

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Filing at a Glance

Company: MVP Health Plan, Inc.  
 Product Name: VT Small Group 2022  
 State: VermontGMCB  
 TOI: H16G Group Health - Major Medical  
 Sub-TOI: H16G.003G Small Group Only - Other  
 Filing Type: GMCB Rate  
 Date Submitted: 05/07/2021  
 SERFF Tr Num: MVPH-132824927  
 SERFF Status: Closed-Approved  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Effective: 01/01/2022  
 Date Requested:  
 Author(s): Matt Lombardo, Christopher Pontiff, Julia Dorr  
 Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber, Laura Beliveau  
  
 Disposition Date: 08/05/2021  
 Disposition Status: Approved  
 Effective Date: 01/01/2022  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**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: Filing Status Changed: 08/10/2021  
 State Status Changed:  
 Deemer Date: Created By: Christopher Pontiff  
 Submitted By: Christopher Pontiff 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 members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2022

## 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:

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	08/10/2021	08/10/2021

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/15/2021	07/15/2021
Pending Response	Jacqueline Lee	06/28/2021	06/28/2021
Pending Response	Jacqueline Lee	06/18/2021	06/18/2021
Pending Response	Jacqueline Lee	06/18/2021	06/18/2021
Pending Response	Thomas Crompton	06/07/2021	06/07/2021
Pending Response	Jacqueline Lee	05/27/2021	05/27/2021
Pending Response	Jacqueline Lee	05/18/2021	05/18/2021
Pending Response	Jacqueline Lee	05/17/2021	05/17/2021
Pending Response	Jacqueline Lee	05/10/2021	05/10/2021

#### Response Letters

Responded By	Created On	Date Submitted
Julia Dorr	07/15/2021	07/15/2021
Christopher Pontiff	06/30/2021	06/30/2021
Christopher Pontiff	06/25/2021	06/25/2021
Christopher Pontiff	06/25/2021	06/25/2021
Christopher Pontiff	06/25/2021	06/25/2021
Julia Dorr	06/03/2021	06/03/2021
Christopher Pontiff	05/24/2021	05/24/2021
Christopher Pontiff	05/18/2021	05/18/2021
Christopher Pontiff	05/11/2021	05/11/2021

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Julia Dorr	08/09/2021	08/09/2021
Supporting Document	Unified Rate Review Template	Julia Dorr	08/09/2021	08/09/2021



**SERFF Tracking #:**

MVPH-132824927

**State Tracking #:**

**Company Tracking #:**

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

**Product Name:**

VT Small Group 2022

**Project Name/Number:**

/

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Original RRT RRD	Reviewer Note	Thomas Crompton	08/10/2021	

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Disposition

Disposition Date: 08/05/2021

Effective Date: 01/01/2022

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	0.830%	0.830%	\$1,235,397	13,033	\$149,581,413	3.140%	-13.680%

### Percent Change Approved:

Minimum: -13.680%

Maximum: 3.140%

Weighted Average: 0.830%

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 1 Response		No
Supporting Document	L&E Objection 2 Response		No

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&E Objection 3 Response		No
Supporting Document	L&E Objection 6 Response		No
Supporting Document	GMCB Questions Response		No
Supporting Document	L&E Objection 5 Response		No
Supporting Document	L&E Objection 7 Response		No
Supporting Document	L&E Objection 8 Response		No

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**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
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## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/15/2021
Submitted Date	07/15/2021
Respond By Date	07/16/2021

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*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

July 15, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #8

Dear Mr. Lombardo:

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.

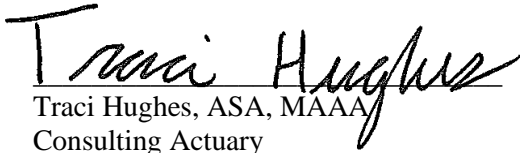
Questions:

1. Using the FY2022 budget submission narratives posted on the GMCB website ([https://gmcboard.vermont.gov/hospital\\_budget\\_individual\\_information\\_FY2022](https://gmcboard.vermont.gov/hospital_budget_individual_information_FY2022)), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.

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 16, 2021.

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

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/28/2021
Submitted Date	06/28/2021
Respond By Date	06/30/2021

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 28, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #7

Dear Mr. Lombardo:

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:

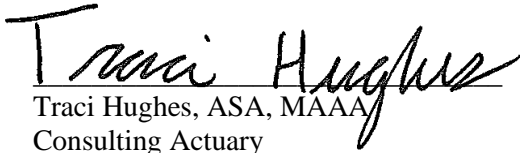
1. Please explain why the propose 2022 rates for Small Group differ for Silver HDHP On-Exchange versus Off-Exchange, shown in “Rate Increase Exhibit 2021-2022 SMALL\_SERFF\_V2.xlsx. Since Small Group does not have CSR, it would be expected that these rates would be the equal. Please reconcile.
2. Regarding the response to question #6 of the previous objection – a 2021 admin PMPM of \$33.98 was provided for small group and \$42.19 was provided for individual. We note that the combined weighted average of these two PMPM figures does not match the filed 2021 administrative PMPM of \$43.75. What are the new admin PMPM figures based upon? What is meant by the provided table’s label, “Available” Admin PMPM?

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 30, 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 large, prominent initial "T".

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

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/18/2021
Submitted Date	06/18/2021
Respond By Date	06/25/2021

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*Dear Matt Lombardo,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*



June 18, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filings – Individual and Small Group  
SERFF Tracking #: MVPH-132824950, MVPH-132824927  
Objection #6

Dear Mr. Lombardo:

On behalf of the Vermont Green Mountain Care Board and the Vermont Health Care Advocate, 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:

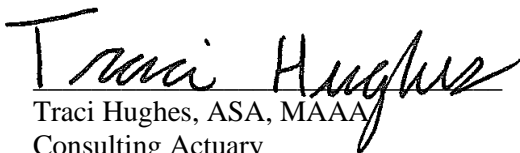
1. Please provide the projected cost sharing reduction (CSR) recoveries imbedded in MVPHP's 2021 individual and small group (VHC) filing and its actual recoveries to date. Explain whether MVPHP expects actual recoveries in 2021 to deviate from the projection and, if so, by how much.
2. In a format similar to the table on page 4 of MVPHP's actuarial memorandums for the 2022 VHC filings, please provide two tables – one relating to the individual market and one relating to the small group market – that show incurred and paid claim amounts and IBNR factors for each month of 2020 and 2021 to date. If total member months by month and incurred claims PMPMs by month for 2019, 2020, and 2021 to date are included in the documents MVPHP has already submitted in connection with the filing, please specify where they can be found. Otherwise, please provide these data.
3. Explain how the proposed 2022 individual and small group rates would be impacted if MVPHP had used 2020 as the experience period instead of 2019.
4. Please provide MVPHP's cost per dose for COVID-19 vaccines. If costs vary by provider, please provide a weighted average.

5. Does MVPHP's data support a 1% annual utilization trend for 2022? If so, please submit such data. If not, please explain what if any annual utilization trend MVPHP's data supports and provide the corresponding data.
6. What were MVPHP's actual allowed prescription trend and actual paid prescription trend net of Rx rebates for the experience period 1/1/20-12/31/20 for the VHC plans? Please submit data showing why both trend numbers are so much higher in MVPHP's 2022 VHC Filing than they were in MVP's 2021 VHC Filing.
7. Provide support for the \$3.35 PMPM difference between the \$34.75 administrative load MVPHP used in its 2021 VHC filing and the \$47.10 administrative load MVPHP is using in its 2022 filings. If MVPHP had used the same \$43.75 administrative load in its 2022 filings as it used in its 2021 filing, how would MVPHP's filings be impacted? Please provide both a percentage rate impact and a total dollar impact.
8. Has MVPHP evaluated its pharmacy partner recently? If so, when? If not, does it plan to? Does MVP have any internal analysis on opportunities for more pharmacy rebates or lower costs?

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 25, 2021.

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

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/18/2021
Submitted Date	06/18/2021
Respond By Date	06/25/2021

---

*Dear Matt Lombardo,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*



June 18, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #3

Dear Mr. Lombardo:

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:

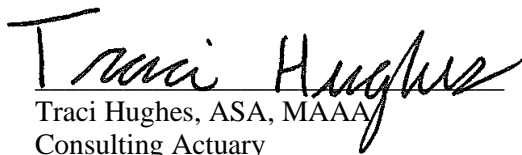
1. We see from the actuarial memorandum that no reduction to market morbidity was assumed in relation to the American Rescue Plan Act. While we recognize that these new members will be making anti-selective decisions, they are by definition the population who chose not to elect coverage under the pre-existing subsidies that generated the 2020 market. Therefore, it would seem they will be almost guaranteed to be healthier than the average enrollee in the 2020 experience. Provide further explanation for why no adjustment is being made.
2. We acknowledge that the assumed cost and uptake rate of the COVID-19 booster is the same as the flu vaccine. Please disclose the dollar amount cost and percentage uptake rate assumed.
3. Please provide cited sources and support for the assumption that COVID-19 booster shows will be approved and needed as early as 2022.
4. Regarding the response to question #16 of the May 17<sup>th</sup> objection letter – please define the time period for the ‘pre-pandemic’ amounts shown and ‘post-pandemic’ amounts shown. Furthermore, please provide the utilization and average unit cost components of the total amounts provided.
5. Please provide the administrative costs PMPM as reported in the Supplemental Health Care Exhibit from 2015-2020.

6. Please provide a breakdown of the general administrative load of \$38.75 by major category.  
Please provide a similar breakdown for the combined market load as filed in 2021 of \$43.75.

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 25, 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

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/07/2021
Submitted Date	06/07/2021
Respond By Date	06/25/2021

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Dear Matt Lombardo,

**Introduction:**

Please see objection letter attached.

**Conclusion:**

Sincerely,  
Thomas Crompton



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc.	)	GMCB-007-21rr
2022 Individual Market Rate Filing	)	
	)	SERFF No. MVPH-132824950
	)	
<hr/>		
In re: MVP Health Plan, Inc.	)	GMCB-008-21rr
2022 Small Group Market Rate Filing	)	
	)	SERFF No.: MVPH-132824927

**June 7, 2021 Board Questions to MVP Health Plan, Inc.**

Dear Mr. Karnedy, Mr. Long, and Ms. Bennett,

Pursuant to its authority under 8 V.S.A § 4062 and 18 V.S.A. § 9375(b)(6), the Green Mountain Care Board requests that MVP Health Plan, Inc. (MVPHP) provide the following information to assist with the Board’s review of the above-referenced filings. Please provide the requested information no later than Friday, June 25, except please respond to request #12 no later than Friday, June 11, 2021.

1. For each filing, specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the budget review jurisdiction of the Green Mountain Care Board, broken down by inpatient, outpatient, and physician services.
2. For each filing, calculate how MVPHP’s pricing trend assumptions, medical trend assumptions, and proposed average rate increase would be impacted if the company had assumed that the Green Mountain Care Board will approve the same hospital budget increases later this year as it approved in 2019.
3. Explain how MVPHP expects the Transparency in Coverage final rule and the Hospital Price Transparency final rule to impact insurer/provider contracting, if at all.
4. For the most recent year for which data are available, specify the percentages of payments made by MVPHP under each APM category below across its individual and small group plans. The categories below are described in more detail in the Health Care Payment Learning & Action Network’s Alternative Payment Model Framework Final White Paper dated January 12, 2016, available at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf> and are the subject of issuer reporting in the QIS Implementation Plan and Progress Report Form, OMB 0938-1286.

**Category 1 – Fee for Service – No Link to Quality & Value** \_\_\_\_\_%

**Category 2 – Fee for Service – Link to Quality & Value** \_\_\_\_\_ %

**Category 3 – APMs Built on Fee for Service Architecture**

• **APMs with Upside Gainsharing** \_\_\_\_\_ %

• **APMs with Upside Gainsharing/Downside Risk** \_\_\_\_\_ %

**Category 4 – Population-based Payment**

• **Condition-Specific Population-Based Payment** \_\_\_\_\_ %

• **Comprehensive Population-Based Payment** \_\_\_\_\_ %

5. Describe in detail MVPHP’s efforts and plans to increase the use of higher-value payment approaches and its efforts and plans to implement fixed prospective payments within its ACO program in Vermont.
6. Explain how MVPHP defines and measures low value care and whether has it has estimated the amount of low value care provided in Vermont.
7. Explain MVPHP’s rationale for classifying antidepressants and antipsychotic/antimanic agents as preventive and explain whether MVPHP anticipates a decrease in claims costs associated with better management of associated conditions.
8. Explain how the surgery center adjustments reflected in the outpatient trend table on page 1 of the documents submitted on May 24, 2021 and titled “CONFIDENTIAL\_Support for LE Individual Objection #2\_SERFF.pdf” and “CONFIDENTIAL\_Support for LE Small Objection #2\_SERFF” were calculated.
9. Specify the number of members directly enrolled in MVPHP plans and describe in detail the efforts MVPHP has made to date and will make prior to open enrollment to inform these individuals of the subsidies that may be available to them if they purchase a qualified health plan through Vermont Health Connect.
  - a. At the hearing, please be prepared to explain how many directly enrolled members have enrolled through Vermont Health Connect for the 2021 plan year.
10. We understand that carriers will take over premium billing in 2022. On a PMPM basis, quantify the administrative costs associated with this function that are included in the proposed rates.
11. For each of the past five years, specify the percentage of claims MVPHP has recovered through its Special Investigations Unit (fraud, waste, and abuse program) for the plans under review, explain whether there are any national benchmarks for such recoveries, and explain how MVPHP monitors or evaluates the effectiveness of this program.

12. The Board is working to better understand the variability in reimbursements paid to hospitals. How long would it take MVPHP to calculate the following and does it have any alternative approaches that could be completed sooner?

For each Vermont general/community hospital and for Dartmouth-Hitchcock, the ratio of MVPHP's inpatient reimbursement to Medicare's inpatient reimbursement, standardized by MS-DRG relative weights, and the ratio of MVPHP's outpatient reimbursement to Medicare's outpatient reimbursement, standardized by APC relative weights (in a similar format as MVPHP provided last year in response to question 15 of the Board's post-hearing questions).

Sincerely,

Michael Barber  
General Counsel  
Green Mountain Care Board

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/27/2021
Submitted Date	05/27/2021
Respond By Date	06/03/2021

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



May 27, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #3

Dear Mr. Lombardo:

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.

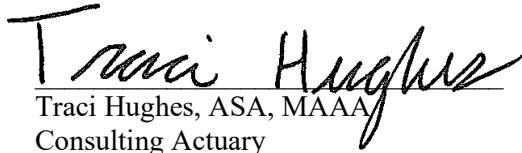
Questions:

1. The membership provided in rows 34-39 of the rate increase exhibit appear to be the total market members from February 2020. Please update the rate increase exhibit such that the numbers in these rows reflect the February 2021 membership for the small group market only.
2. Regarding the response to question #1 of the previous objection letter – Please explain why ‘New York Participating Hospitals’ and ‘Rental and Non-participating Hospitals’ have different contract trends for individual vs. small group.
3. Regarding the response to question #5 of the previous objection letter – Please elaborate on the drivers of the spike in Rx trend in 2020 of 21.7%.
4. Regarding the response to question #14 of the previous objection letter – Was any analysis done on how the utilization of telehealth services may have lowered in-person utilization other than in-person office visits (ER, INP BH, etc.)?

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 3, 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

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/18/2021
Submitted Date	05/18/2021
Respond By Date	05/24/2021

---

Dear Matt Lombardo,

**Introduction:**

Please disregard the previous objection. The attached objection letter has been amended to correct the reference SERFF tracking number within the document header.

**Conclusion:**

Sincerely,  
Jacqueline Lee



May 18, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #2

Dear Mr. Lombardo:

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://gmcboard.vermont.gov/sites/gmcb/files/documents/B21%20Approved%20Budget%20Submissions%20with%20NPR%20graph%20as%20of%20Oct%201st.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 6 of the Actuarial Memorandum, “MVP analyzed historical utilization patterns 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 to volatility to the significant membership growth for tis block of business.” Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.
3. Please reconcile the 12.5% of CY2019 claims that were above \$100,000 with the 12.3% shown in last year’s actuarial memorandum.

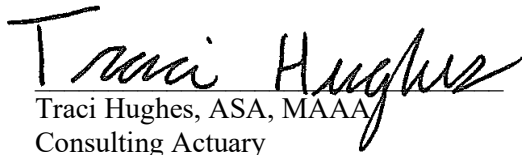


4. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.
5. Please provide the historical annual Rx trends observed from 2016-2020, as well as the actual-to-expected ratio for the Rx trend in each year.
6. Provide quantitative support for the 1.061 trend factor applied to the claims for the deductible in Exhibit 2a.
7. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand reflected in Index Rate in Exhibit 7.
8. Please provide an exhibit showing the member months by plan and actuarial value for 2020, 2021 and the projection for 2022.
9. Please provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
10. For each month from January 2017 through March 2021, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.
11. Please provide the bad debt as a percentage of premium over each of the last 3 years.
12. How has COVID-19 affected non-benefit costs (expenses such as overhead, travel, claims adjudication, profit, etc.)?
13. Please provide the cost and utilization components of the \$1.37 PMPM impact for COVID-19 booster shots. Please provide further qualitative and quantitative support for these assumptions.
14. Please provide further qualitative and quantitative support for the \$1.89 PMPM impact for Telehealth Utilization Increases. This should include a derivation of the calculated impact as well as support for any assumptions made.
15. We are aware of an updated actuarial certification from Wakely for the 2022 Standard Plan due to IRS-release final H.S.A. limits for 2022. It is our understanding that the out-of-pocket maximum for the Standard Bronze HDHP plan is being lowered from \$7,100 to \$7,050 to remain H.S.A-qualified. Please provide the calculation of the rate impact resulting from this revision. However, do not provide fully revised documentation (URRT, Act Memo, Exhibits, etc.) at this 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 May 24, 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:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/17/2021
Submitted Date	05/17/2021
Respond By Date	05/24/2021

---

*Dear Matt Lombardo,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*



May 17, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Individual  
SERFF Tracking #: MVPH-132824950  
Objection #2

Dear Mr. Lombardo:

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:

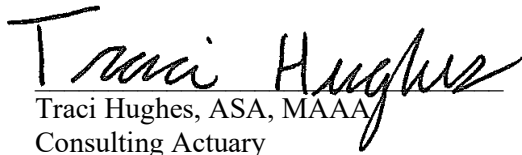
1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the most recently approved budget changes (<https://gmcboard.vermont.gov/sites/gmcb/files/documents/B21%20Approved%20Budget%20Submissions%20with%20NPR%20graph%20as%20of%20Oct%201st.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 6 of the Actuarial Memorandum, “MVP analyzed historical utilization patterns 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 to volatility to the significant membership growth for tis block of business.” Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.
3. Please reconcile the 12.5% of CY2019 claims that were above \$100,000 with the 12.3% shown in last year’s actuarial memorandum.

4. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.
5. Please provide the historical annual Rx trends observed from 2016-2020, as well as the actual-to-expected ratio for the Rx trend in each year.
6. Provide quantitative support for the 1.061 trend factor applied to the claims for the deductible in Exhibit 2a.
7. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand reflected in Index Rate in Exhibit 7.
8. Please provide an exhibit showing the member months by plan and actuarial value for 2020, 2021 and the projection for 2022.
9. Please provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
10. For each month from January 2017 through March 2021, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.
11. Please provide the bad debt as a percentage of premium over each of the last 3 years.
12. How has COVID-19 affected non-benefit costs (expenses such as overhead, travel, claims adjudication, profit, etc.)?
13. Please provide the cost and utilization components of the \$1.37 PMPM impact for COVID-19 booster shots. Please provide further qualitative and quantitative support for these assumptions.
14. Please provide further qualitative and quantitative support for the \$1.89 PMPM impact for Telehealth Utilization Increases. This should include a derivation of the calculated impact as well as support for any assumptions made.
15. We are aware of an updated actuarial certification from Wakely for the 2022 Standard Plan due to IRS-release final H.S.A. limits for 2022. It is our understanding that the out-of-pocket maximum for the Standard Bronze HDHP plan is being lowered from \$7,100 to \$7,050 to remain H.S.A-qualified. Please provide the calculation of the rate impact resulting from this revision. However, do not provide fully revised documentation (URRT, Act Memo, Exhibits, etc.) at this 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 May 24, 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:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/10/2021
Submitted Date	05/10/2021
Respond By Date	05/17/2021

---

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 10, 2021

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

Re: MVP Health Plan, Inc.  
2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927  
Objection #1

Dear Mr. Lombardo:

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 17, 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-132824927

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/15/2021  
Submitted Date 07/15/2021

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please see the attached documents.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection 8 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange Small Objection #8.pdf Support for L&E Small Objection #8_SERFF.pdf Support for L&E Small Objection #8_SERFF.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,  
Julia Dorr*

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/30/2021  
Submitted Date 06/30/2021

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please see the attached documents.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection 7 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange Small Objection #7.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,  
Christopher Pontiff*

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/25/2021  
Submitted Date 06/25/2021

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&E Objection 6 Response
Comments:	
Attachment(s):	Response to 2022 VT Exchange HCA Actuarial Questions Objection #6.pdf Support for HCA Objection #6_SERFF.pdf Support for HCA Objection #6_SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Christopher Pontiff

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/25/2021  
Submitted Date 06/25/2021

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied - Item:	L&E Objection 5 Response
Comments:	
Attachment(s):	Response to 2022 VT Exchange Small Objection #5.pdf Support for L&E Small Objection #5_SERFF.pdf Support for L&E Small Objection #5_SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Christopher Pontiff

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/25/2021  
Submitted Date 06/25/2021

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please see the attached documents.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	GMCB Questions Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2022 VT Exchange GMCB Questions.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Christopher Pontiff

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/03/2021  
Submitted Date 06/03/2021

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied - Item:	L&E Objection 3 Response
Comments:	
Attachment(s):	Response to 2022 VT Exchange Small Objection #3.pdf Rate Increase Exhibit 2021-2022 SMALL_SERFF_V2.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

Julia Dorr

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 05/24/2021  
 Submitted Date 05/24/2021

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

Please see attached documents. MVP has determined some responses to be confidential and will be provided under separate cover

**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 2022 VT Exchange Small Objection #2_REDACTED.pdf Support for L&E Small Objection #2_SERFF.pdf Support for L&E Small Objection #2_SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Christopher Pontiff

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/18/2021
Submitted Date	05/18/2021

---

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

*This objection has been disregarded as directed. Please see responses to the amended 5/18/2021 objection letter.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Christopher Pontiff



SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/11/2021
Submitted Date	05/11/2021

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	
Satisfied - Item:	L&E Objection 1 Response
Comments:	
Attachment(s):	Response to 2022 SG VT Exchange Objection #1_REDACTED.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

Christopher Pontiff

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

---

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

## Amendment Letter

Submitted Date: 08/09/2021

Comments:

Updated to reflect board ordered changes

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

**Supporting Document Schedule Item Changes****Satisfied - Item:** Actuarial Memorandum**Comments:**

**Attachment(s):**  
 2022 Actuarial Memorandum Vermont Exchange Small.pdf  
 Actuarial Memo Dataset 2022 SMALL\_SERFF.pdf  
 Actuarial Memo Dataset 2022 SMALL\_SERFF.xlsx  
 Federal AVC Actuarial Certification for Non-standard Plans - 2022\_03092021.pdf  
 Non-Standard AVC Screenshots 2022 VT.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2021-03-08.pdf  
 Rate Increase Exhibit 2021-2022 SMALL\_SERFF GMCB Decision.pdf  
 Rate Increase Exhibit 2021-2022 SMALL\_SERFF GMCB Decision.xlsx  
 VT 2022 Exchange Rate Filing SMALL\_SERFF GMCB Decision.pdf  
 VT 2022 Exchange Rate Filing SMALL\_SERFF GMCB Decision.xlsx  
 PY22RateTables\_VTSMOFF\_08062021.xls  
 PY22RateTables\_VTSMON\_08062021.xlsm

*Previous Version***Satisfied - Item:** *Actuarial Memorandum***Comments:**

**Attachment(s):**  
*2022 Actuarial Memorandum Vermont Exchange Small.pdf  
 Actuarial Memo Dataset 2022 SMALL\_SERFF.pdf  
 Actuarial Memo Dataset 2022 SMALL\_SERFF.xlsx  
 Rate Increase Exhibit 2021-2022 SMALL\_SERFF.pdf  
 Rate Increase Exhibit 2021-2022 SMALL\_SERFF.xlsx  
 Federal AVC Actuarial Certification for Non-standard Plans - 2022\_03092021.pdf  
 Non-Standard AVC Screenshots 2022 VT.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2021-03-08.pdf  
 VT 2022 Exchange Rate Filing SMALL\_SERFF.pdf  
 VT 2022 Exchange Rate Filing SMALL\_SERFF.xlsx*

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

**Attachment(s):**  
 Unified-Rate-Review-VT Small 2022 GMCB Decision.pdf  
 Unified-Rate-Review-VT Small 2022 GMCB Decision.xlsm

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

**Attachment(s):**  
*Unified-Rate-Review-VT Small 2022.pdf  
 Unified-Rate-Review-VT Small 2022.xlsm*

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

## Reviewer Note

**Created By:**

Thomas Crompton on 08/10/2021 08:32 AM

**Subject:**

Original RRT RRD

**Comments:**

The original (as filed) RRT and RRD.

Filing Company: MVP Health Plan, Inc.  
 TOI: H16G Group Health - Major Medical  
 Sub-TOI: H16G.003G Small Group Only - Other  
 Filing Type: GMCB Rate  
 Assigned To: Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber, Laura Beliveau  
 Date Submitted: 05/07/2021  
 SERFF Tr Num: MVPH-132824927  
 SERFF Status: Pending State Action  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
 Disposition Date:  
 State Filing Description:

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 2.710 %  
 Effective Date of Last Rate Revision: 01/01/2021  
 Filing Method of Last Filing: SERFF  
 SERFF Tracking Number of Last Filing: [MVPH-132371260](#)

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 required):	Minimum % Change (where required):
MVP Health Plan, Inc.	Increase	4.970 %	4.970 %	\$7,434,783.00	13,033	\$149,581,413.00	7.310 %	-10.150 %

[View Rate Review Detail](#)

Company Name: MVP Health Plan, Inc.

HHS Issuer ID: ⓘ \* 77566

PRODUCTS: ⓘ \*

**Product Name (Max 50 characters.) \* HIOS Product ID HIOS Submission ID Number of Covered Lives \***

VT Small Group HMO 77566VT005 21858

Trend Factors: ⓘ

FORMS: \* ⓘ

New Policy Forms:

Affected Forms for Closed Blocks:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION: ⓘ

Change Period: \* Annual

Member Months: \* 262296

Benefit Change: \* Increase

Percent Rate Change Requested: Min: -10.15% Max: 7.31% Weighted Avg.: 4.97%

PRIOR RATE: ⓘ

Total Earned Premium: \* 149581413

Total Incurred Claims: \* 136050566

Annualized PMPM \$: Min: \* \$ 491.3 Max: \* \$ 798.23 Weighted Avg.: \* \$ 570.28

REQUESTED RATE: ⓘ

Projected Earned Premium: \* 157016196

Projected Incurred Claims: \* 143083035

Annualized PMPM \$: Min: \* \$ 527.2 Max: \* \$ 844.46 Weighted Avg.: \* \$ 598.62

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: VT Small Group 2022  
 Project Name/Number: /

## Post Submission Update Request Processed On 08/10/2021

Status: Allowed  
 Created By: Julia Dorr  
 Processed By: Thomas Crompton  
 Comments: Per Board Order

### General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	0.83	4.97

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.830%	4.970%
Overall % Rate Impact	0.830%	4.970%
Written Premium Change for this Program	\$1235397	\$7434783
Maximum %Change (where required)	3.140%	7.310%
Minimum %Change (where required)	-13.680%	-10.150%

Product:	NEW
Product Name	VT Small Group HMO
HIOS Product ID	77566VT005
Number of Covered Lives	21858

### REQUESTED RATE CHANGE INFORMATION:

Min:	-13.680	-10.150
Max:	3.140	7.31
Weighted Avg.:	0.830	4.97

### REQUESTED RATE:

Projected Earned Premium:	150,816,810.000	157,016,196.000
Projected Incurred Claims:	137,767,682.000	143,083,035.000
Min:	506.730	527.200
Max:	810.540	844.460
Weighted Avg.:	574.990	598.620

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

### Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

2.710%

Effective Date of Last Rate Revision:

01/01/2021

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

MVPH-132371260

### 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	0.830%	0.830%	\$1,235,397	13,033	\$149,581,413	3.140%	-13.680%



State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: VT Small Group 2022  
 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 Small Group HMO	77566VT005		21858

Trend Factors:

### FORMS:

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

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 262,296  
 Benefit Change: Increase  
 Percent Change Requested: Min: -13.68 Max: 3.14 Avg: 0.83

### PRIOR RATE:

Total Earned Premium: 149,581,413.00  
 Total Incurred Claims: 136,050,566.00  
 Annual \$: Min: 491.30 Max: 798.23 Avg: 570.28

### REQUESTED RATE:

Projected Earned Premium: 150,816,810.00  
 Projected Incurred Claims: 137,767,682.00  
 Annual \$: Min: 506.73 Max: 810.54 Avg: 574.99

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2022 Actuarial Memorandum Vermont Exchange Small.pdf Actuarial Memo Dataset 2022 SMALL_SERFF.pdf Actuarial Memo Dataset 2022 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2022_03092021.pdf Non-Standard AVC Screenshots 2022 VT.pdf Wakely - VT Standard Plan Designs - AV Certification_2021-03-08.pdf Rate Increase Exhibit 2021-2022 SMALL_SERFF GMCB Decision.pdf Rate Increase Exhibit 2021-2022 SMALL_SERFF GMCB Decision.xlsx VT 2022 Exchange Rate Filing SMALL_SERFF GMCB Decision.pdf VT 2022 Exchange Rate Filing SMALL_SERFF GMCB Decision.xlsx PY22RateTables_VTSMOFF_08062021.xls PY22RateTables_VTSMON_08062021.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2022 Federal Act Memo Vermont Exchange Small.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 - 2022 VT Exchange Small.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

<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 Small 2022 GMCB Decision.pdf Unified-Rate-Review-VT Small 2022 GMCB Decision.xlsm
<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 2022 SG VT Exchange Objection #1_REDACTED.pdf
<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 2022 VT Exchange Small Objection #2_REDACTED.pdf Support for L&E Small Objection #2_SERFF.pdf Support for L&E Small Objection #2_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection 3 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange Small Objection #3.pdf Rate Increase Exhibit 2021-2022 SMALL_SERFF_V2.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection 6 Response
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SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2022  
**Project Name/Number:** /

<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange HCA Actuarial Questions Objection #6.pdf Support for HCA Objection #6_SERFF.pdf Support for HCA Objection #6_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	GMCB Questions Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2022 VT Exchange GMCB Questions.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>	Response to 2022 VT Exchange Small Objection #5.pdf Support for L&E Small Objection #5_SERFF.pdf Support for L&E Small Objection #5_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection 7 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange Small Objection #7.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	L&E Objection 8 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2022 VT Exchange Small Objection #8.pdf Support for L&E Small Objection #8_SERFF.pdf Support for L&E Small Objection #8_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	MVP Health Plan, Inc.
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
<b>Product Name:</b>	VT Small Group 2022		
<b>Project Name/Number:</b>	/		

***Attachment Actuarial Memo Dataset 2022 SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2021-2022 SMALL\_SERFF GMCB Decision.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2022 Exchange Rate Filing SMALL\_SERFF GMCB Decision.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment PY22RateTables\_VTSMOFF\_08062021.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY22RateTables\_VTSMON\_08062021.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-VT Small 2022 GMCB Decision.xlsm is not a PDF document and cannot be reproduced here.***

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

***Attachment Rate Increase Exhibit 2021-2022 SMALL\_SERFF\_V2.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Support for HCA Objection #6\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

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

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

***Attachment Support for L&E Small Objection #8\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***



## Contact Information

### **Company Information**

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

### **Primary Contact Information**

Contact Name:	Christopher Pontiff, ASA
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Primary Contact E-mail:	Cpontiff@mvphhealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2022 Vermont Small Group Exchange Filing**

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

This memorandum details the methods and assumptions underlying the proposed 2022 premium rates for the State of Vermont's 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 1/1/2022 and 12/31/2022. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 5.0%, with increases ranging from -10.2% to 7.3%.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. As in 2021, 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 2021 to 2022. 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 contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit 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 1,500 policyholders, 13,033 subscribers and 21,858 members based on February 2021 membership.

#### **Unmerging of Risk Pools**

Historically the state of Vermont has been a merged market, meaning small employer group and individual data was used to derive a single set of premiums that applied to both small group and individual. In 2022, the market is being unmerged. This results in two sets of premium rates derived from small group and individual data separately.

#### **Experience Period Claims**

MVP historical claim data was the basis of the premium rate development. All ACA compliant small employer group data is included in the experience period data set. 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 2/28/21. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/21. MVP chose to use 2019 claims experience instead of 2020 due to COVID-19. 2020 claim experience was significantly impacted by the COVID-19 pandemic and MVP does not believe that 2020 is representative of future years and therefore decided to use 2019 with an additional year of trend.

Per ASOP #26 “premium rates are actuarially sound if, 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.” MVP believes that the reduction in claims due to the COVID-19 pandemic would cause premiums developed on 2020 data to not be actuarially sound. Additionally, MVP has concerns that risk adjustment results could be skewed in 2020 due to suppressed utilization and the impact of COVID-19 diagnoses on risk scores.

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. 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 for 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 are reductions to FFS claims expenses due to the CSR subsidy program. There is no CSR in small employer group so these lines both show \$0.

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 -0.004% which is our best estimate of ultimate liabilities as of 3/31/21; due to claim activity, including claim reversals, between 2/28/21 and 3/31/21, MVP's incurred estimate decreased which is driving a negative IBNR factor. 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	\$11,619,415	\$11,621,687	1.000
201911	\$11,371,801	\$11,373,275	1.000
201910	\$12,071,113	\$12,071,619	1.000
201909	\$11,233,790	\$11,234,620	1.000
201908	\$10,906,039	\$10,906,522	1.000
201907	\$11,097,035	\$11,097,410	1.000
201906	\$10,580,539	\$10,580,696	1.000
201905	\$12,105,143	\$12,095,529	0.999
201904	\$11,336,370	\$11,335,589	1.000
201903	\$11,679,575	\$11,679,100	1.000
201902	\$9,475,793	\$9,475,683	1.000
201901	\$11,012,331	\$11,012,231	1.000
<b>Total</b>	<b>\$134,488,944</b>	<b>\$134,483,961</b>	<b>1.000</b>

Line 6 reflects medical plus dental fee-for-service (FFS) claims, 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 include 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.

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 12.5% 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:

<b>Time Period</b>	<b>High Cost Claim %</b>
CY2017	13.1%
CY2018	12.0%
CY2019	12.5%
<b>Average</b>	<b>12.5%</b>

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	\$0.67
Medical Home and PCP Incentive	\$3.92
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$5.75</b>

\*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.

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 \$66,672 under their deductible for these drugs, which was then converted to a PMPM amount of \$0.35 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 \$0.15 for small group.

The benefit actuarial values were then adjusted in a similar manner to the adjustment described in line 15 above, to ensure that the additional claim cost was reflected specifically on the QHDHP benefit designs for 2022.

*Line 17- Adjustment for Insulin Cap*

The state of Vermont has mandated that insulin cost share for a 30-day supply be capped at \$100 per member starting in 2022. MVP analyzed historical insulin utilization by member and determined this mandate would result in an additional \$0.14 PMPM.

*Line 18- Adjustment for COVID-19 Booster Shots*

It has been widely publicized that COVID-19 vaccination booster shots will likely be needed in the future, and Moderna’s CEO recently commented that they expect FDA approval for a COVID booster shot by Fall 2021. As a result, MVP has built in \$1.37 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP’s small

group flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots.

*Line 19- Adjustment for Telehealth Utilization Increase*

MVP analyzed the shift from in person visits to telehealth as a result of the COVID-19 pandemic across our VT population. Prior to the pandemic, telehealth costs were approximately \$0.10 PMPM vs. 3Q/4Q 2020 telehealth costs exceeding \$17 PMPM in MVP's exchange block of business. While the initial result in 2Q 2020 was a reduction to in person visits and an increase to telehealth visits with an overall reduction to cost, MVP's 3Q/4Q 2020 data indicates an overall net increase to cost as in-person visits are approaching pre-pandemic levels and telehealth visits have not subsided enough to offset the increase to in-person costs. The result is an overall to cost that MVP projects at \$1.89 PMPM.

*Line 20- Adjustment for National High Cost Reinsurance Pool*

In the 2022 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 a national study performed by Wakely Consulting Group, the estimate of the load charged to small group issuers in 2022 will be 0.52%. 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 0.52% shown on line 21.

**Medical Trend Factors**

The development of annual medical paid claim trend factors for 2020, 2021 and 2022 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 2021. For 2022 unit cost changes, MVP is assuming the 2021 approved hospital budget changes. 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 3.6% for 2020, 5.1% for 2021, and 5.7% for 2022.

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 2020 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 5.8%. The annual paid leveraging factor is 0.8% which results in an average annual paid FFS medical trend of 6.7%. This can be found on line 22 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, 2021 and 2022. 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, 2021, and 2022 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 (20.8%) 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 15.4%, and the average annual paid Rx trend net of Rx rebates is 17.1% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [ line 6 \* line 22 + line 9 \* line 23 ] / [ line 6 + line 9 ]. The annual trend is then applied for 36 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 26 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 28 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	\$0.67
Medical Home and PCP Incentive	\$3.92
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$6.09</b>

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2022 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

### **Federal Risk Adjustment Program**

Based on the Final Risk Transfer results for 2019 provided by CMS rerun for the unmerged market by L&E, MVP would've paid \$8,080,407 into the small employer group market transfer pool for 2019. This is \$42.38 on a PMPM basis or 10.9% of experience period claims prior to market-wide adjustments. To calculate line 30 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 29 of Exhibit 3, which is the best estimate of the rating period claim expense. This results in an estimated payment of \$54.19 PMPM or \$10,333,082 using experience period membership.

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

Line 31 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2022. This is the starting net claim cost that will be used to set 2022 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:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 7)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 31 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

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

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 (0.8224) 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 \$0.45 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.23 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.22 PMPM for the Patient Centered Outcome Research Fee.

*State Taxes PMPM Based*

\$1.52 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 2022.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$12.02 per covered child and \$1.70 per covered adult for January to March 2022, followed by an estimate of the same \$12.02 per covered child and \$1.70 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$3.20 for 2022. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.53%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$38.75 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP is making additional administrative investments in the state for 2022 and expect admin to be aligned with our proposed administrative costs.

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, \$2.33 PMPM of the \$38.75 PMPM administrative expense is attributable to QI.

MVP charged \$42.17 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the available administrative expense PMPM change is only \$0.03. Please see the table below.

<b>Summary of 2022 Administrative Expenses</b>		
	<b>Proposed Admin PMPM</b>	<b>Enrollment as of February 2021</b>
Individual	\$47.10	15,371
Small Group	\$38.75	21,858
Combined	\$42.20	37,229

*Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2022. 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 0.10% 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.

**Acupuncture Allowance (Benefit in Addition to EHBS)**

MVP is adding a \$500 acupuncture allowance to its benefits in 2022. MVP’s 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this benefit.

**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 2021. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

**Silver CSR Loading**

In the past, MVP has loaded on exchange silver plans due to CSR defunding. CSR is not available to small employer groups and therefore we are removing any loading of plans for CSR in this filing.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.1%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.3%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2022:

<b>Target Loss Ratio for 2022 VT Exchange</b>	
A) Claims Expense	\$550.24
B) Taxes/Assessments	\$5.17
C) Quality Improvement	\$2.33
D) Premium	\$603.82
<hr/>	
E) Traditional Loss Ratio = A) / D)	91.1%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	92.3%

MVP does not anticipate having to rebate members for 2019 or 2020 per the ACA minimum MLR requirements.

**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 2021, the Federal URRT, and the Federal Actuarial Memorandum.

*Projection Period Enrollment*

MVP’s projection period membership equals the February 2021 enrollment of the population eligible to purchase these products, or 21,858 members. On Worksheet 2 of the URRT, members are mapped based on their February 2021 benefit to the same benefits for 2022.

**Actuarial Certification**

I, Christopher Pontiff, 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 shown 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 2022 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, 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 2022 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 #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care, Inc.

05/07/2021  
Date

Please provide Company specific inputs for any cells shaded in blue.

**Instructions:**

- The issuer must complete the Actuarial Memorandum Dataset Supplement and submit with the filing.
- Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum.
- This includes cells where the spreadsheet contains sample input (red entries are just proxy values that help illustrate what should be provided).
- This document applies to all issuers, new and existing.
- Please submit in Excel format under the Supporting Documentation Tab in the Form/Rate filing.
- Remember to scroll to the right - there is information requested through Column N.

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

Insurance Company Name	MVP Health Plan, Inc.
HICS ID	17595
SERFF Filing Number	W07H-130224927
Date of Submission	07/20/21
Proposed Effective Date	1/1/2022
Average Annual Premium	
Before Rate Change	\$8,843
After Rate Change	\$7,193

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	4.97%	N/A
Proposed Minimum Rate Change	-10.15%	N/A
Proposed Maximum Rate Change	7.31%	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

The spread is greater than 10% due to removing the CSR load on silver plans in the small group market since the market is now unemerged.

**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	0.979	0.979	e.g. previous filing experience period index rate compared to the current filing experience index rate
Impact of R0 Benefit Cave-In	1,001	1,001	1,000	
Adjustment for National Reinsurance	1,000	1,005	1,002	
Adjustment for Safe Harbor Coverage on QHE	1,000	1,000	1,000	
Adjustment for COVID-19 Immunization Cost	1,000	1,004	1,004	
Adjustment for Insulin Cap	1,000	1,000	1,000	
Adjustment for Telehealth Utilization Increase	1,000	1,005	1,005	
Pricing Trend	1,134	1,200	1,111	The change in this factor is based on the chance the trend assumption in previous filing and current filing (e.g. 1.075^2 / 1.08^2)
Risk Adjustment Recoveries	1,142	1,199	0.971	
Experience Period Benefit and AV Change	1,043	1,000	0.959	
SG&A	1,065	1,068	0.993	
Taxes and Fees (PMPM Basis)	1,003	1,003	1,000	
Taxes and Fees (% of Premium Basis)	1,003	1,002	0.999	
Margin	1,009	1,019	1,010	
Single Conversion Factor	1,027	1,131	1,031	
CSR Deliquency	1,000	1,000	1,000	
Benefit Mix Impact	1,000	1,000	0.992	
<b>Total Rate Change</b>			1,050	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B18				1,050
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%	9	13	2
Reduction of 5.01% to 10.00%	8	10	0
Reduction of 0.01% to 5.00%	0	0	1
No Change	0	0	0
Increase of 0.01% to 5.00%	6,673	11,648	690
Increase of 5.01% to 10.00%	6,543	10,787	807
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
<b>Total</b>	13,033	21,858	1,500

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2018	6.74%	6.61%
2019	10.89%	6.63%
2020	8.45%	10.66%
2021	7.30%	2.70%

**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	11/1/2018 - 10/31/2019	11/1/2019 - 10/31/2021	11/1/2022 - 10/31/2022		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$1.06	\$1.06	\$1.44	385.14%	29.22%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$30.80	\$42.17	\$38.75	-2.64%	-8.11%
Profit/Risk Margin	\$9.69	\$5.19	\$9.58	-1.04%	84.70%
Total	\$50.54	\$51.34	\$53.47	5.80%	4.16%
Variable	\$25.38	\$24.58	\$28.78	13.32%	17.04%
Non-Variable	\$25.16	\$26.76	\$24.71	-1.78%	-2.67%
Total	\$50.54	\$51.34	\$53.47	5.80%	4.16%
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%	0.88%	312.85%	24.38%
Taxes, Licenses & Fees	0.21%	0.69%	0.87%		
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.81%	7.32%	6.47%	-17.15%	-11.55%
Profit/Risk Margin	1.93%	0.96%	1.80%	-15.79%	77.78%
Total	9.92%	8.91%	8.93%	-9.97%	0.26%
Variable	4.98%	4.27%	4.81%	-3.57%	12.65%
Non-Variable	4.94%	4.64%	4.13%	-18.42%	-11.13%
Total	9.92%	8.91%	8.93%	-9.97%	0.26%
Check	TRUE	TRUE	TRUE		

**Trend & Projection Assumptions**

Incurred or Allowed Basis?  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	Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2018	14,366	\$394.44				1.00	1.00	1.00	\$204.44			
Feb-2018	14,349	\$397.87				1.00	1.00	1.00	\$308.30			
Mar-2018	14,369	\$398.92				1.00	1.00	1.00	\$308.86			
Apr-2018	14,369	\$379.15				1.00	1.00	1.00	\$379.95			
May-2018	14,353	\$414.19				1.00	1.00	1.00	\$415.58			
Jun-2018	14,397	\$417.70				1.00	1.00	1.00	\$349.25			148.00%
Jul-2018	14,408	\$334.14				1.00	1.00	1.00	\$335.11			47.99%
Aug-2018	14,449	\$389.00				1.00	1.00	1.00	\$389.79			-10.46%
Sep-2018	14,417	\$390.59				1.00	1.00	1.00	\$391.22			-10.93%
Oct-2018	14,432	\$439.58				1.00	1.00	1.00	\$441.22			38.06%
Nov-2018	14,377	\$421.85				1.00	1.00	1.00	\$423.44			69.46%
Dec-2018	14,448	\$468.59		31.28%	67.46%	1.00	1.00	1.00	\$468.16		31.57%	86.55%
Jan-2019	15,811	\$309.46		22.89%	-18.12%	0.88	1.00	1.00	\$315.18		23.58%	-16.41%
Feb-2019	15,816	\$307.48		5.57%	-41.98%	0.98	1.00	1.00	\$313.21		6.84%	-50.02%
Mar-2019	15,816	\$386.12		4.01%	-69.24%	0.88	1.00	1.00	\$404.24		5.70%	-56.69%
Apr-2019	15,909	\$389.53		-5.36%	-12.59%	0.88	1.00	1.00	\$388.56		-3.20%	-8.12%
May-2019	15,876	\$371.52		67.85%	67.85%	0.98	1.00	1.00	\$380.17		-7.19%	73.65%
Jun-2019	15,824	\$366.50		-18.61%	43.18%	0.88	0.88	1.00	\$365.15		-16.85%	45.47%
Jul-2019	15,862	\$363.50		-11.85%	-4.02%	0.88	0.88	1.00	\$372.56		-9.00%	-2.93%
Aug-2019	15,866	\$383.83		7.69%	-17.03%	0.88	0.88	1.00	\$424.16		5.88%	-16.24%
Sep-2019	15,871	\$384.69		-0.71%	16.84%	0.88	0.88	1.00	\$405.02		1.93%	17.85%
Oct-2019	15,884	\$418.80		8.13%	55.13%	0.88	0.88	1.00	\$430.29		8.34%	66.76%
Nov-2019	15,878	\$418.07		15.02%	53.79%	0.88	0.88	1.00	\$427.80		16.82%	55.17%
Dec-2019	15,924	\$423.77	2.90%	29.16%	42.29%	0.88	0.88	1.00	\$435.14	5.10%	30.51%	43.53%
Jan-2020	20,800	\$393.63	2.83%	17.45%	-17.14%	0.98	0.98	1.00	\$399.74	4.97%	16.90%	-16.30%
Feb-2020	20,825	\$323.89	2.98%	1.10%	-44.74%	0.88	0.88	1.00	\$334.00	5.09%	2.11%	-44.11%
Mar-2020	20,780	\$318.18	-1.09%	-6.17%	-64.73%	0.97	0.98	1.00	\$338.51	0.86%	-5.22%	-64.21%
Apr-2020	20,833	\$266.46	-4.71%	-21.58%	-43.24%	0.97	0.99	1.00	\$264.98	-2.93%	-20.75%	-60.81%
May-2020	20,256	\$331.86	-4.78%	-29.56%	-47.02%	0.97	0.99	1.00	\$343.33	-3.07%	-28.78%	-46.34%
Jun-2020	20,644	\$389.24	-3.53%	-34.34%	-8.87%	0.97	0.99	1.00	\$409.25	-1.85%	-33.53%	7.10%
Jul-2020	20,522	\$463.47	-1.63%	-21.65%	210.50%	0.97	0.99	1.00	\$480.30	0.02%	-20.66%	214.35%
Aug-2020	20,489	\$428.92	-0.81%	-7.21%	310.12%	0.97	0.99	1.00	\$444.64	0.76%	-6.00%	314.74%
Sep-2020	20,613	\$445.41	-0.92%	19.31%	241.86%	0.97	0.99	1.00	\$467.73	1.22%	13.75%	245.07%
Oct-2020	20,571	\$455.12	1.14%	84.41%	55.38%	0.87	0.99	1.00	\$472.93	2.55%	56.35%	57.20%
Nov-2020	20,687	\$418.88	1.42%	77.01%	104.1%	0.87	0.99	1.00	\$434.99	2.71%	78.05%	11.42%
Dec-2020	20,610	\$468.03	2.21%	88.53%	2.65%	0.97	0.99	1.00	\$488.02	3.40%	90.31%	2.36%

Last Month in Experience Period  
Add more rows if needed.  
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 (P/OP/PHY) and Rx category (Generic/Brand/Specialty).

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	417,812,602	417,812,602
Authorized Control Level	97,834,795	97,834,795
RBC Ratio	429.36%	429.36%

**Loss Ratio**

Time Period	Period Beginning Date	Period End Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year 4	1/1/2016	12/31/2016	37,600	15,804,116	16,486,479	96.5%
Historical Year 3	1/1/2017	12/31/2017	55,569	21,303,250	24,050,577	95.4%
Historical Year 2	1/1/2018	12/31/2018	172,751	74,842,535	82,154,333	91.1%
Historical Year 1	1/1/2019	12/31/2019	190,667	87,826,724	93,565,733	93.9%
Historical Year 0	1/1/2020	12/31/2020	261,850	116,670,433	126,737,669	87.4%
<b>Historical Totals</b>			708,227	316,547,057	352,694,251	90.3%
<b>Interim Time Period</b>	1/1/2021	2/28/2021	43,640	20,921,074	24,868,819	84.1%
<b>Future Year 1</b>	1/1/2022	12/31/2022	262,298	143,083,035	157,016,198	91.1%

Anticipated Pricing Loss Ratio (no adjustments)	91.1%
Anticipated LR using Federally-prescribed MLR methodology	92.3%

**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 2022 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. (Add additional columns as needed to include all plans shown on the URRT). Please see the example below.

Actuarial Value and Cost-Sharing Design of the Plan (Plan ID (Standard Component ID))	(add additional columns as needed to include all plans shown in Section III of WS2 of the 2022 URRT)																
(From Line 3.1 of the URRT)	77566VT000001	77566VT000002	77566VT000004	77566VT000003	77566VT000005	77566VT000006	77566VT000024	77566VT000007	77566VT000030	77566VT000031	77566VT000029	77566VT000028	77566VT000009	77566VT000010	77566VT000025	77566VT000026	77566VT000011
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.032	0.837	0.882	0.857	0.756	0.733	0.737	0.711	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619
Paid/Allowed Ratio (Cost-Sharing only)	0.897	0.789	0.808	0.784	0.724	0.708	0.711	0.681	0.724	0.708	0.710	0.681	0.621	0.626	0.644	0.632	0.616
Used Induced utilization factor	-1.150	-1.074	-1.090	-1.080	-1.044	-1.037	-1.037	-1.028	-1.044	-1.036	-1.028	-1.027	-1.028	-1.027	-1.015	-1.011	-1.005
Calculated (This value should equal value on Row 192)	1.032	0.837	0.882	0.857	0.756	0.733	0.737	0.711	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619

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.

**Risk Adjustment**

Time Period	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
1/1/2020					
1/1/2021					
Total Risk adjustment (Dollar amount)	(\$16,889,082)	(\$16,052,276)	(\$14,214,972)	5.92%	-4.87%
Membership Member Months	257,116	262,298	262,298	-19.58%	-15.58%
PMPM	(\$67.39)	(\$64.18)	(\$54.19)	10.97%	19.97%
Premium	\$138,737,068	\$141,492,158	\$157,016,198	-98.37%	-30.26%
As a % of Premium	-12%	-11%	-9%		

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.

The current rate filing uses unmerged risk adjustment while the previous rate filings were merged. This is driving the large variance.

Expected Incurred Claims	A-to-E Claims Ratio
14,445,117	110.1%
22,448,060	94.9%
72,306,649	103.4%
84,888,001	103.7%
121,065,116	98.0%
315,941,444	101.1%
22,617,314	92.5%
143,083,035	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
118,778	520,280	100.4%
195,047	170,319	86.8%
659,181	1,207,778	93.4%
758,855	202,107	94.9%
624,053	2,281,984	89.4%
2,354,914	4,475,479	92.1%
113,272	172,723	85.2%
609,638	1,348,845	92.3%

**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>4(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-2018	14,336	\$84.29				1.00	1.00	1.00	\$84.29				
Feb-2018	14,349	\$93.23				1.00	1.00	1.00	\$93.36				
Mar-2018	14,369	\$53.31				1.00	1.00	1.00	\$53.40				
Apr-2018	14,359	\$89.13				1.00	1.00	1.00	\$89.32				
May-2018	14,353	\$70.46				1.00	1.00	1.00	\$70.70				
Jun-2018	14,397	\$71.67				1.00	1.00	1.00	\$71.99				1.73%
Jul-2018	14,408	\$60.12				0.81%	1.00	1.00	\$60.29				-45.34%
Aug-2018	14,446	\$74.03				-12.62%	1.00	1.00	\$74.26				-12.24%
Sep-2018	14,477	\$69.60				-39.71%	1.00	1.00	\$69.76				-39.82%
Oct-2018	14,432	\$84.20				61.00%	1.00	1.00	\$84.51				60.65%
Nov-2018	14,377	\$83.09				75.29%	1.00	1.00	\$83.40				75.15%
Dec-2018	14,448	\$68.23				-9.63%	1.00	1.00	\$68.52				-9.40%
Jan-2019	15,941	\$81.77				11.03%	1.00	1.00	\$83.28				11.86%
Feb-2019	15,916	\$64.81				16.15%	-31.91%	0.98	\$66.02				17.49%
Mar-2019	15,916	\$102.48				24.44%	25.14%	0.98	\$104.58				26.74%
Apr-2019	15,909	\$85.20				27.98%	36.83%	0.98	\$87.18				31.13%
May-2019	15,876	\$72.56				15.66%	114.21%	0.98	\$74.25				19.21%
Jun-2019	15,824	\$65.03				15.45%	-35.91%	0.98	\$66.58				19.60%
Jul-2019	15,862	\$56.43				-6.28%	-65.13%	0.98	\$57.81				-3.32%
Aug-2019	15,866	\$70.88				0.65%	-70.18%	0.98	\$72.74				3.58%
Sep-2019	15,871	\$94.08				-19.91%	-19.02%	0.98	\$86.28				-17.95%
Oct-2019	15,884	\$76.50				-23.52%	102.51%	0.98	\$78.56				-22.06%
Nov-2019	15,876	\$70.05				-17.66%	140.91%	0.98	\$81.28				-16.46%
Dec-2019	15,924	\$77.84				-11.17%	48.58%	0.98	\$80.05				-10.20%
Jan-2020	20,820	\$61.11	1.73%			-0.83%	-25.88%	0.98	\$62.99	3.88%			1.19%
Feb-2020	20,825	\$58.73	1.27%			-9.78%	-56.47%	0.98	\$60.57	3.28%			-8.85%
Mar-2020	20,760	\$55.08	-9.68%			-14.93%	-68.44%	0.97	\$56.90	-7.96%			-14.07%
Apr-2020	20,633	\$46.42	-13.90%			-24.18%	-68.97%	0.97	\$47.96	-12.37%			-23.38%
May-2020	20,556	\$61.83	-15.20%			-31.79%	-50.44%	0.97	\$63.96	-13.75%			-31.04%
Jun-2020	20,644	\$52.27	-16.09%			-43.12%	-29.18%	0.97	\$54.12	-14.70%			-42.44%
Jul-2020	20,522	\$114.85	-8.73%			-23.80%	314.90%	0.97	\$119.02	-7.22%			-22.83%
Aug-2020	20,499	\$88.00	-6.30%			-5.51%	493.71%	0.97	\$91.30	-4.83%			-4.25%
Sep-2020	20,513	\$73.74	-8.60%			18.94%	782.51%	0.97	\$76.61	-7.23%			20.48%
Oct-2020	20,571	\$59.38	-9.66%			47.42%	-12.81%	0.97	\$61.70	-8.41%			49.26%
Nov-2020	20,687	\$53.99	-11.87%			53.39%	-71.02%	0.97	\$56.07	-10.77%			55.12%
Dec-2020	20,610	\$47.70	-15.74%			69.94%	-88.51%	0.97	\$49.63	-14.76%			71.65%

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>4(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-2018	14,336	\$106.05				1.00	1.00	1.00	\$106.05				
Feb-2018	14,349	\$114.26				1.00	1.00	1.00	\$114.42				
Mar-2018	14,369	\$136.38				1.00	1.00	1.00	\$136.62				
Apr-2018	14,359	\$147.60				1.00	1.00	1.00	\$147.92				
May-2018	14,353	\$192.30				1.00	1.00	1.00	\$192.94				
Jun-2018	14,397	\$135.87				1.00	1.00	1.00	\$136.48				218.95%
Jul-2018	14,408	\$128.27				72.31%	1.00	1.00	\$128.64				73.53%
Aug-2018	14,446	\$155.09				-39.93%	1.00	1.00	\$155.56				-39.70%
Sep-2018	14,477	\$135.19				-40.06%	1.00	1.00	\$135.50				-40.18%
Oct-2018	14,432	\$171.43				4.78%	1.00	1.00	\$172.06				4.58%
Nov-2018	14,377	\$174.17				72.73%	1.00	1.00	\$174.83				72.63%
Dec-2018	14,448	\$171.46				26.28%	132.84%	1.00	\$172.21				26.55%
Jan-2019	15,941	\$125.96				18.46%	5.96%	0.98	\$128.29				19.16%
Feb-2019	15,916	\$128.02				0.84%	-41.41%	0.98	\$128.37				1.87%
Mar-2019	15,916	\$156.05				5.79%	-61.22%	0.98	\$159.24				7.50%
Apr-2019	15,909	\$154.23				-3.10%	-24.72%	0.98	\$157.80				-0.92%
May-2019	15,876	\$146.52				-4.85%	39.23%	0.98	\$149.93				-2.06%
Jun-2019	15,824	\$145.48				-16.63%	43.10%	0.98	\$148.94				-13.61%
Jul-2019	15,862	\$155.86				-9.65%	11.05%	0.98	\$159.66				-6.63%
Aug-2019	15,866	\$164.57				5.31%	8.24%	0.98	\$168.88				8.57%
Sep-2019	15,871	\$149.97				-0.65%	23.46%	0.98	\$153.89				2.01%
Oct-2019	15,884	\$173.28				7.23%	40.75%	0.98	\$177.96				9.50%
Nov-2019	15,878	\$178.39				21.49%	34.37%	0.98	\$183.42				23.43%
Dec-2019	15,924	\$170.65	4.44%			35.07%	52.01%	0.98	\$175.48	6.67%			36.49%
Jan-2020	20,820	\$160.66	5.45%			26.87%	16.77%	0.98	\$165.58	7.66%			28.25%
Feb-2020	20,825	\$138.70	5.29%			9.32%	-25.26%	0.98	\$143.03	7.46%			10.42%
Mar-2020	20,760	\$129.77	2.09%			3.93%	-56.10%	0.97	\$129.91	4.13%			4.99%
Apr-2020	20,633	\$87.73	-2.59%			-18.14%	-76.67%	0.97	\$90.64	-0.76%			-17.28%
May-2020	20,556	\$132.68	-1.08%			-30.24%	-69.66%	0.97	\$137.26	0.69%			-29.47%
Jun-2020	20,644	\$178.37	0.49%			-31.09%	-22.59%	0.97	\$184.70	2.24%			-30.25%
Jul-2020	20,522	\$179.24	0.52%			-28.48%	274.62%	0.97	\$185.74	2.20%			-27.61%
Aug-2020	20,499	\$151.71	-0.63%			-21.43%	368.85%	0.97	\$157.41	0.92%			-20.43%
Sep-2020	20,513	\$190.41	0.94%			-3.10%	192.10%	0.97	\$197.81	2.45%			-1.86%
Oct-2020	20,571	\$195.93	2.26%			47.55%	45.06%	0.97	\$203.60	3.69%			49.44%
Nov-2020	20,687	\$158.74	1.11%			70.19%	30.97%	0.97	\$164.85	2.38%			72.17%
Dec-2020	20,610	\$191.69	2.39%			67.85%	20.50%	0.97	\$199.45	3.57%			69.65%

**Trend & Projection Assumptions For Physician Claims**

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 \$ 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-2018	14,336	\$77.20				1.00	1.00	1.00	\$77.20			
	Feb-2018	14,349	\$73.16				1.00	1.00	1.00	\$73.26			
	Mar-2018	14,369	\$78.88				1.00	1.00	1.00	\$79.01			
	Apr-2018	14,359	\$92.26				1.00	1.00	1.00	\$92.45			
	May-2018	14,353	\$94.55				1.00	1.00	1.00	\$94.87			
	Jun-2018	14,397	\$95.26			129.29%	1.00	1.00	1.00	\$95.69			131.30%
	Jul-2018	14,408	\$90.54			73.44%	1.00	1.00	1.00	\$90.80			74.69%
	Aug-2018	14,448	\$101.46			36.70%	1.00	1.00	1.00	\$101.77			37.27%
	Sep-2018	14,477	\$100.99			16.43%	1.00	1.00	1.00	\$101.22			16.16%
	Oct-2018	14,432	\$120.82			76.70%	1.00	1.00	1.00	\$121.27			76.33%
	Nov-2018	14,377	\$110.33			78.59%	1.00	1.00	1.00	\$110.74			78.46%
	Dec-2018	14,448	\$106.51		52.10%	76.35%	1.00	1.00	1.00	\$106.98		52.42%	77.18%
	Jan-2019	15,941	\$71.33		34.40%	-39.02%	0.98	1.00	1.00	\$72.65		35.10%	-37.84%
	Feb-2019	15,916	\$75.62		10.28%	-67.19%	0.98	1.00	1.00	\$77.03		11.30%	-65.91%
	Mar-2019	15,916	\$89.31		-2.16%	-76.03%	0.98	1.00	1.00	\$91.14		-0.67%	-74.53%
	Apr-2019	15,909	\$92.07		-19.48%	-34.46%	0.98	1.00	1.00	\$94.20		-17.71%	-31.02%
	May-2019	15,876	\$99.83		-25.96%	56.65%	0.98	1.00	1.00	\$102.15		-23.79%	62.56%
	Jun-2019	15,824	\$85.69		-33.62%	90.63%	0.98	0.99	1.00	\$87.73		-31.20%	93.73%
	Jul-2019	15,862	\$95.19		-21.86%	42.38%	0.98	0.99	1.00	\$97.51		-19.19%	44.01%
	Aug-2019	15,866	\$103.00		-5.31%	3.90%	0.98	0.99	1.00	\$105.70		-2.28%	4.93%
	Sep-2019	15,871	\$108.50			4.77%	0.98	0.99	1.00	\$109.29		7.68%	46.39%
	Oct-2019	15,864	\$114.05			24.45%	0.98	0.99	1.00	\$117.13		27.16%	78.31%
	Nov-2019	15,878	\$100.19			28.71%	0.98	0.99	1.00	\$103.02		30.76%	64.35%
	Dec-2019	15,924	\$104.27	-0.47%		47.13%	0.98	0.99	1.00	\$107.22	1.66%	48.64%	20.43%
	Jan-2020	20,820	\$75.26	0.10%		22.79%	0.98	0.99	1.00	\$77.57	2.20%	24.07%	-47.53%
	Feb-2020	20,825	\$75.02	-0.49%		-0.52%	0.98	0.99	1.00	\$77.36	1.56%	0.43%	-62.91%
	Mar-2020	20,760	\$72.17	-3.27%		-17.74%	0.97	0.99	1.00	\$74.55	-1.32%	-16.93%	-75.85%
	Apr-2020	20,633	\$55.18	-7.03%		-39.22%	0.97	0.99	1.00	\$57.01	-5.26%	-38.59%	-70.10%
	May-2020	20,556	\$79.25	-9.27%		-43.48%	0.97	0.99	1.00	\$81.99	-7.62%	-42.85%	-52.41%
	Jun-2020	20,644	\$94.17	-7.66%		-47.62%	0.97	0.99	1.00	\$97.51	-6.03%	-46.97%	12.83%
	Jul-2020	20,522	\$99.73	-7.42%		-36.35%	0.97	0.99	1.00	\$103.35	-5.84%	-35.55%	235.33%
	Aug-2020	20,499	\$100.19	-7.54%		-21.16%	0.97	0.99	1.00	\$103.95	-6.06%	-20.12%	315.07%
	Sep-2020	20,513	\$114.25	-6.95%		5.54%	0.97	0.99	1.00	\$118.69	-5.54%	6.93%	260.91%
	Oct-2020	20,571	\$119.40	-5.58%		65.97%	0.97	0.99	1.00	\$124.07	-4.26%	68.11%	125.85%
	Nov-2020	20,687	\$103.28	-4.37%		92.63%	0.97	0.99	1.00	\$107.25	-3.15%	94.89%	73.80%
Last Month in Experience Period	Dec-2020	20,610	\$112.99	-3.23%		107.58%	0.97	0.99	1.00	\$117.57	-2.10%	109.78%	31.12%



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*	Annualized			Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normalized 12 Mo Trend	Annualized 6 Mo Trend	Annualized 3 Mo Trend
				Rolling 12 Mo Trend	Rolling 6 Mo Trend	Rolling 3 Mo Trend							
Jun-2018	14,336	\$25.18				1.00	1.00	1.00	\$25.18				
Feb-2018	14,349	\$24.20				1.00	1.00	1.00	\$24.24				
Mar-2018	14,369	\$31.05				1.00	1.00	1.00	\$31.11				
Apr-2018	14,359	\$38.36				1.00	1.00	1.00	\$38.44				
May-2018	14,353	\$44.68				1.00	1.00	1.00	\$44.83				
Jun-2018	14,397	\$31.85				315.85%	1.00	1.00	\$32.00				319.44%
Jul-2018	14,408	\$41.91				156.07%	1.00	1.00	\$42.03				157.80%
Aug-2018	14,446	\$43.15				10.39%	1.00	1.00	\$43.28				10.78%
Sep-2018	14,477	\$39.44				38.00%	1.00	1.00	\$39.53				37.73%
Oct-2018	14,432	\$40.54				16.86%	1.00	1.00	\$40.69				16.64%
Nov-2018	14,377	\$34.47				-8.16%	1.00	1.00	\$34.60				-8.22%
Dec-2018	14,448	\$34.96				44.11%	-39.13%	1.00	\$35.11				44.38%
Jan-2019	15,941	\$23.31				2.39%	-68.88%	0.98	1.00	\$23.74			2.89%
Feb-2019	15,916	\$33.23				-21.45%	-59.94%	0.98	1.00	\$33.85			-20.67%
Mar-2019	15,916	\$37.59				-27.88%	-46.35%	0.98	1.00	\$38.36			-26.66%
Apr-2019	15,909	\$42.65				-27.20%	131.73%	0.98	1.00	\$43.63			-25.43%
May-2019	15,876	\$38.11				-17.78%	185.23%	0.98	1.00	\$39.00			-15.27%
Jun-2019	15,824	\$36.23				-18.96%	138.80%	0.98	0.99	\$37.09			-15.99%
Jul-2019	15,862	\$40.20				12.89%	3.86%	0.98	0.99	\$41.18			16.79%
Aug-2019	15,866	\$38.01				29.27%	-12.58%	0.98	0.99	\$39.00			33.31%
Sep-2019	15,871	\$39.40				33.17%	2.10%	0.98	0.99	\$40.44			36.64%
Oct-2019	15,884	\$38.16				24.65%	3.65%	0.98	0.99	\$39.20			27.07%
Nov-2019	15,878	\$43.83				26.34%	26.66%	0.98	0.99	\$45.07			28.20%
Dec-2019	15,924	\$49.49				7.04%	39.29%	0.98	0.99	\$50.89			9.34%
Jan-2020	20,620	\$29.69				6.80%	15.61%	0.98	0.99	\$30.60			11.00%
Feb-2020	20,625	\$41.42				8.54%	-10.06%	0.98	0.99	\$42.71			10.80%
Mar-2020	20,760	\$49.28				10.04%	13.88%	0.97	0.99	\$50.90			12.29%
Apr-2020	20,633	\$56.83				12.75%	37.26%	0.97	0.99	\$58.71			14.94%
May-2020	20,556	\$45.14				15.93%	31.73%	0.97	0.99	\$46.70			18.08%
Jun-2020	20,644	\$53.75				18.94%	22.69%	0.97	0.99	\$55.66			21.07%
Jul-2020	20,522	\$49.40				21.35%	57.55%	0.97	0.99	\$51.20			23.41%
Aug-2020	20,499	\$49.09				25.00%	60.83%	0.97	0.99	\$50.93			26.97%
Sep-2020	20,513	\$46.07				26.20%	43.89%	0.97	0.99	\$47.86			28.04%
Oct-2020	20,571	\$49.27				29.00%	17.91%	0.97	0.99	\$51.20			30.72%
Nov-2020	20,687	\$51.55				27.92%	-13.31%	0.97	0.99	\$53.54			29.49%
Dec-2020	20,610	\$58.81				26.05%	21.56%	0.97	0.99	\$61.19			27.48%

Last Month in Experience Period





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

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 2022 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 204,000 covered MVP commercial members. The data reflects claims paid for 2019 incurred dates, paid as of December 31st, 2020. 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	76.13%	78.74%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.39%	77.97%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	69.18%	69.09%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	71.07%	70.99%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	71.98%	71.85%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	73.33%	73.20%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	75.91%	75.78%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	76.70%	76.57%
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	84.93%	87.34%
Silver 2 HDHP Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	85.07%	87.48%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	91.64%	93.76%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	91.65%	93.77%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	69.11%	69.01%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	71.01%	70.91%

Actuarial Adjustment factor for Gold 3 Plan:  $0.9903 = 75.39\% / 76.13\%$   
Final Federal AV for Gold 3 Plan:  $78.74\% \times 0.9903 = 77.97\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.0275 = 71.08\% / 69.18\%$   
Final Federal AV for Silver 2 Plan:  $69.09\% \times 1.0275 = 70.99\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.0188 = 73.33\% / 71.98\%$   
Final Federal AV for Silver 2 73% Plan:  $71.85\% \times 1.0188 = 73.20\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.0104 = 76.70\% / 75.91\%$   
Final Federal AV for Silver 2 77% Plan:  $75.78\% \times 1.0104 = 76.57\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.0016 = 85.07\% / 84.93\%$   
Final Federal AV for Silver 2 87% Plan:  $87.34\% \times 1.0016 = 87.48\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.0001 = 91.65\% / 91.64\%$   
Final Federal AV for Silver 2 94% Plan:  $93.76\% \times 1.0001 = 93.77\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.0275 = 71.01\% / 69.11\%$   
Final Federal AV for Silver 2 II Plan:  $69.01\% \times 1.0275 = 70.91\%$

#### 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 2022 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).



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

3/10/2021  
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?

[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 (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<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"/>		\$19.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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]  
**AVC Version:** 2022\_1b  
  
**Generic:** \$25  
**VBID:** \$3

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2022 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.

0.0791 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: Bronze

[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:

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 (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$27.00	<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: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$35  
 VBID \$3

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.94%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.2031 seconds

Draft 2022 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 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
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$250.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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"/>		\$11.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

**Name:** [MVP VT Plus] Gold 2  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b  
  
**Generic** \$15  
**VBID** \$1

**Output**

Calculate

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

**Additional Notes:**

Calculation Time: 0.1001 seconds

**Draft 2022 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 (\$)		\$3,200.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$15.00	<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"/>	5%		<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"/>	5%		<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] Gold 3 HDHP  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 78.74%      0.9903      77.98%  
 Metal Tier: Gold      AV Adj      Final AV

Additional Notes:

Calculation Time: 0.2344 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?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$750.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$6,950.00	\$1,400.00

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<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	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</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
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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<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? 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):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input checked="" type="checkbox"/> 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]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 70.71%  
 Silver

Additional Notes:

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

Calculation Time:

0.0977 seconds

Draft 2022 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] Reflective 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 (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10): <input type="text"/>

**Plan Description:**

**Name:** [MVP VT Plus] Reflective Silver 2 HDHP  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.01%                      1.0275                      70.91%

Metal Tier:

Silver                      AV Adj                      Final AV

Additional Notes:

Calculation Time:

0.2695 seconds

**Draft 2022 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 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 (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$350.00	<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"/>		\$45.00	<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 CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

73.81%

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:

0.0312 seconds

Draft 2022 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 (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$350.00	<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<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 CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 77.65%

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:

0.0898 seconds

Draft 2022 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?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$100.00	\$100.00
Coinsurance (% Insurer's Cost Share)	90.00%	60.00%
MOOP (\$)		
MOOP if Separate (\$)	\$2,500.00	\$650.00

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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"/>		\$7.00	<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	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input 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 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
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 type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input 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? 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):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input checked="" type="checkbox"/> 3

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
 88.00%  
 Gold

Additional Notes:

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

Calculation Time:

0.1094 seconds

Draft 2022 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: 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 (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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"/>		\$25.00	<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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<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	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

94.93%

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:

0.0938 seconds

Draft 2022 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 (\$)	\$1,750.00	\$750.00	
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,950.00	\$1,400.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input 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"/>		\$45.00	<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 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 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 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]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.71%

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:  
**Draft 2022 AV Calculator**

0.0938 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] 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 (\$)			\$4,250.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,250.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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:** [MVP VT Plus] Silver 2 HDHP CSR 73  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 71.85% 1.0188 73.20%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.2617 seconds

**Draft 2022 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 77

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

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design		
	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 (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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:** [MVP VT Plus] Silver 2 HDHP CSR 77  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 75.78% 1.0104 76.57%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.2383 seconds

**Draft 2022 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 2 HDHP CSR 87

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	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 (\$)			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.34% 1.0016 87.48%  
 Metal Tier: Gold AV Adj Final AV

Additional Notes:

Calculation Time: 0.2227 seconds

Draft 2022 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 (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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: [MVP VT Plus] Silver 2 HDHP CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

**Output**

Status/Error Messages:

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

Actuarial Value:

93.76% 1.0001 0.937703286

Metal Tier:

Platinum AV Adj Final AV

Additional Notes:

Calculation Time:

0.2305 seconds

**Draft 2022 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?	Tiered Network Plan?
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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

69.09% 1.0275 70.99%  
 Silver AV Adj Final AV

Additional Notes:

Calculation Time:

0.2891 seconds

Draft 2022 AV Calculator

**User Inputs for Plan Parameters**

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

[MVP VT] Secure

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 (\$)		\$9,100.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

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?	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 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 checked="" type="checkbox"/>	# Copays (1-10): 3

**Plan Description:**

Name: [MVP VT] Secure  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b  
 Generic  
 VBID

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

62.53%

Metal Tier:

Additional Notes:

Calculation Time:

0.2305 seconds

**Draft 2022 AV Calculator**



March 8, 2021

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 2022 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 2021, 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 2021 standard plan designs are all continuing in 2022.

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 2022 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 2022 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A. The 2022 Notice of Benefit and Payment Parameters (NBPP) and Federal Actuarial Value Calculator (AVC) Model are 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 2021 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – The medical deductible was increased.
- Gold – The medical deductible, pharmacy deductible, and medical Maximum Out of Pocket (MOOP) were all increased.
- Silver Deductible – The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were increased.
- Bronze Deductible with Pharmacy Limit – The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were all increased.
- Bronze Deductible without Pharmacy Limit – The medical deductible and combined medical/pharmacy MOOP were increased.
- Silver HDHP – The medical deductible and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP – The medical deductible, combined medical/pharmacy MOOP, and the embedded individual combined medical/pharmacy MOOP were all 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.



The Center for Consumer Information and Insurance Oversight (CCIIO) has released the draft 2022 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. The 2022 plan designs presented in this report are compliant with the draft 2022 AVC. However, should there be changes between the draft and final versions, changes may be required in order to be in compliance with the de minimis AV range. Changes to the plan designs will be dependent on the magnitude and direction of changes between the draft and final versions of the AVC.

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 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, 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 2022 increase from \$1,400, both the Silver and Bronze HDHPs and associated CSR plan designs will require changes to meet this requirement. Additionally, if the MOOP limit is finalized below \$7,100, the Bronze HDHP will require changes in order to meet this requirement.

Additionally, the 2022 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 \$9,100, up from \$8,550 in 2021. Should the single annual limit not be finalized as proposed and the regulations finalize a limit below \$9,100, 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 \$8,700 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

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

<sup>2</sup> <https://www.federalregister.gov/documents/2020/12/04/2020-26534/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2022-and>

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 2022.

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<sup>3</sup> 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). For 2021, S.202<sup>4</sup> 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, though this bill did not pass. The 2021 plan designs were updated assuming that S.202 was passed as introduced and set the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. Though the bill did not pass, no change to the chiropractic and physical therapy copays is included in the 2022 standard plan designs and remain aligned with the requirements and the 2021 plan designs.

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<sup>3</sup> <https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf>

<sup>4</sup> <https://legislature.vermont.gov/bill/status/2020/S.202>

## Limiting Out-of-Pocket Expenses for Insulin

Bill S.296<sup>5</sup>, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. As this limitation has not been signed into law as of the date of this report, we have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range should this requirement go into effect for 2022. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

## Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five 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;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all 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.

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<sup>5</sup> <https://legislature.vermont.gov/bill/status/2020/S.296>

While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>6</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 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 \$9,100, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,100. 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.
- 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 2021, 2022 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 2021) 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,

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<sup>6</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.

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.

- 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, we requested that they review the appropriateness of this adjustment for the 2022 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

- Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit.

This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

As this limitation has not been signed into law as of the date of this report, Wakely did not make a specific adjustment but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% 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	Final Adjusted AV
<b>Deductible Plans</b>	Platinum	86.0%-92.0%	89.4%
	Gold	76.0%-82.0%	81.5%
	Silver	66.0%-72.0%	71.1%
	Bronze (with drug limit)	56.0%-64.9% <sup>7</sup>	63.7%
	Bronze (without drug limit)	56.0%-64.9%	64.3%
<b>HDHPs</b>	Silver - Embedded MOOP	66.0%-71.5%	70.7%
	Bronze - Embedded MOOP	56.0%-64.4%	63.2%
<b>Cost Sharing Reduction Plan Designs - Deductible Plans</b>	250-300% FPL (73% AV)	72.0%-74.0%	74.0%
	200-250% FPL (77% AV)	76.0%-78.0%	78.0%
	150-200% FPL (87% AV)	86.0%-88.0%	88.0%
	133-150% FPL (94% AV)	93.0%-95.0%	94.8%
<b>Cost Sharing Reduction Plan Designs - HDHPs</b>	250-300% FPL (73% AV)	72.0%-73.5%	73.4%
	200-250% FPL (77% AV)	76.0%-77.5%	77.3%
	150-200% FPL (87% AV)	86.0%-87.5%	87.5%
	133-150% FPL (94% AV)	93.0%-94.5%	93.7%

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

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<sup>7</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 (which continue for 2022), this plan now qualifies for the expanded range.



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

The following discusses the 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.

**Table 2: Model Structures**

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 \$9,100.
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>8</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.

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<sup>8</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.

### Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. As this requirement has not been signed into law as of the date of this report, the AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

**Table 3: Estimated Impact of Insulin Out-of-Pocket Limit**

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

1. Both carriers, BCBS VT and MVP, provided claim level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing.

Each carrier also provided high level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.

2. Based on the claim level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30 day supply. The difference between the actual cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range should this requirement be signed into law.

## HDHPs – Contingent Alternative Plans

As noted throughout this report, the federal HDHP minimum deductible and MOOP limits are not yet released for 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. The deductible last increased for plan year 2020 and may or may not increase for 2022. Therefore, we are also providing the plan designs and adjusted actuarial values for the Silver HDHP (and associated CSR plans) and Bronze HDHP with the pharmacy deductible and pharmacy OOPM at \$1,450, rather than \$1,400. In addition, we are also providing the plan design and adjusted AV for the Bronze HDHP with the combined medical and pharmacy MOOP at \$7,050, should the MOOP limit come in below the \$7,100 assumed in the approved plan design.

Appendix H includes a summary of the plan designs for the HDHPs that will be updated if the minimum deductible increases to \$1,450 as well as screen shots from the AVC and the model for each plan design with an adjusted actuarial value.

These plan designs will only be implemented if the federal HDHP minimum deductible increases to \$1,450. Should the minimum deductible be finalized at a value other than \$1,400 or \$1,450, these plan designs will need to be re-visited. In addition, these plan designs do not contemplate changes to the MOOP limits or differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

Appendix I includes a summary of the plan design for the Bronze HDHP that will be updated if the MOOP is finalized at \$7,050 and the minimum deductible does not change from \$1,400, as well as screen shots from the AVC and the model with an adjusted actuarial value.

This plan design will only be implemented if the federal HDHP MOOP increases to \$7,050 rather than \$7,100. Should the MOOP be finalized at a value other than \$7,050 or \$7,100, this plan design will need to be re-visited. In addition, this plan design does not contemplate changes to the minimum deductible nor differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

## Disclosures and Limitations

**Responsible Actuary.** Julie Peper, Brittney Phillips, and Brooke Steiner 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 and Brooke are Members of the American Academy of Actuaries and Associates 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.

- Draft 2022 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.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

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

- The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2022. The 2021 minimum deductible and MOOP are \$1,400 and \$7,000, 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 2021 HDHP limits and may need to change once the 2022 HDHP limits are released, primarily if the minimum deductible is increased.
- The 2022 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. Based on the draft regulations, the single annual limit is expected to be \$8,550, up from \$8,150 in 2021. The plan designs presented are compliant with the 2022 draft NBPP and may need to change if the final NBPP lowers the annual limit from the draft notice.
- The 2022 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2022 draft Federal AVC and may need to change if there are changes to the final model from the draft version.

- 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,



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



Brittney Phillips, ASA, MAAA  
Senior Consulting Actuary



## Appendix A

### **Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2022**

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, 2022 on Vermont Health Connect. This certification may not be appropriate for other purposes.

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

- The draft 2022 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, 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, 2022 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'.

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Brittney Phillips, ASA, MAAA  
March 8, 2021

## Appendix B – Summary of Plan Design Changes from 2021 Designs

Deductible Plans		
Plan	Platinum	Gold
<b>Changes</b>	Increase medical deductible from \$350 to \$400	Increase medical deductible from \$1,100 to \$1,200
		Increase pharmacy deductible from \$100 to \$150
		Increase medical OOPM from \$5,200 to \$5,400

Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
<b>Changes</b>	Increase medical deductible from \$3,200 to \$3,400	Increase medical deductible from \$6,250 to \$6,450
	Increase pharmacy deductible from \$350 to \$400	Increase pharmacy deductible from \$1,000 to \$1,100
	Increase combined OOPM from \$8,150 to \$8,550	Increase combined OOPM from \$8,400 to \$8,700

Deductible Plans	
Plan	Bronze w/o Rx Limit
<b>Changes</b>	Increase medical deductible from \$8,400 to \$8,700
	Increase combined OOPM from \$8,400 to \$8,700

HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
<b>Changes</b>	Increase medical deductible from \$1,750 to \$1,850	Increase medical deductible from \$5,500 to \$5,700
	Increase embedded single OOPM from \$8,550 to \$9,100	Increase combined OOPM from \$6,900 to \$7,100
		Increase embedded single OOPM from \$8,550 to \$9,100



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

Deductible/OOP Max	2022 Plan Designs - Silver Deductible Plans	
	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,400	\$3,400
Rx Ded	\$400	\$400
Integrated Ded	No	No
Medical MOOP	\$8,550	\$8,550
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
Specialist Office Visit	\$80	\$80
Chiropractic	\$45	\$45
Physical Therapy	\$45	\$45
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		
2022 Federal AVC, Adjusted if Necessary	<b>71.1%</b>	<b>71.1%</b>

2022 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,850	\$1,850
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 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%	<b>35%</b>
\$10	\$10
\$40	\$40
50%	50%
50%	50%
Actuarial Value	
<b>70.7%</b>	<b>70.7%</b>

## Appendix D – Comments Relative to Applicable ASOPs

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

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

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

3.1 Overview – VHCURES data was used as the basis for the HDHP model and Vermont-specific insulin prescription data was used as the basis for the insulin limit impact. 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

2022 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	\$400	\$1,200	\$3,400	\$6,450	\$8,700	
Rx Ded	\$0	\$150	\$400	\$1,100	N/A	
Integrated Ded	No	No	No	No	Yes	
Medical MOOP	\$1,400	\$5,400	\$8,550	\$8,700	\$8,700	
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	\$45	\$45	\$50	
Physical Therapy	\$20	\$30	\$45	\$45	\$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						
2022 Federal AVC, Adjusted if Necessary	89.4%	81.5%	71.1%	63.7%	64.3%	





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

2022 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	\$3,400	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$400	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$8,550	\$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	\$45	\$40	\$30	\$12	\$6
Physical Therapy	\$45	\$40	\$30	\$12	\$6
Urgent Care	\$90	\$80	\$60	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2022 Federal AVC, Adjusted if Necessary	71.1%	74.0%	78.0%	88.0%	94.8%

**HDHP Plan Designs**

<b>2022 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	\$1,850	\$5,700
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 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>		
2022 Federal AVC, Adjusted if Necessary	70.7%	63.2%



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

2022 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	\$1,850	\$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	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 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					
2022 Federal AVC, Adjusted if Necessary	70.7%	73.4%	77.3%	87.5%	93.7%

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

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,100	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
<b>Silver HDHP – Embedded \$9,100 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	73.0%	70.7%
<b>Bronze HDHP– Embedded \$9,100 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	64.7%	63.2%
<b>Silver Deductible</b>	No	No	No	Yes	No	70.1%	71.1%
<b>Bronze Deductible (with pharmacy limit)</b>	No	No	Yes	Yes	No	62.8%	63.7%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 73%</b>	Yes	Yes	No	Yes	Yes	75.7%	73.4%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 77%</b>	Yes	Yes	No	Yes	Yes	79.5%	77.3%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 87%</b>	Yes	Yes	No	No	Yes	88.0%	87.5%
<b>Silver HDHP - Embedded \$9,100 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 = 73.0%

Adjusted AV = 70.7%

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?

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: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,850.00			
Coinsurance (% Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,900.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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 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?	<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: 2022 Silver HDHP Plan Opt 3  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 72.97%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1406 seconds

Draft 2022 AV Calculator

### 1. Silver HDHP – Embedded MOOP, 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		1,850	1,850	
Family Deductible		3,700	3,700	
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:		9,100		
		Costs that Accumulate		
			OOP	
		Deductible	Medical	Rx
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
				Deductible / 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		\$431.86	\$103.55	\$535.41
Plan PMPM		\$314.21	\$76.63	\$390.84
Actuarial Value		72.8%	74.0%	73.00%

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		1,850	1,400		
Family Deductible		3,700	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:		9,100			
		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	\$431.86	\$103.55	\$535.41	
	Plan PMPM	\$296.63	\$81.84	\$378.47	
	Actuarial Value	68.7%	79.0%	70.69%	



## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.2%

### 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: 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 (\$)			\$5,700.00			
Coinsurance (% Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,100.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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?	<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: 2022 Bronze HDHP Plan Option 5  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

64.70%

Metal Tier:

Additional Notes:

Calculation Time:

0.1172 seconds

Draft 2022 AV Calculator

## 2. Bronze HDHP – Embedded MOOP, 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		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,100	7,100		
Family Out-of-Pocket		14,200	14,200		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		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: #4a7ebb; color: white; padding: 5px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.39	\$83.77	\$414.17	
Actuarial Value		64.0%	67.7%	64.69%	

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		5,700	1,400		
Family Deductible		11,400	2,800		
Individual Out-of-Pocket		7,100	1,400		
Family Out-of-Pocket		14,200	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<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>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.36	\$93.11	\$404.47	
Actuarial Value		60.3%	75.2%	63.18%	

### 3. Silver Deductible

AV from AVC = 70.1%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $65.17\%/64.18\% = 1.015 \times .701 = 71.1\%$

Adjusted AV = 71.1%

#### 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: 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 (\$)	\$3,400.00	\$400.00			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$8,550.00				
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 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?	<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: 2022 Silver Deductible Plan Opt 3  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.07%  
 Metal Tier: Silver  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0703 seconds  
 Draft 2022 AV Calculator

Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,400	400		
Family Deductible		6,800	800		
Individual Out-of-Pocket		8,550	8,550		
Family Out-of-Pocket		17,100	17,100		
Coinsurance (50% or Less)		43%	33%		
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: 15px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$429.55	\$103.00	\$532.55	
	Plan PMPM	\$262.93	\$78.88	\$341.81	
	Actuarial Value	61.2%	76.6%	64.18%	

Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		3,400	400	
Family Deductible		6,800	800	
Individual Out-of-Pocket		8,550	1,400	
Family Out-of-Pocket		17,100	2,800	
Coinsurance (50% or Less)		43%	33%	
Individual Embedded Moop:		8,550		
Costs that Accumulate				
			OOP	
		Deductible	Medical	Rx
Settings	Medical & Rx	Medical & Rx	Rx Only	Deductible / OOP Type
				Stacked
				2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$429.55	\$103.00	\$532.55
Plan PMPM		\$260.04	\$87.05	\$347.08
Actuarial Value		60.5%	84.5%	65.17%

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

AV from AVC = 62.8%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $62.98\%/62.09\% = 1.014 \times .628 = 63.7\%$

Adjusted AV = 63.7%

#### 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: 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 (\$)	\$6,450.00	\$1,100.00			
Coinsurance (% Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$8,700.00				
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 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 checked="" 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 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:		Plan Description:
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: 2022 Bronze Deductible Plan - with Rx Limit Option 4
Specialty Rx Coinsurance Maximum:		Plan HIOS ID:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:
# Days (1-10):		AVC Version: 2022_1b
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

**Output**

Calculate

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

Actuarial Value: 62.77%

Metal Tier: Bronze

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

Additional Notes:

Calculation Time: 0.082 seconds

Draft 2022 AV Calculator

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		6,450	1,100	
Family Deductible		12,900	2,200	
Individual Out-of-Pocket		8,700	8,700	
Family Out-of-Pocket		17,400	17,400	
Coinsurance (50% or Less)		47%	42%	
Individual Embedded Moop:		8,700		
		Costs that Accumulate		
			OOP	
		Deductible	Medical	Rx
				Deductible /
				OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$512.69	\$122.93	\$635.62
Plan PMPM		\$303.83	\$90.85	\$394.68
Actuarial Value		59.3%	73.9%	62.09%



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		6,450	1,100		
Family Deductible		12,900	2,200		
Individual Out-of-Pocket		8,700	1,400		
Family Out-of-Pocket		17,400	2,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,700			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$512.69	\$122.93	\$635.62	
	Plan PMPM	\$299.01	\$101.32	\$400.33	
	Actuarial Value	58.3%	82.4%	62.98%	

4. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.4%

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: 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 (\$)					

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 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 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**

Status/Error Messages:  
 Actuarial Value: 75.69%  
 Metal Tier:  
 Additional Notes:  
 Calculation Time: 0.1172 seconds  
**Draft 2021 AV Calculator**

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

4. Silver HDHP – Embedded MOOP CSR – 73%, 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		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:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$329.25	\$78.81	\$408.06		
Actuarial Value		75.7%	75.5%	75.65%		

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:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$313.01	\$82.71	\$395.72	
Actuarial Value		71.9%	79.3%	73.36%	

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

AV from AVC = 79.5%

Adjusted AV = 77.3%

#### 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 (\$)		\$1,600.00			
Coinsurance (%; Insurer's Cost Share)		75.00%			
MOOP (\$)		\$4,400.00			
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 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 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 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**

5. Silver HDHP – Embedded MOOP CSR – 77%, 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		1,600	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:		9,100			
		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;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$405.91	\$98.15	\$504.06	
Actuarial Value		79.3%	80.0%	79.45%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,600	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:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$389.94	\$100.59	\$490.53	
Actuarial Value		76.2%	82.0%	77.31%	

### 6. 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		
	Medical	Drug	Combined
Deductible (\$)			\$1,400.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$1,400.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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?	<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:**

2021 HDHP  
Plan CSR  
Variations - 150  
200% FPL  
(87% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

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



6. 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	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	\$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: #4a7ebb; 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%	

### 7. 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		
	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 (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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:	<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:**

2021 HDHP  
Plan CSR  
Variations - 133  
150% FPL (94% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

93.76%

Platinum

Additional Notes:

Calculation Time:

0.1289 seconds

Draft 2021 AV Calculator

7. Silver HDHP – Embedded MOOP CSR – 94%, 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		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 /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
<b>Results</b>					
		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	Rx Only	OOP Type
					Aggregate Plus
					6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.18	\$93.26	\$482.45	
Actuarial Value		93.7%	93.7%	93.72%	

8. 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 (\$)					

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"/>			<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	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>						
<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					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		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	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$277.96	\$89.44	\$367.40	
Actuarial Value		63.9%	85.7%	68.11%	



### 9. 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			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,100.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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 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 - 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:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	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 /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #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		\$354.49	\$108.67	\$463.16	
Actuarial Value		69.3%	88.6%	73.00%	

10. 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 x .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?	
<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	5
<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		\$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	2
<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		\$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?

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 (\$)	\$200.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 / Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input 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 checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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:**

2022 Deductible Plan CSR Variations - 133-150% FPL (94% AV)

**Name:** 2022\_1b

**Plan HIOS ID:**

**Issuer HIOS ID:**

**AVC Version:** 2022\_1b

**Output**

Calculate

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

Actuarial Value: 94.69%

Metal Tier: Platinum

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

Additional Notes:

Calculation Time: 0.293 seconds

Draft 2022 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: #4a7ebb; 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:

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	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; padding: 10px 40px; display: inline-block; background-color: #4a7ebb; color: white; margin: 10px 0;">Calculate</div>					
Results					
		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%	

## Appendix H – HDHP Plan Designs with \$1,450 Minimum Deductible

The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450

### HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,850	\$5,700
Rx Ded	\$1,450	\$1,450
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1,450	\$1,450
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
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%
Actuarial Value		
2022 Federal AVC, Adjusted if Necessary	70.7%	63.1%

The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450

**HDHP Plan Designs – Cost Sharing Reduction 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	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,850	\$1,750	\$1,600	\$1,450	\$550
Rx Ded	\$1,400	\$1,450	\$1,450	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,450	\$550
Rx MOOP	\$1,400	\$1,450	\$1,450	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 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/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					
2022 Federal AVC, Adjusted if Necessary	70.7%	73.3%	77.2%	87.1%	93.7%

## HDHP Screen Shots and AV Development with Adjusted Minimum Deductible

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver HDHP – Embedded MOOP CSR – 73%
4. Silver HDHP – Embedded MOOP CSR – 77%
5. Silver HDHP – Embedded MOOP CSR – 87%

Note that no changes are required to the Silver HDHP – Embedded MOOP CSR – 94% plan should the HDHP minimum deductible increase to \$1,450.

1. Silver HDHP – Embedded MOOP

AV from AVC = 73.0%

Adjusted AV = 70.7%

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?

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: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,850.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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?	<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: 2022 Silver HDHP Plan Opt 3  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 72.97%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1406 seconds

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1. Silver HDHP – Embedded MOOP, 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		1,850	1,850		
Family Deductible		3,700	3,700		
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:		9,100			
		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: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$431.86	\$103.55	\$535.41	
	Plan PMPM	\$314.21	\$76.63	\$390.84	
	Actuarial Value	72.8%	74.0%	73.00%	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		1,850	1,450		
Family Deductible		3,700	2,900		
Individual Out-of-Pocket		6,900	1,450		
Family Out-of-Pocket		13,800	2,900		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		9,100			
		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		\$431.86	\$103.55	\$535.41	
Plan PMPM		\$296.75	\$81.52	\$378.27	
Actuarial Value		68.7%	78.7%	70.65%	

## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.1%

### 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?

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 Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,700.00			
Coinsurance (% Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,100.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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?	<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: 2022 Bronze HDHP Plan Option 5  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 64.70%

Additional Notes:

Calculation Time:

Draft 2022 AV Calculator

0.1172 seconds



## 2. Bronze HDHP – Embedded MOOP, 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		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,100	7,100		
Family Out-of-Pocket		14,200	14,200		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.39	\$83.77	\$414.17	
Actuarial Value		64.0%	67.7%	64.69%	

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		5,700	1,450		
Family Deductible		11,400	2,900		
Individual Out-of-Pocket		7,100	1,450		
Family Out-of-Pocket		14,200	2,900		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.54	\$92.59	\$404.13	
Actuarial Value		60.3%	74.8%	63.13%	

3. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.3%

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

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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:

<input type="checkbox"/>	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):

Plan Description:

2021 HDHP  
Plan CSR  
Variations - 250  
300% FPL (73%  
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.  
75.69%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1172 seconds

Draft 2021 AV Calculator

3. Silver HDHP – Embedded MOOP CSR – 73%, 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		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:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$329.25	\$78.81	\$408.06		
Actuarial Value		75.7%	75.5%	75.65%		

3. 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	1,450		
Family Deductible		3,500	2,900		
Individual Out-of-Pocket		5,200	1,450		
Family Out-of-Pocket		10,400	2,900		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; 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		\$313.13	\$82.39	\$395.52	
Actuarial Value		72.0%	79.0%	73.32%	

4. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.2%

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: 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 (\$)			\$1,600.00			
Coinsurance (% , Insurer's Cost Share)			75.00%			
MOOP (\$)			\$4,400.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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  
**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: 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**

4. Silver HDHP – Embedded MOOP CSR – 77%, 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		1,600	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:		9,100			
		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 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$405.91	\$98.15	\$504.06	
Actuarial Value		79.3%	80.0%	79.45%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		1,600	1,450		
Family Deductible		3,200	2,900		
Individual Out-of-Pocket		4,400	1,450		
Family Out-of-Pocket		8,800	2,900		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		9,100			
		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		\$390.23	\$99.53	\$489.76	
Actuarial Value		76.3%	81.1%	77.19%	



5. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.7%

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?

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: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,450.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,450.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<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:	<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:

2022 HDHP  
Plan CSR  
Variations - 150-  
200% FPL  
(87% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2022\_1b

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
Actuarial Value: 87.66%  
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3711 seconds  
Draft 2022 AV Calculator

5. Silver HDHP – Embedded MOOP CSR – 87%, 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		1,450	1,450			
Family Deductible		2,900	2,900			
Individual Out-of-Pocket		1,450	1,450			
Family Out-of-Pocket		2,900	2,900			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$489.60	\$117.40	\$606.99		
Plan PMPM		\$428.28	\$103.64	\$531.92		
Actuarial Value		87.5%	88.3%	87.63%		

5. 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		1,450	1,450		
Family Deductible		2,900	2,900		
Individual Out-of-Pocket		1,450	1,450		
Family Out-of-Pocket		2,900	2,900		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; 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		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$425.69	\$103.07	\$528.76	
Actuarial Value		86.9%	87.8%	87.11%	

## Appendix I – Bronze HDHP Plan Design with \$7,050 MOOP

The plan design included in Appendix I will replace those included above only if the 2022 HDHP minimum deductible increases to \$7,050

### HDHP Plan Designs

Deductible/OOP Max	Bronze
Type of Plan	HSA Q/HDHP
Medical Ded	\$5,700
Rx Ded	\$1,400
Integrated Ded	Yes
Medical MOOP	\$7,050
Rx MOOP	\$1,400
Integrated MOOP	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
Service Category	Copay / Coinsurance
Inpatient	50%
Outpatient	50%
ER	50%
Radiology (MRI, CT, PET)	50%
Preventive	0%
PCP Office Visit	50%
MH/SA Office Visit	50%
Specialist Office Visit	50%
Chiropractic	50%
Physical Therapy	50%
Urgent Care	50%
Ambulance	50%
Rx Generic	\$12
Rx Preferred Brand	40%
Rx Non-Preferred Brand	60%
Rx Specialty	60%
Actuarial Value	
2022 Federal AVC, Adjusted if Necessary	63.3%

# Bronze HDHP Screen Shots and AV Development with Adjusted MOOP

AV from AVC = 64.8%

Adjusted AV = 63.3%

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 (\$)			\$5,700.00			
Coinsurance (%; Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,050.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<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"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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:	<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:**

2022 Bronze HDHP Plan Option 6  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2022\_1b

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

64.79%

Metal Tier:

Additional Notes:

Calculation Time:

0.2422 seconds

Draft 2022 AV Calculator

**Bronze HDHP – Embedded MOOP, 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		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,050	7,050		
Family Out-of-Pocket		14,100	14,100		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked 5
<div style="border: 1px solid black; border-radius: 10px; 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		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.97	\$83.95	\$414.93	
Actuarial Value		64.1%	67.8%	64.81%	

**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		5,700	1,400		
Family Deductible		11,400	2,800		
Individual Out-of-Pocket		7,050	1,400		
Family Out-of-Pocket		14,100	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<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>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.81	\$93.10	\$404.91	
Actuarial Value		60.4%	75.2%	63.25%	







**MVP Health Care -- 2022 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2022 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2021 to 2022 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

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 -- 2022 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

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-SP-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded	
FRVT-HMO-SG-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$8,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #	
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-SS-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SS-002-N (2022)	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 \$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #	
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #	
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	50%	\$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$90	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMOH-SB-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,400	\$2,800	Integrated	\$30 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #	
FRVT-HMO-SB-005-N (2022)	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/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #	
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	\$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	

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

\* Family structure is \$8,700 for each member up to family limit

**Exhibit 1a -- Comparison of 2021 to 2022 Benefits by Plan**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits													Pharmacy					
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med 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	\$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-SP-001-S (2022)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	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	\$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-SG-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded	
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	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
FRVT-HMO-SG-002-N (2022)	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	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
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	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-SS-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-HMO-SS-004-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-SS-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-SS-004-S (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SS-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-HMOH-SS-002-N (2022)	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 (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400		\$1,400 (Fac) \$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%, V BID = \$1 #
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400		\$1,400 (Fac) \$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #
FRVT-HMO-SS-003-S (2021)	HyHMO	Silver	Standard	\$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-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	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-SS-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	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	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400		\$1,400 (Fac) \$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, V BID = \$1 #
VT-HMO-S-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400		\$1,400 (Fac) \$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$2000 Ded then \$15/\$85/60%	
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%	
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-SB-003-S (2022)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,400	\$2,800	Integrated	\$12/40%/60%, 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-SB-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	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	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-SB-005-N (2022)	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	\$35 No DD / \$0 / \$0, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	\$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, V BID = \$3 #	
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	\$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, V BID = \$3 #	

Changes in benefits from 2021 to 2022 are shown in gray shading.

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Experience Period: January 1, 2019 - December 31, 2019  
Rating Period: January 1, 2022 - December 31, 2022

	2020	2021	2022	Total
Months of Trend	12	12	12	36

**Medical Trend Summary****2020 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	23.5%	5.2%	1.0%	6.2%
OP	47.3%	4.5%	1.0%	5.6%
PHY	29.1%	0.8%	1.0%	1.8%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		3.6%	1.0%	4.6%

**2021 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	23.9%	6.2%	1.0%	7.3%
OP	47.8%	6.1%	1.0%	7.2%
PHY	28.4%	2.4%	1.0%	3.4%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		5.1%	1.0%	6.1%

**2022 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	24.1%	5.8%	1.0%	6.8%
OP	48.2%	5.2%	1.0%	6.2%
PHY	27.6%	4.3%	1.0%	5.4%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		5.1%	1.0%	6.1%

Annual Allowed Medical Trend **5.6%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$410.82	\$12.03	\$5.79	\$67.95	\$325.05
36 Months of Trend:	1.179	1.179	1.030	1.059	1.206
Projection Period:	\$484.21	\$14.18	\$5.97	\$71.95	\$392.12
Allowed Trend (Annual)	5.6%				
Paid Trend (Annual)	6.5%				
<b>Leveraging (Annual)</b>	<b>0.8%</b>				

**Rx Trend Summary**

	2020 Trend		2021 Trend		2022 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	6.0%	3.5%	-3.8%	-3.8%	-2.8%	-3.4%	-0.3%	-1.3%
Brand	11.7%	0.1%	8.1%	-1.4%	4.1%	-3.4%	7.9%	-1.6%
Specialty	5.8%	13.0%	5.3%	3.7%	6.8%	5.4%	5.9%	7.3%

<b>Exhibit 2b -- Rx Trend Development</b>				
MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing				
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022				
<b>Rx Claim Information</b>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	11,463	687	103	12,252
Experience Period Allowed Cost per Script	\$17.44	\$407.08	\$4,609.21	\$77.76
Experience Period Deductible Per Script	\$4.22	\$24.27	\$93.28	\$6.09
Experience Period Copay Per Script	\$2.94	\$14.96	\$13.90	\$3.70
Experience Period Coinsurance Per Script	\$1.15	\$14.75	\$21.84	\$2.09
Experience Period Paid Cost Per Script	\$9.13	\$353.10	\$4,480.27	\$65.89
Experience Period Allowed PMPM	\$16.66	\$23.29	\$39.45	\$79.40
Experience Period Deductible PMPM	\$4.03	\$1.39	\$0.80	\$6.22
Experience Period Copay PMPM	\$2.81	\$0.86	\$0.12	\$3.78
Experience Period Coinsurance PMPM	\$1.10	\$0.84	\$0.19	\$2.13
Experience Period Paid PMPM	\$8.72	\$20.20	\$38.35	\$67.27
Experience Period Rx Rebates PMPM				(\$16.50)
Annual Util Trend	0.987	0.984	1.073	0.988
Annual Unit Cost Trend	0.997	1.079	1.059	1.100
Annual Allowed Trend	0.984	1.062	1.137	1.086
Annual Deductible Trend	1.019	1.019	1.019	1.017
Annual Paid Trend	0.973	1.069	1.138	1.098
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.102
Months of Trend	36	36	36	36
Projected Scripts / 1000	11,021	654	127	11,802
Projected Allowed Cost per Script	\$17.28	\$511.99	\$5,479.55	\$103.41
Projected Deductible Per Script	\$4.47	\$25.70	\$98.77	\$6.66
Projected Copay Per Script	\$2.94	\$14.96	\$13.90	\$3.72
Projected Coinsurance Per Script	\$1.14	\$18.55	\$25.97	\$2.37
Projected Paid Cost Per Script	\$8.74	\$452.79	\$5,340.91	\$90.65
Projected Allowed PMPM	\$15.87	\$27.90	\$57.92	\$101.70
Projected Deductible PMPM	\$4.11	\$1.40	\$1.04	\$6.55
Projected Copay PMPM	\$2.70	\$0.82	\$0.15	\$3.66
Projected Coinsurance PMPM	\$1.05	\$1.01	\$0.27	\$2.33
Projected Paid PMPM	\$8.02	\$24.68	\$56.46	\$89.16
Projected Rx Rebates				(\$21.14)
Net Projected Paid PMPM				\$68.02

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/21

	<b>ACA Compliant Small Group</b>
1 Member Months	190,667
2 FFS Paid Medical Claims	\$325.91
3 FFS Paid Pediatric Dental Claims	\$0.92
4a Federal CSR Payments	\$0.00
4b State CSR Payments	\$0.00
5 IBNR Factor	1.000
6 FFS Incurred Paid Medical Claims	\$326.82
7 FFS Incurred Rx Claims	\$67.27
8 Experience Period Rx Rebates	(\$16.50)
9 FFS Incurred Rx Claims (Net of Rebates)	\$50.77
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$43.51)
11 Pooling Charge	\$43.74
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$377.82
13 Experience Period Capitation and Non-FFS Medical Costs	\$10.09
<b>14 Adjusted Experience Period Claim Expense</b>	<b>\$387.90</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
15 Adjustment for pharmacy benefit carve-in	\$0.35
16 Adjustment for Safe Harbor Coverage on QHDHP's	\$0.15
17 Adjustment for Insulin Cap	\$0.14
18 Adjustment for COVID-19 Booster Shots	\$0.00
19 Adjustment for Telehealth Utilization Increase	\$0.47
20 Adjustment for National High Cost Reinsurance Pool	\$1.96
<b>21 Experience Period Claim Expense After All Adjustments</b>	<b>\$390.98</b>
22 Annual FFS Medical projection factor	1.065
23 Annual FFS Rx projection factor	1.102
24 Annual FFS Claim trend projection factor	1.070
25 Months of Trend	36
26 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$466.08
27 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.36
28 Projection Period Capitation and Non-FFS Medical Costs	\$6.09
<b>29 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$477.52</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
30 Federal Risk Adjustment Program Impact	\$52.17
<b>31 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$529.69</b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	8,326	8,326	1.000	1.000
4	Double	2,126	4,252	2.000	2.000
4	Parent/Child(ren)	569	1,446	2.541	1.930
4	Family	2,012	7,834	3.894	2.810
<b>Single Conversion Factor</b>		<b>1.131</b>			

<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>% of Premium Retention Components</b>	
--	--

Broker Load	0.00%
Bad Debt	0.10%
Contribution to Reserves	1.00%
<b>Total % of Premium Retention Components</b>	<b>1.10%</b>

<b>PMPM Retention Components</b>	
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General Administrative Load	\$38.75
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<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.53%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.53%</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>	
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HHS Risk Adjustment User Fee	\$0.23
PCORI Fee	\$0.22
18 VSA 9374(h) Billback	\$1.52
<b>Total PMPM Taxes/Assessments</b>	<b>\$1.97</b>



**Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Not Applicable to Small Group Market

Exhibit 7 -- 2022 Exchange Premium Rates

2022 Adjusted Paid Claim Cost (Exhibit 3, Line 31)	\$529.69
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8224
Adjusted Claim Cost for Pricing	\$644.07

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost			Parent/Child (ren)	Family	Increase over 2021 Single Rate	Increase over 2021 Double Rate	Increase over 2021 P/C Rate	Increase over 2021 Family Rate	
															PMPM	Single***	Double							
FRVT-HMO-SP-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.897	1.150	\$664.39	\$7.88	\$38.75	\$3.80	\$1.97	\$0.00	\$0.00	\$716.79	\$810.54	\$1,621.08	\$1,564.34	\$2,277.62	\$1,621.08	1.5%	1.5%	1.5%	1.5%
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.780	1.074	\$539.12	\$6.48	\$38.75	\$3.12	\$1.97	\$0.00	\$0.00	\$589.44	\$666.54	\$1,333.08	\$1,286.42	\$1,872.98	\$1,333.08	-1.1%	-1.1%	-1.1%	-1.1%
FRVT-HMO-SG-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.809	1.090	\$567.99	\$6.82	\$38.75	\$3.29	\$1.97	\$1.40	\$0.00	\$620.21	\$701.33	\$1,402.66	\$1,353.57	\$1,970.74	\$1,402.66	0.3%	0.3%	0.3%	0.3%
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.794	1.080	\$552.25	\$6.65	\$38.75	\$3.20	\$1.97	\$1.40	\$0.00	\$604.22	\$683.24	\$1,366.48	\$1,318.65	\$1,919.90	\$1,366.48	0.1%	0.1%	0.1%	0.1%
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.724	1.044	\$486.65	\$5.90	\$38.75	\$2.84	\$1.97	\$0.00	\$0.00	\$536.11	\$606.23	\$1,212.46	\$1,170.02	\$1,703.51	\$1,170.02	-11.0%	-11.0%	-11.0%	-11.0%
FRVT-HMOH-SS-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.708	1.035	\$472.34	\$5.74	\$38.75	\$2.76	\$1.97	\$0.00	\$0.00	\$521.56	\$599.77	\$1,179.54	\$1,138.26	\$1,657.25	\$1,138.26	-11.9%	-11.9%	-11.9%	-11.9%
FRVT-HMOH-SS-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.711	1.037	\$474.77	\$5.78	\$38.75	\$2.78	\$1.97	\$1.40	\$0.00	\$525.46	\$594.18	\$1,188.36	\$1,146.77	\$1,669.65	\$1,146.77	-12.5%	-12.5%	-12.5%	-12.5%
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.691	1.028	\$457.80	\$5.59	\$38.75	\$2.69	\$1.97	\$1.40	\$0.00	\$508.20	\$574.67	\$1,149.34	\$1,109.11	\$1,614.82	\$1,109.11	-13.7%	-13.7%	-13.7%	-13.7%
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.724	1.044	\$486.65	\$5.90	\$38.75	\$2.84	\$1.97	\$0.00	\$0.00	\$536.11	\$606.23	\$1,212.46	\$1,170.02	\$1,703.51	\$1,170.02	2.8%	2.8%	2.8%	2.8%
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.708	1.035	\$472.25	\$5.74	\$38.75	\$2.76	\$1.97	\$0.00	\$0.00	\$521.46	\$589.67	\$1,179.34	\$1,138.06	\$1,656.97	\$1,138.06	2.1%	2.1%	2.1%	2.1%
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.710	1.036	\$474.12	\$5.77	\$38.75	\$2.78	\$1.97	\$1.40	\$0.00	\$524.79	\$593.43	\$1,186.86	\$1,145.32	\$1,667.54	\$1,145.32	1.4%	1.4%	1.4%	1.4%
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.691	1.028	\$457.80	\$5.59	\$38.75	\$2.69	\$1.97	\$1.40	\$0.00	\$508.20	\$574.67	\$1,149.34	\$1,109.11	\$1,614.82	\$1,109.11	0.1%	0.1%	0.1%	0.1%
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.621	1.007	\$403.15	\$4.96	\$38.75	\$2.39	\$1.97	\$0.00	\$0.00	\$451.23	\$510.24	\$1,020.48	\$984.76	\$1,433.77	\$984.76	2.6%	2.6%	2.6%	2.6%
FRVT-HMOH-SB-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.627	1.009	\$407.12	\$5.01	\$38.75	\$2.41	\$1.97	\$0.00	\$0.00	\$455.26	\$514.80	\$1,029.60	\$993.56	\$1,446.59	\$993.56	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.644	1.015	\$421.11	\$5.16	\$38.75	\$2.49	\$1.97	\$0.00	\$0.00	\$469.48	\$530.88	\$1,061.76	\$1,024.60	\$1,491.77	\$1,024.60	1.8%	1.8%	1.8%	1.8%
FRVT-HMO-SB-005-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.632	1.011	\$411.27	\$5.07	\$38.75	\$2.44	\$1.97	\$1.40	\$0.00	\$460.90	\$521.18	\$1,042.36	\$1,005.88	\$1,464.52	\$1,005.88	2.5%	2.5%	2.5%	2.5%
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.005	\$398.70	\$4.93	\$38.75	\$2.38	\$1.97	\$1.40	\$0.00	\$448.12	\$506.73	\$1,013.46	\$977.99	\$1,423.91	\$977.99	3.1%	3.1%	3.1%	3.1%

\*\*Reflects cost of Member Wellness Incentive Rider and \$500 Acupuncture Allowance

\*\*\*Child Only Rate = Single Rate per Child



## Contact Information

### **Company Identifying Information**

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

### **Primary Contact Information**

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## **ACTUARIAL MEMORANDUM**

### **2022 Vermont Small Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2022 premium rates for the State of Vermont's small employer 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 1/1/2022 and 12/31/2022. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 5.0%, with increases ranging from -10.2% to 7.3%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to medical and pharmacy cost and utilization inflation, increased telehealth costs, COVID-19 booster shots, and an increase to 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 included in this rate filing are available to everyone eligible to purchase coverage in the small employer group market. 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, as well as an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit 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 1,500 policyholders, 13,033 subscribers, and 21,858 members based on February 2021 membership.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. small group data for Vermont members over the time period 1/1/2020 – 12/31/2020, completed through 3/31/2021.

MVP does not project to rebate consumers for 2020 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 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	\$114,326,469	\$93,151,560
Experience Period Costs Not Processed Through Claims System	\$2,766,521	\$2,488,059
IBNR	\$2,600,550	\$2,111,925
<b>Total</b>	<b>\$119,693,540</b>	<b>\$97,751,544</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 2020 rate 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 a 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 accounts 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 small group market risk pool membership base of 247,640 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 three calendar years (of 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	13.1%
CY2018	12.0%
CY2019	12.5%
Average	12.5%

The net impact of this factor is an increase to the experience period allowed claim cost of 0.05%.

*Morbidity Adjustment- Impact of COVID-19 Booster Shots*

It has been widely publicized that COVID-19 vaccination booster shots will likely be needed in the future, and Moderna’s CEO recently commented that they expect FDA approval for a COVID booster shot by fall 2021. As a result, MVP has built in \$1.37 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP’s small group flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots. This factor is increasing the experience period allowed claim cost by 0.3%.

*Morbidity Adjustment- Impact of Telehealth Increase*

MVP analyzed the shift from in-person visits to telehealth as a result of the COVID-19 pandemic across our VT population. Prior to the pandemic, telehealth costs were approximately \$0.10 PMPM vs. 3Q/4Q 2020 telehealth costs exceeding \$17 PMPM in MVP’s exchange block of business. While the initial result in 2Q 2020 was a reduction to in-person visits and an increase to telehealth visits with an overall reduction to cost, MVP’s 3Q/4Q 2020 data indicates an overall net increase to cost as in-person visits are approaching pre-pandemic levels and telehealth visits have not subsided enough to offset the increase to in-person costs. The factor is increasing the experience period allowed claim cost by 0.4%.

*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 a national study performed by Wakely Consulting Group, the estimate of the load charged to small group issuers in 2021 will be 0.52%. 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 0.52% increase to the allowed claim cost.

*Other- Impact of Leap Year*

2020 had 366 days while 2022 will have only 365 days. An adjustment of 365/366 was made to the experience period allowed to reduce the claims to account for the extra day in 2020. This factor is decreasing the experience period allowed claim cost by -0.3%.

#### *Other- Adjustment for 2019 to 2020 impact of COVID-19 on claims*

MVP used 2019 data to derive premium rates for 2021. Since 2020 allowed data is required for the URRT, we have included an adjustment factor to increase 2020 claims to the level that is the assumed increase from 2019 to 2020 in our rate filing. MVP chose to use 2019 claims experience instead of 2020 due to COVID-19. 2020 claim experience was significantly impacted by the COVID-19 pandemic and MVP does not believe that 2020 is representative of future years and therefore decided to use 2019 with an additional year of trend.

Per ASOP #26 “premium rates are actuarially sound if, 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.” MVP believes that the reduction in claims due to the COVID-19 pandemic would cause premiums developed on 2020 data to not be actuarially sound. Additionally, MVP has concerns that risk adjustment results could be skewed in 2020 due to suppressed utilization and the impact of COVID-19 diagnoses on risk scores.

The impact of this factor on the experience period allowed claim cost is 6.4%.

#### **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 2020 and does not expect to have any hit them in 2022.

#### **Federal Risk Adjustment Program (Worksheet 1, Section 2)**

Based on the Final Risk Transfer results for 2019 provided by CMS rerun for the unmerged market by L&E, MVP would have paid \$8,080,407 into the small group market transfer pool for 2019. This is \$42.38 on a PMPM basis or 10.9% of 2019 claims prior to market-wide adjustments. Since there has been no communication of 2020 risk adjustment results for the unmerged market, MVP is assuming the same 10.9% of premium for 2022 projected risk adjustment.

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 (\$65.90 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 \$483.34 is equal to the small group market allowed claim data for the time period, 1/1/2020 – 12/31/2020, completed through 3/31/2021.

The actual market adjusted index rate for the projection period equals \$669.05. However, due to the rounding of factors present in the URRT, the value in the file reflects \$668.90. 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.

### **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.

### **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) and a \$500 acupuncture allowance. The wellness 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. MVP's 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this additional benefit.

### **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 \$0.45 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.23 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.22 PMPM for the Patient Centered Outcome Research Fee.

#### *State Taxes PMPM Based*

\$1.52 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 2022.

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

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$12.02 per covered child and \$1.70 per covered adult for January to March 2022, followed by an estimate of the same \$12.02 per covered child and \$1.70 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$3.20 for 2022. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.53%.



*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$38.75 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP is making additional administrative investments in the state for 2022 and expect admin to be aligned with our proposed administrative costs.

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, \$2.33 PMPM of the \$38.75 PMPM administrative expense is attributable to QI.

MVP charged \$42.17 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the available administrative expense PMPM change is only \$0.03. Please see the table below.

Summary of 2022 Administrative Expenses		
	Proposed Admin PMPM	Enrollment as of February 2021
Individual	\$47.10	15,371
Small Group	\$38.75	21,858
Combined	\$42.20	37,229

*Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2022. 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 0.10% 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 2021. The SCF = weighted average contract size / weighted average load ratio.

**Projection Period Membership**

MVP’s projection period membership equals the February 2021 enrollment of the population eligible to purchase these products, or 21,858 members. On Worksheet 2 of the URRT, members are mapped based on their February 2021 benefit to the same benefits for 2022.

### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.1%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.3%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2022:

<b>Target Loss Ratio for 2022 VT Exchange</b>	
A) Claims Expense	\$550.24
B) Taxes/Assessments	\$5.17
C) Quality Improvement	\$2.33
D) Premium	\$603.82
<hr/>	
E) Traditional Loss Ratio = $A) / D)$	91.1%
F) Federal Loss Ratio = $[A) + C]) / [D) - B])]$	92.3%

### **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 shown 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.



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

5/7/2021  
Date



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2022 ACA Small Group 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 2022 small group Exchange rates for effective dates of coverage between January 1, 2022 and December 31, 2022. 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 **2.5%** because our estimate of 2021 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 **9.0%** because of this estimated trend in 2022.

**-Unmerging of the risk pools-** The state of Vermont has decided to unmerge the risk pools for 2022 and this change results in only small group data being used to calculate premiums, which decreases the premium rate by **-3.0%**

**-Impact of the COVID-19 pandemic.** MVP is assuming that COVID-19 booster shots will be available in 2022. This increases the premium rate by **0.4%**.

**-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 small group payment has decreased as a result of the unmerging of the risk pools, decreasing premium rates by approximately **-2.7%**.

**-Increases in the cost of doing business.** As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the small group market. This increase is worth approximately **0.3%** of the premium increase.

**-Impact of Changes in Product Mix.** MVP has changed plan benefits on some plans from 2021 to 2022. Additionally, members have purchased different products in 2021 than 2020. The two are combining to decrease premiums by approximately **-0.8%**.

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 5.0%, ranging from -10.2% to 7.3%. There are 1,500 policyholders, 13,033 subscribers and 21,858 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period from May 10 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: 05/07/2021**

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 v5.3</b>																			
2																				
3	Company Legal Name:	MVP Health Plan, Inc.														State:	VT			
4	HIOS Issuer ID:	77566														Market:	Small Group			
5	Effective Date of Rate Change(s):	1/1/2022																		
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:	1/1/2020			to	12/31/2020														
13					Total				PMPM											
14	Allowed Claims				\$119,693,539.61				\$483.34											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$97,751,543.58				\$394.73											
17	Risk Adjustment				-\$16,689,082.42				-\$67.39											
18	Experience Period Premium				\$136,241,248.02				\$550.16											
19	Experience Period Member Months				247,640															
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	Cost	Utilization	Cost	Utilization	PMPM							
24	Inpatient Hospital	\$69.78	1.062	1.010	1.058	1.010							\$79.98							
25	Outpatient Hospital	\$201.25	1.061	1.010	1.052	1.010							\$229.14							
26	Professional	\$125.67	1.024	1.010	1.043	1.010							\$136.92							
27	Other Medical	\$1.34	1.000	1.000	1.000	1.000							\$1.34							
28	Capitation	\$11.17	1.048	1.000	1.048	1.000							\$12.27							
29	Prescription Drug	\$74.13	1.100	0.988	1.100	0.988							\$87.56							
30	Total	\$483.34											\$547.21							
31																				
32	Morbidity Adjustment												1.001							
33	Demographic Shift												1.000							
34	Plan Design Changes												1.000							
35	Other												1.060							
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022											\$580.62							
37																				
38	Manual EHB Allowed Claims PMPM												\$0.00							
39	Applied Credibility %												100.00%							
40																				
41														Projected Period Totals						
42	Projected Index Rate for	1/1/2022			\$580.62					\$152,294,303.52										
43	Reinsurance				\$0.00					\$0.00										
44	Risk Adjustment Payment/Charge				-\$63.44					-\$16,640,058.24										
45	Exchange User Fees				0.00%					\$0.00										
46	Market Adjusted Index Rate				\$644.06					\$168,934,361.76										
47																				
48	Projected Member Months												262,296							
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																				

**Product-Plan Data Collection**

Company Legal Name: MVP Health Plan, Inc.  
 HIOS Issuer ID: 77566  
 Effective Date of Rate Change(s): 1/1/2022

State: VT  
 Market: Small Group

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.  
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + R.  
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

**Product/Plan Level Calculations**

Field #	Section I: General Product and Plan Information																		
1.1	Product Name																		
1.2	Small																		
1.3	77566V005000																		
1.4	5 (2022)	001-5 (2022)	002-N (2022)	003-N (2022)	5 (2022)	004-5 (2022)	002-N (2022)	N (2022)	1 (2022)	5 (2022)	N (2022)	8 (2022)	5 (2022)	003-5 (2022)	5 (2022)	N (2022)	N (2022)	N (2022)	
1.5	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	
1.6	0.894	0.815	0.819	0.780	0.711	0.711	0.710	0.707	0.711	0.707	0.709	0.707	0.637	0.632	0.632	0.643	0.649	0.626	
1.7	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
1.8	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	
1.10	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	
1.11	1.54%	-1.07%	0.31%	0.09%	-11.04%	-11.89%	-12.45%	-13.68%	0.82%	2.05%	1.43%	0.09%	2.61%	2.37%	1.77%	2.45%	3.14%		
1.12																			0.82%
1.13																			0.82%

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information																		
2.1 Plan ID (Standard Component ID)		Total	77566V0050001	77566V0050002	77566V0050004	77566V0050023	77566V0050005	77566V0050006	77566V0050024	77566V0050007	77566V0050030	77566V0050031	77566V0050029	77566V0050028	77566V0050009	77566V0050010	77566V0050025	77566V0050026	77566V0050011	
\$119,693,540	50	\$119,693,540	\$25,849,829	\$18,542,167	\$2,490,668	\$40,483,125	\$0	\$41,163	\$72,139	\$42,343	\$6,875,712	\$6,927,025	\$1,610,835	\$4,540,402	\$3,842,832	\$7,385,437	\$118,638	\$264,572	\$606,633	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$21,941,996	\$0	\$21,941,996	\$3,002,146	\$2,959,542	\$7,188,498	\$0	\$13,647	\$10,533	\$7,030	\$1,793,289	\$5,020,030	\$1,161,854	\$1,441,600	\$2,773,836	\$63,400	\$83,863	\$105,287	\$105,287	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$97,751,544	\$0	\$97,751,544	\$23,958,959	\$15,540,022	\$2,231,126	\$33,294,627	\$0	\$27,516	\$61,606	\$35,313	\$5,249,880	\$5,135,736	\$1,085,806	\$3,378,547	\$2,401,232	\$4,613,602	\$55,518	\$180,799	\$501,346	
\$-16,689,082	\$0	\$-16,689,082	\$3,429,098	\$-3,459,324	\$794,277	\$696,648	\$0	\$-24,884	\$-15,200	\$-16,122	\$-33,325,989	\$-33,129,973	\$-1,429,441	\$-2,925,285	\$-1,765,404	\$-4,799,188	\$-168,499	\$-290,876	\$-268,919	
\$136,241,248	\$0	\$136,241,248	\$24,835,207	\$21,398,053	\$1,862,792	\$40,242,976	\$0	\$50,289	\$30,721	\$20,637	\$9,367,945	\$8,771,412	\$2,926,045	\$7,450,000	\$5,847,539	\$11,318,908	\$383,741	\$599,616	\$615,360	
\$47,640	\$0	\$47,640	\$3,816	\$7,616	\$3,003	\$71,750	\$0	\$76	\$60	\$32	\$17,659	\$17,733	\$5,765	\$14,898	\$67	\$13,283	\$2,420	\$767	\$1,413	
\$21,858	\$0	\$21,858	\$3,424	\$3,369	\$327	\$6,041	\$0	\$10	\$13	\$1,602	\$1,578	\$472	\$1,311	\$1,064	\$2,245	\$115	\$8	\$8	\$89	
\$570,28	\$0	\$570,28	\$701,69	\$593,02	\$630,09	\$591,89	\$0,00	\$669,38	\$0,00	\$604,77	\$536,60	\$501,72	\$523,78	\$532,30	\$461,04	\$444,02	\$476,98	\$475,38	\$440,40	
\$1.76%	\$8.17%	\$8.17%	\$4.83%	\$4.10%	\$3.97%	\$1.33%	#DIV/0!	\$108.31%	\$396.91%	\$243.28%	\$6.89%	\$1.04%	\$72.55%	\$74.67%	\$6.82%	\$70.76%	\$25.79%	\$58.53%	\$144.71%	
Per Member Per Month																				
\$483.34	\$0.00	\$483.34	\$492.93	\$829.39	\$564.22	\$541.62	\$1,202.32	\$1,323.21	\$389.36	\$389.31	\$279.42	\$304.77	\$279.54	\$154.70	\$205.25	\$429.32	\$205.25	\$429.32		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$88.60	\$52.79	\$88.60	\$79.81	\$86.43	\$100.19	\$179.57	\$175.55	\$219.68	\$92.07	\$100.67	\$91.07	\$77.99	\$108.53	\$104.91	\$82.32	\$65.06	\$74.51	\$74.51	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$394.73	\$668.95	\$394.73	\$411.12	\$742.97	\$464.04	\$362.05	\$1,026.77	\$1,103.53	\$297.29	\$388.64	\$188.34	\$224.76	\$180.77	\$114.63	\$72.38	\$140.19	\$140.19	\$140.19	\$140.19	
\$-67.39	\$95.74	\$-67.39	\$95.74	\$-91.96	\$264.49	\$9.71	\$-327.42	\$-253.33	\$-191.31	\$-188.35	\$-175.91	\$-247.95	\$-196.35	\$-132.91	\$-181.65	\$-219.69	\$-225.66	\$-190.32	\$-190.32	
\$550.16	\$692.85	\$550.16	\$620.31	\$560.88	\$661.70	\$512.02	\$644.91	\$530.49	\$492.97	\$507.55	\$500.07	\$440.23	\$428.42	\$500.31	\$465.18	\$435.51	\$435.51	\$435.51	\$435.51	

Section III: Plan Adjustment Factors		77566V0050001	77566V0050002	77566V0050004	77566V0050023	77566V0050005	77566V0050006	77566V0050024	77566V0050007	77566V0050030	77566V0050031	77566V0050029	77566V0050028	77566V0050009	77566V0050010	77566V0050025	77566V0050026	77566V0050011
3.1	Market Adjusted Index Rate	\$644.06																
3.3	AV and Cost Sharing Design of Plan	1.0315	0.8370	0.8819	0.8574	0.7556	0.7334	0.7371	0.7108	0.7556	0.7332	0.7361	0.7108	0.6259	0.6321	0.6538	0.6385	0.6190
3.4	Provider Network Adjustment	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
3.5	Benefits in Addition to EHB	1.0000	1.0000	1.0025	1.0025	1.0000	1.0000	1.0029	1.0031	1.0000	1.0000	1.0030	1.0031	1.0000	1.0000	1.0000	1.0034	1.0035
3.6	Administrative Expense	5.41%	6.57%	6.23%	6.41%	7.23%	7.43%	7.37%	7.62%	7.23%	7.43%	7.38%	7.62%	8.59%	8.51%	8.25%	8.41%	8.65%
3.7	Taxes and Fees	0.80%	0.86%	0.83%	0.86%	0.90%	0.91%	0.90%	0.92%	0.90%	0.91%	0.91%	0.92%	0.97%	0.96%	0.95%	0.96%	0.97%
3.8	Profit & Risk Load	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%
3.9	Catastrophic Adjustment	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
3.10	Risk Adjusted Index Rate	\$716.74	\$589.35	\$620.28	\$604.17	\$536.14	\$521.59	\$525.34	\$508.21	\$536.14	\$521.45	\$524.79	\$508.21	\$451.22	\$455.23	\$469.44	\$460.89	\$448.11
3.11	Age Calibration Factor	1.0000																
3.12	Geographic Calibration Factor	1.0000																
3.13	Tobacco Calibration Factor	1.0000																
3.14	Calibrated Plan Adjusted Index Rate	\$716.74	\$589.35	\$620.28	\$604.17	\$536.14	\$521.59	\$525.34	\$508.21	\$536.14	\$521.45	\$524.79	\$508.21	\$451.22	\$455.23	\$469.44	\$460.89	\$448.11

Section IV: Projected Plan Level Information		Total	77566V0050001	77566V0050002	77566V0050004	77566V0050023	77566V0050005	77566V0050006	77566V0050024	77566V0050007	77566V0050030	77566V0050031	77566V0050029	77566V0050028	77566V0050009	77566V0050010	77566V0050025	77566V0050026	77566V0050011	
4.1	Allowed Claims	\$162,671,107	\$27,432,648	\$25,204,308	\$2,484,000	\$45,470,945	\$0	\$72,130	\$0	\$93,124	\$11,656,066	\$11,381,423	\$3,408,214	\$9,391,168	\$7,468,181	\$15,781,616	\$813,035	\$690,159	\$1,324,089	
4.2	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.3	Member Cost Sharing	\$38,484,993	\$2,823,060	\$5,555,624	\$474,743	\$9,380,249	\$0	\$21,032	\$0	\$28,741	\$3,322,085	\$3,319,755	\$987,299	\$2,898,429	\$2,827,739	\$5,894,052	\$289,145	\$243,143	\$508,899	
4.4	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.5	Incurd Claims	\$124,186,114	\$24,609,588	\$19,648,685	\$2,009,258	\$36,090,696	\$0	\$51,098	\$0	\$64,383	\$8,433,981	\$8,061,667	\$2,420,915	\$6,492,739	\$4,640,442	\$9,887,564	\$523,890	\$436,017	\$815,191	
4.6	Risk Adjustment Transfer Amount	\$-13,567,761	\$-2,688,682	\$-2,146,687	\$-219,518	\$-3,943,033	\$0	\$-55,388	\$0	\$-73,034	\$-921,442	\$-880,765	\$-264,493	\$-709,354	\$-506,984	\$-1,080,250	\$-57,237	\$-47,636	\$-89,062	
4.7	Premium	\$151,018,406	\$29,451,422	\$23,830,019	\$2,433,224	\$43,801,032	\$0	\$62,887	\$0	\$79,280	\$10,306,211	\$9,874,455	\$2,972,425	\$7,995,040	\$5,761,244	\$12,264,720	\$647,881	\$542,021	\$1,016,347	
4.8	Projected Member Months	262,296	41,088	40,428	3,924	72,492	0	120	0	156	19,224	18,936	5,664	12,768	26,940	1,380	1,176	2,268		
4.10	Loss Ratio	90.34%	91.95%	90.62%	90.74%	90.55%	#DIV/0!	89.64%	#DIV/0!	89.12%	89.87%	89.64%	89.40%	89.12%	88.40%	88.70%	88.19%	87.91%		
Per Member Per Month																				
\$411	\$620.18	\$667.66	\$623.44	\$633.03	\$627.25	\$601.08	#DIV/0!	\$601.08	#DIV/0!	\$596.95	\$606.33	\$601.05	\$601.73	\$596.95	\$584.91	\$585.81	\$589.16	\$586.87	\$583.81	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$146.72	\$68.71	\$137.42																		

**Rating Area Data Collection**

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000





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May 11, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Small Group Exchange Rate Filing  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/10/21 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 [cpontiff@mvphhealthcare.com](mailto:cpontiff@mvphhealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff", with a stylized flourish at the end.

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care



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May 24, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filing - Small  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/17/21 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/B21%20Approved%20Budget%20Sumissions%20with%20NPR%20graph%20as%20of%20Oct%201st.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 6 of the Actuarial Memorandum, "MVP analyzed historical utilization patterns 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 to volatility to the significant membership growth for tis block of business." 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. 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. 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 Small Objection #2\_SERFF). The results of the blended distribution can be seen in tab "Question #2 Aggregate" in the provided excel workbook (Support for L&E Small Objection #2\_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 12.5% of CY2019 claims that were above \$100,000 with the 12.3% shown in last year's actuarial memorandum.



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Response: Please see the "Question #3" tab of the attached Excel document (Support for L&E Small Objection #2\_SERFF) for a quantitative derivation of the actual pooling charges for 2019 as of the previous filing and the current filing. The change in the pooling charge is driven by 4 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 small ACA members above \$100,000 in annual claims has increased from 105 members to 108, with one claimant from the prior filing having their claims reduced under the \$100,000 threshold. Those 3 new claimants collectively have claims above the pooling point of \$116,565.
- 2) The Impact of Claim Run-out for existing Claimants above the \$100,000 Pooling Point:** The 105 members reaching the pooling point from the previous filing have seen their claims restate upward by \$214,859, 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 2019 small ACA population have restated upward by \$104,073 from the previous filing to the current filing. However, the claims above the pooling point have increased by \$331,424 (the sum of the two numbers above). Therefore, the total restatement of the claims below the pooling point is \$435,497 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.
- 4) Unmerging of the Risk Pools:** Last year the pooling charge was calculated as a blend of both small group and individual members. This year the pooling charge is solely based on small group data. Small group data from the 2021 filing would've had a pooling charge of 11.9% see the attached excel sheet for the breakout of small vs individual from the 2021 filing.

With these 4 changes, the pooling charge increased from 12.3% for the 2019 merged market last filing to 12.5% for the small group market this filing.

4. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.

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. 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\_4Q2020\_CSTM\_02092021) 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:



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**Generic:** Unit Cost trend is represented by Generic Non-Specialty Cost/Day trend which is found in cell L46 on Page 1 (2020), Page 2 (2021) and Page 3 (2022) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 4 (2020), Page 5 (2021), and Page 6 (2022) 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), Page 2 (2021) and Page 3 (2022) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 4 (2020), Page 5 (2021), and Page 6 (2022) 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), Page 2 (2021) and Page 3 (2022) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2020), Page 2 (2021) and Page 3 (2022) 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), Page 2 (2021) and Page 3 (2022) 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.

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 (36 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.

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 above. 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.

5. Please provide the historical annual Rx trends observed from 2016-2020, as well as the actual-to- expected ratio for the Rx trend in each year.



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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.

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 50% of the market in 2020, 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. Also note that actuals and expected in the table below reflect both small and individual data since our PBM provides us with one trend for Vermont.

**Comparison of Actual to Expected Pharmacy Allowed Trend, 2016 to 2020, VT Exchange**

Year	Actual	Expected	Difference
2020/2019	21.7%	5.8%	15.0%
2019/2018	2.5%	7.4%	-4.6%
2018/2017	5.1%	12.4%	-6.5%
2017/2016	5.2%	11.1%	-5.3%
2016/2015	8.6%	8.8%	-0.2%

6. Provide quantitative support for the 1.061 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 total deductible trend is calculated as:  
[Sum product of the deductible trend for a plan based on its single deductible level and that plans experience period membership] Divided by [Total experience period membership]



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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 Benefit Actuarial Value and Induced Demand reflected in Index Rate in Exhibit 7.

Response: Please see the tab "Question #7" in the attached Excel document (Support for L&E Small Objection #2\_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 2022 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.

8. Please provide an exhibit showing the member months by plan and actuarial value for 2020, 2021 and the projection for 2022.

Response: Please see the tab "Question #8" in the attached Excel file (Support for L&E Small Objection #2\_SERFF) for this exhibit.

9. 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.

10. For each month from January 2017 through March 2021, please provide the 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 #10" 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.

11. Please provide the bad debt as a percentage of premium over each of the last 3 years.

Response: Please see the tab "Question #11" in the attached Excel document for historical actual bad debt information for years 2018 to 2020.



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12. How has COVID-19 affected non-benefit costs (expenses such as overhead, travel, claims adjudication, profit, etc.)?

Response: Please see the table below for a summary of the impact of COVID-19 on administrative expenses. Please note that this data is for the Vermont merged market in 2020.

Administrative Expenses Impacted by COVID-19		
Expense	Actual	Budget
Travel Related Expenses	\$26,600	\$157,800
Training and Development Expenses	\$33,700	\$59,400
Bank Fees	\$317,900	\$230,800
Office Equipment (Work From Home Related Purchases)	\$48,800	\$17,800
Total	\$427,000	\$465,800

13. Please provide the cost and utilization components of the \$1.37 PMPM impact for COVID-19 booster shots. Please provide further qualitative and quantitative support for these assumptions.

Response: Please see the table below for the derivation of the \$1.37 PMPM impact for COVID-19 booster shots. This figure was derived from MVP’s small group flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots. As of 5/21/21, 66.2% of the VT population has received at least one dose of the vaccine, and we expect that number will continue to increase as younger children become eligible for the vaccine and more adults receive their vaccine. MVP assumes that after the pandemic is over, COVID booster shots will see utilization rates analogous to the flu shot.

MVP VT Small Group 2020 Flu Vaccine Utilization				
Member Months	Vaccines	Claim Expense	PMPM Cost	Per Vaccine Cost
247,640	6,229	\$339,109	\$1.37	\$54.44

14. Please provide further qualitative and quantitative support for the \$1.89 PMPM impact for Telehealth Utilization Increases. This should include a derivation of the calculated impact as well as support for any assumptions made.

Response: Please see the tab “Question #14” in the attached Excel document for the derivation of the \$1.89 PMPM impact for telehealth utilization increases. MVP performed an actual to expected study of pre-pandemic vs post pandemic physician costs. Pre-pandemic is defined as 2019 and post-pandemic is defined as the 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2020. The pre-pandemic values were trended by applicable unit cost and utilization trends to be on the same basis as the post-pandemic data. Note that this analysis was done on MVP’s entire commercial Vermont population.



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15. We are aware of an updated actuarial certification from Wakely for the 2022 Standard Plan due to IRS-release final H.S.A. limits for 2022. It is our understanding that the out-of-pocket maximum for the Standard Bronze HDHP plan is being lowered from \$7,100 to \$7,050 to remain H.S.A-qualified. Please provide the calculation of the rate impact resulting from this revision. However, do not provide fully revised documentation (URRT, Act Memo, Exhibits, etc.) at this time.

Response: The impact of the \$50 reduction to the out-of-pocket maximum is a premium increase of 0.18% for the plan that is changing.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff", with a stylized flourish at the end.

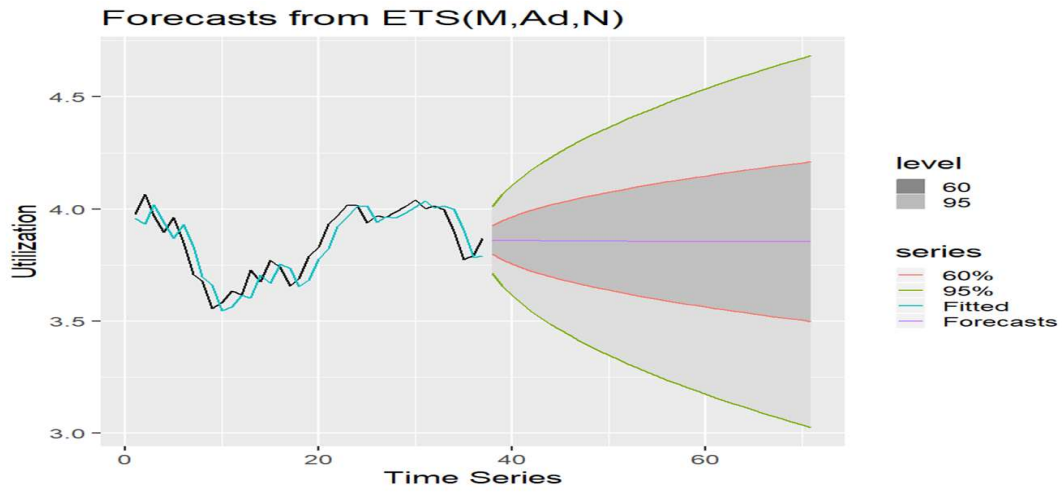
Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care



### Prediction Intervals for Utilization

Data set: VT IP

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2017-02	1	3.977					
2017-03	2	4.066					
2017-04	3	3.968					
2017-05	4	3.896					
2017-06	5	3.963					
2017-07	6	3.849					
2017-08	7	3.708					
2017-09	8	3.678					
2017-10	9	3.556					
2017-11	10	3.582					
2017-12	11	3.634					
2018-01	12	3.616					
2018-02	13	3.726					
2018-03	14	3.675					
2018-04	15	3.771					
2018-05	16	3.740					
2018-06	17	3.655					
2018-07	18	3.691					
2018-08	19	3.789					
2018-09	20	3.831					
2018-10	21	3.934					
2018-11	22	3.970					
2018-12	23	4.018					
2019-01	24	4.016					
2019-02	25	3.937					
2019-03	26	3.969					
2019-04	27	3.962					
2019-05	28	3.986					
2019-06	29	4.012					
2019-07	30	4.040					
2019-08	31	4.001					
2019-09	32	4.015					
2019-10	33	3.997					
2019-11	34	3.900					
2019-12	35	3.774					
2020-01	36	3.793					
2020-02	37	3.869					
2020-03	38		3.861	3.797	3.926	3.712	4.011
2020-04	39		3.861	3.773	3.948	3.657	4.064
2020-05	40		3.860	3.754	3.966	3.614	4.106
2020-06	41		3.859	3.738	3.981	3.577	4.142
2020-07	42		3.859	3.723	3.994	3.543	4.174
2020-08	43		3.858	3.710	4.006	3.513	4.203
2020-09	44		3.858	3.698	4.018	3.485	4.230
2020-10	45		3.858	3.687	4.029	3.459	4.256
2020-11	46		3.857	3.676	4.039	3.435	4.280
2020-12	47		3.857	3.666	4.048	3.411	4.302
2021-01	48		3.857	3.656	4.057	3.389	4.324
2021-02	49		3.856	3.647	4.066	3.368	4.345
2021-03	50		3.856	3.638	4.075	3.347	4.365
2021-04	51		3.856	3.629	4.083	3.328	4.384
2021-05	52		3.856	3.621	4.091	3.309	4.403
2021-06	53		3.856	3.613	4.098	3.290	4.421
2021-07	54		3.856	3.605	4.106	3.272	4.439
2021-08	55		3.855	3.598	4.113	3.255	4.456
2021-09	56		3.855	3.590	4.120	3.238	4.472
2021-10	57		3.855	3.583	4.127	3.222	4.489
2021-11	58		3.855	3.576	4.134	3.206	4.505
2021-12	59		3.855	3.569	4.141	3.190	4.520
2022-01	60		3.855	3.563	4.147	3.175	4.535
2022-02	61		3.855	3.556	4.153	3.160	4.550
2022-03	62		3.855	3.550	4.160	3.145	4.565
2022-04	63		3.855	3.544	4.166	3.131	4.579
2022-05	64		3.855	3.538	4.172	3.116	4.593
2022-06	65		3.855	3.532	4.178	3.102	4.607
2022-07	66		3.855	3.526	4.184	3.089	4.621
2022-08	67		3.855	3.520	4.189	3.075	4.634
2022-09	68		3.855	3.514	4.195	3.062	4.647
2022-10	69		3.855	3.509	4.200	3.049	4.660
2022-11	70		3.855	3.503	4.206	3.036	4.673
2022-12	71		3.855	3.498	4.211	3.024	4.685

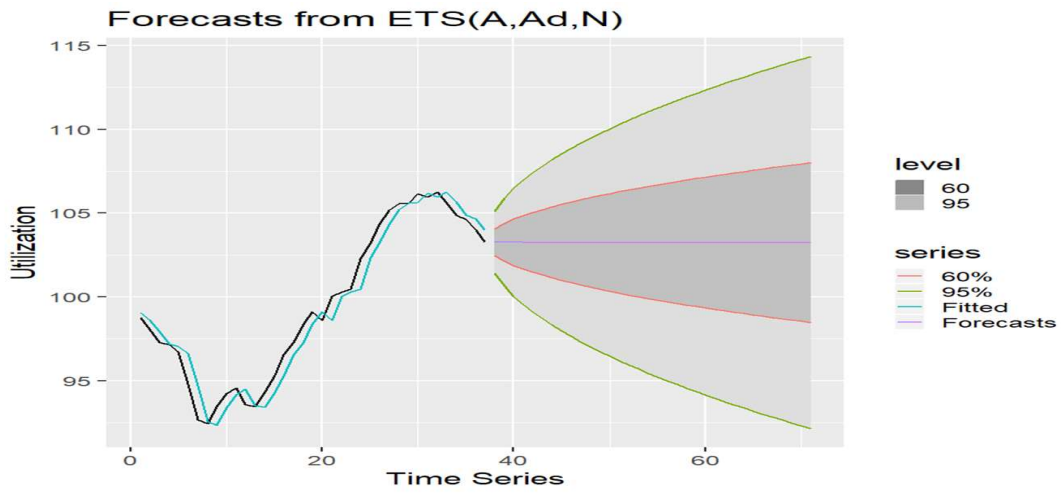


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**Prediction Intervals for Utilization**

Data set: VT OP

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2017-02	1	98.746					
2017-03	2	98.071					
2017-04	3	97.283					
2017-05	4	97.148					
2017-06	5	96.709					
2017-07	6	94.778					
2017-08	7	92.649					
2017-09	8	92.419					
2017-10	9	93.457					
2017-11	10	94.237					
2017-12	11	94.548					
2018-01	12	93.571					
2018-02	13	93.444					
2018-03	14	94.336					
2018-04	15	95.304					
2018-05	16	96.551					
2018-06	17	97.276					
2018-07	18	98.372					
2018-08	19	99.114					
2018-09	20	98.588					
2018-10	21	100.037					
2018-11	22	100.300					
2018-12	23	100.460					
2019-01	24	102.298					
2019-02	25	103.195					
2019-03	26	104.314					
2019-04	27	105.187					
2019-05	28	105.575					
2019-06	29	105.615					
2019-07	30	106.156					
2019-08	31	105.944					
2019-09	32	106.239					
2019-10	33	105.641					
2019-11	34	104.888					
2019-12	35	104.629					
2020-01	36	103.987					
2020-02	37	103.265					
2020-03	38		103.263	102.470	104.056	101.416	105.110
2020-04	39		103.261	102.136	104.385	100.643	105.878
2020-05	40		103.259	101.879	104.638	100.046	106.471
2020-06	41		103.257	101.661	104.853	99.540	106.974
2020-07	42		103.255	101.467	105.043	99.092	107.418
2020-08	43		103.254	101.292	105.215	98.685	107.822
2020-09	44		103.252	101.130	105.375	98.310	108.195
2020-10	45		103.251	100.979	105.523	97.960	108.542
2020-11	46		103.250	100.837	105.663	97.630	108.870
2020-12	47		103.249	100.702	105.796	97.318	109.181
2021-01	48		103.248	100.574	105.923	97.020	109.477
2021-02	49		103.247	100.451	106.044	96.735	109.760
2021-03	50		103.247	100.333	106.161	96.461	110.033
2021-04	51		103.246	100.219	106.273	96.197	110.295
2021-05	52		103.246	100.110	106.382	95.943	110.549
2021-06	53		103.245	100.004	106.487	95.696	110.794
2021-07	54		103.245	99.901	106.589	95.457	111.032
2021-08	55		103.244	99.801	106.688	95.225	111.264
2021-09	56		103.244	99.703	106.785	94.999	111.489
2021-10	57		103.244	99.609	106.879	94.778	111.709
2021-11	58		103.243	99.516	106.971	94.563	111.923
2021-12	59		103.243	99.426	107.060	94.353	112.133
2022-01	60		103.243	99.338	107.148	94.148	112.337
2022-02	61		103.243	99.251	107.234	93.947	112.538
2022-03	62		103.242	99.167	107.318	93.751	112.734
2022-04	63		103.242	99.084	107.401	93.558	112.927
2022-05	64		103.242	99.002	107.482	93.369	113.115
2022-06	65		103.242	98.923	107.561	93.183	113.301
2022-07	66		103.242	98.844	107.639	93.001	113.483
2022-08	67		103.242	98.767	107.716	92.821	113.662
2022-09	68		103.242	98.691	107.792	92.645	113.838
2022-10	69		103.242	98.617	107.866	92.472	114.011
2022-11	70		103.241	98.543	107.939	92.301	114.182
2022-12	71		103.241	98.471	108.012	92.133	114.350

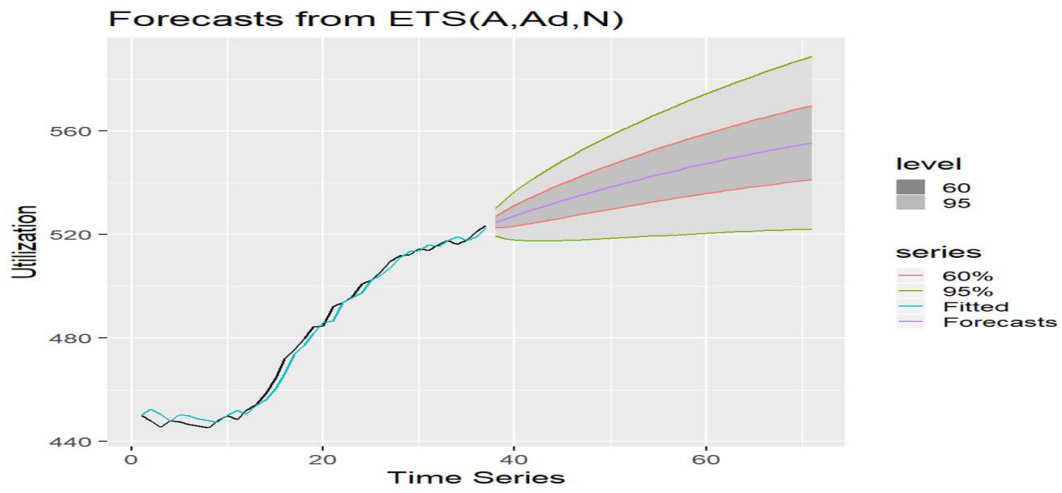


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### Prediction Intervals for Utilization

Data set: VT PHY

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2017-02	1	449.985					
2017-03	2	448.109					
2017-04	3	445.473					
2017-05	4	448.063					
2017-06	5	447.635					
2017-07	6	446.548					
2017-08	7	445.966					
2017-09	8	445.353					
2017-10	9	448.117					
2017-11	10	450.089					
2017-12	11	448.593					
2018-01	12	452.048					
2018-02	13	454.339					
2018-03	14	458.676					
2018-04	15	464.525					
2018-05	16	472.020					
2018-06	17	475.557					
2018-07	18	479.928					
2018-08	19	484.263					
2018-09	20	484.827					
2018-10	21	492.172					
2018-11	22	493.847					
2018-12	23	495.713					
2019-01	24	500.751					
2019-02	25	502.587					
2019-03	26	505.462					
2019-04	27	509.668					
2019-05	28	511.872					
2019-06	29	512.147					
2019-07	30	514.638					
2019-08	31	513.893					
2019-09	32	516.110					
2019-10	33	517.784					
2019-11	34	516.361					
2019-12	35	517.921					
2020-01	36	521.344					
2020-02	37	523.525					
2020-03	38		524.812	522.509	527.116	519.448	530.176
2020-04	39		526.074	522.808	529.339	518.469	533.679
2020-05	40		527.310	523.301	531.319	517.973	536.647
2020-06	41		528.522	523.881	533.162	517.715	539.328
2020-07	42		529.709	524.509	534.909	517.598	541.820
2020-08	43		530.873	525.163	536.583	517.576	544.170
2020-09	44		532.013	525.832	538.194	517.618	546.408
2020-10	45		533.131	526.508	539.754	517.707	548.554
2020-11	46		534.226	527.186	541.266	517.831	550.621
2020-12	47		535.299	527.862	542.736	517.979	552.619
2021-01	48		536.351	528.534	544.168	518.147	554.555
2021-02	49		537.382	529.200	545.564	518.328	556.436
2021-03	50		538.392	529.859	546.926	518.519	558.265
2021-04	51		539.382	530.508	548.256	518.717	560.048
2021-05	52		540.352	531.148	549.556	518.918	561.786
2021-06	53		541.303	531.778	550.828	519.122	563.484
2021-07	54		542.235	532.398	552.072	519.326	565.143
2021-08	55		543.148	533.006	553.290	519.530	566.766
2021-09	56		544.043	533.603	554.482	519.731	568.354
2021-10	57		544.920	534.189	555.651	519.930	569.910
2021-11	58		545.779	534.763	556.796	520.125	571.434
2021-12	59		546.622	535.326	557.918	520.315	572.928
2022-01	60		547.447	535.876	559.018	520.501	574.393
2022-02	61		548.256	536.415	560.096	520.682	575.830
2022-03	62		549.049	536.943	561.154	520.857	577.240
2022-04	63		549.825	537.459	562.192	521.026	578.625
2022-05	64		550.587	537.963	563.210	521.189	579.985
2022-06	65		551.333	538.456	564.210	521.345	581.320
2022-07	66		552.064	538.938	565.190	521.495	582.633
2022-08	67		552.781	539.408	566.153	521.639	583.922
2022-09	68		553.483	539.868	567.098	521.776	585.190
2022-10	69		554.171	540.316	568.026	521.906	586.436
2022-11	70		554.845	540.754	568.937	522.029	587.662
2022-12	71		555.506	541.181	569.832	522.145	588.868



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Utilization	R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
IP	2020-02	37	3.87					
IP	2022-12	71		3.85	3.50	4.21	3.02	4.69
OP	2020-02	37	103.27					
OP	2022-12	71		103.24	98.47	108.01	92.13	114.35
PHY	2020-02	37	523.52					
PHY	2022-12	71		555.51	541.18	569.83	522.14	588.87

**34 month Trends**

Utilization	Mean	Standard Deviation	Weight
IP	-0.36%	10.96%	21.55%
OP	-0.02%	5.49%	47.51%
PHY	6.11%	3.25%	30.94%
Blend	1.80%	3.66%	

**3-Year Trends**

5th Percentile	10th Percentile	20th Percentile	30th Percentile	40th Percentile	50th Percentile	60th Percentile	70th Percentile	80th Percentile	90th Percentile	95th Percentile
-4.46%	-3.06%	-1.35%	-0.12%	0.93%	1.91%	2.89%	3.94%	5.17%	6.88%	8.30%

**Derivation of High Cost Claimant Percentage, 2021 Exchange Filing vs. 2022 Exchange Filing**

	2021 Exchange Filing		
	Individual	Small ACA	Total
Number of Claimants above \$100K	108	105	213
Claims above \$100k Pooling Point	\$8,655,806	\$7,964,405	\$16,620,211
Claims below \$100k Pooling Point	\$68,054,507	\$66,940,059	\$134,994,566
Member Months	168,861	190,655	359,516
Claims >\$100k PMPM	\$51.26	\$41.77	\$46.23
Claims <\$100k PMPM	\$403.02	\$351.11	\$375.49
Pooling Charge	12.7%	11.9%	12.3%

	2022 Exchange Filing
	Small
Number of Claimants above \$100K	108
Claims above \$100k Pooling Point	\$8,295,829
Claims below \$100k Pooling Point	\$66,504,562
Member Months	190,667
Claims >\$100k PMPM	\$43.51
Claims <\$100k PMPM	\$348.80
Pooling Charge	12.5%



**Derivation of Experience Period Average AV and Induced Demand Factor**

				Weighted Average AV * ID
				<b>0.8224</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)	25,249	0.901	1.150	1.037
VT Standard Gold 1 (2019)	24,616	0.801	1.084	0.868
VT Non-Standard Gold 2 (2019)	1,853	0.812	1.092	0.887
VT Non-Standard Gold 3 (2019)	54,267	0.813	1.093	0.889
VT Standard Silver 3 (2019)	1,238	0.740	1.053	0.780
VT Standard Silver 4 (2019)	1,904	0.722	1.043	0.753
VT Non-Standard Silver 2 (2019)	108	0.723	1.044	0.754
VT Non-Standard Silver 1 (2019)	1,197	0.712	1.037	0.738
VT Standard Silver 3 II (2019)	12,986	0.740	1.053	0.780
VT Standard Silver 4 II (2019)	12,314	0.722	1.043	0.753
VT Non-Standard Silver 2 II (2019)	4,434	0.722	1.043	0.753
VT Non-Standard Silver 1 II (2019)	9,398	0.712	1.037	0.738
VT Standard Bronze 2 (2019)	11,320	0.630	1.010	0.636
VT Standard Bronze 3 (2019)	25,236	0.634	1.012	0.642
VT Standard Bronze 4 (2019)	829	0.666	1.021	0.679
VT Non-Standard Bronze 5 (2019)	2,771	0.638	1.013	0.646
VT Non-Standard Bronze 1 (2019)	947	0.631	1.010	0.637

**Derivation of 2020 Average AV**

		Weighted Average AV
		<b>0.7693</b>
Medical Coplan	Member Months	Pricing Model AV
VT Non-Standard Bronze 1 (2020)	1,413	0.620
VT Standard Bronze 2 (2020)	13,283	0.626
VT Standard Bronze 3 (2020)	26,420	0.632
VT Standard Bronze 4 (2020)	767	0.660
VT Non-Standard Bronze 5 (2020)	1,289	0.638
VT Standard Gold 1 (2020)	37,616	0.795
VT Non-Standard Gold 2 (2020)	3,003	0.805
VT Non-Standard Gold 3 (2020)	71,750	0.813
VT Non-Standard Silver 1 (2020)	32	0.709
VT Non-Standard Silver 1 II (2020)	14,898	0.709
VT Non-Standard Silver 2 (2020)	60	0.719
VT Non-Standard Silver 2 II (2020)	5,765	0.718
VT Standard Silver 3 (2020)	0	0.731
VT Standard Silver 3 II (2020)	17,659	0.731
VT Standard Silver 4 (2020)	76	0.715
VT Standard Silver 4 II (2020)	17,793	0.715
VT Standard Platinum 1 (2020)	35,816	0.900

**Derivation of February 2021 Average AV**

		Weighted Average AV
		<b>0.7647</b>
Medical Coplan	Members	Pricing Model AV
VT Non-Standard Bronze 1 (2021)	189	0.615
VT Standard Bronze 2 (2021)	1,064	0.625
VT Standard Bronze 3 (2021)	2,245	0.629
VT Standard Bronze 4 (2021)	115	0.650
VT Non-Standard Bronze 5 (2021)	98	0.632
VT Standard Gold 1 (2021)	3,369	0.784
VT Non-Standard Gold 2 (2021)	327	0.809
VT Non-Standard Gold 3 (2021)	6,041	0.802
VT Non-Standard Silver 1 (2021)	13	0.701
VT Non-Standard Silver 1 II (2021)	1,311	0.701
VT Non-Standard Silver 2 (2021)	0	0.711
VT Non-Standard Silver 2 II (2021)	472	0.710
VT Standard Silver 3 (2021)	0	0.729
VT Standard Silver 3 II (2021)	1,602	0.729
VT Standard Silver 4 (2021)	10	0.712
VT Standard Silver 4 II (2021)	1,578	0.712
VT Standard Platinum 1 (2021)	3,424	0.898

**Derivation of Projected 2022 Average AV**

		Weighted Average AV
		<b>0.7599</b>
Medical Coplan	Members	Pricing Model AV
VT Non-Standard Bronze 1 (2022)	189	0.616
VT Standard Bronze 2 (2022)	1,064	0.621
VT Standard Bronze 3 (2022)	2,245	0.626
VT Standard Bronze 4 (2022)	115	0.644
VT Non-Standard Bronze 5 (2022)	98	0.632
VT Standard Gold 1 (2022)	3,369	0.780
VT Non-Standard Gold 2 (2022)	327	0.809
VT Non-Standard Gold 3 (2022)	6,041	0.794
VT Non-Standard Silver 1 (2022)	13	0.691
VT Non-Standard Silver 1 II (2022)	1,311	0.691
VT Non-Standard Silver 2 (2022)	0	0.711
VT Non-Standard Silver 2 II (2022)	472	0.710
VT Standard Silver 3 (2022)	0	0.724
VT Standard Silver 3 II (2022)	1,602	0.724
VT Standard Silver 4 (2022)	10	0.708
VT Standard Silver 4 II (2022)	1,578	0.708
VT Standard Platinum 1 (2022)	3,424	0.897

Month	Member Months	Medical	Pharmacy	Dental	Age Fx	ID Fx	Medical	Rx Unit	Normalized	Normalized	Dental	Normalized Total Allowed PMPM
		Allowed PMPM	Allowed PMPM	Allowed PMPM			Unit Cost Fx	Cost Fx	Medical Allowed PMPM	Normalized Pharmacy Allowed PMPM	Allowed PMPM	
201701	4,607	\$440.35	\$68.86	\$1.19	1.614	1.066	1	1	\$440.35	\$68.86	\$1.19	\$510.40
201702	4,612	\$354.87	\$69.17	\$0.63	1.616	1.066	1	1	\$354.49	\$69.10	\$0.63	\$424.23
201703	4,595	\$364.01	\$89.31	\$0.33	1.617	1.066	1	1	\$363.33	\$89.14	\$0.32	\$452.80
201704	4,612	\$344.39	\$70.31	\$0.99	1.618	1.066	1	1	\$343.62	\$70.15	\$0.99	\$414.76
201705	4,632	\$425.62	\$80.76	\$0.63	1.626	1.065	1	1	\$422.87	\$80.23	\$0.63	\$503.73
201706	4,619	\$349.87	\$89.69	\$0.72	1.626	1.064	1	1	\$347.82	\$89.16	\$0.72	\$437.70
201707	4,618	\$342.99	\$84.97	\$0.98	1.626	1.064	1	1	\$340.87	\$84.45	\$0.97	\$426.29
201708	4,638	\$423.07	\$89.23	\$0.93	1.627	1.065	1	1	\$420.28	\$88.64	\$0.92	\$509.84
201709	4,666	\$405.12	\$103.23	\$0.53	1.633	1.064	1	1	\$400.89	\$102.15	\$0.52	\$503.56
201710	4,673	\$358.88	\$99.30	\$0.72	1.633	1.064	1	1	\$355.21	\$98.28	\$0.71	\$454.21
201711	4,655	\$430.67	\$83.14	\$1.00	1.636	1.064	1	1	\$425.51	\$82.14	\$0.99	\$508.64
201712	4,644	\$365.45	\$85.59	\$0.91	1.640	1.065	1	1	\$360.01	\$84.32	\$0.90	\$445.23
201801	14,336	\$391.66	\$60.33	\$1.35	1.599	1.065	1.031	1.097	\$383.51	\$55.54	\$1.32	\$440.38
201802	14,349	\$381.94	\$56.45	\$1.50	1.600	1.065	1.031	1.097	\$373.60	\$51.91	\$1.47	\$426.97
201803	14,369	\$366.38	\$68.41	\$1.72	1.601	1.065	1.031	1.097	\$358.25	\$62.89	\$1.68	\$422.82
201804	14,359	\$417.10	\$77.45	\$1.05	1.602	1.065	1.031	1.097	\$407.70	\$71.17	\$1.02	\$479.89
201805	14,353	\$450.75	\$82.42	\$1.30	1.604	1.065	1.031	1.097	\$440.01	\$75.64	\$1.27	\$516.92
201806	14,397	\$383.58	\$70.16	\$1.37	1.605	1.065	1.031	1.097	\$374.09	\$64.32	\$1.34	\$439.75
201807	14,408	\$357.07	\$79.16	\$1.38	1.603	1.065	1.031	1.097	\$348.72	\$72.68	\$1.34	\$422.74
201808	14,446	\$409.24	\$81.00	\$1.43	1.604	1.065	1.031	1.097	\$399.54	\$74.34	\$1.40	\$475.28
201809	14,477	\$367.68	\$78.21	\$0.90	1.603	1.065	1.031	1.097	\$359.09	\$71.81	\$0.88	\$431.78
201810	14,432	\$450.96	\$87.15	\$1.11	1.605	1.065	1.031	1.097	\$439.85	\$79.91	\$1.09	\$520.85
201811	14,377	\$433.85	\$76.77	\$1.38	1.605	1.065	1.031	1.097	\$423.22	\$70.41	\$1.35	\$494.98
201812	14,448	\$401.03	\$82.99	\$1.58	1.605	1.066	1.031	1.097	\$391.17	\$76.10	\$1.54	\$468.81
201901	15,941	\$412.17	\$69.45	\$1.11	1.601	1.071	1.069	1.154	\$386.87	\$60.41	\$1.04	\$448.32
201902	15,916	\$379.09	\$72.99	\$0.95	1.600	1.071	1.069	1.154	\$355.87	\$63.49	\$0.90	\$420.25
201903	15,916	\$455.27	\$78.41	\$1.54	1.602	1.071	1.069	1.154	\$426.82	\$68.11	\$1.45	\$496.38
201904	15,909	\$427.93	\$86.77	\$1.21	1.606	1.071	1.069	1.154	\$400.13	\$75.18	\$1.13	\$476.45
201905	15,876	\$410.20	\$80.17	\$1.71	1.607	1.071	1.069	1.154	\$383.54	\$69.46	\$1.60	\$454.59
201906	15,824	\$373.85	\$75.26	\$2.78	1.607	1.071	1.069	1.154	\$349.39	\$65.18	\$2.60	\$417.17
201907	15,862	\$387.43	\$80.44	\$2.28	1.609	1.071	1.069	1.154	\$361.78	\$69.60	\$2.13	\$433.51
201908	15,866	\$412.93	\$80.57	\$1.29	1.611	1.071	1.069	1.154	\$385.01	\$69.61	\$1.21	\$455.82
201909	15,871	\$414.33	\$77.67	\$1.26	1.611	1.071	1.069	1.154	\$386.40	\$67.12	\$1.17	\$454.69
201910	15,884	\$434.62	\$78.39	\$1.38	1.612	1.071	1.069	1.154	\$404.98	\$67.68	\$1.29	\$473.94
201911	15,878	\$421.33	\$80.33	\$2.03	1.614	1.071	1.069	1.154	\$392.17	\$69.28	\$1.89	\$463.34
201912	15,924	\$410.74	\$92.36	\$1.92	1.614	1.071	1.069	1.154	\$382.29	\$79.65	\$1.79	\$463.73
202001	20,820	\$432.41	\$74.50	\$1.98	1.607	1.073	1.109	1.199	\$389.10	\$61.98	\$1.78	\$452.86
202002	20,825	\$396.85	\$82.43	\$1.17	1.608	1.073	1.109	1.199	\$356.94	\$68.55	\$1.05	\$426.55
202003	20,760	\$330.76	\$98.84	\$0.96	1.610	1.073	1.109	1.199	\$297.14	\$82.10	\$0.86	\$380.11
202004	20,633	\$224.74	\$99.99	\$0.02	1.609	1.073	1.109	1.199	\$201.91	\$83.06	\$0.01	\$284.98
202005	20,556	\$335.06	\$90.36	\$0.19	1.611	1.073	1.109	1.199	\$300.68	\$74.98	\$0.17	\$375.83
202006	20,644	\$405.51	\$101.29	\$1.77	1.611	1.073	1.109	1.199	\$363.75	\$84.01	\$1.59	\$449.36
202007	20,522	\$469.02	\$98.96	\$2.47	1.612	1.073	1.109	1.199	\$420.50	\$82.04	\$2.22	\$504.75
202008	20,499	\$427.42	\$99.15	\$1.34	1.614	1.073	1.109	1.199	\$382.74	\$82.10	\$1.20	\$466.03
202009	20,513	\$449.24	\$93.72	\$1.19	1.617	1.073	1.109	1.199	\$401.69	\$77.49	\$1.06	\$480.24
202010	20,571	\$454.15	\$98.08	\$1.88	1.618	1.073	1.109	1.199	\$405.86	\$81.05	\$1.68	\$488.59
202011	20,687	\$405.01	\$98.28	\$1.18	1.617	1.073	1.109	1.199	\$362.16	\$81.26	\$1.05	\$444.47
202012	20,610	\$442.00	\$115.64	\$1.94	1.619	1.073	1.109	1.199	\$394.59	\$95.46	\$1.74	\$491.79
202101	21,787	\$489.21	\$86.24	\$1.26	1.617	1.070	1.165	1.311	\$417.26	\$65.38	\$1.07	\$483.71
202102	21,853	\$475.52	\$99.30	\$1.93	1.617	1.070	1.165	1.311	\$405.68	\$75.31	\$1.65	\$482.64

**Historical Bad Debt as % of Premium, 2018 to 2020**

**Small Group**

<b>Year</b>	<b>Bad Debt</b>	<b>Premium</b>	<b>Bad Debt as % Premium</b>
2018	\$15,113	\$82,322,131	0.02%
2019	\$63,355	\$86,305,106	0.07%
2020	\$54,673	\$135,737,068	0.04%
<b>Total</b>	<b>\$133,141</b>	<b>\$304,364,305</b>	<b>0.04%</b>

MVP VT Telehealth Analysis							
	Office - BH	Office - Other	Office - PCP	Telehealth - BH	Telehealth - Other	Telehealth - PCP	
<b>Pre-Pandemic Total</b>	\$365,115	\$359,373	\$949,564	\$1,940		\$1,755	
<b>Post-Pandemic Total</b>	\$179,263	\$379,803	\$901,084	\$358,577		\$76,999	
<b>Pre-Pandemic PMPM</b>	\$11.38	\$11.21	\$29.61	\$0.06		\$0.05	
<b>Post-Pandemic PMPM</b>	\$4.78	\$10.13	\$24.04	\$9.56		\$2.05	
						<b>Pre-Pandemic</b>	<b>\$52.32</b>
						<b>Post-Pandemic</b>	<b>\$54.21</b>
						<b>Increase to build into 2022 Rates</b>	<b>\$1.89</b>



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June 3, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filing - Small  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/27/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. The membership provided in rows 34-39 of the rate increase exhibit appear to be the total market members from February 2020. Please update the rate increase exhibit such that the numbers in these rows reflect the February 2021 membership for the small group market only.

Response: Please see attached excel file which contains the updated membership. The PDF version of the rate increase exhibit that was originally provided is still correct, therefore we did not create a new one.

2. Regarding the response to question #1 of the previous objection letter – Please explain why ‘New York Participating Hospitals’ and ‘Rental and Non-participating Hospitals’ have different contract trends for individual vs. small group.

Response: The contracted trends for the New York participating hospitals are the same for small group and individual for a given facility. The New York participating hospital line represents a weighted average of contracted increases, based on actual utilization of Vermont members at New York facilities, which varies between small group and individual.

Because MVP does not receive trend analysis from this rental network partner, MVP has historically analyzed claim data for its commercial book of business under the rental network arrangement to determine a unit cost trend. However, MVP has found these claims to be highly variable over time, both in acuity of services as well as location of services, and has found these projected trends to show limited predictive ability. Therefore, MVP has set this line item equal to the New York Participating Hospitals line, implicitly assuming that its rental network partner negotiates similarly to MVP.

3. Regarding the response to question #5 of the previous objection letter – Please elaborate on the drivers of the spike in Rx trend in 2020 of 21.7%.



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Response: Please see the table below that breaks out RX trend by its components. While brand, generic, and specialty are all contributing significantly to the abnormally high RX trend, specialty drug utilization is the largest driver. MVP saw a large spike in specialty drug utilization in 2020. The CVS trend model that was provided in response to the last objection details the utilization of specialty drug by category for 2020.

MVP VT 2020 Trend Detail		
	Unit Cost	Utilization
<b>Generic</b>	6.0%	10.0%
<b>Brand</b>	11.7%	6.3%
<b>Specialty</b>	5.8%	20.1%

4. Regarding the response to question #14 of the previous objection letter – Was any analysis done on how the utilization of telehealth services may have lowered in-person utilization other than in-person office visits (ER, INP BH, etc.)?

Response: Overall, MVP is not experiencing a reduction to claim costs. Emerging 2021 data is not showing a decrease in telehealth services and claims in total are outpacing expectations. Because MVP's claim adjustment for increased telehealth services is specific to office visits and does not consider IP, OP, Specialist, or ER physician costs, and we are not seeing overall decreases to claim costs, we believe that the telehealth services being provided are directly comparable to office visits without a corresponding decrease to other services.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care



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June 25, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filings – Individual and Small Group  
SERFF Tracking #: MVPH-132824950, MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/18/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please provide the projected cost sharing reduction (CSR) recoveries imbedded in MVPHP's 2021 individual and small group (VHC) filing and its actual recoveries to date. Explain whether MVPHP expects actual recoveries in 2021 to deviate from the projection and, if so, by how much.

Response: Due to Federal CSR defunding, MVP loaded the projected CSR recoveries that otherwise would've been paid out by the federal government into the on-exchange silver plans. For 2021 plans, the projected amount was \$82.43 PMPM for members in an on-exchange silver plan. As of April 2021, the actual CSR amount for 2021 is \$85.71 PMPM. Note that the 2021 data does not include IBNR therefore the \$85.71 quoted for YTD April 2021 will almost certainly grow as claims continue to run out. Since this data is only for 4 months of the year, there are items that need to be considered when comparing the projected vs actual. Claims seasonality varies month to month and 4 months may not provide an accurate depiction of the year. Also, since this data is for the first 4 months of the year, there many members are still paying their full claims due to deductibles. As the year goes on more and more people will hit their deductible which will increase claim expense and as a result, CSR amounts increase. MVP is seeing higher than expected incurred claims across its VT population in 2021. This results in an expectation that MVP will see higher than expected CSR amounts relative to the projected amount in the 2021 rate filing.

2. In a format similar to the table on page 4 of MVPHP's actuarial memorandums for the 2022 VHC filings, please provide two tables – one relating to the individual market and one relating to the small group market – that show incurred and paid claim amounts and IBNR factors for each month of 2020 and 2021 to date. If total member months by month and incurred claims PMPMs by month for 2019, 2020, and 2021 to date are included in the documents MVPHP has already submitted in connection with the filing, please specify where they can be found. Otherwise, please provide these data.

Response: Please see the tab "Question #2" in the attached Excel document for the tables that show medical incurred and paid claim amounts and IBNR factors for each month of 2020 and 2021 through April. Total member months by month and medical plus pharmacy incurred claims PMPMs by month for 2019 and 2020 are provided in the Actuarial Memo Dataset submitted by MVP in connection with the filing. We have provided this information for the first four months of 2021 in the attached Excel document.





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3. Explain how the proposed 2022 individual and small group rates would be impacted if MVPHP had used 2020 as the experience period instead of 2019.

Response: If MVP used 2020 data instead of 2019 data, the proposed rate increases would be unchanged. Since 2020 was an outlier year, a normalization factor would have been used to “undo” the reduction in cost due to COVID-19 since 2022 is not expected to be an outlier year as well. Choosing a single normalization factor with confidence is incredibly challenging, and it is unknown how 2020 risk transfer results are impacted by the COVID-19 pandemic as COVID diagnoses as well as irregular utilization of services could be skewing relative risk scores in 2020. As a result, MVP would normalize 2020 back to 2019 with one year of trend, since that is our best estimate for what 2020 would have been without COVID-19. This results in the same answer as using 2019 data trended 3 years, the method we chose to use.

4. Please provide MVPHP’s cost per dose for COVID-19 vaccines. If costs vary by provider, please provide a weighted average.

Response: MVPHP’s weighted average cost per dose for COVID-19 vaccinations is \$22.54. Please note that this figure is just the administration cost of the vaccination as the federal government has been covering the ingredient cost of the vaccination.

5. Does MVPHP’s data support a 1% annual utilization trend for 2022? If so, please submit such data. If not, please explain what if any annual utilization trend MVPHP’s data supports and provide the corresponding data.

Response: Please see question 2 of the publicly available MVP response to objection letter 2 from L&E for both the individual and small group filings for MVP’s utilization trend models.

6. What were MVPHP’s actual allowed prescription trend and actual paid prescription trend net of Rx rebates for the experience period 1/1/20-12/31/20 for the VHC plans? Please submit data showing why both trend numbers are so much higher in MVPHP’s 2022 VHC Filing than they were in MVP’s 2021 VHC Filing.

Response: Please see the tab “Question #6” in the attached Excel document for the actual trends observed in the 2020 experience period. Note that the trends provided reflect both small and individual data. Data supporting the trend changes can be seen in the confidential response to question 4 to objection letter 2 from L&E.

7. Provide support for the \$3.35 PMPM difference between the \$43.75 administrative load MVPHP used in its 2021 VHC filing and the \$47.10 administrative load MVPHP is using in its 2022 filings. If MVPHP had used the same \$43.75 administrative load in its 2022 filings as it used in its 2021 filing, how would MVPHP’s filings be impacted? Please provide both a percentage rate impact and a total dollar impact.

Response: MVP proposed \$43.75 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the proposed administrative expense PMPM for 2022 is \$42.20. Please see the table below.



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**Summary of 2022 Administrative Expenses**

	<b>Proposed Admin PMPM</b>	<b>Enrollment as of February 2021</b>
Individual	\$47.10	15,371
Small Group	\$38.75	21,858
Combined	\$42.20	37,229

Please see the tab “Question #7” in the attached Excel document for a calculation of the rate change in 2022 using the same \$43.75 administrative load. Although the individual market would have a reduced increase in rates, the small group market would experience an additional 0.90% average rate increase. Using \$43.75 instead of MVP’s proposed administrative load results in an overall increase to premium of 0.25% or \$707,567 for the year.

8. Has MVPHP evaluated its pharmacy partner recently? If so, when? If not, does it plan to? Does MVP have any internal analysis on opportunities for more pharmacy rebates or lower costs?

Response: This response was provided by MVP’s clinical team. MVP reviews contractual terms with the PBM on a regular basis, including performing mid-contract market check analyses and regular RFPs. MVP strives to achieve the lowest net-net cost of medications and services, and does not just look at rebates in our contractual negotiations.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care

MVP VT Small Group Data			
Incurring Month	Paid as of 04/30/2021	Incurring Estimate	IBNR Factor
202104	\$2,875,966.28	\$8,275,817.05	2.878
202103	\$7,731,990.85	\$9,042,621.04	1.170
202102	\$7,205,653.99	\$7,915,823.27	1.099
202101	\$7,127,727.24	\$7,483,303.30	1.050
202012	\$7,533,995.28	\$7,744,392.10	1.028
202011	\$6,919,298.97	\$7,022,840.08	1.015
202010	\$7,872,766.20	\$7,938,333.11	1.008
202009	\$7,569,346.05	\$7,650,904.57	1.011
202008	\$7,060,887.51	\$7,085,184.88	1.003
202007	\$8,046,175.66	\$8,066,153.87	1.002
202006	\$6,620,967.99	\$6,632,920.36	1.002
202005	\$5,560,100.11	\$5,566,758.10	1.001
202004	\$3,817,098.25	\$3,819,409.09	1.001
202003	\$5,132,686.41	\$5,134,830.51	1.000
202002	\$5,816,986.76	\$5,818,713.93	1.000
202001	\$6,120,529.45	\$6,121,782.21	1.000

MVP VT Small Group Data			
Incurring Month	Member Months	Incurring Claims PMPM	
202104	21,844		\$480.35
202103	21,823		\$518.02
202102	21,847		\$451.11
202101	21,788		\$411.00

MVP VT Individual Data			
Incurring Month	Paid as of 04/30/2021	Incurring Estimate	IBNR Factor
202104	\$2,445,109.52	\$7,035,993.15	2.878
202103	\$6,620,181.37	\$7,742,351.55	1.170
202102	\$5,210,249.93	\$5,723,757.72	1.099
202101	\$5,847,262.44	\$6,138,960.83	1.050
202012	\$6,455,261.27	\$6,635,533.01	1.028
202011	\$5,620,471.78	\$5,704,577.11	1.015
202010	\$6,516,036.51	\$6,570,304.14	1.008
202009	\$6,612,674.42	\$6,683,924.95	1.011
202008	\$6,599,139.39	\$6,621,847.82	1.003
202007	\$6,786,907.56	\$6,803,759.08	1.002
202006	\$7,941,131.69	\$7,955,467.26	1.002
202005	\$5,416,515.08	\$5,423,001.13	1.001
202004	\$4,169,541.26	\$4,172,065.47	1.001
202003	\$4,935,662.38	\$4,937,724.18	1.000
202002	\$6,016,703.07	\$6,018,489.54	1.000
202001	\$6,269,024.57	\$6,270,307.72	1.000

MVP VT Individual Data			
Incurring Month	Member Months	Incurring Claims PMPM	
202104	15,311		\$559.32
202103	15,207		\$605.93
202102	15,221		\$453.50
202101	15,378		\$472.94

<b>2020 RX Trends</b>		
	Allowed	Paid Net of Rebates
2019 PMPM	\$77.53	\$49.90
2020 PMPM	\$94.32	\$60.19
<b>2020/2019 Trend</b>	<b>21.7%</b>	<b>20.6%</b>

MVP VT Administrative Cost Summary

	2022 Proposed Admin		2021 Proposed Admin		Difference	
	Average Rate		Average Rate		Average Rate	
	Increase	Average PMPM	Increase	Average PMPM	Increase	Average PMPM
Individual	17.03%	\$687.98	16.45%	\$684.55	-0.58%	-\$3.43
Small Group	4.97%	\$598.62	5.87%	\$603.73	0.90%	\$5.11





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- For each filing, calculate how MVPHP’s pricing trend assumptions, medical trend assumptions, and proposed average rate increase would be impacted if the company had assumed that the Green Mountain Care Board will approve the same hospital budget increases later this year as it approved in 2019.

Response: Please see the following tables for the individual and small group filing, respectively.

MVPVP Individual Rate Filing		
	Proposed Rate Increase Under Projected Hospital Budget	Proposed Rate Increase Under Hospital Budget from 2019
Allowed Medical Trend	5.8%	5.3%
Paid Medical Trend	6.4%	5.8%
Total Trend	7.6%	7.1%
Average Rate Increase	17.0%	15.7%

MVPVP Small Group Rate Filing		
	Proposed Rate Increase Under Projected Hospital Budget	Proposed Rate Increase Under Hospital Budget from 2019
Allowed Medical Trend	5.8%	5.4%
Paid Medical Trend	6.7%	6.2%
Total Trend	8.1%	7.6%
Average Rate Increase	5.0%	3.8%

- Explain how MVPHP expects the Transparency in Coverage final rule and the Hospital Price Transparency final rule to impact insurer/provider contracting, if at all.

Response:

This response was prepared by MVP’s contracting team.

Transparency in Coverage

Inpatient claims are typically paid on a DRG basis. DRG pricing requires calculation based on all patient diagnoses during a stay as well as calculated severity of illness, length of stay, cost, etc. These factors can only be determined after the fact and, therefore, any up-front pricing information would be highly speculative and would require in-depth knowledge of a highly complicated calculation.



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Most hospitals in Vermont are paid on a line-item discount off charges methodology for outpatient claims. Pre-service pricing estimates could only be made accurately if a health plan knew in advance every service and supply that a hospital would bill during a given encounter. This would be unlikely and, therefore, also highly speculative.

The Transparency in Coverage final rule has the potential to pressure health plans and hospitals to reconsider their payment methodologies - which would be a very significant undertaking on both ends - in order to provide more accurate pre-service pricing.

Hospital Price Transparency

Hospital Price Transparency has the potential to affect MVP’s contracting with its network hospitals to the extent that the consumer awareness it creates will likely pressure hospitals to rationalize and make shifts within their chargemasters. A hospital may need to stay competitive, for example, with its ambulatory surgery pricing by lowering those rates in exchange for increasing rates on other services (i.e., lab, imaging). This may result in significant cost shifts for MVP. If a hospital has historically focused on inflating prices on high volume services, any significant cost shifting within its chargemaster has the potential to negatively affect MVP’s claims expenditure for its Vermont members.

- For the most recent year for which data are available, specify the percentages of payments made by MVPHP under each APM category below across its individual and small group plans. The categories below are described in more detail in the Health Care Payment Learning & Action Network’s Alternative Payment Model Framework Final White Paper dated January 12, 2016, available at <https://hcp-lan.org/workproducts/apmwhitepaper.pdf> and are the subject of issuer reporting in the QIS Implementation Plan and Progress Report Form, OMB 0938-1286.

Category 1 – Fee for Service – No Link to Quality & Value	<u>71%</u>
Category 2 – Fee for Service – Link to Quality & Value	<u>0%</u>
Category 3 – APMs Built on Fee for Service Architecture	
• APMs with Upside Gainsharing	<u>29%</u>
• APMs with Upside Gainsharing/Downside Risk	<u>0%</u>
Category 4 – Population-based Payment	
• Condition-Specific Population-Based Payment	<u>0%</u>
• Comprehensive Population-Based Payment	<u>0%</u>

Response: Please see the table above for the percent of claims paid under each category.

- Describe in detail MVPHP’s efforts and plans to increase the use of higher-value payment approaches and its efforts and plans to implement fixed prospective payments within its ACO program in Vermont.

Response: This response was prepared by MVP’s contracting team. MVP continues to engage in a total cost of care shared savings arrangement with OneCare VT in 2021 for our Commercial Individual and Small Group lines of business. Both parties continue discuss the exploration of potential future pathways that will benefit consumers that are designed to improve population health, member satisfaction and cost efficiency through the reduction of





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low value care through further alignment of payment models (e.g. down-side risk, capitation, etc.)

6. Explain how MVPHP defines and measures low value care and whether it has estimated the amount of low value care provided in Vermont.

Response: This response was prepared by MVP's clinical team. MVP Health Care focuses on low value care and its implications for value, cost and quality, which we define as care that:

- Exposes patients to iatrogenic (doctor-caused) harm and/or increased unnecessary downstream utilization;
- Imposes unnecessary out of pocket costs; and/or
- Leads to lost time, lost productivity, and increased stress for the consumer.

Thoughtfully addressing low value care requires education to members that "more care" is not equal to "good care." As well, close partnering with providers who champion a focus on low value care reduction is essential. Fundamentally, those provider partnerships embedded in value based provider arrangements with downside risk, alternative payment methods, and capitation models are the best positioned to target successful reduction of low value care.

7. Explain MVPHP's rationale for classifying antidepressants and antipsychotic/antimanic agents as preventive and explain whether MVPHP anticipates a decrease in claims costs associated with better management of associated conditions.

Response: This response was prepared by MVP's clinical team. MVP reviewed claims data and the definition of preventive drugs. Based upon other drug categories being categorized as preventive, antidepressants and antipsychotics medications were added as of 1/1/20. Preliminary data has shown increased medication compliance after adding to the preventive drug list, but more time is needed to evaluate full financial impact due to 2020 not being a typical year.

8. Explain how the surgery center adjustments reflected in the outpatient trend table on page 1 of the documents submitted on May 24, 2021 and titled "CONFIDENTIAL\_Support for LE Individual Objection #2\_SERFF.pdf" and "CONFIDENTIAL\_Support for LE Small Objection #2\_SERFF" were calculated.

Response: This adjustment was calculated by assuming a shift in outpatient surgery services from hospitals to the Green Mountain Surgery Center. 2019 claims data was used and as the starting point of this analysis. MVP assumed that 8.7% of eligible outpatient surgery services would shift from hospitals to the Green Mountain Surgery Center. Based on the analysis done in Question 5 of the 2020 VT rate filings post hearing questions from the Green Mountain Care Board, the services at the GMSC will be a reduction in cost of -40.4% as compared to the same services in a hospital setting. This results in a decrease of -0.15% in outpatient trend.

9. Specify the number of members directly enrolled in MVPHP plans and describe in detail the efforts MVPHP has made to date and will make prior to open enrollment to inform these individuals of the subsidies that may be available to them if they purchase a qualified health plan through Vermont Health Connect.
  - a. At the hearing, please be prepared to explain how many directly enrolled members have enrolled



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through Vermont Health Connect for the 2021 plan year.

Response: This response was prepared by MVP's marketing and communications team. MVP Health Care® (MVP) has been working collaboratively with Vermont Health Connect to develop communication plans and to outreach Vermonters regarding the increased subsidies available through the American Rescue Plan Act (ARPA). MVP currently has 2,391 members directly enrolled in MVPHP plans, and MVP has contacted all of the subscribers associated with these members.

In April 2021, MVP mailed an informational letter and flyer to 865 Vermont Individual subscribers enrolled directly with MVP in Platinum, Gold, and Bronze plans to explain the ARPA provision and how eligible members could take advantage of increased subsidies.

Additionally, in May 2021, MVP mailed an informational letter and flyer to 37 direct subscribers enrolled in base Silver plans, and approximately 500 subscribers enrolled in Silver Reflective plans.

Beginning in early June, MVP also updated our online Shop for a Plan tool to reflect ARPA subsidy eligibility changes, added a website banner calling out the change, and began running organic social media campaigns targeted to Vermont geographies to advertise the new subsidy availability per ARPA.

MVP continues to meet weekly with Vermont Health Connect representatives on ARPA-specific communications and is discussing the possibility of a secondary mailing via postcard or an email outreach to direct MVP Individual members later this summer prior to Open Enrollment.

10. We understand that carriers will take over premium billing in 2022. On a PMPM basis, quantify the administrative costs associated with this function that are included in the proposed rates.

Response: This response was prepared by MVP's financial planning team. Please see below for a PMPM breakdown of billing related costs. These figures represent MVP's total cost for these breakouts, not the incremental cost year over year.

- Individual
  - Billing related costs (i.e. print postage and staff): \$1.73
  - Treasury related costs (i.e. credit card and other banking fees) \$4.88
- Small Group
  - Billing related costs (i.e. print postage and staff): \$0.33
  - Treasury related costs (i.e. credit card and other banking fees) \$0.60

11. For each of the past five years, specify the percentage of claims MVPHP has recovered through its Special Investigations Unit (fraud, waste, and abuse program) for the plans under review, explain whether there are any national benchmarks for such recoveries, and explain how MVPHP monitors or evaluates the effectiveness of this program.



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Response: This response was prepared by MVP's SIU team. In each of the last 5 years, recoveries for Vermont membership has accounted for less than 1% of claim adjustments resulting from SIU actions. These recoveries are in line with expectations based on the smaller ratio of Vermont to New York membership, where roughly 7% of members are from the state of Vermont.

Each year the SIU creates a Fraud, Waste, and Abuse Prevention plan, which evaluates industry schemes and organizational risk, to establish the areas that the SIU will focus on in the coming year. These risk areas are analyzed and pursued at the issue level and would affect all MVP membership. MVP evaluates the effectiveness of its fraud, waste, and abuse program each November when a comparison is conducted between the Fraud, Waste and Abuse Prevention plan and SIU activities. The FWA Prevention Plan is reviewed, approved and effectiveness evaluated each year by the Corporate Compliance Committee.

12. For each Vermont general/community hospital and for Dartmouth-Hitchcock, the ratio of MVPHP's inpatient reimbursement to Medicare's inpatient reimbursement, standardized by MS-DRG relative weights, and the ratio of MVPHP's outpatient reimbursement to Medicare's outpatient reimbursement, standardized by APC relative weights (in a similar format as MVPHP provided last year in response to question 15 of the Board's post-hearing questions).

Response: [REDACTED]

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff".

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care



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June 25, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/18/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. We see from the actuarial memorandum that no reduction to market morbidity was assumed in relation to the American Rescue Plan Act. While we recognize that these new members will be making anti-selective decisions, they are by definition the population who chose not to elect coverage under the pre-existing subsidies that generated the 2020 market. Therefore, it would seem they will be almost guaranteed to be healthier than the average enrollee in the 2020 experience. Provide further explanation for why no adjustment is being made.

Response: MVP is assuming the American Rescue Plan Act will have no impact on the small group market morbidity as there are no subsidies.

2. We acknowledge that the assumed cost and uptake rate of the COVID-19 booster is the same as the flu vaccine. Please disclose the dollar amount cost and percentage uptake rate assumed.

Response: In 2020, MVP's uptake rate in the Vermont small group market was 30% and dollar amount cost was \$54.44. MVP assumes that after the pandemic is over, COVID booster shots will see utilization rates analogous to the flu shot. Note these figures do not capture the percent of members receiving flu shots through the VT Vaccine Pilot.

3. Please provide cited sources and support for the assumption that COVID-19 booster shots will be approved and needed as early as 2022.

Response: Please see below for sources and excerpts from the sources that MVP believes support for the assumption that COVID-19 booster shots will be approved and needed as early as 2022.

- [Covid vaccine: Moderna hopes to have booster shot ready by the fall, says CEO \(cnbc.com\)](https://www.cnbc.com)

“Moderna hopes to have a booster shot for its two-dose Covid vaccine **available in the fall**, CEO Stephane Bancel told CNBC on Wednesday. “I want to make sure there are boost vaccines available in the fall so that we protect people as we go into the next fall and winter season in the U.S.,” Bancel said in an interview on “Squawk Box.””

- [When will you need a Covid-19 booster shot? Here's what experts say. \(advisory.com\)](https://www.advisory.com)

“Both Pfizer CEO Albert Bourla and Moderna CEO Stéphane Bancel have agreed that booster shots for Covid-19 vaccines will likely be necessary.

“The data that I see coming, they are supporting the notion that likely there will be a **need for a booster somewhere between eight and 12 months**,” Bourla said. Bourla added that Pfizer has yet to finish its trials on its booster vaccine. “I believe in one, two months we will have enough data to speak about it with much higher scientific certainty,” he said. Any plan for administering booster shots would also depend on what FDA approves and believes is best for protecting Americans, Bourla added.

Bancel said he believes the United States should aim to distribute booster shots sooner rather than later. “I think as a country we should rather be two months too early, than two months too late with outbreaks in several places,” he said. “People at highest risks (elderly, health care workers) were vaccinated in December/January,” he added. “So I would do (a) September start for those at highest risk.”

- [Covid vaccine booster shots: FDA says we could need them within a year \(cnn.com\)](https://www.cnn.com)  
“Covid-19 booster shots could be needed for fully vaccinated people within a year”, the Food and Drug Administration’s top vaccine regulator said Tuesday.

The current versions of the Pfizer-BioNTech and Moderna Covid-19 vaccines are highly effective at preventing Covid and also appear to protect against the variants circulating in the United States, said Dr. Peter Marks, director of the FDA’s Center for Biologics Evaluation and Research.

“So, hopefully, you know, it would be nice if it’ll turn out that it’ll be a year before anyone might need a booster,” Marks said during a virtual press conference on the Covid-19 vaccines with high school and middle school journalists.

“But we still don’t know,” he added. “It could be more, it could be a little less but ... this is just something we’re gonna have to figure out as we go.””

4. Regarding the response to question #16 of the May 17<sup>th</sup> objection letter – please define the time period for the ‘pre-pandemic’ amounts shown and ‘post-pandemic’ amounts shown. Furthermore, please provide the utilization and average unit cost components of the total amounts provided.



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Response: Please see the tab “Question #4” in the attached Excel document for the utilization and average unit cost of telehealth services. Pre-pandemic is defined as 2019 trended to 2020 and post-pandemic is defined as the 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2020.

5. Please provide the administrative costs PMPM as reported in the Supplemental Health Care Exhibit from 2015-2020.

Response: Please see the table below.

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59
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
Individual	2020	\$35.40
Small Group	2020	\$33.65
Combined	2020	\$34.40

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

6. Please provide a breakdown of the general administrative load of \$38.75 by major category. Please provide a similar breakdown for the combined market load as filed in 2021 of \$43.75.

Response: Please see the following table which provides a breakout of the 2021 administrative expense by major category:

Administrative Expense Category	2021 Small Group Available Admin PMPM
Personnel Expenses	\$20.66
Software	\$2.83
Consulting/Project Expenses	\$4.26
All Other Administrative Expenses	\$6.23
<b>Total</b>	<b>\$33.98</b>



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MVP has yet to project in detail administrative expenses for 2022, so a similar breakdown of the \$38.75 has yet to be performed at this point. However, major programs have been undertaken by MVP which will require resources in 2022.

MVP is making significant investments to expand its capabilities to better support its Vermont member base, encompassing quality initiatives/provider analytics, and additional care management staffing & capabilities (incorporating new platforms, and social determinants of health tools). We expect these aforementioned investments (incl. advertising) to total \$1.2m in 2022.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff", with a stylized flourish at the end.

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care

MVP VT Telehealth Analysis						
	Office - BH	Office - Other	Office - PCP	Telehealth - BH	Telehealth - Other	Telehealth - PCP
Pre-Pandemic Average Monthly Allowed Amount	\$365,115	\$359,373	\$949,564	\$1,940		\$1,755 \$89
Post-Pandemic Average Monthly Allowed Amount	\$179,263	\$379,803	\$901,084	\$358,577		\$76,999 \$136,620
Pre-Pandemic Average Monthly Utilization	4,062	4,018	9,442	27		21 2
Post-Pandemic Average Monthly Utilization	1,411	4,387	9,177	3,700		601 1,212
Pre-Pandemic Average Monthly Unit Cost	\$89.87	\$89.44	\$100.57	\$72.23		\$81.99 \$51.97
Post-Pandemic Average Monthly Unit Cost	\$127.07	\$86.57	\$98.18	\$96.91		\$128.03 \$112.75
Pre-Pandemic PMPM	\$11.38	\$11.21	\$29.61	\$0.06		\$0.05 \$0.00
Post-Pandemic PMPM	\$4.78	\$10.13	\$24.04	\$9.56		\$2.05 \$3.64
						Pre-Pandemic Average Unit Cost \$95.48
						Post-Pandemic Average Unit Cost \$99.19
						Pre-Pandemic Utilization 17,572
						Post-Pandemic Utilization 20,489
						Pre-Pandemic Average Monthly Members 32,070
						Post Pandemic Average Monthly Members 37,489
						<b>Increase to build into 2022 Rates \$1.89</b>





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June 30, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/28/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please explain why the propose 2022 rates for Small Group differ for Silver HDHP On-Exchange versus Off-Exchange, shown in "Rate Increase Exhibit 2021-2022 SMALL\_SERFF\_V2.xlsx. Since Small Group does not have CSR, it would be expected that these rates would be the equal. Please reconcile.

Response: MVP is offering the same plan designs for Small Group and Individual for 2022. The on-exchange and off-exchange silver plans were required to have slightly different benefits to allow for silver loading. If the two plans were identical, the premium rates would have to be identical and therefore silver loading could not take place. MVP's internal benefit relativity model rounds actuarial values to 4 decimal places, and the slight difference in benefits for the silver plans doesn't have an impact on the actuarial value at this level for 2 out of the 4 silver plans. As a result, Silver 1 and Silver 3 have the same premium on and off exchange while silver 2 and silver 4 do not.

2. Regarding the response to question #6 of the previous objection – a 2021 admin PMPM of \$33.98 was provided for small group and \$42.19 was provided for individual. We note that the combined weighted average of these two PMPM figures does not match the filed 2021 administrative PMPM of \$43.75. What are the new admin PMPM figures based upon? What is meant by the provided table's label, "Available" Admin PMPM?

Response: This response was provided by MVP's Financial Planning team. To give context to the 2 numbers it is important to understand the timing of their development. More specifically, filed admin rates are estimated well in advance of MVP's administrative budget planning cycle.

Filed admin rates are developed at a very high level and submitted in May of the year preceding the filed rate. On the other hand, MVP's internal administrative expense budgeting and planning cycle work does not begin until August and finishes in February. A draft admin budget is initially approved by the Board in December, but the final admin budget is approved in February of the year in question.

Because rate filing happens so early, there is a lot of volatility in terms of the projects / activities that are anticipated to occur in the subsequent year. Good examples of this for the last few years have been the Abortion Billing federal requirement (later rescinded), Vermont billing (deferred from 01/21 to 01/22), the UVM agreement and the impact that COVID 19 has had.

Note: "Available" in the provided table is mis labelled and should refer to "Budgeted" (Available admin is our terminology for filed admin rates).



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If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff", written in a cursive style.

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care



625 State Street, PO Box 2207  
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July 15, 2021

Ms. Traci Hughes, ASA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2022 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-132824927

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/15/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Using the FY2022 budget submission narratives posted on the GMCB website ([https://gmcboard.vermont.gov/hospital\\_budget\\_individual\\_information\\_FY2022](https://gmcboard.vermont.gov/hospital_budget_individual_information_FY2022)), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.

Response: The average rate increase is 4.92% under the proposed hospital budgets on the GMCB website. This is lower than the 4.97% average rate increase that MVP previously proposed. Please see the attached Excel file for quantitative support. The top table is the 2022 annual medical trend provided in MVP's rate filing and the bottom table is the 2022 annual medical trend under the proposed budget increases.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff".

Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care

**MVP 2022 Medical Trend Before and After Hospital Budget Submissions**

**2022 Annual Trend**

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	24.1%	6.5%	1.0%	7.5%
OP	48.2%	6.3%	1.0%	7.3%
PHY	27.6%	4.1%	1.0%	5.1%
<b>Medical Total</b>		<b>5.7%</b>	<b>1.0%</b>	<b>6.8%</b>

**2022 Annual Trend With Proposed Budget Increases**

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	24.1%	6.4%	1.0%	7.5%
OP	48.2%	5.9%	1.0%	7.0%
PHY	27.6%	4.6%	1.0%	5.7%
<b>Medical Total</b>		<b>5.7%</b>	<b>1.0%</b>	<b>6.7%</b>

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2022

Project Name/Number: /

## Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/04/2021		Supporting Document	Actuarial Memorandum	08/09/2021	2022 Actuarial Memorandum Vermont Exchange Small.pdf Actuarial Memo Dataset 2022 SMALL_SERFF.pdf Actuarial Memo Dataset 2022 SMALL_SERFF.xlsx Rate Increase Exhibit 2021-2022 SMALL_SERFF.pdf (Superseded) Rate Increase Exhibit 2021-2022 SMALL_SERFF.xlsx (Superseded) Federal AVC Actuarial Certification for Non-standard Plans - 2022_03092021.pdf Non-Standard AVC Screenshots 2022 VT.pdf Wakely - VT Standard Plan Designs - AV Certification_2021-03-08.pdf VT 2022 Exchange Rate Filing SMALL_SERFF.pdf (Superseded) VT 2022 Exchange Rate Filing SMALL_SERFF.xlsx (Superseded)
05/04/2021		Supporting Document	Unified Rate Review Template	08/09/2021	Unified-Rate-Review-VT Small 2022.pdf (Superseded) Unified-Rate-Review-VT Small 2022.xlsm (Superseded)

SERFF Tracking #:

MVPH-132824927

State Tracking #:

Company Tracking #:

---

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

VT Small Group 2022

Project Name/Number:

/

***Attachment Rate Increase Exhibit 2021-2022 SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2022 Exchange Rate Filing SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-VT Small 2022.xlsm is not a PDF document and cannot be reproduced here.***

MVP Health Care Derivation of 2022 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Small Group Market as of February 2021

	NON-STANDARD PLANS								STANDARD PLANS								Total Annual Premium	Average PMPM	Average Annual Premium	
	GOLD		SILVER		BRONZE		PLATINUM	GOLD		SILVER		BRONZE								
	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>2022 Proposed Rates</b>																				
Single Rate	\$711.48	\$730.38	\$598.13	\$598.13	\$618.49	\$617.70	\$527.20	\$542.28	\$844.46	\$694.11	\$631.14	\$631.14	\$613.95	\$613.84	\$534.73	\$530.92	\$552.47			
Couple Rate	\$1,422.96	\$1,460.76	\$1,196.26	\$1,196.26	\$1,236.98	\$1,235.40	\$1,054.40	\$1,084.56	\$1,688.92	\$1,388.22	\$1,262.28	\$1,262.28	\$1,227.90	\$1,227.68	\$1,069.46	\$1,061.84	\$1,104.94			
Adult and Child(ren) Rate	\$1,373.16	\$1,409.63	\$1,154.39	\$1,154.39	\$1,193.69	\$1,192.16	\$1,017.50	\$1,046.60	\$1,629.81	\$1,339.63	\$1,218.10	\$1,218.10	\$1,184.92	\$1,184.71	\$1,032.03	\$1,024.68	\$1,066.27			
Family Rate	\$1,999.26	\$2,052.37	\$1,680.75	\$1,680.75	\$1,737.96	\$1,735.74	\$1,481.43	\$1,523.81	\$2,372.93	\$1,950.45	\$1,773.50	\$1,773.50	\$1,725.20	\$1,724.89	\$1,502.59	\$1,491.89	\$1,552.44	\$157,016,196	\$598.62	\$7,183.47
<b>2021 Approved Rates</b>																				
Single Rate	\$682.62	\$699.13	\$665.71	\$574.15	\$678.71	\$585.06	\$491.30	\$508.70	\$798.23	\$673.78	\$681.45	\$589.88	\$669.38	\$577.81	\$502.90	\$497.28	\$521.66			
Couple Rate	\$1,365.24	\$1,398.26	\$1,331.42	\$1,148.30	\$1,357.42	\$1,170.12	\$982.60	\$1,017.40	\$1,596.46	\$1,347.56	\$1,362.90	\$1,179.76	\$1,338.76	\$1,155.62	\$1,005.80	\$994.56	\$1,043.32			
Adult and Child(ren) Rate	\$1,317.46	\$1,349.32	\$1,284.82	\$1,108.11	\$1,309.91	\$1,129.17	\$948.21	\$981.79	\$1,540.58	\$1,300.40	\$1,315.20	\$1,138.47	\$1,291.90	\$1,115.17	\$970.60	\$959.75	\$1,006.80			
Family Rate	\$1,918.16	\$1,964.56	\$1,870.65	\$1,613.36	\$1,907.18	\$1,644.02	\$1,380.55	\$1,429.45	\$2,243.03	\$1,893.32	\$1,914.87	\$1,657.56	\$1,880.96	\$1,623.65	\$1,413.15	\$1,397.36	\$1,465.86	\$149,581,413	\$570.28	\$6,843.33
<b>2022 Proposed Rate Increases</b>																				
Single Rate	4.2%	4.5%	-10.2%	4.2%	-8.9%	5.6%	7.3%	6.6%	5.8%	3.0%	-7.4%	7.0%	-8.3%	6.2%	6.3%	6.8%	5.9%			
Couple Rate	4.2%	4.5%	-10.2%	4.2%	-8.9%	5.6%	7.3%	6.6%	5.8%	3.0%	-7.4%	7.0%	-8.3%	6.2%	6.3%	6.8%	5.9%			
Adult and Child(ren) Rate	4.2%	4.5%	-10.2%	4.2%	-8.9%	5.6%	7.3%	6.6%	5.8%	3.0%	-7.4%	7.0%	-8.3%	6.2%	6.3%	6.8%	5.9%			
Family Rate	4.2%	4.5%	-10.2%	4.2%	-8.9%	5.6%	7.3%	6.6%	5.8%	3.0%	-7.4%	7.0%	-8.3%	6.2%	6.3%	6.8%	5.9%	<b>4.97%</b>	<b>Total Revenue Change</b>	
<b>February 2021 Contracts</b>																				
Single Rate	1,872	150	7	742	0	204	86	53	1,111	1,302	0	692	6	594	922	519	66			
Couple Rate	621	31	1	103	0	35	13	7	408	320	0	165	2	142	165	108	5			
Adult and Child(ren) Rate	144	5	0	25	0	10	5	4	101	105	0	45	0	41	58	24	2			
Family Rate	657	26	1	78	0	46	17	6	316	292	0	124	0	147	220	73	9			
<b>Total</b>	<b>3,294</b>	<b>212</b>	<b>9</b>	<b>948</b>	<b>0</b>	<b>295</b>	<b>121</b>	<b>70</b>	<b>1,936</b>	<b>2,019</b>	<b>0</b>	<b>1,026</b>	<b>8</b>	<b>924</b>	<b>1,365</b>	<b>724</b>	<b>82</b>			
<b>2022 Proposed PMPY Revenue</b>	\$7,403.01	\$7,899.09	\$6,520.54	\$6,654.33	N/A	\$6,635.99	\$5,671.00	\$6,081.06	\$8,907.94	\$7,330.91	N/A	\$6,889.54	\$7,367.40	\$6,396.07	\$5,665.44	\$5,906.69	\$6,061.80			
<b>2021 Approved PMPY Revenue</b>	\$7,102.71	\$7,561.13	\$7,257.27	\$6,387.54	N/A	\$6,285.33	\$5,284.83	\$5,704.50	\$8,420.28	\$7,116.20	N/A	\$6,439.15	\$8,032.56	\$6,020.65	\$5,328.21	\$5,532.43	\$5,723.74			



**MVP Health Care -- 2022 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2022 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2021 to 2022 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

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 -- 2022 Premium Rates



**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

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-SP-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-SG-002-N (2022)	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	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SS-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2022)	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 \$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	\$50	\$100	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,400	\$2,800	Integrated	\$30 No DD / \$0 / \$0, Subject to Med Deductible
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$3 #
FRVT-HMO-SB-005-N (2022)	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/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-SB-001-N (2022)	HMO	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	

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

\* Family structure is \$8,700 for each member up to family limit

**Exhibit 1a -- Comparison of 2021 to 2022 Benefits by Plan**  
 MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits													Pharmacy				
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single		Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-P-001-S (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-SP-001-S (2022)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	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	\$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-SG-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
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	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMO-SG-002-N (2022)	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	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
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	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
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-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
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-SS-004-S (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	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	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-HMOH-SS-002-N (2022)	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 (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$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-SS-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	\$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-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	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-SS-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	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	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$105	\$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-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$2000 Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
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-SB-003-S (2022)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,400	\$2,800	Integrated	\$12/40%/60%, 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-SB-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	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	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-SB-005-N (2022)	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	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	\$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 #
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	\$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 #

Changes in benefits from 2021 to 2022 are shown in gray shading.

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Experience Period: January 1, 2019 - December 31, 2019  
Rating Period: January 1, 2022 - December 31, 2022

	2020	2021	2022	Total
Months of Trend	12	12	12	36

**Medical Trend Summary****2020 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	23.5%	5.2%	1.0%	6.2%
OP	47.3%	4.5%	1.0%	5.6%
PHY	29.1%	0.8%	1.0%	1.8%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>3.6%</b>	<b>1.0%</b>	<b>4.6%</b>

**2021 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	23.9%	6.2%	1.0%	7.3%
OP	47.8%	6.1%	1.0%	7.2%
PHY	28.4%	2.4%	1.0%	3.4%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>5.1%</b>	<b>1.0%</b>	<b>6.1%</b>

**2022 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	24.1%	6.5%	1.0%	7.5%
OP	48.2%	6.3%	1.0%	7.3%
PHY	27.6%	4.1%	1.0%	5.1%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>5.7%</b>	<b>1.0%</b>	<b>6.8%</b>

Annual Allowed Medical Trend **5.8%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$410.82	\$12.03	\$5.79	\$67.95	\$325.05
36 Months of Trend:	1.186	1.186	1.030	1.061	1.215
Projection Period:	\$487.17	\$14.26	\$5.97	\$72.11	\$394.83
Allowed Trend (Annual)	5.8%				
Paid Trend (Annual)		6.7%			
<b>Leveraging (Annual)</b>	<b>0.8%</b>				

**Rx Trend Summary**

	2020 Trend		2021 Trend		2022 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	6.0%	10.0%	-3.8%	2.2%	-2.8%	2.6%	-0.3%	4.9%
Brand	11.7%	6.3%	8.1%	4.8%	4.1%	2.6%	7.9%	4.6%
Specialty	5.8%	20.1%	5.3%	10.2%	6.8%	12.0%	5.9%	14.0%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>Rx Claim Information</b>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	11,463	687	103	12,252
Experience Period Allowed Cost per Script	\$17.44	\$407.08	\$4,609.21	\$77.76
Experience Period Deductible Per Script	\$4.22	\$24.27	\$93.28	\$6.09
Experience Period Copay Per Script	\$2.94	\$14.96	\$13.90	\$3.70
Experience Period Coinsurance Per Script	\$1.15	\$14.75	\$21.84	\$2.09
Experience Period Paid Cost Per Script	\$9.13	\$353.10	\$4,480.27	\$65.89
Experience Period Allowed PMPM	\$16.66	\$23.29	\$39.45	\$79.40
Experience Period Deductible PMPM	\$4.03	\$1.39	\$0.80	\$6.22
Experience Period Copay PMPM	\$2.81	\$0.86	\$0.12	\$3.78
Experience Period Coinsurance PMPM	\$1.10	\$0.84	\$0.19	\$2.13
Experience Period Paid PMPM	\$8.72	\$20.20	\$38.35	\$67.27
Experience Period Rx Rebates PMPM				(\$16.50)
Annual Util Trend	1.049	1.046	1.140	1.049
Annual Unit Cost Trend	0.997	1.079	1.059	1.100
Annual Allowed Trend	1.046	1.129	1.208	1.154
Annual Deductible Trend	1.020	1.020	1.020	1.082
Annual Paid Trend	1.033	1.136	1.209	1.167
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.171
Months of Trend	36	36	36	36
Projected Scripts / 1000	13,225	785	152	14,162
Projected Allowed Cost per Script	\$17.28	\$511.99	\$5,479.55	\$103.41
Projected Deductible Per Script	\$4.48	\$25.76	\$98.99	\$6.67
Projected Copay Per Script	\$2.94	\$14.96	\$13.90	\$3.72
Projected Coinsurance Per Script	\$1.14	\$18.55	\$25.97	\$2.37
Projected Paid Cost Per Script	\$8.73	\$452.73	\$5,340.89	\$90.64
Projected Allowed PMPM	\$19.05	\$33.48	\$69.51	\$122.04
Projected Deductible PMPM	\$4.94	\$1.68	\$1.26	\$7.88
Projected Copay PMPM	\$3.24	\$0.98	\$0.18	\$4.39
Projected Coinsurance PMPM	\$1.26	\$1.21	\$0.33	\$2.80
Projected Paid PMPM	\$9.62	\$29.61	\$67.75	\$106.97
Projected Rx Rebates				(\$25.37)
Net Projected Paid PMPM				\$81.60

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/21

	<b>ACA Compliant Small Group</b>
1 Member Months	190,667
2 FFS Paid Medical Claims	\$325.91
3 FFS Paid Pediatric Dental Claims	\$0.92
4a Federal CSR Payments	\$0.00
4b State CSR Payments	\$0.00
5 IBNR Factor	1.000
6 FFS Incurred Paid Medical Claims	\$326.82
7 FFS Incurred Rx Claims	\$67.27
8 Experience Period Rx Rebates	(\$16.50)
9 FFS Incurred Rx Claims (Net of Rebates)	\$50.77
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$43.51)
11 Pooling Charge	\$43.74
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$377.82
13 Experience Period Capitation and Non-FFS Medical Costs	\$10.09
<b>14 Adjusted Experience Period Claim Expense</b>	<b>\$387.90</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
15 Adjustment for pharmacy benefit carve-in	\$0.35
16 Adjustment for Safe Harbor Coverage on QHDHP's	\$0.15
17 Adjustment for Insulin Cap	\$0.14
18 Adjustment for COVID-19 Booster Shots	\$1.37
19 Adjustment for Telehealth Utilization Increase	\$1.89
20 Adjustment for National High Cost Reinsurance Pool	\$1.96
<b>21 Experience Period Claim Expense After All Adjustments</b>	<b>\$393.78</b>
22 Annual FFS Medical projection factor	1.067
23 Annual FFS Rx projection factor	1.171
24 Annual FFS Claim trend projection factor	1.081
25 Months of Trend	36
26 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$484.39
27 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.57
28 Projection Period Capitation and Non-FFS Medical Costs	\$6.09
<b>29 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$496.04</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
30 Federal Risk Adjustment Program Impact	\$54.19
<b>31 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$550.24</b>

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	8,326	8,326	1.000	1.000
4	Double	2,126	4,252	2.000	2.000
4	Parent/Child(ren)	569	1,446	2.541	1.930
4	Family	2,012	7,834	3.894	2.810
<b>Single Conversion Factor</b>		<b>1.131</b>			

<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>% of Premium Retention Components</b>	
--	--

Broker Load	0.00%
Bad Debt	0.10%
Contribution to Reserves	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.60%</b>

<b>PMPM Retention Components</b>	
----------------------------------	--

General Administrative Load	\$38.75
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<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.53%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.53%</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>	
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HHS Risk Adjustment User Fee	\$0.23
PCORI Fee	\$0.22
18 VSA 9374(h) Billback	\$1.52
<b>Total PMPM Taxes/Assessments</b>	<b>\$1.97</b>

**Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Not Applicable to Small Group Market



Exhibit 7 -- 2022 Exchange Premium Rates

2022 Adjusted Paid Claim Cost (Exhibit 3, Line 31)	\$550.24
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8224
Adjusted Claim Cost for Pricing	\$669.05

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	MPPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost			Parent/Child (ren)	Family	Increase over 2021 Single Rate	Increase over 2021 Double Rate	Increase over 2021 P/C Rate	Increase over 2021 Family Rate
															PMPM	Single***	Double						
FRVT-HMO-SP-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.897	1.150	\$690.16	\$11.95	\$38.75	\$3.96	\$1.97	\$0.00	\$0.00	\$746.79	\$844.46	\$1,688.92	\$1,629.81	\$2,372.93	5.8%	5.8%	5.8%	5.8%
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.780	1.074	\$560.03	\$9.82	\$38.75	\$3.25	\$1.97	\$0.00	\$0.00	\$613.83	\$694.11	\$1,388.22	\$1,339.63	\$1,950.45	3.0%	3.0%	3.0%	3.0%
FRVT-HMO-SG-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.809	1.090	\$590.02	\$10.33	\$38.75	\$3.42	\$1.97	\$1.40	\$0.00	\$645.90	\$730.38	\$1,460.76	\$1,409.63	\$2,052.37	4.5%	4.5%	4.5%	4.5%
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.794	1.080	\$573.67	\$10.07	\$38.75	\$3.33	\$1.97	\$1.40	\$0.00	\$629.19	\$711.48	\$1,422.96	\$1,373.16	\$1,999.26	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.724	1.044	\$505.54	\$8.93	\$38.75	\$2.96	\$1.97	\$0.00	\$0.00	\$558.14	\$631.14	\$1,262.28	\$1,218.10	\$1,773.50	-7.4%	-7.4%	-7.4%	-7.4%
FRVT-HMOH-SS-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.708	1.035	\$490.65	\$8.69	\$38.75	\$2.88	\$1.97	\$0.00	\$0.00	\$542.94	\$613.95	\$1,227.90	\$1,184.92	\$1,725.20	-8.3%	-8.3%	-8.3%	-8.3%
FRVT-HMOH-SS-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.711	1.037	\$493.18	\$8.75	\$38.75	\$2.90	\$1.97	\$1.40	\$0.00	\$546.95	\$618.49	\$1,236.98	\$1,193.69	\$1,737.96	-8.9%	-8.9%	-8.9%	-8.9%
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.691	1.028	\$475.56	\$8.46	\$38.75	\$2.80	\$1.97	\$1.40	\$0.00	\$528.95	\$598.13	\$1,196.26	\$1,154.39	\$1,680.75	-10.2%	-10.2%	-10.2%	-10.2%
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.724	1.044	\$505.54	\$8.93	\$38.75	\$2.96	\$1.97	\$0.00	\$0.00	\$558.14	\$631.14	\$1,262.28	\$1,218.10	\$1,773.50	7.0%	7.0%	7.0%	7.0%
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.708	1.035	\$490.56	\$8.69	\$38.75	\$2.88	\$1.97	\$0.00	\$0.00	\$542.84	\$613.84	\$1,227.68	\$1,184.71	\$1,724.89	6.2%	6.2%	6.2%	6.2%
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.710	1.036	\$492.50	\$8.74	\$38.75	\$2.90	\$1.97	\$1.40	\$0.00	\$546.26	\$617.70	\$1,235.40	\$1,192.16	\$1,735.74	5.6%	5.6%	5.6%	5.6%
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.691	1.028	\$475.56	\$8.46	\$38.75	\$2.80	\$1.97	\$1.40	\$0.00	\$528.95	\$598.13	\$1,196.26	\$1,154.39	\$1,680.75	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.621	1.007	\$418.79	\$7.51	\$38.75	\$2.49	\$1.97	\$0.00	\$0.00	\$469.51	\$530.92	\$1,061.84	\$1,024.68	\$1,491.89	6.8%	6.8%	6.8%	6.8%
FRVT-HMOH-SB-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.626	1.009	\$422.09	\$7.57	\$38.75	\$2.51	\$1.97	\$0.00	\$0.00	\$472.89	\$534.73	\$1,069.46	\$1,032.03	\$1,502.59	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.644	1.015	\$437.45	\$7.82	\$38.75	\$2.59	\$1.97	\$0.00	\$0.00	\$488.57	\$552.47	\$1,104.94	\$1,066.27	\$1,552.44	5.9%	5.9%	5.9%	5.9%
FRVT-HMO-SB-005-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.632	1.011	\$427.23	\$7.67	\$38.75	\$2.54	\$1.97	\$1.40	\$0.00	\$479.56	\$542.28	\$1,084.56	\$1,046.60	\$1,523.81	6.6%	6.6%	6.6%	6.6%
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.005	\$414.17	\$7.46	\$38.75	\$2.47	\$1.97	\$1.40	\$0.00	\$466.22	\$527.20	\$1,054.40	\$1,017.50	\$1,481.43	7.3%	7.3%	7.3%	7.3%

\*\*Reflects cost of Member Wellness Incentive Rider and \$500 Acupuncture Allowance

\*\*\*Child Only Rate = Single Rate per Child

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 v5.3</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:	Small Group								
5	Effective Date of Rate Change(s):	1/1/2022																			
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:	1/1/2020			to	12/31/2020															
13					Total				PMPM												
14	Allowed Claims				\$119,693,539.61				\$483.34												
15	Reinsurance				\$0.00				\$0.00												
16	Incurred Claims in Experience Period				\$97,751,543.58				\$394.73												
17	Risk Adjustment				-\$16,689,082.42				-\$67.39												
18	Experience Period Premium				\$136,241,248.02				\$550.16												
19	Experience Period Member Months				247,640																
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	\$69.78	1.062	1.010	1.065	1.010	1.010	1.010	\$80.51												
25	Outpatient Hospital	\$201.25	1.061	1.010	1.063	1.010	1.010	1.010	\$231.54												
26	Professional	\$125.67	1.024	1.010	1.041	1.010	1.010	1.010	\$136.65												
27	Other Medical	\$1.34	1.000	1.000	1.000	1.000	1.000	1.000	\$1.34												
28	Capitation	\$11.17	1.056	1.000	1.056	1.000	1.000	1.000	\$12.46												
29	Prescription Drug	\$74.13	1.100	1.049	1.100	1.049	1.049	1.049	\$98.70												
30	Total	\$483.34							\$561.20												
31																					
32	Morbidity Adjustment							1.007													
33	Demographic Shift							1.000													
34	Plan Design Changes							1.000													
35	Other							1.067													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022						\$603.00													
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	1/1/2022			\$603.00				\$158,164,488.00												
43	Reinsurance				\$0.00				\$0.00												
44	Risk Adjustment Payment/Charge				-\$65.90				-\$17,285,306.40												
45	Exchange User Fees				0.00%				\$0.00												
46	Market Adjusted Index Rate				\$668.90				\$175,449,794.40												
47																					
48	Projected Member Months							262,296													
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																					

**Product-Plan Data Collection**

Company Legal Name: MVP Health Plan, Inc.  
 HIOS Issuer ID: 77566  
 Effective Date of Rate Change(s): 1/1/2022

State: VT  
 Market: Small Group

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 Plan 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.  
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + R.  
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Field #	Section I: General Product and Plan Information	Small															
1.1 Product ID	Total	77566VT0050000															
1.2 Product ID	Total	77566VT0050000															
1.3 Plan Name	Total	77566VT0050000															
1.4 Plan ID (Standard Component ID)	Total	77566VT0050000															
1.5 Metal	Total	77566VT0050000															
1.6 AV Metal Value	Total	77566VT0050000															
1.7 Plan Category	Total	77566VT0050000															
1.8 Plan Type	Total	77566VT0050000															
1.9 Exchange Plan?	Total	77566VT0050000															
1.10 Effective Date of Proposed Rates	Total	77566VT0050000															
1.11 Cumulative Rate Change % (over 12 mos prior)	Total	77566VT0050000															
1.12 Product Rate Increase %	Total	77566VT0050000															
1.13 Submission Level Rate Increase %	Total	77566VT0050000															

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Small															
2.1 Plan ID (Standard Component ID)	Total	77566VT0050000															
2.2 Reinsurance	Total	77566VT0050000															
2.3 Member Cost Sharing	Total	77566VT0050000															
2.4 Cost Sharing Reduction	Total	77566VT0050000															
2.5 Incurred Claims	Total	77566VT0050000															
2.6 Risk Adjustment Transfer Amount	Total	77566VT0050000															
2.7 Premium	Total	77566VT0050000															
2.8 Experience Period Member Months	Total	77566VT0050000															
2.10 Current Enrollment	Total	77566VT0050000															
2.11 Current Premium PMPM	Total	77566VT0050000															
2.12 Loss Ratio	Total	77566VT0050000															
Per Member Per Month	Total	77566VT0050000															
2.13 Allowed Claims	Total	77566VT0050000															
2.14 Reinsurance	Total	77566VT0050000															
2.15 Member Cost Sharing	Total	77566VT0050000															
2.16 Cost Sharing Reduction	Total	77566VT0050000															
2.17 Incurred Claims	Total	77566VT0050000															
2.18 Risk Adjustment Transfer Amount	Total	77566VT0050000															
2.19 Premium	Total	77566VT0050000															

**Section III: Plan Adjustment Factors**

Section III: Plan Adjustment Factors	Small																
3.1 Plan ID (Standard Component ID)	Total	77566VT0050000															
3.2 Market Adjusted Index Rate	Total	77566VT0050000															
3.3 AV and Cost Sharing Design of Plan	Total	77566VT0050000															
3.4 Provider Network Adjustment	Total	77566VT0050000															
3.5 Benefits in Addition to EHB	Total	77566VT0050000															
Administrative Costs	Total	77566VT0050000															
3.6 Administrative Expense	Total	77566VT0050000															
3.7 Taxes and Fees	Total	77566VT0050000															
3.8 Profit & Risk Load	Total	77566VT0050000															
3.9 Catastrophic Adjustment	Total	77566VT0050000															
3.10 Plan Adjusted Index Rate	Total	77566VT0050000															
3.11 Age Calibration Factor	Total	77566VT0050000															
3.12 Geographic Calibration Factor	Total	77566VT0050000															
3.13 Tobacco Calibration Factor	Total	77566VT0050000															
3.14 Calibrated Plan Adjusted Index Rate	Total	77566VT0050000															

**Section IV: Projected Plan Level Information**

Section IV: Projected Plan Level Information	Small																
4.1 Plan ID (Standard Component ID)	Total	77566VT0050000															
4.2 Allowed Claims	Total	77566VT0050000															
4.3 Reinsurance	Total	77566VT0050000															
4.4 Member Cost Sharing	Total	77566VT0050000															
4.5 Cost Sharing Reduction	Total	77566VT0050000															
4.6 Incurred Claims	Total	77566VT0050000															
4.7 Risk Adjustment Transfer Amount	Total	77566VT0050000															
4.8 Premium	Total	77566VT0050000															
4.9 Projected Member Months	Total	77566VT0050000															
4.10 Loss Ratio	Total	77566VT0050000															
Per Member Per Month	Total	77566VT0050000															
4.11 Allowed Claims	Total	77566VT0050000															
4.12 Reinsurance	Total	77566VT0050000															
4.13 Member Cost Sharing	Total	77566VT0050000															
4.14 Cost Sharing Reduction	Total	77566VT0050000															
4.15 Incurred Claims	Total	77566VT0050000															
4.16 Risk Adjustment Transfer Amount	Total	77566VT0050000															
4.17 Premium	Total	77566VT0050000															

**Rating Area Data Collection**

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000