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August 20, 2021

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

Re: 2022 Large Group HMO Rate Filing  
SERFF Tracking #: MVPH-132932250

Dear Ms. Hughes:

This letter is in response to your correspondence received 08/13/21 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please revise page 1 of the actuarial memorandum such that the table showing the quarterly annual increases uses the current membership and matches the 8.5% 2022Q1 rate increase consistent with SERFF.

Response: Please see the updated actuarial memorandum supplied in SERFF. MVP has updated the table as well as any other references to the 8.5% to be 8.2%. Upon reviewing our calculation, it was found that RX safe harbor rider premium was not considered in the calculation of the 8.5%. Since these riders have significant decreases in premium, this drives down the overall revenue change for the current membership.

MVP would like to clarify that the calculation of this number has no impact on the manual rates being filed. The manual rate changes developed in this rate filing are all based on the experience period membership and claims. The calculation of the 8.5% and now 8.2%, simply represent how the membership distribution has changed since the experience period and represents a closer more accurate picture of what the rating period membership will look like. Since MVP reslopes its medical and pharmacy benefits, it results in some plans receiving higher than the 7.2% annual manual rate change and some lower. This resloping exercise is revenue neutral in the experience period as seen in exhibit 3c. If MVP did not reslope its benefits, every plan would get a 7.2% annual manual rate increase and then the change in distribution of membership between the experience period and current would not impact the proposed revenue change.

2. Please provide the membership distribution in the experience period and the current membership distribution.

Response: Please see the tab "Question #2" in the attached Excel document.

3. Please use Exhibit 4a and demonstrate the weighted average annual rate changes for each quarter based on current membership. This should reconcile to the SERFF filed 8.5% for the first quarter.

Response: Please see the tab "Question #3" in the attached Excel document. As referenced in question 1, MVP is revising the 8.5% initially calculated to 8.2% upon inclusion of safe harbor RX riders in the calculation.

4. Please provide the average credibility percentage for the VT large group in this block of business.

Response: The premium weighted average credibility is 31.5% for this block of business.



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5. Provide detailed quantitative support for the medical unit cost trend. For Vermont providers governed by the GMCB, support should reconcile to the most recently submitted budget changes. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimated of unit cost changes.

Response:

### **Facility Trends**

For facilities under GMCB jurisdiction, MVP is using the GMCB approved rate increases for 2021/2020 trends and the proposed rate increases currently under review by the GMCB for 2022/2021 trends with the following exceptions for 2021/2020 trends:

#### **Brattleboro Memorial Hospital**

On page 6 of Brattleboro Memorial Hospital's budget submission the standard requested changes were 5.9% for IP, 5.5% for OP and 0% for PHY for a total commercial increase of 2.93%. There was also a request for 1.99% for COVID-19. This submission was approved as submitted and therefore MVP is reflecting 7.9% for IP and 7.5% for OP.

#### **North Country Hospital**

On page 6 of North Country Hospital's budget submission the standard requested changes were 4.3% for IP, OP, and PHY, but listed a total commercial increase of 3.6%. This submission was approved as submitted and therefore MVP is reflecting 4.3% for IP and 4.3% for OP.

#### **Northeastern VT Regional Hospital**

On page 6 of Northeastern VT Regional Hospitals budget submission the standard requested changes were 3.8% for IP, 3.6% for OP, and 0% PHY, for a total commercial increase of 2.1%. There was also 1.0% for IP and 0.8% for OP requested for COVID-19. This submission was approved as submitted and therefore MVP is reflecting 4.8% for IP and 4.4% for OP.

#### **Northwestern VT**

On page 6 of Northwestern VT Hospital's budget submission the standard requested changes were 25.37% for IP, OP, and 0% for PHY, for a total commercial increase of 19.9%. There was also a request for 1.53% for COVID-19. This submission was approved at 13% or 61.6% of the increase that was requested. MVP multiplied the 61.6% by the 26.9% total requested increase for IP and OP to arrive at the 16.6% that is used.



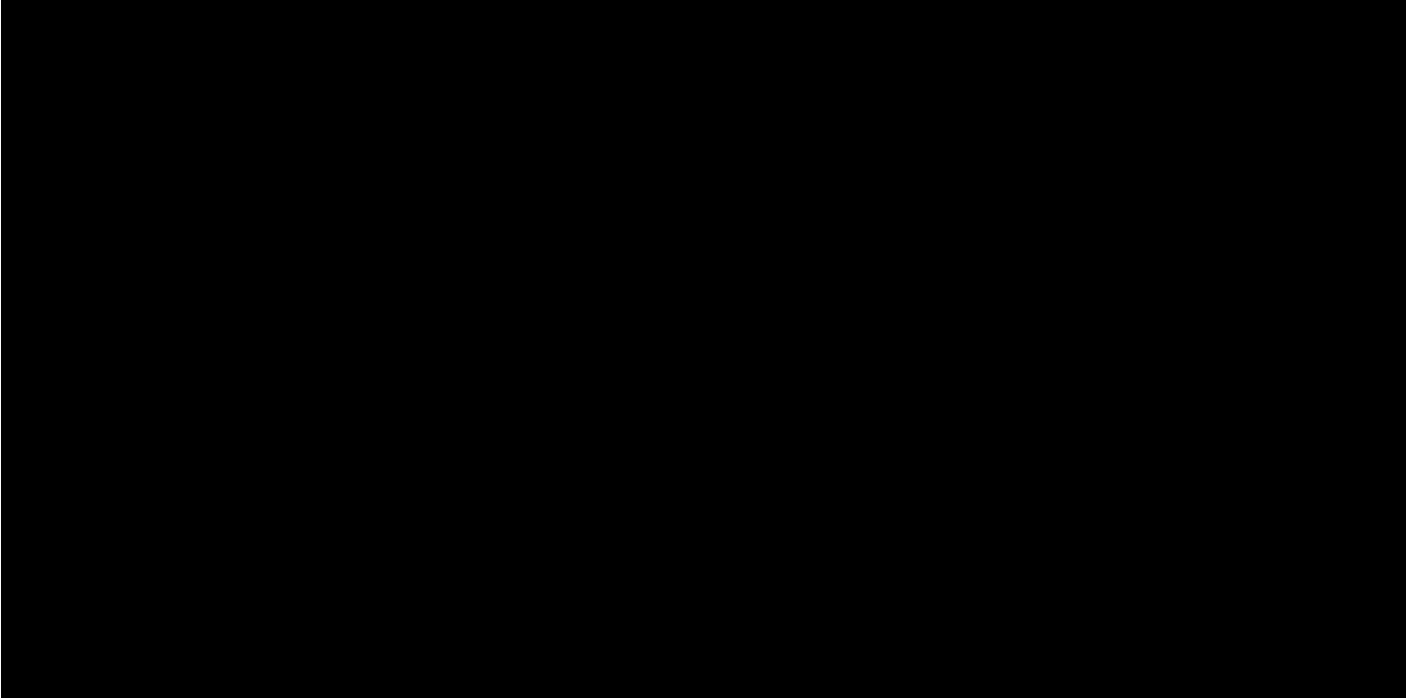
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### **Southwestern VT**

On page 6 of Southwestern VT Hospital's budget submission the standard requested changes were 5.0% for IP, 5.0% for OP, and 0% PHY, for a total commercial increase of 3.5%. This submission was approved as submitted and therefore MVP is reflecting 5.0% for IP and 5.0% for OP.

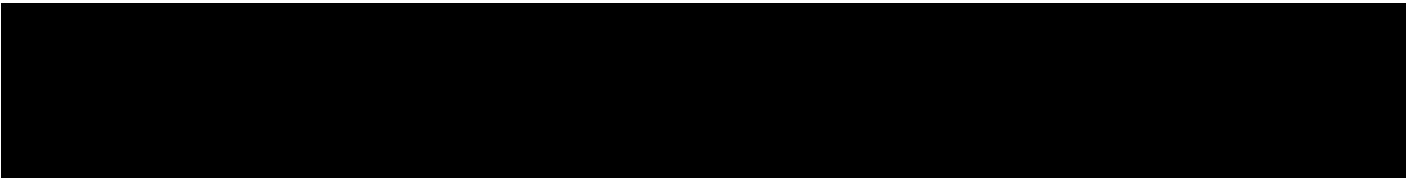
### **University of Vermont Medical Center (UVMC)**

On page 6 of University of Vermont Medical Center's (UVMC) Hospital budget submission the standard requested changes were 8.5% for IP, OP, and 6.0% for PHY, for a total commercial increase of 7.97%. This submission was approved at 6.0% or 75.3% of the increase that was requested. MVP multiplied the 75.3% by the 8.5% total requested increase for IP and OP to arrive at the 6.4% that is used.



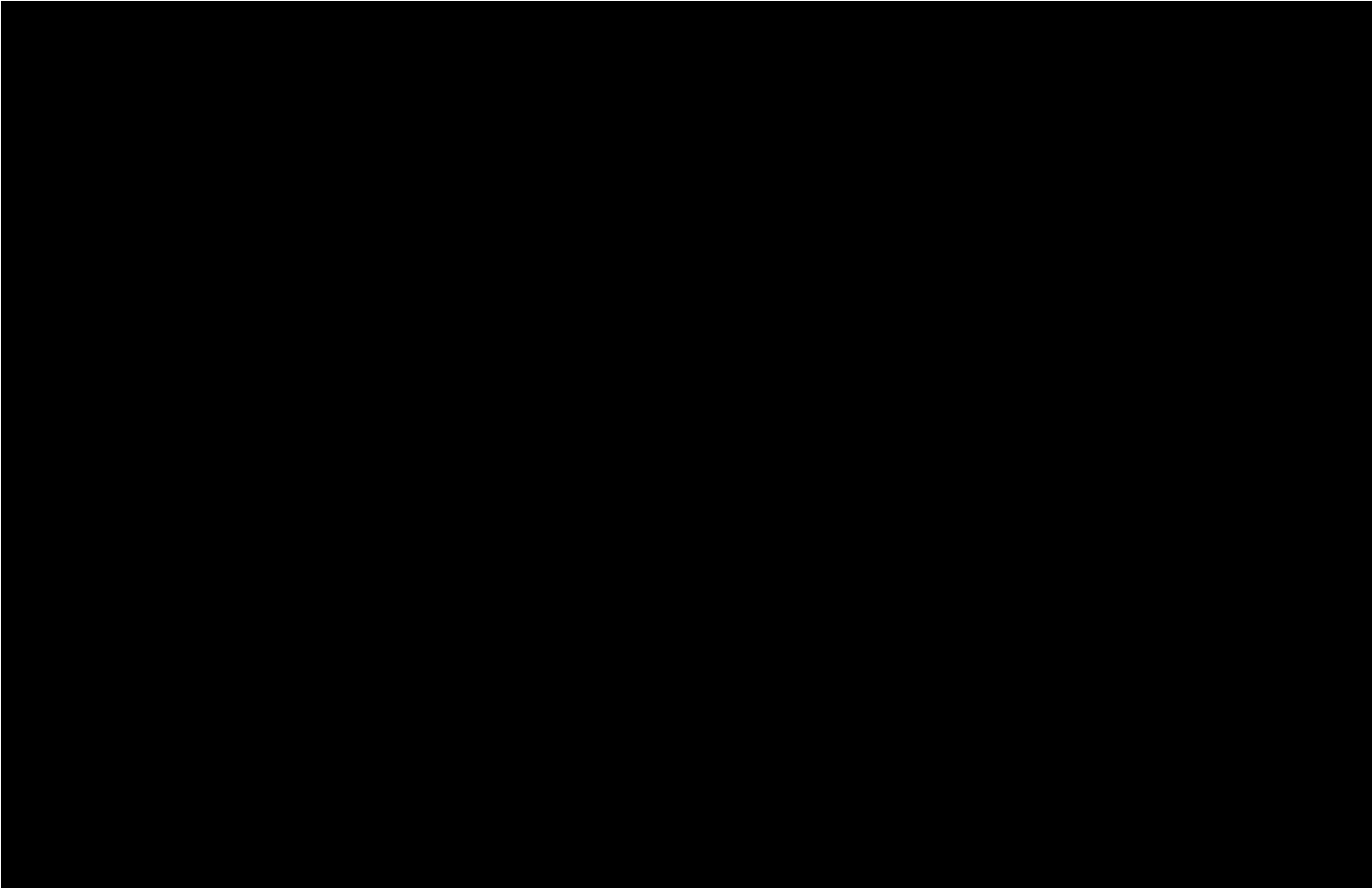
Overall facility trends are calculated using a weighted average based on 2019 utilization and are 5.1% IP / 4.6% OP for 2020/2019, 6.2% IP / 6.1% OP for 2021/2020 and 6.3% IP / 5.9% OP for 2022/2021. Please see the tab "Facility Trends" in the attached Excel workbook for the quantitative derivation of the trends.

### **Physician Trends**





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Therefore, the total combined physician unit cost trend is 0.9% for 2020/2019, 2.4% for 2021/2020, and 4.9% for 2022/2021. Please see the "Physician Trends" tab in the attached Excel workbook for a quantitative derivation of this calculation.

6. Please provide detailed quantitative and qualitative support for the pharmacy unit cost and utilization trends provided in rows 69-76 of Exhibit 2a. This should include information provided by the PBM.

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:

**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



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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 is assuming the same utilization and unit cost trends in 2023 as 2022.

7. Please explain why the 2020 allowed Rx trends in cells D79:D81 of Exhibit 2a do not equal the formula  $((1+2020 \text{ Unit Cost Trend}) * (1+2020 \text{ Utilization Trend})) - 1$ , where the 2020 unit cost and utilization trends are provided in cells C72:D74. Note: this formula works for the 2021-2023 trends in cells E69:J82.

Response: The values in rows 79 through 81 are meant to represent the trends that were applied to the experience period data. The values in cells D79:D81 represent only 10 months of the annual trend since the experience period has 2 months of 2020 data. Cell D82 shows the annualized trend as it takes the sumproduct of the values in C79:D81 and raises it to the  $(12/10)$  power to annualize the 10-month trend.

8. Please provide a historical A-to-E analysis of the actual pharmacy trends vs. the PBM/Company expected pharmacy trends. The analysis should include at least 5 years of data.

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 LG HMO filing).

While reviewing the table, it is important to note that the expected trends are developed on MVP's total Vermont business and the actual trends are MVP's Vermont large group business. As Large group makes up a small percentage of the total Vermont business, it is expected that actual trends will differ from expected.



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**Comparison of Actual to Expected  
Pharmacy Allowed Trend, 2017 to 2020,  
VT Large Group**

Year	Actual	Expected
2020/2019	53.9%	5.6%
2019/2018	7.1%	8.2%
2018/2017	0.6%	11.6%
2017/2016	9.0%	10.7%

9. Please provide quantitative support for the pooling charge of 4.4% for claims above \$250,000 and discuss the historical and expected net gain or loss from pooling claims (cost vs. benefit).

Response: Please see the tab "Question 9 and 10" in the attached Excel file for the implied pooling charges from the Vermont Large Group population for the past 5 calendar years. Because of the wide variability in implied pooling charges, MVP has chosen to use a pooling charge of 4.4%. This is the historical average of implied pooling charges for MVP's experience rated large group population in New York, which is much larger and more stable than the Vermont population. Because the pooling charge is set equal to the expected claims cost in excess of \$250,000, there is no expected gain/loss from pooling.

10. Please provide the historical experience of claims PMPM above \$250,000 over the past five years for this block.

Response: Please see the tab "Question 9 and 10" in the attached Excel file for the implied pooling charges from the Vermont Large Group population for the past 5 calendar years.

11. Provide quantitative and qualitative support for the each of the three capitation and/or non-FRDM claims expense items, shown on page 3 of the actuarial memorandum.

Response:

**Other Medical Expense Not In Warehouse-** The \$1.49 in this item can be broken down as:

Claims Settlements and Adjustments Outside of Claim Processing System- This is worth \$1.32 PMPM and reflects adjustments to claims or amounts paid to providers that are not processed through our claims processing system. For example, contract negotiations and implementation are sometimes delayed past the effective of the contract change. In these instances, MVP will cut a check for a provider rather than reprocess the claims that were incurred between the effective of the contract and the implementation date in our claims processing system.

Mass Pool Fee- \$0.17 PMPM and reflects a fee that is an assessment for services rendered in the state of Massachusetts.

**Net Reinsurance Expense-** The \$0.67 PMPM in this item is calculated as the expected cost to MVP based on its current reinsurance contract. The calculation is [ $\$2.11$  from current contract \* 1.06 for trend \* (1- 70% target MLR)] = \$0.67. MVP's 2022 reinsurance contracts were not finalized at the time of filing and a 6% trend on reinsurance premium was assumed in the calculation.



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**Medical Home and PCP Incentive-** The \$3.86 PMPM line item for Medical Home and PCP Incentives include the following programs. The estimates of cost for these programs are based on MVPs 2Q 2021 data for the programs.

Blueprint for Health Patient Centered Medical Homes (\$2.14 PMPM)- MVP pays a PMPM fee to PCMHs as part of the state’s Blueprint for Health program.

Community Health Teams Payments (\$1.72 PMPM)- MVP provides funding for Community Health Teams (CHTs) in Vermont, also as a part of the Blueprint for Health program. This is based on Q2 2021 information regarding the programs.

12. Please provide the historical experience of Rx rebates PMPM over the past five years for this block.

Response: Please see the table below for historical experience of RX rebates as well as rebates as a percentage of allowed PMPM. As can be seen in the table, the significant increase in rebates in 2020 was due to the exceptionally high RX trend seen in the table response to question 8. The 54% RX trend in 2020 caused the rebates to increase significantly, while the rebates as a percentage of allowed stayed relatively flat.

**MVP Pharmacy Rebates, 2016 to 2020, VT Large Group**

Year	Rebates	Rebates as a % of Allowed
2020	\$32.58	29.44%
2019	\$21.10	29.33%
2018	\$20.60	30.67%
2017	\$13.58	20.33%
2016	\$9.71	15.84%

13. Please provide the cost and utilization components of the \$1.45 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 \$1.45 PMPM impact for COVID-19 booster shots. This figure was derived from MVP’s large 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 8/17/21, 75% 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. Additionally, the efficacy of COVID vaccinations is waning as there has been a spike in COVID cases amongst vaccinated individuals due to the Delta variant. As MVP is highlighting below, the Biden administration is now recommending COVID booster shots.

MVP VT Large Group 2020 Flu Vaccine Utilization				
Member Months	Vaccines	Claim Expense	PMPM Cost	Per Vaccine Cost
23,420	605	\$33,880	\$1.45	\$56.00



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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.

- [Biden administration to announce most Americans will need coronavirus booster shots - The Washington Post](#)

“The Biden administration is planning to announce that most Americans who have received the coronavirus vaccine will need booster shots to combat waning immunity and the highly transmissible delta variant that is sparking a surge in covid-19 cases, according to four people familiar with the decision. The administration’s health and science experts are coalescing around the view that people will need the boosters eight months after being fully vaccinated, according to the people, who spoke on the condition of anonymity to discuss a decision not yet public. The move is likely to be announced as soon as this week.”
- [COVID-19 Booster Shots Will Roll Out In September In The U.S. : Coronavirus Updates : NPR](#)

“COVID-19 booster shots of the Pfizer and Moderna vaccines are set to become available for all U.S. adults beginning next month, the country’s top health officials announced Wednesday. “We know that even highly effective vaccines become less effective over time,” Dr. Vivek Murthy, the surgeon general, said at a White House briefing. “It is now our clinical judgment that the time to lay out a plan for COVID boosters is now.””
- [Pfizer submits data to FDA showing a booster dose works well against original coronavirus and variants \(cbs58.com\)](#)

“Pfizer and BioNTech said Monday they have submitted initial data to the US Food and Drug Administration to support the use of a booster dose of Covid-19 vaccine. The booster dose elicited a significantly higher antibody response against the initial strain of coronavirus and the Delta and Beta variants, compared to what was seen among people who got two doses. The booster dose seemed to be equally protective against the Delta and Beta variants as against the original coronavirus.”

“Last week, the FDA and Centers for Disease Control and Prevention authorized and recommended a third dose of vaccine for some immunocompromised people who likely had little or no response to the first two shots.”

14. Please provide an itemized (broker fees, bad debt, covered lives assessment, vaccine pilot, taxes, CTR, etc.) breakdown of the retention PMPM, as approved in the 2021 rate filing and as filed in the 2022 rate filing. Please provide support for any differences.

Response: Please see table below for the itemized breakdown requested.

Breakdown of Taxes/Fees in 2021 Filing vs 2022 Filing for VT Large Group		
	Approved in 2021 Filing	In Proposed 2022 Filing
Broker Load	2.6%	2.6%
VT Vaccine Pilot	0.45%	0.53%
Bad Debt	0.25%	0.25%
Comparative Effectiveness Research Fee	\$0.21	\$0.22
18 VSA 9374(h) Billback	\$1.84	\$1.52
Contribution to Reserves	1.0%	2.0%





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**VT Vaccine Pilot-** In MVP’s 2021 Large group filing the vaccine pilot cost assumed for state fiscal year (SFY) 2021 was \$9.26 PMPM for children and \$0.96 PMPM for Adults. For SFY 2022 \$10.60 PMPM for children and \$1.09 PMPM for adults was assumed. In MVP’s 2022 Large group filing, the costs are \$12.02 PMPM for children and \$1.70 PMPM for adults for SFY 2022 and \$10.91 PMPM for children and \$1.60 PMPM for adults in SFY 2023. The increase in projected PMPM costs for this program is driving the 0.08% increase in the VT vaccine pilot.

**Comparative Effectiveness Research Fee-** The annual rate for this fee has been increased from \$2.54 to \$2.66 which results in a \$0.01 increase on a PMPM basis.

**18 VSA 9374(h) Billback-** \$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. Due to MVP’s rapid membership growth from 2017 to 2021 as well as changes to funding mechanisms for each of the programs, MVP expects its liability for 2022 to be \$0.32 lower than the number estimated in the 2021 rate filing.

**Contribution to Reserves-** MVP proposed a 2.0% contribution to reserves (CTR) in the 2021 rate filing which was reduced to 1.0% in the rate decision. MVP is reinstating the proposal of 2.0% CTR in the 2022 filing because we believe that this is the level necessary to ensure long term stability of reserves as claim costs continue to rise year over year.

15. Please provide the projected average rate change expected for groups renewing in the first quarter of 2022 (i.e., after accounting for experience blending).

Response: MVP’s underwriting team has not yet completed rate changes for any groups renewing in the first quarter of 2022. Therefore, at this time MVP cannot provide any data on the average projected rate change as it does not exist yet.

16. Please provide the 2020 loss ratio experienced for Q1 renewals groups, Q2-Q4 renewal groups, terminated groups, and all groups combined.

Response: Please see the following table that shows loss ratios by the requested groupings.

2020 Loss Ratio's for Vermont Large Group		
Grouping	MLR	Member Months
Q1 Renewal Groups	93.1%	15,893
Q2-Q4 Renewal Groups	87.6%	5,078
Terminated Groups	145.1%	2,450
All Groups	98.5%	23,421



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17. Please provide the federal loss ratio for this block of business in 2018, 2019, & 2020.

Response: Please see the following table that shows loss ratios by year.

Federal Loss Ratio By Year	
Year	Federal MLR
2018	104.3%
2019	75.7%
2020	100.3%

18. Please confirm that no costs were included in the rate development associated with OneCare Vermont.

Response: In the development of MVP's medical home and PCP incentive costs seen in question 11, the contracting department provided estimates for the costs of the programs. A Vermont total figure was provided which has been included in the small and individual rate filings as well as this large group rate filing. It has come to our attention that this VT total figure includes \$0.85 PMPM for One Care VT expenses. Please note that if that amount is removed from this filing, MVP's Vermont rates in total will be short due to the full load of the One Care expenses not being placed on the exchange population.

19. For each month from January 2017 through May 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 19" in the attached Excel file for this analysis.

20. Please provide the current distribution of large groups by the applied underwriting discretion factor.

Response: Please see the table below that shows the distribution of groups by underwriting discretion factor.

Current Distribution of UW Discretion VT Large Group	
Range	Groups
5% to 10%	1
0% to 5%	7
-5% to 0%	3
-10% to -5%	1

21. What is the expected range of the underwriting discretion factor for 2022?

Response: The expected range of underwriting discretion for 2022 is -6% to 6% with over 60% of groups getting 0% underwriting discretion.

22. Exhibits 4b and 3c outline rate changes for medical and Rx benefit riders. Please provide a detailed description of how the rate changes for the riders are calculated and/or determined.



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Response: MVP accounted for the claims and revenue associated with riders as part of the derivation of the manual rate change. Therefore, the riders are all applied the average quarterly manual rate change shown on Exhibit 3a. The only exception to this is the safe harbor riders, which are applied the same manual rate change as all other plan/riders, but the overall rider change may vary due to benefit relativity differences in our benefit relativity model year to year. This is factored into the revenue neutrality calculation on exhibit 3c to ensure that the resloping of benefits does not impact overall required revenue based on the experience period membership.

It is important to note that all rates are rounded to the nearest cent, so for some of the lower cost riders, the change may vary from the quarterly manual rate change due to rounding.

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



## ACTUARIAL MEMORANDUM

### 2022 Large Group MVPHP Manual Rate and Addendum Filing

#### Purpose of Filing

The purpose of this filing is to demonstrate the development of manual rates in support of MVP Health Plan's (MVPHP) Large Group HMO product portfolio and seek approval of the manual rates and factors used to develop group specific premium rates. The premium rates included in this filing are for group effective dates between 1/1/2022 and 12/31/2022. The rates are effective for 12 months. This rate filing has been prepared to satisfy the requirements of 8 V.S.A § 5104 and is not intended to be used for other purposes.

#### Scope of Filing

As of May 2021, there are 2,094 members enrolled in Large Group plans on MVPHP. Of these members, 1,677 have a 1<sup>st</sup> quarter renewal, 0 have a 2<sup>nd</sup> quarter renewal, 301 have a 3<sup>rd</sup> quarter renewal, and 116 have a 4<sup>th</sup> quarter renewal.

The overall projected annual revenue change for 1Q 2022 is 8.2% based on MVP's current membership distribution. When comparing the changes using only experience period membership, the revenue change is 7.9% and is driven by two factors which are described below.

- Manual Rate Change: MVP is proposing a quarterly manual rate increase of 1.3% which translates to an annual increase of 7.2%.
- Change in Target Loss Ratio: MVP is decreasing its target loss ratio from 86.7% in the 1Q 2021 filing to 86.1% for this rate filing which is increasing the overall revenue change by 0.7%. The drivers of this increase include: an increase in the contribution of reserves from 1.0% to 2.0%, an increase to the billback amounts paid to the state of Vermont, and an increase in the Vermont Vaccine Pilot Program Fee. This is offset by a decrease in the administrative load from 8.6% to 8.2%.

Note that in normal years there is a third factor impacting the revenue change which is age/gender normalization. That factor is not impacting this year's rate filing as MVP is using the same experience period as the 2021 LG HMO filing (March 2019 – February 2020). The same experience period is being used to avoid using data impacted by COVID-19.

Please see the following table for a derivation of the overall revenue change for 1Q to 4Q 2022.

**Derivation of Annual Revenue Change Based on Current Membership**

	1Q '22 Annual Increase	2Q '22 Annual Increase	3Q '22 Annual Increase	4Q '22 Annual Increase
<b>Manual Rate Changes</b>	7.4%	7.6%	7.8%	8.1%
Impact of Changes in Target Loss Ratio	0.7%	0.7%	0.7%	0.7%
<b>Proposed Annual Revenue Change</b>	<b>8.2%</b>	<b>8.4%</b>	<b>8.6%</b>	<b>8.8%</b>

### **Experience Period Claims**

Large group Vermont claims incurred between March 2019 and February 2020, paid through May 2021 (with incurred estimates updated through June 2021) were the basis of MVP's rate analysis. Fee-for-service (FFS) medical and pharmacy claims were projected to the 1Q 2022 rating period by applying 34 months of trend to the experience period data. The capitation and non-FFS costs included in the rate development represent MVP's best estimate of these costs during the rating period.

### **Pooling Charge**

To account for volatility in high-cost claims, claims in excess of \$250,000 are being removed from the claim projection and replaced by a pooling charge. Because MVP has limited large group data in Vermont, the pooling charges in this filing align with MVP's large group business in New York, consistent with prior filings. The pooling charge of 4.37% is equal to the \$250,000 pooling charge included in MVP's LG Addendum which is included with this SERFF submission. For a summary of the high-cost claim ratio in recent time periods, please refer to the attached file, "Rolling 12 Medical and Rx Data – LG".

### **IBNR Factor**

As previously stated, MVP is reflecting an incurred estimate with sixteen months of claim run-out. We have completed the claims using an IBNR factor of 0.2% which is our best estimate of ultimate liabilities as of 6/30/21. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Please see the following table comparing incurred and paid claim amounts by month for the experience period. Note that this IBNR model is not exclusive to this block of business, so the paid and incurred claim amounts will not tie out to the experience in the filing. The IBNR factor 1.023 seen below for July 2019 is due to a large claimant that was capped at \$250,000.

<b>Incurred Month</b>	<b>Paid Claims</b>	<b>Incurred Claims</b>	<b>IBNR Factor</b>
202002	\$12,415,577	\$12,422,600	1.001
202001	\$13,014,784	\$13,017,581	1.000
201912	\$11,636,585	\$11,642,201	1.000
201911	\$11,377,771	\$11,364,643	0.999
201910	\$12,070,560	\$12,070,589	1.000
201909	\$11,234,606	\$11,234,464	1.000
201908	\$10,915,650	\$10,914,928	1.000
201907	\$11,097,035	\$11,347,035	1.023
201906	\$10,580,519	\$10,580,519	1.000
201905	\$12,095,529	\$12,095,514	1.000
201904	\$11,335,473	\$11,335,473	1.000
201903	\$11,679,028	\$11,679,028	1.000
Total	\$139,453,117	\$139,704,573	1.002

### **Development of Manual Rate Increase**

Exhibit 3a demonstrates the development of the proposed 1<sup>st</sup> quarter rate action. FFS medical claims completed with IBNR and adjusted for the pooling charge are projected to the rating period. An adjustment to the claim projection is made to account for New York's HCRA Surcharge. The New York HCRA Surcharge included in the claim projection is based only on claims paid for services performed by New York hospitals. The load for this surcharge equals 0.15% and is based on historical HCRA fees incurred by Vermont members.

Experience period Rx claims are adjusted for pooling and projected to the rating period. To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (28.6%) and applied that percentage to the rating period allowed claims. This represents MVP's best estimate of future rebates that will be shared between the PBM and MVP.

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 classified 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 experience period pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$10,906 under their deductible for these drugs, which was then converted to a PMPM amount using total membership for each cohort in the experience period. This amount was \$0.76 for QHDHP members (\$0.48 PMPM on all Vermont Large Group members).

Secondly, 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. As part of our benefit re-sloping process for this filing, the coverage of these drugs as preventative was built into our pricing of the safe harbor riders. This is causing the riders to have a higher relativity in the rating period than in the experience period. This results in the costs only being passed on to the QHDHP members and not those who won’t have access to the benefit.

Non-FFS claim expenses and capitation expenses are added to the claim projection. Please see the following table for a summary of non-FFS and capitation expenses reflected in MVP’s rate development for this filing.

Summary of Capitations and Non-FRDM Claim Expenses	
Other Medical Expense not in warehouse	\$1.49
Net Reinsurance Expense	\$0.67
Medical Home and PCP Incentive	\$3.86
<b>Total</b>	<b>\$6.03</b>

The expected non-FFS medical expenses added to the claim projection reflect costs associated with net reinsurance expense, PCP incentive payments and Medical Home, and other miscellaneous MVP claim expenses not included in the historical experience period data such as manual checks and Massachusetts surcharges. The Other Medical Expense data is comprised of a 3-year average of data for all Vermont group sizes and companies (MVPHP and MVPHIC) in order to minimize random variation in this block of business.

Finally, adjustments are made to the projected net claims cost to account for average industry factor and the impact of membership changes over the experience period.

The industry normalization factor shown on Exhibit 3a was computed using MVP’s census over the experience period along with the industry factors included in Appendix A of the file, “Appendices A-C – 1Q 2022.xlsx” which is included with this SERFF submission. MVP is not proposing changes to these factors for 2022. Because MVP is deriving its proposed rate increase from the 4Q 2021 manual rates which reflects an industry factor equal to 1.00, claim costs must be adjusted to be on a 1.00 basis as well. Over the experience period, the average industry factor was 1.011. To neutralize the impact of this factor on the required rate change, MVP is multiplying the 1Q 2022 claim projection times the reciprocal of this factor.

MVP is also making an adjustment to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most these products, paid claims are suppressed in the early months of a member’s contract and are higher than average in later contract months. Therefore, if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit

coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors. This adjustment factor equals 1.019 and can be found in Exhibit 3a. A quantitative derivation of this factor can be found in the file, "Impact of Membership Growth\_Decline on Experience Pd Claims".

To arrive at the data suggested quarterly rate change for 1Q 2022, the normalized net claim projection is compared to the 4Q 2021 manual rate that would be collected for the experience period enrollment to indicate the suggested quarterly manual rate change.

MVP has included an adjustment for the leap day that occurred in the experience period. The adjustment is equal to 365/366 and is applied to the projection period to reduce projected claims.

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 \$1.45 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP's Large Group market 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.

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. 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. Based on the payment policy MVP is strongly considering along with DFR's guidance on telehealth reimbursement, MVP projects an overall cost of \$0.47 PMPM.

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.

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.

MVP has also developed 2Q 2022 to 4Q 2022 manual rates for this rate filing. Please see Exhibit 3b which applies one additional quarter of trend to the projected claims on Exhibit 3a. Comparing the 2Q 2022 projected claims to the 1Q 2022 claim projection determines the quarterly manual rate change, and similarly for 3Q 2022 and 4Q 2022.

### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 1Q 2022 is illustrated in Exhibit 2a. MVP is reflecting 1.0% medical utilization trends in the current filing, and the assumed unit cost trends reflect known and assumed price increases from MVP's provider network as of the filing date.

As stated previously, MVP has assumed 1.0% for medical utilization trends in the current filing. MVP analyzed its combined MVPHIC and MVPHP Vermont data for 36 months between 2017 and 2019. In performing this analysis, we were concerned with the large impact that membership growth in other blocks of business (MVPHP small group and individual exchange) was having on the total utilization trend for Vermont. Removing MVPHP data from the calculation would leave a block that was not considered credible. As part of the 2022 Exchange filing, L&E analyzed the entire VT marketplace and determined that a 1.0% utilization trend was reasonable, and we have elected to consistently reflect the 1.0% utilization trend.

The assumed unit cost trends reflect known and assumed price increases from MVP’s provider network. The 2020 and 2021 unit cost trends for VT hospitals reflect the approved Green Mountain Care Board hospital budgets. Please see Exhibit 2A for the unit cost trends by claim category by year. The 2022 unit cost trends for VT hospitals reflect the proposed commercial rate requests from the hospitals to the GMCB. MVP’s unit cost trends for non-VT providers for both years reflect the best estimate of MVP’s contract negotiations. MVP has assumed that the 2023 annual trend is equal to the 2022 trend, as we lack information on unit cost trends for 2023 at this time.

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 VT book of business. 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.

**Rx Trend Factors**

Annual Rx trend factors split by generic, brand and specialty drugs are illustrated in Exhibit 2a. These trend factors were supplied by MVP’s pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization, given MVP’s data as a starting point. Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 1Q 2022 can be found in Exhibit 2b.

The PBM has provided trends for 2020, 2021, and 2022. The trends for 2023 are assumed to be equal to the 2022 trends. The trend 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. Please see the following table which displays MVP’s pharmacy trends in this filing.

Rx Trends Used in 2022 MVP VT Large Group Filing									
	2020/2019 Trend		2021/2020 Trend		2022/2021 Trend		2023/2022 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%	-2.8%	2.6%	
Brand	11.7%	6.3%	8.1%	4.8%	4.1%	2.6%	4.1%	2.6%	
Specialty	5.8%	20.1%	5.3%	10.2%	6.8%	12.0%	6.8%	12.0%	

Please see the attached file, “Rolling 12 Medical and Rx Data - LG.xlsx” which contains a rolling 12-month summary of total Rx claim costs as well as Rx data broken out by Generic, Brand, and Specialty.

**Retention Expenses**

Retention expenses are outlined in the attached Addendum. The following table represents MVP’s Large Group administrative expenses as filed in the Supplemental Health Care Exhibit over the past four years:



**Administrative Expense Summary - Data Taken from Supplemental Health Care Exhibit**

	VT Large Group – MVPHIC & MVPHP			Admin Expense Ratio
	Member Months	Premium PMPM	Admin PMPM	
2017	25,372	\$474.10	\$42.09	8.9%
2018	26,765	\$484.55	\$48.67	10.0%
2019	22,511	\$499.97	\$46.35	9.3%
2020	23,424	\$540.97	\$38.45	7.1%

Admin PMPM reflects the following lines from Part I of the SHCE: 6.6, 8.3, 10.1, and 10.4

Changes have been made to the following retention items since the 1Q 2021 filing:

- Administrative Load: MVP is proposing to reduce the administrative expense load in the current filing from 8.6% of premium to 8.2% of premium.
- Covered Lives Assessment: The 2022 covered lives assessment has yet to be finalized by New York State. MVP is assuming a 5% increase in the 2021 covered lives assessment, consistent with prior filings.

The following taxes/assessments are included in the attached Addendum:

*VT Paid Claim Tax*

The State of Vermont charges a 0.999% tax on paid claims.

*18 V.S.A § 9374 (h)(1) Billback*

\$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.

*VT Vaccine Pilot*

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 \$10.91 per covered child and \$1.60 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 the first quarter of 2022 followed by \$2.96 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$566.34) to convert the assessment to a percent of premium load of 0.53%.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the manual rates proposed in this rate filing is 86.1%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 87.3%. Please see the following table for more detail:

**Target Loss Ratio for LG VT in 1Q 2022**

	<b>Large Group VT</b>
A) Claims Expense	\$490.69
B) Taxes/Assessments	\$4.76
C) Quality Improvement	\$2.80
D) Premium	\$569.81
E) Traditional Loss Ratio = A) / D)	<b>86.1%</b>
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	<b>87.3%</b>

**Supplemental Exhibits**

Also included with this filing is a historical claim and membership summary for the past 36 months grouped into rolling 12-month periods. Incurred claims from March 2017 – February 2020 completed through June 2021 are reflected in the data.

**Re-Sloping of Benefits**

MVP has used its proprietary benefit relativity model to update the relativities for all existing plan offerings. Exhibit 3c shows the 4Q2021 net required revenue before and after the benefit re-sloping for all medical/pharmacy/safe harbor plan combinations along with the membership for the plan. The membership weighted net required revenue after adjusting the relativities is equal to before, ensuring revenue neutrality.

**New Products**

MVP is not offering any new products in Vermont in 2022.

**Retired Products**

MVP is retiring the following medical riders in Vermont in 2022: YV3HHDH301L, YV3HHDH310L, YV3HHDH312L, YV3HHDH346L, YV3HMB301L, YV3HMB310L, YV3HMB312L, and YV3HMB346L. These vision riders are being retired because MVP is offering a stand-alone vision product in Vermont.

**Actuarial Certification**

I, Christopher Pontiff, am an Associate of the Society of Actuaries. 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, inadequate, nor unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.



Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care

08/02/2021  
Date

VT LG Experience Period Membership Distribution		
Coplan	Rx Coplan	Member Months
VT3HDH01AXLC	INTEGRATED	141
VT3HDH02AXLC	INTEGRATED	1544
VT3HDH08AXLC	INTEGRATED	923
VT3HDH15AXLC	INTEGRATED	600
VT3HDH17AXLC	INTEGRATED	178
VT3HDH19EXLCE	INTEGRATED	595
VT3HDH41EXLE	INTEGRATED	982
VT3HDH43EXLCE	INTEGRATED	4028
VT3HDH46AXLC	INTEGRATED	1233
VT3HDH51EXLCE	INTEGRATED	2817
VT3HDH55AXLD	INTEGRATED	1055
VT3HDH60EXLCE	INTEGRATED	200
VT3HMO089ZLBN	RXVT3HMB500ZL	751
VT3HMO092ZLBE	RXVT3HMB500ZL	4495
VT3HMO093ZLBE	RXVT3HMB500ZL	237
VT3HMO100ZLBE	RXVT3HMB501ZL	908
VT3HMO101ZLBE	RXVT3HMB500ZL	762
VT3HMO103ZLBE	RXVT3HMB500ZL	189
VT3HMO107ZLBE	RXVT3HMB500ZL	1143
VT3HMO118ZLBE	RXVT3HMB605ZL	158
<b>Total</b>		<b>22939</b>

VT LG Current as of 2021 Membership Distribution		
Coplan	Rx Coplan	Member Months
VT3HDH01AXLB	RXVT3HDH01AXLB1	8
VT3HDH02AXLB	RXVT3HDH02AXLB1	11
VT3HDH08AXLB	RXVT3HDH08AXLB1	42
VT3HDH15AXLB	RXVT3HDH15AXLB1	40
VT3HDH17AXLB	RXVT3HDH17AXLB1	80
VT3HDH19EXLBE	RXVT3HDH19EXLB1E	16
VT3HDH43EXLBE	RXVT3HDH43EXLBE	417
VT3HDH55AXLC	RXVT3HDH55AXLC	697
VT3HDH60EXLB	RXVT3HDH60EXLB1E	141
VT3HMO092ZLE	RXVT3HMB500ZL	393
VT3HMO093ZLE	RXVT3HMB500ZL	21
VT3HMO103ZLE	RXVT3HMB500ZL	12
VT3HMO107ZLE	RXVT3HMB500ZL	90
VT3HMO116ZLE	RXVT3HMB606ZL	126
<b>Total</b>		<b>2094</b>

Coplan	CoplanPOS	RX Coplan	Member Months	Prev RX Coverage	Med Rider	Proposed						Prior Year						Percent Change		
						Med Premium	RX Premium	POS Premium	SH Rider Premi	Rider Premium	Total Proposed Premium	Proposed Premium PMPM	Med Premium	RX Premium	POS Premium	SH Rider Premi	Rider Premium		Total Prior Year Premium	Proposed Premium PMPM
VT3HDH01AXLB	NO	NO	2	RXVT3HDH511L-A	NO	\$1,263.32	\$0.00	\$0.00	\$2.62	\$0.00	\$1,265.94	\$632.97	\$1,162.19	\$0.00	\$0.00	\$4.76	\$0.00	\$3,166.95	\$583.47	8.48%
VT3HDH01AXLB	NO	NO	6	RXVT3HDH511L-A	NO	\$3,789.95	\$0.00	\$0.00	\$7.85	\$0.00	\$3,797.81	\$632.97	\$3,486.56	\$0.00	\$0.00	\$14.27	\$0.00	\$3,500.84	\$583.47	8.48%
VT3HDH02AXLB	NO	NO	7	RXNO	NO	\$3,901.88	\$0.00	\$0.00	\$0.00	\$0.00	\$3,901.88	\$557.41	\$3,576.13	\$0.00	\$0.00	\$0.00	\$0.00	\$3,576.13	\$510.88	9.11%
VT3HDH02AXLB	NO	NO	4	RXNO	NO	\$2,229.65	\$0.00	\$0.00	\$0.00	\$0.00	\$2,229.65	\$557.41	\$2,043.50	\$0.00	\$0.00	\$0.00	\$0.00	\$2,043.50	\$510.88	9.11%
VT3HDH08AXLB	NO	NO	29	RXVT3HDH511L-H	NO	\$15,512.16	\$0.00	\$0.00	\$35.25	\$0.00	\$15,547.41	\$536.12	\$14,183.90	\$0.00	\$0.00	\$68.99	\$0.00	\$14,252.90	\$491.48	9.08%
VT3HDH08AXLB	NO	NO	13	RXVT3HDH511L-H	NO	\$6,953.73	\$0.00	\$0.00	\$15.80	\$0.00	\$6,969.53	\$536.12	\$6,358.30	\$0.00	\$0.00	\$30.93	\$0.00	\$6,389.23	\$491.48	9.08%
VT3HDH15AXLB	NO	NO	13	RXVT3HDH511L-Q	NO	\$6,530.14	\$0.00	\$0.00	\$15.80	\$0.00	\$6,545.94	\$503.53	\$5,946.03	\$0.00	\$0.00	\$28.66	\$0.00	\$5,974.70	\$459.59	9.56%
VT3HDH15AXLB	NO	NO	27	RXVT3HDH511L-Q	NO	\$13,562.61	\$0.00	\$0.00	\$32.82	\$0.00	\$13,595.42	\$503.53	\$12,949.45	\$0.00	\$0.00	\$59.53	\$0.00	\$13,008.99	\$459.59	9.56%
VT3HDH17AXLB	NO	NO	26	RXVT3HDH511L-Q	NO	\$13,506.36	\$0.00	\$0.00	\$126.41	\$0.00	\$13,632.76	\$524.34	\$12,396.65	\$0.00	\$0.00	\$171.69	\$0.00	\$12,568.33	\$483.40	8.47%
VT3HDH17AXLB	NO	NO	54	RXVT3HDH511L-Q	NO	\$28,051.66	\$0.00	\$0.00	\$262.54	\$0.00	\$28,314.20	\$524.34	\$25,746.89	\$0.00	\$0.00	\$356.58	\$0.00	\$26,103.46	\$483.40	8.47%
VT3HDH19EXLBE	NO	NO	16	RXNO	NO	\$7,765.40	\$0.00	\$0.00	\$0.00	\$0.00	\$7,765.40	\$485.34	\$7,123.64	\$0.00	\$0.00	\$0.00	\$0.00	\$7,123.64	\$445.23	9.01%
VT3HDH43EXLBE	NO	NO	116	RXVT3HDH511L-AC	NO	\$60,622.46	\$0.00	\$0.00	\$1,271.64	\$0.00	\$61,894.10	\$533.57	\$55,690.63	\$0.00	\$0.00	\$1,592.55	\$0.00	\$57,283.18	\$493.82	8.05%
VT3HDH43EXLBE	NO	NO	296	RXVT3HDH511L-AC	NO	\$154,691.79	\$0.00	\$0.00	\$3,244.87	\$0.00	\$157,936.66	\$533.57	\$142,107.14	\$0.00	\$0.00	\$4,063.74	\$0.00	\$146,170.88	\$493.82	8.05%
VT3HDH43EXLBE	SV3HDH03L	NO	5	RXVT3HDH511L-AC	NO	\$2,613.04	\$0.00	\$73.69	\$54.81	\$0.00	\$2,741.54	\$548.31	\$2,400.46	\$0.00	\$68.20	\$68.64	\$0.00	\$2,537.30	\$507.46	8.05%
VT3HDH55AXLC	NO	NO	31	RXNO	NO	\$13,135.80	\$0.00	\$0.00	\$0.00	\$0.00	\$13,135.80	\$423.74	\$11,968.32	\$0.00	\$0.00	\$0.00	\$0.00	\$11,968.32	\$386.07	9.75%
VT3HDH55AXLC	NO	NO	110	RXNO	NO	\$46,610.90	\$0.00	\$0.00	\$0.00	\$0.00	\$46,610.90	\$423.74	\$42,468.25	\$0.00	\$0.00	\$0.00	\$0.00	\$42,468.25	\$386.07	9.75%
VT3HDH55AXLC	NO	NO	76	RXVT3HDH511L-AP	NO	\$32,203.89	\$0.00	\$0.00	\$980.59	\$0.00	\$33,184.48	\$436.64	\$29,341.70	\$0.00	\$0.00	\$1,063.68	\$0.00	\$30,405.38	\$400.07	9.14%
VT3HDH55AXLC	NO	NO	282	RXVT3HDH511L-AP	NO	\$119,493.39	\$0.00	\$0.00	\$3,638.49	\$0.00	\$123,131.88	\$436.64	\$108,873.14	\$0.00	\$0.00	\$3,946.81	\$0.00	\$112,819.95	\$400.07	9.14%
VT3HDH55AXLC	NO	NO	18	RXNO	NO	\$7,627.24	\$0.00	\$0.00	\$0.00	\$0.00	\$7,627.24	\$423.74	\$6,949.35	\$0.00	\$0.00	\$0.00	\$0.00	\$6,949.35	\$386.07	9.75%
VT3HDH55AXLC	NO	NO	65	RXNO	NO	\$27,542.80	\$0.00	\$0.00	\$0.00	\$0.00	\$27,542.80	\$423.74	\$25,094.87	\$0.00	\$0.00	\$0.00	\$0.00	\$25,094.87	\$386.07	9.75%
VT3HDH55AXLC	NO	NO	72	RXVT3HDH511L-AP	NO	\$30,508.95	\$0.00	\$0.00	\$928.98	\$0.00	\$31,437.93	\$436.64	\$27,797.40	\$0.00	\$0.00	\$1,007.70	\$0.00	\$28,805.09	\$400.07	9.14%
VT3HDH55AXLC	NO	NO	43	RXVT3HDH511L-AP	NO	\$18,220.62	\$0.00	\$0.00	\$554.80	\$0.00	\$18,775.43	\$436.64	\$16,601.22	\$0.00	\$0.00	\$601.82	\$0.00	\$17,203.04	\$400.07	9.14%
VT3HDH60EXLB	NO	NO	141	RXVT3HDH511L-AU	NO	\$81,781.96	\$0.00	\$0.00	\$1,110.66	\$0.00	\$82,892.62	\$587.89	\$75,545.46	\$0.00	\$0.00	\$1,338.51	\$0.00	\$76,883.97	\$545.28	7.82%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	393	RXNO	MV3HMB356L	\$230,526.72	\$37,763.55	\$0.00	\$0.00	\$2,590.45	\$270,880.72	\$689.26	\$213,419.57	\$37,065.70	\$0.00	\$0.00	\$2,403.55	\$252,888.81	\$643.48	7.11%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	21	RXNO	MV3HMB356L	\$11,071.21	\$2,017.90	\$0.00	\$0.00	\$138.42	\$13,227.53	\$629.88	\$10,251.61	\$1,980.61	\$0.00	\$0.00	\$128.43	\$12,360.66	\$588.60	7.01%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	12	RXNO	MV3HMB356L	\$6,696.37	\$1,153.09	\$0.00	\$0.00	\$79.10	\$7,928.55	\$660.71	\$6,230.42	\$1,131.78	\$0.00	\$0.00	\$73.39	\$7,435.59	\$619.63	6.63%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	90	RXNO	MV3HMB356L	\$44,359.86	\$8,648.14	\$0.00	\$0.00	\$593.23	\$53,601.24	\$595.57	\$41,215.25	\$8,488.33	\$0.00	\$0.00	\$550.43	\$50,254.01	\$558.38	6.66%
VT3HMO11Z2LE	NO	RXVT3HMB606ZL	126	RXNO	NO	\$62,103.81	\$11,390.26	\$0.00	\$0.00	\$0.00	\$73,494.07	\$583.29	\$56,526.70	\$11,045.79	\$0.00	\$0.00	\$0.00	\$67,572.50	\$536.29	8.76%
<b>Total</b>						<b>\$1,052,877.65</b>	<b>\$60,972.94</b>	<b>\$73.69</b>	<b>\$12,283.92</b>	<b>\$3,401.20</b>	<b>\$1,129,609.40</b>	<b>\$539.45</b>	<b>\$966,854.74</b>	<b>\$59,712.21</b>	<b>\$68.20</b>	<b>\$14,418.85</b>	<b>\$3,155.80</b>	<b>\$1,044,209.80</b>	<b>\$498.67</b>	<b>8.18%</b>

Coplan	CoplanPOS	RX Coplan	Member Months	Prev RX Coverage	Med Rider	Proposed					Prior Year					Percent Change				
						Med Premium	RX Premium	POS Premium	SH Rider Premi	Rider Premium	Total Proposed Premium	Proposed Premium PMPM	Med Premium	RX Premium	POS Premium		SH Rider Premi	Rider Premium	Total Prior Year Premium	Proposed Premium PMPM
VT3HDH01AXLB	NO	NO	2	RXVT3HDH511L-A	NO	\$1,289.75	\$0.00	\$0.00	\$2.66	\$0.00	\$1,292.42	\$646.21	\$1,184.18	\$0.00	\$0.00	\$4.85	\$0.00	\$3,189.03	\$594.52	8.69%
VT3HDH01AXLB	NO	NO	6	RXVT3HDH511L-A	NO	\$3,869.26	\$0.00	\$0.00	\$7.99	\$0.00	\$3,877.25	\$646.21	\$3,552.55	\$0.00	\$0.00	\$14.55	\$0.00	\$3,567.10	\$594.52	8.69%
VT3HDH02AXLB	NO	NO	7	RXNO	NO	\$3,983.52	\$0.00	\$0.00	\$0.00	\$0.00	\$3,983.52	\$569.07	\$3,643.77	\$0.00	\$0.00	\$0.00	\$0.00	\$3,643.77	\$520.54	9.32%
VT3HDH02AXLB	NO	NO	4	RXNO	NO	\$2,276.30	\$0.00	\$0.00	\$0.00	\$0.00	\$2,276.30	\$569.07	\$2,082.16	\$0.00	\$0.00	\$0.00	\$0.00	\$2,082.16	\$520.54	9.32%
VT3HDH08AXLB	NO	NO	29	RXVT3HDH511L-H	NO	\$15,836.51	\$0.00	\$0.00	\$35.93	\$0.00	\$15,872.44	\$547.33	\$14,452.37	\$0.00	\$0.00	\$70.34	\$0.00	\$14,522.70	\$500.78	9.29%
VT3HDH08AXLB	NO	NO	13	RXVT3HDH511L-H	NO	\$7,099.13	\$0.00	\$0.00	\$16.10	\$0.00	\$7,115.23	\$547.33	\$6,478.65	\$0.00	\$0.00	\$31.53	\$0.00	\$6,510.18	\$500.78	9.29%
VT3HDH15AXLB	NO	NO	13	RXVT3HDH511L-O	NO	\$6,666.73	\$0.00	\$0.00	\$16.10	\$0.00	\$6,682.83	\$514.06	\$6,658.53	\$0.00	\$0.00	\$29.27	\$0.00	\$6,687.80	\$468.29	9.77%
VT3HDH15AXLB	NO	NO	27	RXVT3HDH511L-O	NO	\$13,946.29	\$0.00	\$0.00	\$33.45	\$0.00	\$13,979.73	\$514.06	\$13,583.11	\$0.00	\$0.00	\$60.79	\$0.00	\$13,643.89	\$468.29	9.77%
VT3HDH17AXLB	NO	NO	26	RXVT3HDH511L-Q	NO	\$13,788.95	\$0.00	\$0.00	\$129.14	\$0.00	\$13,918.09	\$535.31	\$12,631.30	\$0.00	\$0.00	\$175.01	\$0.00	\$12,806.31	\$492.55	8.68%
VT3HDH17AXLB	NO	NO	54	RXVT3HDH511L-Q	NO	\$28,638.59	\$0.00	\$0.00	\$268.22	\$0.00	\$28,906.80	\$535.31	\$26,234.24	\$0.00	\$0.00	\$363.47	\$0.00	\$26,597.72	\$492.55	8.68%
VT3HDH19EXLBE	NO	NO	16	RXNO	NO	\$7,927.71	\$0.00	\$0.00	\$0.00	\$0.00	\$7,927.71	\$495.48	\$7,258.38	\$0.00	\$0.00	\$0.00	\$0.00	\$7,258.38	\$453.65	9.22%
VT3HDH43EXLBE	NO	NO	116	RXVT3HDH511L-AC	NO	\$61,890.03	\$0.00	\$0.00	\$1,298.75	\$0.00	\$63,188.78	\$544.73	\$56,744.28	\$0.00	\$0.00	\$1,622.16	\$0.00	\$58,366.44	\$503.16	8.26%
VT3HDH43EXLBE	NO	NO	296	RXVT3HDH511L-AC	NO	\$157,926.28	\$0.00	\$0.00	\$3,314.06	\$0.00	\$161,240.34	\$544.73	\$144,795.75	\$0.00	\$0.00	\$4,139.31	\$0.00	\$148,935.06	\$503.16	8.26%
VT3HDH43EXLBE	SV3HDH03L	NO	5	RXVT3HDH511L-AC	NO	\$2,567.67	\$0.00	\$75.23	\$55.98	\$0.00	\$2,798.89	\$559.78	\$2,445.87	\$0.00	\$69.49	\$69.92	\$0.00	\$2,585.29	\$517.06	8.26%
VT3HDH55AXLC	NO	NO	31	RXNO	NO	\$13,410.42	\$0.00	\$0.00	\$0.00	\$0.00	\$13,410.42	\$432.59	\$12,194.50	\$0.00	\$0.00	\$0.00	\$0.00	\$12,194.50	\$393.37	9.97%
VT3HDH55AXLC	NO	NO	110	RXNO	NO	\$47,585.36	\$0.00	\$0.00	\$0.00	\$0.00	\$47,585.36	\$432.59	\$43,270.80	\$0.00	\$0.00	\$0.00	\$0.00	\$43,270.80	\$393.37	9.97%
VT3HDH55AXLC	NO	NO	76	RXVT3HDH511L-AP	NO	\$32,877.16	\$0.00	\$0.00	\$1,001.01	\$0.00	\$33,878.17	\$445.77	\$29,896.19	\$0.00	\$0.00	\$1,083.96	\$0.00	\$30,980.15	\$407.63	9.35%
VT3HDH55AXLC	NO	NO	282	RXVT3HDH511L-AP	NO	\$121,991.55	\$0.00	\$0.00	\$3,714.29	\$0.00	\$125,705.84	\$445.77	\$110,930.60	\$0.00	\$0.00	\$4,022.08	\$0.00	\$114,952.68	\$407.63	9.35%
VT3HDH55AXLC	NO	NO	18	RXNO	NO	\$7,786.69	\$0.00	\$0.00	\$0.00	\$0.00	\$7,786.69	\$432.59	\$7,080.68	\$0.00	\$0.00	\$0.00	\$0.00	\$7,080.68	\$393.37	9.97%
VT3HDH55AXLC	NO	NO	65	RXNO	NO	\$28,118.62	\$0.00	\$0.00	\$0.00	\$0.00	\$28,118.62	\$432.59	\$25,569.11	\$0.00	\$0.00	\$0.00	\$0.00	\$25,569.11	\$393.37	9.97%
VT3HDH55AXLC	NO	NO	72	RXVT3HDH511L-AP	NO	\$31,146.78	\$0.00	\$0.00	\$948.33	\$0.00	\$32,095.11	\$445.77	\$28,322.71	\$0.00	\$0.00	\$1,026.91	\$0.00	\$29,349.62	\$407.63	9.35%
VT3HDH55AXLC	NO	NO	43	RXVT3HDH511L-AP	NO	\$18,601.55	\$0.00	\$0.00	\$566.36	\$0.00	\$19,167.91	\$445.77	\$16,914.95	\$0.00	\$0.00	\$613.30	\$0.00	\$17,528.25	\$407.63	9.35%
VT3HDH06EXLB	NO	NO	141	RXVT3HDH511L-AU	NO	\$83,494.09	\$0.00	\$0.00	\$1,133.73	\$0.00	\$84,627.82	\$600.20	\$76,975.08	\$0.00	\$0.00	\$1,364.69	\$0.00	\$78,339.77	\$555.60	8.03%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	393	RXNO	MV3HMB356L	\$235,349.36	\$38,558.14	\$0.00	\$0.00	\$2,645.56	\$276,553.06	\$703.70	\$217,459.00	\$37,759.36	\$0.00	\$0.00	\$2,449.15	\$257,667.52	\$655.64	7.33%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	21	RXNO	MV3HMB356L	\$11,302.89	\$2,060.36	\$0.00	\$0.00	\$141.37	\$13,504.62	\$643.08	\$10,445.53	\$2,017.68	\$0.00	\$0.00	\$130.87	\$12,594.07	\$599.72	7.23%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	12	RXNO	MV3HMB356L	\$6,836.47	\$1,177.35	\$0.00	\$0.00	\$80.78	\$8,094.60	\$674.55	\$6,348.33	\$1,152.96	\$0.00	\$0.00	\$74.78	\$7,576.07	\$631.34	6.84%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	90	RXNO	MV3HMB356L	\$45,287.58	\$8,830.11	\$0.00	\$0.00	\$605.85	\$54,723.54	\$608.04	\$41,995.13	\$8,647.18	\$0.00	\$0.00	\$560.88	\$51,203.19	\$568.92	6.88%
VT3HMO11Z2LE	NO	RXVT3HMB606ZL	126	RXNO	NO	\$63,402.61	\$11,628.82	\$0.00	\$0.00	\$0.00	\$75,031.42	\$595.49	\$57,595.15	\$11,254.72	\$0.00	\$0.00	\$0.00	\$68,849.87	\$546.43	8.98%
<b>Total</b>						<b>\$1,074,897.84</b>	<b>\$62,254.77</b>	<b>\$75.23</b>	<b>\$12,542.12</b>	<b>\$3,473.56</b>	<b>\$1,153,243.53</b>	<b>\$550.74</b>	<b>\$985,142.91</b>	<b>\$60,831.90</b>	<b>\$69.49</b>	<b>\$14,692.14</b>	<b>\$3,215.68</b>	<b>\$1,063,952.12</b>	<b>\$508.10</b>	<b>8.39%</b>

Coplan	CoplanPOS	RX Coplan	Member Months	Prev RX Coverage	Med Rider	Proposed					Prior Year					Percent Change				
						Med Premium	RX Premium	POS Premium	SH Rider Premi	Rider Premium	Total Proposed Premium	Proposed Premium PMPM	Med Premium	RX Premium	POS Premium		SH Rider Premi	Rider Premium	Total Prior Year Premium	Proposed Premium PMPM
VT3HDH01AXLB	NO	NO	2	RXVT3DH511L-A	NO	\$1,316.75	\$0.00	\$0.00	\$2.71	\$0.00	\$1,319.46	\$659.73	\$1,206.60	\$0.00	\$4.94	\$0.00	\$1,211.54	\$608.77	8.91%	
VT3HDH01AXLB	NO	NO	6	RXVT3DH511L-A	NO	\$3,950.25	\$0.00	\$0.00	\$8.13	\$0.00	\$3,958.39	\$659.73	\$3,619.79	\$0.00	\$0.00	\$14.83	\$0.00	\$3,634.62	\$605.77	8.91%
VT3HDH02AXLB	NO	NO	7	RXNO	NO	\$4,066.89	\$0.00	\$0.00	\$0.00	\$0.00	\$4,066.89	\$580.98	\$3,712.72	\$0.00	\$0.00	\$0.00	\$0.00	\$3,712.72	\$530.39	9.54%
VT3HDH02AXLB	NO	NO	4	RXNO	NO	\$2,323.94	\$0.00	\$0.00	\$0.00	\$0.00	\$2,323.94	\$580.98	\$2,121.55	\$0.00	\$0.00	\$0.00	\$0.00	\$2,121.55	\$530.39	9.54%
VT3HDH08AXLB	NO	NO	29	RXVT3DH511L-H	NO	\$16,167.98	\$0.00	\$0.00	\$36.60	\$0.00	\$16,204.58	\$558.78	\$14,725.87	\$0.00	\$0.00	\$71.68	\$0.00	\$14,797.56	\$510.26	9.51%
VT3HDH08AXLB	NO	NO	13	RXVT3DH511L-H	NO	\$7,247.71	\$0.00	\$0.00	\$16.41	\$0.00	\$7,264.12	\$558.78	\$6,601.25	\$0.00	\$0.00	\$32.13	\$0.00	\$6,633.39	\$510.26	9.51%
VT3HDH15AXLB	NO	NO	13	RXVT3DH511L-O	NO	\$6,806.20	\$0.00	\$0.00	\$16.41	\$0.00	\$6,822.61	\$524.82	\$6,173.14	\$0.00	\$0.00	\$29.87	\$0.00	\$6,203.02	\$477.16	9.99%
VT3HDH15AXLB	NO	NO	27	RXVT3DH511L-O	NO	\$14,135.96	\$0.00	\$0.00	\$34.08	\$0.00	\$14,170.04	\$524.82	\$12,821.15	\$0.00	\$0.00	\$62.04	\$0.00	\$12,883.19	\$477.16	9.99%
VT3HDH17AXLB	NO	NO	26	RXVT3DH511L-Q	NO	\$14,077.31	\$0.00	\$0.00	\$131.88	\$0.00	\$14,209.19	\$546.51	\$12,870.18	\$0.00	\$0.00	\$178.32	\$0.00	\$13,048.50	\$501.87	8.90%
VT3HDH17AXLB	NO	NO	54	RXVT3DH511L-Q	NO	\$29,237.50	\$0.00	\$0.00	\$273.90	\$0.00	\$29,511.39	\$546.51	\$26,730.37	\$0.00	\$0.00	\$376.37	\$0.00	\$27,106.74	\$501.87	8.90%
VT3HDH19EXLBE	NO	NO	16	RXNO	NO	\$8,093.57	\$0.00	\$0.00	\$0.00	\$0.00	\$8,093.57	\$505.85	\$7,395.73	\$0.00	\$0.00	\$0.00	\$0.00	\$7,395.73	\$462.23	9.44%
VT3HDH43EXLBE	NO	NO	116	RXVT3DH511L-AC	NO	\$63,184.71	\$0.00	\$0.00	\$1,325.87	\$0.00	\$64,510.58	\$556.13	\$57,818.12	\$0.00	\$0.00	\$1,653.13	\$0.00	\$59,471.25	\$512.68	8.47%
VT3HDH43EXLBE	NO	NO	296	RXVT3DH511L-AC	NO	\$161,229.96	\$0.00	\$0.00	\$3,383.24	\$0.00	\$164,613.20	\$556.13	\$147,535.90	\$0.00	\$0.00	\$4,218.32	\$0.00	\$151,754.21	\$512.68	8.47%
VT3HDH43EXLBE	SV3HDH03L	NO	5	RXVT3DH511L-AC	NO	\$2,723.48	\$0.00	\$76.81	\$57.15	\$0.00	\$2,857.44	\$571.49	\$2,492.16	\$0.00	\$70.81	\$71.16	\$0.00	\$2,634.22	\$526.84	8.47%
VT3HDH55AXLC	NO	NO	31	RXNO	NO	\$13,690.84	\$0.00	\$0.00	\$0.00	\$0.00	\$13,690.84	\$441.64	\$12,424.99	\$0.00	\$0.00	\$0.00	\$0.00	\$12,424.99	\$400.81	10.19%
VT3HDH55AXLC	NO	NO	110	RXNO	NO	\$48,580.39	\$0.00	\$0.00	\$0.00	\$0.00	\$48,580.39	\$441.64	\$44,088.68	\$0.00	\$0.00	\$0.00	\$0.00	\$44,088.68	\$400.81	10.19%
VT3HDH55AXLC	NO	NO	76	RXVT3DH511L-AP	NO	\$33,564.63	\$0.00	\$0.00	\$1,022.33	\$0.00	\$34,586.96	\$455.09	\$30,461.27	\$0.00	\$0.00	\$1,104.25	\$0.00	\$31,565.52	\$415.34	9.57%
VT3HDH55AXLC	NO	NO	282	RXVT3DH511L-AP	NO	\$124,542.45	\$0.00	\$0.00	\$3,793.39	\$0.00	\$128,335.84	\$455.09	\$113,027.34	\$0.00	\$0.00	\$4,097.35	\$0.00	\$117,124.69	\$415.34	9.57%
VT3HDH55AXLC	NO	NO	18	RXNO	NO	\$7,949.52	\$0.00	\$0.00	\$0.00	\$0.00	\$7,949.52	\$441.64	\$7,214.51	\$0.00	\$0.00	\$0.00	\$0.00	\$7,214.51	\$400.81	10.19%
VT3HDH55AXLC	NO	NO	65	RXNO	NO	\$28,706.59	\$0.00	\$0.00	\$0.00	\$0.00	\$28,706.59	\$441.64	\$26,052.40	\$0.00	\$0.00	\$0.00	\$0.00	\$26,052.40	\$400.81	10.19%
VT3HDH55AXLC	NO	NO	72	RXVT3DH511L-AP	NO	\$31,798.07	\$0.00	\$0.00	\$968.52	\$0.00	\$32,766.60	\$455.09	\$28,858.04	\$0.00	\$0.00	\$1,046.13	\$0.00	\$29,904.18	\$415.34	9.57%
VT3HDH55AXLC	NO	NO	43	RXVT3DH511L-AP	NO	\$18,990.52	\$0.00	\$0.00	\$578.42	\$0.00	\$19,568.94	\$455.09	\$17,234.67	\$0.00	\$0.00	\$624.77	\$0.00	\$17,859.44	\$415.34	9.57%
VT3HDH06EXLB	NO	NO	141	RXVT3DH511L-AU	NO	\$85,240.83	\$0.00	\$0.00	\$1,156.80	\$0.00	\$86,397.63	\$612.75	\$78,432.53	\$0.00	\$0.00	\$1,390.87	\$0.00	\$79,823.40	\$566.12	8.24%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	393	RXNO	MV3HMB356L	\$240,273.04	\$39,366.50	\$0.00	\$0.00	\$2,700.68	\$282,340.23	\$718.42	\$221,575.98	\$38,475.10	\$0.00	\$0.00	\$2,494.76	\$262,545.83	\$668.06	7.54%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	21	RXNO	MV3HMB356L	\$11,539.24	\$2,103.55	\$0.00	\$0.00	\$144.31	\$13,747.10	\$656.53	\$10,643.10	\$2,055.92	\$0.00	\$0.00	\$133.31	\$12,832.33	\$611.06	7.44%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	12	RXNO	MV3HMB356L	\$6,979.52	\$1,202.03	\$0.00	\$0.00	\$82.46	\$8,264.01	\$688.67	\$6,468.47	\$1,174.81	\$0.00	\$0.00	\$76.18	\$7,719.46	\$643.29	7.05%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	90	RXNO	MV3HMB356L	\$46,235.27	\$9,015.23	\$0.00	\$0.00	\$618.48	\$55,868.98	\$620.77	\$42,789.63	\$8,811.09	\$0.00	\$0.00	\$571.32	\$52,172.04	\$579.69	7.09%
VT3HMO11Z2LE	NO	RXVT3HMB606ZL	126	RXNO	NO	\$64,729.38	\$11,873.26	\$0.00	\$0.00	\$76.602.65	\$607.96	\$58,684.06	\$11,468.94	\$0.00	\$0.00	\$0.00	\$0.00	\$70,153.00	\$556.77	9.19%
<b>Total</b>						<b>\$1,097,382.51</b>	<b>\$63,560.58</b>	<b>\$76.81</b>	<b>\$12,805.85</b>	<b>\$3,545.93</b>	<b>\$1,177,371.67</b>	<b>\$562.26</b>	<b>\$1,003,780.19</b>	<b>\$61,985.86</b>	<b>\$70.81</b>	<b>\$14,970.27</b>	<b>\$3,275.57</b>	<b>\$1,084,082.70</b>	<b>\$517.71</b>	<b>8.61%</b>

Coplan	CoplanPOS	RX Coplan	Member Months	Prev RX Coverage	Med Rider	Proposed					Prior Year					Percent Change				
						Med Premium	RX Premium	POS Premium	SH Rider Premi	Rider Premium	Total Proposed Premium	Proposed Premium PMPM	Med Premium	RX Premium	POS Premium		SH Rider Premi	Rider Premium	Total Prior Year Premium	Proposed Premium PMPM
VT3HDH01AXLB	NO	NO	2	RXVT3DH511L-A	NO	\$1,344.31	\$0.00	\$0.00	\$2.76	\$0.00	\$1,347.07	\$673.53	\$1,229.45	\$0.00	\$0.00	\$5.04	\$0.00	\$3,234.49	\$517.24	9.12%
VT3HDH01AXLB	NO	NO	6	RXVT3DH511L-A	NO	\$4,032.92	\$0.00	\$0.00	\$8.27	\$0.00	\$4,041.20	\$673.53	\$3,688.36	\$0.00	\$0.00	\$15.11	\$0.00	\$3,703.47	\$617.24	9.12%
VT3HDH02AXLB	NO	NO	7	RXNO	NO	\$4,151.97	\$0.00	\$0.00	\$0.00	\$0.00	\$4,151.97	\$593.14	\$3,782.96	\$0.00	\$0.00	\$0.00	\$0.00	\$3,782.96	\$540.42	9.75%
VT3HDH02AXLB	NO	NO	4	RXNO	NO	\$2,372.55	\$0.00	\$0.00	\$0.00	\$0.00	\$2,372.55	\$593.14	\$2,161.69	\$0.00	\$0.00	\$0.00	\$0.00	\$2,161.69	\$540.42	9.75%
VT3HDH08AXLB	NO	NO	29	RXVT3DH511L-H	NO	\$16,506.22	\$0.00	\$0.00	\$37.28	\$0.00	\$16,543.50	\$570.47	\$15,004.43	\$0.00	\$0.00	\$73.03	\$0.00	\$15,077.46	\$519.91	9.72%
VT3HDH08AXLB	NO	NO	13	RXVT3DH511L-H	NO	\$7,399.34	\$0.00	\$0.00	\$16.71	\$0.00	\$7,416.05	\$570.47	\$6,726.12	\$0.00	\$0.00	\$32.74	\$0.00	\$6,758.86	\$519.91	9.72%
VT3HDH15AXLB	NO	NO	13	RXVT3DH511L-O	NO	\$6,948.56	\$0.00	\$0.00	\$16.71	\$0.00	\$6,965.27	\$535.79	\$6,289.87	\$0.00	\$0.00	\$30.48	\$0.00	\$6,320.34	\$486.18	10.20%
VT3HDH15AXLB	NO	NO	27	RXVT3DH511L-O	NO	\$14,431.63	\$0.00	\$0.00	\$34.71	\$0.00	\$14,466.34	\$535.79	\$13,063.57	\$0.00	\$0.00	\$63.39	\$0.00	\$13,126.97	\$486.18	10.20%
VT3HDH17AXLB	NO	NO	26	RXVT3DH511L-Q	NO	\$14,371.76	\$0.00	\$0.00	\$134.61	\$0.00	\$14,506.37	\$557.94	\$13,113.58	\$0.00	\$0.00	\$181.64	\$0.00	\$13,295.23	\$511.35	9.11%
VT3HDH17AXLB	NO	NO	54	RXVT3DH511L-Q	NO	\$29,849.03	\$0.00	\$0.00	\$279.58	\$0.00	\$30,128.61	\$557.94	\$28,123.90	\$0.00	\$0.00	\$377.26	\$0.00	\$27,613.16	\$511.35	9.11%
VT3HDH19EXLBE	NO	NO	16	RXNO	NO	\$8,262.80	\$0.00	\$0.00	\$0.00	\$0.00	\$8,262.80	\$516.42	\$7,535.68	\$0.00	\$0.00	\$0.00	\$0.00	\$7,535.68	\$470.98	9.65%
VT3HDH43EXLBE	NO	NO	116	RXVT3DH511L-AC	NO	\$64,506.51	\$0.00	\$0.00	\$1,354.34	\$0.00	\$65,860.85	\$567.77	\$58,912.15	\$0.00	\$0.00	\$1,684.09	\$0.00	\$60,596.24	\$522.38	8.69%
VT3HDH43EXLBE	NO	NO	296	RXVT3DH511L-AC	NO	\$164,602.82	\$0.00	\$0.00	\$3,455.89	\$0.00	\$168,058.72	\$567.77	\$150,327.56	\$0.00	\$0.00	\$4,297.33	\$0.00	\$154,624.89	\$522.38	8.69%
VT3HDH43EXLBE	SV3HDH03L	NO	5	RXVT3DH511L-AC	NO	\$2,780.45	\$0.00	\$78.41	\$58.38	\$0.00	\$2,917.24	\$583.45	\$2,539.32	\$0.00	\$0.00	\$72.15	\$72.59	\$2,684.05	\$536.81	8.69%
VT3HDH55AXLC	NO	NO	31	RXNO	NO	\$13,977.05	\$0.00	\$0.00	\$0.00	\$0.00	\$13,977.05	\$450.87	\$12,659.80	\$0.00	\$0.00	\$0.00	\$0.00	\$12,659.80	\$408.38	10.40%
VT3HDH55AXLC	NO	NO	110	RXNO	NO	\$49,595.99	\$0.00	\$0.00	\$0.00	\$0.00	\$49,595.99	\$450.87	\$44,921.87	\$0.00	\$0.00	\$0.00	\$0.00	\$44,921.87	\$408.38	10.40%
VT3HDH55AXLC	NO	NO	76	RXVT3DH511L-AP	NO	\$34,266.32	\$0.00	\$0.00	\$1,043.65	\$0.00	\$35,309.97	\$464.60	\$31,036.93	\$0.00	\$0.00	\$1,125.42	\$0.00	\$32,162.35	\$423.19	9.79%
VT3HDH55AXLC	NO	NO	282	RXVT3DH511L-AP	NO	\$127,146.08	\$0.00	\$0.00	\$3,872.49	\$0.00	\$131,018.56	\$464.60	\$115,163.35	\$0.00	\$0.00	\$4,175.89	\$0.00	\$119,339.24	\$423.19	9.79%
VT3HDH55AXLC	NO	NO	18	RXNO	NO	\$8,115.71	\$0.00	\$0.00	\$0.00	\$0.00	\$8,115.71	\$450.87	\$7,350.85	\$0.00	\$0.00	\$0.00	\$0.00	\$7,350.85	\$408.38	10.40%
VT3HDH55AXLC	NO	NO	65	RXNO	NO	\$29,306.72	\$0.00	\$0.00	\$0.00	\$0.00	\$29,306.72	\$450.87	\$26,544.74	\$0.00	\$0.00	\$0.00	\$0.00	\$26,544.74	\$408.38	10.40%
VT3HDH55AXLC	NO	NO	72	RXVT3DH511L-AP	NO	\$32,462.83	\$0.00	\$0.00	\$988.72	\$0.00	\$33,451.55	\$464.60	\$29,403.41	\$0.00	\$0.00	\$1,066.18	\$0.00	\$30,469.59	\$423.19	9.79%
VT3HDH55AXLC	NO	NO	43	RXVT3DH511L-AP	NO	\$19,387.52	\$0.00	\$0.00	\$590.49	\$0.00	\$19,978.01	\$464.60	\$17,560.37	\$0.00	\$0.00	\$636.75	\$0.00	\$18,197.12	\$423.19	9.79%
VT3HDH06EXLB	NO	NO	141	RXVT3DH511L-AU	NO	\$87,025.47	\$0.00	\$0.00	\$1,181.52	\$0.00	\$88,206.99	\$625.58	\$79,917.79	\$0.00	\$0.00	\$1,417.05	\$0.00	\$81,334.84	\$576.84	8.45%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	393	RXNO	MV3HMB356L	\$245,302.37	\$40,193.24	\$0.00	\$0.00	\$2,755.79	\$288,251.40	\$733.46	\$225,710.47	\$39,205.94	\$0.00	\$0.00	\$2,540.37	\$267,516.78	\$680.70	7.75%
VT3HMO09Z2LE	NO	RXVT3HMB500ZL	21	RXNO	MV3HMB356L	\$11,780.74	\$2,147.73	\$0.00	\$0.00	\$147.26	\$14,075.72	\$670.27	\$10,844.57	\$2,094.97	\$0.00	\$0.00	\$135.75	\$13,075.28	\$622.63	7.65%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	12	RXNO	MV3HMB356L	\$7,125.51	\$1,227.27	\$0.00	\$0.00	\$84.15	\$8,436.94	\$703.08	\$6,590.83	\$1,197.13	\$0.00	\$0.00	\$77.57	\$7,365.53	\$655.46	7.26%
VT3HMO10Z2LE	NO	RXVT3HMB500ZL	90	RXNO	MV3HMB356L	\$47,201.91	\$9,204.56	\$0.00	\$0.00	\$631.10	\$57,037.56	\$633.75	\$43,598.75	\$8,978.46	\$0.00	\$0.00	\$581.76	\$53,158.98	\$590.66	7.30%
VT3HMO11Z2LE	NO	RXVT3HMB606ZL	126	RXNO	NO	\$66,082.67	\$12,122.12	\$0.00	\$0.00	\$0.00	\$78,204.79	\$620.67	\$59,794.91	\$11,686.60	\$0.00	\$0.00	\$0.00	\$71,481.51	\$567.31	9.41%
<b>Total</b>					<b>Total</b>	<b>\$1,120,337.76</b>	<b>\$64,894.93</b>	<b>\$78.41</b>	<b>\$13,076.10</b>	<b>\$3,618.29</b>	<b>\$1,202,005.50</b>	<b>\$574.02</b>	<b>\$1,022,769.32</b>	<b>\$63,163.09</b>	<b>\$72.15</b>	<b>\$15,253.89</b>	<b>\$3,335.45</b>	<b>\$1,104,593.89</b>	<b>\$527.50</b>	<b>8.82%</b>

	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
<b>Claims above \$250k Pooling Point</b>	\$1,097,373	\$242,342	\$1,171,401	\$1,042,020	\$139,468
<b>Claims below \$250k Pooling Point</b>	\$11,847,975	\$8,664,230	\$11,882,040	\$10,142,719	\$9,666,997
<b>Member Months</b>	23,420	22,405	26,740	25,368	29,662
<b>Claims &gt;\$250k PMPM</b>	\$46.86	\$10.82	\$43.81	\$41.08	\$4.70
<b>Claims &lt;\$250k PMPM</b>	\$505.89	\$386.71	\$444.35	\$399.82	\$325.91
<b>\$250k Pooling Charge</b>	9.26%	2.80%	9.86%	10.27%	1.44%



Month	Member Months	Medical Allowed		A/G Normalized	ID Normalized	Medical Unit Cost Fx	Rx Unit Cost Fx	Normalized	Normalized	Normalized
		PMPM	Pharmacy Allowed PMPM					Medical Allowed PMPM	Pharmacy Allowed PMPM	Total Allowed PMPM
201701	2228	\$447.02	\$58.75	1.000	1.0000	1	1	\$447.02	\$58.75	\$505.78
201702	2249	\$321.38	\$75.01	0.999	0.9987	1	1	\$322.10	\$75.18	\$397.28
201703	2271	\$513.19	\$58.59	1.000	0.9990	1	1	\$513.89	\$58.67	\$572.55
201704	2274	\$350.47	\$72.63	1.002	0.9988	1	1	\$350.19	\$72.57	\$422.76
201705	1995	\$518.19	\$69.02	1.017	0.9849	1	1	\$517.47	\$68.92	\$586.40
201706	1998	\$453.95	\$82.70	1.019	0.9850	1	1	\$452.27	\$82.39	\$534.67
201707	2029	\$350.62	\$56.32	1.021	0.9846	1	1	\$348.71	\$56.01	\$404.72
201708	2033	\$543.24	\$60.33	1.026	0.9847	1	1	\$537.60	\$59.70	\$597.30
201709	2036	\$634.23	\$81.49	1.026	0.9850	1	1	\$627.45	\$80.62	\$708.07
201710	2063	\$403.27	\$64.97	1.029	0.9847	1	1	\$397.94	\$64.11	\$462.06
201711	2086	\$510.67	\$63.13	1.032	0.9848	1	1	\$502.55	\$62.12	\$564.67
201712	2106	\$431.15	\$59.41	1.031	0.9844	1	1	\$424.85	\$58.54	\$483.39
201801	2282	\$456.38	\$56.72	1.012	0.9833	1.035	1.097	\$443.39	\$51.98	\$495.37
201802	2290	\$459.74	\$52.84	1.015	0.9833	1.035	1.097	\$445.01	\$48.24	\$493.25
201803	2173	\$560.35	\$84.90	1.023	0.9840	1.035	1.097	\$538.13	\$76.91	\$615.04
201804	2161	\$476.04	\$81.98	1.024	0.9843	1.035	1.097	\$456.61	\$74.17	\$530.78
201805	2172	\$397.26	\$70.88	1.027	0.9842	1.035	1.097	\$379.85	\$63.93	\$443.77
201806	2196	\$446.67	\$64.98	1.026	0.9842	1.035	1.097	\$427.62	\$58.68	\$486.30
201807	2170	\$496.63	\$50.29	1.022	0.9844	1.035	1.097	\$476.92	\$45.55	\$522.47
201808	2152	\$452.37	\$73.69	1.022	0.9848	1.035	1.097	\$434.58	\$66.78	\$501.36
201809	2151	\$547.55	\$54.74	1.021	0.9845	1.035	1.097	\$526.21	\$49.62	\$575.83
201810	2319	\$635.59	\$71.60	1.026	0.9820	1.035	1.097	\$609.41	\$64.76	\$674.17
201811	2346	\$588.05	\$81.50	1.022	0.9818	1.035	1.097	\$566.29	\$74.03	\$640.32
201812	2328	\$574.23	\$62.13	1.023	0.9820	1.035	1.097	\$552.66	\$56.40	\$609.06
201901	1794	\$424.62	\$72.18	0.992	0.9839	1.074	1.154	\$405.03	\$64.06	\$469.10
201902	1799	\$489.92	\$82.13	0.998	0.9835	1.074	1.154	\$464.89	\$72.51	\$537.40
201903	1813	\$444.90	\$71.41	0.996	0.9831	1.074	1.154	\$423.12	\$63.19	\$486.31
201904	1795	\$407.06	\$67.95	1.001	0.9830	1.074	1.154	\$385.30	\$59.85	\$445.15
201905	1817	\$383.51	\$69.15	1.000	0.9836	1.074	1.154	\$363.13	\$60.92	\$424.04
201906	1805	\$381.04	\$58.96	1.005	0.9836	1.074	1.154	\$358.88	\$51.66	\$410.54
201907	1951	\$400.11	\$61.55	0.990	0.9800	1.074	1.154	\$383.93	\$54.95	\$438.88
201908	1922	\$453.47	\$73.57	0.996	0.9806	1.074	1.154	\$432.22	\$65.24	\$497.46
201909	1914	\$598.82	\$72.55	0.996	0.9813	1.074	1.154	\$570.56	\$64.31	\$634.87
201910	1925	\$369.89	\$72.81	0.998	0.9810	1.074	1.154	\$351.77	\$64.42	\$416.19
201911	1928	\$269.51	\$65.76	1.000	0.9809	1.074	1.154	\$255.87	\$58.09	\$313.96
201912	1942	\$420.85	\$94.54	0.996	0.9814	1.074	1.154	\$401.05	\$83.82	\$484.87
202001	2069	\$449.42	\$90.84	1.019	0.9706	1.113	1.199	\$408.09	\$76.58	\$484.67
202002	2058	\$402.27	\$108.41	1.023	0.9703	1.113	1.199	\$363.92	\$91.06	\$454.98
202003	2060	\$514.91	\$104.02	1.024	0.9708	1.113	1.199	\$465.32	\$87.28	\$552.59
202004	2003	\$419.40	\$116.11	1.035	0.9716	1.113	1.199	\$374.67	\$96.30	\$470.97
202005	2001	\$508.10	\$115.14	1.034	0.9718	1.113	1.199	\$454.14	\$95.55	\$549.69
202006	1902	\$482.58	\$99.53	1.029	0.9700	1.113	1.199	\$434.45	\$83.19	\$517.65
202007	1889	\$982.11	\$123.46	1.031	0.9709	1.113	1.199	\$881.18	\$102.85	\$984.02
202008	1886	\$552.74	\$123.01	1.033	0.9709	1.113	1.199	\$494.92	\$102.26	\$597.18
202009	1878	\$660.02	\$106.14	1.036	0.9708	1.113	1.199	\$589.61	\$88.03	\$677.64
202010	1893	\$574.67	\$122.29	1.037	0.9705	1.113	1.199	\$513.12	\$101.38	\$614.49
202011	1894	\$429.73	\$101.67	1.037	0.9704	1.113	1.199	\$383.53	\$84.25	\$467.78
202012	1887	\$505.13	\$119.59	1.038	0.9706	1.113	1.199	\$450.37	\$99.00	\$549.37
202101	2079	\$478.78	\$91.54	1.044	0.9609	1.168	1.311	\$408.70	\$69.64	\$478.34
202102	2074	\$428.39	\$92.22	1.040	0.9611	1.168	1.311	\$366.83	\$70.38	\$437.21
202103	2075	\$775.16	\$96.19	1.044	0.9612	1.168	1.311	\$661.54	\$73.16	\$734.69
202104	2094	\$485.07	\$119.05	1.041	0.9616	1.168	1.311	\$414.86	\$90.74	\$505.60
202105	2094	\$278.75	\$107.38	1.042	0.9615	1.168	1.311	\$238.14	\$81.75	\$319.88
2017	25368	\$454.68	\$66.79					\$451.82	\$66.41	\$518.23
2018	26740	\$508.74	\$67.17					\$489.21	\$60.91	\$550.11
2019	22405	\$420.10	\$71.93					\$399.48	\$63.64	\$463.12
2020	23420	\$537.37	\$110.67					\$482.08	\$92.17	\$574.25
2021	10416	\$488.84	\$101.32					\$417.68	\$77.16	\$494.84