

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v2.0.2																							
2																								
3	Company Legal Name:		CoOpportunity Health				State:		IA															
4	HIOS Issuer ID:		71268				Market:		Small Group															
5	Effective Date of Rate Change(s): 1/1/2015																							
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:		1/1/2012		to		12/31/2012																	
13			<u>Experience Period</u>																					
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																	
15	Premiums (net of MLR Rebate) in Experience Period:		\$1		\$1.00		100.00%																	
16	Incurred Claims in Experience Period		\$1		1.00		100.00%																	
17	Allowed Claims:		\$1		1.00		100.00%																	
18	Index Rate of Experience Period				\$1.00																			
19	Experience Period Member Months		1																					
20	Section II: Allowed Claims, PMPM basis																							
21																								
22			<u>Experience Period</u>		<u>Projection Period:</u>		1/1/2015 to 12/31/2015		<u>Mid-point to Mid-point, Experience to Projection:</u>		36 months													
23			<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience</u>		<u>Annualized Trend</u>		<u>Projections, before credibility Adjustment</u>		<u>Credibility Manual</u>													
24	<u>Benefit Category</u>		<u>Utilization</u>		<u>Average</u>		<u>Pop'l risk</u>		<u>Utilization per</u>		<u>Average</u>		<u>Utilization</u>		<u>Average</u>									
25	<u>Description</u>		<u>per 1,000</u>		<u>Cost/Service</u>		<u>Morbidity</u>		<u>1,000</u>		<u>Cost/Service</u>		<u>per 1,000</u>		<u>Cost/Service</u>									
26							<u>Other</u>		<u>Cost</u>		<u>Util</u>													
27	Inpatient Hospital		Other		0.00 \$0.00		1.000 1.000		1.000 1.000		1.000 1.000		0.00 0.00		\$0.00 \$0.00		204.54 \$4,221.15		\$71.95					
28	Outpatient Hospital		Other		0.00 0.00		1.000 1.000		1.000 1.000		1.000 1.000		0.00 0.00		1423.20 1,034.91				122.74					
29	Professional		Other		0.00 0.00		1.000 1.000		1.000 1.000		1.000 1.000		0.00 0.00		12206.60 113.02				114.96					
30	Other Medical		Other		0.00 0.00		1.000 1.000		1.000 1.000		1.000 1.000		0.00 0.00		508.49 198.41				8.41					
31	Capitation		Other		0.00 0.00		1.000 1.000		1.000 1.000		1.000 1.000		0.00 0.00		0.00 0.00				0.00					
32	Prescription Drug		Other		1,000.00 12.00		1.000 1.000		1.000 1.000		1.000 1.000		1,000.00 12.00		1.00 4479.12		112.78		42.10					
33	Total				\$1.00								1,000.00 12.00		1.00		4479.12 112.78		42.10					
34																			\$360.16					
35	Section III: Projected Experience:																							
36																								
37																								
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44																								
45																								
46																								
47																								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

CoOpportunity Health
 71268
 1/1/2015

State: IA
 Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	CoOpportunity Premier 71268A008						CoOpportunity UHHA Preferred 71268A010						CoOpportunity UHHA CorePlus 71268A013						Terminated Product 71268A009
	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze	Catastroph
Product ID																			
Brand																			
AV Metal Value	0.794	0.720	0.620	0.795	0.694	0.618	0.807	0.720	0.620	0.795	0.688	0.616	0.794	0.720	0.620	0.795	0.694	0.618	0.000
AV Pricing Value	1.023	0.920	0.724	0.982	0.850	0.721	0.920	0.819	0.660	0.744	0.587	0.794	0.907	0.714	0.968	0.838	0.711	0.000	0.000
Plan Type	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD
Plan Name																			
Plan ID (Standard Component ID)	71268A0080002	71268A0080003	71268A0080004	71268A0080005	71268A0080006	71268A0080007	71268A0100002	71268A0100003	71268A0100004	71268A0100005	71268A0100006	71268A0100007	71268A0130002	71268A0130003	71268A0130004	71268A0130005	71268A0130006	71268A0130007	71268A0090000
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2	0.00%																		
Historical Rate Increase - Calendar Year - 1	0.00%																		
Historical Rate Increase - Calendar Year 0	0.00%																		
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	6.63%	5.32%	3.83%	6.08%	6.20%	5.42%	11.87%	10.99%	9.72%	9.95%	9.84%	9.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Rate Change % (over 12 mos prior)	12.18%	10.80%	9.24%	11.60%	11.72%	17.69%	16.76%	15.43%	15.67%	15.56%	14.96%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Prod'd Per Rate Change % (over Expt. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	11.53%																		

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID)	Total	71268A0080002	71268A0080003	71268A0080004	71268A0080005	71268A0080006	71268A0080007	71268A0100002	71268A0100003	71268A0100004	71268A0100005	71268A0100006	71268A0100007	71268A0130002	71268A0130003	71268A0130004	71268A0130005	71268A0130006	71268A0130007	71268A0090000
Inpatient	\$3.92	\$2.74	\$1.43	\$3.41	\$3.01	\$2.18	\$6.38	\$5.25	\$3.38	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$6.68	\$4.67	\$2.44	\$5.82	\$5.13	\$3.72	\$10.88	\$8.96	\$5.78	\$8.53	\$7.26	\$5.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$2.29	\$1.60	\$0.84	\$2.00	\$1.76	\$1.28	\$3.73	\$3.07	\$1.98	\$2.93	\$2.49	\$1.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.46	\$0.32	\$0.17	\$0.40	\$0.35	\$0.25	\$0.75	\$0.61	\$0.40	\$0.58	\$0.50	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$1.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$1.76	\$1.43	\$0.79	\$1.63	\$1.20	\$0.78	\$1.43	\$1.10	\$0.39	\$1.24	\$0.85	\$0.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.19	\$0.17	\$0.13	\$0.18	\$0.15	\$0.14	\$0.13	\$0.09	\$0.13	\$0.12	\$0.13	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$21.05	\$16.83	\$9.70	\$20.40	\$17.98	\$13.44	\$35.47	\$29.38	\$19.11	\$28.17	\$24.15	\$18.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.30	\$0.69	\$3.69	\$0.28	\$3.31	\$5.66	\$0.27	\$20.29	\$4.72	\$0.25	\$2.91	\$4.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$37.62	\$47.64	\$36.98	\$52.55	\$35.45	\$28.99	\$47.74	\$39.91	\$26.79	\$38.69	\$28.11	\$26.23	\$19.69	\$37.26	\$39.11	\$26.88	\$42.15	\$31.98	\$26.80	\$0.00
Projected Member Months	121,440	69,840	39,420	1,188	9,780	3,192	1,008	1,608	1,152	120	408	168	180	9,048	2,244	540	552	792	48	\$0.00

Section III: Experience Period Information

Plan ID (Standard Component ID)	Total	71268A0080002	71268A0080003	71268A0080004	71268A0080005	71268A0080006	71268A0080007	71268A0100002	71268A0100003	71268A0100004	71268A0100005	71268A0100006	71268A0100007	71268A0130002	71268A0130003	71268A0130004	71268A0130005	71268A0130006	71268A0130007	71268A0090000
Average Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP (see instructions)	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
State mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC (see instructions)	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
State mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Allowed Claims which are not the issuer's obligation (Portion of above payable by HHS's funds on behalf of insured person, in dollars)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred Claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	71268A0080002	71268A0080003	71268A0080004	71268A0080005	71268A0080006	71268A0080007	71268A0100002	71268A0100003	71268A0100004	71268A0100005	71268A0100006	71268A0100007	71268A0130002	71268A0130003	71268A0130004	71268A0130005	71268A0130006	71268A0130007	71268A0090000
Plan Adjusted Index Rate	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11	\$267.11
Member Months	121,440	69,840	39,420	1,188	9,780	3,192	1,008	1,608	1,152	120	408	168	180	9,048	2,244	540	552	792	48	\$0.00
Total Premium (TP)	\$44,582,256	\$26,724,974	\$6,682,649	\$321,603	\$3,592,583	\$1,014,641	\$271,767	\$553,200	\$407,912	\$27,004	\$131,568	\$46,716	\$39,530	\$3,413,448	\$760,963	\$144,115	\$199,907	\$236,913	\$12,738	\$0
EHB Percent of TP (see instructions)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$43,737,471	\$25,387,475	\$7,045,218	\$424,614	\$3,471,786	\$1,123,711	\$363,392	\$559,728	\$429,539	\$36,432										

Net Amt of Risk Adj	-\$9,715	-\$5,587	-\$1,554	-\$95	-\$782	-\$255	-\$81	-\$129	-\$107	-\$10	-\$33	-\$13	-\$14	-\$724	-\$180	-\$43	-\$44	-\$60	-\$4	\$0
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September 4, 2014

HIOS Part II Preliminary Justification – Written Explanation of Rate Increase

CoOpportunity Health

Small Group Premier & Preferred Products in Iowa

January through December 2015

1. SCOPE AND RANGE OF RATE INCREASE

The purpose of this memorandum is to request a rate increase for the CoOpportunity Health (CoOpportunity) small group Premier and Preferred products in Iowa with effective dates of January 1, 2015 through December 31, 2015.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

This letter specifically addresses the rate increase requested for CoOpportunity's Premier and Preferred products, which impacts 6,646 members. The rate increase being requested for CoOpportunity's Premier product is 11.7% in aggregate. The requested rate increase varies by plan within the Premier product with a minimum increase of 9.2% and a maximum increase of 12.2%. The rate increase being requested for CoOpportunity's Preferred product is 16.5% in aggregate. The requested rate increase varies by plan within the Preferred product with a minimum increase of 14.8% and a maximum increase of 17.8%.

2. FINANCIAL EXPERIENCE

CoOpportunity entered the small group market for new sales effective January 1, 2014. CoOpportunity has limited financial experience as of the date of this filing. The major drivers of the requested rate increase are as follows:

- Single risk pool experience which is more adverse than that assumed in the current rates,
- CoOpportunity refined assumptions on its provider discounts since the 2014 rate filing (based on new information available),

- Projected morbidity of the 2015 Iowa small group risk pool,
- Projected impact of transitional policies,
- Reduction in the Federal Reinsurance Program, and
- Anticipated medical trend.

3. CHANGES IN MEDICAL SERVICE COSTS AND TREND ASSUMPTIONS

The projection of claims from the experience period to the effective period assumes 7.0% trend from 2012 to 2013, 15.56% trend from 2013 to 2014 (this higher level of trend reflects actual adverse experience to date, accounting for an 8% increase in estimated claims costs for 2014), and 7.0% trend for 2014 to 2015. This claim assumption is based on Milliman research, general industry knowledge regarding recent trends in medical inflation, CoOpportunity's guidance on its expected medical trend, and judgment.

4. CHANGES IN BENEFITS

No benefit changes are being made.

5. ADMINISTRATIVE COSTS AND ANTICIPATED PROFITS

CoOpportunity is targeting a loss ratio of 82.8% for its small group block of business in 2015. This loss ratio allows 17.2% for total health plan administrative costs and anticipated profits. CoOpportunity's administrative expenses (as a percent of premium) are very similar to that used in the 2014 filing.

6. ADDITIONAL CAVEATS

This narrative and the attached filing are intended to support CoOpportunity's Small Group Rate Filing for its Premier and Preferred products in the state of Iowa. It should not be distributed, in whole or in part, to any external party, other than the State of Iowa or the Centers for Medicare and Medicaid Services (CMS), without prior written permission. In any event, this information is not intended to benefit any third party. This information may not be appropriate, and should not be used, for other purposes.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent actual experience deviates from expected experience.

I am the Chief Actuary and Director of Economics for CoOpportunity Health. I am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the



American Academy of Actuaries to render the actuarial opinion contained herein. This filing is prepared on behalf of CoOpportunity Health.

Respectfully Submitted,

A handwritten signature in black ink that reads "Bradley W Edmister". The signature is written in a cursive style with a large, sweeping loop at the end.

Brad Edmister, ASA, MAAA
Member of the American Academy of Actuaries
September 4, 2014