

Medica Insurance Company

Preliminary Justification Part II – Consumer Justification Narrative

1) Scope and Range of Rate Increase

Medica Insurance Company (Medica) is requesting a rate change for its individual market business in Iowa. The rate change will take effect on January 1, 2017 and will impact an estimated 1,246 members. The average rate change will be a 19.0% increase and will result in rate changes that vary across plan designs.

2) Key Drivers of Increase

The main drivers of the requested rate increase are medical inflation, in both utilization and the cost of services, discontinuance of the Federal Transitional Reinsurance Program, and market morbidity that is more adverse than what was assumed in the current rates.

3) Comments on How Your Premium Dollar is Spent

The vast majority of your premium goes to pay for medical services. Under the ACA, individual products are required to pay 80% of premium dollars, after taxes and fees are removed, toward medical claims. This ACA-defined value is projected at 91.5% for Medica's individual market business in 2017.

The main drivers of Medica's administrative expenses are employee salaries and benefits, agent commissions, claim processing, premium taxes, licenses and fees, and new taxes and fees created by the ACA. Medica strives to lower its administrative expenses as well as underlying cost of care to improve its ability to keep rates as low as possible.

Actuarial Memorandum

1. Purpose and Limitations

The purpose of this document, which is submitted in conjunction with the Part I Unified Rate Review Template (URRT), is to comply with the requirements of the Part III Actuarial Memorandum and to support the premium rates developed for Medica Insurance Company's (Medica's) individual Affordable Care Act (ACA) products, with an effective date of January 1, 2017. These products will be offered both on and off of the individual insurance exchange in Iowa. This rate filing is not intended to be used for other purposes.

Per Health and Human Services (HHS) instruction, issuers must upload two versions of the Part III Actuarial Memorandum. This version of Part III is the redacted version intended for CMS review. For reference to the un-redacted version of Part III, please see the corresponding supporting document.

Medica designates the information submitted by Medica through HIOS as exempt from disclosure under Exemption 4 of the HHS's Freedom of Information Act (FOIA). Additionally, Medica designates the information submitted by Medica through SERFF as trade secret.

2. General Information

Company Identifying Information

- Company Legal Name: Medica Insurance Company
- State: IA
- HIOS Issuer ID: 93078
- Market: Individual
- Effective Date: January 1, 2017

Company Contact Information

- Primary Contact Name: Jacob Dority
- Primary Contact Telephone Number: (952) 992-3629
- Primary Contact Email Address: jacob.dority@medica.com

3. Proposed Rate Increase

The proposed rate increase for Medica's individual business rates effective January 1, 2017 is 19.0% over rates effective January 1, 2016. This rate increase reflects an estimate of the average increase that will be offered to current members based on March 2016 in-force business absent of rate changes due to attained age.

Reason for Rate Increase(s)

The significant factors driving the proposed rate increase primarily include:

- Anticipated medical trend, in both utilization and cost of services.
- Discontinuance of the federal transitional reinsurance program effective starting with the 2017 plan year.
- Market morbidity that is more adverse than what was assumed in the current rates.

Additional Information

- The proposed benefit factor changes will result in rate changes that vary across plan designs.
- Medica's rate change history is documented in Exhibit B.
- Select plans include cost sharing modifications due to actuarial value compliance.

- Medica is discontinuing two plans titled “Medica Insure Gold Copay 100” and “Medica Insure Silver Copay Plus.” The corresponding plan mapping is summarized in Section 7.4.

4. Market Experience

4.1 Experience Period Premium and Claims

Not Applicable. The proposed rates and corresponding factors are based on a manual rate development process, as described in Section 4.4.

4.2 Benefit Categories

Utilization and cost information are categorized by benefit using Milliman’s *Health Cost Guidelines*[™] (HCGs) categories. Milliman’s categories are assigned based on place and type of service using a detailed claims mapping algorithm summarized as follows:

- Inpatient Hospital (facility charges with an overnight stay)
- Outpatient Hospital (facility charges without an overnight stay)
- Professional (with units measured as a mix of visits, cases, procedures, etc.)
- Other Medical (with units measured as a mix of visits, cases, procedures, etc.)
- Capitation (not applicable)
- Prescription Drug (prescriptions not billed by a facility or professional)

4.3 Projection Factors

Not Applicable. The proposed rates and corresponding factors are based on a manual rate development process, as described in Section 4.4.

4.4 Credibility Manual Rate Development

Medica was a new entrant to the Iowa market in 2016. In the absence of experience period data, rates are based on a manual rate development process.

Source and Appropriateness of Experience Data Used

The source data used in the development of the manual rate is Medica’s nationwide individual market experience for ACA compliant policies. The credibility manual rate utilization and unit costs displayed in Worksheet 1, Section II of the URRT are based on adjusted experience for the 2015 plan year.

Medica’s nationwide individual market experience for the 2015 plan year includes approximately 346,521 member months of ACA compliant business and provides a credible basis for the determination of claim costs.

Adjustments Made to the Data

Redacted

Inclusion of Capitation Payments

Not applicable. There are no capitation payments assumed in the projection period.

4.5 Credibility of Experience

Not Applicable. The proposed rates and corresponding factors are based on a manual rate development process, as described in Section 4.4.

4.6 Paid to Allowed Ratio

Redacted

4.7 Risk Adjustment and Reinsurance

Projected Risk Adjustment PMPM

Redacted

4.8 Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

Redacted

Contribution to Surplus and Risk Margin

Redacted

Taxes and Fees

Redacted

5. Projected Loss Ratio

Redacted

6. Application of Market Reform Rating Rules

6.1 Single Risk Pool

This filing, including the URRT, complies with the single risk pool requirements documented in 45 CFR Part 156, §156.80(d). There is no base rate experience because all Medica policies in Iowa were new, effective January 1, 2016. The projection period reflects all projected 2017 covered lives for every non-grandfathered product/plan combination for Medica in the Iowa individual market.

6.2 Index Rate

Experience Period

Not Applicable. All Medica policies in Iowa were new, effective January 1, 2016.

Projection Period

Redacted

6.3 Market Adjusted Index Rate

Redacted

6.4 Plan Adjusted Index Rates

Exhibit D summarizes the plan-adjusted index rates determined as the market-adjusted index rate further adjusted for all the allowable plan-level modifiers defined in 45 CFR Part 156, §156.80(d)(2).

The allowable modifiers as described in 45 CFR Part 156, §156.80(d)(2) are the following:

- Actuarial value and cost-sharing design of the plan,
- Plan's provider network and delivery system characteristics, as well as utilization management practices,
- Plan benefits in addition to the EHBs,
- Administrative costs, excluding exchange user fees, and
- With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

AV and Cost-Sharing Adjustment

Redacted

Plan's Provider Network and Delivery System Characteristics

Redacted

Adjustment for Benefits in Addition to the EHBs

Medica's plans do not include any benefits other than EHBs (neither supplemental benefits nor state mandates eligible for state reimbursement), so the plan adjusted index rates do not include a plan-level adjustment for benefits in addition to the EHBs.

Impact of the Specific Eligibility Categories for the Catastrophic Plan

Redacted

6.5 Calibration

Redacted

Age Curve Calibration

Redacted

Geographic Factor Calibration

Redacted

Consumer Adjusted Premium Rate Development

Medica derives consumer adjusted premium rates by calibrating the plan adjusted index rate and applying the rating factors specified by 45 CFR Part 147, §147.102. See Exhibit A for the proposed rate manual and sample rate calculation.

7. Plan Product Info

7.1 AV Metal Values

The AV metal levels were developed using only the federal AV calculator. Medica does not believe any of the plans requires an alternative methodology.

7.2 AV Pricing Values

Exhibit F provides a summary of the AV pricing values by plan as displayed in Worksheet 2, Section I of the URRT and a breakdown of the components attributable to each of the allowable modifiers to the index rate as described in 45 CFR Part 156, §156.80(d)(2).

7.3 Membership Projections

Medica projected membership as displayed in Worksheet 2, Section IV of the URRT by considering the size of the projected Iowa individual market in 2017 and an assumed penetration rate of this market.

For silver level plans in the individual market, an estimate was made for the portion of projected enrollment that will be eligible for cost sharing reduction (CSR) subsidies at each subsidy level. Table 5 displays the distribution and projected members for all the silver plans, including the alternative silver plans which CSR eligibles can purchase.

Table 5 Distribution of Membership Across Silver Metal Tier		
Silver Metal Tier	Membership Distribution	Membership
Standard	22.3%	174
94% AV Level Silver Plan	19.6%	153
87% AV Level Silver Plan	39.9%	312
73% AV Level Silver Plan	18.2%	142
Limited Cost Sharing	0.0%	0
Zero Cost Sharing	0.0%	0
Total	100.0%	781

7.4 Terminated Products

Medica is consolidating its plan portfolio for the 2017 plan year. Table 6 summarizes both the terminated plans that were included in the single risk pool during the experience period or made available thereafter and the corresponding mapped plans.

Table 6 Terminated Plan Cross-Walk			
Terminated Plan Name	Terminated HIOS ID	Mapped Plan Name	Mapped HIOS ID
Medica Insure Gold Copay 100	930781A0010017	Medica Insure Gold Copay	930781A0010001
Medica Insure Silver Copay Plus	930781A0010021	Medica Insure Silver Copay	930781A0010003

7.5 Plan Type

Not Applicable. The plan types listed in Worksheet 2, Section I of the URRT appropriately describe Medica’s plans.

7.6 Warning Alerts

Two warning alerts appear in Worksheet 2, Section IV of the URRT. Both alerts are due to the URRT comparing incurred claims excluding CSR subsidies found on Worksheet 1 to incurred claims including CSR subsidies found on Worksheet 2.

8. Miscellaneous Instructions

8.1 Effective Rate Review Information

Medica believes all information specific to Iowa Insurance Division’s (IID)’s filing requirements are reflected elsewhere in this filing.

8.2 Reliance

In developing this rate filing, I have relied on several internal departments for information. This information includes Corporate Actuarial providing rating factors, projections of claim trend and non-benefit expenses. I have performed a limited review of this information, and have deemed it to be reasonable.

8.3 Actuarial Certification

I, Jacob Dority, am the Manager of Actuarial Services for Medica. 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.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice,
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- Neither excessive nor deficient based on Medica's best estimates of the 2017 individual market.

I further certify that:

- The index rate 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 percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV of the Part I URRT were calculated in accordance with actuarial standards of practice,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area, and
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I URRT for all plans.

The Part I URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges (FFE) and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.



Jacob D. Dority
Fellow, Society of Actuaries
Member, American Academy of Actuaries
Medica
401 Carlson Parkway
Minnetonka, MN 55305-5387
May 9, 2016

Exhibit A Rate Manual

Redacted

Exhibit A (continued) Rate Manual

Redacted

Exhibit B Rate History

Effective Date	Rate Change
January 1, 2016	New Product
January 1, 2017	19.0%

Exhibit C Medical Loss Ratio (MLR)

Redacted

Exhibit D

Plan-Adjusted Index Rates

Redacted

Exhibit E Calibration Development

Redacted

Exhibit F

AV Pricing Values

Redacted

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 v3.3																							
2																								
3	Company Legal Name:	Medica Insurance Company				State:	IA																	
4	HIOS Issuer ID:	93078				Market:	Individual																	
5	Effective Date of Rate Change(s):	1/1/2017																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2015		to	12/31/2015																			
13		<u>Experience Period</u>		<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																		
14	Premiums (net of MLR Rebate) in Experience Period:	\$0		#DIV/0!	#DIV/0!																			
15	Incurred Claims in Experience Period	\$0		#DIV/0!	#DIV/0!																			
16	Allowed Claims:	\$0		#DIV/0!	#DIV/0!																			
17	Index Rate of Experience Period			\$0.00																				
18	Experience Period Member Months	0																						
19																								
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>				<u>Projection Period: 1/1/2017 to 12/31/2017</u>				Mid-point to Mid-point, Experience to Projection:										24 months				
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>										
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity		Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM								
24	Inpatient Hospital	Days	0.00	\$0.00	\$0.00	1.000	1.000	1.000	1.000	1.000	0.00	\$0.00	\$0.00	368.43	\$4,584.83	\$140.77								
25	Outpatient Hospital	Visits	0.00	0.00	0.00	1.000	1.000	1.000	1.000	1.000	0.00	0.00	0.00	1885.32	1,237.38	194.40								
26	Professional	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	1.000	0.00	0.00	0.00	18431.06	143.66	220.65								
27	Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	1.000	0.00	0.00	0.00	658.90	393.94	21.63								
28	Capitation				0.00						0.00	0.00	0.00			0.00								
29	Prescription Drug	Prescriptions	0.00	0.00	0.00	1.000	1.000	1.000	1.000	1.000	0.00	0.00	0.00	14520.02	88.74	107.38								
30	Total				\$0.00						\$0.00	\$0.00	\$0.00			\$684.84								
31																								
32	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%			100.00%			After Credibility	Projected Period Totals					
33		Paid to Allowed Average Factor in Projection Period																\$684.84	\$10,239,679					
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																\$557.41	\$8,334,343					
35		Projected Risk Adjustments PMPM																-0.15	(2,243)					
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																\$557.56	\$8,336,586					
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM																0.00	0					
38		Projected Incurred Claims																\$557.56	\$8,336,586					
39		Administrative Expense Load																7.63%	49.37 738,141					
40		Profit & Risk Load																0.63%	4.10 61,265					
41		Taxes & Fees																5.57%	36.02 538,582					
42		Single Risk Pool Gross Premium Avg. Rate, PMPM																\$647.04	\$9,674,574					
43		Index Rate for Projection Period																\$684.84						
44		% increase over Experience Period																#DIV/0!						
45		% Increase, annualized:																#DIV/0!						
46		Projected Member Months																	14,952					
47																								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly 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):

Medica Insurance Company
93078
1/1/2017

State: **IA**
 Market: **Individual**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Medica Insure 93078IA001									
Product ID:											
Metal:		Gold	Silver	Bronze	Gold	Silver	Bronze	Catastrophic	Gold	Gold	Silver
AV Metal Value		0.796	0.707	0.618	0.795	0.707	0.617	0.613	0.818	0.795	0.687
AV Pricing Value		1.048	0.922	0.825	1.030	0.909	0.797	0.592	0.010	1.133	0.010
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Terminated
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		Medica Insure Gold Copy	Medica Insure Silver Copy	Medica Insure Bronze Copy	Medica Insure Gold HSA	Medica Insure Silver HSA	Medica Insure Bronze HSA	Medica Insure Catastrophic	Medica Insure Gold Copy 100	Medica Insure Gold Copy Plus	Medica Insure Silver Copy Plus
Plan ID (Standard Component ID):		93078IA0010001	93078IA0010003	93078IA0010005	93078IA0010007	93078IA0010009	93078IA0010011	93078IA0010013	93078IA0010017	93078IA0010019	93078IA0010021
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	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		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		14.20%	19.90%	24.80%	15.20%	21.40%	26.20%	26.10%	0.00%	11.90%	0.00%
Cum'lative Rate Change % (over 12 mos prior)		14.20%	19.90%	24.80%	15.20%	21.40%	26.20%	26.10%	0.00%	11.90%	0.00%
Proj'd Per Rate Change % (over Expir. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Rate Increase %		19.84%									

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

Plan ID (Standard Component ID):	Total	93078IA0010001	93078IA0010003	93078IA0010005	93078IA0010007	93078IA0010009	93078IA0010011	93078IA0010013	93078IA0010017	93078IA0010019	93078IA0010021
Inpatient	#DIV/0!	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49	\$25.49
Outpatient	#DIV/0!	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97	\$44.97
Prescription Drug	#DIV/0!	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98	\$60.98
Other	#DIV/0!	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46	\$51.46
Capitation	#DIV/0!	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32
Administration	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71	-\$16.71
Risk & Profit Charge	#DIV/0!	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64	\$2.64
Total Rate Increase	#DIV/0!	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13	\$184.13
Member Cost Share Increase	#DIV/0!	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38	-\$33.38

Average Current Rate PMPM	\$535.59	\$561.71	\$568.50	\$503.67	\$562.87	\$591.59	\$502.45	\$185.69	\$0.00	\$696.04	\$0.00
Projected Member Months	14,952	1,728	7,488	660	372	1,884	1,200	1,188	0	432	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	93078IA0010001	93078IA0010003	93078IA0010005	93078IA0010007	93078IA0010009	93078IA0010011	93078IA0010013	93078IA0010017	93078IA0010019	93078IA0010021
Plan Adjusted Index Rate	#DIV/0!	\$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
Total Premium (TP)	\$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%
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%
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%
Total Allowed Claims (TAC)	\$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%
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%
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%
Allowed claims which are not the issuer's obligation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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
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!
Total incurred claims, payable with issuer funds	\$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
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

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!
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!
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!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	93078IA0010001	93078IA0010003	93078IA0010005	93078IA0010007	93078IA0010009	93078IA0010011	93078IA0010013	93078IA0010017	93078IA0010019	93078IA0010021
Plan Adjusted Index Rate	\$641.67	\$744.36	\$655.04	\$586.78	\$731.63	\$645.81	\$566.38	\$420.41	\$0.00	\$805.02	\$0.00
Member Months	14,952	1,728	7,488	660	372	1,884	1,200	1,188	-	432	-
Total Premium (TP)	\$9,594,186	\$1,286,253	\$4,904,911	\$387,274	\$272,167	\$1,216,699	\$679,660	\$499,452	\$0	\$347,771	\$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%
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%
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%
Total Allowed Claims (TAC)	\$10,239,679	\$1,249,776	\$5,244,133	\$443,833	\$271,575	\$1,312,469	\$796,629	\$574,180	\$0	\$327,084	\$0
EHB Percent of TAC, (see instructions)	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 TAC 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%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$2,668,108	\$152,180	\$1,606,006	\$107,307	\$35,088	\$396,455	\$206,026	\$140,120	\$0	\$24,927	\$0

Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$765,016	\$0	\$623,859	\$0	\$0	\$141,156	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	28.67%	0.00%	38.85%	0.00%	0.00%	35.60%	0.00%	0.00%	#DIV/0!	0.00%	#DIV/0!
Total incurred claims, payable with issuer funds	\$7,571,571	\$1,117,596	\$3,638,128	\$336,526	\$236,487	\$916,014	\$590,603	\$434,059	\$0	\$302,157	\$0
Net Amt of Reim	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$2,243	-\$259	-\$1,123	-\$99	-\$56	-\$283	-\$180	-\$178	\$0	-\$65	\$0