SERFF Tracking #: MVPH-133238198 State Tracking #:

Company Tracking #:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:H16G Group Health - Major Medical/H16G.003G Small Group Only - OtherProduct Name:VT Small Group 2023Project Name/Number:/

Filing at a Glance

Company:	MVP Health Plan, Inc.
Product Name:	VT Small Group 2023
State:	VermontGMCB
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003G Small Group Only - Other
Filing Type:	GMCB Rate
Date Submitted:	05/06/2022
SERFF Tr Num:	MVPH-133238198
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	
Co Tr Num:	
Effective	01/01/2023
Date Requested:	
Author(s):	Christopher Pontiff, Julia Dorr
Reviewer(s):	Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael
	Barber, Laura Beliveau, Jennifer DaPolito
Disposition Date:	08/04/2022
Disposition Status:	Approved
Effective Date:	01/01/2023

State Filing Description:

SERFF Tracking #: MVPH-13323819	98 State Tracking #:
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State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:H16G Group Health - Major Medical/H16G.003G Small Group Only - OtherProduct Name:VT Small Group 2023Project 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: 18.25%	Filing Status Changed: 08/19/2022
	State Status Changed:
Deemer Date:	Created By: Julia Dorr
Submitted By: Julia Dorr	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, 2023.

Company and Contact

Filing Contact Information

Christopher Pontiff, 625 State Street Schenectady, NY 12305 CPontiff@mvphealthcare.com 518-386-7696 [Phone]

Filing Company Information

MVP Health Plan, Inc. 625 State Street Schenectady, NY 12305 (518) 388-2469 ext. [Phone]

	CoCode: 95521	State of Domicile: New York
	Group Code: 1198	Company Type: Health
	Group Name:	Maintenance Organization
ne]	FEIN Number: 14-1640868	State ID Number:

SERFF Tracking #:	MVPH-133238198	State 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 2023		
Project Name/Number:	/		

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	MVPH-133238198	State Tracking #:	с	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Heal	lth - Major Medical/H16G.003G Sma	ll Group Only - Other		
Product Name:	VT Small Group 2	023			
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Geoffrey Battista	08/18/2022	08/19/2022

Objection Letters and Response Letters

Objection Letters			Response Letters			
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/20/2022	07/20/2022	Julia Dorr	07/21/2022	07/21/2022
Pending Response	Jacqueline Lee	07/14/2022	07/14/2022	Julia Dorr	07/15/2022	07/15/2022
Pending Response	Jacqueline Lee	07/12/2022	07/12/2022	Julia Dorr	07/14/2022	07/14/2022
Pending Response	Jacqueline Lee	06/30/2022	06/30/2022	Julia Dorr	07/06/2022	07/06/2022
Pending Response	Jacqueline Lee	06/22/2022	06/22/2022	Julia Dorr	06/29/2022	06/29/2022
Pending Response	Jacqueline Lee	06/20/2022	06/20/2022	Julia Dorr	06/27/2022	06/27/2022
Pending Response	Jacqueline Lee	06/16/2022	06/16/2022	Julia Dorr	06/22/2022	06/22/2022
Pending Response	Jacqueline Lee	06/06/2022	06/06/2022	Julia Dorr	06/13/2022	06/13/2022
Pending Response	Jacqueline Lee	05/17/2022	05/17/2022	Christopher Pontiff	05/24/2022	05/24/2022
Pending Response	Jacqueline Lee	05/11/2022	05/11/2022	Julia Dorr	05/12/2022	05/12/2022

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum and Certifications	Julia Dorr	08/08/2022	08/10/2022
URRT	Unified Rate Review Template	Julia Dorr	08/08/2022	08/10/2022
URRT	Other Supporting Documents	Julia Dorr	08/08/2022	08/10/2022

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan. Inc.	
TOI/Sub-TOI:		th - Major Medical/H16G.003G Sm	0 1 2		
Product Name:	VT Small Group 20	023			
Project Name/Number:	/				

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Updated Consumer Disclosure Form	Julia Dorr	06/27/2022	06/27/2022

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB	Filin	ng Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healt	th - Major Medical/H16G.003G Small Group Only - O	ther		
Product Name:	VT Small Group 20	023			
Project Name/Number:	/				
Disposition					
Disposition Date: 08/	/04/2022				
Effective Date: 01/01	/2023				

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: This filing is approved, GMCB Order GMCB-006-22rr, on August 4, 2022.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where reg'd)	Minimum % Change : (where req'd):
	0	U	•	this Program:	U	U	、 ,	· · · /
MVP Health Plan, Inc	. Increase	18.250%	18.250%	\$26,443,943	12,538	\$144,863,121	21.460%	10.470%
Percent Change Ap	proved:							
Minimum:					10.470%			
Maximum:					21.460%			
Weighted Average:					18.250%			

Schedule	Schedule Item	Schedule Item Status	Public Access
URRT	Unified Rate Review Template		No
URRT (revised)	Unified Rate Review Template		No
URRT	Actuarial Memorandum		No
URRT	Actuarial Memorandum - Redacted		No
URRT	Consumer Justification Narrative		No
URRT	Other Supporting Documents		No
URRT (revised)	Other Supporting Documents		No
Supporting Document (revised)	Actuarial Memorandum and Certifications		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Filing Compliance Certification		No

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	h - Major Medical/H16G.003G Sma	ll Group Only - Other		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

Schedule	Schedule Item	Schedule Item Status	Public Access	
Supporting Document	pporting Document Third Party Filing Authorization		No	
Supporting Document	L&E Objection 1 Response		Yes	
Supporting Document	L&E Objection 2 Response		Yes	
Supporting Document	L&E Objection 3 Response		Yes	
Supporting Document	L&E Objection 4 Response		Yes	
Supporting Document	L&E Objection 5 Response		Yes	
Supporting Document	Updated Consumer Disclosure Form		Yes	
Supporting Document	L&E Objection 6 Response		Yes	
Supporting Document	GMCB Objection Response		Yes	
Supporting Document	L&E Objection 8 Response		Yes	
Supporting Document	L&E Objection 9 Response		Yes	
Supporting Document	L&E Objection 10 Response		Yes	

SERFF Tracking #	MVPH-133238198	State Tracking #:
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State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.0030	Small Group Only - Other	
Product Name:	VT Small Group 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	07/20/2022	
Submitted Date	07/20/2022	
Respond By Date	07/21/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



LEWIS[§]ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

July 20, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #10

Dear Mr. Pontiff:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Regarding Exhibits 36, 40, and 41 presented at MVP's rate hearing – Please provide the quantitative support contained in the exhibits in Excel format with working formulas, the associated qualitative support, and any other quantitative backup calculation that would be relevant to the actuarial rate review.

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 21, 2022.

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

Sincerely,

raci Hughes

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

SERFF Tracking #	MVPH-133238198	State 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 2023			
Project Name/Number:	/			

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/14/2022
Submitted Date	07/14/2022
Respond By Date	07/15/2022

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



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Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

July 15, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #9

Dear Mr. Pontiff:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

- 1. Regarding the response to the previous objection
 - a. When we input the updated 2022 and 2023 trends provided into the URRT, we get an impact of 5.5% which results in an updated rate increase of approximately 23.0% (1.166*1.055). Please reconcile with the 23.8% result provided in the response to the previous objection.
 - b. Can you please provide an Excel calculation similar to what was provided in the response objection #2 question 1? When we use the hospital budget submitted appendices to try to replicated the calculation by IP/OP/Phys, we are not quite able to get an exact match and therefore would like to see the details of the calculation.

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 15, 2022.

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

Sincerely,

raci Hughes

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

SERFF Tracking #	MVPH-133238198	State 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 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	07/12/2022	
Submitted Date	07/12/2022	
Respond By Date	07/14/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



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Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

July 13, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #8

Dear Mr. Pontiff:

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 FY2023 budget submission narratives posted on the GMCB website (https://gmcboard.vermont.gov/node/3183), 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 14, 2022.

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

Sincerely,

raci Hughes

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

SERFF Tracking #:	MVPH-133238198	State Tracking #:
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State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.0030	Small Group Only - Other	
Product Name:	VT Small Group 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	06/30/2022	
Submitted Date	06/30/2022	
Respond By Date	07/05/2022	

Dear Christopher Pontiff,

Introduction:

Please see objection letter attached.

Conclusion:

STATE OF VERMONT GREEN MOUNTAIN CARE BOARD

In re:	MVP Health Plan, Inc. 2023 Individual Market Rate Filing)	GMCB-005-22rr
	2025 marviauar tranket rate r ming)	SERFF No. MVPH-133238186
_			
In re:	MVP Health Plan, Inc. 2023 Small Group Market Rate Filing))	GMCB-006-22rr

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

Pursuant to its authority under 8 V.S.A § 4062, 18 V.S.A. § 9375(b)(6), and Green Mountain Care Board Rule 2.000, § 2.304(a), the 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 July 5, 2022.

- 1. Provide MVPHP's 2021 Supplemental Health Care Exhibit.
- 2. Use the following table to specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the Board's budget review jurisdiction for the listed categories of claims.

Claims Category	Individu	Individual Market Small Group Market		Individual Market		oup Market
	% of Premium	PMPM	% of Premium	PMPM		
Inpatient Facility						
Outpatient						
Facility						
Medical						
Pharmaceuticals						
Professional						
Services						
Total for						
regulated						
hospitals						

3. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by MVPHP under each

alternative payment model category below across MVPHP's individual and small group plans and identify the relevant program or payment arrangement(s).

(YEAR)			
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Quality	and Value		
1: FFS-No link to Quality & Value			
Category 2: FFS-Link to Quality a	nd Value		
2A: Foundational payments for infrastructure & operations			
2B: Pay for reporting			
2C: Pay for performance			
Category 3: APMs Built on FFS Ar	chitecture		
3A: APMs with shared savings			
3B: APMs with shared savings and downside risk			
3N: Risk based payments NOT linked to quality			
Category 4: Population-Based P	ayment		
4A: Condition-specific population-based payment			
4B: Comprehensive population-based payment			
4B with reconciliation to FFS and ultimate accountability for TCOC			
4B with NO reconciliation to FFS			
4C: Integrated finance & delivery system			
4N: Capitated payments NOT linked to quality			

- 4. As part of MVP's <u>presentation</u> to the Board on April 27, 2022, Matthew MacKinnon described several 2022 cost containment initiatives, including termination of MVP's relationship with MultiPlan, an implant pricing initiative, formulary changes, and coding initiatives, as well as a 2023 cost containment initiative relating to PBM services. Please explain whether the impact of each of these initiatives is reflected in the filings and, if so, where/how. Please provide projected cost savings for each initiative specific to the individual and small group plans under review (based on membership).
- 5. Apart from MVPHP's partnership with OneCare Vermont, how does MVPHP work to reduce low-value care (e.g., employing clinical decision support, coverage policies,

network design, etc.)? As part of your response, please explain how MVPHP identifies low-value care and whether it utilizes information from the Choosing Wisely initiative or U.S. Preventive Services Task Force recommendations.

- 6. The Board has recently produced reports regarding reimbursement variation (e.g., by payer, by provider, by service line, and by percentage of costs covered). See Green Mountain Care Board, Reimbursement Variation Report (2017 to 2020); Health Management Associates, Examination of Payment and Cost Coverage Variation Across Payers for Hospital Services (Oct. 27, 2021). Please describe how reimbursement variation factors into MVPHP's pricing decisions, if at all.
- 7. How many members were directly enrolled in an MVPHP plan as of May 31, 2022, and how many members were directly enrolled in an MVPHP plan as of May 31, 2021? Describe MVPHP's efforts to inform individuals enrolled in these plans of the subsidies that may be available to them if they transfer to a Vermont Health Connect plan.

Sincerely,

<u>s/ Michael Barber</u> Michael Barber General Counsel, Green Mountain Care Board (802) 828-1741 <u>michael.barber@vermont.gov</u>

SERFF Tracking #	MVPH-133238198	State Tracking #:
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State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.0030	Small Group Only - Other	
Product Name:	VT Small Group 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	06/22/2022	
Submitted Date	06/22/2022	
Respond By Date	06/29/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



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Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

June 22, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #6

Dear Mr. Pontiff:

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:

 Regarding the response to question #15 of objection #2 – What are the factors contributing to the need for a normalization factor and would some of them be better represented in the URRT under the allowed trend or the plan design factor, etc.? Please elaborate further on the components of the normalization factor and explain why it is best represented in the URRT as part of the 'Other Factor' or propose and alternate URRT representation.

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 29, 2022.

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

Sincerely,

raci Hughes

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

SERFF Tracking #	MVPH-133238198	State Tracking #:
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State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.0030	Small Group Only - Other	
Product Name:	VT Small Group 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	06/20/2022	
Submitted Date	06/20/2022	
Respond By Date	06/27/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



6600 Chase Oaks Blvd, Suite 150 Plano, TX 75023-2383

972-850-0850 lewisellis.com

June 20, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filings – Individual and Small Group SERFF Tracking #: MVPH-133238186; MVPH-133238198 Objection #5

Dear Mr. Pontiff:

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. If the Board approves the proposed 2023 rates filed by each carrier without modification, how would the net premiums for MVP's individual plans change if ARPA's enhancements to APTC are extended to 2023? How would the net premiums change if ARPA's enhancements to APTC are not extended to 2023?
- 2. For each filing, provide the detail behind MVP's calculation for line 14 (Adjustment for COVID Vaccines) of Exhibit 3 (Index Rate Development). Did MVP consider that Vermont has a higher vaccine level than the national average? Is variation in uptake between initial doses and boosters incorporated into MVP's calculations?
- 3. In his pre-filed testimony last year, Matthew Lombardo, MVP's Senior Leader of Actuarial Services, stated: "MVP's pharmacy team works with the PBM through negotiating unit cost reductions and/or increasing rebates from the manufacturer." A-26. Please explain what these negotiations consist of and how frequently they occur.
- 4. When was the last time MVP solicited bids for PBM services and when will MVP solicit bids for these services again?
- 5. Given that PBMs employ different funding models (e.g., discount spread, pass-through + fee, rebates), how does MVP ensure that it gets the best possible price when evaluating bids from

PBMs? See BlueCross BlueShield of Vermont, Pharmacy Pricing & PBM Overview, 7 (Feb. 6, 2019) (describing PBM funding models).

- 6. Explain and provide data showing how MVP derives an "average annual allowed Rx trend" that is lower than the "average annual paid Rx trend net of rebates" in both filings. Individual Actuarial Mem. 6; Small Group Actuarial Mem. 6.
- 7. MVP sets forth administrative expenses in each of the last three years for its individual, small group, and combined business. Individual Actuarial Mem. 8; Small Group Actuarial Mem. 8. Are those expenses for Vermont alone or for Vermont and New York?
- 8. Please detail the actual or expected amount and the actual or expected receipt date of all monies that MVP is seeking or has received related to cost sharing reduction (CSR) litigation and risk-corridor litigation. How much, if anything, does MVP project it will recover in connection with such litigation in 2022 and 2023? How, if at all, are recoveries in connection with risk-corridor litigation or CSR litigation reflected in MVP's rate filings?
- 9. MVP reports for the small group market that it expects to pay \$7.8 million into the risk adjustment transfer pool for 2021 and projects a payment of \$8.9 million into the pool for 2022. Small Group Actuarial Mem. 6. Yet the plain language summary reports MVP "will receive money from the program, decreasing premium rates by approximately 5.0%." Similarly, MVP reports for the individual market that it expects to pay \$13.3 million into the risk adjustment transfer pool for 2021 and projects it will pay \$15 million into the pool for 2022. Individual Actuarial Mem. 6. Yet the plain language summary reports MVP "will receive money from the program, decreasing premium rates by approximately 4.8%." Please explain how MVP's payment into the risk adjustment transfer pool results in a reduction in premium rates.
- MVP states that it is adding a 1.5% contribution to reserves/risk charge to its Vermont Exchange rates "to meet statutory reserve requirements for MVP's VT block of business." Individual Actuarial Mem. 8; Small Group Actuarial Mem. 8. Please cite the statute setting forth such requirements for MVP's Vermont block of business.
- 11. How much investment income did MVP earn on the investments that support the surplus for MVP's Vermont block of business in 2020 (actual), 2021 (actual), 2022 (estimated) and 2023 (estimated)? How, if at all, is the investment income that supports the surplus for the Vermont block of business reflected in the rate filings?
- 12. Does MVP calculate a return on investment for its utilization management program(s)?

Provide an update on OneCare Vermont contracting activity for 2023 and any estimated savings this contracting might create.

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 27, 2022.

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

Sincerely,

Traci Hughes

Traci Hughes, FSA, MAAA Vice President & Consulting Actuary Lewis & Ellis, Inc. thughes@LewisEllis.com

SERFF Tracking #:	MVPH-133238198	State Tracking #:
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State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.0030	Small Group Only - Other	
Product Name:	VT Small Group 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	06/16/2022	
Submitted Date	06/16/2022	
Respond By Date	06/22/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



LEWIS[§]ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

June 16, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #4

Dear Mr. Pontiff:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

- 1. Regarding the response to question #3 of the previous objection
 - a. Please confirm that the 2021 large amounts include the large claimant for which MVP expects to receive a National HCRP reimbursement. Further, please confirm that the expected reimbursement amount is approximately \$290K. If not, what is the expected total reimbursement amount?
 - b. Given that the large claim amount observed in 2021 totals a significantly higher amount than in prior years, did MVP consider further reducing the experience period data for large claim amounts that are not expected to recur? Why was it decided to make no further adjustment made within the rates filed?

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 22, 2022.

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

Sincerely,

Traci Hughes, FSA, MAAA Vice President & Consulting Actuary

Vice President & Consulting Actuary Lewis & Ellis, Inc. thughes@LewisEllis.com (972)-850-0850

SERFF Tracking #	MVPH-133238198	State 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 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	06/06/2022	
Submitted Date	06/06/2022	
Respond By Date	06/13/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



LEWIS[&]ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

June 6, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #3

Dear Mr. Pontiff:

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 inurred and paid claims PMPM for COVID testing, COVID vaccinations, and COVID treatment costs, separately by incurral month from January 2020 through December 2021. Similarly, please provide the projected inurred and paid claims PMPM for COVID testing, COVID vaccinations, and COVID treatment costs for calendar year 2023.
- 2. Regarding the response to question #14 of the previous objection We acknowledge the experience period COVID-19 vaccination costs of \$2.63 PMPM. Please provide the experience period utilization rate, number of vaccines per utilizing member, and unit cost per shot.
- 3. Please provide a list of claims above 200K in each calendar year from 2018-2021. For each of these claims, please provide the primary diagnosis assigned to the claim.
- 4. Please elaborate on the expected impact on morbidity due to Medicaid redetermination as a result of the ending of the Public Health Emergency. If an impact is expected, please provide quantitative and qualitative support for the calculation of the impact.
- 5. Please provide the average age factor for MVP's small group market over the last five years (2018-2022).

- 6. Please provide a breakdown of the assumed general administrative load of \$43.56 by expense category. Please provide a similar breakdown for the small group market load as filed for 2022 of \$38.75, and the 2021 actual individual market administrative expenses PMPM of \$44.49.
- 7. Regarding the response to question #17 of the previous objection the individual market administrative expenses materially increased in 2021 compared to prior years, please elaborate on the cause of this increase.
- 8. Please provide the company's historical RBC ratio for a minimum of 3 years.
- 9. Please provide the historical actual to expected profit margin for a minimum of three years.

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 13, 2022.

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

Hudue

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

SERFF Tracking #	MVPH-133238198	State 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 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	05/17/2022	
Submitted Date	05/17/2022	
Respond By Date	05/24/2022	

Dear Christopher Pontiff, Introduction:

Please see the attached letter.

Conclusion:



LEWIS[§]ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

May 17, 2022

Christopher Pontiff MVP Health Insurance Company 625 State Street Schenectady, NY 12305

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 Objection #2

Dear Mr. Pontiff:

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/B22%20Approved%20Budget%20Su bmissions%20with%20NPR%20and%20wghtd%20ave%20rate%20graphs%20revised%2020210 929%20v2.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 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 and COVID-19, the utilization trends produced by the model were not considered reliable." Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.
- 3. Please elaborate on why the Company decided to remove pooling for claims in excess of \$100,000. This should include quantitative and qualitative components.

- 4. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b. Further, please demonstrate how the trends in Exhibit 2b reconcile to the Rx Trend Summary in Exhibit 2a.
- 5. Please provide the historical annual Rx trends observed from 2017-2021, as well as the actual-to-expected ratio for the Rx trend in each year.
- 6. Please demonstrate how the Medical Trend Summary in Exhibit 2a reconciles to the Year 1 and Year 2 Trends on Wkst 1 of the URRT.
- 7. Provide quantitative support for the 1.046 trend factor applied to the claims for the deductible in Exhibit 2a.
- 8. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand reflected in Index Rate in Exhibit 7.
- 9. Please provide an exhibit showing the member months by plan and actuarial value for 2021, 2022 and the projection for 2023.
- 10. Please complete the table below:

Month	Small Group Contracts	Small Group Members
February 2017		
February 2018		
February 2019		
February 2020		

- 11. Please provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
- 12. For each month from January 2018 through March 2022, 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.
- 13. Please provide the bad debt as a percentage of premium over each of the last 3 years.
- 14. Please provide further qualitative and quantitative support for the adjustment on lines 12-16 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.
- 15. Please provide a derivation of the 'Paid to Allowed Ratio Normalization' adjustment of -0.7%. Further, please reconcile how this adjustment ties to the pricing Exhibit(s) provided in file "VT 2023 Exchange Rate Filing INDV_SERFF.xlsx".
- 16. We are aware of an updated actuarial certification from Wakely for the 2023 Standard Plans due to IRS-release final H.S.A. limits for 2023. Please either confirm that the noted revisions are included in the submitted rate filing or list each revision and provide the calculation of the resulting rate impact. If the latter, do not provide fully revised documentation (URRT, Act Memo, Exhibits, etc.) at this time.

17. Please provide the administrative costs PMPM as reported in the Supplemental Health Care Exhibit from 2016-2021.

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, 2022.

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

Sincerely,

rai Hudus

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

SERFF Tracking #:	MVPH-133238198	State Tracking #:
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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 2023		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response	
Objection Letter Date	05/11/2022	
Submitted Date	05/11/2022	
Respond By Date	05/18/2022	

Dear Christopher Pontiff, 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 11, 2022

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

Re: MVP Health Plan, Inc. 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198 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 18, 2022.

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

Sincerely,

uni Hudus

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

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	- Major Medical/H16G.003G Small	I Group Only - Other		
Product Name:	VT Small Group 202	23			
Project Name/Number:	/				

Response Letter Status Sub	bmitted to State
Response Letter Date 07/2	/21/2022
Submitted Date 07/2	21/2022

Dear Geoffrey Battista,

Introduction:

Response 1

Comments:

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes		
Satisfied - Item: L&E Objection 10 Response		
Comments:		
Attachment(s):	Response to 2023 SG VT Exchange Objection #10.pdf REDACTED Support for SMALL Objection #10 SERFF.xlsx REDACTED Support for SMALL Objection #10 SERFF.pdf	

Conclusion:

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	h - Major Medical/H16G.003G Sm	all Group Only - Other		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

Response Letter Status	Submitted to State
Response Letter Date	07/15/2022
Submitted Date	07/15/2022

Dear Geoffrey Battista,

Introduction:

Response 1

Comments:

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes		
Satisfied - Item: L&E Objection 9 Response		
Comments:		
Attachment(s):	Response to 2023 SG VT Exchange Objection #9.pdf REDACTED Support for SG Objection #9 SERFF.xlsx REDACTED Support for SG Objection #9 SERFF.pdf	

Conclusion:

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	ompany Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Healt VT Small Group 20 /	h - Major Medical/H16G.003G Small Group 023	Filing Company: 9 Only - Other	MVP Health Plan, Inc.
Response Lett	er			
Response Letter Stat	us	Submitted to Stat	е	
Response Letter Date	9	07/14/2022		
Submitted Date		07/14/2022		
Dear Geoffrey Batti Introduction:	ista,			
Response 1 Comments: Please see th	he attached document	ts.		
Changed Items:				
No Form Sched	ule items changed.			
No Rate/Rule So	chedule items change	d.		
No URRT Items	s Changed.			
		Supporting Do	cument Schedule Item (Changes
		Satisfied - Item	L&E Objection 8 R	Response
		Comments:		
		Attachment(s):	Support for L&E S Support for L&E S	B SG VT Exchange Objection #8.pdf mall Objection #8_SERFF.pdf mall Objection #8_SERFF.xlsx n Charge or Rates from 2013-2023.pdf

Conclusion:

SERFF Tracking #:	MVPH-133238198	State Tracking #:	(Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Health VT Small Group 202 /	9 - Major Medical/H16G.003G Small Group O 23	Filing Company: nly - Other	MVP Health Plan, Inc.
Response Lette	er			
Response Letter Statu	S	Submitted to State		
Response Letter Date		07/06/2022		
Submitted Date		07/06/2022		
Dear Geoffrey Battis Introduction:	sta,			
Response 1				
Comments:				
Please see the	e attached documents	S.		
Changed Items:				
No Form Schedu	le items changed.			
No Rate/Rule Sci	hedule items changed	I.		
No URRT Items	Changed.			
		Supporting Docu	ment Schedule Item	Changes
		Satisfied - Item:	GMCB Objection	Response
		Comments:		
		Attachment(s):	Response to 202 (5415792_1).pdf	23 VT Exchange GMCB Questions Final with Exhibit
Conclusion:				

Julia Dorr

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Healtl VT Small Group 20 /	h - Major Medical/H16G.003G Small Group 23	Filing Company: Only - Other	MVP Health Plan, Inc.
Response Lett	er			
Response Letter Stat	us	Submitted to State)	
Response Letter Date	9	06/29/2022		
Submitted Date		06/29/2022		
Dear Geoffrey Batti Introduction:	ista,			
Response 1				
Comments:				
Please see th	he attached document	S.		
Changed Items:				
No Form Sched	ule items changed.			
No Rate/Rule So	chedule items changed	d.		
No URRT Items	s Changed.			
		Supporting Doc	ument Schedule Item	Changes
		Satisfied - Item:	L&E Objection 6	Response
		Comments:		
		Attachment(s):	Response to 202	3 SG VT Exchange Objection #6.pdf
Conclusion:				
Conclusion.				
Sincerely,				
Julia Dorr				

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Health VT Small Group 20 /	h - Major Medical/H16G.003G Small Group 23	Filing Company: 9 Only - Other	MVP Health Plan, Inc.
Response Lett	er			
Response Letter Stat	us	Submitted to State	е	
Response Letter Date	9	06/27/2022		
Submitted Date		06/27/2022		
Dear Geoffrey Batti Introduction:	sta,			
Response 1				
Comments:	he attached document	S.		
Changed Items:				
No Form Sched	ule items changed.			
No Rate/Rule So	chedule items changed	d.		
No URRT Items	s Changed.			
		Supporting Doc	cument Schedule Item	Changes
		Satisfied - Item	L&E Objection 5	Response
		Comments:		
		Attachment(s):	Response to 202	23 VT Exchange HCA Questions.pdf
Conclusion:				
Conclusion.				
Sincerely,				
Julia Dorr				

SERFF Tracking #:	MVPH-133238198	State Tracking #:	c	Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Health VT Small Group 202 /	- Major Medical/H16G.003G Small Group On 23	Filing Company: ly - Other	MVP Health Plan, Inc.
Response Lette	er			
Response Letter Statu	S	Submitted to State		
Response Letter Date		06/22/2022		
Submitted Date		06/22/2022		
Dear Geoffrey Battis Introduction:	ta,			
Response 1				
Comments:				
Please see the	e attached documents	S.		
Changed Items:				
No Form Schedu	le items changed.			
No Rate/Rule Sci	hedule items changed	l.		
No URRT Items	Changed.			
		Supporting Docum	nent Schedule Item	Changes
		Satisfied - Item:	L&E Objection 4 I	Response
		Comments:		
		Attachment(s):	-	3 SG VT Exchange Objection #4.pdf

SERFF Tracking #:	MVPH-133238198	State Tracking #:	c	Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	h - Major Medical/H16G.003G Sm	all Group Only - Other		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

Response Letter Date 06/13/2022	
Submitted Date 06/13/2022	

Dear Geoffrey Battista,

Introduction:

Response 1

Comments:

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes				
Satisfied - Item:	L&E Objection 3 Response			
Comments:				
Attachment(s):	Response to 2023 SG VT Exchange Objection #3.pdf REDACTED Support for SMALL Objection #3 SERFF.pdf REDACTED Support for SMALL Objection #3 SERFF.xlsx			

Conclusion:

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healtl	h - Major Medical/H16G.003G Sma	ll Group Only - Other		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

Response Letter Status	Submitted to State
Response Letter Date	05/24/2022
Submitted Date	05/24/2022

Dear Geoffrey Battista,

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:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes				
Satisfied - Item:	L&E Objection 2 Response			
Comments:				
Attachment(s):	Response to 2023 SG VT Exchange Objection #2 REDACTED.pdf REDACTED Support for SG Objection #2 SERFF.xlsx REDACTED Support for SG Objection #2 SERFF.pdf			

Conclusion:

Sincerely, Christopher Pontiff

SERFF Tracking #:	MVPH-133238198	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 202	23			
Project Name/Number:	/				

Response Letter Status	Submitted to State
Response Letter Date	05/12/2022
Submitted Date	05/12/2022

Dear Geoffrey Battista,

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:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes				
Satisfied - Item:	L&E Objection 1 Response			
Comments:				
Attachment(s):	Response to 2023 SG VT Exchange Objection #1_REDACTED.pdf			

Conclusion:

SERFF Tracking #:	MVPH-133238198	State Tracking #:	c	Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Healtl VT Small Group 20 /	h - Major Medical/H16G.003G Sr 23	Filing Company: nall Group Only - Other	MVP Health Plan, Inc.
Amendment L	etter			
		V2000		
Submitted Date:	08/10	/2022		
Comments:				
Updated to reflect bo	ard ordered changes			
Changed Items:				
No Form Sched	ule Items Changed.			
No Rate Schedu	ule Items Changed.			
URRT Schedule Ite	em Changes			
Item Name			Attachment(s)	
Unified Rate Review	Template			wSubmission_VT_SMALL_GMCB_Decision_20220808135259.x
Previous Version			· · · · · · · · · · · · · · · · · · ·	
Unified Rate Review	Template		Unified-Rate-Rev	iew-VT-Small-2023_20220505161914.xml
Other Supporting Do			Unified-Rate-Revi	iew-VT-Small-2023-GMCB-Decision.pdf
Previous Version			'	
Other Supporting Do	cuments		Unified-Rate-Rev	iew-VT-Small-2023.pdf

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	- Major Medical/H16G.003G Sma	all Group Only - Other		
Product Name:	VT Small Group 202	23			
Project Name/Number:	/				

Supporting Document Se	chedule Item Changes
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2023 Actuarial Memorandum Vermont Exchange Small.pdf Wakely - VT Standard Plan Designs - AV Certification_2022-05-04.pdf Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2023_03072022.pdf Non-Standard AVC Screenshots 2023 VT.pdf Rate Increase Exhibit 2022-2023 SMALL GMCB Decision SERFF.xlsx Rate Increase Exhibit 2022-2023 SMALL GMCB Decision SERFF.pdf VT 2023 Exchange Rate Filing SMALL GMCB Decision SERFF.xlsx VT 2023 Exchange Rate Filing SMALL GMCB Decision SERFF.pdf PY2023RateTables VT OFF SMALL GMCB Decision SERFF.xls
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2023 Actuarial Memorandum Vermont Exchange Small.pdf Rate Increase Exhibit 2022-2023 SMALL_SERFF.pdf Rate Increase Exhibit 2022-2023 SMALL_SERFF.pdf VT 2023 Exchange Rate Filing SMALL_SERFF.pdf VT 2023 Exchange Rate Filing SMALL_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2022-05-04.pdf Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2023_03072022.pdf Non-Standard AVC Screenshots 2023 VT.pdf

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healt	h - Major Medical/H16G.003G Smal	ll Group Only - Other		
Product Name:	VT Small Group 20	023			
Project Name/Number:	/				
Amendment Le	etter				
Submitted Date:	06/27	7/2022			
Comments:					
We have attached a co	prrected version of t	he consumer justification nar	rative.		
Changed Items:		-			
-	le Items Changed.				
	io nome enangea.				
	e Items Changed.				
No Rate Schedul					

Supporting Document Schedule Item Changes			
Satisfied - Item:	Updated Consumer Disclosure Form		
Comments:			
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small v2.pdf		

SERFF Tracking #:	MVPH-133238198	State Tracking #:
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Company Tracking #:

State:	VermontGMCB	Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003	G Small Group Only - Other	
Product Name:	VT Small Group 2023		
Proiect Name/Number:	/		

Post Submission Update Request Processed On 08/18/2022

Status:	Allowed
Created By:	Julia Dorr
Processed By:	Geoffrey Battista
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	18.25	16.61

Company Rate Information:

Company Name: MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	18.250%	16.610%
Overall % Rate Impact	18.250%	16.610%
Written Premium Change for this Program	m\$26443943	\$24057567
Maximum %Change (where required)	21.460%	19.800%
Minimum %Change (where required)	10.470%	8.940%
Product:	NEW	
Product Name	VT Small Group HMO	
HIOS Product ID	77566VT005	
Number of Covered Lives	20900	

REQUESTED RATE CHANGE INFORMATION:

Member Months:	260811	250800
Min:	10.470	8.940
Max:	21.460	19.8
Weighted Avg.:	18.250	16.61
REQUESTED RATE:		
Projected Earned Premium:	171,307,065.000	168,920,688.000
Projected Incurred Claims:	159,404,047.000	154,236,207.000
Min:	575.270	567.540
Max:	970.410	956.170
Weighted Avg.:	683.040	673.530

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healt	h - Major Medical/H16G.003G Sma	ll Group Only - Other		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.830%
Effective Date of Last Rate Revision:	01/01/2022
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	MVPH-132824927

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:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
MVP Health Plan, Inc	. Increase	18.250%	18.250%	\$26,443,943	12,538	\$144,863,121	21.460%	10.470%

SERFF Tracking #:	MVPH-133238198	State Tracking #:
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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 2023		
Project Name/Number:	/		

Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	Number of Covered Lives
VT Small Group HMO	77566VT005	20900

Trend Factors:

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

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	260,811
Benefit Change:	Increase
Percent Change Requested:	Min: 10.47 Max: 21.46 Avg: 18.25

PRIOR RATE:

Total Earned Premium:	144,863,121.00
Total Incurred Claims:	132,329,124.00
Annual \$:	Min: 506.73 Max: 810.54 Avg: 577.60

REQUESTED RATE:

Projected Earned Premium:	171,307,065.00
Projected Incurred Claims:	159,404,047.00
Annual \$:	Min: 575.27 Max: 970.41 Avg: 683.04

SERFF Tracking #:	MVPH-133238198	State Tracking #:	C	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:		h - Major Medical/H16G.003G S	• • • •		
Product Name:	VT Small Group 20	23			
Project Name/Number:	/				

URRT

State Determination

Review Status:	Complete
Determination:	Not Unreasonable
Comments:	This filing is approved per GMCB Order GMCB-006-22rr, issued on August 4, 2022.
Review Submission Date:	08/19/2022

SERFF Tracking #:	MVPH-133238198	State Tracking #:	Co	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healt	h - Major Medical/H16G.003G Sn	nall Group Only - Other		
Product Name:	VT Small Group 2023				
Project Name/Number:	/				

URRT Items

Item Name	Attachment(s)	
Unified Rate Review Template	UnifiedRateReviewSubmission_VT_SMALL_GMCB_Decision_20220808135259.xml	
Actuarial Memorandum	2023-Federal-Act-Memo-Vermont-Exchange-Small.pdf	
Actuarial Memorandum - Redacted	2023-Federal-Act-Memo-Vermont-Exchange-Small-Redacted.pdf	
Consumer Justification Narrative	Consumer_Disclosure_Form_2023_VT_Exchange_Small.pdf	
Other Supporting Documents	Unified-Rate-Review-VT-Small-2023-GMCB-Decision.pdf	

SERFF Tracking #:	MVPH-133238198	State Tracking #:	(Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	- Major Medical/H16G.003G Sma	ll Group Only - Other		
Product Name:	VT Small Group 202	23			
Project Name/Number:	/				

Attachment UnifiedRateReviewSubmission_VT_SMALL_GMCB_Decision_20220808135259.xml is not a PDF document and cannot be reproduced here.



Contact Information

Company Identifying

Information

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

Primary Contact Information

Contact Name: Contact Title: Primary Contact Phone #: Primary Contact Address:

Primary Contact E-mail:

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary 1-800-777-4793, ext. 17696 625 State Street Schenectady, NY 12301-2207 Cpontiff@mvphealthcare.com

ACTUARIAL MEMORANDUM 2023 Vermont Small Group Exchange Filing

General Information

This memorandum details the methods and assumptions underlying the proposed 2023 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 1/1/2023 and 12/31/2023. 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 16.6%, with increases ranging from 8.9% to 19.8%.

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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 1,445 policyholders, 12,538 subscribers and 20,900 members based on February 2022 membership.

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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 1/1/2021 - 12/31/2021, completed through 3/31/2022.

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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.

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The Risk adjustment reflected in the experience period is for the merged market and includes High Cost Risk Pool recoveries per the URRT instructions.

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.

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	Allowed	Incurred
Claims Processed Through Claim System	\$155,306,903	\$128,339,586
Experience Period Costs Not Processed Through Claims System		\$3,338,440
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Total	\$162,252,558	\$134,658,724

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 Medical" 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 and COVID-19, the utilization trends produced by the model were not considered reliable. However, the regulatory 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.

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MVP is assuming that the small group market risk pool membership base of 260,811 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).

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Morbidity Adjustment- Impact of COVID Services

MVP analyzed the total expense in the experience period associated with COVID treatment, visits, and testing. After consultation with MVP's medical team, we decided to assume a 30% reduction in Covid cost in the projection period, This factor is decreasing the experience period allowed claim cost by 0.8%.

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MVP is using the CMS projection of 2023 vaccines as 52% utilization, 1.4 shots per member and \$104 per shot which represents an increase over our 2021 experience due to mass vaccination sites and having to pay the ingredient cost in 2023. The factor is increasing the experience period allowed claim cost by 0.6%.

Other- Impact of High Cost Claimant in 2021 Above National Threshold

MVP is expecting a recovery for a member with incurred claims in the experience period above the national threshold. This factor is decreasing the experience period allowed claim cost by 0.4%.

Other- National High Cost Reinsurance Pool (HCRP) Charge

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 market issuers in 2023 will be 0.64%.

Other- Paid to Allowed Ratio Normalization

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ. The actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios to develop an equivalent Market Adjusted Index Rate. The total of this adjustment is -0.7%.

Reinsurance (Worksheet 1, Section 2)

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period.

Federal Risk Adjustment Program (Worksheet 1, Section 2)

Based on the Interim Risk Transfer results for 2021 provided by CMS rerun for the unmerged market by L&E, MVP is expected to pay \$7,800,000 into the small group market transfer pool for 2021. This is \$29.91 on a PMPM basis or 5.8% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$40.62 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 \$622.11 is equal to the small group market allowed claim data for the time period, 1/1/2021 – 12/31/2021, completed through 3/31/2022.

The actual market adjusted index rate for the projection period equals \$741.93. However, due to the rounding of factors present in the URRT, the value in the file reflects \$741.50. 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. The cost of this benefit is included in the experience period claims. 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 \$0.43 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.23 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.34 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 2021 to 2023.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.70 per covered child and \$1.64 per covered adult for 2023, followed by an estimate of \$11.23 per covered child and \$1.86 per covered adult for 2024. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.00 PMPM. 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 0.44%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$43.56 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI).

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, \$2.61 PMPM of the \$43.56 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2019, 2020, and 2021 SHCEs compared to the available admin expense built into the rates for the same time period. MVP's proposed administrative expense represents a decrease over 2021 actual admin.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44

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

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2023. 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 stating 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 2022. The SCF = weighted average contract size / weighted average load ratio.

Projection Period Membership

MVP's projection period membership equals the February 2022 enrollment of the population eligible to purchase these products, or 20,900 members. On Worksheet 2 of the URRT, members are mapped based on their February 2022 benefit to the same benefits for 2023.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.3%. 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 2023:

Target Loss Ratio for 2023 VT Exchange		
A) Claims Expense	\$622.20	
B) Taxes/Assessments	\$4.77	
C) Quality Improvement	\$2.61	
D) Premium	\$681.44	
E) Traditional Loss Ratio = A) / D)	91.3%	
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	92.3%	

Actuarial Certification

I, Christopher Pontiff, am an Associate 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.

(Im Wate

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary MVP Health Care, Inc.

05/06/2022 Date



Contact Information

Company Identifying

Information

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

Primary Contact Information

Contact Name: Contact Title: Primary Contact Phone #: Primary Contact Address:

Primary Contact E-mail:

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary 1-800-777-4793, ext. 17696 625 State Street Schenectady, NY 12301-2207 Cpontiff@mvphealthcare.com

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MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period.

Federal Risk Adjustment Program (Worksheet 1, Section 2)

Based on the Interim Risk Transfer results for 2021 provided by CMS rerun for the unmerged market by L&E, MVP is expected to pay \$7,800,000 into the small group market transfer pool for 2021. This is \$29.91 on a PMPM basis or 5.8% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$40.62 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 \$622.11 is equal to the small group market allowed claim data for the time period, 1/1/2021 – 12/31/2021, completed through 3/31/2022.

The actual market adjusted index rate for the projection period equals \$741.93. However, due to the rounding of factors present in the URRT, the value in the file reflects \$741.50. 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. The cost of this benefit is included in the experience period claims. 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 \$0.43 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.23 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.34 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 2021 to 2023.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.70 per covered child and \$1.64 per covered adult for 2023, followed by an estimate of \$11.23 per covered child and \$1.86 per covered adult for 2024. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.00 PMPM. 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 0.44%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$43.56 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI).

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, \$2.61 PMPM of the \$43.56 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2019, 2020, and 2021 SHCEs compared to the available admin expense built into the rates for the same time period. MVP's proposed administrative expense represents a decrease over 2021 actual admin.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44

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

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2023. 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 stating 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 2022. The SCF = weighted average contract size / weighted average load ratio.

Projection Period Membership

MVP's projection period membership equals the February 2022 enrollment of the population eligible to purchase these products, or 20,900 members. On Worksheet 2 of the URRT, members are mapped based on their February 2022 benefit to the same benefits for 2023.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.3%. 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 2023:

Target Loss Ratio for 2023 VT Exchange						
A) Claims Expense	\$622.20					
B) Taxes/Assessments	\$4.77					
C) Quality Improvement	\$2.61					
D) Premium	\$681.44					
E) Traditional Loss Ratio = A) / D)	91.3%					
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	92.3%					

Actuarial Certification

I, Christopher Pontiff, am an Associate 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.

(Im Wate

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary MVP Health Care, Inc.

05/06/2022 Date



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 2023 Small Group Exchange rates for effective dates of coverage between January 1, 2023 and December 31, 2023. 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 **15.3%** because our estimate of 2022 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 7.4% because of this estimated trend in 2023.

-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 higher-risk members, so it will receive money from the program, decreasing premium rates by approximately 5.0%.

-Impact of the COVID-19 pandemic. MVP is assuming that cost and utilization of services related to COVID-19 will decrease in 2023. This decreases the premium rate by **1.2%**.

-Changes 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. These changes are worth approximately **0.4%** of a premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 16.6%, ranging from 8.9% to 19.8%. There are 1,445 policyholders, 12,538 subscribers and 20,900 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9th. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment

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. /	Unified Rate Review v5.4	C C	b	E	F		8	п	<u> </u>	,		
1	Unined Rate Review V5.4										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or	
2									_		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + S	Shift + L.
2 3 4 5	Company Legal Name:	MVP Health Plan, Inc.							State:	VT	To validate, select the Validate button or Ctrl + Shift + I.	
4	HIOS Issuer ID:	77566							Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.	
	Effective Date of Rate Change(s):	1/1/2023	1									
	Encentre bate of nate enange(s).	-, -,										
5												
<u></u>		1 PL \										
2 2 3 4 4 5 5 5 7 7 7 9 9	Market Level Calculations (Same for al	I Plans)										
	Section I: Experience Period Data											
	Experience Period:		1/1/2021	to	12/31/2021							
	Experience Period:		1/1/2021	<u>Total</u>	12/31/2021 PMPM							
ł	Allowed Claims			\$162,252,557.9		622.11						
	Reinsurance			\$102,252,557.5		\$0.00						
1	Incurred Claims in Experience Period			\$134,658,723.7		\$516.31						
1	Risk Adjustment			-\$14,346,975.0		-\$55.01						
1	Experience Period Premium			\$148,078,966.9		5567.76						
1	Experience Period Member Months			260,81								
1					-1							
1	Section II: Projections											
			Year	1 Trend		Year 2 Tre	end		1			
		Experience Period Index						Trended EHB Allowed Claims				
	Benefit Category	Rate PMPM	Cost	Utilization	Cost		Utilization	PMPM				
	Inpatient Hospital	\$104.26	1.068	1.01	D	1.112	1.010	\$126.3				
	Outpatient Hospital	\$264.66	1.063			1.112	1.010	\$319.1				
	Professional	\$161.19	1.040	1.01	D	1.062	1.010	\$181.6	L			
	Other Medical	\$1.80	1.000	1.01	0	1.000	1.010	\$1.8	1			
	Capitation	\$12.80	1.026			1.026	1.000	\$13.4	7			
	Prescription Drug	<u>\$77.40</u>	1.082	1.02	7	1.082	1.027	<u>\$95.5</u>				
	Total	\$622.11						\$737.9	3			
	Morbidity Adjustment					0.992						
	Demographic Shift					1.000						
	Plan Design Changes					1.000						
	Other					0.998						
	Adjusted Trended EHB Allowed Claims	PMPM for	1/1/2023		ļ ;	5730.57						
	Manual FUD Allowed Claims Chicks					¢0.00						
	Manual EHB Allowed Claims PMPM					\$0.00 00.00%						
1	Applied Credibility %				1	00.00%						
							Projected Period Totals					
Ł	Projected Index Rate for		1/1/2023			5730.57	\$183.226.956.00	1				
	Reinsurance		1/1/2023		;	\$0.00	\$183,226,956.00					
	Risk Adjustment Payment/Charge					-\$39.84	-\$9,991,872.00					
	Exchange User Fees					0.00%	-\$9,991,872.00 \$0.00					
	Market Adjusted Index Rate					5770.41	\$193,218,828.00					
1	market najasted maex nate				· · ·		9193,210,020.0U	I				
1	Projected Member Months				1	250,800						
1	· · · · · · · · · · · · · · · · · · ·											
1												
1	Information Net Delegable 1 11 D	his Halass Authorized 1	This information has not !	bline the allocation of an excel state of the	and and another state of the	late and		be discontinued disade + 1			along the second set of the second second strategy and the second s	
1	information Not Releasable to the Pul	DIIC Unless Authorized by Law	v: This information has not been pu	blically disclosed and may be privil	egeu and confidential. It is for			be disseminated, distributed, or	copiea to p	ersons not author	rized to receive the information. Unauthorized disclosure may result in prosecution	
					to t	the full exte	ent of the law.					

	Product-Plan Data Collection Company Legal Name: HIOS issuer ID: Effective Date of Rate Change(s): Product/Plan Level Calculations	MVP Health Plan, II 77566 1/1/2023	inc.	
 | | | |
 | | |
 | VT
Small Group | | orksheet 2 - Plan Pro
he Validate button o
e Finalize button or
t, navigate to the o | oduct Info, select thi
or Ctrl + Shift + I.
Ctrl + Shift + F.
orresponding Produ
 | e Add Plan button or
ct Name/Product ID | Ctrl + Shift + L.
field and select the | P.
Remove Product butto
lan button or Ctrl + Sh
 |
|-----------|---|--|---|--
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--	--	---
--	---	---
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	Field # Section I: General Product and Plan Information	
 | | | |
 | | |
 | | | |
 | | |
 |
	1.1 Product Name			
 | | | |
 | | Small |
 | | | |
 | | |
 |
	1.2 Product ID			
 | | | |
 | | 77566VT005 |
 | | | |
 | | |
 |
| | 1.3 Plan Name
1.4 Plan ID (Standard Component ID) | | S (2023)
77566VT0050001 | 001-S (2023) | 002-N (2023)
 | 003-N (2023) | S (2023) | 004-S (2023) | 002-N (2023)
 | N (2023) | II (2023) | S II (2023)
 | N II (2023) | II (2023)
77566VT0050028 | S (2023) | 003-S (2023)
77566VT0050010
 | S (2023)
77566VT0050025 | N (2023)
77566VT0050026 | N (2023)
 |
| | 1.4 Plan ID (standard component ID)
1.5 Metal | | Platinum | 77566V10050002
Gold | 77566V10050004
Gold
 | 77506V10050023
Gold | 77500V10050005
Silver | 77566V10050006
Silver | 77506V10050024
Silver
 | 77500VTUUSUUU7
Silver | 77500V10050030
Silver | 77500VTUUSUU31
Silver
 | 77506V10050029
Silver | 77506V10050028
Silver | Bronze | 77506V10050010
Bronze
 | 77506V10050025
Bronze | Bronze | Bronze
 |
| | 1.6 AV Metal Value | | 0.901 | 0.819 | 0.820
 | 0.789 | 0.717 | 0.713 | 0.719
 | 0.719 | 0.717 | 0.713
 | 0.719 | 0.719 | 0.630 | 0.625
 | 0.644 | 0.600 | 0.627
 |
| | 1.7 Plan Category | | Renewing | Renewing | Renewing
 | Renewing | Renewing | Renewing | Renewing
 | Renewing | Renewing | Renewing
 | Renewing | Renewing | Renewing | Renewing
 | Renewing | Renewing | Renewing
 |
| | 1.8 Plan Type | | HMO | HMO | нмо
 | HMO | HMO | HMO | HMO
 | нмо | HMO | HMO
 | HMO | HMO | HMO | HMO
 | HMO | HMO | HMO
 |
| | 1.9 Exchange Plan?
1.10 Effective Date of Proposed Rates | - | Yes
1/1/2023 | Yes
1/1/2023 | Yes
1/1/2023
 | Yes
1/1/2023 | Yes
1/1/2023 | Yes
1/1/2023 | Yes
1/1/2023
 | Yes
1/1/2023 | No
1/1/2023 | No
1/1/2023
 | No
1/1/2023 | No
1/1/2023 | Yes
1/1/2023 | Yes
1/1/2023
 | Yes
1/1/2023 | Yes
1/1/2023 | Yes
1/1/2023
 |
| | 1.10 Effective Date of Proposed Rates
1.11 Cumulative Rate Change % (over 12 mos prior) | | 19.72% | 20.27% | 20.34%
 | 21.46% | 10.47% | 15.45% | 15.33%
 | 171/2023 | 10.47% | 1/1/2023
 | 15.31% | 15.58% | 171/2023 | 171/2023
 | 1/1/2023 | 11.37% | 13.53%
 |
	1.12 Product Rate Increase %			
 | | | |
 | | 18.25% |
 | | | |
 | | |
 |
	1.13 Submission Level Rate Increase %			
 | | | |
 | | 18.25% |
 | | | |
 | | |
 |
| 1 Totals | Section II: Experience Period and Current Plan Lev
2.1 Plan ID (Standard Component ID) | vel Information
Total | 775551/0050004 | 775551/0050000 | 775551/70050004
 | 775 551/005 0000 | 775551/0050007 | 775551/0050000 | 775551/70050024
 | 775 551 (7005 0207 | 775551/0050000 | 775551/70050034
 | 775 551/1005 0020 | 77566VT0050028 | 775551/0050200 | 775551/0050040
 | 775551/10050037 | 775551/0050000 | 775 661 (7005 00**)
 |
| ,252,558 | | \$162,252,558 | \$35,791,334 | | \$3,168,307
 | \$51,680,338 | 77566V10050005
\$0 | \$40,018 | 7/566V10050024
\$0
 | \$96,508 | \$9,369,823 | \$10,202,169
 | \$3,295,652 | \$6,829,595 | \$4,658,885 | \$11,030,555
 | \$390,036 | \$734,385 | \$1,537,049
 |
| \$0 | 2.3 Reinsurance | \$0 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0
 |
| | 2.4 Member Cost Sharing | \$27,593,834 | \$2,304,413 | \$3,838,723 | \$415,830
 | \$8,662,321 | \$0 | \$11,203 | \$0
 | \$25,121 | \$2,154,363 | \$2,263,909
 | \$674,156 | \$1,578,586 | \$1,726,170 | \$3,405,152
 | \$149,938 | \$98,494 | \$285,453
 |
| 4,658,724 | 2.5 Cost Sharing Reduction
2.6 Incurred Claims | \$0 \$134,658,724 | \$0
\$33,486,920 | \$0
\$19,589,182 | \$0
\$2,752,476
 | \$0
\$43,018,017 | \$0
\$0 | \$0
\$28,815 | \$0
 | \$0
\$71,387 | \$0
\$7,215,459 | \$0
\$7,938,261
 | \$0
\$2,621,496 | \$0
\$5,251,009 | \$0
\$2,932,714 | \$0
\$7,625,403
 | \$0
\$240,098 | \$0
\$635,891 | \$0
\$1,251,595
 |
| 4,658,724 | 2.6 Incurred Claims
2.7 Risk Adjustment Transfer Amount | \$134,658,724 | \$4,936,658 | \$19,589,182 | \$2,752,476
\$150,898
 | \$43,018,017
\$561,992 | \$0
\$0 | -\$35,431 | \$0
 | -\$52,114 | -\$3,670,431 | \$7,938,261
 | \$2,621,496 | -\$3,338,064 | \$2,932,714 | -\$3,679,688
 | -\$350,934 | -\$324,739 | \$1,251,595
\$93,495
 |
| 8,078,967 | 2.8 Premium | \$148,078,967 | \$28,515,260 | \$24,022,278 | \$2,514,904
 | \$42,401,792 | \$0 | \$69,334 | \$0
 | \$105,508 | \$10,142,913 | \$9,210,125
 | \$2,964,554 | \$8,466,067 | \$5,716,693 | \$11,639,251
 | \$656,669 | \$614,584 | \$1,039,034
 |
| 260,811 | 2.9 Experience Period Member Months | 260,811 | 40,880 | 40,675 | 4,009
 | 72,114 | 0 | 104 | 0
 | 173 | 18,928 | 18,435
 | 5,689 | 15,892 | 12,426 | 26,402
 | 1,397 | 1,289 | 2,398
 |
| | 2.10 Current Enrollment
2.11 Current Premium PMPM | 20,900
\$577.61 | 3,286
\$717.72 | 3,542
\$588.85 | 407
\$636.56
 | 5,387
\$594.18 | 0 \$0.00 | 25
\$561.70 | 0
\$0.00
 | 51
\$560.47 | 1,418
\$553.35 | 1,451
\$513.90
 | 624
\$522.95 | 1,402
\$536.42 | 901
\$474.29 | 2,014
\$449.22
 | 87
\$485.72 | 111
\$493.38 | 194
\$450.91
 |
| | 2.11 Current Premium PMPM
2.12 Loss Ratio | 100.69% | 100.10% | 96.35% | 103.25%
 | 100.13% | #DIV/0! | 84.99% | #DIV/0!
 | 133.70% | 111.48% | 119.90%
 | 140.30% | 102.40% | 65.82% | 95.80%
 | 78.53% | 219.39% | 110.51%
 |
	Per Member Per Month			
 | | | |
 | | |
 | | | |
 | | |
 |
| | 2.13 Allowed Claims | \$622.11 | \$875.52 | \$575.98 | \$790.30
 | \$716.65 | #DIV/0! | \$384.79 | #DIV/0!
 | \$557.85 | \$495.02 | \$553.41
 | \$579.30 | \$429.75 | \$374.93 | \$417.79
 | \$279.20 | \$569.73 | \$640.97
 |
| | 2.14 Reinsurance
2.15 Member Cost Sharing | \$0.00
\$105.80 | \$0.00
\$56.37 | \$0.00
\$94.38 | \$0.00
\$103.72
 | \$0.00
\$120.12 | #DIV/0!
#DIV/0! | \$0.00
\$107.72 | #DIV/0!
#DIV/0!
 | \$0.00
\$145.21 | \$0.00
\$113.82 | \$0.00
\$122.80
 | \$0.00
\$118.50 | | \$0.00
\$138.92 | \$0.00
\$128.97
 | \$0.00
\$107.33 | \$0.00
\$76.41 | \$0.00
\$119.04
 |
| | 2.15 Weinber Cost sharing
2.16 Cost Sharing Reduction | \$0.00 | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | #DIV/0! | \$0.00 | #DIV/01
 | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | \$0.00 | \$0.00
 |
 | | | |
 | | |
 | | | |
 | | |
 |
| | 2.17 Incurred Claims | \$516.31 | \$819.15 | \$481.60 | \$686.57
 | \$596.53 | #DIV/0! | \$277.07 | #DIV/0!
 | \$412.64 | \$381.21 | \$430.61
 | \$460.80 | \$330.42 | \$236.01 | \$288.82
 | \$171.87 | \$493.32 | \$521.93
 |
| | 2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium | \$516.31
-\$55.01
\$567.76 | \$819.15
\$120.76
\$697.54 | \$481.60
-\$90.76
\$590.59 | \$686.57
\$37.64
\$627.31
 | \$596.53
\$7.79
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| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component D) 3.2 Market Adjusted Index Rate 3.3 Av and Cost Sharing Design of Plan 3.4 Provider Network Adjustment | -\$55.01 | \$120.76
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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

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SERFF Tracking #:	MVPH-133238198	State Tracking #:	Co	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:		th - Major Medical/H16G.003G Sn	0 1 2		
Product Name:	VT Small Group 20	023			
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2023 Actuarial Memorandum Vermont Exchange Small.pdf Wakely - VT Standard Plan Designs - AV Certification _2022-05-04.pdf Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2023_03072022.pdf Non-Standard AVC Screenshots 2023 VT.pdf Rate Increase Exhibit 2022-2023 SMALL GMCB Decision SERFF.xlsx Rate Increase Exhibit 2022-2023 SMALL GMCB Decision SERFF.pdf VT 2023 Exchange Rate Filing SMALL GMCB Decision SERFF.xlsx VT 2023 Exchange Rate Filing SMALL GMCB Decision SERFF.xlsx PY2023RateTables VT OFF SMALL GMCB Decision SERFF.xls
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's rating rules satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - 2023 VT.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	L&E Objection 1 Response
Comments:	

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16G Group Hea	alth - Major Medical/H16G.003G Sma	all Group Only - Other	
Product Name:	VT Small Group	2023		
Project Name/Number:	/			
Attachment(s):	R	esponse to 2023 SG VT Exch	ange Objection #1_REDACT	ED.pdf
Item Status:				
Status Date:				
Satisfied - Item:	La	&E Objection 2 Response		
Comments:				
Attachment(s):	R	esponse to 2023 SG VT Exch EDACTED Support for SG Ob EDACTED Support for SG Ob	nange Objection #2 REDACTE ojection #2 SERFF.xlsx ojection #2 SERFF.pdf	D.pdf
Item Status:				
Status Date:				
Satisfied - Item:	La	&E Objection 3 Response		
Comments:				
Attachment(s):	R	esponse to 2023 SG VT Exch EDACTED Support for SMAL EDACTED Support for SMAL	L Objection #3 SERFF.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	La	&E Objection 4 Response		
Comments:				
Attachment(s):	R	esponse to 2023 SG VT Exch	nange Objection #4.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	La	&E Objection 5 Response		
Comments:				
Attachment(s):	R	esponse to 2023 VT Exchang	e HCA Questions.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	U	pdated Consumer Disclosure	Form	
Comments:				
Attachment(s):	C	onsumer Disclosure Form abo	out Rate Increases - 2023 VT	Exchange Small v2.pdf
Item Status:				
Status Date:				
Satisfied - Item:		&E Objection 6 Response		

SERFF Tracking #:	MVPH-133238198	State Tracking #:	(Company Tracking #:
State: TOI/Sub-TOI: Product Name: Project Name/Number:	VermontGMCB H16G Group Heal VT Small Group 20 /	th - Major Medical/H16G.003G Sma 023	Filing Company: all Group Only - Other	MVP Health Plan, Inc.
Comments:				
Attachment(s):	Re	sponse to 2023 SG VT Exch	nange Objection #6.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	GN	ICB Objection Response		
Comments:				
Attachment(s):	Re	sponse to 2023 VT Exchang	e GMCB Questions Final with E	Exhibit (5415792_1).pdf
Item Status:				
Status Date:				
Satisfied - Item:	L&	E Objection 8 Response		
Comments:				
Attachment(s):	Su	sponse to 2023 SG VT Exch pport for L&E Small Objectio pport for L&E Small Objectio spital Change in Charge or F	on #8_SERFF.xlsx	
Item Status:				
Status Date:				
Satisfied - Item:	L&	E Objection 9 Response		
Comments:				
Attachment(s):	Re RE RE	sponse to 2023 SG VT Exch DACTED Support for SG Ob DACTED Support for SG Ob	hange Objection #9.pdf bjection #9 SERFF.xlsx bjection #9 SERFF.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	L&	E Objection 10 Response		
Comments:				
Attachment(s):	RE	sponse to 2023 SG VT Exch DACTED Support for SMAL DACTED Support for SMAL	L Objection #10 SERFF.xlsx	
Item Status:				
Status Date:				

SERFF Tracking #:	MVPH-133238198	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Health	- Major Medical/H16G.003G Smal	l Group Only - Other		
Product Name:	VT Small Group 202	3			
Project Name/Number:	/				

Attachment Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2022-2023 SMALL GMCB Decision SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2023 Exchange Rate Filing SMALL GMCB Decision SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment PY2023RateTables VT OFF SMALL GMCB Decision SERFF.xls is not a PDF document and cannot be reproduced here.

Attachment PY2023RateTables VT ON SMALL GMCB Decision SERFF.xls is not a PDF document and cannot be reproduced here.

Attachment REDACTED Support for SG Objection #2 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment REDACTED Support for SMALL Objection #3 SERFF.xlsx is not a PDF document and cannot be reproduced here.

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

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Attachment REDACTED Support for SMALL Objection #10 SERFF.xlsx is not a PDF document and cannot be reproduced here.



Contact Information

Company Information

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

Primary Contact Information

Contact Name: Contact Title: Primary Contact Phone #: Primary Contact Address: Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary 1-800-777-4793, ext. 17696 625 State Street Schenectady, NY 12301-2207 Cpontiff@mvphealthcare.com

Primary Contact E-mail:

ACTUARIAL MEMORANDUM 2023 Vermont Small Group Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2023 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 1/1/2023 and 12/31/2023. 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 16.6%, with increases ranging from 8.9% to 19.8%.

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 2022, 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 2022 to 2023. 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 1,445 policyholders, 12,538 subscribers and 20,900 members based on February 2022 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 was unmerged. This results in two sets of premium rates derived from small group and individual data separately. We developed two sets of premium rates again in 2023.

Experience Period Claims

MVP historical claim data was the basis of the premium rate development. All ACA compliant small 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 1/1/21 and 12/31/21, paid through 2/28/22. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/22.

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 2.7% which is our best estimate of ultimate liabilities as of 3/31/22. 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.

		Incurred	
Incurred Month	Paid Claims	Claims	IBNR Factor
202112	\$17,985,884	\$20,135,046	1.119
202111	\$17,941,704	\$19,006,231	1.059
202110	\$17,705,034	\$18,472,971	1.043
202109	\$20,663,212	\$21,361,879	1.034
202108	\$16,731,581	\$17,027,329	1.018
202107	\$16,880,911	\$16,954,837	1.004
202106	\$17,936,597	\$17,985,872	1.003
202105	\$16,804,731	\$16,830,906	1.002
202104	\$16,824,151	\$17,099,079	1.016
202103	\$18,774,327	\$18,913,366	1.007
202102	\$14,002,452	\$14,006,252	1.000
202101	\$14,498,194	\$14,493,696	1.000
Total	\$206,748,778	\$212,287,463	1.027

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.

Line 10 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	\$2.96					
Net Reinsurance Expense	\$0.36					
Medical Home and PCP Incentive	\$3.69					
Total Non-FFS and Capitation Amounts	\$7.01					

*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 10 of Exhibit 3 = (line 6 of Exhibit 3 + line 9 of Exhibit 3) * 1.149% + the applicable value shown above.

Line 11 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. It 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 capitation and non-FFS medical expenses (line 10 of Exhibit 3).

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 12- Adjustment for Waived Cost Share Due to COVID-19

MVP is removing \$4.89 PMPM to account for cost sharing related to the COVID-19 pandemic including treatment, visits, testing and telehealth that was waived during the experience period. It is expected that the cost sharing will shift back to the members in 2023.

Line 13- Adjustment for COVID Services

MVP analyzed the total expense in the experience period associated with COVID treatment, visits, and testing. After consultation with MVP's medical team, we decided to assume a 30% reduction in Covid cost in the projection period, resulting in the removal of \$4.77 PMPM.

Line 14- Adjustment for COVID Vaccines

MVP is using the CMS projection of 2023 vaccines as 52% utilization, 1.4 shots per member and \$104 per shot which represents an increase over our 2021 experience due to mass vaccination sites and having to pay the ingredient cost in 2023. This results in an additional \$3.68 PMPM.

Line 15- 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 \$0.06 PMPM.

Line 16- Adjustment for High Cost Claimant in 2021 Above National Threshold

MVP is expecting a recovery for a member with incurred claims in the experience period above the national threshold. This recovery is worth \$2.48 PMPM.

Line 17- National High Cost Reinsurance Pool Charge

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 market issuers in 2023 will be 0.64%.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2022 and 2023 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 2022 and its best estimate of future budgeted changed for 2023. 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 5.3% for 2022 and 4.7% for 2023.

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 and COVID-19. 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 6.0%. The annual paid leveraging factor is 0.6% which results in an average annual paid FFS medical trend of 6.7%. This can be found on line 19 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 2022 and 2023. 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 2022 and 2023 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 (29.4%) 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 11.1%, and the average annual paid Rx trend net of Rx rebates is 12.3% which can be found in line 20 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 21 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [line 6 * line 19 + line 9 * line 20] / [line 6 + line 9]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 23 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 24 and 25 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 25 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.

Summary of Rating Period Non-FFS and Capitation Amounts						
Other Medical Expenses not in claim warehouse	\$2.96					
Net Reinsurance Expense	\$0.36					
Medical Home and PCP Incentive	\$3.31					
Total Non-FFS and Capitation Amounts	\$6.63					

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2023 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2021 provided by CMS rerun for the unmerged market by L&E, MVP is expected to pay \$7,800,000 into the small group market transfer pool for 2021. This is \$29.91 on a PMPM basis or 5.8% of experience period claims prior to market-wide adjustments. To calculate line 27 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 26 of Exhibit 3, which the best estimate of the rating period claim expense. This results in an estimated payment of \$34.07 PMPM or \$8,885,100 using experience period membership.

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

Line 28 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2023. This is the starting net claim cost that will be used to set 2023 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:

Adjusted Claim Cost For Pricing	=	Projected Paid Index Rate After Adjustments PMPM (line 28 of Exhibit 3)
(see Exhibit 7)	_	[Avg Inforce Actuarial Value * Induced Utilization Factor]

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

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 (0.8386) 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 \$0.43 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.23 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.34 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 2021 to 2023.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.70 per covered child and \$1.64 per covered adult for 2023, followed by an estimate of \$11.23 per covered child and \$1.86 per covered adult for 2024. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.00 PMPM. 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 0.44%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$43.56 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). 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, \$2.61 PMPM of the \$43.56 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2019, 2020, and 2021 SHCEs compared to the available admin expense built into the rates for the same time period. MVP's proposed administrative expense represents a decrease over 2021 actual admin.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44

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

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2023. 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 reimbursements for wellness-related activities. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 7.

Acupuncture Allowance (Benefit in Addition to EHBs)

MVP is including a \$500 acupuncture allowance in its benefits in 2023. 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 2022. 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 91.3%. 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 2023:

Target Loss Ratio for 2023 VT Exchange			
A) Claims Expense	\$622.20		
B) Taxes/Assessments	\$4.77		
C) Quality Improvement	\$2.61		
D) Premium	\$681.44		
E) Traditional Loss Ratio	91.3%		
= A) / D)			
F) Federal Loss Ratio	92.3%		
= [A) + C)] / [D) - B)]			

MVP does not anticipate having to rebate members for 2021 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 2022, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2022 enrollment of the population eligible to purchase these products, or 20,900 members. On Worksheet 2 of the URRT, members are mapped based on their February 2022 benefit to the same benefits for 2023.

Actuarial Certification

I, Christopher Pontiff, am an Associate 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.

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 2023 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 2023 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, MAAA Senior Leader, Commercial Market Actuary MVP Health Care, Inc.

<u>05/06/2022</u> Date



May 4, 2022

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 2023 STANDARD PLAN DESIGNS

Dear Dana:

This memo replaces an earlier version provided on March 1, 2022 to reflect the release of the final Notice of Benefit and Payment Parameters (NBPP), the final Actuarial Value Calculator (AVC), and the minimum deductible and annual limitation on cost sharing for High Deductible Health Plans (HDHPs). The IRS announced that the minimum deductible amount for HDHPs will increase to \$1,500 in 2023, up from \$1,400 in 2022. To account for this increase, the Bronze and Silver HDHPs and Silver HDHP CSR plans were adjusted. All draft NBPP changes related to plan designs (e.g., actuarial value de minimis ranges) and the AVC were finalized as proposed. Therefore no changes were required to the plan designs except for the HDHP plans. Health and Human Services (HHS) previously published guidance finalizing the maximum out of pocket (MOOP) amounts for 2023 for non-HDHPs.¹

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to nongrandfathered 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 markets. In 2022, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs 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 HDHP at each of the Silver and Bronze levels. The 2022 standard plan designs are all continuing in 2023.

¹ https://www.cms.gov/files/document/2023-papi-parameters-guidance-v4-final-12-27-21-508.pdf



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, an HMA Company (Wakely), to assist in the development of the 2023 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 2023 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The final Notice of Benefit and Payment Parameters (NBPP)² for the 2023 plan year was released on April 28, 2022. Also, the HDHP limits for 2023 were released on May 3, 2022 by the Internal Revenue Service under Revenue Procedure 2022-24³. The individual minimum deductible for HDHPs increased to \$1,500 from \$1400 in 2022 and the maximum out of pocket (MOOP) will increase to \$7,500 from \$7,050 in 2022. As noted above, the Bronze and Silver HDHPs and Silver HDHP CSR plans were adjusted to reflect the increase in the individual minimum deductible for HDHPs.

A detailed list of the changes from the 2022 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum The medical deductible and medical Maximum Out of Pocket (MOOP) were increased. The plan will cover the first 3 primary care practice (PCP) or mental health/substance abuse (MH/SA) office visits⁴ at no charge to the member. After the third visit, the copay will apply.
- 2. Gold The medical deductible and medical Maximum Out of Pocket (MOOP) were increased. The plan will cover the first 3 PCP or MH/SA office visits at no charge to the member. After the third visit, the copay will apply.
- 3. Silver Deductible The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were increased. The plan will cover the first 3 PCP or

² https://www.cms.gov/files/document/cms-9911-f-patient-protection-final-rule.pdf

³ https://www.irs.gov/pub/irs-drop/rp-22-24.pdf

⁴ The first three office visits, where no member cost sharing will apply, can be any combination of PCP and MH/SA office visits, but only applies for the first three.



MH/SA office visits at no charge to the member. After the third visit, the copay will apply. In addition, several copays were increased for office visits and pharmacy.

- 4. Bronze Deductible with Pharmacy Limit The combined medical/pharmacy MOOP was increased.
- Bronze Deductible without Pharmacy Limit The medical deductible and combined medical/pharmacy MOOP were increased. The plan will cover the first 3 PCP or MH/SA office visits at no charge to the member. After the third visit, the copay will apply.
- Silver HDHP The medical deductible, combined MOOP, pharmacy deductible and MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP The medical deductible, combined MOOP, pharmacy deductible and MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, 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 de minimis range around the target AVs for each metal level. The 2023 NBPP finalized a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a Gold plan. The 2023 NBPP finalized a smaller range on the lower end for On-Exchange Silver plans of 0% to +2% (or an AV between 70% and 72%). Similarly, CSR plans will have a smaller range of 0% to 1% (for example, the 73% CSR plan must have an AV between 73% and 74%). Off-Exchange Silver plans will continue to be subject to the -2% to +2% range. Note that these ranges are smaller than prior years, which had a low end at -4% (no change to the high end of the range). The plan designs presented here comply with this finalized AV ranges. 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%. Plans that meet these criteria include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.



The Center for Consumer Information and Insurance Oversight (CCIIO) released the final 2023 Actuarial Value Calculator (AVC)⁵ that issuers must use to determine the AV of a plan. The 2023 plan designs presented in this report are compliant with the final 2023 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 \$1,500 and \$7,500, respectively, for 2023. The 2022 minimum deductible and MOOP were \$1,400 and \$7,050, respectively. The 2023 increases are significantly higher than the historical averages, where the deductible has increased \$50 every two to three years and the MOOP has increased around \$100 a year. The plan designs provided in the earlier version of this certification assumed that the minimum deductible would increase to \$1,450 based on the historical increases. Due to the higher minimum deductible for 2023, adjustments have been made to both HDHPs (and corresponding Silver CSR HDHPs).

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a "CSR load" to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer "reflective" off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2023.

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.

⁵ http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html



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. 7⁶ requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). For 2021, S.202⁷ 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 would pass 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 was included in the 2022 or 2023 standard plan designs and remain aligned with the proposed requirements and the 2021 plan designs.

Limiting Out-of-Pocket Expenses for Insulin

Bill S.296⁸, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. 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. 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 for 2023. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

⁶ https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf

⁷ https://legislature.vermont.gov/bill/status/2020/S.202

⁸ https://legislature.vermont.gov/bill/status/2020/S.296



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:

- 1. ASOP No. 23 Data Quality;
- 2. ASOP No. 25 Credibility Procedures;
- 3. ASOP No. 41 Actuarial Communications;
- 4. ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- 5. 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. 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 five 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.⁹ 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 HDHPs use the aggregate application of deductible and

⁹ 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.



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 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.

2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,500 and \$3,000 for individual and family coverage in 2023). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,500 and \$3,000 for individual and family coverage in 2023) 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 claims reach \$1,500 for individual or \$3,000 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 \$1,500 or \$3,000, regardless of the amount of the overall MOOP which will include both drug and medical claims.

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

3. The 2023 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2023 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, we made a specific adjustment has been made to the AVs for those plans.



4. 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.

5. Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs. 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.

Wakely did not make a specific adjustment for this requirement 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, the three free PCP and MH/SA office visits, 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 for each standard plan design after accounting for this cushion where an explicit adjustment was not made.



	Plan	Acceptable Range ¹	Final Adjusted AV
	Platinum	88.0%-92.0%	90.1%
	Gold	78.0%-82.0%	81.9%
Deductible Plans	Silver	70.0%-72.0%	71.8%
	Bronze (with drug limit)	58.0%-64.9%	63.0%
	Bronze (without drug limit)	58.0%-64.9%	64.4%
	Silver - Embedded OOPM	70.0%-71.5%	71.3%
HDHPs	Bronze - Embedded OOPM	58.0%-64.4%	62.5%
	250-300% FPL (73% AV)	73.0%-74.0%	74.0%
Cost Sharing Reduction	200-250% FPL (75% AV) 200-250% FPL (77% AV)	77.0%-78.0%	74.0%
Plan Designs -	150-200% FPL (77% AV)	87.0%-88.0%	87.9%
Deductible Plans	133-150% FPL (87% AV)	94.0%-95.0%	94.9%
	133-130% FPL (94% AV)	94.0%-95.0%	94.9%
	250-300% FPL (73% AV)	73.0%-73.5%	73.4%
Cost Sharing Reduction Plan Designs - HDHPs	200-250% FPL (77% AV)	77.0%-77.5%	77.4%
	150-200% FPL (87% AV)	87.0%-87.5%	87.2%
	133-150% FPL (94% AV)	94.0%-94.5%	94.3%

Table 1: Adjusted Acceptable Federal Actuarial Values

1 Based on revised de minimis ranges in the final 2023 NBPP

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

Methodology

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

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

Costs that Accumulate				
Options	Deductible	Maximum Out-of	Deductible / MOOP Type	
		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)

Table 2: Model Structures

Adjusted AV Calculations

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

- 1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.



- b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$8,700.
- 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 limit¹⁰ 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.
- 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

¹⁰ 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.



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.

Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing

The 2023 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2023 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. The table below reflects the adjustment made to each of the standard plan designs.

Metal	Increase to AV
Silver Deductible	1.001
Bronze Deductible w/o Pharmacy Limit	1.001
Silver Deductible CSR – 73%	1.001
Silver Deductible CSR – 77%	1.001

Table 3: Estimated Impact of 3 Free PCP and/or MH/SA Visits

The following methodology was used to develop the impacts:

 Wakely developed a continuance table based on the number of office visits a member incurred in the year. Wakely utilized similar VHCURES data as described above, except the data reflects claims incurred in the 2018 calendar year. The same filters were applied as described above and the summary reflects the experience of almost 900,000 member months.

Wakely identified PCP and MH/SA office visits based primarily on a list of CPT codes. It was assumed that only the PCP and MH/SA office visit payments would be subject to the first 3 free visits. Specifically, we assumed that for any other services that may have the same cost sharing as PCP and MH/SA office visits, the reduced cost sharing would not apply (i.e., no changes for cost sharing for these services). Consistent with the AV



Calculator, we also did not include other services that may happen in conjunction with an office visit (e.g. lab work) in our AV adjustment. It is our understanding that only the office visit copay would be waved and any copays for additional services incurred at the same time may still apply (e.g. copay stacking) based on the carrier's adjudication practices.

Two separate continuance tables were developed. The first reflects only claims identified as a PCP office visit and is consistent with the methodology of the AVC. The second is a combination of both PCP and MH/SA visits.

- Based on the continuance tables, the cost share and paid claim amounts were calculated, assuming no member cost sharing applies for the first 3 visits. The difference between the paid amounts calculated utilizing the PCP only continuance table and PCP and MH/SA combined tables reflects the adjustment made to the AVC outputs.
- 3. Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. 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 ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

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. 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.



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

Table 4: Estimated Impact of Insulin Out-of-Pocket Limit

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.

- 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 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.

Disclosures and Limitations

Responsible Actuary. Julie Peper 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. Brooke is a Members of the American Academy of Actuaries and Associates of the Society of Actuaries. Both 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.

- 1. The final 2023 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.
- 2. VHCURES data supplied by the state was used in the development of the HDHP model.
- 3. 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.
- 4. Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document and the supporting exhibits 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. Pet_

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

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Brooke Steiner, ASA, MAAA Consulting Actuary





Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2023

I, Brooke Steiner, 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, 2023 on Vermont Health Connect. This certification may not be appropriate for other purposes.

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

- 1. The 2023 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- 2. Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- 3. The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- 4. The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, 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, 2023 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.

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Brooke Steiner, ASA, MAAA May 4, 2022



Appendix B – Summary of Plan Design Changes from 2022 Designs

	Deductible Pla	ins		
Plan	Platinum	Gold		
	Increase medical deductible from \$400 to \$425	Increase medical deductible from \$1,200 to \$1,400		
Changes	Increase medical OOPM from \$1,400 to \$1,500	Increase medical OOPM from \$5,400 t \$5,600		
	Decrease PCP and MH/SA office visit copay from \$15 to \$0 for first 3 visits (combined) then \$15 thereafter	Decrease PCP and MH/SA office visit copay from \$20 to \$0 for first 3 visits (combined), then \$20 thereafter		

	Deductible Pla	ans
Plan	Silver	Bronze w/ Rx Limit
	Increase medical deductible from \$3,400 to \$4,000	Increase medical OOPM from \$8,700 to \$9,100
	Increase pharmacy deductible from \$400 to \$500	
	Increase combined OOPM from \$8,550 to \$9,100	
	Increase ER copay from \$250 to \$500	
Changes	Decrease PCP and MH/SA office visit copay from \$35	
Changes	to \$0 for first 3 visits (combined), then \$40 thereafter	
	Increase specialist office visit copay from \$80 to \$90	
	Increase PT/chiro copays from \$45 to \$50	
	Increase urgent care copay from \$90 to \$100	
	Increase generic Rx copay from \$15 to \$20	
	Increase preferred brand Rx copay from \$60 to \$70	
	Deductible Plans	
Plan	Bronze w/o Rx Limit	

Plan	Bronze w/o Rx Limit
	Increase medical deductible from \$8,700 to \$9,000
	Increase combined OOPM from \$8,700 to \$9,000
-	Decrease PCP and MH/SA copay from \$40 to \$0 for
	first 3 visits (combined), then \$40 thereafter

	HDHPs					
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP				
	Increase medical deductible from \$1,850 to \$2,100	Increase medical deductible from \$5,700				
		to \$5,800				
	Increase combined OOPM from \$6,900 to \$7,050	Increase combined OOPM from \$7,050 to				
Changes		\$7,100				
Changes	Increase Rx deductible and OOPM from \$1,400 to	Increase Rx deductible and OOPM from				
	\$1,500	\$1,400 to \$1,500				
	Increase embedded single OOPM from \$8,700 to	Increase embedded single OOPM from				
	\$9,100	\$8,700 to \$9,100				



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

	2023 Plan Designs - Si	Iver Deductible Plans	2023 Plan Designs - Silver HDHP Plans			
Deductible/OOP Max	On-Exchange	Off-Exchange	On-Exchange	Off- Exchange		
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP		
Medical Ded	\$4,000	\$4,000	\$2,100	\$2,100		
Rx Ded	\$500	\$500	\$1,500	\$1,500		
Integrated Ded	No	No	Yes	Yes		
Medical MOOP	\$9,100	\$9,100	\$7,050	\$7,050		
Rx MOOP	\$1,400	\$1,400	\$1,500	\$1,500		
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes		
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 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		
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive		
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient	50%	50%	30%	30%		
Outpatient	50%	50%	30%	30%		
ER	\$500	\$500	30%	30%		
Radiology (MRI, CT, PET)	50%	50%	30%	30%		
Preventive	\$0	\$0	0%	0%		
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%		
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%		
Specialist Office Visit	\$90	\$90	30%	30%		
Chiropractic	\$50	\$50	30%	30%		
Physical Therapy	\$50	\$50	30%	30%		
Urgent Care	\$100	\$100	30%	30%		
Ambulance	\$100	\$105	30%	35%		
Rx Generic	\$20	\$20	\$10	\$10		
Rx Preferred Brand	\$70	\$70	\$40	\$40		
Rx Non-Preferred Brand	50%	50%	50%	50%		
Rx Specialty	50%	50%	50%	50%		
Actuarial Value						
2023 Federal AVC, Adjusted if Necessary	71.7%	71.7%	71.3%	71.3%		

Actuarial Value Certification for 2023 Standard Plan Designs



Appendix D – Comments Relative to Applicable ASOPs

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

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

ASOP 23: Data Quality

<u>3.1 Overview</u> – VHCURES data was used as the basis for the HDHP model and Vermontspecific 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.

<u>3.2 Selection of Data</u> - 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.



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

<u>3.4 Reliance on Other Information Relevant to the Use of Data</u> - 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.

<u>3.5 Review of Data</u> - 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.

<u>3.7 Use of Data</u>– 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

<u>3.1.1 Principal and Scope of Engagement</u> – 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.



<u>3.1.2 Form and Content</u> – 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.

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

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

<u>3.2 Actuarial Report</u> – 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.

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

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

<u>3.4.1 Uncertainty or Risk</u> – Uncertainty is discussed in the management report.

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

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

<u>3.4.4 Responsibility for Assumptions and Methods</u> - 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.

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

<u>3.4.6 Subsequent Events</u> - Subsequent events are listed in the Limitations and Disclosures section.

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

<u>3.6 Oral Communications</u> - 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.

<u>3.7 Responsibility to Other Users</u> - 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

<u>3.1 Use of AVC or MVC</u> – The federal AVC was used.

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

<u>3.3 Exceptions to the MVC</u> – Not applicable.

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

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

<u>3.6 Unreasonable Results</u> – Not applicable.

<u>3.7 Documentation</u> – See ASOP 41 documentation above.



Appendix E – Standard Plan Designs

Deductible Plan Designs								
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	\$425	\$1,400	\$4,000	\$6,450	\$9,000			
Rx Ded	\$0	\$200	\$500	\$1,100	N/A			
Integrated Ded	No	No	No	No	Yes			
Medical MOOP	\$1,500	\$5,600	\$9,100	\$9,100	\$9,000			
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	\$500	50%	0%			
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%			
Preventive	\$0	\$0	\$0	\$0	0%			
PCP Office Visit	First 3 Visits \$0, Then	First 3 Visits \$0, Then	First 3 Visits \$0, Then	\$35	First 3 Visits \$0, Then			
	\$15	\$20	\$40	φ55	\$40			
MH/SA Office Visit	First 3 Visits \$0, Then	First 3 Visits \$0, Then	First 3 Visits \$0, Then	\$35	First 3 Visits \$0, Then			
	\$15	\$20	\$40	•	\$40			
Specialist Office Visit	\$40	\$50	\$90	\$90	\$100			
Chiropractic	\$20	\$30	\$50	\$45	\$50			
Physical Therapy	\$20	\$30	\$50	\$45	\$50			
Urgent Care	\$50	\$60	\$100	\$100	0%			
Ambulance	\$60	\$70	\$100	\$100	0%			
Rx Generic	\$10	\$12	\$20	\$15	\$30			
Rx Preferred Brand	\$50	\$55	\$70	\$85	0%			
Rx Non-Preferred Brand	50%	50%	50%	60%	0%			
Rx Specialty	50%	50%	50%	60%	0%			
Actuarial Value								
2023 Federal AVC, Adjusted if Necessary	90.1%	81.9%	71.7%	63.0%	64.4%			



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Deductible 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	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$4,000	\$3,700	\$2,900	\$1,200	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$9,100	\$7,250	\$6,300	\$2,400	\$1,000
Rx MOOP	\$1,400	\$1,300	\$1,200	\$450	\$200
Integrated MOOP	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			
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	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Chiropractic	\$50	\$50	\$35	\$12	\$6
Physical Therapy	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2023 Federal AVC, Adjusted if Necessary	71.7%	74.0%	77.9%	87.9%	94.9%



HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Rx Ded	\$1,500	\$1,500
Integrated Ded	Yes	Yes
Medical MOOP	\$7,050	\$7,100
Rx MOOP	\$1,500	\$1,500
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		
2023 Federal AVC, Adjusted if Necessary	71.3%	62.5%



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	HDHP Plan	Designs – Cost Sharing Re	duction 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	\$2,100	\$2,000	\$1,700	\$1,500	\$550
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$7,050	\$6,000	\$4,600	\$1,500	\$550
Rx MOOP	\$1,500	\$1,500	\$1,500	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 Actuarial Value	50%	50%	50%	0%	0%
2023 Federal AVC, Adjusted if Necessary	71.3%	73.4%	77.4%	87.2%	94.3%



Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,100	Stacked MOOP	Drug Regulation	Preventive Drugs	Insulin Cost Sharing Limit	\$0 Cost Share on PCP/MHSA Visits	AV from AVC	Final Adjusted AV
Bronze Deductible (without pharmacy limit)	No	No	No	No	No	Yes	Yes	64.3%	64.4%
Silver HDHP	Yes	Yes	No	Yes	Yes	No	No	73.5%	71.3%
Bronze HDHP	Yes	Yes	No	Yes	Yes	Yes	No	64.2%	62.5%
Silver Deductible	No	No	No	Yes	No	No	Yes	70.5%	71.7%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	No	62.0%	63.0%
Silver HDHP - CSR 73%	Yes	Yes	No	Yes	Yes	No	No	75.5%	73.4%
Silver HDHP - CSR 77%	Yes	Yes	No	Yes	Yes	No	No	79.5%	77.4%
Silver HDHP - CSR 87%	Yes	No	No	No	Yes	No	No	87.7%	87.2%
Silver HDHP - CSR 94%	Yes	No	No	No	Yes	No	No	94.3%	94.3%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	No	Yes	73.0%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	No	Yes	77.3%	77.9%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	No	Yes	87.6%	87.9%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	No	Yes	94.7%	94.9%



Appendix G – Screen Shots and AV Development

- 1. Bronze Deductible Plan (without pharmacy limit)
- 2. Silver HDHP Embedded MOOP
- 3. Bronze HDHP Embedded MOOP
- 4. Silver Deductible Plan
- 5. Bronze Deductible Plan (with pharmacy limit)
- 6. Silver HDHP Embedded MOOP CSR 73%
- 7. Silver HDHP Embedded MOOP CSR 77%
- 8. Silver HDHP Embedded MOOP CSR 87%
- 9. Silver HDHP Embedded MOOP CSR 94%
- 10. Silver Deductible CSR 73%
- 11. Silver Deductible CSR 77%
- 12. Silver Deductible CSR 87%
- 13. Silver Deductible CSR 94%



BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 64.3%

Adjusted AV = 64.3% * 1.001(MH/SA Copay Adj) = 64.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	V		HSA/HRA Option	S	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?			oyer Contribution			d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrik	oution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contric	ation Amount.	ŞU.00	2nc	I Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-	_					
	Medical	1 Plan Benefit De Drug	Sign Combined	-	Medical	2 Plan Benefit I Drug	Combined			
Deductible (\$)	iviedical	Drug	\$9,000.00	-	iviedical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$9,000.00	-						
MOOP if Separate (\$)			<i>,,,,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,							
										-
Click Here for Important Instructions	Subject to	Tie Subject to	r 1 Coinsurance, if	Copay, if	Subiect to	Subject to	ier 2 Coinsurance, if	Consul if	Tier 1	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	Copay, if separate	Copay applies only	y after deductible?
Medical		All	unrerent	Separate			unrenent	Separate	IA II	
Emergency Room Services	I	V								
All Inpatient Hospital Services (inc. MH/SUD)	2									
Drimon, Care Visit to Treat on Jaium or Illeger (sup Dreventive, and Virgus)	_	_		\$40.00					_	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)										
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services										
Imaging (CT/PET Scans, MRIs)	2	2								
Speech Therapy	2	V								
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		2	Ş1.00	Ş0.00			10076			
X-rays and Diagnostic Imaging	2	2								
Skilled Nursing Facility	2	 2								
	V	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	2								
Drugs	All All	🗖 All			🗌 All	🗌 Ali			□ All	🗌 All
Generics				\$30.00						
Preferred Brand Drugs	2	V								
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)	V	V	Dia Daniatian							
Options for Additional Benefit Design Limits:			Plan Description	2023 Bronze						
	L			Deductible Plan -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	without Rx Limit						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	¥									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10): Output										
Calculate										
Status/Error Messages:	Expanded Bronze	tandard (58% to 6	5%). Calculation S	uccessful.						
Actuarial Value:	64.33%									
Metal Tier:	Bronze									
	NOTE: Office-visit	specific cost-shari	ng is applying to x-	rays in office settin	igs.					
Additional Notes:										
Calculation Time:	0.1172 seconds									
Draft 2023 AV Calculator										



Tier 1

Conav if

Tier 2

SILVER HDHP – EMBEDDED MOOP

AV from AVC = 73.5%

Adjusted AV = 71.3%

AVC Screen Shot:

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? HSA/HRA Options Tiered Network Option ¥ Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Tiered Network Plan? П Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: Annual Contribution Amount: \$0.00 Use Separate MOOP for Medical and Drug Spending? 2nd Tier Utilization: 0% Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$) \$2,100.00 Coinsurance (%, Insurer's Cost Share) 70.00% MOOP (\$) \$7,050.00 MOOP if Separate (\$) Click Here for Important Instruction Tier 2 Tier 1 Subject to Subject to Coinsurance, if Conav if Subject to Subject to Coinsurance if

Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	v after deductible?
Type of benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copul applies only	, anter academic:
Medical	All All	All All			All 🗌	🗖 All			□ All	🗖 All
Emergency Room Services	K	V								
All Inpatient Hospital Services (inc. MH/SUD)	2	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V	\$0.90							
Specialist Visit	Z	2								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V	V	\$0.90							
Imaging (CT/PET Scans, MRIs)	V	2								
Speech Therapy	2	V								
Occupational and Physical Therapy	V	V								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	2								
Skilled Nursing Facility	V	v								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V									
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	🗆 All	🗌 All			IIA 🗌	🗌 All			□ All	🗌 All
Generics	K			\$10.00					¥	
Preferred Brand Drugs	V			\$40.00					V	
Non-Preferred Brand Drugs	V	V	50%							
Specialty Drugs (i.e. high-cost)	V	2	50%							
Options for Additional Benefit Design Limits:		_	Plan Description:							

options for Additional benefit Design Linnts.	
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):	

2023 Silver Name: HDHP Plan Plan HIOS ID: Issuer HIOS ID: AVC Version: 2023 1e

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

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

Output

Calculate Status/Error Messages:

Actuarial Value: Metal Tier:

Additional Notes:

Calculation Time:

0.0938 seconds

Draft 2023 AV Calculator

0.0956 Secur

73.47%



Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

nputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from th	e drop down box, ar	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	lone.		
		Medical	Rx			
Ir	ndividual Deductible	2,100	2,100			
	Family Deductible	4,200	4,200			
Indivi	idual Out-of-Pocket	7,050	7,050			
Fa	mily Out-of-Pocket	14,100	14,100			
Coinsu	rance (50% or Less)	27%	26%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$487.29	\$116.84	\$604.13		
	Plan PMPM	\$356.20	\$87.68	\$443.89		
	Actuarial Value	73.1%	75.0%	73.48%		



Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Cal	lculate'.
Press 'Ca	alculate' anytime a	n input or dropda	wn selection is ch	nanged.		
Note th	nat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
	vidual Deductible	2,100	1,500			
F	amily Deductible	4,200	3,000			
Individu	ual Out-of-Pocket	7,050	1,500			
Fam	ily Out-of-Pocket	14,100	3,000			
Coinsura	nce (50% or Less)	27%	26%			
Individual E	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$487.29	\$116.84	\$604.13		
	Plan PMPM	\$337.70	\$93.17	\$430.87		
	Actuarial Value	69.3%	79.7%	71.32%		



BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 64.2%

Adjusted AV = 62.5%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tiered Network Option		
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Cantul	and a second second	ć0.00	1st	Tier Utilization:	100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contribution Amount:		Amount: \$0.00		2nd Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Bronze 💌						
	Tie	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$5,800.00				
Coinsurance (%, Insurer's Cost Share)			50.00%				
MOOP (\$)			\$7,100.00				
MOOP if Separate (\$)							
Click Hans for large the standard large standard		T '-					

Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	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?
Medical	🗌 All	🗌 Ali			All	All			□ All	🗌 All
Emergency Room Services	~	V								
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V								
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_			_	_			_	_
Services	2	2								
Imaging (CT/PET Scans, MRIs)	2	V								
Speech Therapy	V	V								
Occupational and Physical Therapy	V	V								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	V								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	V	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs	🗌 All	🔲 Ali			IA II	All			□ All	🗌 All
Generics	~			\$12.00					V	
Preferred Brand Drugs	2	2	\$0.60							
Non-Preferred Brand Drugs	v	2	40%							
Specialty Drugs (i.e. high-cost)	v	V	40%							
Options for Additional Benefit Design Limits:		_	Plan Description:							

options for Additional Benefit Besign Linnes	
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):	
Output	

Plan Description:	
	2023 Bronze
Name:	HDHP Plan

Plan HIOS ID: Issuer HIOS ID:

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

AVC Version: 2023_1e

Calculate Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.125 seconds

64.21%



Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from	the drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is chan	ged.		
Note th	nat the model run-ti	me will vary based	on the computer	s processing speed.		
A mess	age box will appear	to indicate that the	e calculations are	done.		
		Medical	Rx			
In	dividual Deductible	5,800	5,800			
	Family Deductible	11,600	11,600			
Indivi	dual Out-of-Pocket	7,100	7,100			
Fa	mily Out-of-Pocket	14,200	14,200			
Coinsur	ance (50% or Less)	48%	47%			
Individua	Embedded Moop:	9,100				
		C	osts that Accum	ulate		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.84	\$121.05	\$625.89		
	Plan PMPM	\$320.36	\$81.46	\$401.82		
	Actuarial Value	63.5%	67.3%	64.20%		



Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Cal	lculate'.
Press 'Co	alculate' anytime d	in input or dropdo	own selection is ch	nanged.		
Note th	hat the model run	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	5,800	1,500			
F	amily Deductible	11,600	3,000			
Individu	ual Out-of-Pocket	7,100	1,500			
Fam	ily Out-of-Pocket	14,200	3,000			
Coinsura	nce (50% or Less)	48%	47%			
Individual E	Embedded Moop:	9,100				
		Co	osts that Accumul	late		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		-				
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.84	\$121.05	\$625.89		
	Plan PMPM	\$301.74	\$89.59	\$391.33		
	Actuarial Value	59.8%	74.0%	62.52%		



SILVER DEDUCTIBLE

AV from AVC = 70.5%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 64.98%/63.92% = 1.017 x .705 = 71.7% *1.001 (MH/SA Copay Adj) = 71.7%

Adjusted AV = 71.7%

AVC Screen Shot:

User Inputs for Plan Parameters		-								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network Opt				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	?		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	15	t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual contri	button Amount.	Ş0.00	2nc	d Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		r 1 Plan Benefit De		_		2 Plan Benefit De				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$4,000.00 50.00%	\$500.00 50.00%								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		00.00		-						
MOOP (\$) MOOP if Separate (\$)	\$9,1	1								
			-							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	, often deductible
i ype of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	All	All			All	All			All	All
Emergency Room Services	¥			\$500.00						
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00						
Specialist Visit				\$90.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services Imaging (CT/PET Scans, MRIs)	V	2								
Speech Therapy				\$90.00						
speech merapy										
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	2								
X-rays and Diagnostic Imaging	V	2								
Skilled Nursing Facility	V	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	K	V								
Outpatient Surgery Physician/Surgical Services	N	2								
Drugs	All	All			All	🗌 All			🗆 Ali	🗌 All
Generics				\$20.00						
Preferred Brand Drugs	N			\$70.00					2	
Non-Preferred Brand Drugs	2	2								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:		T	Plan Description							
				2023 Silver						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Deductible Plan						
Specialty Rx Coinsurance Maximum:		ł	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	-	-	AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	₽ 3									
Begin Primary Care Deductible/Coinsurance After a Set Number of		ł								
Copays?										
# Copays (1-10):										
Output		+								
Calculate										
	Calculation Succes	ssful.								
	70.50%									
	Silver									
	NOTE: Office-visit	-specific cost-shar	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0586 seconds									
Draft 2023 AV Calculator										



Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
	alculate' anytime an					
Note th	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	age box will appear	to indicate that th	e calculations are a	lone.		
		Medical	Rx			
In	ndividual Deductible	4,000	500			
	Family Deductible	8,000	1,000			
Indivi	dual Out-of-Pocket	9,100	9,100			
Fa	mily Out-of-Pocket	18,200	18,200			
Coinsu	rance (50% or Less)	46%	33%			
Individua	I Embedded Moop:	9,100				
		C	Costs that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ę
		Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$484.98	\$116.29	\$601.27		
	Plan PMPM	\$295.74	\$88.57	\$384.32		
	Actuarial Value	61.0%	76.2%	63.92%		



Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter value	es in the blue cells b	elow, choose a set	ting option from th	ne drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is chang	ed.		
Note th	nat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are o	done.		
		Medical	Rx			
In	dividual Deductible	4,000	500			
	Family Deductible	8,000	1,000			
Indivi	dual Out-of-Pocket	9,100	1,400			
Fa	mily Out-of-Pocket	18,200	2,800			
Coinsur	ance (50% or Less)	46%	33%			
Individua	Embedded Moop:	9,100				
		C	Costs that Accumu	ate		
			(OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$484.98	\$116.29	\$601.27		
	Plan PMPM	•	\$98.62	\$390.69		
	Actuarial Value	60.2%	84.8%	64.98%		



BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 62.0%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 62.15%/61.15% = 1.016 x .620 = 63.0%

Adjusted AV = 63.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2nc	Tier Utilization:	0%			
Desired Metal Tier										
Desired Wetar Her		r 1 Plan Benefit De	sign	7	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$6,450.00	\$1,100.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
MOOP (\$)	\$9,1	00.00								
MOOP if Separate (\$)				_						
Cited there for large short instructions		- *1-							T 14	Tier 2
Click Here for Important Instructions	Subject to	Tie Subject to	r 1 Coinsurance, if	Copay, if	Subject to		er 2 Coinsurance, if	Copay, if	Tier 1	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	y after deductible?
Medical			unrerent	separate			unrerent	Separate	All	All
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)	2	 2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	2			\$35.00					V	
Specialist Visit	V			\$90.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$35.00	_	-			_	_
Services	V			\$35.00					2	
Imaging (CT/PET Scans, MRIs)	V	2								
Speech Therapy	V			\$90.00					V	
Occupational and Physical Therapy	V			\$45.00					V	
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			\$1.00	Ş0.00			100%	30.00		
X-rays and Diagnostic Imaging	 2	 2								
Skilled Nursing Facility	2	 2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	All	🗖 Ali			All	🗌 All			All	Ali
Generics				\$15.00						
Preferred Brand Drugs				\$85.00						
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	V	~	Plan Description							
Options for Additional Benefit Design Limits:		1	Plan Description	2023 Bronze						
	U			Deductible Plan -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	with Rx Limit						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	_		AVC Version:	2023_1e						
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): Output		1								
Calculate										
	Expanded Bronze	Standard (58% to 6	5%), Calculation S	uccessful.						
Actuarial Value:	61.95%									
Metal Tier:	Bronze									
	NOTE: Office-visit	-specific cost-shari	ng is applying to x	rays in office settin	ngs.					
Additional Notes:										
	0.0664 seconds									
Draft 2023 AV Calculator										



Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from tl	ne drop down box, an	d press 'Calculate'.	
Press 'Cc	alculate' anytime an	input or dropdown	selection is chang	ed.		
Note tl	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that th	e calculations are	done.		
		Medical	Rx			
Ir	ndividual Deductible	6,450	1,100			
	Family Deductible	12,900	2,200			
Indivi	idual Out-of-Pocket	9,100	9,100			
Fa	mily Out-of-Pocket	18,200	18,200			
Coinsu	rance (50% or Less)	46%	41%			
Individua	al Embedded Moop:	9,100				
		C	Costs that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	ie in the second s			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.38	\$120.94	\$625.32		
	Plan PMPM	\$293.84	\$88.53	\$382.37		
	Actuarial Value	58.3%	73.2%	61.15%		



Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ues in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note t	that the model run-ti	me will vary based	on the computers p	processing speed.		
A mes	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ir	ndividual Deductible	6,450	1,100			
	Family Deductible	12,900	2,200			
Indiv	vidual Out-of-Pocket	9,100	1,400			
Fa	amily Out-of-Pocket	18,200	2,800			
Coinsu	urance (50% or Less)	46%	41%			
Individua	al Embedded Moop:	9,100				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.38	\$120.94	\$625.32		
	Plan PMPM	\$289.10	\$99.55	\$388.64		
	Actuarial Value	57.3%	82.3%	62.15%		



SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		t Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Pennaar contenn	batemanount	90.00	2n	d Tier Utilization	:: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		er 1 Plan Benefit De				r 2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,000.00							
Coinsurance (%, Insurer's Cost Share)			75.00%	_						
MOOP (\$)			\$6,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	~ 1				ïier 2		Tier 1	Tier 2
Click here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Tier1	Tier Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies on	ly after deductible?
Medical			unrerent	separate			unrerent	separate	IA I	□ All
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)	v v	✓								the second se
ra mpasiene nospital services (inc. IVIN/ SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V		\$0.90							
Specialist Visit	×	2								
Mental/Behavioral Health and Substance Use Disorder Outpatient			4							
Services	•	•	\$0.90							
Imaging (CT/PET Scans, MRIs)	2	2								
Speech Therapy	2	2								
Occupational and Physical Therapy	V									
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	¥	2								
X-rays and Diagnostic Imaging	2	2								
Skilled Nursing Facility	v	2								
										🕀
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	•									
Drugs	All	🗆 All			All				IA 🗌	
Generics	2			\$10.00						
Preferred Brand Drugs	2			\$40.00					2	
Non-Preferred Brand Drugs	~		50%							
Specialty Drugs (i.e. high-cost)	•	•	50%							
Options for Additional Benefit Design Limits:			Plan Description	:	-					
		1		2023 HDHP Plan						
				CSR Variations -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	73%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
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):		1								
Output										
Calculate	Free Devile		a sub da salalari	dation for CCD						
		tside of [0, +1] perc	cent de minimis va	riation for CSRs.						
	75.45%									
Metal Tier:	NOTE Office the	and the east should	ing is eachdag to	serve in affine a mi						
	NOTE: Office-visit	t-specific cost-shari	ing is applying to x	 rays in office setti 	ings.					
Additional Notes:										
Calculation Time: Draft 2023 AV Calculator	0.1094 seconds									



Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	ılculate' anytime an	input or dropdown	selection is change	d.		
Note th	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	2,000	2,000			
	Family Deductible	4,000	4,000			
Indivi	dual Out-of-Pocket	6,000	6,000			
Fa	mily Out-of-Pocket	12,000	12,000			
Coinsu	rance (50% or Less)	23%	26%			
Individua	I Embedded Moop:	9,100				
		C	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
results						
		Medical	Rx	Total		
	Allowed PMPM	\$488.21	\$117.06	\$605.27		
	Plan PMPM	\$367.93	\$88.76	\$456.69		
	Actuarial Value	75.4%	75.8%	75.45%		



Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcu	late'.
Press 'Co	alculate' anytime a	in input or dropdo	own selection is ch	nanged.		
Note th	nat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate tha	t the calculations	are done.		
		Medical	Rx			
Indi	idual Deductible	2,000	1,500			
	amily Deductible	4,000	3,000			
	1	-)			
	ual Out-of-Pocket	6,000	1,500			
Fam	ily Out-of-Pocket		3,000			
Coinsura	nce (50% or Less)	23%	26%			
Individual E	Embedded Moop:	9,100				
		C	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$488.21	\$117.06	\$605.27		
	Plan PMPM	\$350.47	\$93.58	\$444.06		
	Actuarial Value	71.8%	79.9%	73.36%		



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SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HRA Empl	loyer Contribution	1?		d Network Plan t Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	bution Amount:	\$0.00		Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,700.00							
Coinsurance (%, Insurer's Cost Share)			75.00%	-						
MOOP (\$) MOOP if Separate (\$)			\$4,600.00	_		· · · · · ·				
							-			
Click Here for Important Instructions		Tie	er 1			Т	Tier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies on	ly after deductible?
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	All	Ali
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)	2 2									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	2	2	\$0.90							
Specialist Visit	V	v								
Mental/Behavioral Health and Substance Use Disorder Outpatient	2	2	\$0.90							
Services			Ş0.50							
Imaging (CT/PET Scans, MRIs)	2									
Speech Therapy	V	V								
Occupational and Physical Therapy	V	V								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		-
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	N	V								
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	N	V								
Drugs	All	🗌 All			All 🗌	🗌 All			🗆 Ali	🗌 Ali
Generics	2			\$10.00					2	
Preferred Brand Drugs			50%	\$40.00	<u>_</u>					
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	 ✓ ✓ 	 ✓ 	50%							
Options for Additional Benefit Design Limits:		V	Plan Description	:						
				2023 HDHP Plan						
	_			CSR Variations -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	77%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	2022 4-						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?	-		AVC Version:	2023_1e						
# Visits (1-10):	U									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	0									
# Copays (1-10):										
Output										
Calculate										
	Error: Result is out	side of [0, +1] perc	ent de minimis va	riation for CSRs.						
Actuarial Value: Metal Tier:	79.52%									
	NOTE: Office-visit-	specific cost-shari	ng is applying to x	-rays in office setti	ngs.					
Additional Notes:										
Harrow Hotes.										
Calculation Time:	0.0938 seconds									
Draft 2023 AV Calculator	2.3556 500000									



Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells b	elow, choose a set	ting option from th	ne drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is chang	ed.		
Note th	nat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are o	done.		
		Medical	Rx			
In	dividual Deductible	1,700	1,700			
	Family Deductible	3,400	3,400			
Indivi	dual Out-of-Pocket	4,600	4,600			
Fa	mily Out-of-Pocket	9,200	9,200			
Coinsur	ance (50% or Less)	23%	26%			
Individua	Embedded Moop:	9,100				
		C	osts that Accumu	ate		
			(OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Decilia						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$434.37	\$104.28	\$538.66		
	Actuarial Value	79.5%	79.6%	79.52%		



Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calc	ulate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the compu	ters processing s	peed.	
A mess	age box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
	vidual Deductible	1,700	1,500			
F	amily Deductible	3,400	3,000			
Individu	ual Out-of-Pocket	4,600	1,500			
Fam	ily Out-of-Pocket	9,200	3,000			
Coinsura	nce (50% or Less)	23%	26%			
Individual I	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$417.51	\$106.97	\$524.48		
	Actuarial Value	76.4%	81.6%	77.42%		



SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.2%

AVC Screen Shot:

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? 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 Tier 1 Plan Benefit Design Tier 2 Plan Benefit Medical Drug Combined Tier 2 Plan Benefit Medical Drug Combined	n? n: 100%			
Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Tiered Network Pla Apply Skilled Nursing Facility Copay per Day? Annual Contribution Amount: \$0.00 Ist Tier Utilization Use Separate MOOP for Medical and Drug Spending? Desired Metal Tier Utilization Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Utilization Desired Metal Tier Metal Drug Combined Tier 2 Plan Benefit Design Medical Drug Combined Medical Drug	n? n: 100%			
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 Tier 1 Plan Benefit Design Tier 2 Plan Benefit Medical Drug Combined Iter Medical Drug	on: 100%			
Use Separate MOOP for Medical and Drug Spending? Annual Contribution Amount: 30.00 2nd Tier Utilizati Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Desired Metal Tier Medical Drug Combined Medical Drug				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Gold Tier 1 Plan Benefit Design Tier 2 Plan Bene Medical Drug Combined Medical Drug	on: 0%			
Desired Metal Tier Gold Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Drug Combined Medical Drug				
Tier 1 Plan Benefit Design Tier 2 Plan Bene Medical Drug Combined Medical Drug				
Medical Drug Combined Medical Drug		1		
	Combined			
Deductible (\$) \$1,500.00				
Coinsurance (%, Insurer's Cost Share) 100.00%				
MOOP (\$) \$1,500.00				
MOOP if Separate (\$)				
	-			
Click Here for Important Instructions Tier 1	Tier 2		Tier 1	Tier 2
Type of Benefit Subject to Subject to Coinsurance, if Copay, if Subject to Subject to		Copay, if		es only after
Deductible? Coinsurance? different separate Deductible? Coinsurance	e? if different	separate		tible?
Medical AI AI AI				
Emergency Room Services				
All Inpatient Hospital Services (inc. MH/SUD)				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				
x-rays) — — — — — — — — — — — — — — — — — — —				
Specialist Visit				
Mental/Behavioral Health and Substance Use Disorder Outpatient				
Services				
Imaging (CT/PET Scans, MRIs)				
Speech Therapy				
Occupational and Physical Therapy			_	
Preventive Care/Screening/Immunization	100%	\$0.00		
Laboratory Outpatient and Professional Services 🔽 🖉				
X-rays and Diagnostic Imaging				
Skilled Nursing Facility				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				
Outpatient Surgery Physician/Surgical Services				
Drugs AI AI AI				
Generics V V				
Preferred Brand Drugs				
Non-Preferred Brand Drugs				
Specialty Drugs (i.e. high-cost)				
Options for Additional Benefit Design Limits: Plan Description:				
Set a Maximum on Specialty Rx Coinsurance Payments?				
Specialty Rx Coinsurance Maximum: Plan HIOS ID:				
Set a Maximum Number of Days for Charging an IP Copay? I Issuer HIOS ID:				
# Days (1-10): AVC Version: 2023_1e				
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):				
Output				
Calculate				
Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.				
Actuarial Value: 87.71%				
Metal Tier: Gold				
Additional Notes:				
Calculation Time: 0.1016 seconds				
Calculation Ime: 0.1016 Seconds Draft 2023 AV Calculator				



Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcul	ate'.
	alculate' anytime d					
Note th	hat the model run	-time will vary bas	sed on the compu	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate tha	t the calculations	are done.		
		Medical	Rx			
	vidual Deductible	_,	1,500			
F	Family Deductible	3,000	3,000]	
Individu	ual Out-of-Pocket	1,500	1,500			
Fam	nily Out-of-Pocket	3,000	3,000			
Coinsura	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$446.84	\$108.12	\$554.96		
	Actuarial Value	87.6%	88.3%	87.70%		



Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	om the drop down	box, and press 'Calc	ulate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is cl	hanged.		
Note th	nat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
	vidual Deductible	1,500	1,500			
F	amily Deductible	3,000	3,000			
Individu	ual Out-of-Pocket	1,500	1,500			
Fam	ily Out-of-Pocket	3,000	3,000			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	9,100				
		Co	osts that Accumu	late		
				DOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$444.20	\$107.53	\$551.73		
	Actuarial Value	87.0%	87.9%	87.19%		



SILVER HDHP – EMBEDDED MOOP CSR – 94%

AV from AVC = 94.3%

Adjusted AV = 94.3%

AVC Screen Shot:

User Inputs for Plan Parameters		-								
Use Integrated Medical and Drug Deductible?	V		HSA/HRA Options			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					200	d Tier Utilization:	0%			
Desired Metal Tier										
		r 1 Plan Benefit De	sign		Tio	2 Plan Benefit I	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	Wiedical	Diug	\$550.00	-	Wiedical	Diug	combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$550.00	-						
MOOP if Separate (\$)			\$550.00	-		I				
			-				-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Turn of Dana (th	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Concurrentias only	y after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copay applies on	y after deductibler
Medical	🗌 All	🗌 All			All	🗌 All			□ All	All
Emergency Room Services	¥	V								
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)					_					
rinnary care visit to rreat an injury of filless (ext. Preventive, and X-rays)	V	2				— <u> </u>				
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient					_					
Services	V	V								
Imaging (CT/PET Scans, MRIs)	V	2								
Speech Therapy	V	V								
	V	~								
Occupational and Physical Therapy										-
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		l
Laboratory Outpatient and Professional Services	~	V								
X-rays and Diagnostic Imaging	2	2								
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	~								
Outpatient Surgery Physician/Surgical Services	2									
Drugs	All	All			All	All			All	All
Generics										
Preferred Brand Drugs Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)		✓								
Options for Additional Benefit Design Limits:	M	V	Plan Description							
		Т	Fian Description	2023 HDHP Plan						
	L			CSR Variations -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	94%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	5470						
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1		-						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		T								
Copays?										
# Copays (1-10):		1								
Output										
Calculate										
		(100-150% FPL), Ca	Iculation Successf	ul.						
	94.29%									
Metal Tier:	Platinum									
Additional Notes:										
	0.1055 seconds									
Draft 2023 AV Calculator										



Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from th	e drop down box, an	d press 'Calculate'.	
	lculate' anytime an			-		
Note th	at the model run-ti	me will vary based	on the computers	processing speed.		
A messo	age box will appear	to indicate that the	e calculations are a	lone.		
		Medical	Rx			
Ind	dividual Deductible	550	550			
	Family Deductible	1,100	1,100			
Individ	dual Out-of-Pocket	550	550			
Far	mily Out-of-Pocket	1,100	1,100			
Coinsur	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$432.96	\$103.76	\$536.72		
	Actuarial Value	94.3%	94.3%	94.29%		



Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from th	e drop down box, ar	nd press 'Calculate'.	
	lculate' anytime an					
Note th	at the model run-ti	me will vary based	on the computers p	processing speed.		
A messo	age box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ind	dividual Deductible	550	550			
	Family Deductible	1,100	1,100			
Individ	dual Out-of-Pocket	550	550			
Far	mily Out-of-Pocket	1,100	1,100			
Coinsur	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$432.95	\$103.69	\$536.64		
	Actuarial Value	94.3%	94.2%	94.28%		



SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.0%

Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 67.89%/67.04% = 1.013 x 73.0% = 73.9% * 1.001 (MH/SA Copay Adj) = 74.0%

Adjusted AV = 74.0%

AVC Screen Shot:

User Inputs for Plan Parameters			-							
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00		t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?					2nd	d Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	Silver 💌									
Desired Metal Tier		r 1 Plan Benefit De	cian	1	Tior	2 Plan Benefit D	osign			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$3,700.00	\$450.00	combined		Wieulear	Didg	combined			
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$7,2	50.00								
MOOP if Separate (\$)										
Click Here for Important Instructions	Subject to	Tie Subject to	r 1 Coinsurance, if	Copay, if	Subject to	Ti Subject to	er 2 Coinsurance, if	Copay, if	Tier 1	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies on	ly after deductible?
Medical	All	All			All	All			All	All
Emergency Room Services	₹			\$500.00						
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00						
Specialist Visit				\$90.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services										
Imaging (CT/PET Scans, MRIs)				\$90.00						
Speech Therapy										
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		r
Laboratory Outpatient and Professional Services			<u> </u>	<i>Ç0.00</i>			10070	<i></i>		
X-rays and Diagnostic Imaging	 2	2								
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs	🗌 All	🗖 All			All	🗌 All			🗌 All	🗌 All
Generics				\$20.00						
Preferred Brand Drugs	2			\$70.00					2	
Non-Preferred Brand Drugs	2	V								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:	-	1	Plan Description							
				2023 Deductible Plan CSR						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Variations - 73%						
Specialty Rx Coinsurance Payments			Plan HIOS ID:	Variacions - 7576						
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Y									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output Calculate										
	CSP Lovel of 72%	(200-250% FPL), Ca	culation Succosef							
	73.02%	(200-230% FFL), Ca	culation successi	ui.						
	Silver									
	NOTE: Office-visit	-specific cost-shari	ng is applying to x	-rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0625 seconds									
Draft 2023 AV Calculator										



Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note ti	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ir	ndividual Deductible	3,700	450			
	Family Deductible	7,400	900			
Indivi	idual Out-of-Pocket	7,250	7,250			
Fa	mily Out-of-Pocket	14,500	14,500			
Coinsu	irance (50% or Less)	44%	33%			
Individua	al Embedded Moop:	7,250				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$486.36	\$116.62	\$602.98		
	Plan PMPM	\$313.21	\$91.06	\$404.27		
	Actuarial Value	64.4%	78.1%	67.04%		



Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note ti	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ir	ndividual Deductible	3,700	450			
	Family Deductible	7,400	900			
Indivi	idual Out-of-Pocket	7,250	1,300			
Fa	mily Out-of-Pocket	14,500	2,600			
Coinsu	rance (50% or Less)	44%	33%			
Individua	al Embedded Moop:	7,250				
		C	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$486.36	\$116.62	\$602.98		
	Plan PMPM	\$309.62	\$99.76	\$409.39		
	Actuarial Value	63.7%	85.5%	67.89%		



SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 77.3%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.8%/72.2% = 1.008 x .773 = 77.86% * 1.001 (MH/SA Copay Adj) = 77.9%

Adjusted AV = 77.9%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	oyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					15	t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	2nr	Tier Utilization	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_									
Desired Metal Tier				-						
		r 1 Plan Benefit De		_		2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,900.00	\$350.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$6,3	00.00								
MOOP if Separate (\$)				-						
			4				4			
Click Here for Important Instructions		Tie	r 1			т	ier 2		Tier 1	Tier 2
									TIELT	TIEL 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	IIA II	🗆 All			🗌 All	🗌 All			□ All	🗌 Ali
Emergency Room Services	V			\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
,										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$30.00						
				4						
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$30.00	_	_				
Services				\$50.00						
Imaging (CT/PET Scans, MRIs)	2	2								
Speech Therapy				\$35.00						
SPEEder Control SP/										
O second land Dhavies I Theorem				\$35.00						
Occupational and Physical Therapy			4	44.44				44.44		
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~								
X-rays and Diagnostic Imaging	>	~								
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	~								
	2	2								
Outpatient Surgery Physician/Surgical Services										
Drugs	All All	🗖 All			All	🗌 All			All	🗌 All
Generics				\$15.00						
Preferred Brand Drugs	~			\$60.00					₹	
Non-Preferred Brand Drugs	2	~								
Specialty Drugs (i.e. high-cost)	v	V								
Options for Additional Benefit Design Limits:			Plan Description:						• -	
options for Additional benefit Design Linnts.		T	rian bescription.	2023 Deductible						
				Plan CSR						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Variations - 77%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	V									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		L								
Output										
Calculate										
Status/Error Messages:	Error: Result is out	side of [0, +1] perc	ent de minimis vai	riation for CSRs.						
Actuarial Value:	77.25%									
Metal Tier:										
	NOTE: Office-visit	-specific cost-shari	ng is applying to y-	rays in office setti	oge					
		specific cost slidit		.u,s in office settin	.9					
Additional Notes:										
Calculation Time:	0.0938 seconds									
Draft 2023 AV Calculator										



Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from ti	he drop down box, an	d press 'Calculate'.	
	alculate' anytime an			-		
Note ti	hat the model run-ti	ime will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that th	e calculations are	done.		
		Medical	Rx			
Ir	ndividual Deductible	2,900	350			
	Family Deductible	5,800	700			
Indivi	idual Out-of-Pocket	6,300	6,300			
Fa	mily Out-of-Pocket	12,600	12,600			
Coinsu	rance (50% or Less)	42%	30%			
Individua	al Embedded Moop:	6,300				
		C	Costs that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Į,
		Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$381.89	\$107.48	\$489.37		
	Actuarial Value	69.9%	82.0%	72.24%		



Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	nd press 'Calculate'.	
	alculate' anytime an					
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ir	ndividual Deductible	2,900	350			
	Family Deductible	5,800	700			
Indiv	idual Out-of-Pocket	6,300	1,200			
Fa	amily Out-of-Pocket		2,400			
Coinsu	irance (50% or Less)	42%	30%			
Individua	al Embedded Moop:	6,300				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	e			
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$378.38	\$114.87	\$493.25		
	Actuarial Value	69.2%	87.7%	72.81%		



SILVER DEDUCTIBLE CSR – 87%

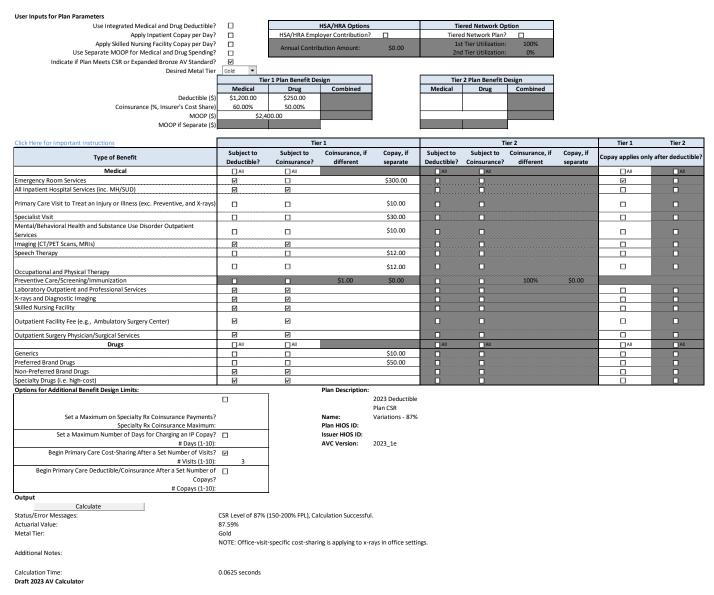
AV from AVC = 87.6%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 84.69%/84.38% = 1.004 x .876= 87.9%

Adjusted AV = 87.9%

AVC Screen Shot:





Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are a	lone.		
		Medical	Rx			
lr	ndividual Deductible	1,200	250			
	Family Deductible	2,400	500			
Indiv	idual Out-of-Pocket	2,400	2,400			
Fa	mily Out-of-Pocket	4,800	4,800			
Coinsu	irance (50% or Less)	31%	27%			
Individua	al Embedded Moop:	2,400				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$425.44	\$108.48	\$533.91		
	Actuarial Value	83.4%	88.6%	84.38%		



Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Cu	alculate' anytime an	input or dropdown	selection is change	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	lone.		
		Medical	Rx			
Ir	ndividual Deductible	1,200	250			
	Family Deductible	2,400	500			
Indiv	idual Out-of-Pocket	2,400	450			
Fa	amily Out-of-Pocket		900			
Coinsurance (50% or Less		31%	27%			
Individua	al Embedded Moop:	2,400				
		C	osts that Accumula	ate		
			C	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
	Calcul		e			
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$422.40	\$113.48	\$535.88		
	Actuarial Value	82.8%	92.7%	84.69%		



SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.39%/94.22% = 1.002 x .947 = 94.9%

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	?		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00			100%			
Use Separate MOOP for Medical and Drug Spending?					2nc	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		r 1 Plan Benefit De		-		2 Plan Benefit D				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$250.00 90.00%	\$0.00 70.00%								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		00.00		-						
MOOP (5) MOOP if Separate (\$)	\$1,0	00.00		-						
MOOP II Separate (5)			1	I			l			
Click Here for Important Instructions		Tie	r 1			ті	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	All	All	unterent	separate	All	All	unterent	Separate	□ All	All
Emergency Room Services				\$125.00					2	
All Inpatient Hospital Services (inc. MH/SUD)	2	 2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00						
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		****								
Services				\$5.00						
Imaging (CT/PET Scans, MRIs)	V									
Speech Therapy				\$15.00						
				46.00	_					_
Occupational and Physical Therapy				\$6.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	V	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	~								
Outpatient Surgery Physician/Surgical Services	7	V								
Drugs	IIA II	🗖 All			All 🗌	🗌 All			All	🗌 Ali
Generics				\$5.00						
Preferred Brand Drugs				\$20.00						
Non-Preferred Brand Drugs									<u>_</u>	
Specialty Drugs (i.e. high-cost)		~								
Options for Additional Benefit Design Limits:	-	1	Plan Description							
				2023 Deductible Plan CSR						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Variations - 94%						
Specialty Rx Coinsurance Payments:			Plan HIOS ID:	variations - 94%						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	N									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1								
Copays?										
# Copays (1-10):										
Output										
Calculate										
		(100-150% FPL), Ca	culation Successf	ul.						
	94.70%									
	Platinum									
	NOTE: Office-visit	-specific cost-shari	ng is applying to x	rays in office settin	gs.					
Additional Notes:										
	0.0625 seconds									
Draft 2023 AV Calculator										



Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from the	e drop down box, an	d press 'Calculate'.	
	ılculate' anytime an			-		
Note th	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	250	0			
	Family Deductible	500	0			
Indivi	dual Out-of-Pocket	1,000	1,000			
Fa	mily Out-of-Pocket	2,000	2,000			
Coinsurance (50% or Less)		9%	14%			
Individua	l Embedded Moop:	1,000				
		C	osts that Accumula	ate		
			0	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Į,
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$431.46	\$104.85	\$536.31		
	Actuarial Value	94.0%	95.2%	94.22%		



Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter value	es in the blue cells b	elow, choose a set	ting option from ti	he drop down box, an	d press 'Calculate'.	
	lculate' anytime an					
Note th	nat the model run-ti	me will vary based	on the computers	processing speed.		
A messo	age box will appear	to indicate that th	e calculations are	done.		
		Medical	Rx			
Inc	dividual Deductible	250	0			
	Family Deductible	500	0			
Individ	dual Out-of-Pocket	1,000	200			
Far	mily Out-of-Pocket	2,000	400			
Coinsurance (50% or Less		9%	14%			
Individua	Embedded Moop:	1,000				
		C	Costs that Accumu	late		
				Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$430.54	\$106.70	\$537.24		
	Actuarial Value	93.8%	96.9%	94.39%		



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 2023 Small Group Exchange rates for effective dates of coverage between January 1, 2023 and December 31, 2023. 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 **15.3%** because our estimate of 2022 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 7.4% because of this estimated trend in 2023.

-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 higher-risk members, so it will receive money from the program, decreasing premium rates by approximately 5.0%.

-Impact of the COVID-19 pandemic. MVP is assuming that cost and utilization of services related to COVID-19 will decrease in 2023. This decreases the premium rate by **1.2%**.

-Changes 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. These changes are worth approximately **0.4%** of a premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 16.6%, ranging from 8.9% to 19.8%. There are 1,445 policyholders, 12,538 subscribers and 20,900 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9th. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment

Actuarial Memorandum Dataset Supplement - Plan Year 2023 Please provide Company specific inputs for any cells shaded in blue.

Purpose, Scope, and Reason for Rate Inc.

Purpose, Scope, and Reason for Rate Increase
Insurance Company Name HIOS ID
SERFF Filing Number
Date of Submission
Proposed Effective Date
Before Rate Change
After Rate Change

Instructions: Termination
 The state may any end the state of the state of the state may any end to th

Proposed Overall Rate Change Proposed Minimum Rate Change Proposed Maximum Rate Change

Amount in SERFF's Rate Review Detail Section Explanation for differences

verage Ar

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

changes are for Silver 3 and Bronze 5 which have a significantly lower increase due to substantial benefit changes. Excluding these plans would bring the range of rate inc ses to within 10%

Relationship of Proposed Rate Scale to Current Rate Scale:
Provide addiaded travitation of the average rate charge from the periodia approved filing by using the chart tablow to lensice the drivers of the average rate
charge. The table should include the periodia assumption, current assumption, and the neuting charge. Include diadonal time as in recensary
Research of Charge Research of the average rate of the second time of the

Source of Change	Assumption	Assumption	Current Filing / Previous filing	
Base Period Experience	1.000	1.331	1.331	e.g. previous filing experience period index rate compared to the current filing experience index rate
Adjustment for pharmacy benefit carve-in	1.001	1.000	0.999	
Adjustment for Safe Harbor Coverage on QHDHP's	1.000	1.000	1.000	
Adjustment for Telehealth Utilization Increase	1.001	1.000	0.999	
Adjustment for Waived Cost Share Due to COVID-19	1.000	0.991	0.991	
Adjustment for COVID Vaccines	1.000	1.007	1.007	
Adjustment for COVID Services	1.000	0.991	0.991	
Adjustment for Insulin Cap	1.000	1.000	1.000	
Adjustment for High Cost Claimant in 2021 Above National Threshold		0.995	0.995	
National High Cost Reinsurance Pool Charge	1.005	1.006	1.001	
Pricing Trend	1.221	1.151	0.942	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075^2 / 1.08^2)
Risk Adjustment Recoveries	1.109	1.058	0.954	
Experience Period Benefit and AV Change	1.007	1.000	0.993	
SG&A	1.060	1.059	0.999	
Taxes and Fees (PMPM Basis)	1.003	1.002	0.999	
Taxes and Fees (% of Premium Basis)	1.005	1.004	0.999	
Margin	1.011	1.016	1.005	
Single Conversion Factor	1.131	1.128	0.997	
Total Rate Change			1.166	
If applicable, Provide an explanation for difference between the Calcul B18	ated Rate change and the av	erage rate change in cell	1.166	
N/A				

Annual Rate Change Distribution

Annual Rate Change Distribution			
			Impacted # of Groups, If
	Impacted # of Contracts	Impacted # of Members	applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	Ö
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	1,005	1,529	57
Increase of 10.01% to 14.99%	4,296	6,749	494
Increase of 15.00% or more	7,237	12,622	894
Total	12,538	20,900	1,445

History of Rate Changes		
For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2019	10.88%	6.63%
2020	8.45%	10.08%
2021	7.30%	2.70%
2022	4.97%	0.83%

Retention

Commissions & Brokers Fees Taxes, Licenses & Fees Exchange Fee Reinsurance All Other Admin Expense ProfitRisk Margin Total

Variable Non-Variable Total Check

Dates	PMPM in effect during the experience period 1/1/2021 - 12/31/2021	PMPM from Most Recent Approved Rate Filing 1/1/2022 - 12/31/2022	Proposed PMPM for Effective Date 1/1/2023 - 12/31/2023	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$3.98	\$5.02	\$4.74	19.02%	-5.60%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$42.17	\$38.75	\$43.56	3.31%	12.42%
Profit/Risk Margin	\$5.19	\$6.32	\$10.78	107.81%	70.38%
Total	\$51.34	\$50.09	\$59.08	15.08%	17.94%
Variable	\$25.76	\$24.65	\$31.00	20.34%	25.76%
Non-Variable	\$25.58	\$25.44	\$28.08	9.79%	10.36%
Total	\$51.34	\$50.09	\$59.08	15.08%	17.94%
Check	TRUE	TRUE	TRUE		

As % of Phremain flow Most Recent Approved Rate Filing non% Proposed As % of Premium Compared to Filing non% Proposed As % of Premium Compared to Hotal Recent Approved Prior 12 months Filing As % of Premium during the experience period 1.82% -19.41% -11.62% -4.02%

0.90%	1.10%	1.60%	77.78%	45.45%
8.91%	8.71%	8.77%	-1.55%	0.68%
4.47%	4.29%	4.60%	2.95%	7.36%
4.44%	4.42%	4.17%	-6.08%	-5.79%
8.91%	8.71%	8.77%	-1.55%	0.68%
TRUE	TRUE	TRUE		

Trend & Projection Assumptions	rical Experience (ACA Only):	Incurred or Allowed Basis? ⁽¹⁾ :	Incurred	(1) Choose the option ba	sed on how pricing is deve	oped (i.e., if allowed trends	are used in projections, se	lect "Allowed").					
Monthly Trend Analysis Based on Experience Data Time Period	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/Gender 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
Used for Rate Development (ACA Only)	Jan-2019	15.941	\$316.94		1		1.00	1.00	1.00	\$316.94			1
Gaed for read beverupment (Nor Only)	Feb-2019	15.916	\$307.50				1.00	1.00	1.00	\$307.42			
	Mar-2019	15.916	\$396.11				1.00	1.00	1.00	\$395.25			
	Apr-2019	15,909	\$389.80				1.00	1.00	1.00	\$387.89			
	May-2019	15.876	\$371.77				1.00	1.00	1.00	\$369.88			
	Jun-2019	15,824	\$346.80			39.20%	1.00	1.00	1.00	\$344.86			36.84%
	Jul-2019	15,862	\$363.48			-4.07%	1.00	1.00	1.00	\$361.27			-5.21%
	Aug-2019	15,866	\$394.40			-17.08%	1.00	1.01	1.00	\$391.25			-17.94%
	Sep-2019	15,871	\$394.65			16.87%	1.00	1.01	1.00	\$391.50			15.83%
	Oct-2019	15,884	\$418.95			55.32%	1.00	1.01	1.00	\$415.26			53.65%
	Nov-2019	15,878	\$415.67			53.31%	1.00	1.01	1.00	\$411.53			51.88%
	Dec-2019	15,924	\$423.91		28.28%	42.18%	1.00	1.01	1.00	\$419.63		26.89%	40.91%
	Jan-2020	20,826	\$328.87		17.35%	-17.45%	1.01	1.00	1.00	\$324.40		16.00%	-18.44%
	Feb-2020	20,831	\$329.47		1.55%	-43.43%	1.01	1.00		\$324.81		0.42%	-44.27%
	Mar-2020	20,766	\$315.35		-5.83%	-64.17%	1.01	1.01		\$310.35		-6.92%	-64.87%
	Apr-2020	20,638	\$256.85		-21.23%	-62.34%	1.01	1.01	1.00	\$252.71		-22.21%	-62.95%
	May-2020	20,562	\$333.57		-29.06%	-47.91%	1.01	1.01		\$327.74		-30.01%	-48.72%
	Jun-2020	20,651	\$394.48		-34.02%	4.68%	1.01	1.01	1.00	\$387.20		-35.01%	3.41%
	Jul-2020	20,529	\$465.09		-21.06%	205.99%	1.01	1.01	1.00	\$456.13		-22.22%	202.04%
	Aug-2020	20,508	\$418.75		-8.32%	296.56%	1.01	1.01		\$410.20		-9.68%	291.96%
	Sep-2020	20,521	\$442.09		10.85%	228.48%	1.01	1.01	1.00	\$432.52		9.26%	224.60%
	Oct-2020	20,577	\$459.91		52.94%	50.24%	1.01	1.01		\$449.85		50.84%	48.51%
	Nov-2020	20,694	\$420.98		75.04%	14.75%	1.01	1.01	1.00	\$412.03		72.91%	13.71%
	Dec-2020	20,618	\$460.35	1.84%	85.44%	4.65%	1.01	1.01	1.00	\$449.67	0.50%	83.46%	3.93%
	Jan-2021	21,795	\$373.49	2.89%	50.92%	-19.19%	1.00	1.01		\$368.67	1.66%	49.92%	-18.54%
	Feb-2021	21,855	\$411.43	4.57%	37.96%	-22.10%	1.00	1.01	1.00	\$406.27	3.46%	37.71%	-20.45%
	Mar-2021	21,817	\$487.92	10.71%	27.86%	-18.85%	1.00	1.01	1.00	\$481.24	9.71%	28.27%	-15.81%
	Apr-2021	21,757	\$485.37	19.93%	10.24%	49.42%	1.00	1.01	1.00	\$478.38	18.98%	11.07%	52.97%
	May-2021	21,667	\$461.22	24.03%	6.07%	77.56%	1.00	1.01	1.00	\$453.65	23.19%	7.14%	78.76%
	Jun-2021	21,723	\$513.67	25.33%	4.98%	73.24%	1.00	1.01	1.00	\$505.00	24.64%	6.42%	71.28%
	Jul-2021	21,773	\$472.47	22.33%	21.19%	19.42%	1.00	1.01	1.00	\$464.67	21.84%	22.49%	17.97%
	Aug-2021	21,799	\$479.86	22.79%	27.97%	9.02%	1.00	1.01	1.00	\$472.16	22.48%	28.86%	8.29%
	Sep-2021	21,752	\$633.96	25.56%	36.04%	39.18%	1.00	1.01		\$623.28	25.45%	36.42%	38.84%
	Oct-2021	21,723	\$552.14	26.14%	39.15%	75.45%	1.00	1.01	1.00	\$542.71	26.21%	39.05%	75.40%
	Nov-2021	21,625	\$587.23	29.33%	46.18%	114.18%	1.00	1.01	1.00	\$577.30	29.56%	45.84%	113.78%
Last Month in Experience Period	Dec-2021	21,525	\$589.20	30.77%	47.07%	41.00%	1.00	1.01	1.00	\$579.40	31.21%	46.44%	40.79%

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	Mar-2020	20,766	\$315.35		-5.83%	-64.17%	1.01	1.01	1.00	\$310.35		-6.92%	
	Apr-2020	20,638	\$256.85		-21.23%	-62.34%	1.01	1.01	1.00	\$252.71		-22.21%	
	May-2020	20,562	\$333.57		-29.06%	-47.91%	1.01	1.01	1.00	\$327.74		-30.01%	
	Jun-2020	20,651	\$394.48		-34.02%	4.68%	1.01	1.01	1.00	\$387.20		-35.01%	
	Jul-2020	20,529	\$465.09		-21.06%	205.99%	1.01	1.01	1.00	\$456.13		-22.22%	
	Aug-2020	20,508	\$418.75		-8.32%	296.56%	1.01	1.01	1.00	\$410.20		-9.68%	
	Sep-2020	20,521	\$442.09		10.85%	228.48%	1.01	1.01	1.00	\$432.52		9.26%	
	Oct-2020	20,577	\$459.91		52.94%	50.24%	1.01	1.01	1.00	\$449.85		50.84%	
	Nov-2020	20,694	\$420.98		75.04%	14.75%	1.01	1.01	1.00	\$412.03		72.91%	
	Dec-2020	20,618	\$460.35	1.84%	85.44%	4.65%	1.01	1.01	1.00	\$449.67	0.50%	83.46%	
	Jan-2021	21,795	\$373.49	2.89%	50.92%	-19.19%	1.00	1.01	1.00	\$368.67	1.66%	49.92%	
	Feb-2021	21,855	\$411.43	4.57%	37.96%	-22.10%	1.00	1.01	1.00	\$406.27	3.46%	37.71%	
	Mar-2021	21,817	\$487.92	10.71%	27.86%	-18.85%	1.00	1.01	1.00	\$481.24	9.71%	28.27%	
	Apr-2021	21,757	\$485.37	19.93%	10.24%	49.42%	1.00	1.01	1.00	\$478.38	18.98%	11.07%	
	May-2021	21,667	\$461.22	24.03%	6.07%	77.56%	1.00	1.01	1.00	\$453.65	23.19%	7.14%	
	Jun-2021	21,723	\$513.67	25.33%	4.98%	73.24%	1.00	1.01	1.00	\$505.00	24.64%	6.42%	
	Jul-2021	21,773	\$472.47	22.33%	21.19%	19.42%	1.00	1.01	1.00	\$464.67	21.84%	22.49%	
	Aug-2021	21,799	\$479.86	22.79%	27.97%	9.02%	1.00	1.01	1.00	\$472.16	22.48%	28.86%	
	Sep-2021	21,752	\$633.96	25.56%	36.04%	39.18%	1.00	1.01	1.00	\$623.28	25.45%	36.42%	
	Oct-2021	21,723	\$552.14	26.14%	39.15%	75.45%	1.00	1.01	1.00	\$542.71	26.21%	39.05%	
	Nov-2021	21,625	\$587.23	29.33%	46.18%	114.18%	1.00	1.01	1.00	\$577.30	29.56%	45.84%	
Last Month in Experience Period	Dec-2021	21,525	\$589.20	30.77%	47.07%	41.00%	1.00	1.01	1.00	\$579.40	31.21%	46.44%	
Add more rows if needed.													
If applicable, please provide an explanation for the Other normalization	n factor												
in apprendie, prende provide un expansion for the other normalization	THE DI.												

The Department is reparsing each carrier provide additional term of enhances in environg formation, that are similar to the aggregate information provided above. These enhabits should provide the data by Service Category, Metal Tier, etc. that are used by the Campany in the terrd development. Please state where in the filing it is located.

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

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N/A

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
tal Adjusted Capital	379,571,900	379,571,900
horized Control Level	107,233,326	107,233,326
C Ratio	353.97%	353.97%

Loss Ratio									
Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio		Expected Incurred Claims	A-to-E Claims Ratio
Historical Year -4	1/1/2017		55,569	21,303,250		85.4%]	22,446,060	94.9%
Historical Year -3	1/1/2018	12/31/2018	172,746	74,840,641	82,151,955	91.1%	1	72,364,454	103.4%
Historical Year -2	1/1/2019	12/31/2019	190,667	87,826,724	93,565,793	93.9%	1	84,688,001	103.7%
Historical Year -1	1/1/2020		247,721	114,541,370		84.4%]	121,120,274	94.6%
Historical Year 0	1/1/2021		260,811	149,005,699	148,078,967	100.6%	1	134,684,028	110.6%
Historical Totals			927,514	447,517,684	484,511,886	92.4%]	435,302,818	102.8%
Interim Time Period	1/1/2022	2/28/2022	41,822	21,815,304	24,144,517	90.4%	1	22,055,460	98.9%
									· · · · · · · · · · · · · · · · · · ·

 Future Year 1
 1/1/2023
 1/2/31/2023
 2/50,800
 1/54,236,207
 1/68,920,688
 91.3%

Articipate Pricing Loss Ratio (ho adjustments) 91% Account (L) using Federal-y resource full R methodology 91% The horizont improvement of the loss of horizont and the price of the price of the second data available already for the appropriate amount of nun-out. The element may price of the time periods walkable in the current year.

Consumer Adjusted Prenium Rate Development Sectors II of VS2 of the 2020 URT 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 Ullization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT) Reases seen the assumption betw.

Actuarial value and Cost Sharing Design of the Plan

Actuarial value and Cost-Sharing Design of the Plan		(add additional columns a	s needed to include all plans	shown in Section M of WS	S2 of the 2022 URRT)												
Plan ID (Standard Component ID) (From Line 3.1 of the URRT)	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.059	0.864	0.912	0.897	0.712	0.726	0.730	0.705	0.712	0.726	0.729	0.705	0.605	0.616	0.636	0.609	0.603
Paid/Allowed Ratio (Cost-Sharing only)	0.921	0.798	0.827	0.818	0.693	0.703	0.706	0.687	0.693	0.703	0.705	0.687	0.604	0.613	0.630	0.607	0.602
Used Induced utilization factors	1.150	1.083	1.103	1.097	1.028	1.032	1.034	1.027	1.028	1.032	1.033	1.027	1.002	1.005	1.010	1.003	1.001
Calculated (This value should actual value on Row 192)	1.059	0.864	0.912	0.897	0.712	0.726	0.730	0.705	0.712	0.726	0.729	0.705	0.605	0.616	0.636	0.609	0.603

154,236,207 100.0%

Adj Medical Loss Ratio 86.8% 93.4% 94.9% 86.3% 101.8% 93.9%

91.6%

 Quality Improvement
 Adjustments

 Expenses
 to Earned Premium

 195.047
 170.319

 668.162
 1.202.400

 788.850
 202.107

 878.951
 1.002.431

 878.951
 1.002.433

 2,913.282
 4.981,132

97,236 210,345

655,554 1,187,872 92.3%

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					
	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
Time Period	1/1/2021	1/1/2022	1/1/2023		
Total Risk adjustment (Dollar amount)	(\$14,994,112)	(\$13,684,193)	(\$8,544,053)		
Membership Member Months	260.811	262,296	250.800	-3.84%	-4.38%
PMPM	(\$57.49)	(\$52.17)	(\$34.07)	-40.74%	-34.70%
Premium	\$148.078.967	\$150.816.810	\$168.920.688	14.07%	12.00%
As a % of Premium	-10%	-9%	-5%	-50.05%	-44.25%

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.

Trend & Projection Assumptions For Inpatient Claims

Historical Experience (ACA Only): ed Basis?⁽¹⁾: Incurred [1] Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

										Normalized	Normaliz	Normalize	
			Monthly				Averag	Average		Monthly	ed	d	Normalized
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualize	Annualized
		Member	Claims \$	Rolling 12 Mo	Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	d Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$81.77				1.00	1.00	1.00	\$81.77			
	Feb-2019	15,916	\$64.81				1.00	1.00	1.00	\$64.80			
	Mar-2019	15,916	\$102.48				1.00	1.00	1.00	\$102.26			
	Apr-2019	15,909	\$85.20				1.00	1.00	1.00	\$84.78			
	May-2019	15,876	\$72.56				1.00	1.00	1.00	\$72.19			
	Jun-2019	15,824	\$65.03			-35.91%	1.00	1.00	1.00	\$64.67			-36.98%
	Jul-2019	15,862	\$56.43			-65.13%	1.00	1.00	1.00	\$56.09			-65.54%
	Aug-2019	15,866	\$71.49			-69.80%	1.00	1.01	1.00	\$70.91			-70.13%
	Sep-2019	15,871	\$84.08			-18.08%	1.00	1.01	1.00	\$83.41			-18.85%
	Oct-2019	15,884	\$76.50			104.64%	1.00	1.01	1.00	\$75.82			102.41%
	Nov-2019	15,878	\$79.05			137.89%	1.00	1.01	1.00	\$78.26			135.71%
	Dec-2019	15,924	\$77.84		-10.93%	46.88%	1.00	1.01	1.00	\$77.06		-11.94%	45.61%
	Jan-2020	20,826	\$61.09		-0.31%	-26.68%	1.01	1.00	1.00	\$60.26		-1.49%	-27.56%
	Feb-2020	20,831	\$69.69		-4.50%	-44.84%	1.01	1.00	1.00	\$68.71		-5.61%	-45.68%
	Mar-2020	20,766	\$55.07		-9.84%	-59.77%	1.01	1.01	1.00	\$54.20		-10.89%	-60.55%
	Apr-2020	20,638	\$46.41		-19.47%	-59.53%	1.01	1.01	1.00	\$45.66		-20.47%	-60.18%
	May-2020	20,562	\$61.81		-27.57%	-60.94%	1.01	1.01	1.00	\$60.73		-28.53%	-61.54%
	Jun-2020	20,651	\$52.25		-39.51%	-44.50%	1.01	1.01	1.00	\$51.29		-40.38%	-45.15%
	Jul-2020	20,529	\$116.61		-18.92%	228.01%	1.01	1.01	1.00	\$114.36		-20.13%	223.54%
	Aug-2020	20,508	\$93.24		-8.00%	562.09%	1.01	1.01	1.00	\$91.34		-9.39%	554.13%
	Sep-2020	20,521	\$73.47		15.35%	872.59%	1.01	1.01	1.00	\$71.88		13.69%	861.30%
	Oct-2020	20,577	\$69.05		48.66%	9.40%	1.01	1.01	1.00	\$67.54		46.63%	8.22%
	Nov-2020	20,694	\$68.22		64.74%	-58.08%	1.01	1.01	1.00	\$66.77		62.74%	-58.44%
	Dec-2020	20,618	\$59.60	-9.97%	91.95%	-76.69%	1.01	1.01	1.00	\$58.22	-11.16%	89.94%	-76.86%
	Jan-2021	21,795	\$80.43	-5.22%	22.42%	-38.37%	1.00	1.01	1.00	\$79.40	-6.34%	21.73%	-37.67%
	Feb-2021	21,855	\$98.22	-2.23%	12.49%	66.59%	1.00	1.01	1.00	\$96.99	-3.23%	12.54%	70.97%
	Mar-2021	21,817	\$77.07	6.12%	4.93%	184.77%	1.00	1.01	1.00	\$76.01	5.19%	5.45%	195.45%
	Apr-2021	21,757	\$97.30	18.00%	7.15%	190.11%	1.00	1.01	1.00	\$95.90	17.10%	8.09%	195.99%
	May-2021	21,667	\$76.09	21.35%	7.50%	19.84%	1.00	1.01	1.00	\$74.84	20.58%	8.69%	20.05%
	Jun-2021	21,723	\$110.68	31.16%	26.49%	52.33%	1.00	1.01	1.00	\$108.81	30.47%	28.16%	50.56%
	Jul-2021	21,773	\$97.13	19.06%	56.91%	17.75%	1.00	1.01	1.00	\$95.52	18.63%	58.46%	16.28%
	Aug-2021	21,799	\$81.03	14.43%	43.18%	76.70%	1.00	1.01	1.00	\$79.73	14.20%	43.89%	75.47%
	Sep-2021	21,752	\$180.94	28.16%	100.48%	154.86%	1.00	1.01	1.00	\$177.89	28.09%	100.71%	154.16%
	Oct-2021	21,723	\$87.07	31.13%	72.05%	128.22%	1.00	1.01	1.00	\$85.58	31.24%	71.68%	128.14%
	Nov-2021	21,625	\$99.14	36.10%	79.27%	161.80%	1.00	1.01	1.00	\$97.47	36.36%	78.64%	161.37%
			\$71.55										

Trend & Projection Assumptions For Outpatient Claims

Historical Experience (ACA Only): ed Basis?⁽¹⁾: heured (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

			Monthly				Averag	Average		Normalized Monthly	ed	Normalize d	Normalized
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualize	
		Member	Claims \$	Rolling 12 Mo	Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	d Rolling 6	
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Trend	Trend	Factor		Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$125.96				1.00	1.00	1.00	\$125.96			
	Feb-2019	15,916	\$126.02				1.00	1.00	1.00	\$125.99			
	Mar-2019	15,916	\$156.05				1.00	1.00	1.00	\$155.71			
	Apr-2019	15,909	\$154.48				1.00	1.00	1.00	\$153.72			
	May-2019	15,876	\$146.52				1.00	1.00	1.00	\$145.78			
	Jun-2019	15,824	\$145.40			43.31%	1.00	1.00	1.00	\$144.59			40.88%
	Jul-2019	15,862	\$155.86			10.71%	1.00	1.00	1.00	\$154.91			9.38%
	Aug-2019	15,866	\$164.58			7.94%	1.00	1.01	1.00	\$163.27			6.82%
	Sep-2019	15,871	\$149.95			23.27%	1.00	1.01	1.00	\$148.75			22.19%
	Oct-2019	15,884	\$173.28			40.84%	1.00	1.01	1.00	\$171.75			39.33%
	Nov-2019	15,878	\$177.56			33.54%	1.00	1.01	1.00	\$175.80			32.27%
	Dec-2019	15,924	\$171.11		34.92%	51.60%	1.00	1.01	1.00	\$169.39		33.46%	50.22%
F	Jan-2020	20,826	\$160.57		26.71%	16.37%	1.01	1.00	1.00	\$158.39		25.23%	14.93%
F	Feb-2020	20,831	\$138.57		9.14%	-24.66%	1.01	1.00	1.00	\$136.61		7.90%	-25.79%
F	Mar-2020	20,766	\$125.29		3.65%	-56.26%	1.01	1.01	1.00	\$123.31		2.44%	-57.10%
F	Apr-2020	20,638	\$88.09		-18.25%	-76.65%	1.01	1.01	1.00	\$86.67		-19.26%	-77.02%
F	May-2020	20,562	\$133.66		-29.93%	-69.40%	1.01	1.01	1.00	\$131.32		-30.85%	-69.87%
F	Jun-2020	20,651	\$178.40		-30.93%	-21.01%	1.01	1.01	1.00	\$175.11		-31.96%	-22.02%
F	Jul-2020	20,529	\$180.41		-28.08%	282.42%	1.01	1.01	1.00	\$176.94		-29.12%	277.41%
F	Aug-2020	20,508	\$152.46		-20.81%	371.38%	1.01	1.01	1.00	\$149.35		-21.96%	366.08%
F	Sep-2020	20,521	\$190.38		-2.18%	192.36%	1.01	1.01	1.00	\$186.26		-3.58%	188,97%
F	Oct-2020	20,577	\$200.70		50.00%	48.42%	1.01	1.01	1.00	\$196.31		47.92%	46.67%
F	Nov-2020	20,694	\$176.04		77.60%	51.22%	1.01	1.01	1.00	\$172.30		75.41%	49.81%
F	Dec-2020	20,618	\$195.47	3.94%	76.44%	42.91%	1.01	1.01	1.00	\$190.94	2.58%	74.52%	41.94%
F	Jan-2021	21,795	\$163.25	2.11%	62.90%	-6.96%	1.00	1.01	1.00	\$161.14	0.91%	61.83%	-6.16%
F	Feb-2021	21,855	\$165.35	3.19%	61.11%	-27.69%	1.00	1.01	1.00	\$163.28	2.11%	60.81%	-26.16%
F	Mar-2021	21,817	\$218.24	10.43%	46,73%	-16.55%	1.00	1.01	1.00	\$215.25	9.44%	47.22%	-13.43%
F	Apr-2021	21,757	\$193.94	21.24%	15.23%	36.87%	1.00	1.01	1.00	\$191.15	20.28%	16.10%	40.08%
F	May-2021	21,667	\$207.33	26.45%	12.37%	97.06%	1.00	1.01	1.00	\$203.93	25.60%	13.50%	98.41%
F	Jun-2021	21,723	\$214.36	25.89%	12.55%	60.61%	1.00	1.01	1.00	\$210.74	25.20%	14.11%	58,79%
	Jul-2021	21,773	\$193.22	24.61%	22.46%	28.53%	1.00	1.01	1.00	\$190.03	24.11%	23.77%	26.97%
F	Aug-2021	21,799	\$203.75	28.05%	27.73%	-5.22%	1.00	1.01	1.00	\$200.48	27.72%	28.63%	-5.85%
F	Sep-2021	21.752	\$236.60	27.64%	24.78%	12.17%	1.00	1.01	1.00	\$232.62	27.51%	25.14%	11.93%
F	Oct-2021	21,723	\$235.11	27.27%	34.60%	45.58%	1.00	1.01	1.00	\$231.10	27.34%	34.51%	45.53%
F	Nov-2021	21.625	\$250.43	30.92%	36.02%	94,70%	1.00	1.01	1.00	\$246.19	31.15%	35.70%	94.33%
Last Month in Experience Period	Dec-2021	21,525	\$248.56	31.77%	38.38%	80.21%	1.00	1.01	1.00	\$244.43	32.21%	37.80%	79.93%
Last wonar in Experience Period	000-2021	21,020	VL-10.00	31.//70	30.36%	00.2176	1.00	1.01	1.00	9217.75	32.2170	51.8076	19.9370

Trend & Projection Assumptions For Physician Claims

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

			Monthly					Average		Normalized Monthly	ed		Normalized
			Incurred	D	Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualize	
Manthia Tarad Arabasis Danad an Europianan Data Tima Basiad	Month	Member Months	Claims \$ PMPM*	Rolling 12 Mo Trend	Rolling 6 Mo Trend	Rolling 3 Mo Trend	Benefit	der Factor	Other Factor	Claims \$ PMPM*		d Rolling 6 Mo Trend	
Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Jan-2019	15.941	\$71.34	Tiellu	Trenu	ITellu	Factor 1.00	Factor	Factor	\$71.34	Trend	Mo Trend	Mo I rend
used for Rate Development (ACA Only)	Feb-2019	15,941	\$75.63				1.00	1.00	1.00	\$75.61			
	Mar-2019	15,916	\$89.29				1.00	1.00	1.00	\$75.61			
	Apr-2019	15,909	\$92.07				1.00	1.00	1.00	\$91.62			
	Apr-2019 May-2019	15,876	\$99.82				1.00	1.00	1.00	\$99.31			
	Jun-2019	15,870	\$85.67			90.60%	1.00	1.00	1.00	\$85.19			87.36%
-	Jun-2019 Jul-2019	15,862	\$95.19			42.36%	1.00	1.00	1.00	\$94.61			40.66%
	Aug-2019	15,866	\$102.94			3.84%	1.00	1.00	1.00	\$102.12			2.79%
	Sep-2019	15,871	\$106.49			45.04%	1.00	1.01	1.00	\$105.64			43.75%
	Oct-2019	15,884	\$114.05			76.37%	1.00	1.01	1.00	\$113.04			74.46%
	Nov-2019	15,878	\$100.62			63.94%	1.00	1.01	1.00	\$99.62			62.44%
	Dec-2019	15,924	\$100.02		47.48%	20.67%	1.00	1.01	1.00	\$103.55		45.91%	19.60%
	Jan-2020	20.826	\$75.42	-	23.15%	-47.34%	1.00	1.00	1.00	\$74.39		21.79%	-47.96%
	Feb-2020	20.831	\$75.36		-0.04%	-63.05%	1.01	1.00	1.00	\$74.29		-1.11%	-63.59%
	Mar-2020	20,766	\$72.30		-17.29%	-76.17%	1.01	1.00	1.00	\$71.15		-18.22%	-76.64%
	Apr-2020	20.638	\$55.84		-38.68%	-70.20%	1.01	1.01	1.00	\$54.95		-39.43%	-70.69%
	May-2020	20,562	\$80.33		-42.87%	-51.97%	1.01	1.01	1.00	\$78.93		-43.63%	-52.74%
	Jun-2020	20.651	\$94.56		-47.10%	14.46%	1.01	1.01	1.00	\$92.81		-47.90%	13.05%
	Jul-2020	20.529	\$100.63		-35.60%	235.37%	1.01	1.01	1.00	\$98.69		-36.56%	231.06%
	Aug-2020	20,508	\$104.35		-19.20%	326,16%	1.01	1.01	1.00	\$102.22		-20.43%	321.23%
	Sep-2020	20,521	\$115.26		8.20%	271.05%	1.01	1.01	1.00	\$112.76		6.60%	266.60%
	Oct-2020	20,577	\$121.14		69.63%	134.03%	1.01	1.01	1.00	\$118.49		67.24%	131.27%
	Nov-2020	20,694	\$107.42		97.88%	73.57%	1.01	1.01	1.00	\$105.14		95.43%	72.01%
	Dec-2020	20,618	\$118.83	-1.49%	116.48%	38.41%	1.01	1.01	1.00	\$116.07	-2.78%	114.15%	37.49%
	Jan-2021	21,795	\$98.33	0.72%	92.65%	-18.26%	1.00	1.01	1.00	\$97.06	-0.48%	91.37%	-17.58%
	Feb-2021	21,855	\$94.88	2.98%	66.07%	-32.84%	1.00	1.01	1.00	\$93.69	1.88%	65.75%	-31.45%
	Mar-2021	21,817	\$123.12	9.70%	44.82%	-31.22%	1.00	1.01	1.00	\$121.43	8.68%	45.28%	-28.65%
	Apr-2021	21,757	\$127.87	20.89%	18.30%	29.72%	1.00	1.01	1.00	\$126.03	19.90%	19.19%	32.76%
	May-2021	21,667	\$116.85	26.60%	11.57%	95.25%	1.00	1.01	1.00	\$114.93	25.71%	12.70%	96.67%
	Jun-2021	21,723	\$122.97	28.13%	4.93%	82.61%	1.00	1.01	1.00	\$120.89	27.39%	6.38%	80.59%
	Jul-2021	21,773	\$109.31	27.96%	9.33%	3.88%	1.00	1.01	1.00	\$107.51	27.41%	10.50%	2.63%
	Aug-2021	21,799	\$116.71	28.49%	20.02%	-19.02%	1.00	1.01	1.00	\$114.84	28.13%	20.89%	-19.56%
	Sep-2021	21,752	\$124.00	27.71%	17.25%	-17.91%	1.00	1.01	1.00	\$121.91	27.58%	17.62%	-18.11%
1	Oct-2021	21,723	\$134.11	27.42%	16.66%	32.83%	1.00	1.01	1.00	\$131.82	27.50%	16.59%	32.79%
	Nov-2021	21,625	\$131.95	28.54%	18.26%	56.05%	1.00	1.01	1.00	\$129.72	28.79%	18.00%	55.75%
Last Month in Experience Period	Dec-2021	21,525	\$133.56	27.89%	20.09%	69.91%	1.00	1.01	1.00	\$131.34	28.35%	19.58%	69.64%

Trend & Projection Assumptions For RX Generic Claims

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

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed	Normalized	Normalized
			Incurred	Rolling	Annualized	Annualized	Average	Age/Gen		Incurred	Rolling	Annualized	Annualized
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$6.44				1.00	1.00	1.00	\$6.44			
	Feb-2019	15,916	\$6.83				1.00	1.00	1.00	\$6.83			
	Mar-2019	15,916	\$8.49				1.00	1.00	1.00	\$8.47			
	Apr-2019	15,909	\$8.97				1.00	1.00	1.00	\$8.93			
	May-2019	15,876	\$9.84				1.00	1.00	1.00	\$9.79			
	Jun-2019	15,824	\$8.37			143.42%	1.00	1.00	1.00	\$8.32			139.31%
	Jul-2019	15,862	\$8.81			52.91%	1.00	1.00	1.00	\$8.76			51.12%
	Aug-2019	15,866	\$10.14			0.24%	1.00	1.01	1.00	\$10.06			-0.77%
	Sep-2019	15,871	\$8.92			10.47%	1.00	1.01	1.00	\$8.85			9.49%
	Oct-2019	15,884	\$9.10			17.99%	1.00	1.01	1.00	\$9.02			16.72%
	Nov-2019	15,878	\$8.30			-13.87%	1.00	1.01	1.00	\$8.21			-14.65%
	Dec-2019	15,924	\$10.49		29.85%	0.38%	1.00	1.01	1.00	\$10.38		28.49%	-0.52%
	Jan-2020	20,826	\$5.45		0.48%	-51.44%	1.01	1.00	1.00	\$5.38		-0.61%	-51.98%
	Feb-2020	20,831	\$5.71		-27.17%	-60.86%	1.01	1.00	1.00	\$5.63		-27.93%	-61.40%
	Mar-2020	20,766	\$7.98		-30.60%	-77.84%	1.01	1.01	1.00	\$7.85		-31.40%	-78.29%
	Apr-2020	20,638	\$9.13		-29.74%	-11.43%	1.01	1.01	1.00	\$8.98		-30.65%	-13.03%
	May-2020	20,562	\$10.45		-17.85%	206.82%	1.01	1.01	1.00	\$10.27		-19.02%	201.57%
	Jun-2020	20,651	\$12.01		-17.42%	642.42%	1.01	1.01	1.00	\$11.79		-18.73%	634.15%
	Jul-2020	20,529	\$12.45		25.71%	449.41%	1.01	1.01	1.00	\$12.21		23.77%	442.91%
	Aug-2020	20,508	\$12.37		90.63%	219.43%	1.01	1.01	1.00	\$12.12		87.71%	215.77%
	Sep-2020	20,521	\$12.22		123.86%	88.94%	1.01	1.01	1.00	\$11.95		120.69%	86.66%
	Oct-2020	20,577	\$13.35		148.09%	39.48%	1.01	1.01	1.00	\$13.06		144.82%	37.85%
	Nov-2020	20,694	\$12.35		136.47%	12.40%	1.01	1.01	1.00	\$12.09		133.73%	11.38%
	Dec-2020	20,618	\$14.85	22.44%	134.54%	43.75%	1.01	1.01	1.00	\$14.51	20.80%	132.19%	42.74%
	Jan-2021	21,795	\$8.05	27.18%	60.07%	-27.13%	1.00	1.01	1.00	\$7.95	25.61%	58.95%	-26.76%
	Feb-2021	21,855	\$7.79	31.51%	12.34%	-58.49%	1.00	1.01	1.00	\$7.69	30.04%	11.96%	-57.82%
	Mar-2021	21,817	\$9.12	33.32%	-10.03%	-85.64%	1.00	1.01	1.00	\$8.99	32.01%	-9.95%	-85.10%
	Apr-2021	21,757	\$9.16	32.78%	-29.98%	-69.42%	1.00	1.01	1.00	\$9.03	31.64%	-29.59%	-68.60%
	May-2021	21,667	\$10.31	31.19%	-37.69%	-22.23%	1.00	1.01	1.00	\$10.14	30.24%	-37.15%	-21.36%
	Jun-2021	21,723	\$9.90	24.12%	-51.00%	91.48%	1.00	1.01	1.00	\$9.73	23.40%	-50.32%	89.28%
	Jul-2021	21,773	\$11.04	18.36%	-38.30%	106.61%	1.00	1.01	1.00	\$10.86	17.86%	-37.60%	104.12%
	Aug-2021	21,799	\$11.35	14.73%	-20.35%	62.88%	1.00	1.01	1.00	\$11.16	14.43%	-19.69%	61.85%
	Sep-2021	21,752	\$10.93	10.34%	-7.23%	65.59%	1.00	1.01	1.00	\$10.74	10.23%	-6.78%	65.24%
	Oct-2021	21,723	\$11.75	5.19%	14.68%	40.47%	1.00	1.01	1.00	\$11.55	5.25%	14.82%	40.44%
	Nov-2021	21,625	\$11.86	1.67%	28.25%	30.86%	1.00	1.01	1.00	\$11.66	1.86%	28.14%	30.60%
Last Month in Experience Period	Dec-2021	21,525	\$13.01	-3.09%	65.68%	45.99%	1.00	1.01	1.00	\$12.79	-2.74%	64.99%	45.75%

Trend & Projection Assumptions For RX Brand Claims

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

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed	Normalized	Normalized
			Incurred	Rolling	Annualized	Annualized	Average	Age/Gen		Incurred	Rolling	Annualized	Annualized
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$15.84				1.00	1.00	1.00	\$15.84			
	Feb-2019	15,916	\$16.19				1.00	1.00	1.00	\$16.18			
F	Mar-2019	15,916	\$16.82				1.00	1.00	1.00	\$16.79			
	Apr-2019	15,909	\$21.42				1.00	1.00	1.00	\$21.31			
	May-2019	15,876	\$19.74				1.00	1.00	1.00	\$19.64			
	Jun-2019	15,824	\$20.48			153.53%	1.00	1.00	1.00	\$20.36			149.14%
	Jul-2019	15,862	\$21.63			66.74%	1.00	1.00	1.00	\$21.49			64.80%
	Aug-2019	15,866	\$22.17			51.06%	1.00	1.01	1.00	\$21.99			49.60%
	Sep-2019	15,871	\$20.60			19.09%	1.00	1.01	1.00	\$20.43			18.06%
	Oct-2019	15,884	\$22.37			23.02%	1.00	1.01	1.00	\$22.17			21.71%
	Nov-2019	15,878	\$20.71			-3.71%	1.00	1.01	1.00	\$20.50			-4.61%
F	Dec-2019	15,924	\$24.51		42.76%	21.43%	1.00	1.01	1.00	\$24.26		41.26%	20.32%
F	Jan-2020	20,826	\$16.99		17.64%	-22.27%	1.01	1.00	1.00	\$16.76		16.33%	-23.19%
F	Feb-2020	20,831	\$19.25		1.16%	-22.93%	1.01	1.00	1.00	\$18.98		0.06%	-24.07%
	Mar-2020	20,766	\$26.31		5.50%	-26.74%	1.01	1.01	1.00	\$25.90		4.21%	-28.24%
	Apr-2020	20,638	\$21.74		3.15%	46.57%	1.01	1.01	1.00	\$21.39		1.77%	44.08%
	May-2020	20,562	\$22.72		4.60%	98.26%	1.01	1.01	1.00	\$22.32		3.13%	95.18%
	Jun-2020	20,651	\$23.63		-2.09%	40.56%	1.01	1.01	1.00	\$23.19		-3.59%	39.04%
	Jul-2020	20,529	\$25.68		22.04%	31.23%	1.01	1.01	1.00	\$25.18		20.27%	29.65%
	Aug-2020	20,508	\$27.48		44.01%	38.31%	1.01	1.01	1.00	\$26.92		41.95%	36.65%
	Sep-2020	20,521	\$25.40		28.29%	77.20%	1.01	1.01	1.00	\$24.85		26.58%	75.00%
	Oct-2020	20,577	\$26.42		37.68%	47.00%	1.01	1.01	1.00	\$25.85		35.92%	45.29%
	Nov-2020	20,694	\$25.55		38.77%	3.23%	1.01	1.01	1.00	\$25.01		37.15%	2.31%
	Dec-2020	20,618	\$32.48	21.07%	55.82%	33.54%	1.01	1.01	1.00	\$31.72	19.50%	54.16%	32.59%
	Jan-2021	21,795	\$19.66	22.00%	26.42%	-9.56%	1.00	1.01	1.00	\$19.40	20.56%	25.50%	-9.02%
	Feb-2021	21,855	\$23.42	22.37%	6.81%	-11.03%	1.00	1.01	1.00	\$23.13	21.09%	6.52%	-9.38%
	Mar-2021	21,817	\$28.40	18.22%	12.58%	-48.66%	1.00	1.01	1.00	\$28.01	17.17%	12.83%	-46.73%
	Apr-2021	21,757	\$27.97	20.49%	7.88%	13.27%	1.00	1.01	1.00	\$27.57	19.57%	8.61%	16.19%
	May-2021	21,667	\$27.95	21.11%	7.12%	58.51%	1.00	1.01	1.00	\$27.49	20.32%	8.14%	59.96%
	Jun-2021	21,723	\$29.98	22.04%	-6.83%	108.63%	1.00	1.01	1.00	\$29.48	21.40%	-5.55%	106.27%
	Jul-2021	21,773	\$31.26	22.15%	16.39%	56.26%	1.00	1.01	1.00	\$30.75	21.68%	17.68%	54.37%
	Aug-2021	21,799	\$31.58	21.14%	34.97%	46.84%	1.00	1.01	1.00	\$31.07	20.86%	35.97%	45.87%
	Sep-2021	21,752	\$31.87	21.46%	34.83%	47.75%	1.00	1.01	1.00	\$31.34	21.35%	35.30%	47.42%
	Oct-2021	21,723	\$32.30	21.79%	38.49%	32.73%	1.00	1.01	1.00	\$31.74	21.85%	38.49%	32.70%
	Nov-2021	21,625	\$32.63	22.39%	41.26%	18.27%	1.00	1.01	1.00	\$32.08	22.58%	41.02%	18.04%
Last Month in Experience Period	Dec-2021	21,525	\$36.46	20.39%	55.25%	31.20%	1.00	1.01	1.00	\$35.85	20.79%	54.61%	30.99%

Trend & Projection Assumptions For RX Specialty Claims

Assumptions for RA Spacing claims Historical Experience (ACA Only): I Basis⁽¹⁾: Lucured (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed")

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed	Normalized	
			Incurred	Rolling		Annualized	Average	Age/Gen		Incurred		Annualized	
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)		15,941	\$23.31				1.00	1.00	1.00	\$23.31			
	Feb-2019	15,916	\$33.23				1.00	1.00	1.00	\$33.22			
	Mar-2019	15,916	\$37.59				1.00	1.00	1.00	\$37.51			
	Apr-2019	15,909	\$42.65				1.00	1.00	1.00	\$42.44			
	May-2019	15,876	\$38.11				1.00	1.00	1.00	\$37.92			
	Jun-2019	15,824	\$36.23			138.80%	1.00	1.00	1.00	\$36.02			134.80%
	Jul-2019	15,862	\$40.20			3.86%	1.00	1.00	1.00	\$39.96			2.64%
	Aug-2019	15,866	\$38.01			-12.58%	1.00	1.01	1.00	\$37.70			-13.44%
	Sep-2019	15,871	\$39.40			2.10%	1.00	1.01	1.00	\$39.09			1.21%
	Oct-2019	15,884	\$38.16			3.65%	1.00	1.01	1.00	\$37.83			2.55%
	Nov-2019	15,878	\$43.83			26.66%	1.00	1.01	1.00	\$43.40			25.44%
	Dec-2019	15,924	\$49.49		39.29%	56.27%	1.00	1.01	1.00	\$48.99		37.82%	54.81%
	Jan-2020	20,826	\$29.68		6.79%	15.56%	1.01	1.00	1.00	\$29.28		5.58%	14.25%
	Feb-2020	20,831	\$41.35		5.62%	-10.30%	1.01	1.00	1.00	\$40.77		4.43%	-11.61%
	Mar-2020	20,766	\$49.23		13.75%	-30.10%	1.01	1.01	1.00	\$48.45		12.35%	-31.51%
	Apr-2020	20,638	\$56.81		37.10%	128.46%	1.01	1.01	1.00	\$55.90		35.25%	124.44%
	May-2020	20,562	\$45.08		31.54%	167.79%	1.01	1.01	1.00	\$44.30		29.68%	163.65%
	Jun-2020	20,651	\$53.69		22.47%	180.60%	1.01	1.01	1.00	\$52.70		20.60%	177.64%
	Jul-2020	20,529	\$49.39		57.29%	2.36%	1.01	1.01	1.00	\$48.44		55.02%	1.13%
	Aug-2020	20,508	\$49.06		60.72%	2.75%	1.01	1.01	1.00	\$48.06		58.47%	1.54%
	Sep-2020	20,521	\$46.05		43.88%	-25.65%	1.01	1.01	1.00	\$45.05		42.02%	-26.59%
	Oct-2020	20,577	\$49.41		18.01%	-9.52%	1.01	1.01	1.00	\$48.33		16.54%	-10.58%
	Nov-2020	20,694	\$51.68		22.45%	-12.52%	1.01	1.01	1.00	\$50.58		21.06%	-13.32%
	Dec-2020	20,618	\$58.93	26.07%	22.04%	50.38%	1.01	1.01	1.00	\$57.56	24.46%	20.76%	49.31%
	Jan-2021	21,795	\$35.38	26.19%	-3.83%	2.05%	1.00	1.01	1.00	\$34.93	24.70%	-4.54%	2.63%
	Feb-2021	21,855	\$53.17	26.46%	-5.96%	-0.55%	1.00	1.01	1.00	\$52.50	25.16%	-6.20%	1.43%
	Mar-2021	21,817	\$60.30	25.29%	5.70%	-25.07%	1.00	1.01	1.00	\$59.48	24.20%	5.95%	-22.26%
	Apr-2021	21,757	\$53.58	20.38%	14.13%	74.93%	1.00	1.01	1.00	\$52.81	19.51%	14.92%	79.52%
	May-2021	21,667	\$53.30	20.33%	10.27%	67.60%	1.00	1.01	1.00	\$52.43	19.60%	11.34%	68.94%
	Jun-2021	21,723	\$55.67	16.62%	4.54%	42.12%	1.00	1.01	1.00	\$54.73	16.06%	5.99%	40.51%
	Jul-2021	21,773	\$60.01	16.64%	34.47%	4.74%	1.00	1.01	1.00	\$59.02	16.24%	35.99%	3.45%
	Aug-2021	21,799	\$59.33	16.34%	35.39%	20.01%	1.00	1.01	1.00	\$58.37	16.09%	36.35%	19.20%
	Sep-2021	21,752	\$62.77	18.16%	24.76%	57.49%	1.00	1.01	1.00	\$61.71	18.07%	25.14%	57.13%
	Oct-2021	21,723	\$63.09	18.51%	28.29%	44.13%	1.00	1.01	1.00	\$62.01	18.56%	28.24%	44.09%
	Nov-2021	21,625	\$63.69	19.07%	34.50%	37.57%	1.00	1.01	1.00	\$62.61	19.26%	34.22%	37.30%
Last Month in Experience Period	Dec-2021	21,525	\$62.13	17.60%	41.93%	15.80%	1.00	1.01	1.00	\$61.09	17.98%	41.32%	15.61%



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

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

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2023 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, 2021. 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	Federal AV
	AV	before/after
		adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with	79.81%	79.33%
embedded single deductibles and with no safe harbor drug		
benefit		
Gold 3 HDHP Plus including the secondary Rx OOP max,	79.39%	78.91%
the aggregate family deductible and the safe harbor drug		
benefit		
Silver 2 HDHP Plus with no secondary Rx OOP max and	67.92%	69.83%
with no safe harbor drug benefit		
Silver 2 HDHP Plus including the secondary Rx OOP max	69.96%	71.93%
and the safe harbor drug benefit		
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP	70.04%	71.80%
max and with no safe harbor drug benefit		
Silver 2 HDHP Plus 73% CSR including the secondary Rx	71.77%	73.57%
OOP max and the safe harbor drug benefit		
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP	74.38%	75.97%
max and with no safe harbor drug benefit		
Silver 2 HDHP Plus 77% CSR including the secondary Rx	75.42%	77.03%
OOP max and the safe harbor drug benefit		
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP	84.95%	87.71%
max and with no safe harbor drug benefit		
Silver 2 HDHP Plus 87% CSR including the secondary Rx	85.03%	87.79%
OOP max and the safe harbor drug benefit		
Silver 2 HDHP Plus 94% CSR with no safe harbor drug	91.51%	94.29%
benefit		
Silver 2 HDHP Plus 94% CSR including the safe harbor drug	91.52%	94.30%
benefit		
Silver 2 HDHP Plus II with no secondary Rx OOP max and	67.84%	69.75%
with no safe harbor drug benefit		
Silver 2 HDHP Plus II including the secondary Rx OOP max	69.90%	71.87%
and the safe harbor drug benefit		

Actuarial Adjustment factor for Gold 3 Plan: 0.9947 = 79.39% / 79.81% Final Federal AV for Gold 3 Plan: 79.33% x 0.9947 = 78.91%

Actuarial Adjustment factor for Silver 2 Plan: 1.0300 = 69.96% / 67.92% Final Federal AV for Silver 2 Plan: 69.83% x 1.0300 = 71.93%

Actuarial Adjustment factor for Silver 2 73% Plan: 1.0247 = 71.77% / 70.04% Final Federal AV for Silver 2 73% Plan: 71.80% x 1.0247 = 73.57%

Actuarial Adjustment factor for Silver 2 77% Plan: 1.0140 = 75.42% / 74.38% Final Federal AV for Silver 2 77% Plan: 75.97% x 1.0140 = 77.03%

Actuarial Adjustment factor for Silver 2 87% Plan: 1.0009 = 85.03% / 84.95% Final Federal AV for Silver 2 87% Plan: 87.71% x 1.0009 = 87.79%

Actuarial Adjustment factor for Silver 2 94% Plan: 1.0001 = 91.52% / 91.51% Final Federal AV for Silver 2 94% Plan: 94.29% x 1.0001 = 94.30%

Actuarial Adjustment factor for Silver 2 II Plan: 1.0304 = 69.90% / 67.84% Final Federal AV for Silver 2 II Plan: 69.75% x 1.0304 = 71.87%

CERTIFICATION

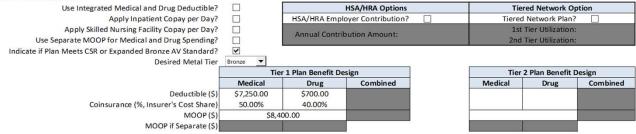
I, Christopher Pontiff, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and an Associate of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2023 Actuarial Value Calculator to determine the actuarial 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).

(Im Va

Christopher Pontiff, ASA, MAAA Senior Leader, Actuarial Services MVP Health Care

3/9/2022 Date



Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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?
Medical	V All	🗌 All			🖌 All	🖌 All			IIA 🗌	All
Emergency Room Services	~	~	-		v	✓				
All Inpatient Hospital Services (inc. MH/SUD)	~	•			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•			\$40.00					•	
Specialist Visit	~			\$100.00	~	✓			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	⊻			\$40.00					✓	
Imaging (CT/PET Scans, MRIs)	•	v								
Speech Therapy	V	•								
Occupational and Physical Therapy	•	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓					~				
X-rays and Diagnostic Imaging	₹				~	✓				
Skilled Nursing Facility	✓				v	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•					▼				
Outpatient Surgery Physician/Surgical Services	✓					✓				
Drugs	All	🗌 All			🖌 All	🖌 All			🗌 All	All
Generics				\$19.50	✓	✓				
Preferred Brand Drugs	✓			\$100.00		✓			✓	
Non-Preferred Brand Drugs	✓	•				>				
Specialty Drugs (i.e. high-cost)	v	v			~	~				

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):	
_	

Calculate

Plan Description:

Name:	[MVP VT Plus] Bronze						
Plan HIOS ID:	[Input Plan HIOS ID]						
Issuer HIOS ID:	[Input Issuer HIOS ID]						
AVC Version:	2023_1e						
Generic	\$25						
VBID							
	\$3						

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

Output

Status/Error Messages: Actuarial Value: Metal Tier: Expanded Bronze Standard (58% to 65%), Calculation Successful. 62.72% Bronze

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 1.0391 seconds

✓		HSA/HRA Options		Tier	ed Network C	ption	
	HSA/HRA Emp	loyer Contribution?		Tiered Network Plan?			
	Appual Contr	ibution Amount	1st 7	lier Utilization	:		
	Annual Conti	ibution Amount.	2nd Tier Utilization:				
✓							
Bronze 💌							
Tie	er 1 Plan Benefit D	Tier 2 Plan Benefit Design					
Medical	Drug	Combined		Medical	Drug	Combined	
		\$9,100.00					
		100.00%					
		\$9,100.00					
	Bronze Tit	HSA/HRA Emp Annual Contr Bronze Tier 1 Plan Benefit D Medical Drug	HSA/HRA Employer Contribution? Annual Contribution Amount: ✓ Bronze Tier 1 Plan Benefit Design Medical Drug Combined \$9,100.00 100.00% \$9,100.00	HSA/HRA Employer Contribution? Annual Contribution Amount: ✓ Bronze Tier 1 Plan Benefit Design Medical Drug Combined \$9,100.00 100.00% \$9,100.00	Image: HSA/HRA Employer Contribution? Tiered Image: HSA/HRA Employer Contribution? Ist Image: HSA/HRA Employer Contribution? Ist Image: HSA/HRA Employer Contribution? Ist Image: HSA/HRA Employer Contribution Amount: Ist <td>HSA/HRA Employer Contribution? Tiered Network Plan Image: State of the state</td>	HSA/HRA Employer Contribution? Tiered Network Plan Image: State of the state	

Click Here for Important Instructions	Tier 1			Tier 1 Tier 2				Tier 1	Tier 2	
Type of Benefit	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?
Medical	II 🖌	All			🖌 All	🖌 All			🗌 All	🗌 All
Emergency Room Services	~	•			~	✓				
All Inpatient Hospital Services (inc. MH/SUD)	~	v			v	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•	V			V					
Specialist Visit	✓	v			~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	V			M					
Imaging (CT/PET Scans, MRIs)	•	✓			v	✓				
Speech Therapy	✓	✓			~	▼ ▼				
Occupational and Physical Therapy	•	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓				✓				
X-rays and Diagnostic Imaging	•	✓				✓				
Skilled Nursing Facility		✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	✓	✓				V				
Drugs	🗌 All	All			🖌 Ali	🖌 All			🗌 All	All
Generics				\$27.00	V	V				
Preferred Brand Drugs	Y	7								
Non-Preferred Brand Drugs	•	✓				✓				
Specialty Drugs (i.e. high-cost)	v	Y			V	✓				

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:

Name:	[MVP VT Plus] Bronze 5						
Plan HIOS ID:	[Input Plan HIOS ID]						
Issuer HIOS ID:	[Input Issuer HIOS ID]						
AVC Version:	2023_1e						
Generic	\$35						
VBID							
	\$3						

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful. 60.00% Bronze

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 1.2852 seconds

Use Integrated Medical and Drug Deductible?	? HSA/HRA Options					Tiered Network Option				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	over Contribution?		Tiered Network Plan?					
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount.		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	~	Annual Contribution Amount: 2nd Tier Utilization:								
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 💌									
	Tie	r 1 Plan Benefit De	sign		Tier 2 Plan Benefit Design					
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$850.00	\$350.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$6,600.00	\$1,400.00								

Click Here for Important Instructions		Tie	er 1		Tier 2			Tier 1	Tier 2	
Type of Benefit	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?
Medical	All	All			All	🖌 All			All	All
Emergency Room Services	~			\$250.00	~	✓			✓	
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)				\$20.00	V					
Specialist Visit				\$45.00	~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$20.00						
Imaging (CT/PET Scans, MRIs)	¥			\$400.00	v	✓			✓	
Speech Therapy	?			\$45.00					¥	
Occupational and Physical Therapy				\$25.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•			\$45.00	~	✓			V	
X-rays and Diagnostic Imaging	~			\$80.00	~	Z			✓	
Skilled Nursing Facility	✓	✓			v	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	4	✓			Z	V				
Drugs	All	All			All	🖌 All				🗌 All
Generics				\$11.25	V					
Preferred Brand Drugs	v			\$40.00		✓			¥	
Non-Preferred Brand Drugs	Y	¥				> > >				
Specialty Drugs (i.e. high-cost)	~	✓			✓	~				

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:

rian Description.	
Name:	[MVP VT Plus]Gold 2
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]
AVC Version:	2023_1e
Generic VBID	\$15 \$1

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 81.99% Gold

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 1.5859 seconds

Use Integrated Medical and Drug Deductible?	¥	✓ HSA/HRA Options				Tiered Network Option			
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:				Tier Utilization	:		
Use Separate MOOP for Medical and Drug Spending?		2nd Tier Utilization:					:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		10.					.0		
Desired Metal Tier	Gold 💌			_					
	Tie	er 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design		
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)			\$3,200.00						
Coinsurance (%, Insurer's Cost Share)			100.00%						
MOOP (\$)			\$3,200.00]					
MOOP if Separate (\$)							2		

Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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
Medical	All	All			All	🖌 All				All
Emergency Room Services	•	•			₹	✓				
All Inpatient Hospital Services (inc. MH/SUD)	₹	✓			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)		V								
Specialist Visit	✓	✓			V	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	•								
Imaging (CT/PET Scans, MRIs)	₹	✓			✓	✓				
Speech Therapy	V	•				✓				
Occupational and Physical Therapy	•	•			~					
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services		✓				✓				
X-rays and Diagnostic Imaging	₹	✓				✓				
Skilled Nursing Facility	V	•				✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V								
Outpatient Surgery Physician/Surgical Services					~	✓				
Drugs	All	All			All	🖌 All				All
Generics	✓			\$10.00	×	✓			✓	
Preferred Brand Drugs	✓			\$15.00	v	✓				
Non-Preferred Brand Drugs		2	95%			✓				
Specialty Drugs (i.e. high-cost)	2	₹	95%			✓				
Options for Additional Benefit Design Limits:			Plan Description:	MVP VT Plus Go	old 3 HDHP					

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

Name:

Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]
AVC Version:	2023_1e

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Final AV Gold AV Adj NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.2305 seconds

79.33%

Calculation Successful.

0.9947

78.91%

Use Integrated Medical and Drug Deductible?	P HSA/HRA Options				Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Emple	over Contribution?		Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:			1st ⁻	Tier Utilization:		
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contin	Jution Anount.	2nd Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 💌							
	Tie	er 1 Plan Benefit De	sign		Tier 2	Plan Benefit D	esign	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$2,000.00	\$800.00						
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%						
MOOP (\$)								
MOOP if Separate (\$)	\$7,000.00	\$1,450.00						
	2				37 - S7			

Click Here for Important Instructions		Tie	er 1			Tier 2			Tier 1	Tier 2
Type of Benefit	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?
Medical	II 🖌	All			🖌 All	🖌 All			All	All
Emergency Room Services	~			\$400.00	✓	✓			~	
All Inpatient Hospital Services (inc. MH/SUD)	•	•			v	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•			\$35.00					✓	
Specialist Visit	✓			\$60.00	~	✓			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$35.00						
Imaging (CT/PET Scans, MRIs)	•			\$1,400.00	- 	✓			✓	
Speech Therapy	•			\$60.00	✓	 ✓ 			✓	
Occupational and Physical Therapy	•			\$45.00		⊻				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	₹			\$60.00	Image: A start of the start	✓			✓	
X-rays and Diagnostic I maging	₹			\$150.00	V	✓			✓	
Skilled Nursing Facility	~									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$1,400.00						
Outpatient Surgery Physician/Surgical Services	•			\$300.00	✓	✓			✓	
Drugs	🖌 All	🗌 All			🖌 All	🖌 All			All	All
Generics	✓			\$4.00	✓	✓			•	
Preferred Brand Drugs	Y	7			✓					
Non-Preferred Brand Drugs	₹	✓								
Specialty Drugs (i.e. high-cost)	~	v			V	✓				

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?
3		# Copays (1-10):

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:	2023_1e						
Generic	\$5						
VBID	\$1						

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 71.92%

Silver

Additional Notes:

Calculation Time: Draft 2023 AV Calculator NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

1.0156 seconds

Use Integrated Medical and Drug Deductible?	HSA/HRA Options				Tiered Network Option		
Apply Inpatient Copay per Day?		HSA/HRA Empl	over Contribution?		Tiereo		
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	ution Amount		1st	Tier Utilization:	
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contribution Amount:			2nd	Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 💌						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$2,100.00	\$850.00					
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%					
MOOP (\$)							
MOOP if Separate (\$)	Ć7.000.00	\$1,400.00					
WOOT II Separate (5)	\$7,000.00	\$1,400.00					

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	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?
Medical	All				🖌 All	🖌 🖌				🗌 All
Emergency Room Services	>			\$400.00	>	✓			✓	
All Inpatient Hospital Services (inc. MH/SUD)	Y	✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•			\$30.00	~				V	
Specialist Visit	✓			\$60.00	✓	✓			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$30.00	~				•	
Imaging (CT/PET Scans, MRIs)	✓			\$1,400.00	✓				✓	
Speech Therapy	•			\$60.00					•	
Occupational and Physical Therapy	•			\$45.00	~				V	
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	✓			\$60.00	>	✓			✓	
X-rays and Diagnostic Imaging	Y			\$150.00	✓	✓			✓	
Skilled Nursing Facility	✓	✓			₹	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$1,400.00						
Outpatient Surgery Physician/Surgical Services	Y			\$300.00	✓	✓			✓	
Drugs	All				🖌 All	🖌 All				🗌 All
Generics	Y		_	\$4.00	✓	✓			✓	
Preferred Brand Drugs	✓	✓			✓	✓				
Non-Preferred Brand Drugs	✓	✓			_	>				
Specialty Drugs (i.e. high-cost)	Y	✓			✓	✓				

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):		3	

Plan Description: MVP VT Plus Silver 1 Name:

Plan HIOS ID: Issuer HIOS ID: AVC Version:	[Input Plan HIOS ID] [Input Issuer HIOS ID] 2023_1e
Generic VBID	\$5
	\$1

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 71.94% Silver

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.1289 seconds

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Use Integrated Medical and Drug Deductible?	HSA/HRA Options				Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	over Contribution?		Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:			1st 7	lier Utilization:		
Use Separate MOOP for Medical and Drug Spending?	✓	2nd Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓							
Desired Metal Tier	Silver 💌				a			
	Tie	Tier 1 Plan Benefit Design			Tier 2	Plan Benefit	Design	
	Medical	Drug	Combined		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						
			5		27		5	

Click Here for Important Instructions		Tier 1			Tier 2			Tier 2				Tier 1	Tier 2
Type of Benefit	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?			
Medical	All	🗌 All			🖌 All	🖌 All			All	🗌 All			
Emergency Room Services	•			\$350.00	×	~			✓				
All Inpatient Hospital Services (inc. MH/SUD)	✓	~			v	✓							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•			\$30.00					V				
Specialist Visit	✓			\$60.00		✓			~				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$30.00	V				~				
Imaging (CT/PET Scans, MRIs)	•			\$1,400.00		✓			✓				
Speech Therapy	✓			\$60.00		>			✓				
Occupational and Physical Therapy	•			\$45.00					•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	✓			\$60.00	✓	✓			✓				
X-rays and Diagnostic Imaging				\$150.00	v	✓			✓				
Skilled Nursing Facility	~	•				~							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$1,400.00									
Outpatient Surgery Physician/Surgical Services	✓			\$300.00		>			✓				
Drugs	🗌 All	🗌 All			🖌 All	🖌 All			All	All			
Generics	✓			\$4.00	v	✓			✓				
Preferred Brand Drugs		₹				✓							
Non-Preferred Brand Drugs	~	•			v								
Specialty Drugs (i.e. high-cost)	¥	~			~	~							

Options for Additional Benefit Design Limits:

	Set a Maximum on Specialty Rx Coinsurance Payments?
8307.77	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:

Plan Description					
Name:	[MVP VT Plus]Silver 1 73 CSR				
Plan HIOS ID:	[Input Plan HIOS ID]				
Issuer HIOS ID:	[Input Issuer HIOS ID]				
AVC Version:	2023_1e				
Generic	\$5				
VBID					
	\$1				

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

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful. 73.58% Silver

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.8242 seconds

Use Integrated Medical and Drug Deductible?	HSA/HRA Options Tiered Network Opt		
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?	Tiered Network Plan?	
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:	1st Tier Utilization:	
Use Separate MOOP for Medical and Drug Spending?	Annual contribution Annount.	2nd Tier Utilization:	

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

	Tier 1 Plan Benefit Design				
	Medical	Drug	Combined		
Deductible (\$)	\$700.00	\$250.00			
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%			
MOOP (\$)					
MOOP if Separate (\$)	\$5,500.00	\$1,400.00			

Tier	Tier 2 Plan Benefit Design				
Medical	Drug	Combined			

Click Here for Important Instructions		Tie	er 1			Tì	ier 2		Tier 1	Tier 2
Type of Benefit	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?
Medical	II All	II AII			🗹 All	IIA 🗹			🗹 Ali	🗆 All
Emergency Room Services	M			\$100.00		V			V	
All Inpatient Hospital Services (inc. MH/SUD)	V	Z				X				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00		Ø				
Specialist Visit				\$40.00		Ø			Ø	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$10.00						
Imaging (CT/PET Scans, MRIs)				\$500.00						
Speech Therapy				\$40.00		V				
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	J			\$40.00		2			Ø	
X-rays and Diagnostic Imaging	2			\$100.00	2	J			Ø	
Skilled Nursing Facility	2	X								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$800.00	M					
Outpatient Surgery Physician/Surgical Services				\$200.00					Ø	
Drugs	🗆 Ali	D All			🗹 All	IIA 🗹			🗆 All	
Generics	V			\$4.00	2	2			Ø	
Preferred Brand Drugs	S	J				2				
Non-Preferred Brand Drugs	5	J			2	2				
Specialty Drugs (i.e. high-cost)		1 1								
Options for Additional Benefit Design Limits:			Plan Description:							

options for Additional benefit besign Limits.		i full Description.	•
Set a Maximum on Specialty Rx Coinsurance Payments?		Name:	[MVP VT Plus] Silver 1 CSR 77
Specialty Rx Coinsurance Maximum:		Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Charging an IP Copay?		Issuer HIOS ID:	[Input Issuer HIOS ID]
# Days (1-10):		AVC Version:	2023_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?			
# Visits (1-10):		Generic	\$5
Begin Primary Care Deductible/Coinsurance After a Set Number of	⊻	VBID	
Copays?			\$1
# Copays (1-10):	3		

Output

Status/Error Messages: Actuarial Value: Metal Tier:

Calculation resolved without matching metal tiers.

78.89%

Gold

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

Additional Notes:

0.9219 seconds

Calculation Time: Draft 2023 AV Calculator

Use Integrated Medical and Drug Deductible?			HSA/HRA Options	Tier	ed Network Op	tion
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?	Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	1st 7	fier Utilization:	
Use Separate MOOP for Medical and Drug Spending?	•	Annual Contin	Jution Aniount.	2nd 1	lier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓					
Desired Metal Tier	Gold 💌			0		
	Tie	er 1 Plan Benefit De	sign	Tier 2	Plan Benefit D	esign
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$200.00	\$200.00				
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%				
MOOP (\$)						
MOOP if Separate (\$)	\$2,600.00	\$700.00				
			2	12		

Click Here for Important Instructions		Tie	r 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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 on h	y after deductible?
Medical	II 🖌				🖌 All	🖌 All			IIA 🗌	All
Emergency Room Services	~			\$50.00	~	✓			~	
All Inpatient Hospital Services (inc. MH/SUD)	✓	v			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	⊻			\$5.00					7	
Specialist Visit	•			\$30.00	V				~	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	⊻			\$5.00		~			~	
Imaging (CT/PET Scans, MRIs)	•			\$100.00	V				✓	
Speech Therapy	•			\$30.00					✓	
Occupational and Physical Therapy	•			\$7.00					V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	₹			\$30.00	Image: A start of the start				✓	
X-rays and Diagnostic Imaging	v			\$30.00	Z				✓	
Skilled Nursing Facility	✓	✓			~					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$200.00						
Outpatient Surgery Physician/Surgical Services	•			\$100.00	✓					
Drugs	All	All			All	🖌 All			🗌 All	All
Generics	•			\$4.00	V				✓	
Preferred Brand Drugs	V	•	80%		Z					
Non-Preferred Brand Drugs	•	✓			V					
Specialty Drugs (i.e. high-cost)	✓	v			V	✓				

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?		
Set a Maximum on Specialty KX consulance 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):		3

Plan Description:

Name:	[MVP VT Plus]Silver 1 87 CSR
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]
AVC Version:	2023_1e
Generic	\$5
VBID	
	\$1

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

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful. 87.78% Gold

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.5391 seconds

Use Integrated Medical and Drug Deductible?			HSA/HRA Options	Tier	ed Network Op	tion	
Apply Inpatient Copay per Day?	? HSA/HRA Employer Contribution?			Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Appual Contri	oution Amount:	1st T	ier Utilization:		
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contin	Sution Aniount.	2nd T	ier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Platinum 💌						
	Ti	er 1 Plan Benefit De	sign	Tier 2	Plan Benefit D	esign	
	Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)	\$0.00	\$0.00					
Coinsurance (%, Insurer's Cost Share)	95.00%	60.00%					
MOOP (\$)						1	
MOOP if Separate (\$)	\$1,650.00	\$550.00					

Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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	y after deductible?
Medical	All				🖌 All	🖌 All			All	All
Emergency Room Services				\$25.00	~	✓				
All Inpatient Hospital Services (inc. MH/SUD)		•			×	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)				\$5.00	⊻					
Specialist Visit				\$10.00	 Image: A start of the start of	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$5.00						
Imaging (CT/PET Scans, MRIs)				\$25.00	V	✓				
Speech Therapy				\$10.00	✓	✓				
Occupational and Physical Therapy				\$7.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00	V	✓				
X-rays and Diagnostic Imaging				\$10.00	Z	✓				
Skilled Nursing Facility		✓				✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$45.00						
Outpatient Surgery Physician/Surgical Services				\$20.00	✓	V				
Drugs	🗌 All	🗌 All			All	🖌 All			All	All
Generics				\$4.00	V	✓				
Preferred Brand Drugs		•				✓				
Non-Preferred Brand Drugs		v			V	✓				
Specialty Drugs (i.e. high-cost)		~			V	✓				

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:

Plan Description	
Name:	[MVP VT Plus]Silver 1 94 CSR
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]
AVC Version:	2023_1e
Generic	\$5
VBID	
	\$1

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful. 94.33%

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: Draft 2023 AV Calculator 0.5508 seconds

Use Integrated Medical and Drug Deductible?	P HSA/HRA Options				Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Emp	oyer Contribution?		Tiered	Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st]	ier Utilization:	:	
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 1	lier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 💌							
	Tie	r 1 Plan Benefit De	Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$5,525.00					
Coinsurance (%, Insurer's Cost Share)			100.00%					
MOOP (\$)			\$5,525.00					
MOOP if Separate (\$)								

Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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?
Medical	II 🖌	II 🖌			V All	🖌 All			All	🗌 All
Emergency Room Services	~	✓			>	✓				
All Inpatient Hospital Services (inc. MH/SUD)	•	•			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	¥	v								
Specialist Visit	•	•			~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	~			~					
Imaging (CT/PET Scans, MRIs)	¥	~			✓					
Speech Therapy	v	₹			~					
Occupational and Physical Therapy	V	V								
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			~	✓				
X-rays and Diagnostic Imaging	v	•			✓	✓				
Skilled Nursing Facility	•	✓				✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	4	Y			✓	✓				
Drugs	All	✓ All			🖌 All	🖌 All				🗌 All
Generics	¥	•			✓					
Preferred Brand Drugs	v	v			V					
Non-Preferred Brand Drugs	✓	v				>				
Specialty Drugs (i.e. high-cost)	~	~			✓	✓				

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):	
Output	

Plan Description: MVP VT Silver 2 HDHP Reflective II

Name:

Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e

Output

Calculate						
Status/Error Messages:	Calculation S	uccessful.				
Actuarial Value:	69.75%	1.0304	71.87%			
Metal Tier:	Silver	AV Adj	AV Final			
	NOTE: One o	r more services ar	e not subject to the de	ductible and have no copay. A	Any service with this cost-s	haring structur
Additional Notes:	range.					
Calculation Time:	0.1875 secon					

Draft 2023 AV Calculator

Use Integrated Medical and Drug Deductible?	✓ HSA/HRA Options			Tiered Network Option				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	over Contribution?		Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount		1st Tier Utilization:			
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	fution Amount:		2nd Tier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 💌							
	Tie	r 1 Plan Benefit De	sign		Tier 2 Plan Benefit Design			
	Medical	Drug	Combined		Medical	Drug	Combined	
	medical	Diug	combined		medical	Diug		
Deductible (\$)		Drug	\$5,500.00		medicar	Diug		
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		Diug			medicur	Diug		
		DIGE	\$5,500.00		medicul	Diug		
Coinsurance (%, Insurer's Cost Share)		DidE	\$5,500.00 100.00%					

Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Copay applies only a	ftor doductible?
~				Deddettble	Coinsurance?	different	separate	copay applies only a	inter deductible?
				🖌 All	🖌 All				🗌 All
	•			Y	✓				
•	✓			>	▼				
V	•			>					
•	•			>	✓				
•	•			•					
v	v			>	✓				
¥	•			Y	⊻				
V	V			×					
		100%				100%	\$0.00		
✓	✓			>	✓				
✓	✓			✓	V				
•	✓			>					
•				M					
✓	•			Y	⊻				
	All			🖌 All	🖌 All				🗌 All
•	•			N	V				
v	v			Z					
v	v			V	X				
v	 Image: A start of the start of			Y	~				
	V V V V V V V V V V V V V V V V V V V	V V V V	V V V V	V V V V	V V V V	V V V V V V V V	V V V V V V	V V V V V V	V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V I I V V V

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):	
Output	

Plan Description: MVP VT Plus Silver 2 HDHP

Name:

Plan HIOS ID:[Input Plan HIOS ID]Issuer HIOS ID:[Input Issuer HIOS ID]AVC Version:2023_1e

Output

 Calculate
 Calculation Successful

 Status/Error Messages:
 Calculation Successful

 Actuarial Value:
 69.83%
 1.03
 71.92%

 Metal Tier:
 Silver
 AV Adj
 AV Final

 NOTE: One or more revices are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

 Additional Notes:
 range.

Calculation Time: Draft 2023 AV Calculator 0.2148 seconds

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tier	ed Network O	otion
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Contr	ibution Amount:		1st T	Fier Utilization:	
Use Separate MOOP for Medical and Drug Spending?		Annual Contr	ibution Amount:	2nd Tier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Silver 🔻						
	Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$4,850.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$4,850.00				
MOOP if Separate (\$)							

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	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?
Medical	All	All			🖌 All	🖌 🖌				🗌 All
Emergency Room Services	~	✓			>	✓				
All Inpatient Hospital Services (inc. MH/SUD)	✓	•			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•	✓			~					
Specialist Visit	•	•			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	~			~					
Imaging (CT/PET Scans, MRIs)	v	v			✓	✓				
Speech Therapy	₹	₹				~				
Occupational and Physical Therapy	V	☑								
Preventive Care/Screening/Immunization			100%				100%	\$0.00		~
Laboratory Outpatient and Professional Services	v	•			✓	✓				
X-rays and Diagnostic Imaging	v	•			✓	✓				
Skilled Nursing Facility		✓				✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	•	•			✓					
Drugs	All	All			🖌 All	All 🗸			🗌 All	🗌 All
Generics	¥	•	-		✓	✓				
Preferred Brand Drugs	v	v			V					
Non-Preferred Brand Drugs	✓	v								
Specialty Drugs (i.e. high-cost)	v	~			~	✓				

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):	
Output	

Calculate

Plan Description: MVP VT Plus Silver 2 HDHP CSR 73

Name:

Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e

Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs. 71.80% 1.0247 73.57%

AV Adj AV Final

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.1562 seconds

range.

Plan HIOS ID: [Input Plan HIOS ID]

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tier	ed Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	aution Amounts		1st i	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contra	Annual Contribution Amount:			2nd Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 💌									
	Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design					
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,650.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,650.00							
MOOP if Separate (\$)										

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	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?
Medical	All	II 🖌			V All	🖌 All			🗌 All	🗌 All
Emergency Room Services	✓	•			✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)	•	•			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	V	✓			~					
Specialist Visit	•	•			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	~			~					
Imaging (CT/PET Scans, MRIs)	•	~			✓	✓				
Speech Therapy	•	•				>				
Occupational and Physical Therapy	V	☑								
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			✓	✓				
X-rays and Diagnostic Imaging	•	•			✓	~				
Skilled Nursing Facility	✓	✓				>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	•	•			✓	>				
Drugs	All	All			🖌 All	🖌 All				🗌 All
Generics	✓	¥			v					
Preferred Brand Drugs	v	v			V					
Non-Preferred Brand Drugs	•	v								
Specialty Drugs (i.e. high-cost)	v	~			~	✓				

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):	
Output	

Calculate

Plan Description: MVP VT Plus Silver 2 HDHP CSR 77

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

Name: Plan HIOS ID:

[Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e

Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation. 75.97%

1.014 77.03% AV Adj AV Final

Additional Notes:

Calculation Time:

0.1836 seconds

range.

Draft 2023 AV Calculator

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tier	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	aution Amounts		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	Annual Contribution Amount:			2nd Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Gold 🔻									
	Т	ier 1 Plan Benefit De	sign		Tier 2 Plan Benefit Design					
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,500.00							
MOOP if Separate (\$)										

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	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?
Medical	All	🖌 All			All	🖌 All			All	🗌 All
Emergency Room Services	✓	•			~	✓				
All Inpatient Hospital Services (inc. MH/SUD)	•	•			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	V	✓			V	•				
Specialist Visit	•	•			✓					
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	~			V					
Imaging (CT/PET Scans, MRIs)	•	v			✓					
Speech Therapy	•	Y								
Occupational and Physical Therapy	V	✓			¥					
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			~	✓				
X-rays and Diagnostic Imaging	•	•			~					
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	•	v			Z	✓				
Drugs		✓ All			🖌 All	All				🗌 All
Generics	•	•			₹	✓				
Preferred Brand Drugs	V	v				Z				
Non-Preferred Brand Drugs		¥				>				
Specialty Drugs (i.e. high-cost)	•	•			₹	~				

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):	
Output	

Plan Description: MVP VT Plus Silver 2 HDHP CSR 87

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

Name:

AV Final

Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e

Output

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful. 87.71% 87.79%

1.0009 AV Adj

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 0.1523 seconds

Gold

range.

Use Integrated Medical and Drug Deductible?	•	[HSA/HRA Options	Tier	ed Network O	otion
Apply Inpatient Copay per Day?		[HSA/HRA Emp	loyer Contribution?	Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?			Annual Contr	bution Amount:	1st ⁻	Tier Utilization:	:
Use Separate MOOP for Medical and Drug Spending?		- L	Annual Contr	bution Amount:	2nd	Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Platinum	-			 		
		Tier	1 Plan Benefit D	esign	Tier	2 Plan Benefit I	Design
	Medical		Drug	Combined	Medical	Drug	Combined
Deductible (\$)				\$550.00			
Coinsurance (%, Insurer's Cost Share)				100.00%			
MOOP (\$)				\$550.00			
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	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 a	fter deductible?
Medical	All	All			🖌 🖌	🖌 🖌				
Emergency Room Services	✓	¥			✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)	•	✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•	•								
Specialist Visit	v	v			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	•				v				
Imaging (CT/PET Scans, MRIs)	¥	✓				~				
Speech Therapy	v	v			.					
Occupational and Physical Therapy	V	•								
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	•	Y			₹	₹				
X-rays and Diagnostic Imaging	•	¥								
Skilled Nursing Facility	~	✓			✓					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V			M					
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	All	II ₪			All	🖌 M			All	🗌 All
Generics	¥	¥				V				
Preferred Brand Drugs	v	Y								
Non-Preferred Brand Drugs	₹	Y								
Specialty Drugs (i.e. high-cost)	v	v				✓				

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):	
Output	

Calculate

Plan Description:

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

[MVP VT Plus] Silver 2 CSR 94 Name: [Input Plan HIOS ID] Plan HIOS ID: Issuer HIOS ID: [Input Issuer HIOS ID] 2023_1e AVC Version:

Status/Error Messages: Actuarial Value:

Metal Tier:

1.0001 94.30% Platinum AV Adj Final AV NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

Additional Notes:

Calculation Time:

1.8008 seconds

94.29%

range.

Draft 2023 AV Calculator

Use Integrated Medical and Drug Deductible?		HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:	1st Tier Utilization:
Use Separate MOOP for Medical and Drug Spending?		Annual contribution Annount.	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			
Desired Metal Tier	Bronze	•	

Desireu wetar rier	Li or Loc			
	Tie	r 1 Plan Benefit De	sign	
	Medical	Drug	Combined	Ν
Deductible (\$)			\$9,100.00	
Coinsurance (%, Insurer's Cost Share)			100.00%	
MOOP (\$)			\$9,100.00	
MOOP if Separate (\$)				

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined

Click Here for Important Instructions		Tie	r 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	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?
Medical	II All	🗹 All			🖬 🖂	🗹 Ali			🗆 Ali	🗆 Ali
Emergency Room Services	V	¥			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	J	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N									
Specialist Visit	N	I								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Ø	Ø								
Imaging (CT/PET Scans, MRIs)	X	Y			Z					
Speech Therapy	Y	M			Ø	V				
Occupational and Physical Therapy	Ŋ									
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	R	Ø			V	Ø				
X-rays and Diagnostic Imaging	R	Ø				Ø				
Skilled Nursing Facility	Ø	⊡ ⊡			1					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					Ø					
Outpatient Surgery Physician/Surgical Services	M	M			Ø	Ø				
Drugs	All	All			🖬 All	🗹 All			🗆 Ali	🗖 All
Generics	X	Y				Ø				
Preferred Brand Drugs	R	V			V	V				
Non-Preferred Brand Drugs	R	V				V				
Specialty Drugs (i.e. high-cost)	R	V				V				
Options for Additional Benefit Design Limits:			Plan Description:							

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?			٦
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of	Z		
Copays?	_		
# Copays (1-10):		3	

Name:

[MVP VT] Secure Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e

Output

Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation. 62.47%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: Draft 2023 AV Calculator 1.6836 seconds

				NON-STANDARE	PLANS								STANDARD PLAN	s				1		
	GO	LD		SILVER			BR	ONZE	PLATINUM	GOLD		SILV	/ER			BRONZE				
																		Total Annual	Average	Average Annual
			On Exchange	Reflective	On Exchange	Reflective					On Exchange	Reflective	On Exchange	Reflective				Premium	PMPM	Premium
2023 Proposed Rates	HDHP	Non-HDHP	Non-HDHP	Non-HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			Non-HDHP	Non-HDHP	HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			
Single Rate	\$829.87	\$844.01	\$664.30	\$664.20	\$685.29	\$684.28	\$575.27	\$580.42	\$970.41	\$801.64	\$669.71	\$669.71	\$680.91	\$680.91	\$586.05	\$576.78	\$603.83			
•	\$1,659.74	\$1,688.02	\$1,328.60	\$1,328.40	\$1,370.58	\$1,368.56	\$1,150.54	\$1,160.84	\$1,940.82	\$1,603.28	\$1,339.42	\$1,339.42	\$1,361.82	\$1,361.82	\$1,172.10	\$1,153.56	\$1,207.66			
Couple Rate Adult and Child(ren) Rate	\$1,601.65	\$1,628.94	\$1,282.10	\$1,281.91	\$1,322.61	\$1,308.50	\$1,150.54 \$1,110.27	\$1,120.21	\$1,940.82 \$1,872.89	\$1,547.17	\$1,292.54	\$1,339.42 \$1,292.54	\$1,301.82	\$1,301.82	\$1,172.10	\$1,153.56	\$1,165.39			
Family Rate	\$2,331.93	\$2,371.67	\$1,866.68	\$1,866.40	\$1,925.66	\$1,922.83	\$1,616.51	\$1,630.98	\$2,726.85	\$2,252.61	\$1,292.54 \$1,881.89	\$1,292.54 \$1,881.89	\$1,913.36	\$1,913.36	\$1,646.80	\$1,620.75	\$1,696.76	\$171,307,065	\$683.04	\$8,196.51
Family Rate	\$2,551.95	\$2,371.07	\$1,800.08	\$1,800.40	\$1,925.00	\$1,922.83	\$1,010.51	\$1,030.98	\$2,720.85	\$2,252.01	\$1,881.89	\$1,881.89	\$1,913.30	\$1,913.30	\$1,646.80	\$1,620.75	\$1,090.70	\$1/1,307,005	\$083.04	\$8,190.51
2022 Approved Rates																				
Single Rate	\$683.24	\$701.33	\$574.67	\$574.67	\$594.18	\$593.43	\$506.73	\$521.18	\$810.54	\$666.54	\$606.23	\$606.23	\$589.77	\$589.67	\$514.80	\$510.24	\$530.88			
Couple Rate	\$1,366.48	\$1,402.66	\$1,149.34	\$1,149.34	\$1,188.36	\$1,186.86	\$1,013.46	\$1,042.36	\$1,621.08	\$1,333.08	\$1,212.46	\$1,212.46	\$1,179.54	\$1,179.34	\$1,029.60	\$1,020.48	\$1,061.76			
Adult and Child(ren) Rate	\$1,318.65	\$1,353.57	\$1,109.11	\$1,109.11	\$1,146.77	\$1,145.32	\$977.99	\$1,005.88	\$1,564.34	\$1,286.42	\$1,170.02	\$1,170.02	\$1,138.26	\$1,138.06	\$993.56	\$984.76	\$1,024.60			
Family Rate	\$1,919.90	\$1,970.74	\$1,614.82	\$1,614.82	\$1,669.65	\$1,667.54	\$1,423.91	\$1,464.52	\$2,277.62	\$1,872.98	\$1,703.51	\$1,703.51	\$1,657.25	\$1,656.97	\$1,446.59	\$1,433.77	\$1,491.77	\$144,863,121	\$577.60	\$6,931.25
2023 Proposed Rate Increases																				
Single Rate	21.5%	20.3%	15.6%	15.6%	15.3%	15.3%	13.5%	11.4%	19.7%	20.3%	10.5%	10.5%	15.5%	15.5%	13.8%	13.0%	13.7%			
Couple Rate	21.5%	20.3%	15.6%	15.6%	15.3%	15.3%	13.5%	11.4%	19.7%	20.3%	10.5%	10.5%	15.5%	15.5%	13.8%	13.0%	13.7%			
Adult and Child(ren) Rate	21.5%	20.3%	15.6%	15.6%	15.3%	15.3%	13.5%	11.4%	19.7%	20.3%	10.5%	10.5%	15.5%	15.5%	13.8%	13.0%	13.7%			
Family Rate	21.5%	20.3%	15.6%	15.6%	15.3%	15.3%	13.5%	11.4%	19.7%	20.3%	10.5%	10.5%	15.5%	15.5%	13.8%	13.0%	13.7%	18.25%	Total Reven	ue Change
February 2022 Contracts																				
Single Rate	1,642	199	33	776	0	229	107	63	1,078	1,417	0	637	17	544	818	420	48			
Couple Rate	585	32	6	117	0	55	7	12	396	320	0	137	2	132	146	97	5			
Adult and Child(ren) Rate	139	10	1	31	0	19	2	5	99	110	0	37	0	40	53	27	1			
Family Rate	571	31	1	85	0	62	17	3	302	306	0	111	1	135	194	61	7			
Total	2,937	272	41	1,009	0	365	133	83	1,875	2,153	0	922	20	851	1,211	605	61			
February 2022 Members]		
Single Rate	1,642	199	33	776	0	229	107	63	1,078	1,417	0	637	17	544	818	420	48			
Couple Rate	1,170	64	12	234	0	110	14	24	792	640	0	274	4	264	292	194	10			
Adult and Child(ren) Rate	371	27	2	73	0	54	5	13	246	277	0	90	0	104	142	65	3			
Family Rate	2,204	117	4	319	0	231	68	11	1,170	1,208	0	417	4	539	762	222	26			
Total	5,387	407	51	1,402	0	624	194	111	3,286	3,542	0	1,418	25	1,451	2,014	901	87			
																		_		
2023 Proposed PMPY Revenue	\$8,660.31	\$9,192.70	\$7,774.65	\$7,439.87		\$7,236.13	\$6,142.82	\$6,593.57	\$10,311.35	\$8,498.46	N/A	\$7,335.57	\$7,781.99	\$7,120.98	\$6,136.69	\$6,433.72	\$6,629.63			
2022 Approved PMPY Revenue	\$7,130.11	\$7,638.68	\$6,725.67	\$6,437.02	N/A	\$6,275.41	\$5,410.93	\$5,920.61	\$8,612.61	\$7,066.21	N/A	\$6,640.25	\$6,740.36	\$6,166.78	\$5,390.62	\$5,691.49	\$5,828.69]		

MVP Health Care Derivation of 2023 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Small Group Market as of Febuary 2022



MVP Health Care -- 2023 Small Group Exchange Rate Filing

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2022 to 2023 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 -- 2023 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

												In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Туре	Туре	Single	Family	Single	Family	Туре	Pharmacy
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	On Exchange	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,500	\$3,000	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
																						\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID =
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$3 #
FRVT-HMO-SB-001-N (2023)	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	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #

Services subject to deductible (DD) unless otherwise stated. **First 3 PCP Office Visits are not subject to deductible *first 3 PCP Office Visits 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 \$9,100 for each member up to family limit

Exhibit 1a -- Comparison of 2022 to 2023 Benefits by Plan

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Туре	Туре	Single	Family	Single	Family	Туре	Pharmacy
FRVT-HMO-SP-001-S (2022)	HVHMO	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-SP-001-S (2023)	HVHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2.800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2022)	HVHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$2,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2.800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD			Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
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-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
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-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DI	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DI	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
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-004-S (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,500	\$3,000	Integrated	\$10/\$40/50%, 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-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$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 #
								\$1,400 (Fac)													
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DI	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DI	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
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-SS-004-S II (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,500	\$3,000	Integrated	\$10/\$40/50%, 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-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)													
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$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 #
								\$1,400 (Fac)													
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
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 Brand Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
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-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,500	\$3,000	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DE	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-SB-004-S (2023)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DE	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
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-SB-005-N (2023)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, 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 Brand Ded, VBID = \$3 #
FRVT-HMO-SB-001-N (2023)	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 Brand Ded, VBID = \$3 #

Changes in benefits from 2022 to 2023 are shown in gray shading.

Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

		2022	2023	Total	
Months of Trend		12	12	24	
		Medical Trend S	ummary		
	202	2 Annual Trend			
	% of Allowed Claims	Unit Cost	Utilization	Total	
IP	22.6%	6.8%	1.0%	7.8%	
OP	49.4%	6.3%	1.0%	7.4%	
PHY	28.0%	4.0%	1.0%	5.1%	
OTR	0.0%	0.0%	1.0%	1.0%	
Medical Total		5.8%	1.0%	6.8%	
	202	3 Annual Trend			
	% of Allowed Claims	Unit Cost	Utilization	Total	
IP	22.8%	11.2%	1.0%	12.3%	
OP	49.7%	11.2%	1.0%	12.3%	
PHY	27.5%	6.2%	1.0%	7.2%	
OTR	0.0%	0.0%	1.0%	1.0%	
Medical Total		9.8%	1.0%	10.9%	
			Annual Allowe	ed Medical Trend	8.9%
		Leveraging Impact -	Fee-For-Service Medi	cal Claims	
	Allowed-COB	Coinsurance	Copav	Deductible	Paid*
Rating Period:			Copay \$1.810.177.58		
Rating Period: Months of Trend:	Allowed-COB \$134,650,633.40 1.185	Coinsurance \$3,775,002.68 1.185	Copay \$1,810,177.58 1.020	Deductible \$17,801,531.40 1.069	Paid* \$111,263,921.74 1.206

Rx Trend Summary

Unit Cost

-1.2%

3.4%

6.1%

2023 Trend

Utilization

2.9%

0.3%

12.2%

Allowed Trend (Annual)

Paid Trend (Annual)

Generic

Specialty

Brand

Leveraging (Annual)

8.9%

9.8%

0.9%

Unit Cost

-3.7%

7.0%

4.0%

2022 Trend

Utilization

2.4%

3.9%

9.4%

8/8/2022

Annualized Trend

Utilization

2.6%

2.1%

10.8%

Unit Cost

-2.5%

5.2%

5.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	12,498	801	144	13,443
Experience Period Allowed Cost per Script	\$17.41	\$494.33	\$4,875.73	\$97.82
Experience Period Deductible Per Script	\$2.78	\$21.05	\$79.28	\$4.69
Experience Period Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.24
Experience Period Coinsurance Per Script	\$0.60	\$11.19	\$35.72	\$1.60
Experience Period Paid Cost Per Script	\$9.94	\$441.04	\$4,743.72	\$86.28
Experience Period Allowed PMPM	\$18.13	\$33.00	\$58.44	\$109.58
Experience Period Deductible PMPM	\$2.90	\$1.41	\$0.95	\$5.25
Experience Period Copay PMPM	\$4.26	\$1.40	\$0.20	\$5.87
Experience Period Coinsurance PMPM	\$0.62	\$0.75	\$0.43	\$1.80
Experience Period Paid PMPM Experience Period Rx Rebates PMPM	\$10.35	\$29.45	\$56.86	\$96.65 (\$32.18)
Annual Util Trend	1.026	1.021	1.108	1.027
Annual Unit Cost Trend	0.975	1.052	1.050	1.082
Annual Allowed Trend	1.001	1.074	1.163	1.111
Annual Deductible Trend	1.034	1.034	1.034	1.075
Annual Paid Trend	0.973	1.077	1.164	1.119
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.122
Months of Trend	24	24	24	24
Projected Scripts / 1000	13,165	835	177	14,177
Projected Allowed Cost per Script	\$16.56	\$546.71	\$5,376.58	\$114.54
Projected Deductible Per Script	\$2.98	\$22.51	\$84.75	\$5.14
Projected Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.25
Projected Coinsurance Per Script	\$0.57	\$12.38	\$39.39	\$1.75
Projected Paid Cost Per Script	\$8.93	\$490.78	\$5,235.43	\$102.40
Projected Allowed PMPM	\$18.17	\$38.05	\$79.10	\$135.32
Projected Deductible PMPM	\$3.26	\$1.57	\$1.25	\$6.08
Projected Copay PMPM	\$4.49	\$1.46	\$0.25	\$6.20
Projected Coinsurance PMPM	\$0.62	\$0.86	\$0.58	\$2.06
Projected Paid PMPM Projected Rx Rebates Net Projected Paid PMPM	\$9.79	\$34.16	\$77.02	\$120.98 (<mark>\$39.74</mark>) \$81.24

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/21 - 12/31/21 Completed Through: 3/31/22

6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates (\$32.18) 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 (\$4.89) 13 Adjustment for COVID Services (\$4.77) 14 Large Claim Adjustment (\$3.02) 15 Adjustment for Insulin Cap \$0.06		ACA Compliant Small Group
3 FFS Paid Pediatric Dental Claims \$0.99 4a Federal CSR Payments \$0.00 b State CSR Payments \$0.00 5 IBNR Factor 1.027 6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates \$32.18 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for COVID Services \$64.77 14 Large Claim Adjustment \$63.02 15 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$0.06 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$504.43 19 Annual FFS Medical projection factor 1.101 12 Annual FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 </td <td>1 Member Months</td> <td>260,811</td>	1 Member Months	260,811
4a Federal CSR Payments \$0.00 b State CSR Payments \$0.00 5 IBNR Factor 1.027 6 FFS Incurred Rx Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates \$32.18 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 \$44.77 14 Large Claim Adjustment \$3.02 15 Adjustment for COVID Services \$4.77 14 Large Claim Adjustment \$3.02 15 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$0.06 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$504.43 19 Annual FFS Medical projection factor 1.028 21 Annual FFS Redical projection factor 1.028 22 Annual FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA	2 FFS Paid Medical Claims	\$426.61
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17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$504.43 19 Annual FFS Medical projection factor 1.098 20 Annual FFS Medical projection factor 1.122 21 Annual FFS Claim trend projection factor 1.1121 21 Annual FFS Claim trend projection factor 1.101 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Reinsurance and Risk Adjustment Programs \$33.41	15 Adjustment for Insulin Cap	\$0.06
18 Experience Period Claim Expense After All Adjustments \$504.43 19 Annual FFS Medical projection factor 1.098 20 Annual FFS Rx projection factor 1.122 21 Annual FFS Claim trend projection factor 1.101 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	16 Adjustment for High Cost Claimant in 2021 Above National Threshold	(\$2.48)
19 Annual FFS Medical projection factor 1.098 20 Annual FFS Rx projection factor 1.122 21 Annual FFS Claim trend projection factor 1.101 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	17 National High Cost Reinsurance Pool Charge	\$3.22
20 Annual FFS Rx projection factor 1.122 21 Annual FFS Claim trend projection factor 1.101 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Reisk Adjustment Program Impact \$33.41	18 Experience Period Claim Expense After All Adjustments	\$504.43
21 Annual FFS Claim trend projection factor 1.101 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	19 Annual FFS Medical projection factor	1.098
22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	20 Annual FFS Rx projection factor	1.122
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$596.36 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	21 Annual FFS Claim trend projection factor	1.101
24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.85 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	22 Months of Trend	24
25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$596.36
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$609.84 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$6.85
Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$33.41	25 Projection Period Capitation and Non-FFS Medical Costs	\$6.63
27 Federal Risk Adjustment Program Impact \$33.41	26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$609.84
	Federal Reinsurance and Risk Adjustment Programs	
28 Paid Index Rate PMPM After Adjustments for Federal Programs \$643.25		\$33.41
	28 Paid Index Rate PMPM After Adjustments for Federal Programs	\$643.25

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	8,028	8,028	1.000	1.000
4	Double	2,049	4,098	2.000	2.000
4	Parent/Child(ren)	574	1,472	2.564	1.930
4	Family	1,887	7,302	3.870	2.810

Single Conversion Factor 1.128

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

% of Premium Retention Compon	ents
Broker Load	0.00%
Bad Debt	0.10%
Contribution to Reserves	-0.15%
Total % of Premium Retention Components	-0.05%
PMPM Retention Components	6
General Administrative Load	\$43.56
% of Premium Taxes and Assessm	ients
Premium Tax	0.00%
VT Vaccine Pilot	0.44%
Total % of Premium Taxes/Assessments	0.44%
% of Paid Claim Taxes and Assess	nents
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
Total % of Paid Claim Taxes/Assessments	1.149%
PMPM Taxes and Assessment	s
HHS Risk Adjustment User Fee	\$0.20
PCORI Fee	\$0.23
18 VSA 9374(h) Billback	\$1.34
Total PMPM Taxes/Assessments	\$1.77

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

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Not Applicable to Small Group Market

Exhibit 7 -- 2023 Individual Exchange Premium Rates

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

2023 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$643.25
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8386
Adjusted Claim Cost for Pricing	\$767.04

	Product		Standard/No		Federal and State Combined	Benefit Actuarial	Induced Utilization	Not Claim Coat	Bad Debt / CTR	Administrative	% of Premium Taxes and	PMPM Taxes and	Benefits in	CSR	Gross Claim Cost			Parent/Child		Increase over 2022 Single		Increase over 2022	Increase over 2022 Family
Coplan		Metal Level		Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	Expense (PMPM)	Assessments	Assessments	Excess of EHB's**	Loading	PMPM	Single***	Double	(ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-SP-001-S (2023)	HVHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.921	1.150	\$811.97	(\$0.43)	\$43.56	\$3.79	\$1.77	\$0.00	\$0.00	\$860.66		\$1,940.82	\$1,872.89	\$2,726.85	19.7%	19.7%	19.7%	19.7%
FRVT-HMO-SG-001-S (2023)	HVHMO	Gold		On Exchange	Non-Subsidized	0.798	1.083	\$662.87	(\$0.36)	\$43.56	\$3.13	\$1.77	\$0.00	\$0.00	\$710.98		\$1,603.28	\$1.547.17	\$2,252.61	20.3%	20.3%	20.3%	20.3%
FRVT-HMO-SG-002-N (2023)	HVHMO	Gold		On Exchange		0.827	1.103	\$699.78	(\$0.37)	\$43.56	\$3.29	\$1.77	\$0.52	\$0.00	\$748.56		\$1,688.02	\$1,628.94	\$2,371.67	20.3%	20.3%	20.3%	20.3%
FRVT-HMOH-SG-003-N (2023)		Gold		On Exchange		0.817	1.096	\$687.28	(\$0.37)	\$43.56	\$3.24	\$1.77	\$0.52	\$0.00	\$736.01		\$1,659.74	\$1,601.65	\$2,331.93	21.5%	21.5%	21.5%	21.5%
FRVT-HMO-SS-003-S (2023)	HVHMO	Silver		On Exchange		0.693	1.028	\$546.32	(\$0.30)	\$43.56	\$2.61	\$1.77	\$0.00	\$0.00	\$593.97		\$1,339.42		\$1.881.89	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-SS-004-S (2023)		Silver		On Exchange		0.703	1.032	\$556.21	(\$0.30)	\$43.56	\$2.66	\$1.77	\$0.00	\$0.00	\$603.90		\$1,361.82	\$1,314.16	\$1,913.36	15.5%	15.5%	15.5%	15.5%
FRVT-HMOH-SS-002-N (2023)		Silver		On Exchange		0.706	1.034	\$559.56	(\$0.30)	\$43.56	\$2.67	\$1.77	\$0.52	\$0.00	\$607.78		\$1,370.58	\$1,322.61	\$1,925.66	15.3%	15.3%	15.3%	15.3%
FRVT-HMO-SS-001-N (2023)	HVHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.687	1.027	\$541.02	(\$0.29)	\$43.56	\$2.59	\$1.77	\$0.52	\$0.00	\$589.17		\$1,328.60	\$1,282,10	\$1,866,68	15.6%	15.6%	15.6%	15.6%
VT-HMO-SS-003-S II (2023)	HVHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.693	1.028	\$546.32	(\$0.30)	\$43.56	\$2.61	\$1.77	\$0.00	\$0.00	\$593.97	\$669.71	\$1,339.42	\$1,292,54	\$1,881.89	10.5%	10.5%	10.5%	10.5%
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.032	\$556.21	(\$0.30)	\$43.56	\$2.66	\$1.77	\$0.00	\$0.00	\$603.90		\$1,361.82	\$1,314.16	\$1,913.36	15.5%	15.5%	15.5%	15.5%
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.033	\$558.66	(\$0.30)	\$43.56	\$2.67	\$1.77	\$0.52	\$0.00	\$606.89	\$684.28	\$1,368.56	\$1,320.66	\$1,922.83	15.3%	15.3%	15.3%	15.3%
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.687	1.027	\$540.92	(\$0.29)	\$43.56	\$2.59	\$1.77	\$0.52	\$0.00	\$589.08	\$664.20	\$1,328.40	\$1,281.91	\$1,866.40	15.6%	15.6%	15.6%	15.6%
FRVT-HMO-SB-002-S (2023)	ĤМО	Bronze	Standard	On Exchange	Non-Subsidized	0.604	1.002	\$464.22	(\$0.26)	\$43.56	\$2.25	\$1.77	\$0.00	\$0.00	\$511.55	\$576.78	\$1,153.56	\$1,113.19	\$1,620.75	13.0%	13.0%	13.0%	13.0%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.613	1.005	\$472.40	(\$0.26)	\$43.56	\$2.29	\$1.77	\$0.00	\$0.00	\$519.77	\$586.05	\$1,172.10	\$1,131.08	\$1,646.80	13.8%	13.8%	13.8%	13.8%
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.630	1.010	\$488.11	(\$0.27)	\$43.56	\$2.36	\$1.77	\$0.00	\$0.00	\$535.54	\$603.83	\$1,207.66	\$1,165.39	\$1,696.76	13.7%	13.7%	13.7%	13.7%
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.003	\$466.92	(\$0.26)	\$43.56	\$2.27	\$1.77	\$0.52	\$0.00	\$514.78	\$580.42	\$1,160.84	\$1,120.21	\$1,630.98	11.4%	11.4%	11.4%	11.4%
FRVT-HMO-SB-001-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.602	1.001	\$462.36	(\$0.26)	\$43.56	\$2.24	\$1.77	\$0.52	\$0.00	\$510.21	\$575.27	\$1,150.54	\$1,110.27	\$1,616.51	13.5%	13.5%	13.5%	13.5%

Reflects cost of \$500 acupuncture allowance *Child Only Rate = Single Rate per Child 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: MI hu

Date: 05/06/2022



May 12, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/11/22 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@mvphealthcare.com.

Sincerely,

(Im Part

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary MVP Health Care, Inc.



May 24, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/17/22 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://gmcboard.vermont.gov/sites/gmcb/files/documents/B22%20Approved%20Budget%20Submissions%20with %20NPR%20and%20wghtd%20ave%20rate%20graphs%20revised%2020210929%20v2.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:

Facility Trends



The starting point for MVP's facility trends in this rate filing is facility claims processed for all Vermont small group members for the calendar year 2021.

For facilities under GMCB jurisdiction, MVP is using the approved rate increases as summarized on page 18 in the above referenced document, with the following exceptions:

Central Vermont Medical Center (CVMC)

The Green Mountain Care Board approved a 2.7% mid-year budget increase for fiscal year 2022, after approving 6.0% originally for CVMC. This increase was applied to the second half of 2022, so MVP is reflecting 7.4% in 2022 and 6.0% in 2023 for both IP and OP.



Rutland Regional

In Appendix 2 to Rutland Regional's budget submission the standard requested changes were 4.0% for IP, 4.2% for OP, and -0.3% PHY, for a total commercial increase of 3.6%. This submission was approved as submitted and therefore MVP is reflecting 4.0% for IP and 4.2% for OP.

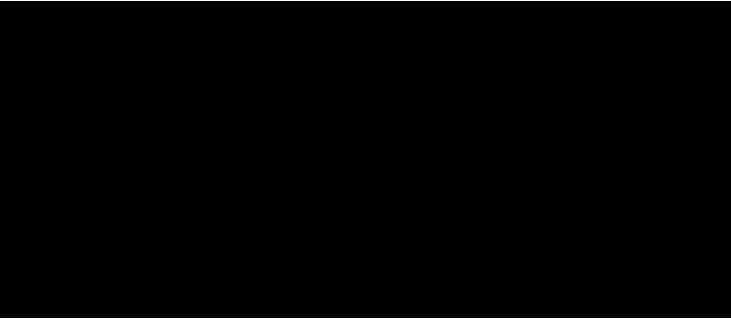
Springfield Hospital

In Appendix 2 to Springfield Hospital's budget submission the standard requested changes were -2.2% for IP and 11.0% for OP, for a total commercial increase of 8.3%. This submission was approved as submitted and therefore MVP is reflecting -2.2% for IP and 11.0% for OP.

University of Vermont Medical Center (UVMC)

The Green Mountain Care Board approved a 2.5% mid-year budget increase for fiscal year 2022, after approving 6.05% originally for UVMC. This increase was applied to the second half of 2022, so MVP is reflecting 7.4% in 2022 and 6.05% in 2023 for both IP and OP.

The trends for facilities under the GMCB's jurisdiction are 6.3% IP / 5.9% OP for 2022/2021 and 5.4% IP / 5.2% OP for 2023/2022.



Overall facility trends are calculated using a weighted average based on 2021 utilization and are 6.2% IP / 5.8% OP for 2022/2021 and 5.7% IP / 5.2% OP for 2023/2022. Please see the tab "Facility Trends" in the attached Excel workbook for the quantitative derivation of the trends.

Physician Trends

MVP has a few different contracting partners for physician claims in Vermont, including medical groups in VT/ NH/NY, individual physicians participating in MVP's network, and physicians outside of MVP's network. The following



physician groups are under the GMCB's jurisdiction: UVMMC, Porter, Rutland and CVMC. Those trends match the approved GMCB rate increases for 2022, with the same exceptions previously explained. 2023 trends are assumed to be equal to 2022 trends for Porter and Rutland.

The individual trends are weighted together using 2021 experience for all Vermont individual members (in a similar

The individual trends are weighted together using 2021 experience for all Vermont individual members (in a similar fashion to the facility trends). The resulting physician trend is 3.7% for 2022/2021 and 2.8% for 2023/2022. Please see the "Physician Trends" tab in the attached Excel workbook for a quantitative derivation of this calculation.

2. We acknowledge the following from page 6 of the Actuarial Memorandum, "MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years and COVID-19, the utilization trends produced by the model were not considered reliable." Please provide the analysis of the historical utilization patterns. This analysis should include quantitative and qualitative components.

Response: MVP used the triple exponential smoothing forecasting method for analyzing historical utilization patterns and projecting them to the rating period. MVP has experienced rapid membership growth in this block of business in the recent past, which may influence the results of historical trend methodologies. 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 elaborate on why the Company decided to remove pooling for claims in excess of \$100,000. This should include quantitative and qualitative components.

Response:

Historically, MVP has removed claims in excess of \$100,000 from the claim projection and replaced them with a pooling charge to account for volatility in high-cost claims. The annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population has increased significantly over the past few years. MVP does not expect the claim percentage to decrease in the future and is reflecting high-cost claims from the



experience period. MVP is reducing claim expense for CMS high cost risk pool recoveries as well as corporate reinsurance which is intended to serve as a form of pooling. Please see the following table for the high-cost claim percentage by year:

	Time Period	High Cost Claim %
ſ	CY2019	12.5%
	CY2020	15.6%
	CY2021	17.2%

4. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b. Further, please demonstrate how the trends in Exhibit 2b reconcile to the Rx Trend Summary in Exhibit 2a.

Response: MVP is provided with pharmacy trend estimates by its Pharmacy Benefit Manager, CVSHealth. These trends are run for all of MVP's Vermont fully insured membership (ACA and Large Group) and use historical utilization and unit cost data for those populations. This historical data is combined with CVSHealth estimates of changes in utilization, unit cost and generic dispensing rates to calculate their best estimate of Gross PMPM claim cost trends for 2022 and 2023. 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_4Q2021_CSTM_02142022) 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 included in the Rx Trend Summary in Exhibit 2a for 2022 and 2023. The trends are annualized and match those on Exhibit 2b. The individual cost components 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 (2022) and Page 2 (2023) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 3 (2022) and Page 4 (2023) 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 (2022) and Page 2 (2023) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 3 (2022) and Page 4 (2023) 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 (2022) and Page 2 (2023) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2022) and Page 2 (2023) 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 (2022) and Page 2 (2023) 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 (24 month) paid trend (gross of rebate changes) is then calculated as the projected paid claims PMPM divided by the experience period paid claims PMPM. The paid claims net of pharmacy rebates is calculated as the projected net paid claims PMPM divided by the experience period paid 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 #7.

5. Please provide the historical annual Rx trends observed from 2017-2021, as well as the actual-to-expected ratio for the Rx trend in each year.

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 17% of the market in 2017 to 50% of the market in 2021, 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 A	•	21, VT Exchange	y Allowed Trend,
Year	Actual	Expected	Difference
2021/2020	13.7%	5.3%	8.0%
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%

6. Please demonstrate how the Medical Trend Summary in Exhibit 2a reconciles to the Year 1 and Year 2 Trends on Wkst 1 of the URRT.

Response: The Medical Trend Summary on Exhibit 2a displays the unit cost and utilization trends by benefit category for the years 2022 and 2023. These correspond to Year 1 and Year 2, respectively, on Wkst 1 of the URRT for the first four benefit categories. The Year 1 and Year 2 trends are annualized for Capitation and Prescription Drug and are therefore equivalent for each 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. The Prescription Drug unit cost and utilization trend reflect the Total trends on Exhibit 2b of the rate filing.

7. Provide quantitative support for the 1.046 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]

The quantitative derivation of the trend factor has been determined to be confidential and has been provided under separate cover.

8. Please provide quantitative and qualitative support for the Benefit Actuarial Value and Induced Demand reflected in Index Rate in Exhibit 7.



Response: Please see the tab "Question #8" in the attached Excel document (Support for L&E 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 2023 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

9. Please provide an exhibit showing the member months by plan and actuarial value for 2021, 2022 and the projection for 2023.

Response: Please see the tab "Question #9" in the attached Excel file (Support for L&E Small Objection #2_SERFF) for this exhibit.

10. Please complete the table below:

Response:

Month	Small Group Contracts	Small Group Members
February 2017	2,731	4,618
February 2018	8,465	14,355
February 2019	9,696	16,396
February 2020	12,306	20,843

11. 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.

12. For each month from January 2018 through March 2022, 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 #12" 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.

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



Response: Please see the tab "Question #13" in the attached Excel document for historical actual bad debt information for years 2019 to 2021.

14. Please provide further qualitative and quantitative support for the adjustment on lines 12-16 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.

Response:

Line 12- Adjustment for Waived Cost Share Due to COVID-19

MVP is removing \$4.89 PMPM to account for cost sharing related to the COVID-19 pandemic including treatment, visits, testing and telehealth that was waived during the experience period. It is expected that the cost sharing will shift back to the members in 2023. Please see the tab "Question #14 Waived Cost Share" in the attached Excel document for further support. There was no cost share on any COVID-19 related claims in 2021, so a cost share factor based on historical utilization was developed and applied to the COVID services. For telehealth, cost share was turned back on 8/1/21 and the reduction to 2021 claims represents the difference in cost on a PMPM basis between all of 2021 and 202108-202112 to get to a level that claims would have been if cost share were taken the whole year.

Line 13- Adjustment for COVID Services

MVP analyzed the total expense in the experience period associated with COVID treatment, visits, and testing. After consultation with MVP's medical team, we decided to assume a 30% reduction in Covid cost in the projection period, resulting in the removal of \$4.77 PMPM. The total claim expense for 2021 for Covid-19 services was \$15.90 PMPM. The assumption of 30% was derived from conversations with medical doctors and emerging claims.

Line 14- Adjustment for COVID Vaccines

MVP is using the CMS projection of 2023 vaccines as 52% utilization, 1.4 shots per member and \$104 per shot, or \$6.31 PMPM. This represents an increase over our 2021 experience, which was \$2.63 allowed PMPM for this block of business. This results in the additional \$3.68 PMPM. This can be found at <u>Announcement of Calendar Year (CY)</u> 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (cms.gov) on page 27.

Line 15- Adjustment for Insulin Cap

The amount of member cost-share greater than \$100 per 30 day supply was calculated for our VT small group and individual blocks of business. The average of this PMPM value for the past 3 years is \$0.06. Please see the tab "Question #14 Insulin" in the attached Excel document for the derivation of the calculated impact.

Line 16- Adjustment for High Cost Claimant in 2021 Above National Threshold

MVP had a member with incurred claims in the experience period above \$2 million. We removed 60% of the amount over \$1 million, which is \$2.48 PMPM.

15. Please provide a derivation of the 'Paid to Allowed Ratio Normalization' adjustment of -0.7%. Further, please reconcile how this adjustment ties to the pricing Exhibit(s) provided in file "VT 2023 Exchange Rate Filing



SMALL_SERFF.xlsx".

Response: The experience period allowed PMPM is \$622.11, which can be seen on Wkst 1 of the URRT. The experience period incurred PMPM, which is used in the rate filing, is \$516.31 (line 11 of Exhibit 3). The paid to allowed ratio adjustment is calculated as:

[Experience Period Paid PMPM (line 11 of Exhibit 3)] Divided by [Benefit Relativity * Induced Demand Reflected in Index Rate (cell G8 of Exhibit 7)] Divided by [Experience Period Allowed PMPM]

This calculation results in a paid to allowed ratio normalization adjustment of -1.0%. This differs from the -0.7% due to adjustments on Exhibit 3 impacting paid dollars but not allowed dollars.

This adjustment has no relevance to the rate filing as MVP develops premiums based on incurred claims, not allowed claims. Therefore, the actual paid to allowed ratio does not impact the premium rates.

16. We are aware of an updated actuarial certification from Wakely for the 2023 Standard Plans due to IRS-release final H.S.A. limits for 2023. Please either confirm that the noted revisions are included in the submitted rate filing or list each revision and provide the calculation of the resulting rate impact. If the latter, do not provide fully revised documentation (URRT, Act Memo, Exhibits, etc.) at this time.

Response: There are a few revisions to both standard and non-standard plans that were not included in the submitted rate filing and are listed below. Please see the tab "Question #16" in the attached Excel document for the resulting premium impact for each plan.

The Rx OOPM benefit changed from \$1,450 to \$1,500 for the following plans:

VT Plus Gold 3 HDHP VT Plus Silver 2 HDHP VT Plus Reflective Silver 2 HDHP VT Silver 4 HDHP VT Reflective Silver 4 HDHP VT Bronze 3 HDHP

17. Please provide the administrative costs PMPM as reported in the Supplemental Health Care Exhibit from 2016-2021.

Response: Please see the table below.



Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
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
Individual	2021	\$51.71
Small Group	2021	\$44.49
Combined	2021	\$47.44

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

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

Un Part

Christopher Pontiff, ASA, MAAA Senior Leader, Commercial Market Actuary MVP Health Care, Inc.

Derivation	of Inpatient Trend	ls for VT Excl	hange, 2022-2023, b	y Provider	
r		2022 IP		2023 IP	
Facility Name	Inpatient %	Contract	2022 Trended IP %	Contract	Notes
Brattleboro Memorial Hospital	inputent /	Contract		contract	GMCB Rate effective 10/01/21 Best estimate of contract
Brattleboro Retreat					negotiation
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/21
Copley Hospital					GMCB Rate effective 10/01/21
Gifford Medical Center					GMCB Rate effective 10/01/21
Grace Cottage Hospital					GMCB Rate effective 10/01/21
Green Mountain Surgery Center					GMCB Rate effective 10/01/21
Mt. Ascutney Hospital					GMCB Rate effective 10/01/21
North Country Hospital					GMCB Rate effective 10/01/21
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/21
Northwestern Medical Center					GMCB Rate effective 10/01/21
Porter Hospital					GMCB Rate effective 10/01/21
Rutland Regional					GMCB Rate effective 10/01/21
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/21
Springfield Hospital					GMCB Rate effective 10/01/21
University of Vermont Medical Center					GMCB Rate effective 10/01/21 Best estimate of contract
Dartmouth-Hitchcock Medical Center (NH)					negotiation Blend of best estimates and
New York Participating Hospitals					effective contracts
Rental and Non-participating Hospitals					Blend of best estimates and effective contracts
TOTAL, GMCB HOSPITALS	58.1%	6.3%	58.2%	5.4%	
TOTAL, ALL HOSPITALS	100.0%	6.2%	100.0%	5.7%	

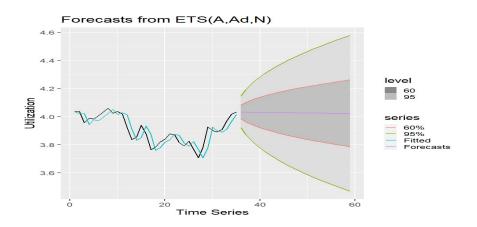
Facility Name Outpatient % Brattleboro Memorial Hospital Image: Status of the status of t	2022 OP Contract	2022 Trended IP	2023 IP % Contract	GMCB Rate effective 10/01 Best estimate of contrac negotiation GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Brattleboro Memorial Hospital Brattleboro Retreat Central Vermont Physicians Medical Center Copley Hospital Gifford Medical Center Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital	Contract	2022 Trended IP	% Contract	GMCB Rate effective 10/01 Best estimate of contrac negotiation GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Brattleboro Retreat Central Vermont Physicians Medical Center Copley Hospital Gifford Medical Center Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				Best estimate of contrac negotiation GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Central Vermont Physicians Medical Center Copley Hospital Gifford Medical Center Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01 GMCB Rate effective 10/01
Copley Hospital Gifford Medical Center Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Gifford Medical Center Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Grace Cottage Hospital Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01 GMCB Rate effective 10/01 GMCB Rate effective 10/01
Green Mountain Surgery Center Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01 GMCB Rate effective 10/01
Mt. Ascutney Hospital North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01
North Country Hospital Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				
Northeast Vermont Regional Hospital Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				
Northwestern Medical Center Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01
Porter Hospital Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01
Rutland Regional Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01
Southwestern Vermont Medical Center Springfield Hospital				GMCB Rate effective 10/01
Springfield Hospital				GMCB Rate effective 10/01
				GMCB Rate effective 10/01
University of Vermont Medical Center				GMCB Rate effective 10/01
				GMCB Rate effective 10/01 Best estimate of contrac
Dartmouth-Hitchcock Medical Center (NH)				negotiation
New York Participating Hospitals				Blend of best estimates a
Rental and Non-participating Hospitals				effective contracts
TOTAL, GMCB HOSPITALS 74.6%				Blend of best estimates an effective contracts Blend of best estimates an effective contracts

Derivation of Physician Trends for VT Exchange, 2022-2023, by Provider

		2022 PHY		2023 PHY
Facility Name	Physician %	Contract	2022 Trended PHY %	Contract
UVMMC				
Rutland Regional				
CVMC				
United Health Alliance				
Porter Hospital				
HealthFirst				
VT Community				
All Other Vermont				
VT PT-OT				
VT BH				
VT Chiro				
New Hampshire Participating				
Rental Network				
New York Participating				
Non-Participating/Negotiated/Other				
TOTAL	100.0%	3.7%	100.0%	2.8%

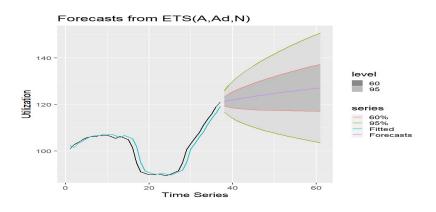
Prediction Intervals for Utilization

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2022-03 40 4.03049141 3.921890791 4.139092028 3.777582747 2022-04 41 4.029858263 3.910887822 4.148828703 3.752800402 2022-05 42 4.029275103 3.900767807 4.157782399 3.730007854	4.25737834
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2022-05 42 4.029275103 3.900767807 4.157782399 3.730007854	4.30691612
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2022-09 46 4.027367936 3.866255507 4.188480364 3.65216999	4.40256588
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2022-12 49 4.026297441 3.844523938 4.208070944 3.602984073	4.44961080
2023-01 50 4.025995411 3.837837535 4.214153286 3.587814142	4.46417667
2023-02 51 4.025717226 3.831384256 4.220050197 3.575155423	4.4782790
2023-03 52 4.025461004 3.825142889 4.2257712 3.558961021	4.49196098
2023-04 53 4.025225011 3.819095179 4.231354844 3.545190726	4.50525929
2023-05 54 4.02500765 3.81322527 4.236790029 3.53180739	4.51820556
2023-06 55 4.02480745 3.80751924 4.242095606 3.518787708	4.53082719
2023-07 56 4.024623056 3.8019502 4.247281091 3.506097961	4.54314815
2023-08 57 4.024453219 3.796551612 4.252354827 3.493716916	4.55518952
2023-09 58 4.024296792 3.791269407 4.257324176 3.4816236	4.56696998
	4.57850616
2023-10 59 4.024152714 3.786109751 4.262195678 3.469799264	4.578506



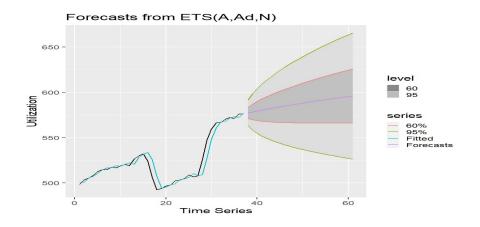
Prediction Intervals for Utilization Data set: VT OP

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2018-12	1	100.9894548					
2019-01	2	102.8374182					
2019-02	3	103.7384089					
019-03	4	104.8640774					
019-04	5	105.7435421					
019-05	6	106.1242284					
2019-06	7	106.1592377					
019-07	8	106.7010957					
019-08	9	106.4870304					
2019-09	10	106.7793841					
2019-10	11	106.1666308					
019-11	12	105.3988986					
2019-12	13	106.3060633					
2020-01	14	105.6506221					
020-02	15	104.922553					
2020-03	16	101.5464533					
020-04	17	94.82880524					
020-05	18	91.04954777					
020-06	10	90.45059248					
020-07	20	89.82807292					
020-08	20	89.76531426					
020-00	22	90.11416985					
020-00	22	89.84700558					
020-10	23	89.41542064					
020-12	24						
		90.00138137					
021-01	26	90.76500377					
021-02	27	91.5300971					
2021-03	28	94.99698345					
2021-04	29	100.6365153					
021-05	30	103.2072626					
2021-06	31	105.7585536					
2021-07	32	107.9812645					
2021-08	33	111.1223287					
2021-09	34	113.6888311					
021-10	35	115.9375019					
2021-11	36	118.9229834					
021-12	37	121.0734453					
2022-01	38		121.3915084	119.4177098	123.3653069	116.7949346	125.988082
022-02	39		121.7032103	118.9050444	124.5013762	115.1868533	128.219567
022-03	40		122.0086781	118.5734234	125.4439327	114.0086715	130.008684
2022-04	41		122.3080365	118.3319793	126.2840938	113.0486113	131.56746
2022-05	42		122.6014078	118.1457003	127.0571154	112.2249748	132.977840
022-06	43		122.8889117	117.996744	127.7810794	111.4960521	134.28177
022-07	44		123.1706655	117.8745919	128.466739	110.8371917	135.504139
022-08	45		123.4467842	117.7724522	129.1211161	110.2324238	136.66114
022-09	46		123.7173805	117.6856561	129.7491048	109.6707262	137.764034
022-10	47		123.9825649	117.6108448	130.3542849	109.1441301	138.82099
022-11	48		124.2424456	117.5455168	130.9393743	108.646666	139.83822
022-12	49		124.4971286	117.4877576	131.5064996	108.1737349	140.82052
023-01	50		124.746718	117.4360704	132.0573656	107.7217127	141.77172
023-02	51		124.9913156	117.3892639	132.5933674	107.2876896	142.69494
023-03	52		125.2310213	117.3463759	133.1156667	106.8692923	143.592750
023-03	52		125.4659328	117.3066201	133.6252456	106.4645597	144.4673
023-04	54		125.6961461	117.2693472	134.1229451	106.0718522	145.320
2023-06	55		125.9217552	117.2340166	134.6094938	105.6897861	146.153724
2023-07	55		125.9217552	117.2001747	135.0855293	105.3171828	146.96852
023-08							
	57		126.3595269	117.1674391	135.5516147	104.9530315	147.76602
023-09	58		126.5718683	117.1354852	136.0082515	104.596459	148.54727
023-10	59		126.7799629	117.1040367	136.4558891	104.2467067	149.31321
023-11	60		126.9838955	117.0728576	136.8949335	103.903112	150.0646
2023-12	61		127.1837496	117.0417457	137.3257534	103.5650936	150.80240



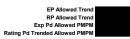
Prediction Intervals for Utilization Data set: VT PHY

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2018-12	1	498.3259587					
2019-01	2	503.3895033					
2019-02	3	505.2444731					
2019-03	4	508.1350502					
2019-04	5	512.3613092					
019-05	6	514.566179					
019-06	7	514.8325955					
019-07	8	517.3243455					
019-08	9	516.5618342					
2019-09	10	518.769972					
019-10	11	520.4447448					
2019-11	12	519.0135607					
019-12	13	526.4137879					
2020-01	14	529.89968					
2020-02	15	532.1038318					
2020-03	16	524.2769057					
020-04	17	506.0561864					
020-05	18	492.5380815					
2020-06	19	493.873174					
2020-07	20	496.5358048					
2020-08	21	497.591277					
2020-09	22	502.2135907					
2020-10	23	503.068221					
020-11	24	504.6368189					
020-12	25	509.008532					
021-01	26	506.5316502					
021-02	27	507.9418815					
2021-03	28	525.6844491					
2021-04	29	547.0940952					
2021-05	30	559.5105094					
2021-06	31	566.3250651					
2021-07	32	566.7759424					
2021-08	33	570.2425039					
2021-09	34	572.1554922					
2021-10	35	571.2686314					
2021-11	36	576.0582444					
2021-12	37	576.3510761					
2022-01	38		577.3732628	571.2700508	583.4764749	563.1601283	591.58639
022-02	39		578.3750056	569.7433372	587.006674	558.2736125	598.47639
022-03	40		579.3567134	568.7846102	589.9288166	554.7364439	603.97698
022-04	41		580.3187868	568.1105906	592.526983	551.8883909	608.74918
022-05	42		581.2616186	567.6117972	594.91144	549.473972	613.04926
022-06	43		582.1855936	567.2322682	597.1389189	547.3623525	617.00883
022-07	44		583.0910889	566.9389106	599.2432672	545.4759642	620.70621
022-08	45		583.9784742	566.7102876	601.2466607	543.7643941	624.19255
022-09	46		584.8481116	566.5316157	603.1646074	542.1927332	627.50348
022-10	47		585.7003561	566.3922232	605.008489	540.7356575	630.66505
022-11	48		586.5355555	566.2841341	606.786977	539.3741305	633.69698
022-12	49		587.3540509	566.2012231	608.5068787	538.0934346	636.61466
023-01	50		588.1561762	566.1386823	610.17367	536.8819292	639.43042
2023-02	51		588.9422588	566.0926704	611.7918472	535.7302336	642.1542
2023-03	52		589.7126197	566.0600728	613.3651665	534.6306682	644.79457
2023-04	53		590.4675732	566.0383331	614.8968132	533.5768619	647.35828
2023-05	54		591.2074274	566.0253312	616.3895237	532.5634678	649.85138
2023-06	55		591.9324845	566.0192935	617.8456756	531.5859544	652.27901
2023-07	56		592.6430403	566.0187251	619.2673556	530.6404471	654.64563
2023-08	57		593.3393849	566.0223583	620.6564115	529.7236084	656.95516
1023-09	58		594.0218025	566.0291122	622.0144928	528.8325432	659.21106
2023-10	59		594.6905716	566.0380609	623.3430822	527.9647255	661.41641
2023-10	60		595.3459652	566.0484087	624.6435216	527.5047255	663.57399
	00		555.5455652	550.0404087	524.0455210	527.117.5352	505.57555



Utilization	R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence		
IP	2021-10	35	4.035							
IP	2023-10	59		4.024	3.786	4.262	3.470	4.579		
OP	2021-12	37	121.073							
OP	2023-12	61		127.184	117.042	137.326	103.565	150.802		
PHY	2021-12	37	576.351							
PHY	2023-12	61		595.988	566.059	625.917	526.290	665.686		
	24 mont	h Trends								
Utilization	Mean	Standard Deviation	Weight							
IP	-0.26%	7.01%	21.96%							
OP	5.05%	9.95%	48.44%							
РНҮ	3.41%	6.17%	29.60%							
Blend	3.40%	5.38%								
					2-Year Trends					
5th Percentile	10th Percentile	20th Percentile	30th Percentile	40th Percentile	50th Percentile	60th Percentile	70th Percentile	80th Percentile	90th Percentile	95th Pe
-5.45%	-3.50%	-1.13%	0.57%	2.03%	3.40%	4.76%	6.22%	7.92%	10.29%	
-0.106101794	-0.068756335	-0.02251089	0.011530679	0.041079573	0.069082839	0.097457744	0.128227263	0.164777874	0.216431584	0.2

12.25% 0.259932936



Deductible L	evel HDHP Allowed \$	Distinct Mbrs	Average Annual Cost of Claim in Band		Experience Pd Trended average annual cost of claim per band	annual cost of	Deductible	Deductible Value Rating Pd	Deid Ve 4	David Vr. 0	Deductible
Deductible L	evel HDHP Allowed \$	Distinct Mbrs	of Claim in Band	Freq	claim per band	claim per band	Value Exp Pd	Pd	Paid Yr 1	Paid Yr 2	Trend
Totals											

Member Months Distinct Members Avg Months per Member

Plan Name	2021 SG Member Months	Deductible	Deductible Trend
	Total Deductible Trend		1.0

Derivation of Experience Period Average AV and Induced Demand Factor

				Weighted Average AV * ID
				0.8386
		Pricing Model	Induced Demand	
Medical Coplan	Member Months	AV	Factor	AV * ID
VT Non-Standard Bronze 1 (2021)	2,398	0.602	1.001	0.602
VT Standard Bronze 2 (2021)	12,426	0.611	1.004	0.614
VT Standard Bronze 4 (2021)	1,397	0.636	1.012	0.644
VT Non-Standard Bronze 5 (2021)	1,289	0.620	1.007	0.624
VT Standard Gold 1 (2021)	40,675	0.805	1.087	0.876
VT Non-Standard Gold 2 (2021)	4,009	0.831	1.106	0.919
VT Standard Bronze 3 (2021)	26,402	0.617	1.006	0.620
VT Non-Standard Gold 3 (2021)	72,114	0.826	1.103	0.911
VT Standard Silver 4 (2021)	104	0.711	1.037	0.737
VT Standard Platinum 1 (2021)	40,880	0.922	1.150	1.060
VT Non-Standard Silver 1 (2021)	173	0.701	1.031	0.722
VT Non-Standard Silver 2 II (2021)	5,689	0.712	1.037	0.738
VT Standard Silver 4 II (2021)	18,435	0.711	1.037	0.737
VT Non-Standard Silver 1 II (2021)	15,892	0.701	1.031	0.722
VT Standard Silver 3 II (2021)	18,928	0.703	1.032	0.726

Derivation of Projected 2023 Average AV

Derivation of 2021 Average AV

		Weighted Average AV
		0.7752
		Pricing Model
Medical Coplan	Member Months	AV
VT Non-Standard Bronze 1 (2021)	2,398	0.602
VT Standard Bronze 2 (2021)	12,426	0.611
VT Standard Bronze 3 (2021)	26,402	0.617
VT Standard Bronze 4 (2021)	1,397	0.636
VT Non-Standard Bronze 5 (2021)	1,289	0.620
VT Standard Gold 1 (2021)	40,675	0.805
VT Non-Standard Gold 2 (2021)	4,009	0.831
VT Non-Standard Gold 3 (2021)	72,114	0.826
VT Non-Standard Silver 1 (2021)	173	0.701
VT Non-Standard Silver 1 II (2021)	15,892	0.701
VT Non-Standard Silver 2 (2021)	0	0.712
VT Non-Standard Silver 2 II (2021)	5,689	0.712
VT Standard Silver 3 (2021)	0	0.703
VT Standard Silver 3 II (2021)	18,928	0.703
VT Standard Silver 4 (2021)	104	0.711
VT Standard Silver 4 II (2021)	18,435	0.711
VT Standard Platinum 1 (2021)	40,880	0.922

Derivation of February 2022 Average AV							
		Weighted Average AV					
		0.7712					
		Pricing Model					
Medical Coplan	Member Months	AV					
VT Non-Standard Bronze 1 (2022)	194	0.602					
VT Standard Bronze 2 (2022)	901	0.608					
VT Standard Bronze 3 (2022)	2,014	0.614					
VT Standard Bronze 4 (2022)	87	0.632					
VT Non-Standard Bronze 5 (2022)	111	0.620					
VT Standard Gold 1 (2022)	3,542	0.801					
VT Non-Standard Gold 2 (2022)	407	0.831					
VT Non-Standard Gold 3 (2022)	5,387	0.818					
VT Non-Standard Silver 1 (2022)	51	0.691					
VT Non-Standard Silver 1 II (2022)	1,402	0.691					
VT Non-Standard Silver 2 (2022)	0	0.712					
VT Non-Standard Silver 2 II (2022)	624	0.712					
VT Standard Silver 3 (2022)	0	0.698					
VT Standard Silver 3 II (2022)	1,418	0.698					
VT Standard Silver 4 (2022)	25	0.708					
VT Standard Silver 4 II (2022)	1,451	0.707					
VT Standard Platinum 1 (2022)	3,286	0.922					

		Weighted Average AV
		0.7689
		Pricing Model
Medical Coplan	Member Months	AV
VT Non-Standard Bronze 1 (2023)	194	0.602
VT Standard Bronze 2 (2023)	901	0.604
VT Standard Bronze 3 (2023)	2,014	0.613
VT Standard Bronze 4 (2023)	87	0.630
VT Non-Standard Bronze 5 (2023)	111	0.607
VT Standard Gold 1 (2023)	3,542	0.798
VT Non-Standard Gold 2 (2023)	407	0.827
VT Non-Standard Gold 3 (2023)	5,387	0.818
VT Non-Standard Silver 1 (2023)	51	0.687
VT Non-Standard Silver 1 II (2023)	1,402	0.687
VT Non-Standard Silver 2 (2023)	0	0.706
VT Non-Standard Silver 2 II (2023)	624	0.705
VT Standard Silver 3 (2023)	0	0.693
VT Standard Silver 3 II (2023)	1,418	0.693
VT Standard Silver 4 (2023)	25	0.703
VT Standard Silver 4 II (2023)	1,451	0.703
VT Standard Platinum 1 (2023)	3,286	0.921

		Medical		Dental			Medical		Normalized	Normalized	Normalized	
		Allowed	Pharmacy	Allowed			Unit Cost	Rx Unit	Medical Allowed	Pharmacy	Dental Allowed	Normalized Total
Month	Member Months	PMPM	Allowed PMPM	PMPM	Age Fx	ID Fx	Fx	Cost Fx	PMPM	Allowed PMPM	PMPM	Allowed PMPM
201801	14336	\$391.66	\$60.33	\$1.35	1.599	1.065	1	1		\$60.33	\$1.35	\$453.35
201802	14349	\$381.94	\$56.45	\$1.50	1.600	1.065	1	1		\$56.39	\$1.50	\$439.42
201803	14369	\$366.38	\$68.41	\$1.72	1.601	1.065	1	1		\$68.32	\$1.72	\$435.89
201804	14359	\$417.10	\$77.45	\$1.05	1.602	1.065	1	1		\$77.31	\$1.04	\$494.71
201805	14353	\$450.75	\$82.42	\$1.30	1.604	1.065	1	1		\$82.16	\$1.30	\$532.82
201806	14397	\$383.58	\$70.16	\$1.37	1.605	1.065	1	1		\$69.87	\$1.37	\$453.28
201807	14408	\$357.07	\$79.16	\$1.38	1.603	1.065	1	1	1	\$78.95	\$1.37	\$436.45
201808	14446	\$409.24	\$81.00	\$1.43	1.604	1.065	1	1		\$80.76	\$1.43	\$490.22
201809	14477	\$367.68	\$78.21	\$0.90	1.603	1.065	1	1	\$366.72	\$78.00	\$0.90	\$445.62
201810	14432	\$450.96	\$87.15	\$1.11	1.605	1.065	1	1		\$86.81	\$1.11	\$537.12
201811	14377	\$433.85	\$76.77	\$1.38	1.605	1.065	1	1		\$76.48	\$1.38	\$510.07
201812	14448	\$401.03	\$82.99	\$1.58	1.605	1.066	1	1	\$399.48	\$82.67	\$1.58	\$483.73
201901	15941	\$412.18	\$69.45	\$1.11	1.601	1.077	1.037	1.052		\$65.24	\$1.06	\$459.14
201902	15916	\$379.11	\$73.00	\$0.95	1.600	1.077	1.037	1.052	\$361.35	\$68.58	\$0.91	\$430.84
201903	15916	\$455.26	\$78.41	\$1.54	1.602	1.077	1.037	1.052	\$433.35	\$73.56	\$1.47	\$508.37
201904	15909	\$428.20	\$86.77	\$1.21	1.606	1.077	1.037	1.052	\$406.50	\$81.19	\$1.15	\$488.85
201905	15876	\$410.51	\$80.17	\$1.71	1.606	1.077	1.037	1.052	\$389.68	\$75.01	\$1.62	\$466.31
201906	15824	\$373.65	\$75.26	\$2.78	1.607	1.077	1.037	1.052	\$354.52	\$70.38	\$2.64	\$427.54
201907	15862	\$387.41	\$80.44	\$2.28	1.609	1.077	1.037	1.052	\$367.28	\$75.16	\$2.17	\$444.61
201908	15866	\$413.54	\$80.57	\$1.29	1.611	1.077	1.037	1.052	\$391.44	\$75.17	\$1.22	\$467.83
201909	15871	\$414.28	\$77.67	\$1.26	1.611	1.077	1.037	1.052	\$392.22	\$72.48	\$1.19	\$465.89
201910 201911	15884 15878	\$434.60	\$78.39	\$1.38	1.612	1.077 1.077	1.037 1.037	1.052	\$411.11	\$73.08	\$1.31	\$485.50 \$474.38
		\$420.78	\$80.36	\$2.05	1.614			1.052	\$397.60	\$74.84	\$1.94	
201912 202001	15924 20826	\$411.52	\$92.38 \$74.39	\$1.92 \$1.98	1.614 1.607	1.077 1.079	1.037 1.075	1.052	\$388.82	\$86.03 \$66.83	\$1.82	\$476.67
202001	20826	\$432.25		\$1.98		1.079	1.075	1.093	\$394.81 \$365.53		\$1.80	\$463.44 \$440.55
202002	20831 20766	\$400.37 \$330.51	\$82.35 \$98.68	\$1.17 \$0.96	1.608 1.610	1.079	1.075	1.093 1.093	\$301.37	\$73.95 \$88.50	\$1.07 \$0.88	\$440.55 \$390.75
202003	20788	\$225.27	\$99.97	\$0.90	1.609	1.080	1.075	1.093	\$205.42	\$89.66	\$0.02	\$295.10
202004	20538	\$225.27 \$337.20	\$99.97	\$0.02 \$0.19	1.609	1.080	1.075	1.093	\$307.15	\$80.82	\$0.02 \$0.17	\$388.13
202005	20502	\$404.85	\$101.23	\$1.78	1.611	1.080	1.075	1.093	\$368.60	\$90.65	\$1.62	\$460.88
202008	2051	\$404.85 \$470.91	\$98.91	\$1.78 \$2.47	1.611	1.080	1.075	1.093	\$428.53	\$90.65	\$1.62	\$519.30
202007	20529	\$414.53	\$99.14	\$1.28	1.612	1.080	1.075	1.093	\$376.78	\$88.63	\$1.16	\$466.56
202008	20508	\$445.73	\$93.70	\$1.28	1.614	1.080	1.075	1.093	\$404.54	\$83.64	\$1.10	\$489.28
202003	20521	\$457.26	\$98.24	\$1.94	1.618	1.080	1.075	1.093	\$414.77	\$87.65	\$1.76	\$504.17
202010	20694	\$403.74	\$98.49	\$1.34	1.617	1.080	1.075	1.093	\$366.44	\$87.92	\$1.12	\$455.48
202011	20034	\$430.38	\$115.76	\$2.04	1.619	1.080	1.075	1.093	\$389.98	\$103.17	\$1.84	\$495.00
202012	21795	\$467.75	\$86.20	\$1.43	1.617	1.030	1.130	1.195	\$405.10	\$70.59	\$1.24	\$476.93
202101	21/55	\$468.92	\$102.76	\$1.45	1.617	1.077	1.130	1.195	\$406.21	\$84.18	\$1.60	\$491.99
202102	21855	\$537.08	\$113.78	\$1.75	1.619	1.077	1.130	1.195	\$464.70	\$93.09	\$1.51	\$559.30
202103	21757	\$526.51	\$104.64	\$1.53	1.619	1.077	1.130	1.195	\$455.32	\$85.57	\$1.32	\$542.21
202104	21/5/ 21667	\$494.39	\$103.55	\$1.90	1.622	1.077	1.130	1.195	\$426.85	\$84.54	\$1.64	\$513.03
202105	21723	\$537.42	\$106.97	\$1.89	1.622	1.077	1.130	1.195	\$463.86	\$87.31	\$1.63	\$552.80
202100	21723	\$486.18	\$114.11	\$1.68	1.622	1.077	1.130	1.195	\$419.69	\$93.14	\$1.45	\$514.28
202107	21799	\$494.27	\$112.80	\$2.44	1.621	1.077	1.130	1.195	\$426.97	\$92.14	\$2.10	\$521.21
202100	21752	\$640.08	\$115.30	\$0.89	1.622	1.077	1.130	1.195	\$552.47	\$94.10	\$0.77	\$647.34
202105	21732	\$551.23	\$116.68	\$1.78	1.623	1.077	1.130	1.195	\$475.70	\$95.21	\$1.54	\$572.44
202110	21625	\$577.69	\$117.50	\$1.59	1.622	1.077	1.130	1.195	\$498.60	\$95.89	\$1.38	\$595.87
202111	21525	\$577.48	\$120.81	\$2.90	1.623	1.077	1.130	1.195	\$498.40	\$98.60	\$2.50	\$599.50
202201	20922	\$585.81	\$110.57	\$2.20	1.625	1.073	1.130	1.288	\$481.12	\$83.87	\$1.81	\$566.80
202201	20922	\$580.63	\$119.26	\$1.06	1.626	1.073	1.189	1.288	\$476.63	\$90.41	\$0.87	\$567.91

Historical Bad Debt as % of Premium, 2019 to 2021								
Small Group								
Year	Bad Debt	Premium	Bad Debt as % Premium					
2019	\$63,355	\$86,305,106	0.07%					
2020	\$22,565	\$124,574,050	0.02%					
2021	\$29,262	\$131,663,413	0.02%					
Total	\$115,182	\$342,542,569	0.03%					

Adjustments to Make to Experience Period Data due to Cost Share Changes						
(Remove Dollars)/Add Dollars VT AR44 Individual						
Treatment	(\$0.49)					
Visits	(\$0.75)					
Testing	(\$1.20)					
Telehealth	(\$2.45)					
Total Adjustment	(\$4.89)					

Calendar Year 2021 VT SG/INDV Insulin Summary								
	Preferred Non-Preferred							
			Amount of Member		Amount of Member			
	Member	Member Cost-	Cost-Share > \$100	Member Cost-	Cost-Share > \$100			
Metal	Months	Share	per 30 Day Supply	Share	per 30 Day Supply			
Р	50,349	\$55,046	\$0	\$1,475	\$0			
G	158,059	\$54,592	\$0	\$508	\$0			
S	128,746	\$66,290	\$11,454	\$227	\$0			
В	103,694	\$33,264	\$5,205	\$518	\$0			
Total	440,848	\$209,192	\$16,659	\$2,727	\$0			

Calendar Year 2020 VT SG/INDV Insulin Summary

	Member	Member Cost-	Amount of Member Cost-Share > \$100	Member Cost-	Amount of Member Cost-Share > \$100
Metal	Months	Share	per 30 Day Supply	Share	per 30 Day Supply
Р	43,570	\$48,176	\$0	\$2,175	\$0
G	153,936	\$41,485	\$0	\$100	\$0
s	132,785	\$59,988	\$10,201	\$758	\$8
в	101,422	\$37,484	\$13,247	\$2,080	\$1,195
Total	431,713	\$187,132	\$23,448	\$5,113	\$1,203

Calendar Year 2019 VT SG/INDV Insulin Summary

			Amount of Member		Amount of Member
	Member	Member Cost-	Cost-Share > \$100	Member Cost-	Cost-Share > \$100
Metal	Months	Share	per 30 Day Supply	Share	per 30 Day Supply
Р	30,815	\$32,448	\$0	\$1,877	\$1,117
G	115,812	\$45,139	\$3,659	\$1,285	\$969
s	119,709	\$56,441	\$13,350	\$475	\$36
В	93,091	\$33,694	\$14,803	\$706	\$406
Total	359,427	\$167,722	\$31,812	\$4,342	\$2,528

Member Cost-Share >\$100 PMPM	\$0.04
Member Cost-Share >\$100 PMPM	\$0.06
Member Cost-Share >\$100 PMPM	\$0.10
3 Year Average	\$0.06

2023 Plan Changes due to IRS Changes

Plan	Old Single Rate	New Single Rate	Premium Change
VT Plus Gold 3 HDHP	\$818.53	\$817.95	-0.07%
VT Plus Silver 2 HDHP	\$676.12	\$675.75	-0.05%
VT Plus Reflective Silver 2 HDHP	\$675.25	\$674.76	-0.07%
VT Silver 4 HDHP	\$671.80	\$671.43	-0.06%
VT Reflective Silver 4 HDHP	\$671.80	\$671.43	-0.06%
VT Bronze 3 HDHP	\$578.43	\$578.12	-0.05%



June 13, 2022

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

Re: 2023 Vermont Exchange Rate Filing - Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/06/22 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please provide the incurred and paid claims PMPM for COVID testing, COVID vaccinations, and COVID treatment costs, separately by incurral month from January 2020 through December 2021. Similarly, please provide the projected incurred and paid claims PMPM for COVID testing, COVID vaccinations, and COVID treatment costs for calendar year 2023.

Response: Please see the tables below for the experienced monthly claims associated with COVID visits, testing, vaccinations, and treatment costs and the projected costs for 2023. Note that the adjustment for waived telehealth cost share is not included here but is included on line 12 of exhibit 3.



COVID Incurred Claims PMPM Experience					
Incurred Month	Testing	Vaccines	Treatment	Visits	
202001	\$0.00	\$0.00	\$0.00	\$0.00	
202002	\$0.00	\$0.00	\$0.00	\$0.00	
202003	\$1.57	\$0.00	\$0.00	\$0.17	
202004	\$1.93	\$0.00	\$1.63	\$0.20	
202005	\$2.14	\$0.00	\$0.05	\$0.38	
202006	\$3.11	\$0.00	\$0.26	\$0.64	
202007	\$4.04	\$0.00	\$0.00	\$0.93	
202008	\$5.06	\$0.00	\$0.01	\$0.80	
202009	\$4.85	\$0.00	\$0.02	\$0.76	
202010	\$5.64	\$0.00	\$0.18	\$1.62	
202011	\$8.92	\$0.00	\$0.80	\$2.64	
202012	\$10.10	\$0.34	\$3.68	\$2.56	
202101	\$10.54	\$1.59	\$12.28	\$2.63	
202102	\$7.00	\$1.31	\$17.93	\$1.63	
202103	\$7.57	\$2.35	\$1.11	\$1.72	
202104	\$6.30	\$7.41	\$3.08	\$1.84	
202105	\$3.07	\$4.66	\$0.23	\$1.06	
202106	\$2.42	\$1.49	\$1.55	\$0.79	
202107	\$2.39	\$0.59	\$0.16	\$0.86	
202108	\$6.77	\$0.77	\$0.92	\$2.23	
202109	\$7.91	\$0.71	\$5.45	\$2.19	
202110	\$9.14	\$2.28	\$8.48	\$1.73	
202111	\$11.73	\$4.29	\$11.09	\$2.12	
202112	\$12.21	\$4.19	\$20.21	\$2.62	

COVID Projection					
Testing Vaccines Treatment Visits					
Experience Period Incurred PMPM	\$7.25	\$2.63	\$6.87	\$1.78	
Adjustment due to Cost Share Changes	-\$1.20	\$0.00	-\$0.49	-\$0.75	
Adjustment due to Utilization/Unit Cost Changes	-\$2.18	\$3.68	-\$2.06	-\$0.54	
2023 Projection	\$3.87	\$6.31	\$4.32	\$0.50	

2. Regarding the response to question #14 of the previous objection - We acknowledge the experience period COVID-19 vaccination costs of \$2.63 PMPM. Please provide the experience period utilization rate, number of vaccines per utilizing member, and unit cost per shot.

Response: The experience period utilization rate is 39.2%, the number of vaccines per utilizing member is 1.77, and the unit cost per shot is \$38.48. When these values are multiplied together and divided by the average member months per member, 10.12, they reconcile to the \$2.63 PMPM.



3. Please provide a list of claims above 200K in each calendar year from 2018-2021. For each of these claims, please provide the primary diagnosis assigned to the claim.

Response: Please see the sheet "Question #3" in the attached Excel document for the list of high-cost claims and the primary diagnoses. Part of this response has been determined to be confidential and will be provided under separate cover. Note that this response does not fully represent high-cost claimants who may have multiple smaller claims and/or large pharmacy expense which can total more than 200k.

4. Please elaborate on the expected impact on morbidity due to Medicaid redetermination as a result of the ending of the Public Health Emergency. If an impact is expected, please provide quantitative and qualitative support for the calculation of the impact.

Response: MVP does not have Medicaid business in the state of Vermont and is not aware of the morbidity of this population. Due to a lack of data, we believe it is reasonable to assume that the members entering the market have the same morbidity as the current market.

5. Please provide the average age factor for MVP's small group market over the last five years (2018-2022).

Response: Please see the table below for the average HHS age factor for this market in each year. Note that 2022 membership data only includes through February.

Age Factors for MVP's Small Group Market				
Year Average Age Factor				
2018	1.603			
2019	1.608			
2020	1.613			
2021	1.621			
2022	1.625			

6. Please provide a breakdown of the assumed general administrative load of \$43.56 by expense category. Please provide a similar breakdown for the small group market load as filed for 2022 of \$38.75, and the 2021 actual individual market administrative expenses PMPM of \$44.49.

Response: Please see the table below which provides a breakout of the administrative expense by major category. Note that 2022 is what MVP built into rates and does not necessarily reflect our best estimate of 2022 costs currently.

VT Small Group Administrative Expense by Category						
2023 Admin PMPM 2022 Admin PMPM 2021 Actual Admin PMPM						
Personnel Expenses	\$26.85	\$23.56	\$27.47			
Software	\$3.83	\$3.23	\$3.68			
Consulting/Project Expenses	\$5.04	\$4.86	\$6.44			
All Other Administrative Expenses	\$7.84	\$7.10	\$6.90			
Total	\$43.56	\$38.75	\$44.49			



7. Regarding the response to question #17 of the previous objection – the individual market administrative expenses materially increased in 2021 compared to prior years, please elaborate on the cause of this increase.

Response: This response was prepared by our Financial Planning and Analysis team. MVP Health Care has a mission of creating innovative solutions that greatly impact the lives of our members and the communities we serve. Stemming from that was a significant amount of activity (and expense) involved in a new partnership with The University of Vermont Health Network (UVM Health Network) to co-create a unique doctor-influenced plan to meet the specific health care needs of members in Vermont. This new partnership is aimed at offering products that will be collaboratively designed to support stronger relationships between members and physicians, while providing a more seamless patient experience that will make health insurance more convenient, more supportive, and more personal. The first of these plans became available to Vermont members beginning January 1, 2022.

MVP, like others in the economy is currently struggling with filling open positions due to a severe talent shortage and the ongoing impact of the Great Resignation. In the U.S., the Bureau of Labor Statistics (BLS) recently reported a 7.9% increase in the Consumer Price Index (CPI) before seasonal adjustment over the last 12 months. BLS also reported the U.S. national unemployment rate dropped in April to 3.6%, nearing pre-pandemic levels. All these factors together resulted in the average hourly earnings increasing by 5.5% over the past 12 months.

8. Please provide the company's historical RBC ratio for a minimum of 3 years.

Response: Please see the table below.

MVPHP RBC Ratio				
Year	Actual			
2019	433.6%			
2020	429.4%			
2021	354.0%			

9. Please provide the historical actual to expected profit margin for a minimum of three years.

Response: See the table below for the historical actual to expected profit margin in the small group market. The actual margin was calculated on a run rate basis instead of a financial statement basis to best represent our premiums and claims in each period.

VT Small Group Actual to Expected Profit Margin					
Year	Actual	Expected (Approved)			
2019	-1.0%	1.5%			
2020	9.2%	1.0%			
2021	-8.5%	0.5%			



If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

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Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.

Claim	Year	Diagnosis Description	Claim Expense
	1 2018		\$225,100.87
	2 2018		\$215 <i>,</i> 150.68
	3 2019		\$280,730.89
	4 2019		\$294,716.22
	5 2020		\$212,715.36
	6 2020		\$219,209.52
	7 2020		\$213,241.00
	8 2020		\$282,437.14
	9 2020		\$271,055.00
	10 2021		\$259,219.95
	11 2021		\$203,103.28
	12 2021		\$605 <i>,</i> 455.30
	13 2021		\$481,645.79
	14 2021		\$252,863.53
	15 2021		\$359 <i>,</i> 362.17
	16 2021		\$213,704.36
	17 2021		\$1,074,721.84
	18 2021		\$218,743.66



June 22, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/16/22 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Regarding the response to question #3 of the previous objection -

a. Please confirm that the 2021 large amounts include the large claimant for which MVP expects to receive a National HCRP reimbursement. Further, please confirm that the expected reimbursement amount is approximately \$290K. If not, what is the expected total reimbursement amount?

Response: The first statement is correct. The expected reimbursement amount is approximately \$650K, or the \$2.48 PMPM on Exhibit 3.

b. Given that the large claim amount observed in 2021 totals a significantly higher amount than in prior years, did MVP consider further reducing the experience period data for large claim amounts that are not expected to recur? Why was it decided to make no further adjustment made within the rates filed?

Response: MVP considered this but does not believe that the high-cost expenses in 2021 are isolated only to 2021. We believe that high-cost claims of this frequency will continue in the future and do not think a further adjustment is appropriate.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

(Jun Part

Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.



June 27, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Individual and Small Group SERFF Tracking #: MVPH-133238186, MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/20/22 regarding the above-mentioned rate filings. The responses to your questions are provided below.

1. If the Board approves the proposed 2023 rates filed by each carrier without modification, how would the <u>net</u> premiums for MVP's individual plans change if ARPA's enhancements to APTC are extended to 2023? How would the net premiums change if ARPA's enhancements to APTC are not extended to 2023?

Response: Please see the sheet "Question #1" in the attached Excel file for the net premium changes for MVP's lowest cost gold, silver and bronze individual plans. Note that these figures do not reflect reductions in premiums that could be felt by the member as a result of the Vermont Purchasing Assistance program, which can reduce premium by 1.5% of household income.

2. For each filing, provide the detail behind MVP's calculation for line 14 (Adjustment for COVID Vaccines) of Exhibit 3 (Index Rate Development). Did MVP consider that Vermont has a higher vaccine level than the national average? Is variation in uptake between initial doses and boosters incorporated into MVP's calculations?

Response: The CMS projection can be found using the following link: <u>https://www.cms.gov/files/document/2023-announcement.pdf</u> on page 27. More detail behind this calculation can be found in Question #14 of the response to Objection #2 and Questions #1 and #2 of the response to Objection #3. MVP did not make an adjustment for the fact that Vermont has a higher vaccine level than the national average, although we do not expect this would reduce costs as higher vaccine uptake than average likely means higher booster uptake than average. The variation in uptake between initial doses and boosters is implied in the CMS estimate.

3. In his pre-filed testimony last year, Matthew Lombardo, MVP's Senior Leader of Actuarial Services, stated: "MVP's pharmacy team works with the PBM through negotiating unit cost reductions and/or increasing rebates from the manufacturer." A-26. Please explain what these negotiations consist of and how frequently they occur.

Response: Within our PBM contract, MVP has contractual language to perform annual market checks, which allow MVP to survey the market and negotiate enhancements to current contract terms. These terms can include services, admin, unit cost reimbursement changes, and rebates.



4. When was the last time MVP solicited bids for PBM services and when will MVP solicit bids for these services again?

Response: MVP's most recent contract was effective 1/1/2021 and runs through 12/31/2023. As stated above, we have annual market check provisions, and can go out to bid at any time during the contract term.

5. Given that PBMs employ different funding models (e.g., discount spread, pass-through + fee, rebates), how does MVP ensure that it gets the best possible price when evaluating bids from PBMs? See BlueCross BlueShield of Vermont, Pharmacy Pricing & PBM Overview, 7 (Feb. 6, 2019) (describing PBM funding models).

Response: MVP engages with an independent consultant to assist MVP in the evaluation of all PBM proposals. We also utilize internal clinical resources and external physicians to create our formularies, clinical policies, and clinical programs.

6. Explain and provide data showing how MVP derives an "average annual allowed Rx trend" that is lower than the "average annual paid Rx trend net of rebates" in both filings. Individual Actuarial Mem. 6; Small Group Actuarial Mem.
6.

Response: The annual allowed Rx trend is lower than the annual paid Rx trend due to leveraging. Please see Exhibit 2b of the rate filings for the data support of the calculation. In general, leveraging occurs due to the fact that benefits don't get leaner at the same rate that claims go up. As deductibles and copays stay flat, but claims increase, it results in a higher than allowed increase to paid claims for the insurer.

A simple example of this would be if allowed claims were \$100 and the deductible was \$50. In this scenario both the member and the insurer would pay \$50. If claims the next year were \$150 but the deductible was still \$50, the insurer would now pay \$100 while the member would still pay \$50. This is a 50% allowed trend in claims, but a 100% paid increase to the insurer as their expense went from \$50 to \$100.

7. MVP sets forth administrative expenses in each of the last three years for its individual, small group, and combined business. Individual Actuarial Mem. 8; Small Group Actuarial Mem. 8. Are those expenses for Vermont alone or for Vermont and New York?

Response: The expenses are for Vermont alone.

8. Please detail the actual or expected amount and the actual or expected receipt date of all monies that MVP is seeking or has received related to cost sharing reduction (CSR) litigation and risk-corridor litigation. How much, if anything, does MVP project it will recover in connection with such litigation in 2022 and 2023? How, if at all, are recoveries in connection with risk-corridor litigation or CSR litigation reflected in MVP's rate filings?

Response: MVP is not able to speculate on the amount to be recovered, if any. This is not reflected in the rate filings because it does not impact the expectation of costs to MVP in 2023.



9. MVP reports for the small group market that it expects to pay \$7.8 million into the risk adjustment transfer pool for 2021 and projects a payment of \$8.9 million into the pool for 2022. Small Group Actuarial Mem. 6. Yet the plain language summary reports MVP "will receive money from the program, decreasing premium rates by approximately 5.0%." Similarly, MVP reports for the individual market that it expects to pay \$13.3 million into the risk adjustment transfer pool for 2021 and projects it will pay \$15 million into the pool for 2022. Individual Actuarial Mem. 6. Yet the plain language summary reports MVP "will receive money from the program, decreasing premium rates by approximately 4.8%." Please explain how MVP's payment into the risk adjustment transfer pool results in a reduction in premium rates.

Response: MVP's payment into the risk adjustment transfer pool, as a percentage of the paid index rate, has decreased from the previous filing and results in a reduction in premium rates. Note that this is a comparison of risk adjustment transfer from 2019 to 2021 because those were the experience periods used in the 2022 and 2023 rate filings, respectively. The plain language summary should state that MVP will pay into the program, but less than it has previously. We will submit an updated version of this document.

10. MVP states that it is adding a 1.5% contribution to reserves/risk charge to its Vermont Exchange rates "to meet statutory reserve requirements for MVP's VT block of business." Individual Actuarial Mem. 8; Small Group Actuarial Mem. 8. Please cite the statute setting forth such requirements for MVP's Vermont block of business.

Response: Per Vermont Statute 8 VSA 4062, rates must protect insurer solvency as verified by the Department of Financial Regulation. DFR considers both the solvency of MVPHP and how it will be impacted by the Vermont filing. This requires adequate reserves in the Vermont block of business. The Risk-Based Captial (RBC) for Health Organizations Model Act requires the maintenance of an RBC ratio above 200% to avoid intervention (https://content.naic.org/sites/default/files/inline-files/MDL-315.pdf).

11. How much investment income did MVP earn on the investments that support the surplus for MVP's Vermont block of business in 2020 (actual), 2021 (actual), 2022 (estimated) and 2023 (estimated)? How, if at all, is the investment income that supports the surplus for the Vermont block of business reflected in the rate filings?

Response: Please see the table below that shows the investment income for MVPHP for the time periods requested.

Year	MVPHP Investment Income
2020 Actual	\$9,085,235
2021 Actual	\$14,413,123
2022 First Quarter	\$1,085,198
2022 Budget	\$6,479,995
2023 Projected	\$7,919,994

MVP's investment income is factored into the proposed premium rates in that it is a component of what determines our proposed contribution to surplus to ensure future solvency.

Please note that all figures above are on a statutory basis and MVP has significant investment losses on a GAAP basis for 2022 YTD, around \$25 million. We expect the full year number to be at least \$25 million is losses. We are also expecting challenges next year as bond prices have been significantly dampened by the interest rate increase.



12. Does MVP calculate a return on investment for its utilization management program(s)?

Response: Yes. It is challenging at times to calculate actual savings because some programs are meant to impact behavior and it is impossible to know what the behavior/claims would have been in the absence of the program. In addition, the alternative care costs are difficult to capture completely.

13. Provide an update on OneCare Vermont contracting activity for 2023 and any estimated savings this contracting might create.

Response: MVP and OCVT are actively ramping up discussions for their 2023 contract – we are exploring a shared risk model in January as well as a primary care capitation model for provider groups. As no contract is signed for 2023, there are no estimated savings.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

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Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.



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 2023 Small Group Exchange rates for effective dates of coverage between January 1, 2023 and December 31, 2023. 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 **15.3%** because our estimate of 2022 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 7.4% because of this estimated trend in 2023.

-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 become less, decreasing premium rates by approximately **5.0%**.

-Impact of the COVID-19 pandemic. MVP is assuming that cost and utilization of services related to COVID-19 will decrease in 2023. This decreases the premium rate by **1.2%**.

-Changes 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. These changes are worth approximately **0.4%** of a premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 16.6%, ranging from 8.9% to 19.8%. There are 1,445 policyholders, 12,538 subscribers and 20,900 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9th. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment



June 29, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/22/22 regarding the above-mentioned rate filing. The response to your question is provided below.

Regarding the response to question #15 of objection #2 – What are the factors contributing to the need for a
normalization factor and would some of them be better represented in the URRT under the allowed trend or
the plan design factor, etc.? Please elaborate further on the components of the normalization factor and
explain why it is best represented in the URRT as part of the 'Other Factor' or propose and alternate URRT
representation.

Response:

The main factor contributing to the need for a normalization factor is the difference between MVP's actual paid to allowed ratio and what is implied by our AV * Induced demand in the filing. MVP wants to make it clear that the pricing AVs and induced demand used in Exhibit 7 of our filing as well as the URRT Worksheet 2 are not intended to project true paid to allowed ratios, they are intended to represent the relativities between two or more benefit plans by the difference in their value. Since MVP prices using paid instead of allowed, the actual paid to allowed ratio is baked into the paid claims. As long as the AV's used on Exhibit 7 columns H and I are on the same basis as the AVs used to calculate Exhibit 7 cell G8, then the actual values do not matter and only the relativities impact the premium rates.

The other component that would create a need for the factor would be anything that is projected in the rate filing to increase or decrease claim expense but have no impact on allowed spend. These changes implicitly impact the projection period paid to allowed ratio. A few examples of this from MVP's current filing would be the insulin cap and the cost share waiver changes for COVID-19. One of these has an increase to claim expense while the other has a projected decrease without changing the projection of allowed.

It is worth noting that this factor only exists if the market adjusted index rate on Worksheet 1 of the URRT must match cell G10 on Exhibit 7 of MVP's rate filing. MVP believes that the correct way to approach this would be to have the market adjusted index rate of Worksheet 1 of the URRT reflect a true expectation of allowed spend and then adjust the AVs on Worksheet 2 such that they reflect the true projected paid to allowed ratios. This methodology will arrive at the same premium rates as currently proposed, but better reflect the true allowed cost on the URRT. Cell G10 on Exhibit 7 of the rate filing will no longer match the market adjusted index rate on Worksheet 1 of the URRT but as cell G10 on Exhibit 7 is not intended to reflect allowed cost to begin with, MVP believes this is appropriate.



MVP also wants to clarify that this normalization factor has no impact on premium and is simply a difference in implied paid to allowed vs actual paid to allowed that has existed in prior years. In MVP's 2022 approved rate filing, there was a 5.7% factor listed, which was comprised of a COVID-19 normalization factor of 6.6% and a paid to allowed normalization factor of -0.9%. The reason that the normalization factor for COVID-19 is positive in small group is that MVP's allowed claims in 2019 were \$486.00 PMPM vs \$483.34 PMPM in 2020. This is a decrease of 0.5% which is much lower than MVP's allowed trend for 2020/2019 and therefore needs to be normalized up. The paid to allowed normalization factor is negative due to the actual paid to allowed being below the implied from the rate filing. As stated above, the implied values are not intended to predict the actual paid to allowed and actuals are expected to vary.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

(Im Part

Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.



July 6, 2022

Michael Barber General Counsel Green Mountain Care Board

Re:	MVP Health Plan, Inc. 2023 Individual Market Rate Filing	GMCB-005-22rr SERFF No. MVPH-133238186
	MVP Health Plan, Inc. 2023 Small Group Market Rate Filing	GMCB-006-22rr SERFF No. MVPH-133238198

Dear Mr. Barber:

This letter is in response to your correspondence received 06/13/22 regarding the above-mentioned rate filings. The responses to your questions are provided below.

1. Provide MVPHP's 2021 Supplemental Health Care Exhibit.

Response: Please see the provided attachment, MVPHP VT SHCE.

2. Use the following table to specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the Board's budget review jurisdiction for the listed categories of claims.

Response: Please see the table below.

Claims	Individua	al Market	Small Group Market				
Category	% of Premium	PMPM	% of Premium	PMPM			
Inpatient Facility	9.74%	\$77.00	10.25%	\$69.05			
Outpatient Facility	32.23%	\$254.72	28.43%	\$191.50			
Professional Services	6.25%	\$49.38	6.63%	\$44.68			
Total for regulated hospitals	48.22%	\$381.10	45.32%	\$305.23			

3. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by MVPHP under each alternative payment model category below



across MVPHP's individual and small group plans and identify the relevant program or payment arrangement(s).

Response: Please see the table below.

20	21		
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Qual	ity and Value		
1: FFS-No link to Quality & Value		\$177M	76%
Category 2: FFS-Link to Qualit	ty and Value		
2A: Foundational payments for infrastructure & operations		\$0	0%
2B: Pay for reporting		\$0	0%
2C: Pay for performance		\$0	0%
Category 3: APMs Built on FFS	Architecture		
3A: APMs with shared savings	OneCare VT	\$55M	24%
3B: APMs with shared savings and downside risk		\$0	0%
3N: Risk based payments NOT linked to quality		\$0	0%
Category 4: Population-Base	d Payment		
4A: Condition-specific population-based payment		\$0	0%
4B: Comprehensive population-based payment		\$0	0%
4B with reconciliation to FFS and ultimate accountability for TCOC		\$0	0%
4B with NO reconciliation to FFS		\$0	0%
4C: Integrated finance & delivery system		\$0	0%
4N: Capitated payments NOT linked to quality		\$0	0%

4. As part of MVP's presentation to the Board on April 27, 2022, Matthew MacKinnon described several 2022 cost containment initiatives, including termination of MVP's relationship with MultiPlan, an implant pricing initiative, formulary changes, and coding initiatives, as well as a 2023 cost containment initiative relating to PBM services. Please explain whether the impact of each of these initiatives is reflected in the filings and, if so, where/how. Please provide projected cost savings for each initiative specific to the individual and small



group plans under review (based on membership).

Response: As noted in the presentation, the savings outlined were calculated for in total and then allocated to Vermont based on its percent of membership. MVP received little advanced notice for the meeting in April and therefore utilized a simple allocation methodology across all Commercial members. However, our actuaries did a detailed analysis and the results varied significantly from the allocation methodology. The savings associated with the termination of MVP's relationship with MultiPlan are reflected in the Capitation and Non-FRDM Expenses from the rate filing. These savings are worth about \$90,000 for the Individual market and \$100,000 for the Small Group market. The Pharmacy initiatives are a part of the pharmacy trends in our rate filing and are worth \$347,000 for Individual and \$466,000 for Small Group.

The coding and implant pricing initiatives are not reflected in the filings. Our contract team and medical management team work year-round to make decisions on policies; these decisions were made so close to the rate filing that the actuarial department was not aware the policies were approved. The implant pricing initiative savings are worth about \$215,000 for Small Group and \$155,000 for Individual. The coding initiatives are worth \$88,000 for Small Group and \$64,000 for Individual.

5. Apart from MVPHP's partnership with OneCare Vermont, how does MVPHP work to reduce low-value care (e.g., employing clinical decision support, coverage policies, network design, etc.)? As part of your response, please explain how MVPHP identifies low-value care and whether it utilizes information from the Choosing Wisely initiative or U.S. Preventive Services Task Force recommendations.

Response: We utilize guidelines and recommendations from the USPSTF and Choosing Wisely to identify low value care. MVP's low value care dashboard and evaluation matrix is comprised of guidance and recommendations from USPSTF, Choosing Wisely, and National Quality Forum (among other sources). We then codify the guidance and marry this with our claims data to identify low value care. Medical and/or Payment policies are created based on this information and then we manage against the policies.

6. The Board has recently produced reports regarding reimbursement variation (e.g., by payer, by provider, by service line, and by percentage of costs covered). See Green Mountain Care Board, Reimbursement Variation Report (2017 to 2020); Health Management Associates, Examination of Payment and Cost Coverage Variation Across Payers for Hospital Services (Oct. 27, 2021). Please describe how reimbursement variation factors into MVPHP's pricing decisions, if at all.

Response: The reimbursement variation is factored into MVP's pricing as it is accounted for in the weighting of hospital trends. We assume that membership does not shift between hospitals.

7. How many members were directly enrolled in an MVPHP plan as of May 31, 2022, and how many members were directly enrolled in an MVPHP plan as of May 31, 2021? Describe MVPHP's efforts to inform individuals enrolled in these plans of the subsidies that may be available to them if they transfer to a Vermont Health Connect plan.

Response: 1,509 members were directly enrolled in May 2022 and 2,319 members were directly enrolled in May 2021. The efforts to inform individuals of the subsidies include targeted letters and emails, boosted social media posts, a



banner ad on the SHOP page, resources on the MVP website, and renewal notification inserts.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

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Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care

Exhibit 1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf) REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

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NAIC Group Code 1198					E OF Vermont			2. LOUA		tady, NY 12305)			1	VAIC Compar	ny Code 95521
					Business Subject to MLR						10	11	12	13	14	15
		Compr	rehensive Health Cove	0		Mini-Med Plans		Expatri	ate Plans	9			Medicare			
		1	2	3	4	5	6	7	8		Government Business	Other	Advantage Part C and Medicare Part D	Subtotal		
			Small Group	Large Group		Small Group	Large Group	Small	Large	Student	Eusiness (Excluded	Health	Stand-Alone	(Cols. 1	Uninsured	Total
		Individual	Employer	Employer	Individual	Employer	Employer	Group	Group	Health Plans	by Statute)	Business	Subject to ACA	thru 12)	Plans	(Cols. 13 + 14)
1. Premium: 1.1 Health premiums earned (F	From Part 2, Line 1.11)	97,560,659	134,000,030	14,336,728									29,470,037	275,367,454	x x x	275,367,454
1.3 State high risk pools	·····														X X X	
1.5 Federal taxes and federal a 1.6 State insurance, premium	+ 1.3) assessments and other taxes (Similar local	97,560,659 	134,000,030 117,469	14,336,728 5,192									29,470,037	275,367,454 . 206,678 .	X X X	275,367,454 206,678
1.6A Community Benefit	Expenditures (informational only)									· · · · · · · · · · · · · · · · · · ·						
1.8 Adjusted Premiums Earned	d (Lines 1.4 - 1.5 - 1.6 - 1.7)	97,473,763	133,878,607	14,331,113									29,469,167	275,152,650 .	X X X	275,152,650
1.10 Other adjustments due to M	einsurance premiums earned MLR calculations - Premiums	(380,530)	(550,495)	(53,174)						· · · · · · · · · · · · · · · · · · ·				(1,010,605) .	XXX XXX XXX	(1,010,605)
1.9 + 1.10 + 1.11)	rned after reinsurance (Lines 1.8 +	97,093,233	133,328,112	14,277,939									29,442,761	274,142,045 .	x x x	274,142,045
 2.2 Prescription drugs 2.3 Pharmaceutical rebates 2.4 State stop-loss, market sta 	prescription drugs	90,999,578 16,354,141 5,606,549	114,081,882 24,947,990 8,498,497	12,011,366 2,571,597 997,728						·····			27,329,176 5,397,516 3,277,288	244,422,002 . 49,271,244 . 18,380,062 .	XXX XXX XXX	244,422,002 49,271,244 18,380,062
	al only)	1,265,285	1,653,339	140,574										3,059,198 .	X X X	3,059,198
	and bonuses	375,235	626,315										184,545	1,259,045 .	X X X	1,259,045
4. Deductible Fraud and Abuse Dete MLR use only)														16,046 .		
5.0 TOTAL Incurred Claims (Lines 2.: Line 2.15) 5.1 Net assumed less ceded re 5.2 Other adjustments due to N	einsurance claims incurred	102,122,405 (1,590,921) 3,571,402	131,157,690	13,658,185	· · · · · · · · · · · · · · · · · · ·		·····			······			29,633,949 	276,572,229 . (1,590,921) . 8,687,023 .	X X X X X X X X X	276,572,229 (1,590,921) 8,687,023
5.4 Estimated rebates unpaid 5.5 Estimated rebates unpaid 5.6 Fee for service and co-pay	prior year current year r revenue	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	XXX XXX XXX	XXX XXX XXX			XXX XXX XXX XXX	
5.3 - 5.4 + 5.5 - 5.6)	einsurance (Lines 5.0 + 5.1 + 5.2 +	104,102,886	136,180,077	13,658,185									29,633,949	283,575,097 .	x x x	283,575,097
6.2 Activities to prevent hospita	al readmissions	258,661	327,630										181,119			796,884
6.4 Wellness and health promo 6.5 Health Information Techno	reduce medical errors otion activities logy expenses related to health		259,195 137,166											553,942 . 305,687 .		553,942 305,687
improvement 6.6 TOTAL of Defined Expense	es Incurred for Improving Health															
7. Preliminary Medical Loss Ratio: N		568,516											334,402	1,743,863 .		1,743,863
8. Claim Adjustment Expenses:	s not included in quality of care	1.054	0.985	0.958							X X X	XXX	1.017	XXX	XXX	X X X
expenses in Line 6.6 8.2 All other claims adjustment	t expenses	1,329,192 1,370,511	1,646,425 1,996,332	169,582 194,076			·····						820,351 373,557		· · · · · · · · · · · · · · · · · · ·	3,965,550 3,934,476
8.3 TOTAL Claims adjustment	, ,	2,699,703	3,642,757	363,658									1,193,908			
9. Claims Adjustment Expense Ratio	o (Line 8.3 / Line 1.8)	0.028	0.027	0.025									0.041	XXX	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

Business Subject to MLR 10 11 12 13 14											45				
		,								10	11	12	13	14	15
	Comp	rehensive Health Cover	age		Mini-Med Plans		Expatria	te Plans	9			Medicare			
	1	2	3	4	5	6	7	8				Advantage			
										Government		Part C and			
										Business	Other	Medicare Part D	Subtotal		
		Small Group	Large Group		Small Group	Large Group	Small	Large	Student	(Excluded	Health	Stand-Alone	(Cols. 1	Uninsured	Total
	Individual	Employer	Employer	Individual	Employer	Employer	Group	Group	Health Plans	by Statute)	Business	Subject to ACA	thru 12)	Plans	(Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits		565,423											897,393		897,393
10.2 Agents and brokers fees and commissions												341,890	603,905		603,905
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	5,842,247	6,629,763	702.251									2,766,679	15,940,940		15.940.940
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3															
+ 10.4)	6,053,869		1,030,598									3,162,585	17,442,238		17,442,238
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(16,331,741)	(14,455,271)	(850,084)									(4,882,083)	(36,519,179)	X X X	(36,519,179)
12. Income from fees of uninsured plans		XXX	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	XXX	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	XXX	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(36,519,179)	X X X	(36,519,179)
16. ICD-10 Implementation Expenses (informational only; already													. ,		
included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only:															
already included in Line 10.4)															
O. OTHER INDICATORS:															
			1,233									4,057			
O2. Number of Covered Lives			2,101												
O3. Number of Groups															1,433
O4. Member Months	180,346	260,898											513,598		513,598
									-	•					

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[] No[X] (b) If yes, show the amount of premiums and claims included: Premiums \$....

...0 Claims \$.....0

	AFFORDABLE CARE ACT (ACA) F	RECEIPTS, PAYMENT	S, RECEIVABLES ar	IN PAYABLES			
		Currer	nt Year	Prior Year			
		Comprehensive	Health Coverage	Comprehensive	Health Coverage		
		1	2	3	4		
		Individual	Small Group	Individual	Small Group		
		Plans	Employer Plans	Plans	Employer Plans		
1.	ACA Receivables and Payables Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(0.021.700)	(19 500 604)				
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		xxx		xxx		
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience refunds						
4.	ACA Receipts and Payments Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)			5,960,903	16,047,621		
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		xxx		xxx		
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid						

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2021

NAIC Group Code 1198

NAIC Company Code 95521

				E	Business Subject to ML	R				10	11	12	13
	Comp	rehensive Health Cove	erage		Mini-Med Plans		Expatri	ate Plans	9	-		Medicare	
	1	2	3	4	5	6	7	8		Government		Advantage Part C and	
	Individual	Small Group Emplover	Large Group Emplover	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Business (Excluded by Statute)	Other Health Business	Medicare Part D Stand-Alone Subiect to ACA	Total (a
lealth Premiums Earned	Individual	Employer	Employer	Individual	Employer	Linpioyei	Gloup	Group	ricalari lano	by otatute)	Dusiness	Oubject to AOA	10101 (0
.1 Direct premiums written		134,454,158	14,358,248									29,470,348	276.0
.2 Unearned premium prior year													
.3 Unearned premium current year													
.4 Change in unearned premium (Lines 1.2 - 1.3)													
.5 Paid rate credits													
.6 Reserve for rate credits current year													
.7 Reserve for rate credits prior year													
.8 Change in reserve for rate credits (Lines 1.6 - 1.7)													
5													
.9 Premium balances written off		454,128										311	
.10 Group conversion charges													
.11 TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)		134,000,030	14,336,728									29,470,037	275
.12 Assumed premiums earned from non-affiliates	1 1												• • • • • • • • • •
.13 Net assumed less ceded premiums earned from affiliates	1 1												• • • • • • • • • •
.14 Ceded premiums earned to non-affiliates			53,174										· · · · · · · · · · · ·
15 Other adjustments due to MLR calculation - Premiums													
16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	97,180,129	133,449,535	14,248,917									28,917,196	27
rect Claims Incurred:													
1 Paid claims during the year	105,300,512	133,808,711	14,108,924									30,197,102	
2 Direct claim liability current year	11,471,247	14,140,691	1,468,891									2,252,475	
3 Direct claim liability prior year		15,176,436										1.755.305	3
4 Direct claim reserves current year												,	
5 Direct claim reserves prior year													
6 Direct contract reserves current year													
7 Direct contract reserves current year													
									• • • • • • • • • • • • • • • • • •				•••••
Reserve for rate credits current year													•••••
10 Reserve for rate credits prior year													
11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A Paid medical incentive pools and bonuses current year		1,075,595							• • • • • • • • • • • • • • • • • • • •				
2.11B Accrued medical incentive pools and bonuses current year			(557)									207	
2.11C Accrued medical incentive pools and bonuses prior year			(1,490)										
12 Net healthcare receivables (Lines 2.12a - 2.12b)		2,241,592	63,300									1,771,302	
2.12A Healthcare receivables current year		5,549,401										3,169,002	1
2.12B Healthcare receivables prior year	3,253,051	3,307,809	510,653									1,397,700	
13 Group conversion charge													
14 Multi-option coverage blended rate adjustment													
15 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 +													
2.11 - 2.12 + 2.13 + 2.14)	102,122,405	131,157,689	13,658,185									29,633,950	27
16 Assumed Incurred Claims from non-affiliates													
Net Assumed less Ceded Incurred Claims from affiliates													
Red Assumed less deded incurred claims in on affiliates													
Other Adjustments due to MLR calculation - Claims		5,022,387											
20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	104,102,886	136,180,076	13,623,548									29,107,515	
raud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only).			13,623,548										

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$......0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2021

NAIC Group Code 1198

NAIC Company Code 95521

NAIC Gloup Co	Jue 1130	L		TATE OF VEITION DUR	ING THE TEAM 202	1				INAIC Company C	Jue 3002 1
	All Expenses			Improving Health Care Q	uality Expenses			Claims Adju	9	10	
		1	2	3	4	5	6	7	8	General	Total
		Improve Health	Activities to Prevent	Improve Patient Safety	Wellness & Health	HIT	Total	Cost Containment	Other Claims	Administrative	Expenses
		Outcomes	Hospital Readmissions	and Reduce Medical Errors	Promotion Activities	Expenses	(1 to 5)	Expenses	Adjustment Expenses	Expenses	(6 to 9)
1. Individua	I Comprehensive Coverage Expenses:										
1.1				177,323 .	55,312		503,456	811,436	1,146,570	2,477,786	4,939,248
1.2	Outsourced services				2,587	514				1,198,416	1,264,770
1.3	EDP Equipment and Software (incl \$0 for affiliated services)	1,146		445 .	26,347	106		139,537	55,405		
1.4	Other Equipment (excluding EDP) (incl \$0 for affiliated services)	16			6		22	2,122	1,756	13,661	17,561
1.5	Accreditation and Certification (incl \$0 for affiliated services)		XXX		XXX						
1.6	Other Expenses (incl \$0 for affiliated services)			4,080 .	10,566	1,370	23,643	351,376	138,499	1,600,110	
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	258,661				30,093		1,329,192	1,370,512	5,786,959	
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX		
1.10	TOTAL (Lines 1.7 to 1.9)					30,093		1,329,192	1,370,512	6,140,765	
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
2. Small Gr	oup Comprehensive Coverage Expenses:										
2.1	Salaries (including \$0 for affiliated services)				80,017			1,066,474			6,499,701
2.2	Outsourced services	10,022			3,742	670				1,721,262	1,816,004
2.3	EDP Equipment and Software (incl \$0 for affiliated services)						40,350				
2.4	Other Equipment (excluding EDP) (incl \$0 for affiliated services)										23,352
2.5	Accreditation and Certification (incl \$0 for affiliated services)		XXX		XXX			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
2.6	Other Expenses (incl \$0 for affiliated services)						33,556	356,047	197,260	1,339,003	1,925,866
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)										
2.8	Reimbursements by uninsured plans and fiscal intermediaries	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		,, , , , , , , , , , , , , , , , , ,				
2.9	Taxes, licenses and fees (in total, for tying purposes)	xxx	XXX	x x x	XXX	xxx	xxx	xxx	xxx		468,665
2.10	TOTAL (Lines 2.7 to 2.9)					41,372			1,996,333		
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
3. Large Gr	oup Comprehensive Coverage Expenses:							,			,
3.1	Salaries (including \$0 for affiliated services)				9,178	3,726	66,532	104,376	161,747		
3.2	Outsourced services										
3.3	EDP Equipment and Software (incl \$0 for affiliated services)			59 .				17,918	8,023		103,983
3.4	Other Equipment (excluding EDP) (incl \$0 for affiliated services)									2,003	
3.5	Accreditation and Certification (incl \$0 for affiliated services)		XXX		XXX	xxx				, , ,	
3.6								43,794			
3.7											1,478,356
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)		XXX		XXX	XXX	XXX	XXX	xxx		
3.10	TOTAL (Lines 3.7 to 3.9)									,	1.525.495
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7					3,001					
	(informational only)							2,649			2.649

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued) (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses Claims Adjustment Expenses Claims Adjustment Expenses						g	10			
		1	2	3		5	6	7	8	General	Total
		Improve Health	Activities to Prevent	Improve Patient Safety	4 Wellness & Health	НТ	Total	Cost Containment	Other Claims	Administrative	Expenses
		Outcomes	Hospital Readmissions	and Reduce Medical Errors		Expenses	(1 to 5)	Expenses	Adjustment Expenses	Expenses	(6 to 9)
4. Individu	al Mini-Med Plans Expenses				1101101011110011100	Expenses	(1.0.0)	2.400000		2.00.000	(0.000)
4.1	Salaries (including \$0 for affiliated services)										
4.2	Outsourced services										
4.3	EDP equipment and software (including \$0 for affiliated services)										
4.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
4.5	Accreditation and certification (including \$0 for affiliated services)		XXX	XXX	XXX	XXX					
4.6	Other expenses (including \$0 for affiliated services)										
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)										
4.8	Reimbursements by uninsured plans and fiscal intermediaries										
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	X X X	XXX	XXX	x x x	XXX	X X X		
4.10	TOTAL (Lines 4.7 to 4.9)										
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
5. Small C	Group Mini-Med Plans Expenses										
5.1	Salaries (including \$0 for affiliated services)										
5.2	Outsourced services										
5.3	EDP Equipment and Software (including \$0 for affiliated services)										
5.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
5.5	Accreditation and certification (including \$0 for affiliated services)		XXX	X X X	X X X	XXX					
5.6	Other expenses (including \$0 for affiliated services)										
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)										
5.8	Reimbursements by uninsured plans and fiscal intermediaries										
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	X X X	XXX	XXX	XXX	XXX	X X X		
5.10	TOTAL (Lines 5.7 to 5.9)										
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
6. Large C	Group Mini-Med Plans Expenses										
6.1	Salaries (including \$0 for affiliated services)										
6.2	Outsourced services										
6.3	EDP equipment and software (including \$0 for affiliated services)										
6.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
6.5	Accreditation and certification (including \$0 for affiliated services)				XXX	XXX					
6.6	Other expenses (including \$0 for affiliated services)										
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)										
6.8	Reimbursements by uninsured plans and fiscal intermediaries										
6.9	Taxes, licenses and fees (in total, for tying purposes)				XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)										
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued) (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses			By April 1 - Not for Re Improving Health Care	· · ·			Claims Adiu	stment Expenses	9	10
	ראינויסלא	1	2	3	200111 LAPENDED	5	6			General	Total
		Improve Health	Activities to Prevent	Improve Patient Safety	Wellness & Health	нт	Total	Cost Containment	Other Claims	Administrative	Expenses
		Outcomes	Hospital Readmissions	and Reduce Medical Errors		Expenses	(1 to 5)	Expenses	Adjustment Expenses	Expenses	(Cols. 6 to 9)
7. Small G	oup Expatriate Plans Expenses	Calconicc				Expenses	(1.0.0)	2.400000		2.401000	
7.1	Salaries (including \$0 for affiliated services)										
7.2	Outsourced services										
7.3	EDP equipment and software (including \$0 for affiliated services)										
7.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
7.5	Accreditation and certification (including \$0 for affiliated services)		XXX	XXX	XXX	XXX					
7.6	Other expenses (including \$0 for affiliated services)										
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)										
7.8	Reimbursements by uninsured plans and fiscal intermediaries										
7.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	XXX	XXX	X X X	XXX	XXX	XXX	X X X		
7.10	TOTAL (Lines 7.7 to 7.9)										
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
8. Large G	roup Expatriate Plans Expenses										
8.1	Salaries (including \$0 for affiliated services)										
8.2	Outsourced services										
8.3	EDP equipment and software (including \$0 for affiliated services)										
8.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
8.5	Accreditation and certification (including \$0 for affiliated services)				X X X	XXX					
8.6	Other expenses (including \$0 for affiliated services)										
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)										
8.8	Reimbursements by uninsured plans and fiscal intermediaries										
8.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	XXX	XXX	X X X	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)										
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										
9. Student	Health Plans Expenses										
9.1	Salaries (including \$0 for affiliated services)										
9.2	Outsourced services										
9.3	EDP equipment and software (including \$0 for affiliated services)										
9.4	Other equipment (excluding EDP) (including \$0 for affiliated services)										
9.5	Accreditation and certification (including \$0 for affiliated services)				X X X	XXX					
9.6	Other expenses (including \$0 for affiliated services)										
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)										
9.8	Reimbursements by uninsured plans and fiscal intermediaries										
9.9	Taxes, licenses and fees (in total, for tying purposes)				XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)										
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7										
	(informational only)										



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

July 14, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/12/22 regarding the above-mentioned rate filing. The response to your question is provided below.

1. Using the FY2023 budget submission narratives posted on the GMCB website (https://gmcboard.vermont.gov/node/3183), 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 23.78% under the proposed hospital budgets on the GMCB website. This is higher than the 16.61% average rate increase that MVP previously proposed. Please see the attached Excel file for quantitative support. The 2023 table on the left is the annual medical trend provided in MVP's rate filing and the 2023 table on the right is the annual medical trend under the proposed budget increases. The 2022 table on the right has been updated to reflect the full amount of the mid-year increases granted to CVMC and UVMMC.

The attached pdf, *Hospital Change in Charge or Rates from 2013-2023*, was supplied by the GMCB. This reconciles to our trend files, except where the hospital appendices indicate the increase should differ by IP/OP/PHY.

Note that for the University of Vermont Health Network hospitals (CVMC, Porter, UVMMC), the commercial rate increases were used instead of the charge master increases. As explained in their narrative: "Please note that a change-in-charge is defined as the increase applied to the charge master, which applies to all payers. Change-in-charge is not to be conflated with, and is not the same, as a Change-in-Payer-Rates, which is defined as the overall rate increase to payers through increased fixed fee terms and discount of charge percentages."

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

(Im Part

Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.

MVP Medical Trend Before and After Hospital Budget Submissions

	2022 Annual Trend								
	% of Allowed								
	Claims	Unit Cost	Utilization	Total					
IP	22.6%	6.2%	1.0%	7.3%					
OP	49.4%	5.8%	1.0%	6.8%					
PHY	28.0%	3.7%	1.0%	4.7%					
Medical Total		5.3%	1.0%	6.3%					

of		
owed		
aims Unit Co	ost Utilization	n Total
.6% 6.8%	1.0%	7.8%
.4% 6.3%	1.0%	7.4%
.0% 4.0%	1.0%	5.1%
5.8%	1.0%	6.8%
1	ims Unit Co 6% 6.8% 4% 6.3% .0% 4.0%	ims Unit Cost Utilization 6% 6.8% 1.0% 4% 6.3% 1.0% 0% 4.0% 1.0%

2023 Annual Trend								
	% of Allowed							
	Claims	Unit Cost	Utilization	Total				
IP	22.8%	5.7%	1.0%	6.7%				
OP	49.6%	5.2%	1.0%	6.2%				
PHY	27.6%	2.8%	1.0%	3.9%				
Medical Total		4.7%	1.0%	5.7%				

2023 Annual Trend With Proposed Budget Increases										
	% of									
	Allowed Claims	Unit Cost	Utilization	Total						
IP	22.8%	13.0%	1.0%	14.1%						
OP	49.7%	13.2%	1.0%	14.4%						
PHY	27.5%	7.2%	1.0%	8.3%						
Medical Total		11.5%	1.0%	12.6%						

Vermont Community Hospitals History of Annual Increases in Charges

	2019			2022		2023		
	Approved	Commercial	Submitted Submitted Approved			Submitted	Commercial	Approved
		Effective Rate		Amend			Effective Rate	
Brattleboro Memorial Hospital	3.9%		5.1%	5.1%	4.6%	14.9%		
Central Vermont Medical Center	2.3%	2.3%	7.4%	16.0%	8.7%	10.0%	14.52%	
Copley Hospital	4.5%		5.0%	5.0%	4.0%	12.0%		
Gifford Medical Center	4.0%		3.5%	3.5%	3.5%	3.65%		
Grace Cottage Hospital	3.2%		5.0%	5.0%	5.0%	5.0%		
Mt. Ascutney Hospital & Health Center	2.9%		2.2%	2.2%	2.2%	4.7%		
North Country Hospital	3.6%		4.9%	4.9%	3.3%	12.45%		
Northeastern VT Regional Hospital	3.0%		3.0%	3.0%	3.0%	10.75%		
Northwestern Medical Center	2.0%		3.0%	3.0%	3.0%	9.4%		
Porter Medical Center	-1.0%	2.8%	5.9%	5.9%	4.0%	3.5%	11.45%	
Rutland Regional Medical Center	2.6%		3.6%	12.6%	3.6%	17.8%		
Southwestern VT Medical Center	3.0%		4.8%	4.8%	4.8%	9.5%		
Springfield Hospital	10.0%		8.3%	8.3%	8.3%	10.0%		
The University of Vermont Medical Center	2.5%	2.5%	7.1%	16.1%	8.6%	10.06%	19.9%	
Estimated Weighted Average For All Hospitals**	2.9%		6.0%		6.7%	10.66%	16.3%	

**Estimated Weighted Average for All Hospitals is calculated by factoring in each hospital's proportion of gross revenue (FY22 Projected) to the change in charges (rate).



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

July 15, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/14/22 regarding the above-mentioned rate filing. The response to your question is provided below.

1a. When we input the updated 2022 and 2023 trends provided into the URRT, we get an impact of 5.5% which results in an updated rate increase of approximately 23.0% (1.166*1.055). Please reconcile with the 23.8% result provided in the response to the previous objection.

Response: The 5.5% impact calculated by updating the medical trends in the URRT is missing two things: an increased capitation trend and increased leveraging. The original annualized capitation trend in the URRT was 1.017 but this value should now be 1.034. This accounts for an increased Projection Period VT Paid Claim Surcharge and NYS HCRA value, which is calculated as a percent of projection period claim expense.

Our rate filings use paid trends, which are increasing at a higher rate than the allowed trend due to leveraging. The leveraging factor in our proposed rate filing was 0.6% but it has increased to 1.0% with the updated trends. This would increase the paid to allowed ratio in the Other factor on Wksh 1 of the URRT.

1b. Can you please provide an Excel calculation similar to what was provided in the response objection #2 question 1? When we use the hospital budget submitted appendices to try to replicated the calculation by IP/OP/Phys, we are not quite able to get an exact match and therefore would like to see the details of the calculation.

Response: Please see the attached Excel document for an update on these calculations using the proposed hospital budgets. Note that some portions of this response are confidential and will be provided under separate cover.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com. Sincerely,

(Im Part

Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.

		2022 IP		2023 IP	
Facility Name	Inpatient %	Contract	2022 Trended IP %	Contract	Notes
Brattleboro Memorial Hospital					Hospital Proposed Rate
					Best estimate of contract
Brattleboro Retreat					negotiation
Central Vermont Physicians Medical Center					Hospital Proposed Rate
Copley Hospital					Hospital Proposed Rate
Gifford Medical Center					Hospital Proposed Rate
Grace Cottage Hospital					Hospital Proposed Rate
Green Mountain Surgery Center					Hospital Proposed Rate
Mt. Ascutney Hospital					Hospital Proposed Rate
North Country Hospital					Hospital Proposed Rate
Northeast Vermont Regional Hospital					Hospital Proposed Rate
Northwestern Medical Center					Hospital Proposed Rate
Porter Hospital					Hospital Proposed Rate
Rutland Regional					Hospital Proposed Rate
Southwestern Vermont Medical Center					Hospital Proposed Rate
Springfield Hospital					Hospital Proposed Rate
University of Vermont Medical Center					Hospital Proposed Rate
					Best estimate of contract
Dartmouth-Hitchcock Medical Center (NH)					negotiation
					Blend of best estimates and
New York Participating Hospitals					effective contracts
					Blend of best estimates and
Rental and Non-participating Hospitals					effective contracts
TOTAL, GMCB HOSPITALS	58.1%	7.2%	58.4%	17.9%	
TOTAL, ALL HOSPITALS	100.0%	6.8%	100.0%	13.0%	

Derivation of Inpatient Trends for VT Exchange, 2022-2023, by Provider

Derivation of Outpatient Trends for VT Exchange, 2022-2023, by Provider

		2022 OP		2023 IP	
Facility Name	Outpatient %	Contract	2022 Trended IP %	Contract	Notes
Brattleboro Memorial Hospital					Hospital Proposed Rate
					Best estimate of contract
Brattleboro Retreat					negotiation
Central Vermont Physicians Medical Center					Hospital Proposed Rate
Copley Hospital					Hospital Proposed Rate
Gifford Medical Center					Hospital Proposed Rate
Grace Cottage Hospital					Hospital Proposed Rate
Green Mountain Surgery Center					Hospital Proposed Rate
Mt. Ascutney Hospital					Hospital Proposed Rate
North Country Hospital					Hospital Proposed Rate
Northeast Vermont Regional Hospital					Hospital Proposed Rate
Northwestern Medical Center					Hospital Proposed Rate
Porter Hospital					Hospital Proposed Rate
Rutland Regional					Hospital Proposed Rate
Southwestern Vermont Medical Center					Hospital Proposed Rate
Springfield Hospital					Hospital Proposed Rate
University of Vermont Medical Center					Hospital Proposed Rate
					Best estimate of contract
Dartmouth-Hitchcock Medical Center (NH)					negotiation
					Blend of best estimates and
New York Participating Hospitals					effective contracts
					Blend of best estimates and
Rental and Non-participating Hospitals					effective contracts
TOTAL, GMCB HOSPITALS	74.6%	6.6%	74.8%	16.0%	
TOTAL, ALL HOSPITALS	100.0%	6.3%	100.0%	13.2%	

Derivation of Physician Trends for VT Exchange, 2022-2023, by Provider

		2022 PHY		2023 PHY
Facility Name	Physician %	Contract	2022 Trended PHY %	Contract
UVMMC				
Rutland Regional				
CVMC				
United Health Alliance				
Porter Hospital				
HealthFirst				
VT Community				
All Other Vermont				
VT PT-OT				
VT BH				
VT Chiro				
New Hampshire Participating				
Rental Network				
New York Participating				
Non-Participating/Negotiated/Other				
TOTAL	100.0%	4.0%	100.0%	7.2%



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July 21, 2022

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

Re: 2023 Vermont Exchange Rate Filing – Small Group SERFF Tracking #: MVPH-133238198

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/20/22 regarding the above-mentioned rate filing. The response to your question is provided below.

1. Regarding Exhibits 36, 40, and 41 presented at MVP's rate hearing – Please provide the quantitative support contained in the exhibits in Excel format with working formulas, the associated qualitative support, and any other quantitative backup calculation that would be relevant to the actuarial rate review.

Response:

Exhibit 36

The exhibit was printed from the following website: <u>https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total</u>. The data used in the exhibit was as of July 13, 2022, and posted on July 14, 2022. MVP was interested in the one dose vaccination rate for Vermont (95%) and the US (78.5%). This is a dynamic website; make sure "At Least One Dose" is selected as the criteria if you are having trouble finding these values.

Exhibit 40

Please see the sheet "Exhibit 40" in the attached Excel document for quantitative support. The information in the MVP Utilization column reflects MVP's utilization experience and a unit cost per shot assumption of \$104 to account for ingredient and administrative costs. The Vermont Utilization column is used to serve as a reference by using different utilization assumptions. Both columns demonstrate that using the more accurate unit cost per shot assumption of \$104 leads to a projection period cost close to the CMS estimate of \$6.31.

Exhibit 41

Note that some portions of this response are confidential and will be provided under separate cover. Please see the sheet "Exhibit 41 Data" in the attached Excel document for a list of high-cost claims and the primary diagnoses for the period 2018-2021. This list includes un-trended claim expenses above \$150,000 which have been trended using the factors below.

	Trend Factor
2021/2018	1.129
2021/2019	1.089
2021/2020	1.051



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These factors were taken from Exhibit 2a of the rate filing from prior years. For example, the 2021 medical total unit cost trend in the 2022 filing was 5.1%. The same filing showed a 2020 unit cost trend of 3.6%, which was multiplied by the 5.1% to get to the 2021/2019 factor of 1.089 = 1.036*1.051.

The trended claim expense over \$200,000 was used to create the table in Exhibit 41. Please see the sheet "Exhibit 41 Table" in the attached Excel document for quantitative support.

If you have any questions or require any additional information, please contact me at cpontiff@mvphealthcare.com.

Sincerely,

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Christopher Pontiff, ASA, MAAA Director, Commercial Market Actuary MVP Health Care, Inc.

COVID Vaccine Adjustment - Unit Cost for Small Group Market							
	MVP	Vermont					
	Utilization	Utilization					
Experience Period Cost	\$2.63	\$2.63					
Utilization Rate	39.2%	95%					
Number of Vaccines per Utilizing Member	1.77	0.80					
Total Average MM per Member	10.12	12.00					
Unit Cost per Shot	\$104.00	\$104.00					
Projection Period Cost	\$7.11	\$6.59					
Vaccine Adjustment	\$4.48	\$3.95					
Impact on Rates	0.15%	0.05%					

Claim Year	Diagnosis Description	Claim Expense	Trended Claim E
1 2018		\$197,076.78	\$222,452.28
2 2018		\$153,059.52	\$172,767.38
3 2018		\$225,100.87	\$254,084.73
4 2018		\$215,150.68	\$242,853.36
5 2019		\$188,566.80	\$205,272.02
6 2019		\$280,730.89	\$305,600.97
7 2019		\$171,112.74	\$186,271.70
8 2019		\$294,716.22	\$320,825.26
9 2019		\$184,581.65	\$200,933.82
10 2019		\$151,328.19	\$164,734.42
11 2019		\$195,935.43	\$213,293.44
12 2020		\$212,715.36	\$223,519.34
13 2020		\$219,209.52	\$230,343.35
14 2020		\$213,241.00	\$224,071.68
15 2020		\$160,153.20	\$168,287.51
16 2020		\$282,437.14	\$296,782.35
17 2020		\$271,055.00	\$284,822.10
18 2021		\$259,219.95	\$259,219.95
19 2021		\$203,103.28	\$203,103.28
20 2021		\$605,455.30	\$605,455.30
21 2021		\$178,483.52	\$178,483.52
22 2021		\$481,645.79	\$481,645.79
23 2021		\$171,291.58	\$171,291.58
24 2021		\$252,863.53	\$252,863.53
25 2021		\$359,362.17	\$359,362.17
26 2021		\$213,704.36	\$213,704.36
27 2021		\$178,560.43	\$178,560.43
28 2021		\$1,074,721.84	\$1,074,721.84
29 2021		\$218,743.66	\$218,743.66
30 2021		\$174,187.21	
31 2021		\$154,361.08	\$154,361.08

Historical L	arge Claims Small Group I	Market	
	Large Claims (>200K)		
	Trended Prior to HCRP	Member	
Year	Reimbursement	Months	PMPM
2018	\$719,390.37	172,746	\$4.16
2019	\$1,245,925.51	190,667	\$6.53
2020	\$1,259,538.82	247,721	\$5.08
2021	\$3,668,819.88	260,811	\$14.07
3-year Average			\$8.56
HCRP Reimbursement			\$2.48
Large Claims Adjustment			-\$3.02
Impact on Rates			-0.56%

SERFF Tracking #:	MVPH-133238198	State Tracking #:	Co	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Healt	th - Major Medical/H16G.003G Sm	all Group Only - Other		
Product Name:	VT Small Group 20	023			
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.

	Schedule Item			Replacement	
Creation Date	Status	Schedule	Schedule Item Name	Creation Date	Attached Document(s)
05/05/2022		URRT	Unified Rate Review Template	08/08/2022	Unified-Rate-Review-VT-Small- 2023_20220505161914.xml (Superceded)
04/28/2022		URRT	Other Supporting Documents	08/08/2022	Unified-Rate-Review-VT-Small- 2023.pdf (Superceded)
04/25/2022		Supporting Document	Actuarial Memorandum and Certifications	08/08/2022	2023 Actuarial Memorandum Vermont Exchange Small.pdf Rate Increase Exhibit 2022-2023 SMALL_SERFF.pdf (Superceded) Rate Increase Exhibit 2022-2023 SMALL_SERFF.xlsx (Superceded) VT 2023 Exchange Rate Filing SMALL_SERFF.pdf (Superceded) VT 2023 Exchange Rate Filing SMALL_SERFF.xlsx (Superceded) Wakely - VT Standard Plan Designs - AV Certification_2022-05-04.pdf Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2023_03072022.pdf Non-Standard AVC Screenshots 2023 VT.pdf

SERFF Tracking #:	MVPH-133238198	State Tracking #:	(Company Tracking #:	
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	H16G Group Heal	th - Major Medical/H16G.003G Sm	all Group Only - Other		
Product Name:	VT Small Group 20	023			
Project Name/Number:	/				

Attachment Unified-Rate-Review-VT-Small-2023_20220505161914.xml is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2022-2023 SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2023 Exchange Rate Filing SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.

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. /	Unified Rate Review v5.4	C.	Б	E	F		9	н		,			_				
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2									-		To add a plan to Works	heet 2 - Plan Prod	uct Info, select i	the Add Plan b	tton or Ctr	+ Shift + L.	
2 3 4 5	Company Legal Name:	MVP Health Plan, Inc.							State:	VT	To validate, select the \	alidate button or	Ctrl + Shift + I.				
4	HIOS Issuer ID:	77566							Market:	Small Group	To finalize, select the Fi	nalize button or Ci	rl + Shift + F.				
5	Effective Date of Rate Change(s):	1/1/2023															
5																	
	Manhad Lawel Calminstinus (Camp Famal	II Dia ani															
	Market Level Calculations (Same for all	li Plans)															
) 2 2 3 3 3 3 3 9 9 1																	
-	Section I: Experience Period Data																
	Experience Period:		1/1/2021	to	12/31/2021												
	Experience renou.		1/1/2021	Total	PMPM												
	Allowed Claims			\$162,252,557.9		\$622.11											
	Reinsurance			\$0.0		\$0.00											
1	Incurred Claims in Experience Period			\$134,658,723.7		\$516.31											
	Risk Adjustment			-\$14,346,975.0		-\$55.01											
1	Experience Period Premium			\$148,078,966.9		\$567.76											
	Experience Period Member Months			260,81	1												
	· ·				•												
	Section II: Projections								-								
	1 /		Year	1 Trend		Year 2 Tr	end										
	Benefit Category	Experience Period Index						Trended EHB Allowed Claims									
		Rate PMPM	Cost	Utilization	Cost		Utilization	PMPM									
	Inpatient Hospital	\$104.26	1.062			1.057	1.010	\$119.39									
	Outpatient Hospital	\$264.66	1.058			1.052	1.010	\$300.49									
	Professional	\$161.19	1.037			1.028	1.010	\$175.29									
	Other Medical	\$1.80	1.000			1.000	1.010	\$1.84									
	Capitation	\$12.80 \$77.40	1.017			1.017	1.000	\$13.24									
1	Prescription Drug Total	\$622.11	1.082	1.02		1.082	1.027	<u>\$95.57</u> \$705.82									
	Total	3022.11						\$703.82	L								
	Morbidity Adjustment					0.998											
	Demographic Shift					1.000											
	Plan Design Changes					1.000											
	Other					0.995											
1	Adjusted Trended EHB Allowed Claims R	PMPM for	1/1/2023			\$700.88											
			-, -, -,														
	Manual EHB Allowed Claims PMPM					\$0.00											
	Applied Credibility %					100.00%											
							Projected Period Totals										
	Projected Index Rate for		1/1/2023			\$700.88	\$175,780,704.00										
	Reinsurance					\$0.00	\$0.00										
	Risk Adjustment Payment/Charge					-\$40.62	-\$10,187,496.00										
	Exchange User Fees					0.00%	\$0.00										
	Market Adjusted Index Rate					\$741.50	\$185,968,200.00										
	Projected Member Months					250,800											
	Projected Member Months					250,800											
	<u> </u>																
	Projected Member Months Information Not Releasable to the Put	iblic Unless Authorized by Lav	r: This information has not been pu	blically disclosed and may be privil	eged and confidential. It is fo	or internal go		be disseminated, distributed, or	copied to p	rsons not author	ized to receive the informati	on. Unauthorized	disclosure may	result in prose	ution		
	<u> </u>	iblic Unless Authorized by Law	This information has not been put	blically disclosed and may be privil	eged and confidential. It is fo	or internal go	overnment use only and must not ent of the law.	be disseminated, distributed, or o	copied to p	rsons not author	ized to receive the informati	on. Unauthorized	disclosure may	result in prose	ution		

	Product-Plan Data Collection Company Legal Name: HIOS issuer ID: Effective Date of Rate Change(s):	MVP Health Plan, li 77566 1/1/2023	nc.
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Small Group | | rksheet 2 - Plan Pro
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| | 1.4 Plan ID (Standard Component ID) | | 77566VT0050001 |
 | | | 77566VT0050005 | 77566VT0050006
 | 77566VT0050024 | 77566VT0050007 | 77566VT0050030 | 77566VT0050031
 | 77566VT0050029 | 77566VT0050028 | 77566VT0050009
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 |
| | 1.5 Metal | | Platinum | Gold
 | Gold | Gold | Silver | Silver
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 |
| | 1.6 AV Metal Value
1.7 Plan Category | - | 0.901
Renewing | 0.819
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Renewing | 0.714
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 | 0.719
Renewing | 0.719
Renewing | 0.717
Renewing | 0.714
Renewing
 | 0.719
Renewing | 0.719
Renewing | 0.630
Renewing
 | 0.626
Renewing | 0.644
Renewing | 0.600
Renewing | 0.627
Renewing
 |
| - | 1.7 Plan Category
1.8 Plan Type | - | HMO | HMO
 | HMO | HMO | HMO | HMO
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 |
| | 1.9 Exchange Plan? | | Yes | Yes
 | Yes | Yes | Yes | Yes
 | Yes | Yes | No | No
 | No | No | Yes
 | Yes | Yes | Yes | Yes
 |
| E | 1.10 Effective Date of Proposed Rates | | 1/1/2023 | 1/1/2023
 | 1/1/2023 | 1/1/2023 | 1/1/2023 | 1/1/2023
 | 1/1/2023 | 1/1/2023 | 1/1/2023 | 1/1/2023
 | 1/1/2023 | 1/1/2023 | 1/1/2023
 | 1/1/2023 | 1/1/2023 | 1/1/2023 | 1/1/2023
 |
| | 1.11 Cumulative Rate Change % (over 12 mos prior)
1.12 Product Rate Increase % | - | 17.97% | 18.55%
 | 18.61% | 19.80% | 8.94% | 13.91%
 | 13.79% | 14.00% | 8.94% | 13.93%
 | 13.79% | 13.98% | 11.52%
 | 12.36% | 12.19% | 9.87% | 12.00%
 |
ŀ	1.12 Product Rate Increase % 1.13 Submission Level Rate Increase %	-	
 | | | |
 | | | 16.60% |
 | | |
 | | | |
 |
 | | | |
 | | | |
 | | |
 | | | |
 |
t 1 Totals	Section II: Experience Period and Current Plan Leve		
 | | | |
 | | | |
 | | |
 | | | |
 |
| 52.252.558 | 2.1 Plan ID (Standard Component ID)
2.2 Allowed Claims | Total
\$162.252.558 | 77566VT0050001
\$35.791.334 | 77566VT0050002
\$23,427,905
 | 77566VT0050004
\$3,168,307 | 77566VT0050023
\$51,680,338 | 77566VT0050005 | 77566VT0050006
\$40.018
 | 77566VT0050024 S0 | 77566VT0050007
\$96,508 | 77566VT0050030
\$9,369,823 | 77566VT0050031
\$10,202,169
 | 77566VT0050029
\$3,295,652 | 77566VT0050028
\$6,829,595 | 77566VT0050009
\$4,658,885
 | 77566VT0050010
\$11,030,555 | 77566VT0050025
\$390.036 | 77566VT0050026
\$734.385 |
 |
| \$0 | 2.3 Reinsurance | \$102,252,338 | \$0,751,334 | \$0
 | \$3,108,507 | \$01,000,338 | \$0 | \$40,018
 | \$0 | \$90,508 | \$0,505,825 | \$10,202,109
 | \$3,255,052 | \$0,825,555 | \$0
 | \$11,030,555 | \$0,030 | \$734,385 | \$0
 |
| | 2.4 Member Cost Sharing | \$27,593,834 | \$2,304,413 | \$3,838,723
 | \$415,830 | \$8,662,321 | \$0 | \$11,203
 | \$0 | \$25,121 | \$2,154,363 | \$2,263,909
 | \$674,156 | \$1,578,586 | \$1,726,170
 | \$3,405,152 | \$149,938 | \$98,494 | \$285,453
 |
| | 2.5 Cost Sharing Reduction | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0
 | \$0 | \$0 | \$0 | \$0
 |
| 4,658,724 | 2.6 Incurred Claims
2.7 Risk Adjustment Transfer Amount | \$134,658,724 | \$33,486,920
\$4,936,658 | \$19,589,182
 | \$2,752,476
\$150.898 | \$43,018,017
\$561,992 | \$0
\$0 | \$28,815
 | \$0
\$0 | \$71,387 | \$7,215,459 | \$7,938,261
 | \$2,621,496
-\$1.096.044 | \$5,251,009 | \$2,932,714
 | \$7,625,403 | \$240,098
-\$350,934 | \$635,891 | \$1,251,595
\$93,495
 |
| 18,078,967 | 2.7 Risk Adjustment Transfer Amount
2.8 Premium | \$148,078,967 | \$28,515,260 | \$24,022,278
 | \$150,898 | \$42,401,792 | \$0 | \$69,334
 | \$0 | \$105,508 | \$10,142,913 | \$9,210,125
 | \$2,964,554 | \$8,466,067 | \$5,716,693
 | \$11,639,251 | \$656,669 | \$614,584 | \$1,039,034
 |
| 260,811 | 2.9 Experience Period Member Months | 260,811 | 40,880 | 40,675
 | 4,009 | 72,114 | 0 | 104
 | 0 | 173 | 18,928 | 18,435
 | 5,689 | 15,892 | 12,426
 | 26,402 | 1,397 | 1,289 | 2,398
 |
| | 2.10 Current Enrollment | 20,900 | 3,286 | 3,542
 | 407 | 5,387 | 0 | 25
 | 0 | 51 | 1,418 | 1,451
 | 624 | 1,402 | 901
 | 2,014 | 87 | 111 | 194
 |
| | 2.11 Current Premium PMPM
2.12 Loss Ratio | \$577.61 | \$717.72
100.10% | \$588.85
96.35%
 | \$636.56
103.25% | \$594.18
100.13% | \$0.00
#DIV/0! | \$561.70
84.99%
 | \$0.00
#DIV/0! | \$560.47
133.70% | \$553.35 | \$513.90
119.90%
 | \$522.95
140.30% | \$536.42 | \$474.29
65.82%
 | \$449.22
95.80% | \$485.72
78.53% | \$493.38
219.39% | \$450.91
110.51%
 |
| | Per Member Per Month | 100.05% | 100.10% | 30.3374
 | 105.15% | 100.15% | 1010/01 | 04.55%
 | #514/01 | 133.70% | 111.40% | 115.50%
 | 140.30% | 101.40% | 05.0270
 | 55.00% | 70.5570 | 213.35% | 110.51%
 |
| | 2.13 Allowed Claims | \$622.11 | \$875.52 | \$575.98
 | \$790.30 | \$716.65 | #DIV/0! | \$384.79
 | #DIV/0! | \$557.85 | \$495.02 | \$553.41
 | \$579.30 | \$429.75 | \$374.93
 | \$417.79 | | \$569.73 | \$640.97
 |
| | 2.14 Reinsurance | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | \$0.00 | #DIV/01 | \$0.00
 | #DIV/0! | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | \$0.00 | \$0.00
 | \$0.00 | \$0.00 | \$0.00 | \$0.00
 |
| | 2.15 Member Cost Sharing
2.16 Cost Sharing Reduction | \$105.80
\$0.00 | \$56.37
\$0.00 | \$94.38
\$0.00
 | \$103.72
\$0.00 | \$120.12
\$0.00 | #DIV/0!
#DIV/0! | \$107.72
\$0.00
 | #DIV/01 | \$145.21 | \$113.82 | \$122.80
 | \$118.50 | \$99.33 | \$138.92
 | \$128.97 | \$107.33 | \$76.41 | \$119.04
 |
 | | | |
 | | | |
 | \$0.001 | | \$0.00
 | | | \$0.00 | \$0.00
 |
| | 2.17 Incurred Claims | \$516.31 | \$819.15 | \$481.60
 | \$686.57 | \$596.53 | #DIV/01 | \$277.07
 | #DIV/01
#DIV/01 | \$0.00
\$412.64 | \$0.00
\$381.21 | \$0.00
\$430.61
 | \$0.00
\$460.80 | \$0.00
\$330.42 | \$0.00
\$236.01
 | \$0.00
\$288.82 | \$0.00
\$171.87 | \$0.00
\$493.32 | \$0.00
\$521.93
 |
| | 2.18 Risk Adjustment Transfer Amount | \$516.31
-\$55.01 | \$819.15
\$120.76 | \$481.60
-\$90.76
 | \$686.57
\$37.64 | \$596.53
\$7.79 | #DIV/01
#DIV/01 | \$277.07
-\$340.69
 | #DIV/0!
#DIV/0! | \$412.64
-\$301.24 | \$381.21
-\$193.92 | \$430.61
-\$140.47
 | \$460.80
-\$192.66 | \$330.42
-\$210.05 | \$236.01
-\$101.51
 | \$288.82
-\$139.37 | \$171.87
-\$251.21 | \$493.32
-\$251.93 | \$521.93
\$38.99
 |
| | | \$516.31 | \$819.15 | \$481.60
 | \$686.57 | \$596.53 | #DIV/01 | \$277.07
 | #DIV/0! | \$412.64 | \$381.21 | \$430.61
 | \$460.80 | \$330.42 | \$236.01
 | \$288.82 | \$171.87 | \$493.32 | \$521.93
 |
| | 2.18 Risk Adjustment Transfer Amount | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54 | \$481.60
-\$90.76
\$590.59
 | \$686.57
\$37.64
\$627.31 | \$596.53
\$7.79
\$587.98 | #DIV/01
#DIV/01
#DIV/01 | \$277.07
-\$340.69
\$666.68
 | #DIV/01
#DIV/01
#DIV/01 | \$412.64
-\$301.24
\$609.87 | \$381.21
-\$193.92
\$535.87 | \$430.61
-\$140.47
\$499.60
 | \$460.80
-\$192.66
\$521.10 | \$330.42
-\$210.05
\$532.73 | \$236.01
-\$101.51
\$460.06
 | \$288.82
-\$139.37
\$440.85 | \$171.87
-\$251.21
\$470.06 | \$493.32
-\$251.93
\$476.79 | \$521.93
\$38.99
\$433.29
 |
| | 2.18 Risk Adjustment Transfer Amount
2.19 Premium
Section III: Plan Adjustment Factors
3.1 Plan ID (Standard Component ID) | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54 | \$481.60
-\$90.76
\$590.59
 | \$686.57
\$37.64
\$627.31 | \$596.53
\$7.79
\$587.98 | #DIV/01
#DIV/01
#DIV/01 | \$277.07
-\$340.69
\$666.68
 | #DIV/01
#DIV/01
#DIV/01 | \$412.64
-\$301.24
\$609.87 | \$381.21
-\$193.92
\$535.87
77566VT0050030 | \$430.61
-\$140.47
\$499.60
 | \$460.80
-\$192.66
\$521.10 | \$330.42
-\$210.05 | \$236.01
-\$101.51
\$460.06
 | \$288.82
-\$139.37
\$440.85 | \$171.87
-\$251.21
\$470.06 | \$493.32
-\$251.93
\$476.79 | \$521.93
\$38.99
\$433.29
 |
| | 2.18 Risk Adjustment Transfer Amount
2.19 Premium
Section III: Plan Adjustment Factors
3.1 Plan ID (Standard Component ID)
3.2 Market Adjusted Index Rate | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001 | \$481.60
-\$90.76
\$590.59
77566VT0050002
 | \$686.57
\$37.64
\$627.31
77566VT0050004 | \$596.53
\$7.79
\$587.98
77566VT0050023 | #DIV/01
#DIV/01
#DIV/01
77566VT0050005 | \$277.07
-\$340.69
\$666.68
77566VT0050006
 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050024 | \$412.64
-\$301.24
\$609.87
77566VT0050007 | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50 | \$430.61
-\$140.47
\$499.60
77566VT0050031
 | \$460.80
-\$192.66
\$521.10
77566VT0050029 | \$330.42
-\$210.05
\$532.73
77566VT0050028 | \$236.01
-\$101.51
\$460.06
77566VT0050009
 | \$288.82
-\$139.37
\$440.85
77566VT0050010 | \$171.87
-\$251.21
\$470.06
77566VT0050025 | \$493.32
-\$251.93
\$476.79
77566VT0050026 | \$521.93
\$38.99
\$433.29
77566VT0050011
 |
| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001
1.0586 | \$481.60
-\$90.76
\$590.59
77566VT0050002
0.8642
 | \$686.57
\$37.64
\$627.31
77566VT0050004
0.9123 | \$596.53
\$7.79
\$587.98
77566VT0050023
0.8967 | #DIV/01
#DIV/01
#DIV/01
77566VT0050005
0.7122 | \$277.07
-\$340.69
\$666.68
77566VT0050006
0.7256
 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050024
0.7299 | \$412.64
-\$301.24
\$609.87
77566VT0050007
0.7053 | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50
0.7122 | \$430.61
-\$140.47
\$499.60
77566VT0050031
0.7256
 | \$460.80
-\$192.66
\$521.10
77566VT0050029
0.7289 | \$330.42
-\$210.05
\$532.73
77566VT0050028
0.7052 | \$236.01
-\$101.51
\$460.06
77566VT0050009
0.6052
 | \$288.82
-\$139.37
\$440.85
77566VT0050010
0.6162 | \$171.87
-\$251.21
\$470.06
77566VT0050025
0.6364 | \$493.32
-\$251.93
\$476.79
77566VT0050026
0.6087 | \$521.93
\$38.99
\$433.29
77566VT0050011
0.6028
 |
| | 2.18 Risk Adjustment Transfer Amount
2.19 Premium
Section III: Plan Adjustment Factors
3.1 Plan ID (Standard Component ID)
3.2 Market Adjusted Index Rate | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001 | \$481.60
-\$90.76
\$590.59
77566VT0050002
 | \$686.57
\$37.64
\$627.31
77566VT0050004 | \$596.53
\$7.79
\$587.98
77566VT0050023 | #DIV/01
#DIV/01
#DIV/01
77566VT0050005 | \$277.07
-\$340.69
\$666.68
77566VT0050006
 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050024 | \$412.64
-\$301.24
\$609.87
77566VT0050007 | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50 | \$430.61
-\$140.47
\$499.60
77566VT0050031
 | \$460.80
-\$192.66
\$521.10
77566VT0050029 | \$330.42
-\$210.05
\$532.73
77566VT0050028 | \$236.01
-\$101.51
\$460.06
77566VT0050009
 | \$288.82
-\$139.37
\$440.85
77566VT0050010 | \$171.87
-\$251.21
\$470.06
77566VT0050025
0.6364
1.0000 | \$493.32
-\$251.93
\$476.79
77566VT0050026 | \$521.93
\$38.99
\$433.29
77566VT0050011
0.6028
1.0000
 |
| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section II: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjustel Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Horekrick Adjustment 4.5 Renefits in Addition to DHB Administrative Costs | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001
1.0586
1.0000
1.0000 | \$481.60
-\$90.76
\$590.59
77566VT0050002
0.8642
1.0000
1.0000
 | \$686.57
\$37.64
\$627.31
77566VT0050004
0.9123
1.0000
1.0008 | \$596.53
\$7.79
\$587.98
77566VT0050023
0.8967
1.0000
1.0008 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050005
0.7122
1.0000
1.0000 | \$277.07
-\$340.69
\$666.68
77566VT0050006
0.7256
1.0000
1.0000
 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050024
0.7299
1.0000
1.0010 | \$412.64
-\$301.24
\$609.87
77566VT0050007
0.7053
1.0000
1.0010 | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50
0.7122
1.0000
1.0000 | \$430.61
-\$140.47
\$499.60
77566VT0050031
0.7256
1.0000
1.0000
 | \$460.80
-\$192.66
\$521.10
77566VT0050029
0.7289
1.0000
1.0010 | \$330.42
-\$210.05
\$532.73
77566VT0050028
0.7052
1.0000
1.0010 | \$236.01
-\$101.51
\$460.06
77566VT0050009
0.6052
1.0000
1.0000
 | \$288.82
-\$139.37
\$440.85
77566VT0050010
0.6162
1.0000
1.0000 | \$171.87
-\$251.21
\$470.06
77566VT0050025
0.6364
1.0000
1.0000 | \$493.32
-\$251.93
\$476.79
77566VT0050026
0.6087
1.0000
1.0012 | \$521.93
\$38.99
\$433.29
77566VT0050011
0.6028
1.0000
1.0012
 |
| | 2.18 Bick Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 1.2 Mariet Adjusted Index Rate 3.3 AV and GOS Sharing Delgan of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to PIB <u>Administrative Conss 3.6 Administrative Expense </u> | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001
1.0586
1.0000
1.0000
5.14% | \$481.60
-\$90.76
\$590.59
77566VT0050002
0.8642
1.0000
1.0000
6.22%
 | \$686.57
\$37.64
\$627.31
77566VT0050004
0.9123
1.0000
1.0008
5.90% | \$596.53
\$7.79
\$587.98
77566VT0050023
0.8967
1.0000
1.0008
6.00% | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050005
0.7122
1.0000
1.0000
7.44% | \$277.07
-\$340.69
\$666.68
77566VT0050006
0.7256
1.0000
1.0000
7.31%
 | #DIV/0!
#DIV/0!
#DIV/0!
775565/T0050024
0.7299
1.0000
1.0010
7.26% | \$412.64
-\$301.24
\$609.87
77566VT0050007
0.7053
1.0000
1.0010
7.50% | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50
0.7122
1.0000
1.0000
7.44% | \$430.61
-\$140.47
\$499.60
77566VT0050031
0.7256
1.0000
1.0000
7.31%
 | \$460.80
-\$192.66
\$521.10
77566VT0050029
0.7289
1.0000
1.0010
7.27% | \$330.42
-\$210.05
\$532.73
77566VT0050028
0.7052
1.0000
1.0010
7.50% | \$236.01
-\$101.51
\$460.06
77566VT0050009
0.6052
1.0000
1.0000
8.63%
 | \$288.82
-\$139.37
\$440.85
77566VT0050010
0.6162
1.0000
1.0000
8.49% | \$171.87
-\$251.21
\$470.06
77566VT0050025
0.6364
1.0000
1.0000
8.25% | \$493.32
-\$251.93
\$476.79
77566VT0050026
0.6087
1.0000
1.0012
8.58% | \$521.93
\$38.99
\$433.29
77566VT0050011
0.6028
1.0000
1.0012
8.65%
 |
| | 21.8 Risk Adjustment Transfer Amount 21.9 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 1.2 Market Adjustel Index Rate 1.3 AV and Cost Sharing Design of Plan 1.3 AV and Cost Sharing Design of Plan 1.3 A Provider Network Adjustment 1.5 Benefits in Addition to DrB Administrative Costs 3.6 Administrative Expense 1.7 Taxes and free | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001
1.0586
1.0000
1.0000
5.14%
0.65% | \$481.60
-\$90.76
\$590.59
77566VT0050002
0.8642
1.0000
1.0000
6.22%
0.69%
 | \$686.57
\$37.54
\$627.31
77566VT0050004
0.9123
1.0000
1.0008
5.90%
0.68% | \$596.53
\$7.79
\$587.98
77566VT0050023
0.8967
1.0000
1.0008
6.00%
0.68% | #DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
77566VT0050005
1.0000
1.0000
7.44%
0.74% | \$277.07
-\$340.69
\$666.68
77566VT0050006
1.0000
1.0000
7.31%
0.74%
 | #DIV/0!
#DIV/0!
#DIV/0!
77566VT0050024
0.7299
1.0000
1.0010
7.26%
0.74% | \$412.64
-\$301.24
\$609.87
77566VT0050007
0.7053
1.0000
1.0010
7.50%
0.75% | \$381.21
-\$193.92
\$535.87
77566VT0050030
\$741.50
0.7122
1.0000
1.0000
7.44%
0.74% | \$430.61
-\$140.47
\$499.60
77566VT0050031
0.7256
1.0000
1.0000
7.31%
0.74%
 | \$460.80
-\$192.66
\$521.10
77566VT0050029
0.7289
1.0000
1.0010
7.27%
0.74% | \$330.42
-\$210.05
\$532.73
77566VT0050028
0.7052
1.0000
1.0010
7.50%
0.75% | \$236.01
-\$101.51
\$460.06
77566VT0050009
0.6052
1.0000
1.0000
8.63%
0.79%
 | \$288.82
-\$139.37
\$440.85
77566VT0050010
0.6162
1.0000
1.0000
8.49%
0.79% | \$171.87
-\$251.21
\$470.06
77566VT0050025
0.6364
1.0000
1.0000
8.25%
0.78% | \$493.32
-\$251.93
\$476.79
77566VT0050026
0.6087
1.0000
1.0012
8.58%
0.79% | \$521.93
\$38.99
\$433.29
77566VT0050011
0.6028
1.0000
1.0012
8.65%
0.79%
 |
| | 21.8 Risk Adjustment Transfer Amount 21.9 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 2.1 Market Adjusted Index Rate 3.4 Avand Cost Sharing Design of Plan 3.4 Provider Network Adjustment 4.5 Benefits in Addition to DriB Administrative Costs Administrative Expense 3.6 Administrative Expense 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment | \$516.31
-\$55.01 | \$819.15
\$120.76
\$697.54
77566VT0050001
1.0586
1.0000
1.0000
5.14%
0.65%
1.60%
1.0000 | \$481.60
-\$90.76
\$590.59
77566VT0050002
0.8642
1.0000
1.0000
6.22%
0.69%
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| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section II: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 Avand Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to Pla Administrative Expense 3.6 Artonic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Adjusted Index Rate 3.13 Takac Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 4.15 Plan ID (Samada Component ID) | 555.01
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77566VT0050029
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7.27%
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75598.54 | \$30.42
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77566VT0050028
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\$580.62 | \$236.01
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77566VT0050009
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77566VT0050009 | \$288.82
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0.6628
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5503 05
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 |
| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.4 Provider Network Adjustment 3.5 Boenfris in Addition to Fri8 Administrative Expense 3.6 Administrative Expense 3.7 Trace and Fee 3.8 Profit & Bisk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.12 Geographic Adjustment 3.12 Geographic Calibration Factor 3.13 Chatcor (Adjustment 3.13 Chatcor (Adjustment 3.14 Calibration Factor 3.13 Chatcor (Adjustment 3.13 Chatcor (Adjustment 3.14 Calibration Factor 3.13 Chatcor (Adjustment 4.1 Plan ID (Standard Component ID) 4.2 Allowed Lim | 551631
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77566VT0050001
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5.737.32 | \$596.31
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5580.70
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| | 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section II: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 Avand Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to Pla Administrative Expense 3.6 Artonic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Adjusted Index Rate 3.13 Takac Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 3.14 Calibration Factor 4.15 Plan ID (Samada Component ID) | 555.01
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\$595.50
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80/01
80/01
77560/10050024
0.7289
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1.0010
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0.24%
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5.599.29
5599.29 | \$412.64
\$401.64
\$609.87
77566VT0050007
0.7053
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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

				NON-STANDARE	PLANS								STANDARD PLAN	S				7		
	GO	LD		SILVER			BR	ONZE	PLATINUM	GOLD		SILV	/ER			BRONZE				
																		Total Annual	Average	Average Annual
			On Exchange	Reflective	On Exchange	Reflective					On Exchange	Reflective	On Exchange	Reflective				Premium	PMPM	Premium
	HDHP	Non-HDHP	Non-HDHP	Non-HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			Non-HDHP	Non-HDHP	HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			
2023 Proposed Rates																				
Single Rate	\$818.53	\$831.87	\$655.11	\$655.01	\$676.12	\$675.25	\$567.54	\$572.61	\$956.17	\$790.17	\$660.41	\$660.41	\$671.80	\$671.80	\$578.43	\$569.01	\$595.61			
Couple Rate	\$1,637.06	\$1,663.74	\$1,310.22	\$1,310.02	\$1,352.24	\$1,350.50	\$1,135.08	\$1,145.22	\$1,912.34	\$1,580.34	\$1,320.82	\$1,320.82	\$1,343.60	\$1,343.60	\$1,156.86	\$1,138.02	\$1,191.22			
Adult and Child(ren) Rate	\$1,579.76	\$1,605.51	\$1,264.36	\$1,264.17	\$1,304.91	\$1,303.23	\$1,095.35	\$1,105.14	\$1,845.41	\$1,525.03	\$1,274.59	\$1,274.59	\$1,296.57	\$1,296.57	\$1,116.37	\$1,098.19	\$1,149.53			
Family Rate	\$2,300.07	\$2,337.55	\$1,840.86	\$1,840.58	\$1,899.90	\$1,897.45	\$1,594.79	\$1,609.03	\$2,686.84	\$2,220.38	\$1,855.75	\$1,855.75	\$1,887.76	\$1,887.76	\$1,625.39	\$1,598.92	\$1,673.66	\$168,920,688	\$673.53	\$8,082.33
2022 Approved Rates																				
Single Rate	\$683.24	\$701.33	\$574.67	\$574.67	\$594.18	\$593.43	\$506.73	\$521.18	\$810.54	\$666.54	\$606.23	\$606.23	\$589.77	\$589.67	\$514.80	\$510.24	\$530.88			
Couple Rate	\$1,366.48	\$1,402.66	\$1,149.34	\$1,149.34	\$1,188.36	\$1,186.86	\$1,013.46	\$1,042.36	\$1,621.08	\$1,333.08	\$1,212.46	\$1,212.46	\$1,179.54	\$1,179.34	\$1,029.60	\$1,020.48	\$1,061.76			
Adult and Child(ren) Rate	\$1,318.65	\$1,353.57	\$1,109.11	\$1,109.11	\$1,146.77	\$1,145.32	\$977.99	\$1,005.88	\$1,564.34	\$1,286.42	\$1,170.02	\$1,170.02	\$1,138.26	\$1,138.06	\$993.56	\$984.76	\$1,024.60			
Family Rate	\$1,919.90	\$1,970.74	\$1,614.82	\$1,614.82	\$1,669.65	\$1,667.54	\$1,423.91	\$1,464.52	\$2,277.62	\$1,872.98	\$1,703.51	\$1,703.51	\$1,657.25	\$1,656.97	\$1,446.59	\$1,433.77	\$1,491.77	\$144,863,121	\$577.60	\$6,931.25
2023 Proposed Rate Increases																				
Single Rate	19.8%	18.6%	14.0%	14.0%	13.8%	13.8%	12.0%	9.9%	18.0%	18.5%	8.9%	8.9%	13.9%	13.9%	12.4%	11.5%	12.2%			
Couple Rate	19.8%	18.6%	14.0%	14.0%	13.8%	13.8%	12.0%	9.9%	18.0%	18.5%	8.9%	8.9%	13.9%	13.9%	12.4%	11.5%	12.2%			
Adult and Child(ren) Rate	19.8%	18.6%	14.0%	14.0%	13.8%	13.8%	12.0%	9.9%	18.0%	18.5%	8.9%	8.9%	13.9%	13.9%	12.4%	11.5%	12.2%		_	
Family Rate	19.8%	18.6%	14.0%	14.0%	13.8%	13.8%	12.0%	9.9%	18.0%	18.5%	8.9%	8.9%	13.9%	13.9%	12.4%	11.5%	12.2%	16.61%	Total Reven	ue Change
February 2022 Contracts																				
Single Rate	1,642	199	33	776	0	229	107	63	1,078	1,417	0	637	17	544	818	420	48			
Couple Rate	585	32	6	117	0	55	7	12	396	320	0	137	2	132	146	97	5			
Adult and Child(ren) Rate	139	10	1	31	0	19	2	5	99	110	0	37	0	40	53	27	1			
Family Rate	571	31	1	85	0	62	17	3	302	306	0	111	1	135	194	61	7			
Total	2,937	272	41	1,009	0	365	133	83	1,875	2,153	0	922	20	851	1,211	605	61			
February 2022 Members																		1		
Single Rate	1,642	199	33	776	0	229	107	63	1,078	1,417	0	637	17	544	818	420	48			
Couple Rate	1,170	64	12	234	0	110	14	24	792	640	0	274	4	264	292	194	10			
Adult and Child(ren) Rate	371	27	2	73	0	54	5	13	246	277	0	90	0	104	142	65	3			
Family Rate	2,204	117	4	319	0	231	68	11	1,170	1,208	0	417	4	539	762	222	26			
Total	5,387	407	51	1,402	0	624	194	111	3,286	3,542	0	1,418	25	1,451	2,014	901	87			
																		_		
2023 Proposed PMPY Revenue	\$8,541.97	\$9,060.47	\$7,667.10	\$7,336.94		\$7,140.64	\$6,060.28	\$6,504.85	\$10,160.05	\$8,376.86	N/A	\$7,233.69	\$7,677.87	\$7,025.70	\$6,056.91	\$6,347.05	\$6,539.38			
2022 Approved PMPY Revenue	\$7,130.11	\$7,638.68	\$6,725.67	\$6,437.02	N/A	\$6,275.41	\$5,410.93	\$5,920.61	\$8,612.61	\$7,066.21	N/A	\$6,640.25	\$6,740.36	\$6,166.78	\$5,390.62	\$5,691.49	\$5,828.69]		

MVP Health Care Derivation of 2023 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Small Group Market as of Febuary 2022



MVP Health Care -- 2023 Small Group Exchange Rate Filing

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2022 to 2023 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 -- 2023 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

												In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		1
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Туре	Туре	Single	Family	Single	Family	Туре	Pharmacy
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	On Exchange	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,450	\$2,900	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,450	\$2,900	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
																					1	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID =
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$3 #
FRVT-HMO-SB-001-N (2023)	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	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #

Services subject to deductible (DD) unless otherwise stated. **First 3 PCP Office Visits are not subject to deductible *First 3 PCP Office Visits 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 \$9,100 for each member up to family limit

Exhibit 1a -- Comparison of 2022 to 2023 Benefits by Plan

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Type	Туре	Single	Family	Single	Family	Туре	Pharmacy
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-SP-001-S (2023)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$2,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
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-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200		Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200		Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,450	\$2,900	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DE	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DE	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
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-004-S (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%			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 (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$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 #
								\$1,400 (Fac)													
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DE	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DE	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,850		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 (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, 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-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)													
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$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 #
								\$1,400 (Fac)													
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
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 Brand Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100			Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
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-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,450	\$2,900	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DE	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-SB-004-S (2023)	HMO	Bronze	Standard		\$100 No DE	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
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-SB-005-N (2023)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,100		Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, 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 Brand Ded, VBID = \$3 #
FRVT-HMO-SB-001-N (2023)	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 Brand Ded, VBID = \$3 #

Changes in benefits from 2022 to 2023 are shown in gray shading.

Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

		2022	2023	Total	
Months of Trend		12	12	24	
		Medical Trend S	ummary		
	202	2 Annual Trend			
%	% of Allowed Claims	Unit Cost	Utilization	Total	
IP	22.6%	6.2%	1.0%	7.3%	
OP	49.4%	5.8%	1.0%	6.8%	
PHY	28.0%	3.7%	1.0%	4.7%	
OTR	0.0%	0.0%	1.0%	1.0%	
Medical Total		5.3%	1.0%	6.3%	
	202	3 Annual Trend			
%	6 of Allowed Claims	Unit Cost	Utilization	Total	
IP	22.8%	5.7%	1.0%	6.7%	
OP	49.6%	5.2%	1.0%	6.2%	
PHY	27.6%	2.8%	1.0%	3.9%	
OTR	0.0%	0.0%	1.0%	1.0%	
Medical Total		4.7%	1.0%	5.7%	
				d Medical Trend	6.0%
					0.070
		Leveraging Impact -	Fee-For-Service Medi	<u>cal Claims</u>	
	Allowed-COB	Coinsurance	Сорау	Deductible	Paid*
Rating Period:	\$134,650,633.40	\$3,775,002.68	\$1,810,177.58	\$17,801,531.40	\$111,263,921.74
4 Months of Trend:	1.124	1.124	1.020	1.046	1.138
Projection Period:	\$151,350,384.82	\$4,243,189.16	\$1,846,562.15	\$18,625,212.26	\$126,635,421.25
wed Trend (Annual)	6.0%				
· /	0.70/				

Rx Trend Summary

Paid Trend (Annual)

Leveraging (Annual)

6.7%

0.6%

	2022	Trend	<u>2023</u>	Trend	Annualized Trend				
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization			
Generic	-3.7%	2.4%	-1.2%	2.9%	-2.5%	2.6%			
Brand	7.0%	3.9%	3.4%	0.3%	5.2%	2.1%			
Specialty	4.0%	9.4%	6.1%	12.2%	5.0%	10.8%			

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Rx Claim Information	Generic	Brand	Specialty	Total		
Experience Period Scripts / 1000	12,498	801	144	13,443		
Experience Period Allowed Cost per Script	\$17.41	\$494.33	\$4,875.73	\$97.82		
Experience Period Deductible Per Script	\$2.78	\$21.05	\$79.28	\$4.69		
Experience Period Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.24		
Experience Period Coinsurance Per Script	\$0.60	\$11.19	\$35.72	\$1.60		
Experience Period Paid Cost Per Script	\$9.94	\$441.04	\$4,743.72	\$86.28		
Experience Period Allowed PMPM	\$18.13	\$33.00	\$58.44	\$109.58		
Experience Period Deductible PMPM	\$2.90	\$1.41	\$0.95	\$5.25		
Experience Period Copay PMPM	\$4.26	\$1.40	\$0.20	\$5.87		
Experience Period Coinsurance PMPM	\$0.62	\$0.75	\$0.43	\$1.80		
Experience Period Paid PMPM Experience Period Rx Rebates PMPM	\$10.35	\$29.45	\$56.86	\$96.65 (\$32.18)		
Annual Util Trend	1.026	1.021	1.108	1.027		
Annual Unit Cost Trend	0.975	1.052	1.050	1.082		
Annual Allowed Trend	1.001	1.074	1.163	1.111		
Annual Deductible Trend	1.023	1.023	1.023	1.064		
Annual Paid Trend	0.976	1.078	1.164	1.119		
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.123		
Months of Trend	24	24	24	24		
Projected Scripts / 1000	13,165	835	177	14,177		
Projected Allowed Cost per Script	\$16.56	\$546.71	\$5,376.58	\$114.54		
Projected Deductible Per Script	\$2.91	\$22.03	\$82.95	\$5.04		
Projected Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.25		
Projected Coinsurance Per Script	\$0.57	\$12.38	\$39.39	\$1.75		
Projected Paid Cost Per Script	\$8.99	\$491.26	\$5,237.24	\$102.51		
Projected Allowed PMPM	\$18.17	\$38.05	\$79.10	\$135.32		
Projected Deductible PMPM	\$3.20	\$1.53	\$1.22	\$5.95		
Projected Copay PMPM	\$4.49	\$1.46	\$0.25	\$6.20		
Projected Coinsurance PMPM	\$0.62	\$0.86	\$0.58	\$2.06		
Projected Paid PMPM	\$9.86	\$34.19	\$77.05	\$121.11		
Projected Rx Rebates				(\$39.74)		
Net Projected Paid PMPM				\$81.37		

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/21 - 12/31/21 Completed Through: 3/31/22

6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates (\$32.18) 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 (\$4.89) 13 Adjustment for COVID Services (\$4.77) 14 Adjustment for Insulin Cap \$0.06		ACA Compliant Small Group
3 FFS Paid Pediatric Dental Claims \$0.99 4a Federal CSR Payments \$0.00 b State CSR Payments \$0.00 5 IBNR Factor 1.027 6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates (\$32.18) 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for COVID Vaccines \$3.68 15 Adjustment for COVID Vaccines \$3.68 16 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.027 10 Annual FFS Ray rojection factor 1.024 10 Annual FFS	1 Member Months	260,811
4a Federal CSR Payments \$0.00 b State CSR Payments \$0.00 5 IBNR Factor 1.027 6 FFS Incurred Rx Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates \$32.18 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 \$4.47 13 Adjustment for COVID Vaccines \$3.68 15 Adjustment for COVID Vaccines \$3.68 15 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$0.06 17 National High Cost Reinsurance Pool Charge \$3.28 17 National High Cost Reinsurance Pool Charge \$3.21.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Reprojection factor 1.027 21 Annual FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical C	2 FFS Paid Medical Claims	\$426.61
4b State CSR Payments \$0.00 5 IBNR Factor 1.027 6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates \$\$32.18 9 FFS Incurred Rx Claims (Net of Rebates) \$\$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$\$12.80 11 Adjusted Experience Period Claim Expense \$\$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 (\$4.89) 13 Adjustment for COVID Services \$\$3.68 14 Adjustment for Insulin Cap \$0.06 16 Adjustment for Insulin Cap \$0.06 16 Adjustment for High Cost Claimat in 2021 Above National Threshold (\$2.48) 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Claim trend projection factor 1.074 21 Annual FFS Claim t	3 FFS Paid Pediatric Dental Claims	\$0.99
5 IBNR Factor 1.027 6 FFS Incurred Paid Medical Claims \$439.03 7 FFS Incurred Rx Claims \$96.65 8 Experience Period Rx Rebates (\$32.18) 9 FFS Incurred Rx Claims (Net of Rebates) \$64.48 10 Experience Period Capitation and Non-FFS Medical Costs \$12.80 11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 Adjustment for COVID Services (\$4.89) 13 Adjustment for COVID Vaccines \$3.68 15 Adjustment for COVID Vaccines \$3.68 15 Adjustment for COVID Vaccines \$3.22 18 Adjustment for High Cost Claimant in 2021 Above National Threshold (\$2.48) 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Claim trend projection factor 1.074 21 Montus of Trend 24 23 Projection Period Capitation and Non-FF	4a Federal CSR Payments	\$0.00
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11 Adjusted Experience Period Claim Expense \$516.31 Market-Wide Adjustments to Experience Period Claims 12 12 Adjustment for Waived Cost Share Due to COVID-19 (\$4.89) 13 Adjustment for COVID Services (\$4.77) 14 Adjustment for COVID Vaccines \$3.68 15 Adjustment for Ionsulin Cap \$0.06 16 Adjustment for High Cost Claimant in 2021 Above National Threshold (\$2.48) 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Rx projection factor 1.074 21 Annual FFS Claim trend projection factor 1.074 22 Months of Trend 24 23 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 27 Federal Reinsurance and Risk Adjustment Programs \$588.13	9 FFS Incurred Rx Claims (Net of Rebates)	\$64.48
Market-Wide Adjustments to Experience Period Claims 12 Adjustment for Waived Cost Share Due to COVID-19 (\$4.89) 13 Adjustment for COVID Services (\$4.77) 14 Adjustment for COVID Vaccines \$3.68 15 Adjustment for Insulin Cap \$0.06 16 Adjustment for High Cost Claimant in 2021 Above National Threshold (\$2.48) 17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Rx projection factor 1.067 21 Annual FFS Claim trend projection factor 1.067 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	10 Experience Period Capitation and Non-FFS Medical Costs	\$12.80
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13 Adjustment for COVID Services(\$4.77)14 Adjustment for COVID Vaccines\$3.6815 Adjustment for Insulin Cap\$0.0616 Adjustment for High Cost Claimant in 2021 Above National Threshold(\$2.48)17 National High Cost Reinsurance Pool Charge\$3.2218 Experience Period Claim Expense After All Adjustments\$511.1319 Annual FFS Medical projection factor1.06720 Annual FFS Rx projection factor1.06721 Annual FFS Claim trend projection factor1.07422 Months of Trend2423 Projection Period VT Paid Claim Surcharge + NYS HCRA\$6.6125 Projection Period Capitation and Non-FFS Medical Costs\$6.6326 Paid Index Rate PMPM Prior to Adjustments for Federal Programs\$588.13Federal Reinsurance and Risk Adjustment Programs27 Federal Risk Adjustment Program Impact\$34.07	Market-Wide Adjustments to Experience Period Claims	
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15 Adjustment for Insulin Cap\$0.0616 Adjustment for High Cost Claimant in 2021 Above National Threshold(\$2.48)17 National High Cost Reinsurance Pool Charge\$3.2218 Experience Period Claim Expense After All Adjustments\$511.1319 Annual FFS Medical projection factor1.06720 Annual FFS Rx projection factor1.12321 Annual FFS Claim trend projection factor1.07422 Months of Trend2423 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs\$574.9024 Projection Period VT Paid Claim Surcharge + NYS HCRA\$6.6125 Projection Period Capitation and Non-FFS Medical Costs\$6.6326 Paid Index Rate PMPM Prior to Adjustments for Federal Programs\$588.13Federal Reinsurance and Risk Adjustment Programs27 Federal Reinsurance and Risk Adjustment Programs\$34.07	13 Adjustment for COVID Services	(\$4.77)
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17 National High Cost Reinsurance Pool Charge \$3.22 18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Rx projection factor 1.123 21 Annual FFS Claim trend projection factor 1.074 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	15 Adjustment for Insulin Cap	\$0.06
18 Experience Period Claim Expense After All Adjustments \$511.13 19 Annual FFS Medical projection factor 1.067 20 Annual FFS Rx projection factor 1.123 21 Annual FFS Claim trend projection factor 1.074 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Reinsurance and Risk Adjustment Programs \$34.07	16 Adjustment for High Cost Claimant in 2021 Above National Threshold	(\$2.48)
19 Annual FFS Medical projection factor 1.067 20 Annual FFS Rx projection factor 1.123 21 Annual FFS Claim trend projection factor 1.074 22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	0	\$3.22
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22 Months of Trend 24 23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	20 Annual FFS Rx projection factor	1.123
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs \$574.90 24 Projection Period VT Paid Claim Surcharge + NYS HCRA \$6.61 25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	21 Annual FFS Claim trend projection factor	1.074
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25 Projection Period Capitation and Non-FFS Medical Costs \$6.63 26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$574.90
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs \$588.13 Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07	24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$6.61
Federal Reinsurance and Risk Adjustment Programs 27 Federal Risk Adjustment Program Impact \$34.07		
27 Federal Risk Adjustment Program Impact \$34.07	26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$588.13
	Federal Reinsurance and Risk Adjustment Programs	
28 Paid Index Rate PMPM After Adjustments for Federal Programs \$622.20		\$34.07
	28 Paid Index Rate PMPM After Adjustments for Federal Programs	\$622.20

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

				Avg Contrac	t
Tier	Contract Type	Subscribers	ers Members Size		Load Factor
4	Single	8,028	8,028	1.000	1.000
4	Double	2,049	4,098	2.000	2.000
4	Parent/Child(ren)	574	1,472	2.564	1.930
4	Family	1,887	7,302	3.870	2.810

Single Conversion Factor 1.128

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

% of Premium Retention Components									
Broker Load	0.00%								
Bad Debt	0.10%								
Contribution to Reserves	1.50%								
Total % of Premium Retention Components	1.60%								
PMPM Retention Components	6								
General Administrative Load	\$43.56								
% of Premium Taxes and Assessm	ients								
Premium Tax	0.00%								
VT Vaccine Pilot	0.44%								
Total % of Premium Taxes/Assessments	0.44%								
% of Paid Claim Taxes and Assess	nents								
Vermont Paid Claim Surcharge	0.999%								
New York State HCRA Surcharge	0.150%								
Total % of Paid Claim Taxes/Assessments	1.149%								
PMPM Taxes and Assessment	s								
HHS Risk Adjustment User Fee	\$0.20								
PCORI Fee	\$0.23								
18 VSA 9374(h) Billback	\$1.34								
Total PMPM Taxes/Assessments	\$1.77								

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

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Not Applicable to Small Group Market

Exhibit 7 -- 2023 Individual Exchange Premium Rates

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

) \$622.20	2023 Adjusted Paid Claim Cost (Exhibit 3, Line 28)
0.8386	Benefit Relativity * Induced Demand Reflected in Index Rate
\$741.93	Adjusted Claim Cost for Pricing

	Product		Standard/No		Federal and State Combined	Benefit Actuarial	Induced Utilization	Net Claim Cost	Bad Debt / CTR	Administrative Expense	% of Premium Taxes and	PMPM Taxes and	Benefits in Excess of	CSR	Gross Claim Cost			Parent/Child		Increase over 2022 Single		Increase over 2022	Increase over 2022 Family
Coplan	Туре	Metal Level	n-Standard	Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	Loading	PMPM	Single***	Double	(ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.921	1.150	\$785.39	\$13.57	\$43.56	\$3.73	\$1.77	\$0.00	\$0.00	\$848.03	\$956.17	\$1,912.34	\$1,845.41	\$2,686.84	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.798	1.083	\$641.17	\$11.21	\$43.56	\$3.08	\$1.77	\$0.00	\$0.00	\$700.81	\$790.17	\$1,580.34	\$1,525.03	\$2,220.38	18.5%	18.5%	18.5%	18.5%
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.827	1.103	\$676.88	\$11.80	\$43.56	\$3.25	\$1.77	\$0.52	\$0.00	\$737.78	\$831.87	\$1,663.74	\$1,605.51	\$2,337.55	18.6%	18.6%	18.6%	18.6%
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.097	\$665.29	\$11.62	\$43.56	\$3.19	\$1.77	\$0.52	\$0.00	\$725.96	\$818.53	\$1,637.06	\$1,579.76	\$2,300.07	19.8%	19.8%	19.8%	19.8%
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.693	1.028	\$528.44	\$9.37	\$43.56	\$2.58	\$1.77	\$0.00	\$0.00	\$585.72	\$660.41	\$1,320.82	\$1,274.59	\$1,855.75	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.703	1.032	\$538.33	\$9.53	\$43.56	\$2.62	\$1.77	\$0.00	\$0.00	\$595.82	\$671.80	\$1,343.60	\$1,296.57	\$1,887.76	13.9%	13.9%	13.9%	13.9%
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.706	1.034	\$541.57	\$9.59	\$43.56	\$2.64	\$1.77	\$0.52	\$0.00	\$599.66	\$676.12	\$1,352.24	\$1,304.91	\$1,899.90	13.8%	13.8%	13.8%	13.8%
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.687	1.027	\$523.31	\$9.30	\$43.56	\$2.56	\$1.77	\$0.52	\$0.00	\$581.02	\$655.11	\$1,310.22	\$1,264.36	\$1,840.86	14.0%	14.0%	14.0%	14.0%
VT-HMO-SS-003-S II (2023)	HyHMO	Silver			Non-Subsidized	0.693	1.028	\$528.44	\$9.37	\$43.56	\$2.58	\$1.77	\$0.00	\$0.00	\$585.72	\$660.41	\$1,320.82	\$1,274.59	\$1,855.75	8.9%	8.9%	8.9%	8.9%
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.032	\$538.33	\$9.53	\$43.56	\$2.62	\$1.77	\$0.00	\$0.00	\$595.82	\$671.80	\$1,343.60	\$1,296.57	\$1,887.76	13.9%	13.9%	13.9%	13.9%
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.033	\$540.81	\$9.58	\$43.56	\$2.64	\$1.77	\$0.52	\$0.00	\$598.89	\$675.25	\$1,350.50	\$1,303.23	\$1,897.45	13.8%	13.8%	13.8%	13.8%
VT-HMO-SS-001-N II (2023)	HyHMO	Silver		Off Exchange		0.687	1.027	\$523.22	\$9.29	\$43.56	\$2.56	\$1.77	\$0.52	\$0.00	\$580.93		\$1,310.02	\$1,264.17	\$1,840.58	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.604	1.002	\$449.03	\$8.07	\$43.56	\$2.22	\$1.77	\$0.00	\$0.00	\$504.66	\$569.01	\$1,138.02	\$1,098.19	\$1,598.92	11.5%	11.5%	11.5%	11.5%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.613	1.005	\$457.21	\$8.21	\$43.56	\$2.26	\$1.77	\$0.00	\$0.00	\$513.01	\$578.43	\$1,156.86	\$1,116.37	\$1,625.39	12.4%	12.4%	12.4%	12.4%
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.630	1.010	\$472.14	\$8.45	\$43.56	\$2.32	\$1.77	\$0.00	\$0.00	\$528.25		\$1,191.22	\$1,149.53	\$1,673.66	12.2%	12.2%	12.2%	12.2%
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.003	\$451.64	\$8.13	\$43.56	\$2.23	\$1.77	\$0.52	\$0.00	\$507.85	\$572.61	\$1,145.22	\$1,105.14	\$1,609.03	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-SB-001-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.602	1.001	\$447.23	\$8.05	\$43.56	\$2.21	\$1.77	\$0.52	\$0.00	\$503.35	\$567.54	\$1,135.08	\$1,095.35	\$1,594.79	12.0%	12.0%	12.0%	12.0%

Reflects cost of \$500 acupuncture allowance *Child Only Rate = Single Rate per Child