Response: See the table below for MVP's telehealth and telemedicine claims incurred through June of 2020 compared to 2019. MVP expects telehealth utilization to return to pre-pandemic levels in 2021. Additionally, there is little opportunity for savings on telehealth as the providers are being reimbursed similarly for a telehealth visit compared to an in-person one.

There is an opportunity for savings on telemedicine, since it is contracted with a national group of providers and reimbursed less than an average in-person visit. However, on a percentage of claims basis, the amount of cost savings arising from these services is negligible since telemedicine makes up 0.005% (~\$0.02 PMPM) of MVP's premium in 2020 through June.

	Telemedicine Claims	Telehealth Claims	Telemedicine as a % of Premium	Telehealth as a % of Premium
2019	\$2,551	\$39	0.001%	0.000%
2020 through June	\$5,547	\$43,179	0.005%	0.035%



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

7. Please provide support for MVPHP’s assumption that providers will be increasing after-hours and weekend services/surgeries to make up for deferred 2020 utilization. To the extent the assumption is based on discussions with Vermont providers, include the types of Vermont providers that were contacted and the number of each type of provider contacted.

Response: MVP has had conversations with New York providers regarding extended office hours, but those conversations have not taken place specifically with Vermont providers. MVP would also like to note that the Society of Actuaries’ 2021 Health Care Cost Model (Exhibit F of the filing) assumes an increase in services due to pent-up demand above 100% of capacity. Additionally, national for-profit carriers have recently commented on investor earnings calls that they expect higher than normal utilization levels to make up for deferred services and pent-up demand.

8. What percentage of total premium (not premium increase) is driven by Vermont hospitals? What percentage of total premium is driven by inpatient, outpatient, physician, or other services at Vermont hospitals?

Response: Hospitals that are under GMCB jurisdiction drive approximately 47% of MVP’s 2021 proposed premium. Specifically, inpatient services account for 12% of proposed premium, outpatient services 30% and physician services 5%.

Additionally, there are facilities and physicians that are based in Vermont which are not under the GMCB’s hospital budget process. These providers drive approximately 0.1% (inpatient), 0.1% (outpatient) and 5% (physician) of MVP’s proposed premium.

9. Has MVPHP observed any increases in the retirement of older providers as a result of COVID-19?

Response: MVP does not have information regarding why a provider retires. That said, there were 16 provider retirements in Vermont for Jan – Jun 2019 and only 12 provider retirements for Jan – Jun 2020.

10. What has been MVPHP’s loss of membership since the beginning of the COVID-19 pandemic and how does that compare to the same period last year?

Response: Please see the below table which provides membership changes from March to June of 2019 and 2020, separated by MVP’s VT Exchange population, MVP Health Plan in total and MVP’s entire enterprise. MVP would like to note that the increases in the MVPHP and MVP Enterprise lines are due primarily to an increase in Medicaid program enrollment in New York state.

	<b>Membership Change from March 2019 to June 2019</b>	<b>Membership Change from March 2020 to June 2020</b>
<b>VT Exchange</b>	-226	-463
<b>MVPHP</b>	-1,390	12,279
<b>MVP Enterprise</b>	-3,192	10,046



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
mvphhealthcare.com

11. What is the current balance of arrears and number of policyholders in arrears in MVPHP’s QHP book of business and how do these compare to last year at this time?

Response: Please see the table below which provides the requested data, separated by APTC and non-APTC policyholders.

	July 2019		July 2020	
	Policies	Dollars	Policies	Dollars
<b>Non-APTC</b>	109	\$75,651.77	99	\$86,130.10
<b>APTC</b>	1,281	\$253,431.78	1,267	\$354,556.25
<b>QHP Total</b>	1,390	\$329,083.55	1,366	\$440,686.35

12. Regarding the table in Exhibit 2A, how does MVPHP define “community physicians” and “all other physicians”?

Response: This response has been deemed confidential and will be provided under separate cover.

13. Please explain whether MVPHP received a notice of a chargemaster update from the University of Vermont Health Network on or about June 30, 2020 and please verify MVPHP’s assumptions regarding unit cost increases for Porter and CVMC. If submitted assumptions are incorrect, or partially incorrect, please submit a revised analysis of the impact on rates.

Response: This response has been deemed confidential and will be provided under separate cover.

14. Please provide the expected unit cost increase assuming the Board approves 2021 hospital charge increases equivalent to 2020 hospital charge increases.

Response: If the Board were to approve 2021 hospital charge increases equivalent to 2020 hospital charge increases for all hospitals/physicians under GMCB jurisdiction, the 2021 total medical unit cost trend (including GMCB and non-GMCB providers) would decrease from 6.0% to 4.2%. This would reduce premium rates overall by approximately 1.5%.

15. Please provide a comparison of the average base price for each Vermont hospital and Dartmouth Hitchcock. This could be as a percentage of Medicare or other comparison of overall price differences between hospitals.

Response: This response has been deemed confidential and will be provided under separate cover.

16. Please provide the impact on premiums of a 1% charge increase for Vermont hospitals.

Response: If the 2021 unit cost trends were increased for all hospitals and physicians under GMCB jurisdiction by an additional 1%, the proposed 2021 premiums would be approximately 0.5% higher.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Filing Company:** MVP Health Plan, Inc.  
**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)
06/19/2020		Supporting Document	L&E Objection #3 Response	07/01/2020	REDACTED_Response to 2021 VT Exchange Objection #3.pdf (Superseded) Support for L&E Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx
05/08/2020		Supporting Document	Unified Rate Review Template	08/18/2020	Unified-Rate-Review-VT Combined 2021.pdf (Superseded) Unified-Rate-Review-VT Combined 2021.xlsm (Superseded)

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2021  
**Project Name/Number:** /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/08/2020		Supporting Document	Actuarial Memorandum	08/18/2020	VT 2021 Exchange Rate Filing_SERFF.xlsx (Superceded) VT 2021 Exchange Rate Filing_SERFF.pdf (Superceded) Actuarial Memo Dataset 2021_SERFF.xlsx Actuarial Memo Dataset 2021_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2021_032620.pdf Non-Standard AVC Screenshots VT 2021 Exchange.pdf Wakely - VT Standard Plan Designs - AV Certification_2020-03-09.pdf Rate Increase Exhibit 2020-2021_SERFF.pdf (Superceded) Rate Increase Exhibit 2020-2021_SERFF.xlsx (Superceded) 2021 Actuarial Memorandum Vermont Exchange.pdf PY21RateTables_VTINDOFF_050820.xls (Superceded) PY21RateTables_VTINDON_050820.xls (Superceded) PY21RateTables_VTSMON_050820.xls (Superceded)

SERFF Tracking #:

MVPH-132371260

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Exchange 2021

Project Name/Number:

/

***Attachment Unified-Rate-Review-VT Combined 2021.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment VT 2021 Exchange Rate Filing\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2020-2021\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTINDOFF\_050820.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTINDON\_050820.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY21RateTables\_VTSMON\_050820.xls is not a PDF document and cannot be reproduced here.***





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

June 19, 2020

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

Re: 2021 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-132371260

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/12/20 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1 Regarding the response to question #4 of objection 1 – Please provide further quantitative support for how these Rx trends are applied and how the resulting trended allowed PMPMs reconcile with the Rx trended allowed PMPM in the URRT, as well as the unit cost and utilization year 1 and year 2 trends in the URRT.*

Response: Please see the tab “Questions 1 and 3” in the attached Excel document which shows the derivation of the RX trended allowed PMPM in both the rate filing and URRT. The 2020 and 2021 RX trends on Exhibit 2a are combined to create an annualized trend. The experience period data is then trended at two years of the annualized trend. The Projected Allowed Rx PMPM Net of Rebates is \$71.11 in the rate filing and \$71.01 in the URRT. This variance is due to the URRT requiring rounding to three decimals. MVP does not round its trends in the rate filing and therefore a variance between the submitted rate filing and the URRT will exist.

In the URRT, the unit cost and utilization trends in year 1 and year 2 represent the annualized 2-year RX trends. This is consistent with how the trends are applied in the rate development and comparing cells I6 and I7 with cells F12 and F13 on the “Questions 1 and 3” tabs in the attached Excel file will show that these trends are equivalent to 3 decimal places.

*2. Regarding the response to question #7 of objection 1 – Please provide a breakdown of the general administrative load of \$43.75 provided in Exhibit 5. Please provide a similar breakdown for the load as filed in 2020 of \$42.00 and elaborate on any material differences.*

Response: This response has been deemed confidential and will be provided under separate cover.

*3. Regarding Exhibit 2b of “VT 2021 Exchange Rate Filing\_SERFF\_LE.xlsx” – the total trends in cells F23:F25 do not equal the weighted average of the trends for each drug class in cells C23:E25 when weighted by the experience period allowed PMPM in cells C16:F16. Please reconcile.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

Response: MVP uses the unit cost and utilization trends and applies them to the experience period cost per script and scripts per 1,000 members to compute an annual allowed trend. Scripts per 1,000 is trended using the utilization trends, while the allowed cost per script is trended using the unit cost trends. These trended items are then converted to an allowed PMPM using the formula (projected cost per script \* projected scripts per 1,000 members / 12,000). The annualized allowed trend is then calculated as the square root of (projected period allowed PMPM / experience period allowed PMPM).

The unit cost and utilization trends by category will not weight out to the total trend because of this. The weights for unit cost and utilization by category do not match the allowed PMPM weights. For example, generic claims represent only 21.4% of total allowed costs, but make up 93.6% of total script counts. Therefore, a weighted utilization trend should be more heavily weighted toward generic drugs than a trend using total allowed weights.

Please see tab "Questions 1 and 3" in the attached Excel file for quantitative support for these calculations.

*4. For each month from January 2016 through March 2020, total allowed costs member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.*

Response: Please see the tab "Question #4" in the attached Excel document which provides this information. The age normalization reflects the age curve created by HHS and the induced demand normalization factors reflect the induced demand slope MVP uses to price (which complies with HHS guidelines). The unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2019/2018 trend is from the 2020 Exchange filing, as opposed to the 2019 Exchange filing).

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

*5. Please split the 0.6% plan design change adjustment into the two components discussed on page 5 of the Federal Actuarial Memo, CSR and benefit relativities, and provide quantitative and qualitative support for each component.*

Response: On Exhibit 3 of the filing, row 28 displays the projected Paid Index Rate PMPM (prior to risk adjustment and CSR loading) of \$460.45. The Adjusted Trended EHB Allowed Claims PMPM in the URRT, prior to incorporating this factor is \$574.85. The resulting paid to allowed ratio (0.801) is approximately 0.6% higher than the "Benefit Reality \* Induced Demand Reflected in Index Rate" (0.796) on Exhibit 7. Therefore, an adjustment to the URRT allowed claims of 1.006 is applied to ensure that Worksheet 2 of the URRT ties to Exhibit 7 of the filing. The 1.006 factor is broken down as follows:



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

The first adjustment is the adjustment to the paid to allowed ratio to account for the CSR payments. To comply with federal rating requirements, the benefit actuarial value for CSR plans must match the base Silver plan. Therefore, when calculating the “Benefit Relativity \* Induced Demand Reflected in Index Rate” factor on Exhibit 7, Silver CSR plans are assumed to have a benefit relativity equal to the Silver base plan (which would be correct assuming that MVP were able to reduce its incurred claims for the cost sharing difference on Silver CSR plans). However, MVP is obligated to pay this cost sharing difference, which has the impact of increasing MVP’s incurred claim expense without increasing the allowed claim expense.

The estimated PMPM incurred claims due to CSR is calculated by taking row 8 on Exhibit 6 (\$82.54 per CSR member per month) and multiplying by the percentage of experience period members in a CSR plan (72,744 divided by 359,516, or 20.2%). Adding this PMPM (\$16.70) to the \$460.45 above raises the expected paid to allowed ratio from 0.801 to 0.830.

The second part of the adjustment takes the paid to allowed ratio from 0.830 to the 0.796 as displayed on Exhibit 7. This is performed, as stated in the Federal Actuarial Memorandum, to account for the fact that MVP uses net incurred claim expense to price and the URRT Market Adjusted Index Rate is on an allowed basis. The actual paid to allowed ratio in any given year will vary from the expected ratio, and MVP’s best estimate of the expected paid to allowed ratio (ignoring CSR payments) in 2021 (using experience period membership and benefits) is 0.796.

The product of these factors is 0.994, which means that the paid to allowed ratio needs to decrease by 0.6%. Because the incurred claim amount is fixed and the allowed amount is adjusted, the allowed amount needs to be multiplied by the inverse ( $1 / 0.994$ ) to decrease the ratio.

For a quantitative derivation of the factors, please see the tab “Question #5” in the attached Excel document.

*6. Please explain why the induced demand factors in Exhibit 7 do not match HHS factors as stated on page 6 of the Federal Actuarial Memorandum.*

Response: On page 6 of the Federal memorandum, MVP states that the factors are “sloped to comply with the HHS prescribed induced utilization factors”. This means that benefit AVs between 0.60 and 0.70 have induced demand factors between 1.00 and 1.03 (a similar pattern can be shown for AVs between 0.70 - 0.80 and 0.80 - 0.90). Should MVP have a plan that had a benefit AV of 0.70, as an example, that induced demand factor would be exactly 1.03. MVP does cap the induced demand factors on either end, so that a Bronze plan cannot have a factor below 1.00 and a Platinum plan cannot have a factor above 1.15.

*7. Please provide the bad debt as a percentage of premium over each of the last 3 years.*

Response: Please see the tab “Question #7” in the attached Excel document for historical actual bad debt information by Small Group and Individual for years 2017 to 2019. MVP’s historical bad debt as a percentage of premium for the three years is 0.26%.

*8. How has COVID-19 affected non-benefit costs (expenses such as claims adjudication, overhead, travel, profit, etc.)?*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

Response: The impact of the COVID-19 epidemic has affected administrative expenses in many ways, both increasing and decreasing expenses. A full calculation of the impact of COVID-19 on administrative expenses has yet to be performed, as the situation has quickly evolved over time. At this point, MVP is uncertain whether the pandemic will increase or decrease expenses in aggregate for 2020. MVP expects to have more clarity on the issue as we move into the third quarter of 2020.

Based on MVP's assumptions in this filing about the spread of the virus, MVP expects administrative expenses in 2021 to resemble more closely expenses prior to the pandemic as opposed to during the pandemic, with necessary adjustments for changes to the cost of doing business over time.

*9. Describe how Vermont consumers were considered in light of the current savings due to the COVID-19 pandemic and this unprecedented time.*

Response: In an effort to increase public awareness of telemedicine resources during the COVID-19 pandemic, MVP created a new, brand-agnostic, public service website called [www.TryTelemedicineFirst.com](http://www.TryTelemedicineFirst.com); a directory of available telemedicine services throughout NY and VT. It can be searched by health insurance company name, or by zip code. Specifically for MVP customers in Vermont, MVP has implemented:

- Provider-based telehealth, telemental health, & telephonic visits.
- 24/7 telemedicine services like myVisitNow® and myERNowSM for urgent care services and COVID-19 symptoms.
- Waiving member cost-shares for COVID-19 testing and treatment, as well as no member cost-share for all telemedicine/telehealth visits, including mental health.
- Early prescription refills for 30-day supplies and promotion of 90-day supply option through CVS Caremark mail order pharmacy.
- 90-day prior authorization changes through 6/18, inpatient and post-acute hospitalizations, radiation therapy, high-tech radiology, musculoskeletal surgery.
- changes to all our member communications to notify VT members of eligible VT State programs.
- individual market special enrollment periods
- premium payment grace period relief for individual, small group, student health plans

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	<b>Unified Rate Review v5.1</b>										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.										
2																					
3	Company Legal Name:	MVP Health Plan, Inc.										State:	VT								
4	HIOS Issuer ID:	77566										Market:	Combined								
5	Effective Date of Rate Change(s):	1/1/2021																			
6																					
7																					
8	<b>Market Level Calculations (Same for all Plans)</b>																				
9																					
10																					
11	<b>Section I: Experience Period Data</b>																				
12	Experience Period:	1/1/2019			to	12/31/2019															
13					Total	PMPM															
14	Allowed Claims				\$182,476,995.91				\$507.56												
15	Reinsurance				\$0.00				\$0.00												
16	Incurred Claims in Experience Period				\$149,698,913.25				\$416.39												
17	Risk Adjustment				-\$22,492,428.13				-\$62.56												
18	Experience Period Premium				\$182,486,583.88				\$507.59												
19	Experience Period Member Months				359,516																
20																					
21	<b>Section II: Projections</b>																				
22		Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims											
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Cost	Utilization	PMPM												
24	Inpatient Hospital	\$82.09	1.051	1.010	1.070	1.010			\$94.17												
25	Outpatient Hospital	\$215.27	1.044	1.010	1.065	1.010			\$244.16												
26	Professional	\$129.11	1.013	1.010	1.046	1.010			\$139.55												
27	Other Medical	\$9.06	1.020	1.010	1.050	1.010			\$9.90												
28	Capitation	\$10.25	1.052	1.000	1.052	1.000			\$11.34												
29	Prescription Drug	\$61.78	1.048	1.023	1.048	1.023			\$71.01												
30	Total	\$507.56							\$570.14												
31																					
32	Morbidity Adjustment							1.006													
33	Demographic Shift							1.000													
34	Plan Design Changes							1.006													
35	Other							1.003													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021						\$578.73													
37																					
38	Manual EHB Allowed Claims PMPM							\$0.00													
39	Applied Credibility %							100.00%													
40																					
41	<b>Projected Period Totals</b>																				
42	Projected Index Rate for	1/1/2021			\$578.73				\$256,817,224.80												
43	Reinsurance				\$0.00				\$0.00												
44	Risk Adjustment Payment/Charge				-\$91.34				-\$40,533,038.40												
45	Exchange User Fees				0.00%				\$0.00												
46	Market Adjusted Index Rate				\$670.07				\$297,350,263.20												
47																					
48	Projected Member Months							443,760													
49																					
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																				
51																					



Small																
77566VT005																
FRVT-HMO-P-001	FRVT-HMO-G-001	FRVT-HMO-G-002	FRVT-HMOH-G	FRVT-HMO-S-003	FRVT-HMOH-S	FRVT-HMOH-S	FRVT-HMOH-S	FRVT-HMO-S-001	VT-HMOH-S-004	VT-HMOH-S-002-N	VT-HMO-S-001-N	FRVT-HMO-B-002	FRVT-HMOH-B	FRVT-HMO-B-004	FRVT-HMO-B-005	FRVT-HMO-B-001
77566VT0050001	77566VT0050001	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050004	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050011
Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
0.897	0.819	0.794	0.718	0.718	0.720	0.718	0.712	0.720	0.718	0.712	0.720	0.641	0.638	0.648	0.648	0.626
Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
6.44%	6.21%	5.09%	9.55%	5.11%	5.35%	5.19%	7.49%	5.54%	5.82%	5.64%	8.33%	9.24%	7.36%	0.54%	6.20%	7.21%
7.47%																

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$19,870,277	\$12,215,586	\$1,254,966	\$30,084,495	\$341,846	\$900,963	\$170,421	\$233,028	\$4,399,151	\$5,370,332	\$1,513,375	\$3,152,725	\$3,327,565	\$7,878,137	\$160,824	\$1,522,423	\$436,675
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1,643,081	\$2,152,901	\$185,336	\$6,003,144	\$125,018	\$227,038	\$13,821	\$75,948	\$1,143,704	\$1,350,142	\$413,498	\$770,415	\$1,335,086	\$2,900,732	\$68,150	\$390,673	\$93,989
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$18,226,596	\$10,062,685	\$1,069,631	\$24,081,351	\$216,828	\$673,925	\$156,600	\$158,080	\$3,255,447	\$4,020,190	\$1,099,877	\$2,382,310	\$1,992,467	\$4,977,405	\$92,674	\$1,131,750	\$340,686
\$941,177	\$1,984,180	\$137,563	\$1,108,226	\$196,529	\$231,638	\$17,893	\$254,157	\$2,160,360	\$1,449,471	\$-792,023	\$-1,835,733	\$-1,630,597	\$-3,712,898	\$-174,805	\$45,245	\$-67,963
\$15,929,534	\$13,192,080	\$1,039,066	\$27,240,879	\$639,075	\$936,596	\$63,357	\$616,531	\$6,299,927	\$5,642,274	\$1,890,498	\$4,299,056	\$4,517,210	\$9,683,911	\$374,016	\$1,130,940	\$343,153
\$5,250	\$4,617	\$1,853	\$4,255	\$1,238	\$1,904	\$98	\$1,197	\$2,986	\$2,385	\$4,322	\$9,397	\$11,322	\$5,163	\$93	\$2,721	\$43
\$-965	\$1,128	\$42	\$6,034	\$0	\$5	\$5	\$0	\$1,537	\$1,493	\$499	\$1,245	\$1,151	\$2,246	\$64	\$111	\$118
\$697.16	\$582.12	\$614.62	\$582.46	\$0.00	\$661.70	\$512.02	\$0.00	\$530.28	\$496.58	\$509.46	\$501.43	\$439.95	\$429.08	\$500.60	\$460.49	\$438.93
108.04%	89.78%	90.91%	92.15%	49.00%	95.60%	344.44%	43.62%	78.64%	95.88%	100.13%	96.71%	69.02%	83.36%	46.52%	104.24%	123.80%
\$786.94	\$496.23	\$677.26	\$554.50	\$276.13	\$473.20	\$1,577.98	\$194.68	\$338.76	\$341.47	\$335.50	\$293.90	\$313.08	\$194.00	\$540.41	\$461.11	\$461.11
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$65.10	\$87.46	\$100.02	\$110.65	\$100.98	\$119.24	\$127.98	\$62.61	\$88.07	\$93.30	\$81.99	\$117.92	\$115.28	\$82.21	\$140.99	\$101.36	\$101.36
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$721.85	\$408.77	\$577.24	\$443.85	\$175.14	\$353.95	\$1,450.00	\$132.06	\$250.69	\$324.58	\$248.17	\$253.52	\$175.98	\$197.81	\$111.79	\$408.43	\$399.75
\$37.27	\$-68.60	\$14.24	\$30.43	\$-158.75	\$121.66	\$-118.75	\$-12.33	\$146.36	\$111.02	\$-178.71	\$-199.35	\$-144.01	\$-147.35	\$-210.86	\$-16.33	\$-71.71
\$630.87	\$535.89	\$560.75	\$502.09	\$516.22	\$491.91	\$586.64	\$515.06	\$485.13	\$455.54	\$426.56	\$457.49	\$398.98	\$384.85	\$451.17	\$408.13	\$362.36

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
1.0431	0.8698	0.9037	0.8807	0.8763	0.8594	0.8711	0.8530	0.7530	0.7362	0.7449	0.7297	0.6240	0.6319	0.6580	0.6386	0.6095
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.0000	1.0000	1.0015	1.0015	1.0000	1.0000	1.0015	1.0015	1.0000	1.0000	1.0018	1.0018	1.0000	1.0000	1.0000	1.0021	1.0022
5.75%	6.81%	6.56%	6.72%	6.76%	6.89%	6.79%	6.92%	7.78%	7.84%	7.99%	8.23%	9.12%	8.80%	9.02%	9.41%	9.41%
0.61%	0.65%	0.64%	0.65%	0.65%	0.66%	0.65%	0.66%	0.70%	0.71%	0.70%	0.71%	0.77%	0.76%	0.75%	0.76%	0.77%
1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$761.88	\$643.01	\$667.16	\$651.40	\$647.46	\$635.96	\$644.80	\$632.38	\$563.00	\$551.49	\$558.32	\$547.91	\$474.60	\$479.96	\$497.92	\$485.51	\$465.54
\$761.88	\$643.01	\$667.16	\$651.40	\$647.46	\$635.96	\$644.80	\$632.38	\$563.00	\$551.49	\$558.32	\$547.91	\$474.60	\$479.96	\$497.92	\$485.51	\$465.54

77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$23,658,096	\$23,512,774	\$1,843,221	\$45,003,665	\$0	\$42,813	\$42,982	\$0	\$11,123,746	\$10,709,148	\$3,591,958	\$8,918,545	\$8,027,758	\$15,688,286	\$449,991	\$776,220	\$819,664
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$3,199,928	\$4,635,667	\$325,811	\$8,730,847	\$0	\$12,322	\$13,087	\$0	\$3,093,842	\$3,083,229	\$1,012,942	\$2,615,138	\$3,044,005	\$5,841,577	\$157,815	\$284,498	\$320,647
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$21,458,168	\$18,877,107	\$1,517,410	\$36,872,718	\$0	\$30,491	\$30,895	\$0	\$8,029,904	\$7,625,917	\$2,579,016	\$6,303,407	\$4,983,653	\$9,846,708	\$292,176	\$491,812	\$499,017
\$-3,389,771	\$-2,982,038	\$-239,707	\$-5,824,824	\$0	\$-4,034	\$-4,008	\$0	\$-1,268,493	\$-1,204,675	\$-407,410	\$-995,756	\$-787,273	\$-1,555,495	\$-46,155	\$-77,692	\$-78,830
\$27,083,140	\$24,117,631	\$1,935,952	\$47,131,091	\$0	\$38,126	\$38,669	\$0	\$10,375,119	\$9,871,216	\$3,340,585	\$8,179,351	\$6,549,789	\$12,925,371	\$382,042	\$646,113	\$658,667
\$3,580	\$7,536	\$2,904	\$7,498	\$0	\$0	\$0	\$0	\$8,444	\$7,916	\$5,988	\$4,940	\$3,812	\$6,952	\$88	\$1,332	\$1,416
90.57%	89.31%	89.46%	89.27%	#DIV/0!	89.44%	89.39%	#DIV/0!	88.18%	87.99%	87.93%	87.75%	86.48%	86.60%	86.99%	86.52%	86.06%
\$664.93	\$626.41	\$634.72	\$629.82	#DIV/0!	\$713.55	\$716.36	#DIV/0!	\$603.11	\$597.74	\$599.86	\$596.96	\$581.22	\$582.08	\$585.93	\$582.75	\$578.86
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$61.83	\$123.50	\$112.19	\$120.58	#DIV/0!	\$105.36	\$101.44	#DIV/0!	\$167.74	\$172.09	\$160.16	\$179.04	\$220.40	\$216.74	\$205.49	\$213.52	\$216.45
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$603.10	\$502.91	\$522.52	\$509.24	#DIV/0!	\$514.92	\$508.19	#DIV/0!	\$435.37	\$425.65	\$430.70	\$421.91	\$360.82	\$365.34	\$380.44	\$369.23	\$352.41
\$95.27	\$79.44	\$82.54	\$80.44	#DIV/0!	\$67.24	\$68.30	#DIV/0!	\$68.78	\$67.24	\$68.04	\$66.65	\$57.00	\$57.71	\$60.10	\$58.33	\$55.67
\$761.19	\$642.52	\$666.65	\$650.91	#DIV/0!	\$635.43	\$644.31	#DIV/0!	\$562.52	\$551.00	\$557.88	\$547.48	\$474.21	\$479.57	\$497.45	\$485.07	\$465.16

## Rating Area Data Collection

*Specify the total number of Rating  
Select only the Rating Areas you ar  
To validate, select the Validate but  
To finalize, select the Finalize butt*

Rating Area	Rating Factor
Rating Area 1	1.0000



*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.*



**MVP Health Care -- 2021 Exchange Rate Filing**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2020 to 2021 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2021 Premium Rates

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy							
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$10 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,300	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 #
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMOH-S-004-S I (2021)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Aggregate	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 #
FRVT-HMOH-S-002-S (2021)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,250	\$12,500	Aggregate	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$1200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$3 #
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	On Exchange	\$4*	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,550	\$17,100	Embedded	0%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)					In-Network Benefits										Pharmacy							
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$1400 (Fac) \$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$450 Ded then \$5/50%/50%, VBIID = \$1 #
FRVT-HMO-S1-002-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$10 No DD	\$30	10%	\$50	\$100 (Phys) \$40 (Fac)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,600	\$5,200	\$700	\$1,400	Separate	\$5 / 20% / 40%, VBIID = \$1 #
FRVT-HMO-S1-003-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys) \$800 (Fac)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBIID = \$1 #
FRVT-HMO-S1-004-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBIID = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*					In-Network Benefits										Pharmacy							
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-PA2-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-GA2-001-S (2021)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded
FRVT-HMO-GA2-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$10 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMOH-GA2-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,300	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	\$10 / \$15 / 50%, Subject to Med Deductible
FRVT-HMOH-SA2-003-S (2021)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SA2-004-S (2021)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-SA2-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0%/0%/0%
FRVT-HMO-SA2-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 #
FRVT-HMO-BA2-002-S (2021)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$1200 Ded then \$15/\$85/60%
FRVT-HMOH-BA2-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-BA2-004-S (2021)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%
FRVT-HMO-BA2-005-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$3 #
FRVT-HMO-BA2-001-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)					In-Network Benefits										Pharmacy
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single				



**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Experience Period: January 1, 2019 - December 31, 2019  
Rating Period: January 1, 2021 - December 31, 2021

Months of Trend	2020	2021	Total
	12	12	24

**Medical Trend Summary****2020 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.0%	5.1%	1.0%	6.1%
OP	48.9%	4.4%	1.0%	5.4%
PHY	27.1%	1.3%	1.0%	2.3%
OTR	1.9%	2.0%	1.0%	3.0%
<b>Medical Total</b>		<b>3.7%</b>	<b>1.0%</b>	<b>4.7%</b>

**2021 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.3%	7.0%	1.0%	8.1%
OP	49.3%	6.5%	1.0%	7.5%
PHY	26.5%	4.6%	1.0%	5.6%
OTR	1.8%	5.0%	1.0%	6.1%
<b>Medical Total</b>		<b>6.0%</b>	<b>1.0%</b>	<b>7.1%</b>

**Annual Allowed Medical Trend** **5.9%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$423.97	\$11.14	\$7.79	\$58.33	\$346.70
24 Months of Trend:	1.121	1.121	1.020	1.041	1.137
Projection Period:	\$475.46	\$12.50	\$7.95	\$60.73	\$394.28
Allowed Trend (Annual)	5.9%				
Paid Trend (Annual)	6.6%				
<b>Leveraging (Annual)</b>	<b>0.7%</b>				

**Rx Trend Summary**

	2020 Trend		2021 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-16.6%	2.8%	-8.9%	2.3%	-12.8%	2.6%
Brand	11.9%	-6.8%	4.6%	1.5%	8.2%	-2.7%
Specialty	6.4%	8.4%	6.0%	9.1%	6.2%	8.7%

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,455	681	103	12,239
Experience Period Allowed Cost per Script	\$17.42	\$412.53	\$4,420.08	\$76.33
Experience Period Deductible Per Script	\$3.38	\$21.73	\$74.53	\$5.00
Experience Period Copay Per Script	\$2.88	\$13.32	\$12.02	\$3.54
Experience Period Coinsurance Per Script	\$1.10	\$19.66	\$30.18	\$2.38
Experience Period Paid Cost Per Script	\$10.06	\$357.82	\$4,303.40	\$65.41
Experience Period Allowed PMPM	\$16.63	\$23.42	\$37.79	\$77.85
Experience Period Deductible PMPM	\$3.23	\$1.23	\$0.64	\$5.10
Experience Period Copay PMPM	\$2.75	\$0.76	\$0.10	\$3.61
Experience Period Coinsurance PMPM	\$1.05	\$1.12	\$0.26	\$2.43
Experience Period Paid PMPM	\$9.60	\$20.32	\$36.80	\$66.71
Experience Period Rx Rebates PMPM				(\$16.06)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.048
Annual Allowed Trend	0.894	1.052	1.155	1.073
Annual Deductible Trend	1.020	1.020	1.020	1.016
Annual Paid Trend	0.792	1.059	1.155	1.081
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.083
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,049	644	121	12,815
Projected Allowed Cost per Script	\$13.24	\$492.85	\$4,984.38	\$83.90
Projected Deductible Per Script	\$3.52	\$22.62	\$77.60	\$5.18
Projected Copay Per Script	\$2.88	\$13.32	\$12.02	\$3.49
Projected Coinsurance Per Script	\$0.84	\$23.01	\$34.03	\$2.27
Projected Paid Cost Per Script	\$6.00	\$423.89	\$4,860.74	\$72.96
Projected Allowed PMPM	\$13.29	\$25.93	\$50.38	\$89.60
Projected Deductible PMPM	\$3.54	\$1.22	\$0.78	\$5.53
Projected Copay PMPM	\$2.89	\$0.72	\$0.12	\$3.73
Projected Coinsurance PMPM	\$0.84	\$1.24	\$0.34	\$2.42
Projected Paid PMPM	\$6.02	\$22.76	\$49.13	\$77.92
Projected Rx Rebates				(\$18.40)
Net Projected Paid PMPM				\$59.43

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,462	686	103	12,251
Experience Period Allowed Cost per Script	\$17.80	\$407.09	\$4,606.80	\$78.07
Experience Period Deductible Per Script	\$4.26	\$24.28	\$93.34	\$6.13
Experience Period Copay Per Script	\$2.96	\$14.97	\$13.90	\$3.73
Experience Period Coinsurance Per Script	\$1.15	\$14.72	\$21.86	\$2.09
Experience Period Paid Cost Per Script	\$9.42	\$353.11	\$4,477.79	\$66.12
Experience Period Allowed PMPM	\$17.00	\$23.28	\$39.41	\$79.70
Experience Period Deductible PMPM	\$4.07	\$1.39	\$0.80	\$6.26
Experience Period Copay PMPM	\$2.83	\$0.86	\$0.12	\$3.81
Experience Period Coinsurance PMPM	\$1.10	\$0.84	\$0.19	\$2.13
Experience Period Paid PMPM	\$9.00	\$20.20	\$38.31	\$67.50
Experience Period Rx Rebates PMPM				(\$15.98)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.049
Annual Allowed Trend	0.894	1.052	1.155	1.074
Annual Deductible Trend	1.020	1.020	1.020	1.016
Annual Paid Trend	0.766	1.059	1.156	1.083
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.085
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,056	649	121	12,827
Projected Allowed Cost per Script	\$13.53	\$476.48	\$5,194.94	\$85.98
Projected Deductible Per Script	\$4.43	\$25.25	\$97.07	\$6.36
Projected Copay Per Script	\$2.96	\$14.97	\$13.90	\$3.68
Projected Coinsurance Per Script	\$0.88	\$17.23	\$24.65	\$1.93
Projected Paid Cost Per Script	\$5.26	\$419.02	\$5,059.31	\$74.01
Projected Allowed PMPM	\$13.59	\$25.78	\$52.53	\$91.90
Projected Deductible PMPM	\$4.46	\$1.37	\$0.98	\$6.80
Projected Copay PMPM	\$2.98	\$0.81	\$0.14	\$3.93
Projected Coinsurance PMPM	\$0.88	\$0.93	\$0.25	\$2.06
Projected Paid PMPM	\$5.28	\$22.67	\$51.16	\$79.11
Projected Rx Rebates				(\$18.43)
Net Projected Paid PMPM				\$60.68

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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,447	676	103	12,225
Experience Period Allowed Cost per Script	\$18.99	\$418.77	\$4,209.04	\$74.36
Experience Period Deductible Per Script	\$2.39	\$18.81	\$53.28	\$3.72
Experience Period Copay Per Script	\$2.78	\$11.43	\$9.89	\$3.32
Experience Period Coinsurance Per Script	\$1.05	\$25.31	\$39.58	\$2.71
Experience Period Paid Cost Per Script	\$10.77	\$363.21	\$4,106.29	\$64.61
Experience Period Allowed PMPM	\$16.20	\$23.58	\$35.97	\$75.75
Experience Period Deductible PMPM	\$2.28	\$1.06	\$0.46	\$3.79
Experience Period Copay PMPM	\$2.66	\$0.64	\$0.08	\$3.38
Experience Period Coinsurance PMPM	\$1.00	\$1.43	\$0.34	\$2.76
Experience Period Paid PMPM	\$10.27	\$20.45	\$35.09	\$65.82
Experience Period Rx Rebates PMPM				(\$16.15)
Annual Util Trend	1.026	0.973	1.087	1.023
Annual Unit Cost Trend	0.872	1.082	1.062	1.047
Annual Allowed Trend	0.894	1.052	1.155	1.072
Annual Deductible Trend	1.021	1.021	1.021	1.017
Annual Paid Trend	0.818	1.058	1.155	1.079
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.081
Months of Trend	24	24	24	24
Projected Scripts / 1000	12,041	639	121	12,801
Projected Allowed Cost per Script	\$12.91	\$490.15	\$4,746.39	\$81.56
Projected Deductible Per Script	\$2.49	\$19.61	\$55.53	\$3.84
Projected Copay Per Script	\$2.78	\$11.43	\$9.89	\$3.28
Projected Coinsurance Per Script	\$0.80	\$29.63	\$44.64	\$2.65
Projected Paid Cost Per Script	\$6.84	\$429.48	\$4,636.34	\$71.78
Projected Allowed PMPM	\$12.95	\$26.11	\$47.94	\$87.00
Projected Deductible PMPM	\$2.49	\$1.04	\$0.56	\$4.10
Projected Copay PMPM	\$2.79	\$0.61	\$0.10	\$3.50
Projected Coinsurance PMPM	\$0.80	\$1.58	\$0.45	\$2.83
Projected Paid PMPM	\$6.87	\$22.87	\$46.83	\$76.57
Projected Rx Rebates				(\$18.55)
Net Projected Paid PMPM				\$58.02

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/20

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	190,655	168,861	359,516
2 FFS Paid Medical Claims	\$318.63	\$380.24	\$347.56
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.84
4a Federal CSR Payments	\$0.00	(\$32.00)	(\$15.03)
4b State CSR Payments	\$0.00	(\$2.68)	(\$1.26)
5 IBNR Factor	1.024	1.024	1.024
6 FFS Incurred Paid Medical Claims	\$327.11	\$354.68	\$340.06
7 FFS Incurred Rx Claims	\$67.50	\$65.82	\$66.71
8 Experience Period Rx Rebates	(\$15.98)	(\$16.15)	(\$16.06)
9 FFS Incurred Rx Claims (Net of Rebates)	\$51.52	\$49.66	\$50.65
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$41.77)	(\$51.26)	(\$46.23)
11 Pooling Charge	\$41.62	\$43.63	\$42.56
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$378.48	\$396.72	\$387.04
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.90	\$9.11	\$9.00
<b>14 Adjusted Experience Period Claim Expense</b>	<b>\$387.38</b>	<b>\$405.83</b>	<b>\$396.05</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>			
15 Adjustment for pharmacy benefit carve-in	\$0.35	\$0.12	\$0.24
16 Adjustment for Safe Harbor Coverage on QHDHP's	\$0.23	\$0.09	\$0.16
17 Adjustment for COVID-19 Immunization Cost	\$5.00	\$5.00	\$5.00
18 Adjustment for COVID-19 Pent-up Demand	\$1.50	\$1.50	\$1.50
19 Adjustment for National High Cost Reinsurance Pool	\$1.06	\$1.11	\$1.08
<b>20 Experience Period Claim Expense After All Adjustments</b>	<b>\$395.52</b>	<b>\$413.65</b>	<b>\$404.04</b>
21 Annual FFS Medical projection factor	1.066	1.066	1.066
22 Annual FFS Rx projection factor	1.085	1.081	1.083
23 Annual FFS Claim trend projection factor	1.069	1.068	1.069
24 Months of Trend	24	24	24
25 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$441.08	\$460.88	\$450.38
26 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.07	\$5.30	\$5.17
27 Projection Period Capitation and Non-FFS Medical Costs	\$4.90	\$4.90	\$4.90
<b>28 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$451.05</b>	<b>\$471.07</b>	<b>\$460.45</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>			
29 Federal Risk Adjustment Program Impact	\$71.25	\$74.41	\$72.74
<b>30 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$522.30</b>	<b>\$545.49</b>	<b>\$533.18</b>

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
---

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	16,111	16,111	1.000	1.000
4	Double	4,188	8,376	2.000	2.000
4	Parent/Child(ren)	914	2,244	2.455	1.930
4	Family	2,659	10,249	3.854	2.810

Single Conversion Factor 1.097



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

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

<b>% of Premium Retention Components</b>	
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.90%</b>

<b>PMPM Retention Components</b>	
General Administrative Load	\$43.75

<b>% of Premium Taxes and Assessments</b>	
Premium Tax	0.00%
VT Vaccine Pilot	0.34%
ACA Insurer Tax	0.00%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.34%</b>

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

<b>PMPM Taxes and Assessments</b>	
HHS Risk Adjustment User Fee	\$0.18
18 VSA 9374(h) Billback	\$1.84
<b>Total PMPM Taxes/Assessments</b>	<b>\$2.02</b>

<b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b>
--

MVP Health Plan, Inc. 2021 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2021 - December 31, 2021

<b>Derivation of Projected CSR Load</b>
---

1) Projection Period Federal CSR Dollars	\$5,720,172	
2) Projection Period Member Months, CSR Plans	72,744	
3) Projection Period Federal CSR PMPM	\$78.63	= 1) / 2)
4) IBNR Factor	1.024	
5) Federal CSR PMPM with IBNR	\$80.52	= 3) * 4)
6) Annual Trend Factor	1.012	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$82.54	= 5) * 6) ^ [ 7) / 12 ]

Exhibit 7 -- 2021 Exchange Premium Rates

2021 Adjusted Paid Claim Cost (Exhibit 3, Line 30)	\$533.18
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7963
Adjusted Claim Cost for Pricing	\$669.54

Coplan	Product Type	Metal Level	Standard/No n-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	Parent/Child (ren)	Family	Increase over 2020 Single Rate	Increase over 2020 Double Rate	Increase over 2020 P/C Rate	Increase over 2020 Family Rate
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.907	1.150	\$698.37	\$14.46	\$43.75	\$2.59	\$2.02	\$0.00	\$761.19	\$835.03	\$1,670.06	\$1,611.61	\$2,346.43	6.4%	6.4%	6.4%	6.4%	
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.803	1.083	\$582.35	\$12.21	\$43.75	\$2.18	\$2.02	\$0.00	\$642.52	\$704.84	\$1,409.68	\$1,360.34	\$1,980.60	6.2%	6.2%	6.2%	6.2%	
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.823	1.098	\$605.07	\$12.67	\$43.75	\$2.27	\$2.02	\$0.00	\$666.65	\$731.32	\$1,462.84	\$1,411.45	\$2,055.01	5.1%	5.1%	5.1%	5.1%	
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.809	1.089	\$589.68	\$12.37	\$43.75	\$2.21	\$2.02	\$0.00	\$650.91	\$714.05	\$1,428.10	\$1,378.12	\$2,006.48	9.5%	9.5%	9.5%	9.5%	
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.719	1.040	\$500.68	\$12.24	\$43.75	\$2.19	\$2.02	\$0.00	\$82.54	\$644.31	\$706.81	\$1,413.62	\$1,364.14	\$1,986.14	5.2%	5.2%	5.2%	5.2%
FRVT-HMO-S-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.722	1.043	\$504.14	\$10.69	\$43.75	\$1.91	\$2.02	\$0.00	\$662.52	\$617.08	\$1,234.16	\$1,190.96	\$1,733.99	5.5%	5.5%	5.5%	5.5%	
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.712	1.034	\$492.89	\$10.47	\$43.75	\$1.87	\$2.02	\$0.00	\$551.00	\$604.45	\$1,208.90	\$1,166.59	\$1,698.50	5.8%	5.8%	5.8%	5.8%	
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.718	1.037	\$498.74	\$10.60	\$43.75	\$1.90	\$2.02	\$0.00	\$557.88	\$611.99	\$1,223.98	\$1,181.14	\$1,719.69	5.6%	5.6%	5.6%	5.6%	
VT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.707	1.032	\$488.57	\$10.40	\$43.75	\$1.86	\$2.02	\$0.00	\$547.48	\$600.59	\$1,201.18	\$1,159.14	\$1,687.66	8.3%	8.3%	8.3%	8.3%	
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.621	1.005	\$417.82	\$9.01	\$43.75	\$1.61	\$2.02	\$0.00	\$474.21	\$520.21	\$1,040.42	\$1,004.01	\$1,461.79	9.2%	9.2%	9.2%	9.2%	
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.628	1.007	\$423.06	\$9.11	\$43.75	\$1.63	\$2.02	\$0.00	\$479.57	\$526.09	\$1,052.18	\$1,015.35	\$1,478.31	7.4%	7.4%	7.4%	7.4%	
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.649	1.013	\$440.54	\$9.45	\$43.75	\$1.69	\$2.02	\$0.00	\$497.45	\$545.70	\$1,091.40	\$1,053.20	\$1,533.42	0.5%	0.5%	0.5%	0.5%	
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.634	1.008	\$427.56	\$9.22	\$43.75	\$1.65	\$2.02	\$0.00	\$485.07	\$532.12	\$1,064.24	\$1,026.99	\$1,495.26	6.2%	6.2%	6.2%	6.2%	
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.609	1.001	\$408.08	\$8.84	\$43.75	\$1.58	\$2.02	\$0.00	\$465.16	\$510.28	\$1,020.56	\$984.84	\$1,433.89	7.2%	7.2%	7.2%	7.2%	
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.634	0.637	\$270.44	\$6.15	\$43.75	\$1.10	\$2.02	\$0.00	\$232.46	\$354.84	\$709.68	\$684.84	\$997.10	5.5%	5.5%	5.5%	5.5%	
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	On Exchange	Subsidized (87%)	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	On Exchange	Subsidized (94%)	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.719	1.040	\$500.68	\$12.24	\$43.75	\$2.19	\$2.02	\$0.00	\$82.54	\$644.31	\$706.81	\$1,413.62	\$1,364.14	\$1,986.14	5.2%	5.2%	5.2%	5.2%
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.719	1.040	\$500.68	\$12.24	\$43.75	\$2.19	\$2.02	\$0.00	\$82.54	\$644.31	\$706.81	\$1,413.62	\$1,364.14	\$1,986.14	5.2%	5.2%	5.2%	5.2%
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.719	1.040	\$500.68	\$12.24	\$43.75	\$2.19	\$2.02	\$0.00	\$82.54	\$644.31	\$706.81	\$1,413.62	\$1,364.14	\$1,986.14	5.2%	5.2%	5.2%	5.2%
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.719	1.040	\$500.68	\$12.24	\$43.75	\$2.19	\$2.02	\$0.00	\$82.54	\$644.31	\$706.81	\$1,413.62	\$1,364.14	\$1,986.14	5.2%	5.2%	5.2%	5.2%
FRVT-HMO-S1-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-S1-002-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-S1-003-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-S1-004-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-PA2-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	A/I/A/N	0.907	1.150	\$698.37	\$14.46	\$43.75	\$2.59	\$2.02	\$0.00	\$761.19	\$835.03	\$1,670.06	\$1,611.61	\$2,346.43	6.4%	6.4%	6.4%	6.4%	
FRVT-HMO-GA2-001-S (2021)	HyHMO	Gold	Standard	On Exchange	A/I/A/N	0.803	1.083	\$582.35	\$12.21	\$43.75	\$2.18	\$2.02	\$0.00	\$642.52	\$704.84	\$1,409.68	\$1,360.34	\$1,980.60	6.2%	6.2%	6.2%	6.2%	
FRVT-HMO-GA2-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.823	1.098	\$605.07	\$12.67	\$43.75	\$2.27	\$2.02	\$0.00	\$666.65	\$731.32	\$1,462.84	\$1,411.45	\$2,055.01	5.1%	5.1%	5.1%	5.1%	
FRVT-HMOH-GA2-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.809	1.089	\$589.68	\$12.37	\$43.75	\$2.21	\$2.02	\$0.00	\$650.91	\$714.05	\$1,428.10	\$1,378.12	\$2,006.48	9.5%	9.5%	9.5%	9.5%	
FRVT-HMO-SA2-003-S (2021)	HyHMO	Silver	Standard	On Exchange	A/I/A/N	0.722	1.043	\$504.14	\$12.29	\$43.75	\$2.20	\$2.02	\$0.00	\$82.54	\$646.95	\$709.70	\$1,419.40	\$1,369.72	\$1,994.26	5.1%	5.1%	5.1%	5.1%
FRVT-HMOH-SA2-004-S (2021)	HDHMO	Silver	Standard	On Exchange	A/I/A/N	0.712	1.034	\$492.89	\$12.07	\$43.75	\$2.16	\$2.02	\$0.00	\$82.54	\$635.43	\$697.07	\$1,394.14	\$1,345.35	\$1,958.77	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-SA2-001-N (2021)	HyHMO	Silver	Non-Standard	On Exchange	A/I/A/N	0.707	1.032	\$488.57	\$12.01	\$43.75	\$2.15	\$2.02	\$0.00	\$82.54	\$631.91	\$693.21	\$1,386.42	\$1,337.90	\$1,947.92	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-SA2-002-S (2021)	HyHMO	Silver	Standard	On Exchange	A/I/A/N	0.621	1.005	\$417.82	\$9.01	\$43.75	\$1.61	\$2.02	\$0.00	\$474.21	\$520.21	\$1,040.42	\$1,004.01	\$1,461.79	9.2%	9.2%	9.2%	9.2%	
FRVT-HMOH-SA2-003-S (2021)	HDHMO	Bronze	Standard	On Exchange	A/I/A/N	0.628	1.007	\$423.06	\$9.11	\$43.75	\$1.63	\$2.02	\$0.00	\$479.57	\$526.09	\$1,052.18	\$1,015.35	\$1,478.31	7.4%	7.4%	7.4%	7.4%	
FRVT-HMOH-SA2-004-S (2021)	HyHMO	Bronze	Standard	On Exchange	A/I/A/N	0.649	1.013	\$440.54	\$9.45	\$43.75	\$1.69	\$2.02	\$0.00	\$497.45	\$545.70	\$1,091.40	\$1,053.20	\$1,533.42	0.5%	0.5%	0.5%	0.5%	
FRVT-HMOH-SA2-005-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	A/I/A/N	0.634	1.008	\$427.56	\$9.22	\$43.75	\$1.65	\$2.02	\$0.00	\$485.07	\$532.12	\$1,064.24	\$1,026.99	\$1,495.26	6.2%	6.2%	6.2%	6.2%	
FRVT-HMOH-SA2-001-N (2021)	HyHMO	Bronze	Non-Standard	On Exchange	A/I/A/N	0.609	1.001	\$408.08	\$8.84	\$43.75	\$1.58	\$2.02	\$0.00	\$465.16	\$510.28	\$1,020.56	\$984.84	\$1,433.89	7.2%	7.2%	7.2%	7.2%	
FRVT-HMO-PA1-001-S (2021)	HyHMO	Platinum	Standard	On Exchange	A/I/A/N	0.907	1.150	\$698.37	\$14.46	\$43.75	\$2.59	\$2.02	\$0.00	\$761.19	\$835.03	\$1,670.06	\$1,611.61	\$2,346.43	6.4%	6.4%	6.4%	6.4%	
FRVT-HMO-GA1-001-S (2021)	HyHMO	Gold	Standard	On Exchange	A/I/A/N	0.803	1.083	\$582.35	\$12.21	\$43.75	\$2.18	\$2.02	\$0.00	\$642.52	\$704.84	\$1,409.68	\$1,360.34	\$1,980.60	6.2%	6.2%	6.2%	6.2%	
FRVT-HMO-GA1-002-N (2021)	HyHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.823	1.098	\$605.07	\$12.67	\$43.75	\$2.27	\$2.02	\$0.00	\$666.65	\$731.32	\$1,462.84	\$1,411.45	\$2,055.01	5.1%	5.1%	5.1%	5.1%	
FRVT-HMOH-GA1-003-N (2021)	HDHMO	Gold	Non-Standard	On Exchange	A/I/A/N	0.809	1.089																

MVP Health Care Derivation of 2021 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2020

	GOLD		NON-STANDARD PLANS				BRONZE		PLATINUM	GOLD		STANDARD PLANS				BRONZE	Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium	
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP		On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP						No RX OOP
<b>2021 Proposed Rates</b>																					
Single Rate	\$714.05	\$731.32	\$693.21	\$600.59	\$706.81	\$611.99	\$510.28	\$532.12	\$835.03	\$704.84	\$709.70	\$617.08	\$697.07	\$604.45	\$526.09	\$520.21	\$545.70	\$354.84			
Couple Rate	\$1,428.10	\$1,462.64	\$1,386.42	\$1,201.18	\$1,413.62	\$1,223.98	\$1,020.56	\$1,064.24	\$1,670.06	\$1,409.68	\$1,419.40	\$1,234.16	\$1,394.14	\$1,208.90	\$1,052.18	\$1,040.42	\$1,091.40	\$709.68			
Adult and Child(ren) Rate	\$1,378.12	\$1,411.45	\$1,337.90	\$1,159.14	\$1,364.14	\$1,181.14	\$984.84	\$1,026.99	\$1,611.61	\$1,360.34	\$1,369.72	\$1,190.96	\$1,345.35	\$1,166.59	\$1,015.35	\$1,004.01	\$1,053.20	\$684.84			
Family Rate	\$2,006.48	\$2,055.01	\$1,947.92	\$1,687.66	\$1,986.14	\$1,719.69	\$1,433.89	\$1,495.26	\$2,346.43	\$1,980.60	\$1,994.26	\$1,733.99	\$1,958.77	\$1,698.50	\$1,478.31	\$1,461.79	\$1,533.42	\$997.10	\$267,204,764	\$602.14	\$7,225.66
<b>2020 Approved Rates</b>																					
Single Rate	\$651.82	\$695.91	\$644.91	\$554.40	\$671.94	\$579.29	\$475.96	\$501.07	\$784.52	\$663.63	\$675.22	\$584.71	\$661.70	\$571.19	\$490.01	\$476.22	\$542.75	\$336.24			
Couple Rate	\$1,303.64	\$1,391.82	\$1,289.82	\$1,108.80	\$1,343.88	\$1,158.58	\$951.92	\$1,002.14	\$1,569.04	\$1,327.26	\$1,350.44	\$1,169.42	\$1,323.40	\$1,142.38	\$980.02	\$952.44	\$1,085.50	\$672.48			
Adult and Child(ren) Rate	\$1,258.01	\$1,343.11	\$1,244.68	\$1,069.99	\$1,296.84	\$1,118.03	\$918.60	\$967.07	\$1,514.12	\$1,280.81	\$1,303.17	\$1,128.49	\$1,277.08	\$1,102.40	\$945.72	\$919.10	\$1,047.51	\$648.94			
Family Rate	\$1,831.61	\$1,955.51	\$1,812.20	\$1,557.86	\$1,888.15	\$1,627.80	\$1,337.45	\$1,408.01	\$2,204.50	\$1,864.80	\$1,897.37	\$1,643.04	\$1,859.38	\$1,605.04	\$1,376.93	\$1,338.18	\$1,525.13	\$944.83	\$248,934,672	\$560.97	\$6,731.60
<b>2021 Proposed Rate Increases</b>																					
Single Rate	9.5%	5.1%	7.5%	8.3%	5.2%	5.6%	7.2%	6.2%	6.4%	6.2%	5.1%	5.5%	5.3%	5.8%	7.4%	9.2%	0.5%	5.5%			
Couple Rate	9.5%	5.1%	7.5%	8.3%	5.2%	5.6%	7.2%	6.2%	6.4%	6.2%	5.1%	5.5%	5.3%	5.8%	7.4%	9.2%	0.5%	5.5%			
Adult and Child(ren) Rate	9.5%	5.1%	7.5%	8.3%	5.2%	5.6%	7.2%	6.2%	6.4%	6.2%	5.1%	5.5%	5.3%	5.8%	7.4%	9.2%	0.5%	5.5%			
Family Rate	9.5%	5.1%	7.5%	8.3%	5.2%	5.6%	7.2%	6.2%	6.4%	6.2%	5.1%	5.5%	5.3%	5.8%	7.4%	9.2%	0.5%	5.5%			
<b>February 2020 Contracts</b>																					
Single Rate	2,331	246	3,026	785	69	228	549	522	1,281	2,091	288	716	175	607	1,390	1,557	243	7			
Couple Rate	776	55	719	152	19	61	97	67	456	631	71	160	50	149	330	349	45	1			
Adult and Child(ren) Rate	184	9	117	30	5	15	19	13	117	161	12	41	6	44	79	52	10	0			
Family Rate	773	34	122	129	6	59	47	39	295	351	9	131	7	150	323	168	16	0			
<b>Total</b>	<b>4,064</b>	<b>344</b>	<b>3,984</b>	<b>1,096</b>	<b>99</b>	<b>363</b>	<b>712</b>	<b>641</b>	<b>2,149</b>	<b>3,234</b>	<b>380</b>	<b>1,048</b>	<b>238</b>	<b>950</b>	<b>2,122</b>	<b>2,126</b>	<b>314</b>	<b>8</b>			
2021 Proposed PMPY Revenue	\$7,461.88	\$8,068.78	\$8,173.38	\$6,452.13	\$8,031.17	\$6,411.06	\$5,803.44	\$6,032.07	\$8,987.49	\$7,653.32	\$8,315.66	\$6,697.15	\$8,237.08	\$6,288.44	\$5,642.04	\$5,877.57	\$6,253.41	\$4,258.08			
2020 Approved PMPY Revenue	\$6,811.56	\$7,678.10	\$7,603.89	\$5,955.91	\$7,634.95	\$6,068.50	\$5,413.12	\$5,680.09	\$8,443.85	\$7,205.85	\$7,911.65	\$6,345.85	\$7,819.12	\$5,942.42	\$5,255.11	\$5,380.55	\$6,219.60	\$4,034.88			

**7.34%** Total Revenue Change