

Form 130A

Company Name:

NAIC Number:

Policy Form Number(s):

Inception Date (MM/DD/YY):

Rate Increase Effective Date:

Applies to: New Business (Y/N):

Existing Business (Y/N):

Claims Incurred through (MM/YY):

Claims Paid through (MM/YY):

Virginia only (Y/N)

Individual (Y/N)

Small Group (Y/N)*

	(1) Calendar Year	(2) Member Months	(3) Earned Premium	(4) Incurred & Paid Claims	(5) IBNR	(6) (4) + (5) Incurred Claims	(7) Drug Rebates	(8) (6) - (7) Net Incurred Claims	(9) (3)/(2) Earned Premium PMPM	(10) (8)/(2) Net Incurred Claims PMPM	(11) (10)/(9) Loss Ratio	(12) [(9)YY/(9)[YY-1]]-1 Premium Trend	(13) [(10)YY/(10)[YY-1]]-1 Claims Trend	(Calculated)		(16) (15)/(14) PV Loss Ratio		
														(14) PV Earned Premium	(15) PV Net Incurred Claims			
ACTUAL	XX																	
	XX+1																	
	XX+2																	
	XX+3																	
	XX+4																	
	XX+5																	
	XX+6																	
SUM	-																	
PROJECTED	XX+7																	
	XX+8	-																
	XX+9																	
	XX+10																	
	XX+11																	
	XX+12																	
	XX+13																	
	XX+14																	
	XX+15																	
	XX+16																	
	XX+17																	
SUM	-																	
LIFETIME																		

* For small group, projected values should go no further than the rate effective period.

Statutory Minimum Loss Ratio

Assumptions Rate Increase: Over Prior
Annual

Underlying Trend
Benefit Changes
Demographic Changes
Anti-selection
Other Changes
Total Trend

Lapse Rate

Interest (consistent with original pricing)

Premium Trend beyond rating period

Claims Trend beyond rating period