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AT THE 9:00AM HEARING  
ON JULY 24, 2018  
BY THE BUREAU OF INSURANCE  
CASE NUMBER: INS-2018-00083

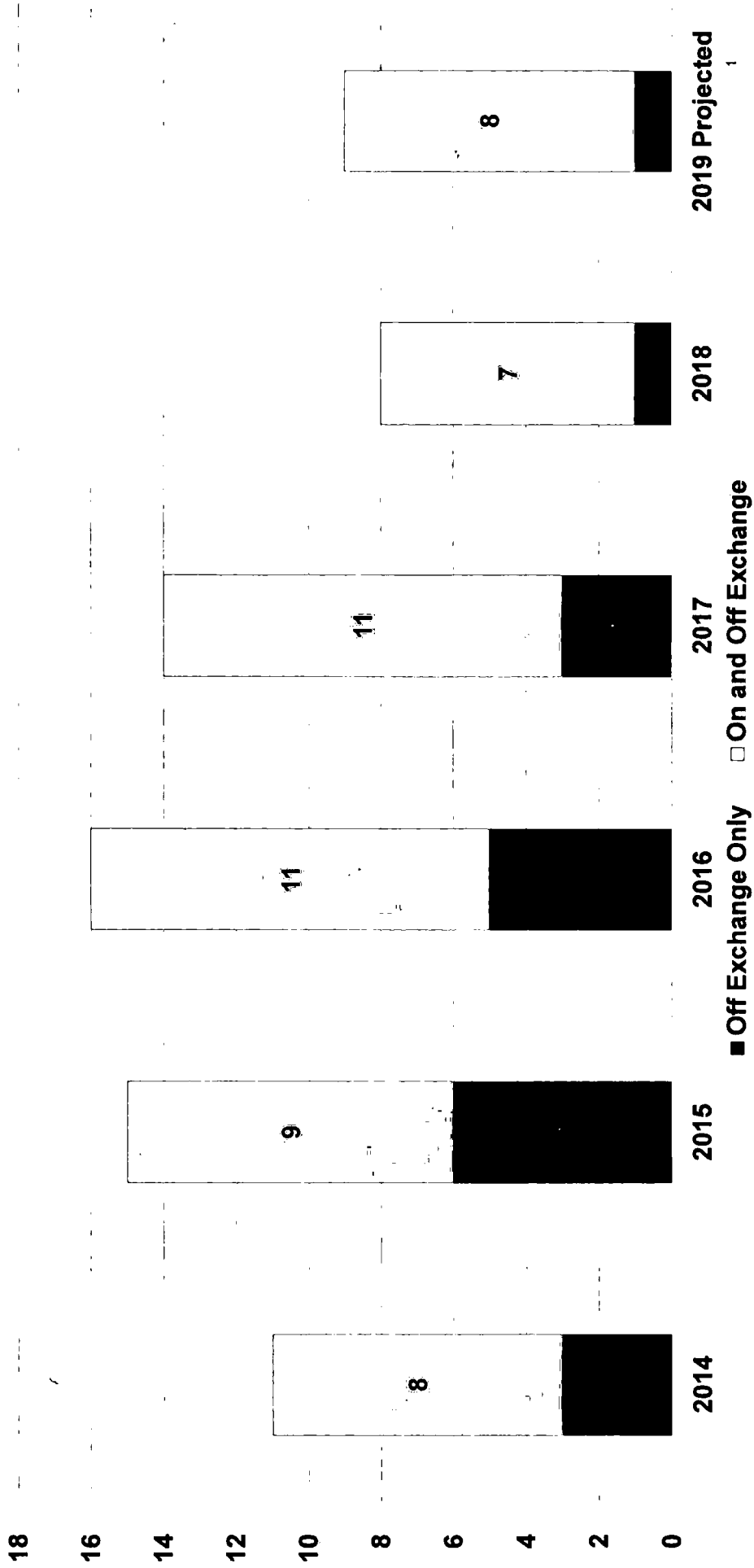
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# State Corporation Commission Bureau of Insurance

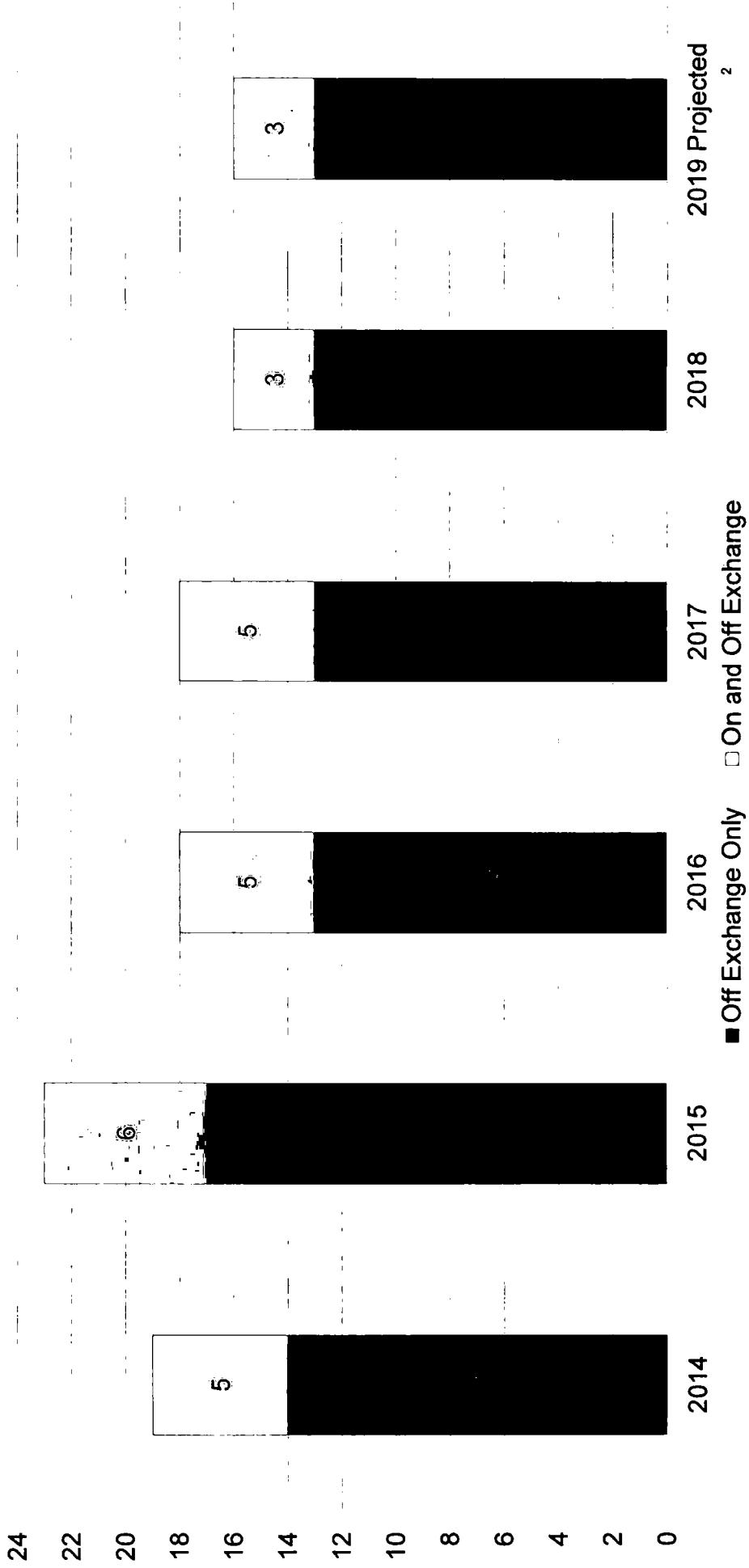
## Rate Presentations

July 24, 2018

# Number of Carriers in the Individual Market On and Off Exchange



# Number of Carriers in the Small Group Market On and Off Exchange

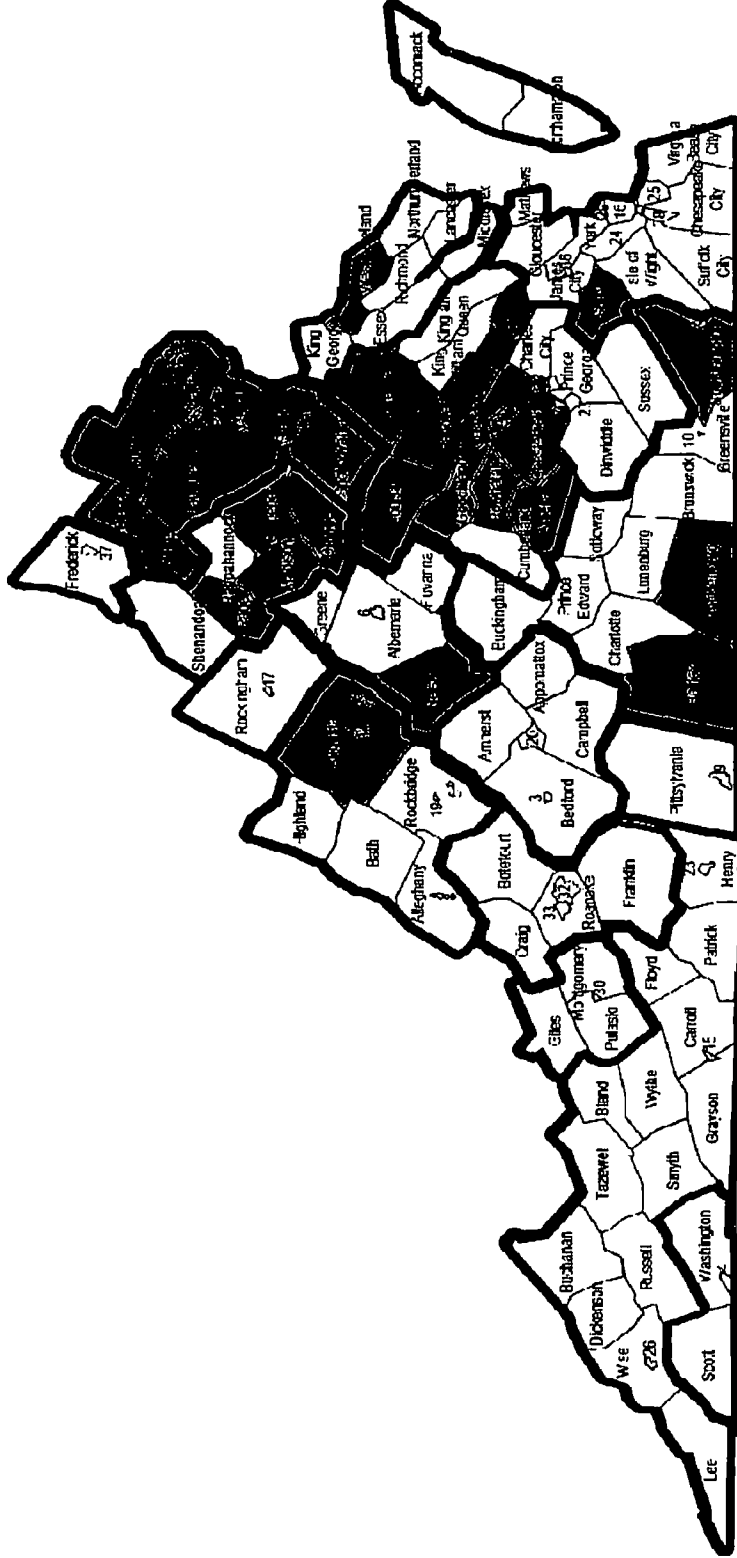


# Carrier Entrants and Exits

Individual Market Exits		Small Group Market Exits	
Carrier	Exit Year	Carrier	Exit Year
Time Insurance Company	2016	Coventry Health Care of Virginia, Inc.	2016
Aetna Life Insurance Company	2017	Coventry Health and Life Insurance Company	2016
Coventry Health Care of Virginia, Inc.	2017	John Alden Life Insurance Company	2016
Humana Insurance Company	2017	MAMS I Life and Health Insurance Company	2016
UnitedHealthcare Life Insurance Company	2017	Time Insurance Company	2016
Aetna Health, Inc.	2018	Federated Mutual Insurance Company	2018
Innovation Health Insurance Company	2018	Piedmont Community HealthCare, Inc.	2018
Piedmont Community HealthCare, Inc.	2018		
UnitedHealthcare of the Mid-Atlantic, Inc.	2018		
<b>Individual Market Entrants - 2019</b>		<b>Small Group Market New Entrants - 2019</b>	
<b>Carrier</b>		<b>Carrier</b>	
Virginia Premier Health Plan, Inc.		None	

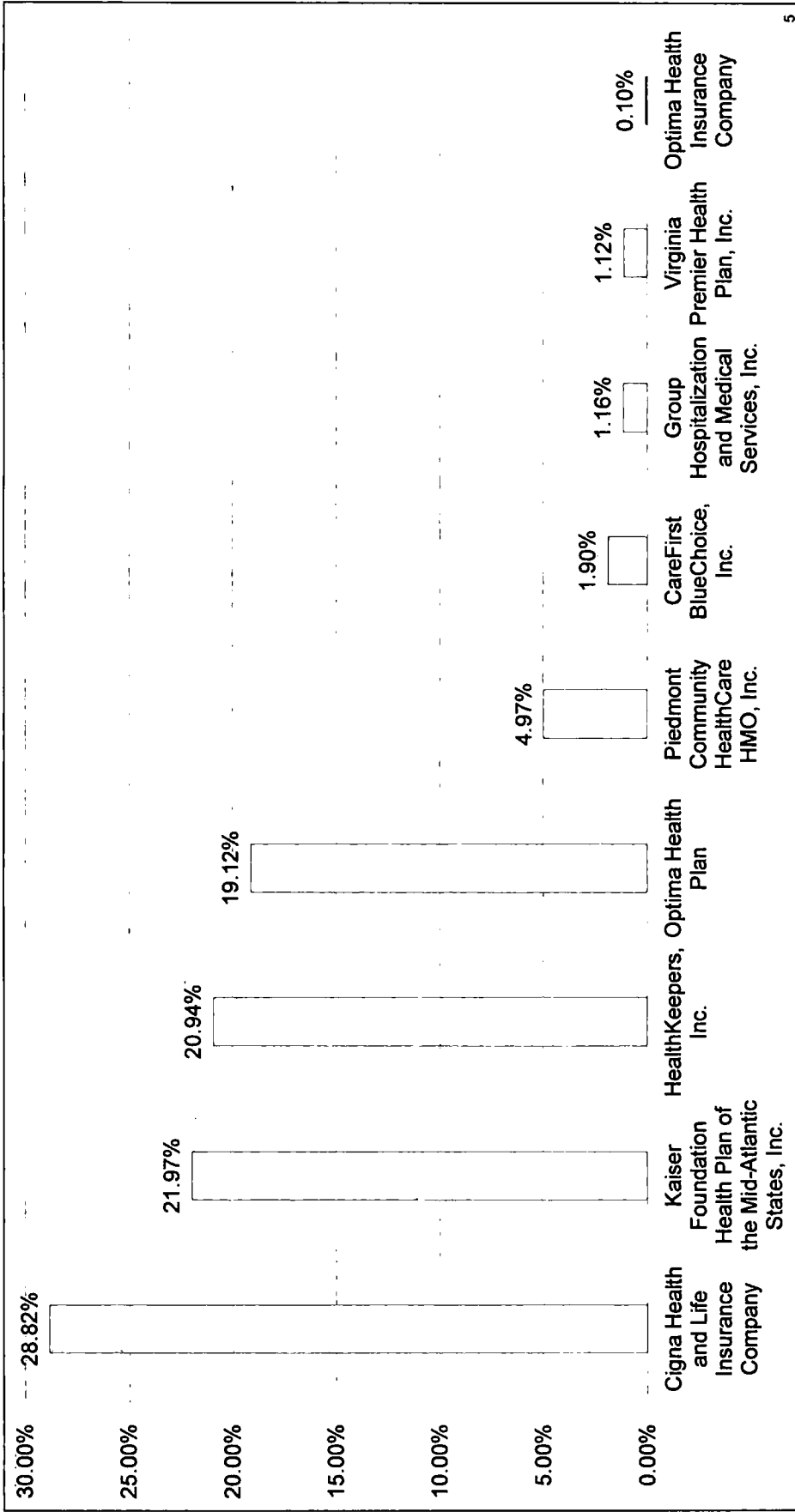
# 2019 Individual Market – Number of Carriers by County or Independent City As of 7/24/18

Number of Carriers in County/City	Percentage of Counties/Cities
0	0%
1	70.90%
2	13.79%
3	1.82%
4	1.29%



- |  |   |  |   |  |  |  |   |   |  |
|--|---|--|---|--|--|--|---|---|--|
| <input checked="" type="checkbox"/> 1) Alexandria City | <input type="checkbox"/> 5) Buena Vista City      | <input type="checkbox"/> 9) Danville City      | <input checked="" type="checkbox"/> 13) Franklin City       | <input checked="" type="checkbox"/> 17) Hanoverburg City | <input type="checkbox"/> 21) Manassas City                 | <input type="checkbox"/> 25) Norfolk City    | <input type="checkbox"/> 29) Potomac City             | <input type="checkbox"/> 33) Salem City                 | <input type="checkbox"/> 37) Winchester City |
| <input type="checkbox"/> 2) Arlington                  | <input type="checkbox"/> 6) Charlottesville City  | <input type="checkbox"/> 10) Emporia City      | <input checked="" type="checkbox"/> 14) Fredericksburg City | <input type="checkbox"/> 18) Hopewell City               | <input checked="" type="checkbox"/> 22) Manassas Park City | <input type="checkbox"/> 26) Norton City     | <input type="checkbox"/> 30) Radford City             | <input type="checkbox"/> 34) Staunton City              |  |
| <input type="checkbox"/> 3) Bedford City               | <input type="checkbox"/> 7) Colonial Heights City | <input type="checkbox"/> 11) Fairfax City      | <input type="checkbox"/> 15) Galax City                     | <input type="checkbox"/> 19) Lexington City              | <input type="checkbox"/> 23) Martinsville City             | <input type="checkbox"/> 27) Petersburg City | <input checked="" type="checkbox"/> 31) Richmond City | <input checked="" type="checkbox"/> 35) Waynesboro City |  |
| <input type="checkbox"/> 4) Bristol City               | <input type="checkbox"/> 8) Covington City        | <input type="checkbox"/> 12) Falls Church City | <input type="checkbox"/> 16) Harrison City                  | <input type="checkbox"/> 20) Lynchburg City              | <input type="checkbox"/> 24) Newport News City             | <input type="checkbox"/> 28) Portsmouth City | <input type="checkbox"/> 32) Roanoke City             | <input type="checkbox"/> 33) Williamsburg City          |  |

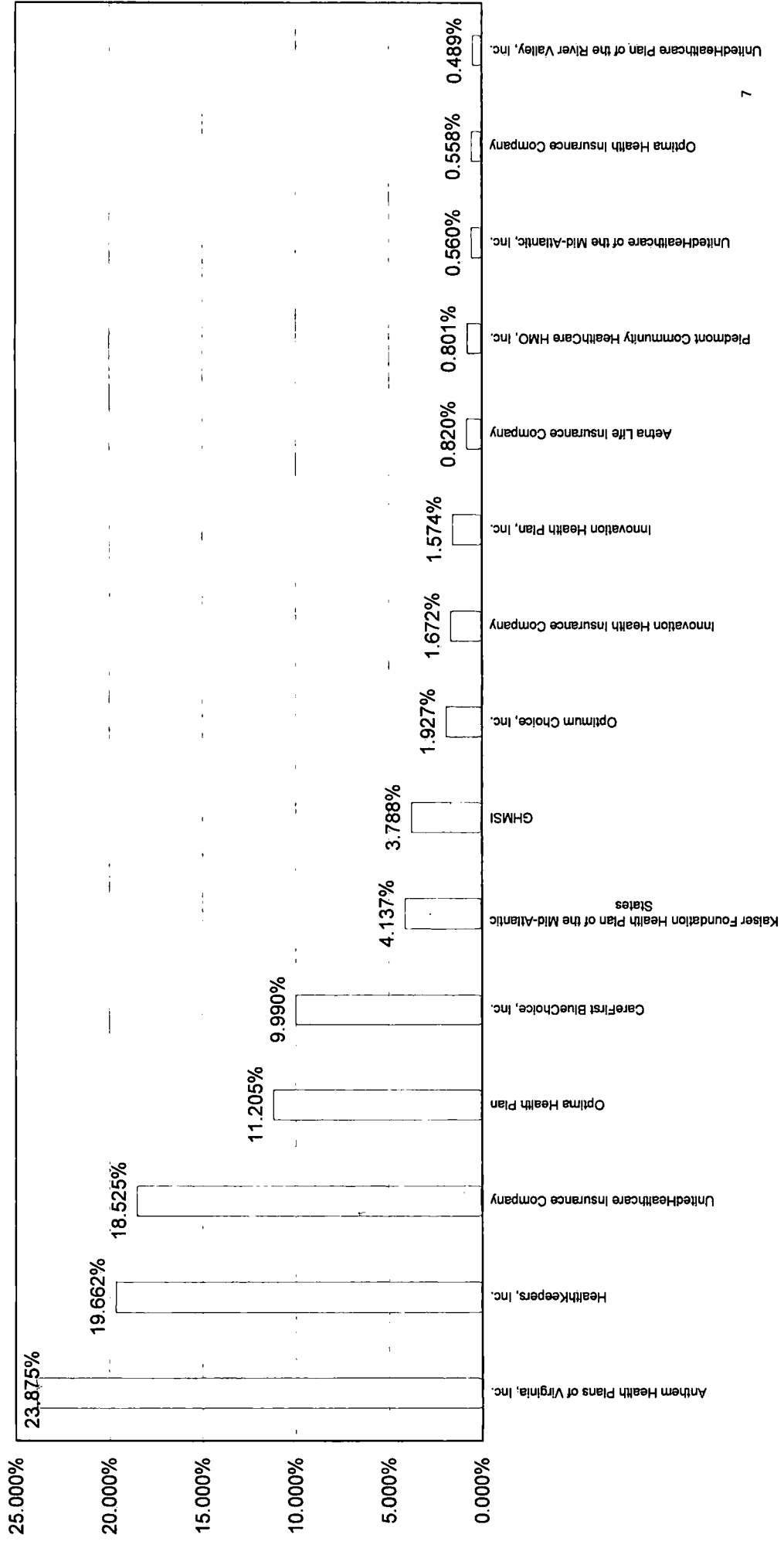
# Individual Market Share – by 2019 Projected Covered Lives



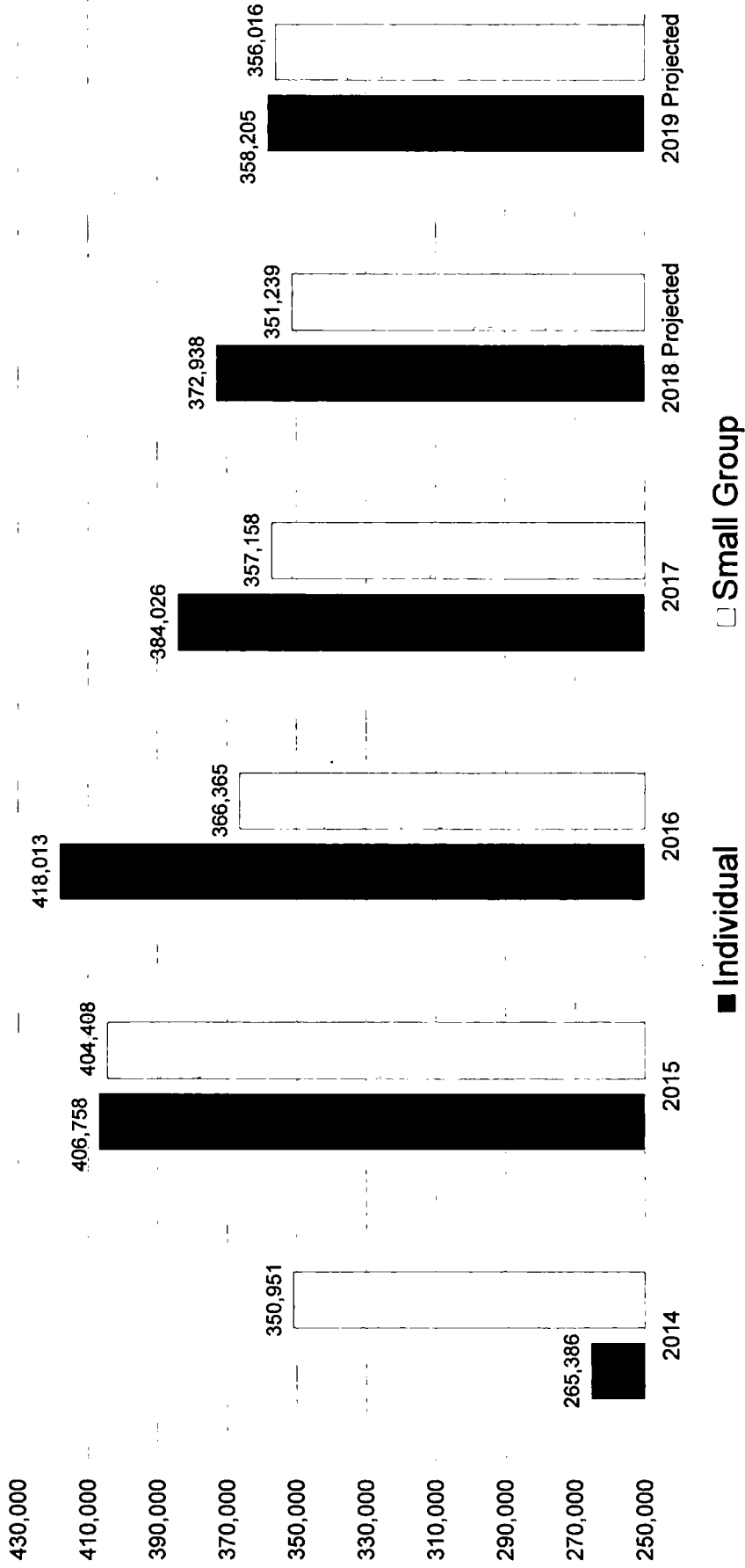




# Small Group Market Share – by 2019 Projected Covered Lives

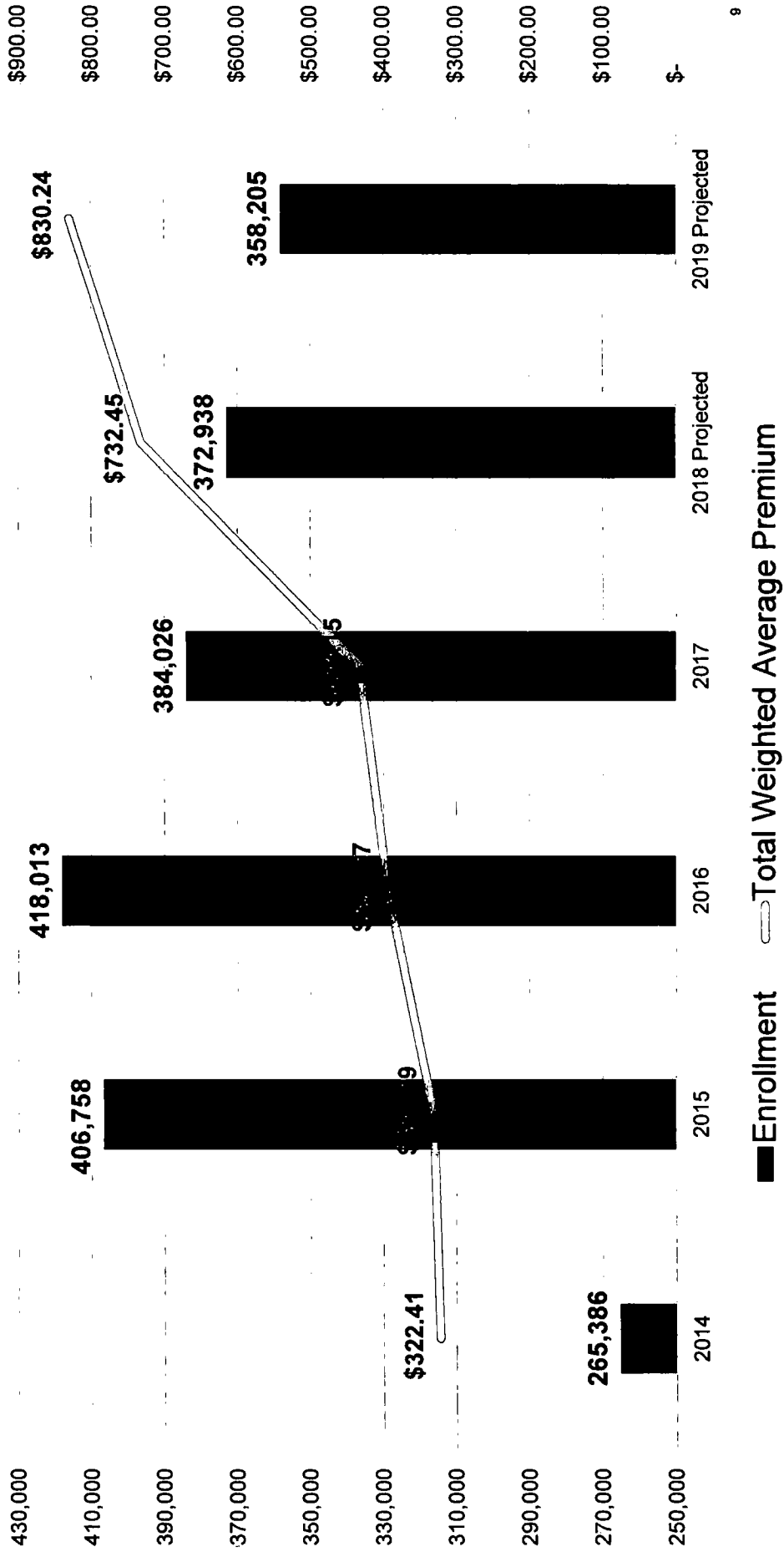


# Individual and Small Group On and Off Exchange Total Enrollment 2014 - 2019



Source: Annual Supplemental Health Care Report – Number of covered lives by market for 2014-2017. 2018 and 2019 data derived from the 2019 rate filings.

# Individual On and Off Exchange Total Enrollment and Total Weighted Average Premium 2014 - 2019



# On Exchange Individual Market Enrollment and Subsidy Analysis

Year	2018	2018	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017
	342,208	9,229,769	281,606	83%	205,047	53%	\$404.71	\$86.57	203,234	59%	\$640.26	\$58.78
	10,643,786	9,229,769	281,606	87%	205,047	53%	\$404.71	\$86.57	203,234	59%	\$640.26	\$58.78
	339,387	8,228,479	281,606	83%	205,047	60%	\$404.71	\$86.57	205,047	60%	\$404.71	\$86.57
	9,763,076	8,228,479	8,228,479	84%	5,596,568	57%	\$470.52	\$97.46	5,596,568	57%	\$470.52	\$97.46
Virginia	2018	297,205	297,205	87%	203,234	59%	\$640.26	\$58.78	203,234	59%	\$640.26	\$58.78
Nationwide	2018	9,229,769	9,229,769	87%	205,047	53%	\$597.20	\$77.31	5,612,435	53%	\$597.20	\$77.31
Virginia	2017	281,606	281,606	83%	205,047	60%	\$404.71	\$86.57	205,047	60%	\$404.71	\$86.57
Nationwide	2017	8,228,479	8,228,479	84%	5,596,568	57%	\$470.52	\$97.46	5,596,568	57%	\$470.52	\$97.46

Source: CMS February 2018 Effectuated Enrollment Snapshot. \*Effectuated enrollment is the total number of individuals who had an active policy in February 2018 and who paid their premium, if applicable, (thus effectuating their coverage) as of March 15, 2018. The 2017 figures are average monthly figures for 2017.

# General Approach to Rate Reviews

- Initial rate submissions were due May 4; the Bureau's deadline to submit QHP recommendations is August 22 (non-QHP reviews are completed by this date as well)
- Bureau staff review the contents of each rate filing for completeness, accuracy and compliance with Federal and state filing requirements
- Companies are requested to make any necessary changes before the filing is sent to the consulting actuaries for their review

# General Approach to Rate Reviews

- All carriers must submit actuarial justification for any rate change in the individual or small group markets
- A qualified actuary (i.e., a member of the American Academy of Actuaries) must certify that the rate filing complies with Virginia's laws and regulations, in addition to certifying that certain elements of the rate filing comply with Federal law and regulations
- The underlying assumptions (trend, morbidity, plan relativities, etc.) are reviewed for reasonableness, consistency
- Calculations are verified, narratives are reviewed
- Inaccurate calculations, irreconcilable differences, inconsistent assumptions are some examples that trigger additional scrutiny
- There is considerable back-and-forth between the Bureau and the companies during rate review

# Virginia Rate Filing Template

- Introduced for 2019 ACA rate filings
- Standardized format for carrier experience data, projections, source of rate changes, etc.
- New template includes some prior required exhibits
- Consistent with URRRT definitions
- Summary tools allow for state-wide analysis of ACA markets, including any outliers, in addition to changes from 2018 approved rates

# Sample of Rate Review Questions

- “Per the trend experience shown in Tab III of Table 5B in the VA Rate Filing Template, calendar year 2014-2017 historical trends are each lower (5.3%, 7.1%, 8.6% and 7.2%, respectively) than the proposed 8.9% trend rate. Please provide qualitative and quantitative support to justify the use of the increased trend.”
- “Please provide a detailed quantitative exhibit displaying the development of the Age/Gender normalization factor of 1.0493 and the Age Calibration factor of 1.7148. In doing so, please provide the following:
  - Actual calendar year 2017 member months by age (0, 1, 2, ..., 63, 64)
  - Actual year-to-date 2018 member months by age
  - Projected 2019 member months by age”



# 2019 Pricing Challenges

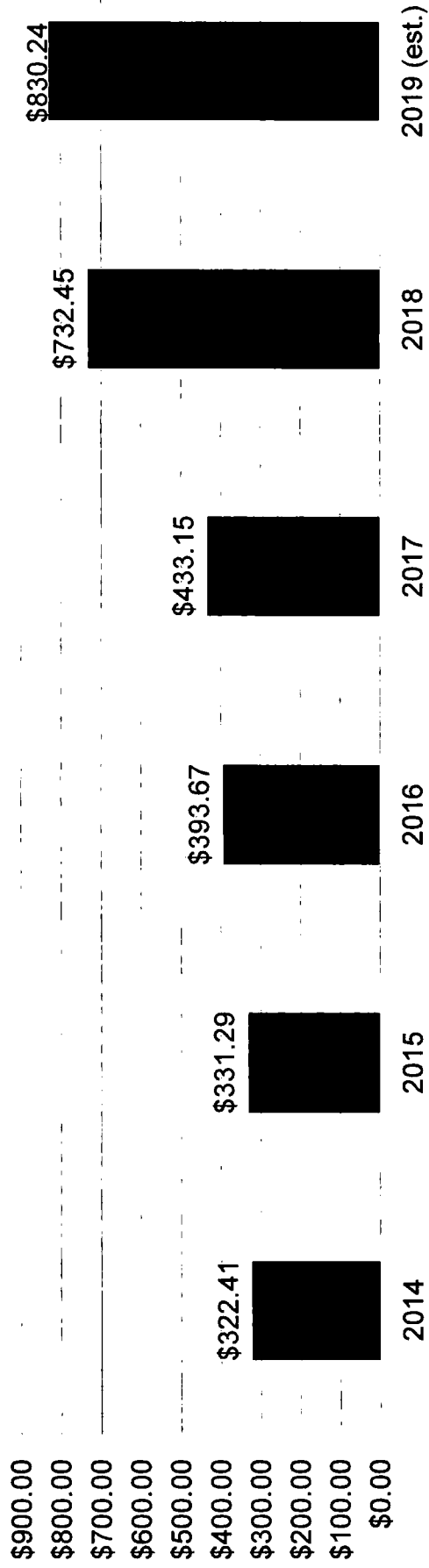
- Population morbidity
  - Carrier entrances/exits
  - Member movement
  - High cost claimants
- Medicaid expansion
- Regulatory uncertainty
  - Market impact of AHPs
  - No rules yet on STLD plans
- CSR load
  - Distribution of enrollees among silver plan variants
- Response to SB 672 – broadening definition of Small Employer

## 2019 Premium Rate Drivers

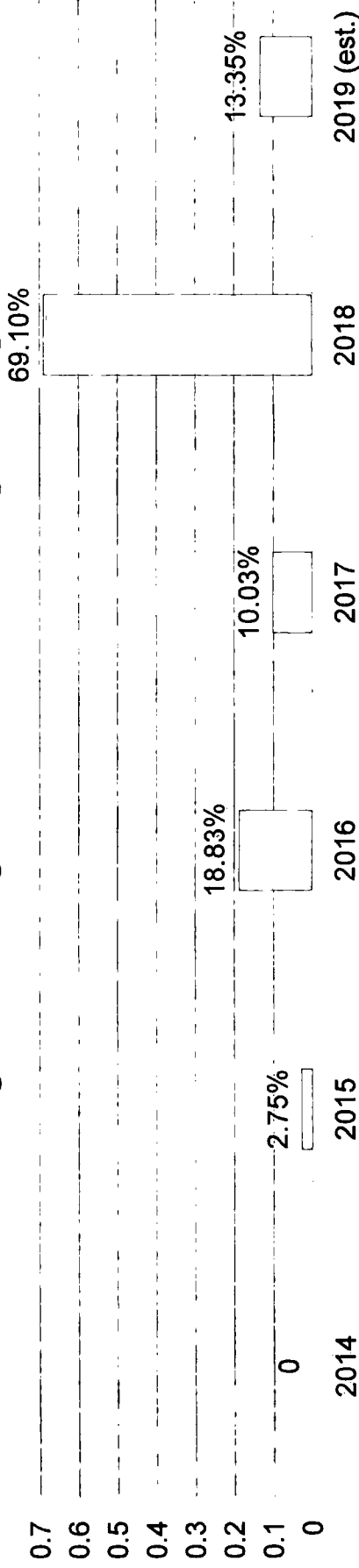
	State Average	Range	Change from 2018
<b>Total Trend</b>			
<b>Individual</b>	6.2%	5.3% to 9.1%	-0.3%
<b>Small Group</b>	8.1%	3.9% to 10.0%	-0.3%
<b>Morbidity</b>			
<b>Individual</b>	27.4%	-11.5% to 80.2%	1.8%
<b>Small Group</b>	5.2%	-7.5% to 15.8%	4.3%
<b>CSR Load *</b>	22.7%	20.3% to 27.2%	N/A

\* Individual market only; factors applied to silver QHPs

### Individual Market – Total Weighted Average Premium

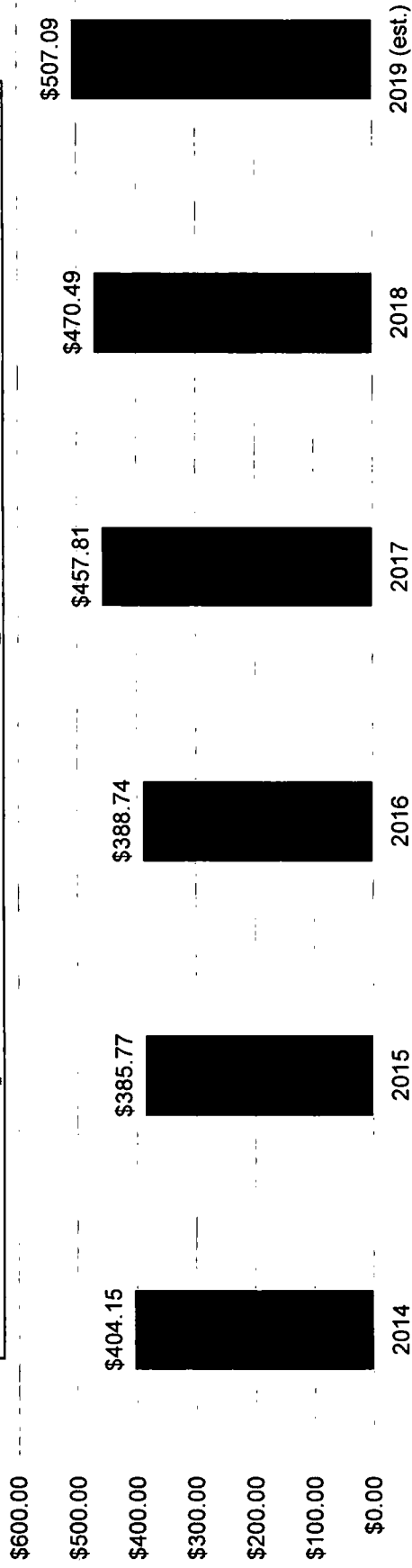


### Total Weighted Average Premium Percentage Change Over Prior Year

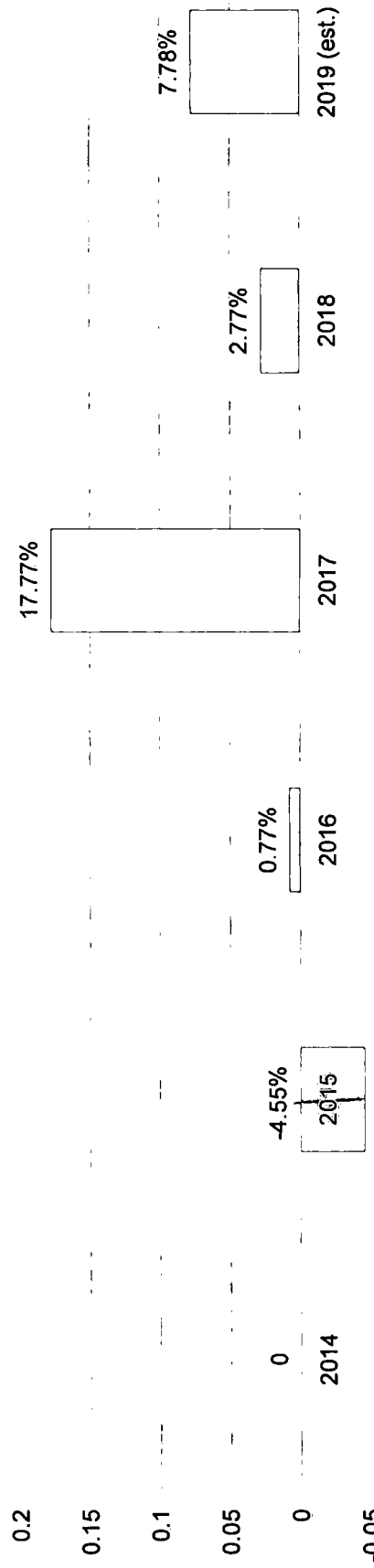


Percentage increase of weighted average premium – individual market from 2014 to 2019: 158%.

### Small Group Market Total Weighted Average Premium



### Total Weighted Average Premium Percentage Change Over Prior Year



Percentage increase of weighted average premium – small group market from 2014 to 2019: 25%.

# Presenting Companies

## Cigna Health Group:

- Cigna Health and Life Insurance Company

## Kaiser Foundation Group:

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

## Anthem, Inc. Group:

- Anthem Health Plans of Virginia, Inc.
- HealthKeepers, Inc.

## Sentara Health Management Group:

- Optima Health Insurance Company
- Optima Health Plan

## Piedmont Community Health Group:

- Piedmont Community HealthCare HMO, Inc.

## CareFirst, Inc. Group:

- CareFirst BlueChoice, Inc.
- Group Hospitalization and Medical Services, Inc.

## Virginia Premier:

- Virginia Premier Health Plan, Inc.

## Aetna Group:

- Aetna Health, Inc.
- Aetna Life Insurance Company
- Innovation Health Insurance Company
- Innovation Health Plan, Inc.

## UnitedHealth Group:

- Optimum Choice, Inc.
- UnitedHealthcare Insurance Company
- UnitedHealthcare of the Mid-Atlantic, Inc.
- UnitedHealthcare Plan of the River Valley, Inc.

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Cigna Life and Health Ins. Co.		
NAIC Number	67369		
Product(s)	EPO		
Market Segment	Individual		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	15.6%
Carrier Calculated Avg Total Rate Change	15.1%
Carrier Calculated Avg Adult Rate Change	15.1%
Carrier Calculated Avg Child Rate Change	15.2%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	Cigna Connect 6500		Cigna Connect 1500		Cigna Connect 7000	
2018 Brief Cost-Sharing Desc	eductible, 70% Coinsurance, \$20 OV,		eductible, 85% Coinsurance, \$25 OV,		eductible, 60% Coinsurance, \$7,90	
Members as of 2/16/2018	28271		450		8722	
Pct of Statewide Membership	27.4%		0.4%		8.4%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 7		Rating Area 10		Rating Area 7	
Rate on 1/1/2018	\$438.55		\$749.85		\$327.48	
Individual Mandate	\$43.86	10.0%	\$74.99	10.0%	\$32.75	10.0%
Other Morbidity	-\$50.34	-11.5%	-\$86.08	-11.5%	-\$37.59	-11.5%
Trend	\$23.28	5.3%	\$39.81	5.3%	\$17.39	5.3%
Risk Adjustment	\$104.87	23.9%	\$102.55	13.7%	\$85.79	26.2%
HIT Moratorium	-\$15.35	-3.5%	-\$26.24	-3.5%	-\$11.46	-3.5%
Other Non-Benefit Expenses	\$0.88	0.2%	\$1.50	0.2%	\$0.65	0.2%
Benefit Changes	-\$3.35	-0.8%	-\$8.93	-1.2%	-\$2.62	-0.8%
Other Change 1	\$12.99	3.0%	-\$270.58	-36.1%	\$12.29	3.8%
Other Change 2	-\$13.16	-3.0%	\$0.00	0.0%	\$0.00	0.0%
Other Change 3	-\$34.03	-7.8%	-\$37.44	-5.0%	-\$20.68	-6.3%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$508.19	15.9%	\$539.43	-28.1%	\$403.99	23.4%
Calculated Rate on 1/1/2019	\$508.19	15.9%	\$539.43	-28.1%	\$403.99	23.4%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Cigna Health and Life Insurance Company						
<b>NAIC Number</b>	67369						
<b>Product(s)</b>	EPO						
<b>Market Segment</b>	Individual						
<b>Rate Effective Date</b>	1/1/2019						

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.250	1.250	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.250	1.250	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.250	1.250	0.0%	Rating Area 7	1.000	1.000	0.0%
21	1.000	1.250	1.250	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.250	1.250	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.250	1.250	0.0%	Rating Area 10	1.034	1.043	-0.9%
24	1.000	1.250	1.250	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.250	1.250	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.250	1.250	0.0%				
27	1.048	1.250	1.250	0.0%				
28	1.087	1.250	1.250	0.0%				
29	1.119	1.250	1.250	0.0%				
30	1.135	1.250	1.250	0.0%				
31	1.159	1.250	1.250	0.0%				
32	1.183	1.250	1.250	0.0%				
33	1.198	1.250	1.250	0.0%				
34	1.214	1.250	1.250	0.0%				
35	1.222	1.250	1.250	0.0%				
36	1.230	1.250	1.250	0.0%				
37	1.238	1.250	1.250	0.0%				
38	1.246	1.250	1.250	0.0%				
39	1.262	1.250	1.250	0.0%				
40	1.278	1.250	1.250	0.0%				
41	1.302	1.250	1.250	0.0%				
42	1.325	1.250	1.250	0.0%				
43	1.357	1.250	1.250	0.0%				
44	1.397	1.250	1.250	0.0%				
45	1.444	1.250	1.250	0.0%				
46	1.500	1.250	1.250	0.0%				
47	1.563	1.250	1.250	0.0%				
48	1.635	1.250	1.250	0.0%				
49	1.706	1.250	1.250	0.0%				
50	1.786	1.250	1.250	0.0%				
51	1.865	1.250	1.250	0.0%				
52	1.952	1.250	1.250	0.0%				
53	2.040	1.250	1.250	0.0%				
54	2.135	1.250	1.250	0.0%				
55	2.230	1.250	1.250	0.0%				
56	2.333	1.250	1.250	0.0%				
57	2.437	1.250	1.250	0.0%				
58	2.548	1.250	1.250	0.0%				
59	2.603	1.250	1.250	0.0%				
60	2.714	1.250	1.250	0.0%				
61	2.810	1.250	1.250	0.0%				
62	2.873	1.250	1.250	0.0%				
63	2.952	1.250	1.250	0.0%				
64+	3.000	1.250	1.250	0.0%				





<b>Carrier Name</b>	Kaiser Foundation Health Plan of the Mid-						
<b>NAIC Number</b>	95639						
<b>Product(s)</b>	HMO						
<b>Market Segment</b>	Individual						
<b>Rate Effective Date</b>	1/1/2019						

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.200	1.000	20.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.200	1.000	20.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.200	1.000	20.0%	Rating Area 7	1.000	1.000	0.0%
21	1.000	1.200	1.200	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.200	1.200	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.200	1.200	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.200	1.200	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.200	1.200	0.0%	Rating Area 12	1.000	1.000	0.0%
26	1.024	1.200	1.200	0.0%				
27	1.048	1.200	1.200	0.0%				
28	1.087	1.200	1.200	0.0%				
29	1.119	1.200	1.200	0.0%				
30	1.135	1.200	1.200	0.0%				
31	1.159	1.200	1.200	0.0%				
32	1.183	1.200	1.200	0.0%				
33	1.198	1.200	1.200	0.0%				
34	1.214	1.200	1.200	0.0%				
35	1.222	1.200	1.200	0.0%				
36	1.230	1.200	1.200	0.0%				
37	1.238	1.200	1.200	0.0%				
38	1.246	1.200	1.200	0.0%				
39	1.262	1.200	1.200	0.0%				
40	1.278	1.200	1.200	0.0%				
41	1.302	1.200	1.200	0.0%				
42	1.325	1.200	1.200	0.0%				
43	1.357	1.200	1.200	0.0%				
44	1.397	1.200	1.200	0.0%				
45	1.444	1.200	1.200	0.0%				
46	1.500	1.200	1.200	0.0%				
47	1.563	1.200	1.200	0.0%				
48	1.635	1.200	1.200	0.0%				
49	1.706	1.200	1.200	0.0%				
50	1.786	1.200	1.200	0.0%				
51	1.865	1.200	1.200	0.0%				
52	1.952	1.200	1.200	0.0%				
53	2.040	1.200	1.200	0.0%				
54	2.135	1.200	1.200	0.0%				
55	2.230	1.200	1.200	0.0%				
56	2.333	1.200	1.200	0.0%				
57	2.437	1.200	1.200	0.0%				
58	2.548	1.200	1.200	0.0%				
59	2.603	1.200	1.200	0.0%				
60	2.714	1.200	1.200	0.0%				
61	2.810	1.200	1.200	0.0%				
62	2.873	1.200	1.200	0.0%				
63	2.952	1.200	1.200	0.0%				
64+	3.000	1.200	1.200	0.0%				

<b>Carrier Name</b>	<b>Kasier Foundation Health Plan of the Mid-Atlantic States, Inc.</b>
<b>NAIC Number</b>	<b>95639</b>
<b>Market Segment</b>	<b>Small Group</b>

	<b>Most Popular Plan</b>	<b>Min Rate Change Plan</b>	<b>Max Rate Change Plan</b>
<b>Plan Name</b>	KP VA Platinum 0/15/Dental	KP VA Silver 2750/30/POS/Dental	KP VA Gold DHMO Plus 1500/20/Dental
<b>2019 Brief Cost-Sharing Desc</b>	Ded \$0 / Coins 0% / OOPM \$2500 / OV \$15	Ded \$2750 / Coins 20% / OOPM \$6000 / OV \$30	Ded \$1500 / Coins 0% / OOP \$6250 / OV \$20
<b>2018 Brief Cost-Sharing Desc</b>	Ded \$0 / Coins 0% / OOPM \$2500 / OV \$15	Ded \$2500 / Coins 20% / OOPM \$6000 / OV \$31	Ded \$1500 / Coins 0% / OOP \$6250 / OV \$21
<b>Members as of 3/1/2018</b>	2,548	63	0
<b>Pct of Statewide Membership</b>	20.7%	0.5%	0.0%
<b>Age Used in Comparison</b>	40	40	40
<b>Rating Area Used in Comparison</b>	Same Rates in All Areas (7, 10, 12)	Same Rates in All Areas (7, 10, 12)	Same Rates in All Areas (7, 10, 12)
	<b>PMPM \$</b>	<b>PMPM \$</b>	<b>PMPM \$</b>
<b>Rate on 1/1/2018</b>	<b>\$339.55</b>	<b>\$293.33</b>	<b>\$291.72</b>
<b>Individual Mandate</b>	\$0.00	\$0.00	\$0.00
<b>Other Morbidity</b>	-\$25.76	-\$22.25	-\$22.13
<b>Trend</b>	\$13.52	\$11.68	\$11.62
<b>Risk Adjustment</b>	\$49.40	\$42.68	\$42.44
<b>HIT Moratorium</b>	-\$4.07	-\$3.52	-\$3.50
<b>Other Non-Benefit Expenses</b>	\$2.51	\$2.17	\$2.15
<b>Benefit Changes</b>	-\$7.59	-\$1.71	\$1.55
<b>Base Experience</b>	-\$31.16	-\$26.92	-\$26.77
<b>All Other</b>	-\$2.34	-\$11.80	\$9.68
<b>Rate on 1/1/2019</b>	<b>\$334.05</b>	<b>\$283.66</b>	<b>\$306.77</b>
	<b>% Change</b>	<b>% Change</b>	<b>% Change</b>
	0.0%	0.0%	0.0%
	-7.6%	-7.6%	-7.6%
	4.0%	4.0%	4.0%
	14.5%	14.5%	14.5%
	-1.2%	-1.2%	-1.2%
	0.7%	0.7%	0.7%
	-2.2%	-0.6%	0.5%
	-9.2%	-9.2%	-9.2%
	-0.7%	-4.0%	3.3%
	<b>-1.6%</b>	<b>-3.3%</b>	<b>5.2%</b>

<b>Carrier Name</b>	Kaiser Foundation Health Plan of the Mid-							
<b>NAIC Number</b>	95639							
<b>Product(s)</b>	HMO, POS							
<b>Market Segment</b>	Small Group							
<b>Rate Effective Date</b>	1/1/2019							

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	1.000	1.000	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.000	1.000	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template - SMALL GROUP PPO

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Anthem Health Plans of Virginia, Inc.		
NAIC Number	71835		
Product(s)	PPO		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	9.3%
Carrier Calculated Avg Total Rate Change	7.2%
Carrier Calculated Avg Adult Rate Change	7.2%
Carrier Calculated Avg Child Rate Change	7.2%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	2019 Brief Cost-Sharing Desc	2018 Brief Cost-Sharing Desc	2019 Brief Cost-Sharing Desc	2018 Brief Cost-Sharing Desc	2019 Brief Cost-Sharing Desc	2018 Brief Cost-Sharing Desc
Members as of 3/1/2018	20,604		515		5,664	
Pct of Statewide Membership	24.8%		0.6%		6.8%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 7		Rating Area 7		Rating Area 7	
Rate on 1/1/2018	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
Individual Mandate	\$593.61	N/A	\$562.75	N/A	\$433.79	N/A
Other Morbidity Trend	N/A	2.0%	N/A	2.0%	N/A	2.0%
Risk Adjustment	\$11.76	8.9%	\$11.14	8.9%	\$8.59	8.9%
HIT Moratorium	\$53.08	0.0%	\$50.32	0.0%	\$38.79	0.0%
Other Non-Benefit Expenses	\$0.05	-3.2%	\$0.12	-3.2%	-\$0.49	-3.2%
Benefit Changes	-\$19.13	-0.3%	-\$18.14	-0.3%	-\$13.98	-0.4%
Other Change 1	-\$1.91	-0.6%	-\$1.91	-1.7%	-\$1.91	-1.7%
Other Change 2	-\$3.71	-4.1%	-\$9.72	-3.6%	-\$0.27	1.0%
Other Change 3	-\$24.08	0.0%	-\$20.04	0.0%	\$4.19	0.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$609.67	2.7%	\$574.53	2.1%	\$468.72	8.1%
Calculated Rate on 1/1/2019	\$609.67	2.7%	\$574.53	2.1%	\$468.72	8.1%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Anthem Health Plans of Virginia, Inc.				
<b>NAIC Number</b>	71835				
<b>Product(s)</b>	PPO				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

**Table 13. Age and Tobacco Factors**      **Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.037	1.037	0.0%
15	0.833				Rating Area 2	0.932	0.932	0.0%
16	0.859				Rating Area 3	0.991	0.991	0.0%
17	0.885				Rating Area 4	0.976	0.976	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.996	0.996	0.0%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.941	0.941	0.0%
20	0.970	1.000	1.000	0.0%	Rating Area 7	1.046	1.046	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.016	1.016	0.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	1.046	1.046	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.994	0.994	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.948	0.948	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.017	1.017	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template - INDIVIDUAL HMO

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	HealthKeepers, Inc.		
NAIC Number	95169		
Product(s)	HMO		
Market Segment	Individual		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	2.7%
Carrier Calculated Avg Total Rate Change	3.6%
Carrier Calculated Avg Adult Rate Change	3.6%
Carrier Calculated Avg Child Rate Change	3.6%

**Table 16. Plan Specific Rate Change Information**

	Most Popular Plan	Min Rate Change Plan	Max Rate Change Plan
Plan Name	Anthem HealthKeepers Silver X 6100	Anthem HealthKeepers Catastrophic X 7900	Anthem HealthKeepers Silver X 1800
2019 Brief Cost-Sharing Desc	\$6100 Deductible, 35% Coins, PCP Copay \$35, OOP \$7900	\$7900 Deductible, 0% Coins, PCP Copay \$40, OOP \$7900	\$1800 Deductible, 30% Coins, PCP Copay \$35, OOP \$7900
2018 Brief Cost-Sharing Desc	\$6100 Deductible, 35% Coins, PCP Copay \$35, OOP \$7350	\$7350 Deductible, 0% Coins, PCP Copay \$40, OOP \$7350	\$1800 Deductible, 30% Coins, PCP Copay \$35, OOP \$7350
Pct of Statewide Membership	49903 67.8%	1039 1.4%	1709 2.3%
Age Used in Comparison	40	40	40
Rating Area Used in Comparison	Rating Area 12	Rating Area 12	Rating Area 12
	PMPM \$	PMPM \$	PMPM \$
Rate on 1/1/2018	\$500.40	\$339.99	\$590.72
Individual Mandate			
Other Morbidity	\$47.40	\$32.20	\$55.95
Trend	\$44.60	\$30.30	\$52.65
Risk Adjustment	\$20.80	\$13.53	\$24.59
HIT Moratorium	-\$18.02	-\$12.24	-\$21.27
Other Non-Benefit Expenses	\$0.21	\$0.21	\$0.21
Benefit Changes	-\$8.47	-\$7.22	-\$4.35
Other Change 1	-\$16.80		-\$17.97
Other Change 2	-\$42.22	-\$82.39	-\$54.38
Other Change 3			
Other Change 4			
Other Change 5			
Rate on 1/1/2019	\$527.89	\$314.37	\$626.16
Calculated Rate on 1/1/2019	\$527.89	\$314.37	\$626.16
Rate Check	OK	OK	OK
	% Change	% Change	% Change
	0.0%	0.0%	0.0%
	9.5%	9.5%	9.5%
	8.9%	8.9%	8.9%
	4.2%	4.0%	4.2%
	-3.6%	-3.6%	-3.6%
	0.0%	0.1%	0.0%
	-1.7%	-2.1%	-0.7%
	-3.4%	0.0%	-3.0%
	-8.4%	-24.2%	-9.2%
	0.0%	0.0%	0.0%
	0.0%	0.0%	0.0%
	0.0%	0.0%	0.0%
	5.5%	-7.5%	6.0%
	5.5%	-7.5%	6.0%

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	HealthKeepers, Inc.							
<b>NAIC Number</b>	95169							
<b>Product(s)</b>	HMO							
<b>Market Segment</b>	Individual							
<b>Rate Effective Date</b>	1/1/2019							

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.110	1.117	-0.6%
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.050	1.050	0.0%	Rating Area 5	0.980	0.986	-0.6%
19	0.941	1.050	1.050	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.050	1.050	0.0%	Rating Area 7	0.963	0.969	-0.6%
21	1.000	1.050	1.050	0.0%	Rating Area 8	1.034	1.040	-0.6%
22	1.000	1.050	1.050	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.050	1.050	0.0%	Rating Area 10	1.001	1.008	-0.6%
24	1.000	1.050	1.050	0.0%	Rating Area 11	1.006	1.013	-0.6%
25	1.004	1.100	1.100	0.0%	Rating Area 12	0.980	0.986	-0.6%
26	1.024	1.100	1.100	0.0%				
27	1.048	1.100	1.100	0.0%				
28	1.087	1.100	1.100	0.0%				
29	1.119	1.100	1.100	0.0%				
30	1.135	1.150	1.150	0.0%				
31	1.159	1.150	1.150	0.0%				
32	1.183	1.150	1.150	0.0%				
33	1.198	1.150	1.150	0.0%				
34	1.214	1.150	1.150	0.0%				
35	1.222	1.150	1.150	0.0%				
36	1.230	1.150	1.150	0.0%				
37	1.238	1.150	1.150	0.0%				
38	1.246	1.150	1.150	0.0%				
39	1.262	1.150	1.150	0.0%				
40	1.278	1.200	1.200	0.0%				
41	1.302	1.200	1.200	0.0%				
42	1.325	1.200	1.200	0.0%				
43	1.357	1.200	1.200	0.0%				
44	1.397	1.200	1.200	0.0%				
45	1.444	1.200	1.200	0.0%				
46	1.500	1.200	1.200	0.0%				
47	1.563	1.200	1.200	0.0%				
48	1.635	1.200	1.200	0.0%				
49	1.706	1.200	1.200	0.0%				
50	1.786	1.250	1.250	0.0%				
51	1.865	1.250	1.250	0.0%				
52	1.952	1.250	1.250	0.0%				
53	2.040	1.250	1.250	0.0%				
54	2.135	1.250	1.250	0.0%				
55	2.230	1.250	1.250	0.0%				
56	2.333	1.250	1.250	0.0%				
57	2.437	1.250	1.250	0.0%				
58	2.548	1.250	1.250	0.0%				
59	2.603	1.250	1.250	0.0%				
60	2.714	1.300	1.300	0.0%				
61	2.810	1.300	1.300	0.0%				
62	2.873	1.300	1.300	0.0%				
63	2.952	1.300	1.300	0.0%				
64+	3.000	1.300	1.300	0.0%				

# VA ACA Rate Filing Template - SMALL GROUP HMO

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	HealthKeepers, Inc.		
NAIC Number	95169		
Product(s)	HMO		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	5.9%
Carrier Calculated Avg Total Rate Change	4.2%
Carrier Calculated Avg Adult Rate Change	4.2%
Carrier Calculated Avg Child Rate Change	4.1%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	\$750	2.0%	\$1000	2.0%	\$5900	2.0%
2018 Brief Cost-Sharing Desc	\$500	8.9%	\$1000	8.9%	\$5900	8.9%
Members as of 1/1/2018	11,377	-0.1%	664	-0.1%	2,204	-0.2%
Pct of Statewide Membership	17.3%	-3.4%	1.0%	-3.4%	3.4%	-3.4%
Age Used in Comparison	40	-0.8%	40	-0.8%	40	-1.0%
Rating Area Used in Comparison	Rating Area 7	-1.6%	Rating Area 7	-1.6%	Rating Area 7	-0.1%
Rate on 1/1/2018	\$479.36	-6.2%	\$476.24	-8.2%	\$351.49	-1.5%
Individual Mandate	N/A	0.0%	N/A	0.0%	N/A	0.0%
Other Morbidity	\$9.49	0.0%	\$9.43	0.0%	\$6.96	0.0%
Trend	-\$42.87	0.0%	-\$42.59	0.0%	\$31.43	0.0%
Risk Adjustment	-\$0.32	0.0%	\$0.15	0.0%	-\$0.80	0.0%
HIT Moratorium	-\$16.44	0.0%	-\$16.33	0.0%	-\$12.05	0.0%
Other Non-Benefit Expenses	-\$3.69	-1.1%	-\$3.69	-4.6%	-\$3.69	4.7%
Benefit Changes	-\$7.82	-1.1%	-\$15.03	-1.1%	-\$0.24	4.7%
Other Change 1	-\$29.50	-1.1%	-\$39.21	-1.1%	-\$5.19	4.7%
Other Change 2		-1.1%		-1.1%		4.7%
Other Change 3		-1.1%		-1.1%		4.7%
Other Change 4		-1.1%		-1.1%		4.7%
Other Change 5		-1.1%		-1.1%		4.7%
Rate on 1/1/2019	\$473.96	-1.1%	\$454.15	-4.6%	\$367.92	4.7%
Calculated Rate on 1/1/2019	\$473.96	-1.1%	\$454.15	-4.6%	\$367.92	4.7%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user



<b>Carrier Name</b>	HealthKeepers, Inc.							
<b>NAIC Number</b>	95169							
<b>Product(s)</b>	HMO							
<b>Market Segment</b>	Small Group							
<b>Rate Effective Date</b>	1/1/2019							

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.046	1.045	0.1%
15	0.833				Rating Area 2	0.946	0.945	0.1%
16	0.859				Rating Area 3	1.002	1.002	0.1%
17	0.885				Rating Area 4	0.983	0.982	0.1%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.999	0.998	0.1%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.958	0.957	0.1%
20	0.970	1.000	1.000	0.0%	Rating Area 7	1.012	1.012	0.1%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.025	1.024	0.1%
22	1.000	1.000	1.000	0.0%	Rating Area 9	0.978	0.977	0.1%
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.051	1.050	0.1%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.979	0.978	0.1%
25	1.004	1.000	1.000	0.0%	Rating Area 12	0.999	0.998	0.1%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
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Carrier Name	Optima Health Insurance Company		
NAIC Number	70715		
Product(s)	PPO		
Market Segment	Individual		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	N/A
Carrier Calculated Avg Total Rate Change	-1.9%
Carrier Calculated Avg Adult Rate Change	-1.9%
Carrier Calculated Avg Child Rate Change	-1.9%

**Table 16. Plan Specific Rate Change Information**

	Most Popular Plan	Min Rate Change Plan	Max Rate Change Plan
Plan Name	OptimaFit Bronze 5500 30% HSA Plus	OptimaFit Bronze 5500 30% HSA Plus	OptimaFit Bronze 5500 30% HSA Plus
2019 Brief Cost-Sharing Desc	30% Coin, \$7500 MOOP	30% Coin, \$7500 MOOP	30% Coin, \$7500 MOOP
2018 Brief Cost-Sharing Desc	30% Coin, \$7350 MOOP	30% Coin, \$7350 MOOP	30% Coin, \$7350 MOOP
Members as of 3/1/2018	0	0	0
Pct of Statewide Membership	N/A	N/A	N/A
Age Used in Comparison	40	40	40
Rating Area Used in Comparison	Rating Area 9	Rating Area 9	Rating Area 9
	PMPM \$	PMPM \$	PMPM \$
Rate on 1/1/2018	\$684.94	\$684.94	\$684.94
Individual Mandate			
Other Morbidity Trend	\$0.00	\$0.00	\$0.00
Risk Adjustment	\$0.00	\$61.09	\$61.09
HIT Moratorium	-\$13.38	-\$13.38	-\$13.38
Other Non-Benefit Expenses	\$0.01	\$0.01	\$0.01
Benefit Changes	-\$27.31	-\$27.31	-\$27.31
Capitation Change	-\$3.31	-\$3.31	-\$3.31
Federal Taxes	-\$50.48	-\$50.48	-\$50.48
Other Change 3			
Other Change 4			
Other Change 5			
Rate on 1/1/2019	\$651.56	\$651.56	\$651.56
Calculated Rate on 1/1/2019	\$651.56	\$651.56	\$651.56
Rate Check	OK	OK	OK
	% Change	% Change	% Change
	0.0%	0.0%	0.0%
	0.0%	0.0%	0.0%
	8.9%	8.9%	8.9%
	0.0%	0.0%	0.0%
	-2.0%	-2.0%	-2.0%
	0.0%	0.0%	0.0%
	-4.0%	-4.0%	-4.0%
	-0.5%	-0.5%	-0.5%
	-7.4%	-7.4%	-7.4%
	0.0%	0.0%	0.0%
	0.0%	0.0%	0.0%
	0.0%	0.0%	0.0%
	-4.9%	-4.9%	-4.9%
	-4.9%	-4.9%	-4.9%

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Optima Health Insurance Co				
<b>NAIC Number</b>	70715				
<b>Product(s)</b>	PPO				
<b>Market Segment</b>	Individual				
<b>Rate Effective Date</b>	1/1/2019				

**Table 13. Age and Tobacco Factors** **Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.200	1.200	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.200	1.200	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.200	1.200	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.200	1.200	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.200	1.200	0.0%	Rating Area 9	1.000	1.000	0.0%
23	1.000	1.200	1.200	0.0%	Rating Area 10	N/A	N/A	N/A
24	1.000	1.200	1.200	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.200	1.200	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.200	1.200	0.0%				
27	1.048	1.200	1.200	0.0%				
28	1.087	1.200	1.200	0.0%				
29	1.119	1.200	1.200	0.0%				
30	1.135	1.200	1.200	0.0%				
31	1.159	1.200	1.200	0.0%				
32	1.183	1.200	1.200	0.0%				
33	1.198	1.200	1.200	0.0%				
34	1.214	1.200	1.200	0.0%				
35	1.222	1.200	1.200	0.0%				
36	1.230	1.200	1.200	0.0%				
37	1.238	1.200	1.200	0.0%				
38	1.246	1.200	1.200	0.0%				
39	1.262	1.200	1.200	0.0%				
40	1.278	1.200	1.200	0.0%				
41	1.302	1.200	1.200	0.0%				
42	1.325	1.200	1.200	0.0%				
43	1.357	1.200	1.200	0.0%				
44	1.397	1.200	1.200	0.0%				
45	1.444	1.200	1.200	0.0%				
46	1.500	1.200	1.200	0.0%				
47	1.563	1.200	1.200	0.0%				
48	1.635	1.200	1.200	0.0%				
49	1.706	1.200	1.200	0.0%				
50	1.786	1.200	1.200	0.0%				
51	1.865	1.200	1.200	0.0%				
52	1.952	1.200	1.200	0.0%				
53	2.040	1.200	1.200	0.0%				
54	2.135	1.200	1.200	0.0%				
55	2.230	1.200	1.200	0.0%				
56	2.333	1.200	1.200	0.0%				
57	2.437	1.200	1.200	0.0%				
58	2.548	1.200	1.200	0.0%				
59	2.603	1.200	1.200	0.0%				
60	2.714	1.200	1.200	0.0%				
61	2.810	1.200	1.200	0.0%				
62	2.873	1.200	1.200	0.0%				
63	2.952	1.200	1.200	0.0%				
64+	3.000	1.200	1.200	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
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Carrier Name	Optima Health Insurance Company
NAIC Number	70715
Product(s)	PPO
Market Segment	Small Group
Rate Effective Date	1/1/2019

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	0.9%
Carrier Calculated Avg Total Rate Change	0.9%
Carrier Calculated Avg Adult Rate Change	0.9%
Carrier Calculated Avg Child Rate Change	0.9%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	\$500 Ded, \$25 PCP, 20% Coin, \$6000 MOOP	0.0%	Optima Plus Gold 1000/20/20% Rx Ded Direct CH	0.0%	Optima Plus Silver 2500/25/40% Rx Ded	0.0%
2018 Brief Cost-Sharing Desc	\$2000 Ded, \$25 PCP, 30% Coin, \$4000 MOOP	6.6%	\$1000 Ded, \$20 PCP, 20% Coin, \$4500 MOOP	6.6%	\$2500 Ded, \$25 PCP, 40% Coin, \$7500 MOOP	6.6%
Members as of 1/1/2018	387	0.1%	\$2000 Ded, \$25 PCP, 30% Coin, \$4000 MOOP	0.1%	\$2500 Ded, \$25 PCP, 40% Coin, \$7350 MOOP	0.1%
Pct of Statewide Membership	21.8%	-4.9%		-4.6%		-5.1%
Age Used in Comparison	40	-2.5%		-9.9%		0.5%
Rating Area Used in Comparison	Rating Area 9		Rating Area 2		Rating Area 3	
Rate on 1/1/2018	\$612.65		\$484.25		\$549.53	
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Trend	\$40.58	6.6%	\$32.08	6.6%	\$36.40	6.6%
Risk Adjustment	-\$30.69	-5.0%	-\$22.51	-4.6%	-\$28.72	-5.2%
HIT Moratorium	\$0.77	0.1%	\$0.56	0.1%	\$0.72	0.1%
Other Non-Benefit Expenses	-\$30.08	-4.9%	-\$22.06	-4.6%	-\$28.14	-5.1%
Benefit Changes	-\$15.53	-2.5%	-\$47.80	-9.9%	\$2.56	0.5%
Reducing Trend Assumption	-\$28.65	-4.7%	-\$21.01	-4.3%	-\$26.80	-4.9%
Demographics	-\$7.08	-1.2%	-\$5.19	-1.1%	-\$6.63	-1.2%
Model Calibration	\$28.30	4.6%	\$20.75	4.3%	\$26.48	4.8%
Claims Experience Exceeding Expectat	\$54.27	8.9%	\$39.80	8.2%	\$50.78	9.2%
Other	-\$2.30	-0.4%	-\$2.57	-0.5%	\$5.98	1.1%
Rate on 1/1/2019	\$622.22	1.6%	\$456.29	-5.8%	\$582.14	5.9%
Calculated Rate on 1/1/2019	\$622.22	1.6%	\$456.29	-5.8%	\$582.14	5.9%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Optima Health Insurance Co						
<b>NAIC Number</b>	70715						
<b>Product(s)</b>	PPO						
<b>Market Segment</b>	Small Group						
<b>Rate Effective Date</b>	1/1/2019						

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	0.932	0.920	1.3%
15	0.833				Rating Area 2	0.832	0.832	0.0%
16	0.859				Rating Area 3	1.033	1.020	1.3%
17	0.885				Rating Area 4	0.851	0.851	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.839	0.828	1.3%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.840	0.829	1.3%
20	0.970	1.000	1.000	0.0%	Rating Area 7	1.022	1.050	-2.6%
21	1.000	1.000	1.000	0.0%	Rating Area 8	0.899	0.887	1.3%
22	1.000	1.000	1.000	0.0%	Rating Area 9	1.000	1.000	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.362	1.344	1.3%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.920	0.908	1.3%
25	1.004	1.000	1.000	0.0%	Rating Area 12	0.944	0.932	1.3%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
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Carrier Name	Optima Health Plan
NAIC Number	95281
Product(s)	HMO
Market Segment	Individual
Rate Effective Date	1/1/2019

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	-5.3%
Carrier Calculated Avg Total Rate Change	-7.4%
Carrier Calculated Avg Adult Rate Change	-7.4%
Carrier Calculated Avg Child Rate Change	-7.4%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	OptimaFit Silver 4500 20% Direct \$4500 Ded, 20% Coin, \$7500 MOOP \$4600 Ded, 20% Coin, \$7350 MOOP	% Change	OptimaFit Catastrophic 7900 RK \$7900 Ded, 0% Coin, \$7500 MOOP \$7350 Ded, 0% Coin, \$7350 MOOP	% Change	OptimaFit Silver 1800 25% Direct \$1800 Ded, 30% Coin, \$7500 MOOP \$1800 Ded, 30% Coin, \$7350 MOOP	% Change
Rate on 1/1/2018	\$640.74	0.0%	\$575.60	0.0%	\$664.01	0.0%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	-\$46.47	-7.3%	-\$41.74	-7.3%	-\$48.15	-7.3%
Trend	\$42.63	6.7%	\$46.56	8.1%	\$49.59	7.5%
Risk Adjustment	\$0.03	0.0%	\$0.02	0.0%	\$0.03	0.0%
HIT Moratorium	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Non-Benefit Expenses	-\$5.72	-0.9%	-\$5.22	-0.9%	-\$5.98	-0.9%
Benefit Changes	-\$46.60	-7.3%	-\$81.27	-14.1%	\$4.59	0.7%
Profit & Risk Margin	\$1.40	0.2%	-\$9.14	-1.6%	\$1.59	0.2%
Metallic Sloping	\$16.83	2.6%	\$0.00	0.0%	\$19.12	2.9%
Network Changes	\$19.80	3.1%	-\$26.78	-4.7%	\$22.50	3.4%
CSR Shortfall	-\$13.29	-2.1%	-\$7.19	-1.2%	-\$15.10	-2.3%
Area and Geo Mix Change	-\$16.06	-2.5%	-\$17.69	-3.1%	-\$18.24	-2.7%
Rate on 1/1/2019	\$593.30	-7.4%	\$433.14	-24.7%	\$673.95	1.5%
Calculated Rate on 1/1/2019	\$593.30	-7.4%	\$433.14	-24.7%	\$673.95	1.5%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

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<b>Carrier Name</b>	Optima Health Plan					
<b>NAIC Number</b>	95281					
<b>Product(s)</b>	HMO					
<b>Market Segment</b>	Individual					
<b>Rate Effective Date</b>	1/1/2019					

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	1.443	1.579	-8.6%
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	1.141	1.265	-9.8%
18	0.913	1.200	1.200	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.200	1.200	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.200	1.200	0.0%	Rating Area 7	1.323	1.404	-5.8%
21	1.000	1.200	1.200	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.200	1.200	0.0%	Rating Area 9	1.000	1.000	0.0%
23	1.000	1.200	1.200	0.0%	Rating Area 10	N/A	N/A	N/A
24	1.000	1.200	1.200	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.200	1.200	0.0%	Rating Area 12	1.245	1.250	-0.4%
26	1.024	1.200	1.200	0.0%				
27	1.048	1.200	1.200	0.0%				
28	1.087	1.200	1.200	0.0%				
29	1.119	1.200	1.200	0.0%				
30	1.135	1.200	1.200	0.0%				
31	1.159	1.200	1.200	0.0%				
32	1.183	1.200	1.200	0.0%				
33	1.198	1.200	1.200	0.0%				
34	1.214	1.200	1.200	0.0%				
35	1.222	1.200	1.200	0.0%				
36	1.230	1.200	1.200	0.0%				
37	1.238	1.200	1.200	0.0%				
38	1.246	1.200	1.200	0.0%				
39	1.262	1.200	1.200	0.0%				
40	1.278	1.200	1.200	0.0%				
41	1.302	1.200	1.200	0.0%				
42	1.325	1.200	1.200	0.0%				
43	1.357	1.200	1.200	0.0%				
44	1.397	1.200	1.200	0.0%				
45	1.444	1.200	1.200	0.0%				
46	1.500	1.200	1.200	0.0%				
47	1.563	1.200	1.200	0.0%				
48	1.635	1.200	1.200	0.0%				
49	1.706	1.200	1.200	0.0%				
50	1.786	1.200	1.200	0.0%				
51	1.865	1.200	1.200	0.0%				
52	1.952	1.200	1.200	0.0%				
53	2.040	1.200	1.200	0.0%				
54	2.135	1.200	1.200	0.0%				
55	2.230	1.200	1.200	0.0%				
56	2.333	1.200	1.200	0.0%				
57	2.437	1.200	1.200	0.0%				
58	2.548	1.200	1.200	0.0%				
59	2.603	1.200	1.200	0.0%				
60	2.714	1.200	1.200	0.0%				
61	2.810	1.200	1.200	0.0%				
62	2.873	1.200	1.200	0.0%				
63	2.952	1.200	1.200	0.0%				
64+	3.000	1.200	1.200	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
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Carrier Name	Optima Health Plan		
NAIC Number	95281		
Product(s)	HMO, POS		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

Table 15. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	3.5%
Carrier Calculated Avg Total Rate Change	2.5%
Carrier Calculated Avg Adult Rate Change	2.5%
Carrier Calculated Avg Child Rate Change	2.5%

Table 16. Plan Specific Rate Change Information

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc						
2018 Brief Cost-Sharing Desc						
Members as of 1/1/2018	8920					
Pct of Statewide Membership	22.4%					
Age Used in Comparison	40					
Rating Area Used in Comparison	Rating Area 9		Rating Area 2		Rating Area 3	
Rate on 1/1/2018	\$406.18		\$414.07		\$318.06	
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Trend	\$27.83	6.9%	\$28.37	6.9%	\$21.79	6.9%
Risk Adjustment	\$9.23	2.3%	\$8.57	2.1%	\$8.34	2.6%
HIT Moratorium	-\$2.55	-0.6%	-\$2.37	-0.6%	-\$2.31	-0.7%
Other Non-Benefit Expenses	\$0.56	0.1%	\$0.52	0.1%	\$0.51	0.2%
Benefit Changes	-\$11.21	-2.8%	-\$92.24	-22.3%	-\$36.45	11.5%
Reducing Trend Assumption	-\$11.69	-2.9%	-\$10.85	-2.6%	-\$10.57	-3.3%
Change in Area Factor	\$0.00	0.0%	\$34.88	8.4%	\$4.98	1.6%
Model Calibration	\$19.06	4.7%	\$17.70	4.3%	\$17.23	5.4%
Experience Benefit Buydown	-\$21.59	-5.3%	-\$20.05	-4.8%	-\$19.52	-6.1%
Other	-\$3.73	-0.9%	-\$3.97	1.0%	-\$2.56	-0.8%
Rate on 1/1/2019	\$412.08	1.5%	\$382.57	-7.6%	\$372.41	17.1%
Calculated Rate on 1/1/2019	\$412.08	1.5%	\$382.57	-7.6%	\$372.41	17.1%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user



<b>Carrier Name</b>	Optima Health Plan								
<b>NAIC Number</b>	95281								
<b>Product(s)</b>	HMO, POS								
<b>Market Segment</b>	Small Group								
<b>Rate Effective Date</b>	1/1/2019								

Table 13. Age and Tobacco Factors					Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)			
Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.051	1.037	1.4%
15	0.833				Rating Area 2	1.031	0.937	10.0%
16	0.859				Rating Area 3	1.122	1.107	1.4%
17	0.885				Rating Area 4	0.984	0.984	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.978	0.965	1.3%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.973	0.960	1.4%
20	0.970	1.000	1.000	0.0%	Rating Area 7	1.013	1.040	-2.6%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.011	0.998	1.3%
22	1.000	1.000	1.000	0.0%	Rating Area 9	0.965	0.965	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.478	1.459	1.3%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.999	0.986	1.3%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.025	1.012	1.3%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Piedmont Community HealthCare	HMO	
NAIC Number	15791		
Product(s)	POS		
Market Segment	Individual		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	10.7%
Carrier Calculated Avg Total Rate Change	11.9%
Carrier Calculated Avg Adult Rate Change	11.9%
Carrier Calculated Avg Child Rate Change	11.9%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	\$571.93	5.7%	\$695.89	5.7%	\$435.97	5.7%
2018 Brief Cost-Sharing Desc	\$32.58	2.4%	\$39.64	2.4%	\$24.84	2.4%
Members as of 3/1/2018	\$13.47	9.1%	\$16.39	9.1%	\$10.27	9.1%
Pct of Statewide Membership	\$52.18	-0.1%	\$63.50	-0.2%	\$39.78	-0.1%
Age Used in Comparison	-\$0.83	-0.3%	-\$1.42	-0.3%	-\$0.60	-0.3%
Rating Area Used in Comparison	-\$1.66	0.7%	-\$2.02	-0.3%	-\$1.27	-0.3%
Rating Area 6	\$4.00	-1.9%	-\$39.31	-5.6%	\$5.87	1.3%
Individual Mandate	-\$10.81	-3.5%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	-\$20.10	0.0%	-\$165.84	-23.8%	-\$10.07	-2.3%
Trend		0.0%		0.0%		0.0%
Risk Adjustment		0.0%		0.0%		0.0%
HIT Moratorium		0.0%		0.0%		0.0%
Other Non-Benefit Expenses		0.0%		0.0%		0.0%
Benefit Changes		0.0%		0.0%		0.0%
Other Change 1						
Other Change 2						
Other Change 3						
Other Change 4						
Other Change 5						
Rate on 1/1/2019	\$640.75	12.0%	\$606.84	-12.8%	\$504.79	15.8%
Calculated Rate on 1/1/2019	\$640.75	12.0%	\$606.84	-12.8%	\$504.79	15.8%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

180740064

<b>Carrier Name</b>	Piedmont Community Healthcare HMO					
<b>NAIC Number</b>	15791					
<b>Product(s)</b>	POS					
<b>Market Segment</b>	Individual					
<b>Rate Effective Date</b>	1/1/2019					

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	1.018	1.000	1.8%
16	0.859				Rating Area 3	1.020	1.000	2.0%
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.050	1.050	0.0%	Rating Area 6	1.000	1.000	0.0%
20	0.970	1.050	1.050	0.0%	Rating Area 7	1.053	1.000	5.3%
21	1.000	1.050	1.050	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.050	1.050	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.050	1.050	0.0%	Rating Area 10	N/A	N/A	N/A
24	1.000	1.050	1.050	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.100	1.100	0.0%	Rating Area 12	1.053	1.000	5.3%
26	1.024	1.100	1.100	0.0%				
27	1.048	1.100	1.100	0.0%				
28	1.087	1.100	1.100	0.0%				
29	1.119	1.100	1.100	0.0%				
30	1.135	1.150	1.150	0.0%				
31	1.159	1.150	1.150	0.0%				
32	1.183	1.150	1.150	0.0%				
33	1.198	1.150	1.150	0.0%				
34	1.214	1.150	1.150	0.0%				
35	1.222	1.200	1.200	0.0%				
36	1.230	1.200	1.200	0.0%				
37	1.238	1.200	1.200	0.0%				
38	1.246	1.200	1.200	0.0%				
39	1.262	1.200	1.200	0.0%				
40	1.278	1.250	1.250	0.0%				
41	1.302	1.250	1.250	0.0%				
42	1.325	1.250	1.250	0.0%				
43	1.357	1.250	1.250	0.0%				
44	1.397	1.250	1.250	0.0%				
45	1.444	1.300	1.300	0.0%				
46	1.500	1.300	1.300	0.0%				
47	1.563	1.300	1.300	0.0%				
48	1.635	1.300	1.300	0.0%				
49	1.706	1.300	1.300	0.0%				
50	1.786	1.400	1.400	0.0%				
51	1.865	1.400	1.400	0.0%				
52	1.952	1.400	1.400	0.0%				
53	2.040	1.400	1.400	0.0%				
54	2.135	1.400	1.400	0.0%				
55	2.230	1.500	1.500	0.0%				
56	2.333	1.500	1.500	0.0%				
57	2.437	1.500	1.500	0.0%				
58	2.548	1.500	1.500	0.0%				
59	2.603	1.500	1.500	0.0%				
60	2.714	1.500	1.500	0.0%				
61	2.810	1.500	1.500	0.0%				
62	2.873	1.500	1.500	0.0%				
63	2.952	1.500	1.500	0.0%				
64+	3.000	1.500	1.500	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Piedmont Community Healthcare HMO		
NAIC Number	15791		
Product(s)	POS		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	-7.5%
Carrier Calculated Avg Total Rate Change	-8.0%
Carrier Calculated Avg Adult Rate Change	-8.0%
Carrier Calculated Avg Child Rate Change	-8.0%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
Piedmont Choice POS Gold 2000/30/4500 Ded/4500 MOOP	\$487.44	0.0%	\$424.47	0.0%	\$405.90	0.0%
Piedmont Choice POS Silver 5000/35/4500 Ded/7350 MOOP	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Piedmont Brief Cost-Sharing Desc	\$35.86	7.4%	\$31.23	7.4%	\$29.86	7.4%
Piedmont Brief Cost-Sharing Desc	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Members as of 3/1/2018		32		0		0
Pct of Statewide Membership		36.4%		0.0%		0.0%
Age Used in Comparison		40		40		40
Rating Area Used in Comparison		Rating Area 6		Rating Area 6		Rating Area 6
Rate on 1/1/2018	\$487.44	0.0%	\$424.47	0.0%	\$405.90	0.0%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity Trend	\$35.86	7.4%	\$31.23	7.4%	\$29.86	7.4%
Risk Adjustment	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
HIT Moratorium	-\$8.31	-1.7%	-\$7.24	-1.7%	-\$6.92	-1.7%
Other Non-Benefit Expenses	-\$38.92	-8.0%	-\$38.45	-9.1%	-\$30.21	-7.4%
Benefit Changes	-\$16.41	-3.4%	-\$32.91	-7.8%	-\$3.94	-1.0%
Impact from Change in Manual	-\$9.83	-2.0%	-\$18.42	-4.3%	-\$3.86	-1.0%
Other Change 2		0.0%		0.0%		0.0%
Other Change 3		0.0%		0.0%		0.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$449.83	-7.7%	\$358.67	-15.5%	\$390.82	-3.7%
Calculated Rate on 1/1/2019	\$449.83	-7.7%	\$358.67	-15.5%	\$390.82	-3.7%
Rate Check	OK	OK	OK	OK	OK	OK

\* Rates are for a non-tobacco user

<b>Carrier Name</b>	Piedmont Community Healthcare HMO				
<b>NAIC Number</b>	15791				
<b>Product(s)</b>	POS				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	1.018	1.000	1.8%
16	0.859				Rating Area 3	1.020	1.000	2.0%
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.050	-4.8%	Rating Area 6	1.000	1.000	0.0%
20	0.970	1.000	1.050	-4.8%	Rating Area 7	1.053	1.000	5.3%
21	1.000	1.000	1.050	-4.8%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.050	-4.8%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.050	-4.8%	Rating Area 10	N/A	N/A	N/A
24	1.000	1.000	1.050	-4.8%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.100	-9.1%	Rating Area 12	1.053	1.000	5.3%
26	1.024	1.000	1.100	-9.1%				
27	1.048	1.000	1.100	-9.1%				
28	1.087	1.000	1.100	-9.1%				
29	1.119	1.000	1.100	-9.1%				
30	1.135	1.000	1.150	-13.0%				
31	1.159	1.000	1.150	-13.0%				
32	1.183	1.000	1.150	-13.0%				
33	1.198	1.000	1.150	-13.0%				
34	1.214	1.000	1.150	-13.0%				
35	1.222	1.000	1.200	-16.7%				
36	1.230	1.000	1.200	-16.7%				
37	1.238	1.000	1.200	-16.7%				
38	1.246	1.000	1.200	-16.7%				
39	1.262	1.000	1.200	-16.7%				
40	1.278	1.000	1.250	-20.0%				
41	1.302	1.000	1.250	-20.0%				
42	1.325	1.000	1.250	-20.0%				
43	1.357	1.000	1.250	-20.0%				
44	1.397	1.000	1.250	-20.0%				
45	1.444	1.000	1.300	-23.1%				
46	1.500	1.000	1.300	-23.1%				
47	1.563	1.000	1.300	-23.1%				
48	1.635	1.000	1.300	-23.1%				
49	1.706	1.000	1.300	-23.1%				
50	1.786	1.000	1.400	-28.6%				
51	1.865	1.000	1.400	-28.6%				
52	1.952	1.000	1.400	-28.6%				
53	2.040	1.000	1.400	-28.6%				
54	2.135	1.000	1.400	-28.6%				
55	2.230	1.000	1.500	-33.3%				
56	2.333	1.000	1.500	-33.3%				
57	2.437	1.000	1.500	-33.3%				
58	2.548	1.000	1.500	-33.3%				
59	2.603	1.000	1.500	-33.3%				
60	2.714	1.000	1.500	-33.3%				
61	2.810	1.000	1.500	-33.3%				
62	2.873	1.000	1.500	-33.3%				
63	2.952	1.000	1.500	-33.3%				
64+	3.000	1.000	1.500	-33.3%				

VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - De Not Change
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Carrier Name	Carrier BlueChoice, Inc.
Plan Number	85200
Product Code	11400
Market Segment	Individual
Rate Effective Date	1/1/2019

Table 15. Overall Rate Change Information

Carrier Calculated Avg Total Rate Change	34.0%
Carrier Calculated Avg Total Rate Change	34.0%
Carrier Calculated Avg Total Rate Change	34.0%
Carrier Calculated Avg Total Rate Change	34.0%

Table 16. Plan Specific Rate Change Information

	Most Popular Plan		Mid Rate Change Plan		Max Rate Change Plan	
	PAOPM \$	% Change	PAOPM \$	% Change	PAOPM \$	% Change
Plan Name	Healthplan HMO Gold \$17,500 (On Exchange)	0.4%	BlueChoice HMO Young Adults \$10,000 (On Exchange)	0.4%	BlueChoice HMO Young Adults \$17,500 (On Exchange)	0.4%
2018 Best Cost Sharing Base	\$1,350 Med Deductible \$1,100	10.6%	\$1,350 Med Deductible \$1,100	10.6%	\$1,350 Med Deductible \$1,100	10.6%
2019 Best Cost Sharing Base	\$1,020 Med Deductible \$1,100	6.5%	\$1,350 Deductible \$7,350 OOP Max	6.5%	\$1,350 Deductible \$7,350 OOP Max	6.5%
Members as of 1/1/2019	3,193	-5.6%	354	-5.6%	2,180	-5.6%
Pct of Statewide Membership	40.5%	-2.0%	4.2%	-2.0%	27.2%	-2.0%
Age Used in Comparison	40	-0.5%	40	-0.5%	40	-0.5%
Rating Area Used in Comparison						
Rate on 1/1/2018	\$527.53		\$315.27		\$724.45	
Individual Mandate	\$2.78	0.4%	\$1.43	0.4%	\$7.43	0.4%
Other Morbidity	\$69.07	10.6%	\$35.48	10.6%	\$60.35	10.6%
Trend	\$43.35	6.5%	\$21.75	6.5%	\$37.00	6.5%
Risk Adjustment	-\$18.50	-5.6%	-\$18.75	-5.6%	-\$18.89	-5.6%
HT Moratorium	-\$30.89	-3.2%	-\$10.79	-3.2%	-\$18.25	-3.2%
Other Non-Benefit Expenses	-\$12.80	-2.0%	-\$6.57	-2.0%	-\$11.18	-2.0%
Benefit Changes	\$10.70	-0.8%	\$8.37	-0.8%	\$13.59	-0.8%
Base Period Under Rate	\$194.47	-4.5%	\$161.71	-4.5%	\$189.59	-4.5%
Other*	-\$32.1	0.0%	-\$26.73	0.0%	-\$23.92	0.0%
Rate on 1/1/2019	\$477.51	34.4%	\$426.78	34.4%	\$785.80	34.4%
Calculated Rate on 1/1/2019	\$477.51	34.4%	\$426.78	34.4%	\$785.80	34.4%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

180740064

<b>Carrier Name</b>	CareFirst BlueChoice, Inc.						
<b>NAIC Number</b>	96202						
<b>Product(s)</b>	HMO						
<b>Market Segment</b>	Individual						
<b>Rate Effective Date</b>	1/1/2019						

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
--	--

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.000	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
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Carrier Name	CareFirst BlueChoice, Inc.
NIC Number	96302
Product(s)	HMO
Market Segment	Small Group
Rate Effective Date	1/1/2019

Table 15. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	-1.2%
Carrier Calculated Avg Total Rate Change	-1.2%
Carrier Calculated Avg Adult Rate Change	-1.2%
Carrier Calculated Avg Child Rate Change	-1.2%

Table 16. Plan Specific Rate Change Information

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	BlueChoice Plus Opt-Out Platinum 0	BlueChoice HMO Referral Bronze 5750	HealthyBlue Advantage HSA/HRA Silver 2000	Rating Area 10	Rating Area 10	Rating Area 10
2019 Brief Cost-Sharing Desc	\$0 Deductible, \$1,500 OOP Max	\$5,750 Med Deductible/\$250 Drug Deductible, \$7,900 OOP Max	\$2,000 Deductible, \$6,550 OOP Max			
2018 Brief Cost-Sharing Desc	\$0 Deductible, \$1,500 OOP Max	\$5,750 Med Deductible/\$100 Drug Deductible, \$7,150 OOP Max	\$2,000 Deductible, \$6,550 OOP Max			
Members as of 1/1/2018	4,029	324	1,462			
Pct of Statewide Membership	11.3%	0.9%	4.1%			
Age Used in Comparison	40	40	40			
Rating Area Used in Comparison	Rating Area 10	Rating Area 10	Rating Area 10			
Rate on 1/1/2018	\$119.58	\$765.81	\$350.16			
Individual Mandate	\$0.00	\$0.00	\$0.00			
Other Morbidity	\$2.62	\$1.34	\$1.76			
Trend	\$44.11	\$22.56	\$29.72			
Risk Adjustment	-\$10.94	-\$5.60	-\$7.37			
HIT Moratorium	-\$16.63	-\$8.51	-\$11.21			
Other Non-Benefit Expenses	-\$3.48	-\$1.78	-\$2.34			
Benefit Changes	\$0.00	-\$7.72	\$0.00			
Base Period Index Rate	\$20.44	\$10.45	\$13.77			
"Other"	-\$64.48	-\$16.18	-\$14.21			
Rate on 1/1/2019	\$491.21	\$240.39	\$360.29			
Calculated Rate on 1/1/2019	\$491.21	\$240.39	\$360.29			
Rate Check	OK	OK	OK			
% Change	3.9%	-2.9%	3.9%			
% Change	-12.4%	-13.6%	-4.1%			
% Change	0.0%	0.0%	0.0%			
% Change	0.0%	0.0%	0.0%			
% Change	-5.5%	-9.6%	2.9%			
% Change	-5.5%	-9.6%	2.9%			

\* Rates are for a non-tobacco user



<b>Carrier Name</b>	CareFirst BlueChoice, Inc.							
<b>NAIC Number</b>	96202							
<b>Product(s)</b>	HMO							
<b>Market Segment</b>	Small Group							
<b>Rate Effective Date</b>	1/1/2019							

Table 13. Age and Tobacco Factors

Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.000	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

VAACA Rate Filing Template

Color Coding Key	Manual Input - Free Text	Manual Input - Dropdown List	Calculations - Do Not Change
Center Name	Greatly Negotiations & Medical Services, Inc.		
NAIC Number	53007		
Product(s)	PPO		
Market Segment	Individual		
Rate Effective Date	7/1/2019		

Table 15: Overall Rate Change Information

Establish Calculated Avg. Total Rate Change*	78.3%
Market Calculated Avg. Total Rate Change*	78.3%
Center Calculated Avg. Total Rate Change*	78.3%
Center Calculated Avg. Total Rate Change*	78.3%

Table 16: Plan Specific Rate Change Information

Plan Name	Most Popular Plan	With Basic Change Plan	Max Rate Change Plan
2019 Brief Cost-Sharing Desc	HealthyBlue PPO Gold \$1,750 (On Exchange)	BlueP Preferred PPO ISA Silver \$3,000 (On Exchange)	BlueP Preferred PPO ISA Silver \$3,000 (Off Exchange)
2018 Brief Cost-Sharing Desc	\$1,750 Med Deductible/\$150 Dr. Co-insure, \$6,650 OOP Max	\$3,000 Deductible, \$4,650 OOP Max	\$3,000 Deductible, \$4,650 OOP Max
Members as of 7/1/2018	1,546	473	1,243
Pct of Statewide Membership	34.1%	10.4%	27.4%
Age Used in Comparison	40	40	40
Rating Area Used in Comparison	PHARM 3	PHARM 3	PHARM 3
Rate on 7/1/2018	\$188.33	\$173.58	\$173.58
Rate on 7/1/2019	\$208.00	\$184.15	\$184.15
Rate Change	10.4%	5.5%	5.5%
Other Members	\$209.87	\$209.87	\$209.87
Rate Change	6.5%	6.5%	6.5%
Risk Adjustment	\$52.12	\$46.17	\$46.17
Rate Change	-3.6%	-3.6%	-3.6%
HST Meritonus	-520.97	-520.97	-520.97
Rate Change	-4.3%	-4.3%	-4.3%
Other Non-Benefit Expenses	-534.74	-534.74	-534.74
Rate Change	-7.7%	-7.7%	-7.7%
Benefit Changes	\$51.70	\$51.70	\$51.70
Rate Change	28.1%	28.1%	28.1%
Other	\$283.41	\$283.41	\$283.41
Rate Change	0.0%	0.0%	0.0%
Base Period Rates	\$129.25	\$129.25	\$129.25
Rate Change	0.0%	0.0%	0.0%
Rate on 7/1/2019	\$1,634.74	\$1,497.75	\$1,497.75
Rate Change	78.3%	60.8%	60.8%
Center Check	\$1,434.74	\$1,497.75	\$1,497.75
Market Check	OK	OK	OK
Center Check	OK	OK	OK
Market Check	OK	OK	OK

\*Rate is for a non-tobacco user

<b>Carrier Name</b>	Group Hospitalization and Medical Services, Inc.						
<b>NAIC Number</b>	53007						
<b>Product(s)</b>	PPO						
<b>Market Segment</b>	Individual						
<b>Rate Effective Date</b>	1/1/2019						

Table 13. Age and Tobacco Factors					Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)			
Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.000	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

VA ACA Rate Filing Template

Manual Input - Free Form		Manual Input - Dropdown List		Calculation - Do Not Change	
Color Coding Key Carrier Name MAC Number Product(s) Market Segment Rate Effective Date		Group Hospitalization & Medical Services, Inc. 58007 PPO Small Group 1/1/2019		Calculation - Do Not Change	

Exhibit Calculated Avg Total Rate Change	8.1%
Carrier Calculated Avg Total Rate Change	8.1%
Carrier Calculated Avg Adult Rate Change	8.1%
Carrier Calculated Avg Child Rate Change	8.1%

Table 15. Overall Rate Change Information

Plan Name	Most Popular Plan	Min Rate Change Plan	Max Rate Change Plan
2019 Brief Cost-Sharing Desc	BluePreferred PPO Platinum 500	BluePreferred PPO Silver 1000	BluePreferred PPO HSA/PBA 2150 80%/60%
2018 Brief Cost-Sharing Desc	\$500 Deductible, \$1,500 OOP Max	\$1,000 Med Deductible/\$150 Drug Deductible, \$7,700 OOP Max	\$2,250 Deductible, \$6,550 OOP Max
Pct of Statewide Membership	7,019	305	179
Age Used In Comparison	15-0%	2-3%	1-3%
Rating Area Used In Comparison	40	40	40

Table 16. Plan Specific Rate Change Information

Plan Name	Most Popular Plan	Min Rate Change Plan	Max Rate Change Plan
2019 Brief Cost-Sharing Desc	BluePreferred PPO Platinum 500	BluePreferred PPO Silver 1000	BluePreferred PPO HSA/PBA 2150 80%/60%
2018 Brief Cost-Sharing Desc	\$500 Deductible, \$1,500 OOP Max	\$1,000 Med Deductible/\$150 Drug Deductible, \$7,700 OOP Max	\$2,250 Deductible, \$6,550 OOP Max
Pct of Statewide Membership	7,019	305	179
Age Used In Comparison	15-0%	2-3%	1-3%
Rating Area Used In Comparison	40	40	40
Rate on 1/1/2018	PMPM \$ \$566.13	PMPM \$ \$420.35	PMPM \$ \$354.43
Individual Morbidity	\$0.00	\$0.00	\$0.00
Other Morbidity	\$16.36	\$12.15	\$10.24
Trend	\$45.08	\$33.47	\$28.22
Risk Adjustment	-\$7.40	-\$5.50	-\$4.63
HIT Moratorium	-\$14.72	-\$10.93	-\$9.22
Other Non-Benefit Expenses	-\$2.40	-\$1.78	-\$1.50
Benefit Changes	\$0.00	-\$11.52	-\$5.76
Base Period Index Rate	\$32.36	\$24.03	\$20.26
"Other"	-\$39.96	-\$28.43	\$11.06
Rate on 1/1/2019	\$595.45	\$431.84	\$403.11
Calculated Rate on 1/1/2019	\$595.45	\$431.84	\$403.11
Rate Check	OK	OK	OK
% Change	5.2%	2.7%	13.7%
OK	OK	OK	OK

\* Rates are for a non-tobacco user

<b>Carrier Name</b>	Group Hospitalization and Medical Services, Inc.							
<b>NAIC Number</b>	53007							
<b>Product(s)</b>	PPO							
<b>Market Segment</b>	Small Group							
<b>Rate Effective Date</b>	1/1/2019							

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	N/A	N/A	N/A
25	1.004	1.000	1.000	0.0%	Rating Area 12	N/A	N/A	N/A
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Virginia Premier Health Plan, Inc.		
NAIC Number	95612		
Product(s)	HMO		
Market Segment	Individual		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	N/A
Carrier Calculated Avg Total Rate Change	N/A
Carrier Calculated Avg Adult Rate Change	N/A
Carrier Calculated Avg Child Rate Change	N/A

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
Virginia Premier Preferred Silver 6500						
2019 Brief Cost-Sharing Desc	\$6,500 Ded / \$7,900 OOP Max 30% Coins / \$15 PCP Copay					
2018 Brief Cost-Sharing Desc	N/A					
Members as of 3/1/2018	0					
Pct of Statewide Membership	N/A		N/A		N/A	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 7					
Rate on 1/1/2018**	\$275.20					
Individual Mandate	\$13.76	5.0%		N/A		N/A
Other Morbidity	\$78.59	28.6%		N/A		N/A
Trend	\$25.73	9.3%		N/A		N/A
Risk Adjustment	\$0.00	0.0%		N/A		N/A
HIT Moratorium	\$0.00	0.0%		N/A		N/A
Other Non-Benefit Expenses	\$0.00	0.0%		N/A		N/A
Benefit Changes	\$0.00	0.0%		N/A		N/A
CSR Non-funding	\$96.65	35.1%		N/A		N/A
CSR IU Load	\$27.17	9.9%		N/A		N/A
Medicaid Expansion	-\$25.48	-9.3%		N/A		N/A
Other Change 4	\$0.00	0.0%		N/A		N/A
Other Change 5	\$0.00	0.0%		N/A		N/A
Rate on 1/1/2019	\$491.61	78.6%		N/A		N/A
Calculated Rate on 1/1/2019	\$491.61	78.6%	\$0.00	N/A	\$0.00	N/A
Rate Check	OK	OK	OK	N/A	OK	N/A

\*Rates are for a non-tobacco user

\*\*Note that, because VPHP is new to the Individual market in 2019, the "Rate on 1/1/2018" does not represent a 2018 Individual premium rate. Rather, it represents an analogous 2018 large group rate, reflecting the demographics, benefits, and retention consistent with the 2019 Individual rate. The 2018 large group rate serves as the starting basis for the 2019 Individual rate development.

This exhibit has been prepared for the use of the Virginia Bureau of Insurance (BOI). Its purpose is to summarize components of the development of Virginia Premier Health Plan's (VPHP) premium rates in the 2019 Individual ACA market in Virginia. This information may not be appropriate, and should not be used, for other purposes.

In the preparation of this exhibit, I relied upon assumptions provided by VPHP. I performed general reasonableness checks, but I have not audited the development of the assumptions and have relied upon their accuracy.

I understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties to third parties regarding the contents of the information in the exhibit. Likewise, third parties are instructed that they are to place no reliance upon the information that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

These summaries are actuarial projections. Actual experience is likely to differ for a number of reasons including population differences, claim level differences, and other deviations from assumptions.

I am a member of the American Academy of Actuaries and meet the qualification standards for performing the analysis summarized in this exhibit.

<b>Carrier Name</b>	Virginia Premier Health Plan, Inc.				
<b>NAIC Number</b>	95612				
<b>Product(s)</b>	HMO				
<b>Market Segment</b>	Individual				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
--	--

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	Rating Area 1	N/A	
15	0.833				Rating Area 2	Rating Area 2	N/A	
16	0.859				Rating Area 3	Rating Area 3	N/A	
17	0.885				Rating Area 4	Rating Area 4	N/A	
18	0.913	1.150		N/A	Rating Area 5	Rating Area 5	N/A	
19	0.941	1.150		N/A	Rating Area 6	Rating Area 6	N/A	
20	0.970	1.150		N/A	Rating Area 7	Rating Area 7	1.000	
21	1.000	1.150		N/A	Rating Area 8	Rating Area 8	N/A	
22	1.000	1.150		N/A	Rating Area 9	Rating Area 9	N/A	
23	1.000	1.150		N/A	Rating Area 10	Rating Area 10	N/A	
24	1.000	1.150		N/A	Rating Area 11	Rating Area 11	N/A	
25	1.004	1.150		N/A	Rating Area 12	Rating Area 12	N/A	
26	1.024	1.150		N/A				
27	1.048	1.150		N/A				
28	1.087	1.150		N/A				
29	1.119	1.150		N/A				
30	1.135	1.150		N/A				
31	1.159	1.150		N/A				
32	1.183	1.150		N/A				
33	1.198	1.150		N/A				
34	1.214	1.150		N/A				
35	1.222	1.150		N/A				
36	1.230	1.150		N/A				
37	1.238	1.150		N/A				
38	1.246	1.150		N/A				
39	1.262	1.150		N/A				
40	1.278	1.150		N/A				
41	1.302	1.150		N/A				
42	1.325	1.150		N/A				
43	1.357	1.150		N/A				
44	1.397	1.150		N/A				
45	1.444	1.150		N/A				
46	1.500	1.150		N/A				
47	1.563	1.150		N/A				
48	1.635	1.150		N/A				
49	1.706	1.150		N/A				
50	1.786	1.150		N/A				
51	1.865	1.150		N/A				
52	1.952	1.150		N/A				
53	2.040	1.150		N/A				
54	2.135	1.150		N/A				
55	2.230	1.150		N/A				
56	2.333	1.150		N/A				
57	2.437	1.150		N/A				
58	2.548	1.150		N/A				
59	2.603	1.150		N/A				
60	2.714	1.150		N/A				
61	2.810	1.150		N/A				
62	2.873	1.150		N/A				
63	2.952	1.150		N/A				
64+	3.000	1.150		N/A				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Health Inc. (a PA corp.)		
NAIC Number	95109		
Product(s)	HMO		
Market Segment	Small Group		
Rate Effective Date	01/01/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	24.4%
Carrier Calculated Avg Total Rate Change	24.5%
Carrier Calculated Avg Adult Rate Change	24.5%
Carrier Calculated Avg Child Rate Change	24.5%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance	
2018 Brief Cost-Sharing Desc	\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance	
Members as of 1/1/2018	4323		4323		4323	
Pct of Statewide Membership	100.0%		100.0%		100.0%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 8		Rating Area 1		Rating Area 3	
Rate on 1/1/2018	\$407.03	7.5%	\$454.99	11.3%	\$400.56	6.5%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$30.31	7.4%	\$33.88	7.4%	\$29.83	7.4%
Trend	\$48.41	11.9%	\$54.11	11.9%	\$47.64	11.9%
Risk Adjustment	-\$0.76	-0.2%	-\$0.76	-0.2%	-\$0.76	-0.2%
HIT Moratorium	-\$12.82	-3.2%	-\$14.33	-3.2%	-\$12.62	-3.2%
Other Non-Benefit Expenses	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Benefit Changes	-\$1.73	-0.4%	-\$1.94	-0.4%	-\$1.71	-0.4%
Area	-\$5.73	-1.4%	-\$54.78	-12.0%	\$41.86	10.5%
Demo	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Network	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other	\$24.45	6.0%	\$27.23	6.0%	\$24.07	6.0%
		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$489.15	20.2%	\$498.42	9.5%	\$528.89	32.0%
Calculated Rate on 1/1/2019	\$489.15	20.2%	\$498.42	9.5%	\$528.89	32.0%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user



<b>Carrier Name</b>	Aetna Health, Inc. (a PA Corp.)			
<b>NAIC Number</b>	95109			
<b>Product(s)</b>	HMO			
<b>Market Segment</b>	Small Group			
<b>Rate Effective Date</b>	1/1/2019			

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	0.914	1.024	-10.7%
15	0.833				Rating Area 2	0.929	0.897	3.5%
16	0.859				Rating Area 3	0.970	0.901	7.6%
17	0.885				Rating Area 4	1.020	0.972	4.9%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.980	1.072	-8.6%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.970	0.914	6.2%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.948	1.000	-5.2%
21	1.000	1.000	1.000	0.0%	Rating Area 8	0.897	0.916	-2.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	0.991	1.051	-5.7%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.960	0.987	-2.7%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.960	0.977	-1.8%
25	1.004	1.000	1.000	0.0%	Rating Area 12	0.979	0.958	2.2%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Life Insurance Company		
NAIC Number	60054		
Product(s)	PPO		
Market Segment	Small Group		
Rate Effective Date	01/01/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	23.4%
Carrier Calculated Avg Total Rate Change	23.4%
Carrier Calculated Avg Adult Rate Change	23.4%
Carrier Calculated Avg Child Rate Change	23.4%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$6000 Deductible; \$7900 OOP Maximum; 80% Coinsurance	
2018 Brief Cost-Sharing Desc	\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance		\$30 PCP Copay; \$5000 Deductible; \$7000 OOP Maximum; 80% Coinsurance	
Members as of 3/1/2018	2544		2544		2544	
Pct of Statewide Membership	100.0%		100.0%		100.0%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 1		Rating Area 3	
Rate on 1/1/2018	\$475.99	19.9%	\$493.93	10.0%	\$434.84	32.6%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$35.45	7.4%	\$36.78	7.4%	\$32.38	7.4%
Trend	\$56.61	11.9%	\$58.75	11.9%	\$51.72	11.9%
Risk Adjustment	-\$0.76	-0.2%	-\$0.76	-0.2%	-\$0.76	-0.2%
HIT Moratorium	-\$14.99	-3.2%	-\$15.56	-3.2%	-\$13.70	-3.2%
Other Non-Benefit Expenses	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Benefit Changes	-\$1.55	-0.3%	-\$1.61	-0.3%	-\$1.42	-0.3%
Area	-\$10.19	-2.1%	-\$59.35	-12.0%	\$45.97	10.6%
Demo	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Network	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other	\$30.08	6.3%	\$31.18	6.3%	\$27.55	6.3%
		0.0%	\$0.00	0.0%	\$0.00	0.0%
Rate on 1/1/2019	\$570.64	19.9%	\$543.37	10.0%	\$576.58	32.6%
Calculated Rate on 1/1/2019	\$570.64	19.9%	\$543.37	10.0%	\$576.58	32.6%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Aetna Life Insurance Company							
<b>NAIC Number</b>	60054							
<b>Product(s)</b>	PPO							
<b>Market Segment</b>	Small Group							
<b>Rate Effective Date</b>	1/1/2019							

Table 13. Age and Tobacco Factors					Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)			
Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	0.914	1.024	-10.7%
15	0.833				Rating Area 2	0.929	0.897	3.5%
16	0.859				Rating Area 3	0.970	0.901	7.6%
17	0.885				Rating Area 4	1.020	0.972	4.9%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.980	1.072	-8.6%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.970	0.914	6.2%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.948	1.000	-5.2%
21	1.000	1.000	1.000	0.0%	Rating Area 8	0.897	0.916	-2.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	0.991	1.051	-5.7%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.960	0.987	-2.7%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.960	0.977	-1.8%
25	1.004	1.000	1.000	0.0%	Rating Area 12	0.979	0.958	2.2%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Innovation Health Ins Co.		
NAIC Number	15097		
Product(s)	PPO		
Market Segment	Small Group		
Rate Effective Date	01/01/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	21.6%
Carrier Calculated Avg Total Rate Change	10.9%
Carrier Calculated Avg Adult Rate Change	10.9%
Carrier Calculated Avg Child Rate Change	10.9%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	VA IH Gold PPO 100/50 500A E \$35 PCP Copay; \$0 Deductible; \$5600 OOP Maximum; 100% Coinsurance		VA IH Gold PPO 100/50 500A E \$35 PCP Copay; \$0 Deductible; \$5600 OOP Maximum; 100% Coinsurance		VA IH Silver Designated PCP PPO 4000 70/50 E \$20 PCP Copay; \$4000 Deductible; \$7500 OOP Maximum; 70% Coinsurance	
2018 Brief Cost-Sharing Desc	VA IH Gold PPO 100/50 500A E \$35 PCP Copay; \$0 Deductible; \$5,600 OOP Maximum; 100% Coinsurance		VA IH Gold PPO 100/50 500A E \$35 PCP Copay; \$0 Deductible; \$5,600 OOP Maximum; 100% Coinsurance		VA IH Silver Designated PCP PPO 4000 70/50 E \$20 PCP Copay; \$3,300 Deductible; \$7,350 OOP Maximum; 70% Coinsurance	
Members as of 12/1/2017	2212		2212		482	
Pct of Statewide Membership	37.2%		37.2%		8.1%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 10		Rating Area 10	
Rate on 1/1/2018	\$520.06	4.3%	\$520.06	4.3%	\$361.30	21.4%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$38.73	7.4%	\$38.73	7.4%	\$26.91	7.4%
Trend	\$60.52	11.6%	\$60.52	11.6%	\$42.04	11.6%
Risk Adjustment	\$12.26	2.4%	\$12.26	2.4%	\$12.26	3.4%
HIT Moratorium	-\$16.38	-3.2%	-\$16.38	-3.2%	-\$11.38	-3.2%
Other Non-Benefit Expenses	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Benefit Changes	\$4.88	0.9%	\$4.88	0.9%	\$14.92	4.1%
Area	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Demo	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Network	-\$5.48	-1.1%	-\$5.48	-1.1%	-\$3.80	-1.1%
Other	-\$72.08	-13.9%	-\$72.08	-13.9%	-\$3.61	-1.0%
		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$542.50	4.3%	\$542.50	4.3%	\$438.64	21.4%
Calculated Rate on 1/1/2019	\$542.50	4.3%	\$542.50	4.3%	\$438.64	21.4%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Innovation Health Insurance Company						
<b>NAIC Number</b>	15097						
<b>Product(s)</b>	P P O						
<b>Market Segment</b>	Small Group						
<b>Rate Effective Date</b>	1/1/2019						

**Table 13. Age and Tobacco Factors**

**Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)**

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	1.000	1.000	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.000	1.000	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Innovation Health Plan, Inc.		
NAIC Number	15098		
Product(s)	HMO		
Market Segment	Small Group		
Rate Effective Date	01/01/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	N/A
Carrier Calculated Avg Total Rate Change	16.6%
Carrier Calculated Avg Adult Rate Change	16.6%
Carrier Calculated Avg Child Rate Change	16.6%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	VA IH Silver Open HMO 3000 80% E \$35 PCP Copay; \$3000 Deductible; \$7750 OOP Maximum; 80% Coinsurance		VA IH Silver Open HMO 3000 80% E \$35 PCP Copay; \$3000 Deductible; \$7750 OOP Maximum; 80% Coinsurance		VA IH Silver Open HMO 3000 80% E \$35 PCP Copay; \$3000 Deductible; \$7750 OOP Maximum; 80% Coinsurance	
2018 Brief Cost-Sharing Desc	\$530 PCP Copay; \$5,000 Deductible; \$7,000 OOP Maximum; 80% Coinsurance		\$530 PCP Copay; \$5,000 Deductible; \$7,000 OOP Maximum; 80% Coinsurance		\$530 PCP Copay; \$5,000 Deductible; \$7,000 OOP Maximum; 80% Coinsurance	
Members as of 12/1/2017	7334		7334		7334	
Pct of Statewide Membership	100.0%		100.0%		100.0%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 10		Rating Area 10	
Rate on 1/1/2018	\$389.67	0.0%	\$389.67	0.0%	\$389.67	0.0%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$29.02	7.4%	\$29.02	7.4%	\$29.02	7.4%
Trend	\$45.35	11.6%	\$45.35	11.6%	\$45.35	11.6%
Risk Adjustment	\$12.40	3.2%	\$12.40	3.2%	\$12.40	3.2%
HIT Moratorium	-\$12.27	-3.2%	-\$12.27	-3.2%	-\$12.27	-3.2%
Other Non-Benefit Expenses	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Benefit Changes	\$35.00	9.0%	\$35.00	9.0%	\$35.00	9.0%
Area	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Demo	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Network	-\$4.10	-1.1%	-\$4.10	-1.1%	-\$4.10	-1.1%
Other	-\$50.73	-13.0%	-\$50.73	-13.0%	-\$50.73	-13.0%
		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$444.32	14.0%	\$444.32	14.0%	\$444.32	14.0%
Calculated Rate on 1/1/2019	\$444.32	14.0%	\$444.32	14.0%	\$444.32	14.0%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	Innovation Health Plan				
<b>NAIC Number</b>	15098				
<b>Product(s)</b>	HMO				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	N/A	N/A	N/A
15	0.833				Rating Area 2	N/A	N/A	N/A
16	0.859				Rating Area 3	N/A	N/A	N/A
17	0.885				Rating Area 4	N/A	N/A	N/A
18	0.913	1.000	1.000	0.0%	Rating Area 5	N/A	N/A	N/A
19	0.941	1.000	1.000	0.0%	Rating Area 6	N/A	N/A	N/A
20	0.970	1.000	1.000	0.0%	Rating Area 7	N/A	N/A	N/A
21	1.000	1.000	1.000	0.0%	Rating Area 8	N/A	N/A	N/A
22	1.000	1.000	1.000	0.0%	Rating Area 9	N/A	N/A	N/A
23	1.000	1.000	1.000	0.0%	Rating Area 10	1.000	1.000	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	1.000	1.000	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.000	1.000	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.879	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Optimum Choice Inc.		
NAIC Number	96940		
Product(s)	HMO, POS		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	16.4%
Carrier Calculated Avg Total Rate Change	6.6%
Carrier Calculated Avg Adult Rate Change	6.6%
Carrier Calculated Avg Child Rate Change	6.6%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	Bronze 4		Gold 8		Platinum 1	
2018 Brief Cost-Sharing Desc	\$6700 Ded/100%		\$1750 Ded/80%/\$5000 OOP Max		\$250 Ded/100%/\$2500 OOP Max	
Members as of 3/1/2018	291		252		118	
Pct of Statewide Membership	4.1%		3.5%		1.6%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 10		Rating Area 10	
Rate on 1/1/2018	\$250.15	6.0%	\$388.30	-0.9%	\$441.09	13.7%
Individual Mandate	\$0.88	0.4%	\$1.27	0.3%	\$1.66	0.4%
Other Morbidity	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Trend	\$21.01	8.4%	\$32.62	8.4%	\$37.05	8.4%
Risk Adjustment	\$2.03	0.8%	\$3.15	0.8%	\$3.58	0.8%
HIT Moratorium	-\$8.33	-3.3%	-\$12.93	-3.3%	-\$14.69	-3.3%
Other Non-Benefit Expenses	\$5.46	2.2%	\$8.47	2.2%	\$9.62	2.2%
Benefit Changes	\$8.79	3.5%	-\$13.20	-3.4%	\$49.34	11.2%
Plan Resloping	-\$1.29	-0.5%	-\$2.00	-0.5%	-\$2.27	-0.5%
Area Factor Decrease	-\$13.56	-5.4%	-\$21.05	-5.4%	-\$23.91	-5.4%
Other Change 3		0.0%		0.0%		0.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$265.14	6.0%	\$384.63	-0.9%	\$501.47	13.7%
Calculated Rate on 1/1/2019	\$265.14	6.0%	\$384.63	-0.9%	\$501.47	13.7%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user



<b>Carrier Name</b>	Optimum Choice, Inc.				
<b>NAIC Number</b>	96940				
<b>Product(s)</b>	HMO, POS				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

Table 13. Age and Tobacco Factors					Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)			
Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.070	1.070	0.0%
15	0.833				Rating Area 2	1.070	1.070	0.0%
16	0.859				Rating Area 3	1.070	1.070	0.0%
17	0.885				Rating Area 4	1.070	1.070	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	1.070	1.070	0.0%
19	0.941	1.000	1.000	0.0%	Rating Area 6	1.091	1.091	0.0%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.987	0.987	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.091	1.091	0.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	1.057	1.057	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.893	0.921	-3.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.940	0.940	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.070	1.070	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UnitedHealthcare Insurance Company		
NAIC Number	79413		
Product(s)	EPO, POS		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	9.0%
Carrier Calculated Avg Total Rate Change	6.6%
Carrier Calculated Avg Adult Rate Change	6.6%
Carrier Calculated Avg Child Rate Change	6.6%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	Gold 10		Silver 9		Platinum 4	
2019 Brief Cost-Sharing Desc	\$750 Ded/80%/\$6500 OOP		\$3000 Ded/70%/\$7900 OOP		\$0 Ded/100%/\$5000 OOP	
2018 Brief Cost-Sharing Desc	\$750 Ded/80%/\$5000 OOP		\$3000 Ded/70%/\$6000 OOP		\$0 Ded/100%/\$5000 OOP	
Members as of 3/1/2018	1488		803		498	
Pct of Statewide Membership	2.2%		1.2%		0.7%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 10		Rating Area 10	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
Rate on 1/1/2018	\$428.72		\$346.78		\$511.07	
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$1.41	0.3%	\$1.12	0.3%	\$1.90	0.4%
Trend	\$36.01	8.4%	\$29.13	8.4%	\$42.93	8.4%
Risk Adjustment	\$3.47	0.8%	\$2.81	0.8%	\$4.14	0.8%
HIT Moratorium	-\$14.28	-3.3%	-\$11.55	-3.3%	-\$17.02	-3.3%
Other Non-Benefit Expenses	\$9.35	2.2%	\$7.56	2.2%	\$11.15	2.2%
Benefit Changes	-\$14.15	-3.3%	-\$15.77	-4.5%	\$50.74	9.9%
Benefit Resloping	-\$2.21	-0.5%	-\$1.79	-0.5%	-\$2.63	-0.5%
Area Factor Decrease	-\$23.24	-5.4%	-\$18.80	-5.4%	-\$27.70	-5.4%
Other Change 3		0.0%		0.0%		0.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$425.10	-0.8%	\$339.51	-2.1%	\$574.59	12.4%
Calculated Rate on 1/1/2019	\$425.10	-0.8%	\$339.51	-2.1%	\$574.59	12.4%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	UnitedHealthcare Insurance Company				
<b>NAIC Number</b>	79413				
<b>Product(s)</b>	EPO, POS				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
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Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.070	1.070	0.0%
15	0.833				Rating Area 2	1.070	1.070	0.0%
16	0.859				Rating Area 3	1.070	1.070	0.0%
17	0.885				Rating Area 4	1.070	1.070	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	1.070	1.070	0.0%
19	0.941	1.000	1.000	0.0%	Rating Area 6	1.091	1.091	0.0%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.987	0.987	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.091	1.091	0.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	1.057	1.057	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.893	0.921	-3.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.940	0.940	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.070	1.070	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

## VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UHC of the Mid-Atlantic, Inc.		
NAIC Number	95025		
Product(s)	HMO, POS		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	8.4%
Carrier Calculated Avg Total Rate Change	6.6%
Carrier Calculated Avg Adult Rate Change	6.6%
Carrier Calculated Avg Child Rate Change	6.6%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	Gold 4 \$3000 Ded/80%/\$4500 OOP		Gold 8 \$2500 Ded/80%/\$4250 OOP		Platinum 6 \$0 Ded/100%/\$5000 OOP	
2018 Brief Cost-Sharing Desc	\$3000 Ded/80%/\$4000 OOP		\$2000 Ded/80%/\$4000 OOP		\$0 Ded/100%/\$5000 OOP	
Members as of 3/1/2018	276		218		80	
Pct of Statewide Membership	10.3%		8.1%		3.0%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 10		Rating Area 10		Rating Area 10	
Rate on 1/1/2018	\$399.20	0.0%	\$423.13	-5.8%	\$491.61	23.1%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$1.31	0.3%	\$1.36	0.3%	\$1.83	0.4%
Trend	\$33.53	8.4%	\$35.54	8.4%	\$41.30	8.4%
Risk Adjustment	\$3.24	0.8%	\$3.43	0.8%	\$3.98	0.8%
HIT Moratorium	-\$13.29	-3.3%	-\$14.09	-3.3%	-\$16.37	-3.3%
Other Non-Benefit Expenses	\$8.71	2.2%	\$9.23	2.2%	\$10.72	2.2%
Benefit Changes	-\$14.32	-3.6%	-\$21.34	-5.0%	\$49.63	10.1%
Plan Resloping	-\$2.06	-0.5%	-\$2.18	-0.5%	-\$2.53	-0.5%
Area Factor Decrease	-\$21.64	-5.4%	-\$22.93	-5.4%	-\$26.65	-5.4%
Other Change 3		0.0%		0.0%		0.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$394.68	-1.1%	\$412.15	-2.6%	\$553.52	12.6%
Calculated Rate on 1/1/2019	\$394.68	-1.1%	\$412.15	-2.6%	\$553.52	12.6%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	UnitedHealthcare of the Mid-Atlantic, Inc.				
<b>NAIC Number</b>	95025				
<b>Product(s)</b>	HMO, POS				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
--	--

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	1.070	1.070	0.0%
15	0.833				Rating Area 2	1.070	1.070	0.0%
16	0.859				Rating Area 3	1.070	1.070	0.0%
17	0.885				Rating Area 4	1.070	1.070	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	1.070	1.070	0.0%
19	0.941	1.000	1.000	0.0%	Rating Area 6	1.091	1.091	0.0%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.987	0.987	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	1.091	1.091	0.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	1.057	1.057	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.893	0.921	-3.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.940	0.940	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	1.070	1.070	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				

# VA ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UnitedHealthCare Plan of the River Valley		
NAIC Number	95378		
Product(s)	POS, HMO		
Market Segment	Small Group		
Rate Effective Date	1/1/2019		

**Table 15. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	16.3%
Carrier Calculated Avg Total Rate Change	16.7%
Carrier Calculated Avg Adult Rate Change	16.7%
Carrier Calculated Avg Child Rate Change	16.7%

**Table 16. Plan Specific Rate Change Information**

Plan Name	Most Popular Plan		Min Rate Change Plan		Max Rate Change Plan	
	PMPM \$	% Change	PMPM \$	% Change	PMPM \$	% Change
2019 Brief Cost-Sharing Desc	Bronze 6650		Silver 2000 - 2		Gold 5000	
2018 Brief Cost-Sharing Desc	\$6650 Ded/100%/\$6650 OOP		\$2000 Ded/50%/\$7900 OOP		\$5000 Ded/100%/\$6000 OOP	
Members as of 3/1/2018	65		14		0	
Pct of Statewide Membership	3.2%		0.7%		0.0%	
Age Used in Comparison	40		40		40	
Rating Area Used in Comparison	Rating Area 5		Rating Area 5		Rating Area 5	
Rate on 1/1/2018	\$238.51	21.7%	\$301.52	8.9%	\$272.07	26.8%
Individual Mandate	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Trend	\$17.65	7.4%	\$22.31	7.4%	\$20.13	7.4%
Risk Adjustment	\$29.14	12.2%	\$36.84	12.2%	\$33.24	12.2%
HIT Moratorium	-\$7.23	-3.0%	-\$9.14	-3.0%	-\$8.24	-3.0%
Other Non-Benefit Expenses	-\$2.48	-1.0%	-\$3.14	-1.0%	-\$2.83	-1.0%
Benefit Changes	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Benefit Resloping	-\$13.12	-5.5%	-\$16.58	-5.5%	-\$14.96	-5.5%
Model Relativity Change	\$24.09	10.1%	-\$4.22	-1.4%	\$39.99	14.7%
Net Other Items	\$3.72	1.6%	\$0.89	0.3%	\$5.52	2.0%
Other Change 4		0.0%		0.0%		0.0%
Other Change 5		0.0%		0.0%		0.0%
Rate on 1/1/2019	\$290.28	21.7%	\$328.48	8.9%	\$344.92	26.8%
Calculated Rate on 1/1/2019	\$290.28	21.7%	\$328.48	8.9%	\$344.92	26.8%
Rate Check	OK	OK	OK	OK	OK	OK

\*Rates are for a non-tobacco user

<b>Carrier Name</b>	UnitedHealthcare Plan of the River Valley				
<b>NAIC Number</b>	95378				
<b>Product(s)</b>	HMO, POS				
<b>Market Segment</b>	Small Group				
<b>Rate Effective Date</b>	1/1/2019				

<b>Table 13. Age and Tobacco Factors</b>	<b>Table 14. Geographic Factors (enter "N/A" if no plans are offered in the rating area)</b>
--	--

Age Band	Age Factor	Proposed Tobacco Factor	Current Tobacco Factor	Factor Change	Rating Area	Proposed Area Factor	Current Area Factor	Factor Change
0-14	0.765				Rating Area 1	0.943	0.943	0.0%
15	0.833				Rating Area 2	0.943	0.943	0.0%
16	0.859				Rating Area 3	0.943	0.943	0.0%
17	0.885				Rating Area 4	0.943	0.943	0.0%
18	0.913	1.000	1.000	0.0%	Rating Area 5	0.782	0.782	0.0%
19	0.941	1.000	1.000	0.0%	Rating Area 6	0.943	0.943	0.0%
20	0.970	1.000	1.000	0.0%	Rating Area 7	0.943	0.943	0.0%
21	1.000	1.000	1.000	0.0%	Rating Area 8	0.943	0.943	0.0%
22	1.000	1.000	1.000	0.0%	Rating Area 9	0.943	0.943	0.0%
23	1.000	1.000	1.000	0.0%	Rating Area 10	0.943	0.943	0.0%
24	1.000	1.000	1.000	0.0%	Rating Area 11	0.943	0.943	0.0%
25	1.004	1.000	1.000	0.0%	Rating Area 12	0.943	0.943	0.0%
26	1.024	1.000	1.000	0.0%				
27	1.048	1.000	1.000	0.0%				
28	1.087	1.000	1.000	0.0%				
29	1.119	1.000	1.000	0.0%				
30	1.135	1.000	1.000	0.0%				
31	1.159	1.000	1.000	0.0%				
32	1.183	1.000	1.000	0.0%				
33	1.198	1.000	1.000	0.0%				
34	1.214	1.000	1.000	0.0%				
35	1.222	1.000	1.000	0.0%				
36	1.230	1.000	1.000	0.0%				
37	1.238	1.000	1.000	0.0%				
38	1.246	1.000	1.000	0.0%				
39	1.262	1.000	1.000	0.0%				
40	1.278	1.000	1.000	0.0%				
41	1.302	1.000	1.000	0.0%				
42	1.325	1.000	1.000	0.0%				
43	1.357	1.000	1.000	0.0%				
44	1.397	1.000	1.000	0.0%				
45	1.444	1.000	1.000	0.0%				
46	1.500	1.000	1.000	0.0%				
47	1.563	1.000	1.000	0.0%				
48	1.635	1.000	1.000	0.0%				
49	1.706	1.000	1.000	0.0%				
50	1.786	1.000	1.000	0.0%				
51	1.865	1.000	1.000	0.0%				
52	1.952	1.000	1.000	0.0%				
53	2.040	1.000	1.000	0.0%				
54	2.135	1.000	1.000	0.0%				
55	2.230	1.000	1.000	0.0%				
56	2.333	1.000	1.000	0.0%				
57	2.437	1.000	1.000	0.0%				
58	2.548	1.000	1.000	0.0%				
59	2.603	1.000	1.000	0.0%				
60	2.714	1.000	1.000	0.0%				
61	2.810	1.000	1.000	0.0%				
62	2.873	1.000	1.000	0.0%				
63	2.952	1.000	1.000	0.0%				
64+	3.000	1.000	1.000	0.0%				