State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Additional Information Needed	Jim Laverty	07/13/2016	07/13/2016
Data Request Sent	Jim Laverty	06/16/2016	06/16/2016

Response Letters

Responded By	Created On	Date Submitted
Pam Day	07/19/2016	07/19/2016
Pam Day	06/29/2016	06/29/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Transmittal Letter (A&H)	Anna Fulginiti	07/28/2016	07/28/2016
Supporting Document	Checklist	Pam Day	07/08/2016	07/08/2016
Supporting Document	Federal Rates Template pdf	Pam Day	07/01/2016	07/01/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Capital's response to note to filer	Note To Reviewer	Anna Fulginiti	07/28/2016	07/28/2016
Risk Adjustment Question	Note To Filer	Jim Laverty	07/26/2016	07/26/2016

State:	*Pennsylvania*	**Filing Company:**	*Capital Advantage Insurance Company*
TOI/Sub-TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*		
Product Name:	*Rates - CAIC Ind PPOG CareConnect*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Additional Information Needed
Objection Letter Date	07/13/2016
Submitted Date	07/13/2016
Respond By Date	

Dear Stephanie Gray,

Introduction:

July 13, 2016

Stephanie Gray
Capital Advantage Insurance Company
2500 Elmerton Avenue
Harrisburg, PA 17110

RE: Proposed aggregate 21.1% increase (ranges from 21.1% to 21.1%) on 9 policyholders of CAIC's individual ACA-compliant PPO plans;
Pennsylvania Insurance Department ID #: CABC-130539588

Dear Ms. Gray:

Please respond to the attached question concerning actuarial value and induced utilization for the individual CAIC plans that will be sold in 2017. Please respond to this question by close of business on Tuesday July 19th.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2117.

Sincerely,

James Laverty, ASA, MAAA
Actuary
Bureau of Accident & Health Insurance

Conclusion:

Sincerely,
Jim Laverty

1. Induced Utilization
    a. Please complete the table below for all plans, and confirm that the ratio in column (8) represents the AV and Cost Sharing for each plan in your filing[1]

Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Company Determined AV Factor (6)	Induced Utilization[2] (7)	AV & Cost Sharing (6)*(7) (8)
xxxxxx xxxxxx xxxxxx Total							

    b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of each, the AV and the cost sharing factors for each plan. Also, provide narrative that explains the derivation.
    c. Please provide justification for relative induced utilization assumptions in the Company's pricing that exceed the federal factors used in the risk adjustment model proving that morbidity is not reflected.[3]
    d. Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sumproduct (against projected membership) produces a factor of 1.000. Please show the steps that demonstrate this.
2. Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

[1] If a tobacco factor is used in the AV and Cost Sharing please add a column for that amount and modify the formula.
[2] The Induced Demand is the amount used by the company to reflect increased demand. This may be called by another name in the filing
[3] The federal factors relative to the Bronze factors are Silver 1.03, Gold 1.08 and Platinum 1.15.

State:	Pennsylvania	**Filing Company:**	Capital Advantage Insurance Company
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Rates - CAIC Ind PPOG CareConnect		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Data Request Sent
Objection Letter Date	06/16/2016
Submitted Date	06/16/2016
Respond By Date	

Dear Stephanie Gray,

Introduction:

June 16, 2016

Stephanie Gray
Capital Advantage Insurance Company
2500 Elmerton Avenue
Harrisburg, PA 17110

RE: Proposed aggregate 21.1% increase (ranges from 21.1% to 21.1%) on 9 policyholders of CAIC's individual ACA-compliant PPO plans;
Pennsylvania Insurance Department ID #: CABC-130539588

Dear Ms. Gray:

The captioned filing has been reviewed by the Pennsylvania Insurance Department and it has been found that it fails to meet the requirements of our Insurance Company Laws and is therefore disapproved pursuant to the authority granted under Section 4(A) of Act 134, the Accident and Health Filing Reform Act. After you review the letter and if you do not understand the content of it or the disapproval reasons, please contact the Department for further clarification.

The disapproved filing may be resubmitted within 120 days of the date of disapproval. If you choose to resubmit the filing within that time, the filing will become effective for use 30 days after receipt by the Department as provided by Section 4(C) of Act 134, unless the filing is disapproved before the 30 day period expires.

If the Department does not hear from you within 120 days, the Department will close its files on the above captioned filing. After 120 days, the Department will reopen its files and continue its review of the forms if you respond within one year of the date of this letter and furnish duplicate copies of the previously filed forms and all correspondence between you and the Department. If the filing is resubmitted after 120 days, the Department will review it as if it were a new submission under Section 4(A) of Act 134.

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 7 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call.

Please furnish the following information requested by the Department's consultant.

1.Please provide totals for each year for each item, as well as grand totals for the 2013, 2014 and 2015 experience shown in Table 4b of the Actuarial Memorandum Rate Exhibits.
2.In the Completeness and Redaction Justification Checklist, please show the Page number/Table Number/Paragraph Number in the Completed Column and also the Justification Location for the Redacted Column.
3.Please justify use of the Capital Advantage Assurance Company data for the Credibility Manual. Please explain similarities, differences and provide justification for adjustments for current and projected differences.
4.In the Pennsylvania Rate Change Request Summary – 2017 and in the RFJ Part II, please provide the quantitative impact for each of the factors shown in the "Explanation of Requested Rate Change" section, and show quantitatively that the compound effect of the

component factors aggregates to the requested rate increase.
5.Please provide a "Reason for Rate Increase' section in the Actuarial Memorandum, detailing the qualitative and quantitative reasons and component factors of the aggregate rate increase. Also show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.
6.Please show quantitatively the derivation of the trend assumptions for each benefit category as shown in Table 3. Please include the sources and source claims data.
7.The methodology used in the derivation in Exhibit G1 of the 1.10 Population Risk Factor in Section II of the URRT is not clear. The adjustment to reflect the larger PPACA population is less than one, with no other adjustments, but the aggregated result is greater than 1.00, i.e., 1.10. This result is due to the fact that different aggregating factors are used in the comparison, i.e., one uses member months and one uses current members. Please provide the derivation to justify the 1.10 factor, e.g., using consistent aggregating factors.
8.Please explain the variance in the Change in Morbidity of 1.117 in Table 5 versus the 1.10 shown in Section II of the URRT.
9.The Actuarial Memorandum shows that the allowed charges PMPM which are added to the projection period allowed claims PMPM are 5.01 for pediatric dental and 0.46 for pediatric vision coverage, and references Exhibit C for the rate development.
(i) Exhibit C shows for Projected Claims PMPM 3.61 for Pediatric Dental and 0.46 for Pediatric Vision. Please reconcile the difference for Pediatric Dental.
(ii) Please adjust the Pediatric Dental number if needed, in Exhibit G, which shows 3.61.
(iii) Exhibit C also shows the development of the Premium Single Rate for Pediatric Dental and Pediatric Vision. Please justify each of the values included in the Premium Single Rate. Also explain the reasoning for including Admin PMPM in the claims component in the numerator, versus including it in the denominator with the other expense items.
10.Please reconcile the difference between the 2017 Calibrated Plan Adjusted Index Rate of $318.13 shown in Table 10 with the $319.87 shown in Exhibit P. Please note that the Table 10 2017 Calibrated Plan Adjusted Index Rates should be used as the basis of the premium rates; please confirm.
11.Please show quantitatively the derivation of the Tobacco Surcharge adjustment of .994 shown in Table 10.
12.In Table 6, please enter the dollar amount of the PCORI fees, as it is currently blank. In the PA Actuarial Memorandum, the amount is shown as $.18 PMPM. Please confirm and justify.
13.Please include the appropriate wording into the Actuarial Certification, as described in Section 6 of the 2017 ACA-Compliant Heath Insurance Rate Filing Guidance.
14.Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.
15.Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.
16.Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.
17. Please provide a copy of the Supplemental Health Care Exhibit (SHCE), and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.

Please provide answers to these additional questions requested by the Insurance Department.

1. Regarding broker commissions: (a) Under what circumstances and in what geographic locations will commissions be paid?, (b) Are commissions paid for SEP?, (c) Provide a copy of the broker agreement - current and 2017, (d) Show the calculation of the average commission - current and 2017.
When responding to this data call, you may provide a redacted version of this response as it contains proprietary information. Please place the redacted and non-redacted responses in separate sections of the Supporting Documentation tab in SERFF.
2. Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

3. Does this filing propose Service Area changes relative to the last approved filing? If so, please discuss.

Please be advised that there may be additional questions based on the responses to the above.

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets (version 2013 or less). Please retain all formulas.
Should you have any questions regarding this correspondence, please contact me at (717) 783-2117.

Sincerely,

James Laverty, ASA, MAAA
Actuary
Bureau of Accident & Health Insurance

Conclusion:

Sincerely,
Jim Laverty

State: *Pennsylvania* **Filing Company:** *Capital Advantage Insurance Company*
TOI/Sub-TOI: *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *Rates - CAIC Ind PPOG CareConnect*
Project Name/Number: */*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2016
Submitted Date	07/19/2016

Dear Jim Laverty,

Introduction:

Response 1

Comments:

2nd Q&Q Exhibits and Response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf Ind_16-49_Initial_CAIC_PPO_Q&AResponse201607_Supporting_20160719.pdf
Previous Version	
Satisfied - Item:	*Transmittal Letter (A&H)*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf*

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf Ind_16-49_Initial_CAIC_PPO_Q&AResponse201607_Supporting_20160719.pdf
Previous Version	
Satisfied - Item:	*Transmittal Letter (A&H)*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf*

Satisfied - Item:	2nd Q&A Exhibits
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_Q&AExhibits201607_Supporting_20160719.pdf Ind_16-49_Initial_CAIC_PPO_Q&AExhibits201607_Supporting_20160719.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Pam Day

State: *Pennsylvania* **Filing Company:** *Capital Advantage Insurance Company*
TOI/Sub-TOI: *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *Rates - CAIC Ind PPOG CareConnect*
Project Name/Number: */*

Amendment Letter

Submitted Date: 07/28/2016

Comments:

Response to request for information from Reviewer

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf Ind_16-49_Initial_CAIC_PPO_Q&AResponse201607_Supporting_20160719.pdf Ind_16-49_Initial_CAIC_PPO_NotetoFilerResponse_Supporting_20160728.pdf
Previous Version	
Satisfied - Item:	*Transmittal Letter (A&H)*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf* *Ind_16-49_Initial_CAIC_PPO_Q&AResponse201607_Supporting_20160719.pdf*
Previous Version	
Satisfied - Item:	*Transmittal Letter (A&H)*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_RateCvLtr_Supporting_20160510.pdf*

State: *Pennsylvania* **Filing Company:** *Capital Advantage Insurance Company*
TOI/Sub-TOI: *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *Rates - CAIC Ind PPOG CareConnect*
Project Name/Number: */*

Amendment Letter

Submitted Date: 07/08/2016
Comments:
Replaced Checklist.
Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Checklist
Comments:	
Attachment(s):	Ind_16-49_Revised_CAIC_PPO_PIDChecklist_Supporting_20160629.pdf
Previous Version	
Satisfied - Item:	*Checklist*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_PIDChecklist_Supporting_20150510.pdf*

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Amendment Letter

Submitted Date: 07/01/2016

Comments:

Replaced Federal Rates Templates.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Federal Rates Template pdf
Comments:	
Attachment(s):	Ind_16-49_Revised_CAIC_PPO_FedRatesTemplate_RateRule_20160629.pdf Ind_16-49_Revised_CAIC_PPO_FedRatesTemplate_RateRule_20160629.xls
Previous Version	
Satisfied - Item:	*Federal Rates Template pdf*
Comments:	
Attachment(s):	*Ind_16-49_Initial_CAIC_PPO_FedRatesTemplate_RateRule_20160615.pdf*

State:	*Pennsylvania*	**Filing Company:**	*Capital Advantage Insurance Company*
TOI/Sub-TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*		
Product Name:	*Rates - CAIC Ind PPOG CareConnect*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Anna Fulginiti on 07/28/2016 01:39 PM

Last Edited By:

Anna Fulginiti

Submitted On:

07/28/2016 01:39 PM

Subject:

Capital's response to note to filer

Comments:

See documented response under Supporting Documentation/Transmittal section.

State:	*Pennsylvania*	**Filing Company:**	*Capital Advantage Insurance Company*
TOI/Sub-TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*		
Product Name:	*Rates - CAIC Ind PPOG CareConnect*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Jim Laverty on 07/26/2016 03:01 PM

Last Edited By:

Jim Laverty

Submitted On:

07/26/2016 03:01 PM

Subject:

Risk Adjustment Question

Comments:

Stephanie,

Given the difference between the Company's estimated risk adjustment for 2015 and actual 2015 amount reported on 6/30/2016, please provide a narrative and quantitatively show the development of the pmpm impact this will have on the projected 2017 risk adjustment pmpm amount and the rate impact. Do not revise your filing because of this request; just provide the information requested.

In other words, Capital filed the individual CAAC, CAIC, and KHPC on May 10, 2016. If Capital had the recently revealed 2015 individual risk adjustments results prior to the May 10, 2016 filing, how would the risk adjustment amount (found in the URRT) and the filed rates change?

Please respond by close of business on Thursday July 28, 2016.

Thanks.

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates and PA Plan Design		New		Ind_16-49_Revised_CAIC_PPO_PIDRates_RateRule_20160629.pdf, Ind_16-49_Revised_CAIC_PPO_PIDRates_RateRule_20160629.xlsx,

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Attachment Ind_16-49_Revised_CAIC_PPO_PIDRates_RateRule_20160629.xlsx is not a PDF document and cannot be reproduced here.

Capital Advantage Insurance Company
Individual
Plan Design Summary

HIOS Plan ID	On/Off Exchange	Product	Metal	Plan Design Marketing Name	Network	Rating Area	Counties Excluded
82795PA0120001	Off	PPO	Silver	Silver CareConnect 3000/0/35	PPO	9	Franklin, Fulton, Juniata, Lebanon

Company Name: Capital Advantage Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2017 **Ending date of Rates:** December 31, 2017

HIOS Plan ID (On Exchange)=>	82795PA0120001	
HIOS Plan ID (Off Exchange)=>	82795PA0120001	
Form # =>	CAIC-Ind-PPOG-C-v0117	
Rating Area =>	9	
Counties Excluded in Rating Area =>	Franklin, Fulton, Juniata, Lebanon	
Network =>	PPO	
Metal =>	Silver	
Plan Name =>	Silver CareConnect 3000/0/35	
Deductible =>	$3000 Med/Rx Combined	
Coinsurance =>	0%	
Copays =>	$35/$55/$200 PCP/SPC/ER	
OOP Maximum =>	$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes	

	Age Band	Non-Tobacco	Tobacco
0	0 - 20	$202.01	$202.01
21	21	$318.13	$326.08
22	22	$318.13	$326.08
23	23	$318.13	$326.08
24	24	$318.13	$326.08
25	25	$319.40	$327.39
26	26	$325.76	$333.91
27	27	$333.40	$341.73
28	28	$345.81	$354.45
29	29	$355.99	$364.89
30	30	$361.08	$370.10
31	31	$368.71	$377.93
32	32	$376.35	$385.76
33	33	$381.12	$390.65
34	34	$386.21	$395.86
35	35	$388.75	$398.47
36	36	$391.30	$401.08
37	37	$393.84	$403.69
38	38	$396.39	$406.30
39	39	$401.48	$411.52
40	40	$406.57	$437.06
41	41	$414.20	$445.27
42	42	$421.52	$453.14
43	43	$431.70	$464.08
44	44	$444.43	$477.76
45	45	$459.38	$505.32
46	46	$477.19	$524.91
47	47	$497.24	$546.96
48	48	$520.14	$572.16
49	49	$542.73	$597.00
50	50	$568.18	$653.41
51	51	$593.31	$682.31
52	52	$620.99	$714.14
53	53	$648.98	$746.33
54	54	$679.21	$781.09
55	55	$709.43	$851.31
56	56	$742.20	$890.63
57	57	$775.28	$930.34
58	58	$810.59	$972.71
59	59	$828.09	$993.71
60	60	$863.40	$1,079.25
61	61	$893.94	$1,117.43
62	62	$913.98	$1,142.48
63	63	$939.12	$1,173.90
64+	64+	$954.38	$1,192.98

Silver Plan Rates for Age 21 Non-Smoker, by Geographic Area and Exchange Status

2017 On-Exchange Silver Plan Rates									
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4	Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9

Silver Plan Rates for Age 21 Non-Smoker, by Geographic Area and Exchange Status

2017 Off-Exchange Silver Plan Rates									
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4	Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9
82795PA0120001									#REF!

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	CFJ
Comments:	
Attachment(s):	Ind_16-49_Revised_CAIC_PPO_CFJ_Supporting_20160517.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PA Bulletin
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_PABulletin_Supporting_20160510.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Change Summary
Comments:	
Attachment(s):	Ind_16-49_Revised_CAIC_PPO_RateChangeSummary_Supporting_20160524.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Exhibits
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160510.pdf Ind_16-49_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160510.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Actuarial Memos
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_FedActMemoRedacted_Supporting_20160607.pdf Ind_16-49_Revised_CAIC_PPO_PIDActMemoRedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Federal Rates Template pdf
Comments:	
Attachment(s):	Ind_16-49_Revised_CAIC_PPO_FedRatesTemplate_RateRule_20160629.pdf Ind_16-49_Revised_CAIC_PPO_FedRatesTemplate_RateRule_20160629.xls

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Item Status:	
Status Date:	

Satisfied - Item:	URRT pdf
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_URRT_Supporting_20160615.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PPO Agent Agreement Redacted
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_AgentAgreementRedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PPO PPMA Amendment Redacted
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_PPMAAmendmentRedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PPO PPMA Redacted
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_PPMARedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Q&A Exhibits Redacted
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_Q&AExhibitsRedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Q&A Response Redacted
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_Q&AResponseRedacted_Supporting_20160629.pdf
Item Status:	
Status Date:	

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - CAIC Ind PPOG CareConnect
Project Name/Number: /

Satisfied - Item:	SHCE and 5Yr History
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_SHCEand5YrHistory_Supporting_20160629.pdf
Item Status:	
Status Date:	

Satisfied - Item:	2nd Q&A Exhibits
Comments:	
Attachment(s):	Ind_16-49_Initial_CAIC_PPO_Q&AExhibits201607_Supporting_20160719.pdf Ind_16-49_Initial_CAIC_PPO_Q&AExhibits201607_Supporting_20160719.xlsm
Item Status:	
Status Date:	

Attachment Ind_16-49_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160510.xlsx is not a PDF document and cannot be reproduced here.

Attachment Ind_16-49_Revised_CAIC_PPO_FedRatesTemplate_RateRule_20160629.xls is not a PDF document and cannot be reproduced here.

Attachment Ind_16-49_Initial_CAIC_PPO_Q&AExhibits201607_Supporting_20160719.xlsm is not a PDF document and cannot be reproduced here.

Capital BlueCross

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.
RFJ Part II – Consumer Friendly Justification

1. Company Name & NAIC #: Capital Advantage Insurance Company (CAIC), NAIC #41203
2. Market: Individual
3. Product: PPO
4. Average Rate Change (% and $) and Range: 21.1%/$1,223.68 PMPY, 21.1% to 21.1%
5. Current Covered Lives and Policyholders: 14/9
6. Financial Information:

Jan. 2015-Dec. 2015 financial experience	
Premiums	$3,318,341
Claims	-$1,909,150
Administrative expenses	$31,590
Company made (before taxes)	**$5,195,901**

7. Rate Increase Considerations:
   Primary drivers of requested change
   - Historical claim experience
   - Loss of federal reinsurance program in 2017

   Changes being requested are also based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:
   - Anticipated increase in facility and physician unit costs
   - Anticipated changes in prescription drug unit costs
   - Continuing change in utilization such as
     - Intensity of medical services rendered
     - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
     - Further migration from brand prescription drugs to generic prescription drugs
     - Favorable impacts of value based benefits designs
   - Prescription drug patent expirations and new to market brand drugs
   - Leveraging associated with unchanged cost share components such as deductible and copays
   - Inflation adjustment to administrative expenses

   Tax Changes
   - Suspension of Health Insurer Tax in 2017

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Capital BlueCross

May 11, 2016

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.
Pennsylvania Bulletin Information

The following is a summary prepared for the Pennsylvania Bulletin:

1. Company Name & NAIC #: Capital Advantage Insurance Company (CAIC), NAIC #41203
2. Market: Individual
3. Product: PPO
4. Average Rate Change (% and $) and Range: 21.1%/$1,223.68 PMPY, 21.1% to 21.1%
5. Current Covered Lives and Policyholders: 14/9
6. Experience Period Revenue: $0
7. Additional Revenue from Rate Increase: $17,131

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Capital Advantage Insurance Company (CAIC) – Individual Plans

Rate request filing ID # CABC-130539588- This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at http://www.insurance.pa.gov/Consumers/ACARelatedFilings/

Overview

Requested average rate change:	21.1%
Range of requested rate change:	21.1% to 21.1%
Effective date:	1/1/2017
People impacted:	14
Available in:	Rating Area 9

Key information

Jan. 2015-Dec. 2015 financial experience

Premiums	$3,318,341
Claims	-$1,909,150*
Administrative expenses	$31,590
Company made (before taxes)	**$5,195,901**

*All individual business was transitioned out of CAIC in 2015. The outstanding claim reserve at the end of 2014 was significantly larger than the reserve at the end of 2015, resulting in negative claims on a financial reporting basis.

How it plans to spend your premium
This is how the insurance company plans to spend the premium it collects in 2017:

Claims:	84.5**%**
Administrative:	10.7**%**
Taxes & fees:	2.8%
Profit:	2.0**%**

The company expects its annual medical costs to increase **8.1%**.

Explanation of requested rate changec

Primary drivers of requested change

- Historical claim experience
- Loss of federal reinsurance program in 2017

Changes being requested are also based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
  - Intensity of medical services rendered
  - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - Further migration from brand prescription drugs to generic prescription drugs
  - Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Inflation adjustment to administrative expenses

Tax Changes

- Suspension of Health Insurer Tax in 2017

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of Feb. 1, 2016)	Projected Rating Period
Total	-	10	180
<18	-	-	-
18-24	-	1	18
25-29	-	-	-
30-34	-	-	-
35-39	-	-	-
40-44	-	-	-
45-49	-	2	36
50-54	-	3	54
55-59	-	2	36
60-63	-	2	36
64+	-	-	-

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ -	$ -	#DIV/0!	-	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											#DIV/0!
Loss Ratio											#DIV/0!

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Composite	Weight*
Inpatient Hospital	5.00%	1.90%	7.00%	20.50%
Outpatient Hospital	5.00%	1.90%	7.00%	34.81%
Professional	5.00%	1.90%	7.00%	25.59%
Other Medical	5.00%	1.90%	7.00%	2.23%
Capitation			3.00%	0.00%
Prescription Drugs	13.50%	0.05%	13.56%	16.87%
Total Annual Trend			8.11%	100.00%
2 Year Trend Projection Factor			1.169	

<- Annualized Trend Factors on URRT

** Express Cost, Utilization, and Weight as percentages*

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-13		$ 3,943,081.30	1.0000	$ 3,943,081.30	15,858	$ 248.65		$ 55,279.52	$ 5,146,170.21	$ 324.52
Feb-13		$ 3,697,710.39	1.0000	$ 3,697,710.39	16,182	$ 228.51		$ 57,324.18	$ 4,625,667.73	$ 285.85
Mar-13		$ 4,262,644.10	1.0000	$ 4,262,644.10	16,561	$ 257.39		$ 61,717.01	$ 4,871,375.41	$ 294.15
Apr-13		$ 4,779,461.59	1.0000	$ 4,779,461.59	16,989	$ 281.33		$ 60,187.12	$ 5,321,237.24	$ 313.22
May-13		$ 5,041,527.49	1.0000	$ 5,041,527.49	17,367	$ 290.29		$ 68,144.29	$ 5,317,285.20	$ 306.17
Jun-13		$ 4,513,608.45	1.0000	$ 4,513,608.45	17,535	$ 257.41		$ 60,226.40	$ 4,744,058.92	$ 270.55
Jul-13		$ 5,037,786.99	1.0000	$ 5,037,786.99	17,725	$ 284.22		$ 68,782.49	$ 5,224,879.11	$ 294.77
Aug-13		$ 5,260,957.43	1.0000	$ 5,260,957.43	17,961	$ 292.91		$ 68,969.97	$ 5,232,140.26	$ 291.31
Sep-13		$ 5,583,910.29	1.0000	$ 5,583,910.29	18,178	$ 307.18		$ 71,452.00	$ 5,507,153.88	$ 302.96
Oct-13		$ 5,427,513.28	1.0000	$ 5,427,513.28	18,355	$ 295.70		$ 68,722.29	$ 5,281,973.90	$ 287.77
Nov-13		$ 5,863,956.31	1.0000	$ 5,863,956.31	18,505	$ 316.88		$ 71,484.38	$ 5,583,419.45	$ 301.72
Dec-13	$ 66,406,990.00	$ 6,119,566.87	1.0000	$ 6,119,566.87	19,068	$ 320.93	$ 12,471,339.00	$ 73,197.30	$ 5,314,668.07	$ 278.72
Jan-14		$ 3,206,010.09	0.9978	$ 3,213,016.97	13,791	$ 232.98		$ 12,657.31	$ 3,514,797.95	$ 254.86
Feb-14		$ 2,840,263.77	0.9977	$ 2,846,885.05	13,310	$ 213.89		$ 38,588.81	$ 2,873,115.94	$ 215.86
Mar-14		$ 3,618,095.81	0.9977	$ 3,626,267.25	12,792	$ 283.48		$ 31,551.07	$ 3,761,115.89	$ 294.02
Apr-14		$ 3,067,249.97	0.9979	$ 3,073,640.00	10,853	$ 283.21		$ 15,941.72	$ 3,723,425.15	$ 343.08
May-14		$ 2,454,438.00	0.9975	$ 2,460,570.00	10,674	$ 230.52		$ 19,157.30	$ 3,088,383.54	$ 289.34
Jun-14		$ 2,514,497.01	0.9977	$ 2,520,191.00	10,477	$ 240.55		$ 16,832.61	$ 3,111,781.69	$ 297.01
Jul-14		$ 2,602,365.81	0.9976	$ 2,608,553.00	10,306	$ 253.11		$ 20,353.73	$ 3,182,624.15	$ 308.81
Aug-14		$ 2,964,213.21	0.9977	$ 2,970,922.00	10,154	$ 292.59		$ 19,590.92	$ 3,515,772.38	$ 346.25
Sep-14		$ 2,663,569.44	0.9976	$ 2,670,012.00	10,014	$ 266.63		$ 131,770.06	$ 3,119,602.61	$ 311.52
Oct-14		$ 2,943,553.37	0.9976	$ 2,950,697.00	9,893	$ 298.26		$ 21,706.02	$ 3,523,636.66	$ 356.17
Nov-14		$ 2,619,800.26	0.9972	$ 2,627,170.00	9,753	$ 269.37		$ 19,282.03	$ 3,135,222.56	$ 321.46
Dec-14	$ 34,597,855.00	$ 3,633,785.90	0.9973	$ 3,643,525.00	9,660	$ 377.18	$ 7,682,495.00	$ 90,759.88	$ 4,143,782.21	$ 428.96
Jan-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Feb-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Mar-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Apr-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
May-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Jun-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Jul-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Aug-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Sep-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Oct-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Nov-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Dec-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!

** Express Completion Factor as a percentage*

***Express Prescription Drug Rebates as a negative number*

Table 2b. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
##########	############	############	116,225	$ 7,844,405.00	############	$ -	###########	$ -	$ -	$ 4,507,139.92	$ 3,986,384.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 463.58**
Loss Ratio											**109.41%**

**Express Prescription Drug Rebates as a negative number*

Table 2c. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
##########	############	############	116,225	############	###########	$ -	$ 885,992.00	$ -	$ -	$ 4,507,139.92	$ 3,986,384.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 463.58**
Loss Ratio											**109.41%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Trend Components

Service Category	Cost*	Utilization*	Composite	Weight*
Inpatient Hospital	5.00%	1.90%	7.00%	20.50%
Outpatient Hospital	5.00%	1.90%	7.00%	34.81%
Professional	5.00%	1.90%	7.00%	25.59%
Other Medical	5.00%	1.90%	7.00%	2.23%
Capitation			3.00%	0.00%
Prescription Drugs	13.50%	0.05%	13.56%	16.87%
Total Annual Trend			8.11%	100.00%
2 Year Trend Projection			1.169	

<- Annualized Trend Factors on URRT

** Express Cost, Utilization, and Weight as percentages*

Table 4b. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-13		###########	1.0000	$ 3,943,081.30	15,858	$ 248.65		$ 55,279.52	###########	$ 324.52
Feb-13		###########	1.0000	$ 3,697,710.39	16,182	$ 228.51		$ 57,324.18	###########	$ 285.85
Mar-13		###########	1.0000	$ 4,262,644.10	16,561	$ 257.39		$ 61,717.01	###########	$ 294.15
Apr-13		###########	1.0000	$ 4,779,461.59	16,989	$ 281.33		$ 60,187.12	###########	$ 313.22
May-13		###########	1.0000	$ 5,041,527.49	17,367	$ 290.29		$ 68,144.29	###########	$ 306.17
Jun-13		###########	1.0000	$ 4,513,608.45	17,535	$ 257.41		$ 60,226.40	###########	$ 270.55
Jul-13		###########	1.0000	$ 5,037,786.99	17,725	$ 284.22		$ 68,782.49	###########	$ 294.77
Aug-13		###########	1.0000	$ 5,260,957.43	17,961	$ 292.91		$ 68,969.97	###########	$ 291.31
Sep-13		###########	1.0000	$ 5,583,910.29	18,178	$ 307.18		$ 71,452.00	###########	$ 302.96
Oct-13		###########	1.0000	$ 5,427,513.28	18,355	$ 295.70		$ 68,722.29	###########	$ 287.77
Nov-13		###########	1.0000	$ 5,863,956.31	18,505	$ 316.88		$ 71,484.38	###########	$ 301.72
Dec-13	###########	###########	1.0000	$ 6,119,566.87	19,068	$ 320.93	###########	$ 73,197.30	###########	$ 278.72
Jan-14		###########	0.9978	$ 3,213,016.97	13,791	$ 232.98		$ 12,657.31	###########	$ 254.86
Feb-14		###########	0.9977	$ 2,846,885.05	13,310	$ 213.89		$ 38,588.81	###########	$ 215.86
Mar-14		###########	0.9977	$ 3,626,267.25	12,792	$ 283.48		$ 31,551.07	###########	$ 294.02
Apr-14		###########	0.9979	$ 3,073,640.00	10,853	$ 283.21		$ 15,941.72	###########	$ 343.08
May-14		###########	0.9975	$ 2,460,570.00	10,674	$ 230.52		$ 19,157.30	###########	$ 289.34
Jun-14		###########	0.9977	$ 2,520,191.00	10,477	$ 240.55		$ 16,832.61	###########	$ 297.01
Jul-14		###########	0.9976	$ 2,608,553.00	10,306	$ 253.11		$ 20,353.73	###########	$ 308.81
Aug-14		###########	0.9977	$ 2,970,922.00	10,154	$ 292.59		$ 19,590.92	###########	$ 346.25
Sep-14		###########	0.9976	$ 2,670,012.00	10,014	$ 266.63		$131,770.06	###########	$ 311.52
Oct-14		###########	0.9976	$ 2,950,697.00	9,893	$ 298.26		$ 21,706.02	###########	$ 356.17
Nov-14		###########	0.9972	$ 2,627,170.00	9,753	$ 269.37		$ 19,282.03	###########	$ 321.46
Dec-14	###########	###########	0.9973	$ 3,643,525.00	9,660	$ 377.18	###########	$ 90,759.88	###########	$ 428.96
Jan-15		###########	0.9981	$ 3,123,023.00	9,850	$ 317.06		$ 19,927.08	###########	$ 397.63
Feb-15		###########	0.9980	$ 3,424,311.00	9,950	$ 344.15		$ 16,956.95	###########	$ 416.63
Mar-15		###########	0.9980	$ 3,586,427.00	9,901	$ 362.23		$119,895.70	###########	$ 429.88
Apr-15		###########	0.9961	$ 3,844,096.00	9,819	$ 391.50		$ 84,378.11	###########	$ 454.25
May-15		###########	0.9932	$ 3,408,521.00	9,758	$ 349.31		$ 75,597.31	###########	$ 412.83
Jun-15		###########	0.9906	$ 4,120,358.00	9,690	$ 425.22		$ 71,809.54	###########	$ 484.48
Jul-15		###########	0.9887	$ 3,503,030.00	9,620	$ 364.14		$ 69,693.68	###########	$ 418.54
Aug-15		###########	0.9861	$ 3,690,651.00	9,577	$ 385.37		$ 60,514.99	###########	$ 433.05
Sep-15		###########	0.9822	$ 4,067,684.00	9,537	$ 426.52		$ 93,069.34	###########	$ 471.54
Oct-15		###########	0.9721	$ 4,938,790.00	9,553	$ 516.99		$114,382.05	###########	$ 551.57
Nov-15		###########	0.9559	$ 4,442,912.00	9,511	$ 467.13		$ 62,381.29	###########	$ 497.17
Dec-15	###########	###########	0.9393	$ 4,597,835.00	9,459	$ 486.08	###########	$ 97,385.77	###########	$ 509.90

** Express Completion Factor as a percentage*

***Express Prescription Drug Rebates as a negative number*

PA Rate Template Part II
Rate Development and Change

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

2015 Total Allowed EHB Claims PMPM + EHB Capitation PMPM (net of prescription drug rebates)	$ 467.86	<- Index Rate of Experience Period on URRT
2 Year Trend Projection Factor	1.169	
Unadjusted Projected Allowed EHB Claims PMPM	$ 546.79	
Single Risk Pool Adjustment Factors		<- Adj't. from Experience to Projection Period - Pop'l risk Morbidity on URRT
Change in Morbidity	1.117	<- Adj't. from Experience to Projection Period - Other on URRT
Change in Other	0.916	
Change in Demographics	1.000	
Change in Network	0.910	
Change in Benefits	1.002	
Change in Other	1.005	
Adjusted Projected Allowed EHB Claims PMPM	$ 559.58	<- Index Rate for Projection Period on URRT - Individual (Small Group 1rst Qtr)
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	$ -	<- Index Rate for Projection Period on URRT - Small Group
Projected Paid to Allowed Ratio	0.785148079	<- Paid to Allowed Average Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM	439.3520872	
Market-wide Adjustments		
Projected Paid Net Risk Adjustment PMPM	$ 0.13	
Projected Paid Exchange User Fees PMPM	$ -	
Market-Adjusted Projected Paid EHB Claims PMPM	$ 439.48	
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 559.74	<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ -	
Market-Adjusted Projected Paid Total Claims PMPM	$ 439.48	
Market-Adjusted Projected Allowed Total Claims PMPM	$ 559.74	

Table 5A. Small Group Projected Index Rate with Quarterly Trend

	January	April	July	October	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Percent of Members Months Renewing in Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Base Allowed Claims	$ 559.58	$ 559.58	$ 559.58	$ 559.58	$ 559.58
Months of Trend	-	3	6	9	#DIV/0!
Annual Trend	8.11%	8.11%	8.11%	8.11%	8.11%
Single Risk Pool Projected Allowed Claims	$ 559.58	$ 570.59	$ 581.82	$ 593.27	$ -

Table 6. Retention

Retention Items - *Express in percentages*	
Administrative Expenses	11%
General and Claims	8.96%
Agent/Broker Fees and Commissions	1.54%
Quality Improvement Initiatives	0.29%
Taxes and Fees	2.73%
PCORI Fees (Enter $ amount here: $_____)	0.03%
Pa Premium Tax (if applicable)	2.00%
Federal Income Tax	0.70%
Health Insurance Providers Fee (only for small group market, prorated for coverage in 2018)	0.00%
Profit/Contingency	2%
Total Retention	16%
Projected Required Revenue PMPM	$ 520.22

<- Single Pool Gross Premium Avg. Rate, PMPM on URRT

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2016	2017
Average Age Factor	1.570	1.640
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.006
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	0.890	0.890
Market-Adjusted Projected Allowed Total Claims PMPM	$ 448.93	$ 559.74
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 321.28	$ 381.25

Table 8. Components of Rate Change

Rate Components	2016	2017	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	262.62	318.1290787	$55.51	21.1%
B. Base period allowed claims before normalization	$ 369.94	$ 467.86	$97.93	37%
C. Normalization factor component of change	$ (105.19)	-149.1968459	-$44.01	-$0.17
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 264.75	$ 318.67	$ 53.92	21%
D2. URRT Trend	$ 44.66	$ 53.76	$ 9.10	3%
D3. URRT Morbidity	$ 36.29	$ 43.68	$ 7.39	3%
D4. URRT Other	$ (29.05)	$ (34.97)	$ (5.92)	-2%
D5. Normalized URRT RA/RI on an allowed basis	$ 13.51	$ 0.11	$ (13.39)	-5%
D6. Normalized Exchange User Fee on an allowed basis	$ -	$ -	$ -	0%
D7. Subtotal - Sum(D1:D6)	$ 330.16	$ 381.25	$ 51.09	19%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ (36.32)	-41.9372638	$ (5.62)	-2%
E2. Pricing AV	$ (85.21)	$ (70.43)	$ 14.78	6%
E3. Benefit Richness	$ -	$ -	$ -	0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0%
E5. Subtotal - Sum(E1:E4)	$ (121.53)	$ (112.37)	$ 9.16	3%
F. Change in Retention Components				
F1. Administrative Expenses	$ 26.92	$ 34.33	$ 7.41	3%
F2. Taxes and Fees	$ 21.09	$ 8.70	$ (12.39)	-5%
F3. Profit and/or Contingency	$ 5.25	$ 6.36	$ 1.11	0%
F4. Subtotal - Sum(F1:F3)	$ 53.26	$ 49.39	$ (3.87)	-1%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 261.88	$ 318.27	$ 56.39	21%

Table 9. Year-over-Year Data to Support Table 8

	2016	2017	
Paid-to-Allowed	0.71	0.785148079	
URRT Trend (2-Year Trend Factor)	1.168695627	1.17	<- URRT W1, S2
URRT Morbidity	1.117285204	1.117	<- URRT W1, S2
URRT "Other"	0.915958407	0.916	<- URRT W1, S2
Risk Adjustment	$ 0.15	$ 0.13	<- URRT W1, S3
Reinsurance	$ 13.25	$ -	<- URRT W1, S3
Exchange User Fee	$ -	$ -	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	0.890	0.89	
Pricing AV	0.710	0.792435087	
Benefit Richness	1.000	1	
Catastrophic Eligibility	1.000	1	
Administrative Expenses	10.25%	10.79%	
Taxes and Fees	8.03%	2.73%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	Capital Advantage Insurance Company
Plan Type(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2017
Market Adjusted Index Rate	$ 559.74

Calibration	
Age Calibration Factor	1.639812575
Geographic Calibration Factor	1.000
Aggregate Calibration Factor	1.640

Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/16 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2017	1/1/17 Plan Marketing Name (If 1/1/16 Plan Discontinued)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	45 CFR Part 156.8 (d) (2) Allowable Factors: Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Tobacco Surcharge Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency	Total Covered Lives @ 2/1/2016	Total Policyholders @ 2/1/2016	2016 Calibrated Plan Adjusted Index Rate PMPM	2017 Calibrated Plan Adjusted Index Rate PMPM	Change Compared to Prior 12 months	% of Total Covered Lives
Totals							0.719			0.792	1.000	1.000	1.000	1.000	0.994	$ 440.71	10.8%	2.7%	2.0%	10	4	$ 262.62	$ 318.13	21.14%	
Plan 1	82795PA0120001	PPO	CareConnect 3000.0 PH ACA	M		Silver	0.71916315	Standard	Off	0.792	1.000	1.000	1.000	1.000	0.994	$440.71	10.8%	2.7%	2.0%	10	4	$ 262.62	$318.13	21.1%	100.0%
Plan 2										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 3										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 4										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 5										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 6										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 7										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 8										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 9										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 10										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-		$ -	$341.35	#DIV/0!	0.0%
Plan 11										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 12										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 13										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 14										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 15										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 16										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 17										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 18										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 19										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 20										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 21										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 22										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 23										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 24										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-	-	$ -	$341.35	#DIV/0!	0.0%
Plan 25										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 26										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 27										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 28										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 29										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 30										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 31										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 32										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 33										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 34										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 35										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 36										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 37										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 38										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 39										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 40										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 41										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 42										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 43										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 44										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 45										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 46										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 47										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 48										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 49										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 50										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 51										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 52										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 53										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 54										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 55										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 56										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 57										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 58										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 59										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 60										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 61										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 62										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 63										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 64										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 65										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 66										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 67										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 68										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 69										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 70										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 71										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 72										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 73										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 74										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 75										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 76										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 77										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 78										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 79										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 80										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 81										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 82										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 83										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 84										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 85										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 86										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 87										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 88										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 89										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 90										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 91										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 92										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 93										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 94										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 95										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 96										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 97										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 98										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 99										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%
Plan 100										1.000	1.000	1.000	1.000	1.000	1.000	$559.74	0.0%	0.0%	0.0%	-			$341.35	#DIV/0!	0.0%

PA Rate Template Part IV

Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Capital Advantage Insurance Company
Plan Type(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2017

Plan Number	HIOS Plan ID (Standard Component)	1/1/16 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2017	1/1/17 Plan Marketing Name (If 1/1/16 Plan Discontinued)	Metallic Tier	Exchange On/Off or Off
Totals	These cells auto-fill using the data entered in Table 9.					
Plan 1	82795PA0120001	CareConnect 3000.0 PH	M	0	Silver	Off
Plan 2	0	0	0	0	0	0
Plan 3	0	0	0	0	0	0
Plan 4	0	0	0	0	0	0
Plan 5	0	0	0	0	0	0
Plan 6	0	0	0	0	0	0
Plan 7	0	0	0	0	0	0
Plan 8	0	0	0	0	0	0
Plan 9	0	0	0	0	0	0
Plan 10	0	0	0	0	0	0
Plan 11	0	0	0	0	0	0
Plan 12	0	0	0	0	0	0
Plan 13	0	0	0	0	0	0
Plan 14	0	0	0	0	0	0
Plan 15	0	0	0	0	0	0
Plan 16	0	0	0	0	0	0
Plan 17	0	0	0	0	0	0
Plan 18	0	0	0	0	0	0
Plan 19	0	0	0	0	0	0
Plan 20	0	0	0	0	0	0
Plan 21	0	0	0	0	0	0
Plan 22	0	0	0	0	0	0
Plan 23	0	0	0	0	0	0
Plan 24	0	0	0	0	0	0
Plan 25	0	0	0	0	0	0
Plan 26	0	0	0	0	0	0
Plan 27	0	0	0	0	0	0
Plan 28	0	0	0	0	0	0
Plan 29	0	0	0	0	0	0
Plan 30	0	0	0	0	0	0
Plan 31	0	0	0	0	0	0
Plan 32	0	0	0	0	0	0
Plan 33	0	0	0	0	0	0
Plan 34	0	0	0	0	0	0
Plan 35	0	0	0	0	0	0
Plan 36	0	0	0	0	0	0
Plan 37	0	0	0	0	0	0
Plan 38	0	0	0	0	0	0
Plan 39	0	0	0	0	0	0
Plan 40	0	0	0	0	0	0
Plan 41	0	0	0	0	0	0
Plan 42	0	0	0	0	0	0
Plan 43	0	0	0	0	0	0
Plan 44	0	0	0	0	0	0
Plan 45	0	0	0	0	0	0
Plan 46	0	0	0	0	0	0
Plan 47	0	0	0	0	0	0
Plan 48	0	0	0	0	0	0
Plan 49	0	0	0	0	0	0
Plan 50	0	0	0	0	0	0
Plan 51	0	0	0	0	0	0
Plan 52	0	0	0	0	0	0
Plan 53	0	0	0	0	0	0
Plan 54	0	0	0	0	0	0
Plan 55	0	0	0	0	0	0
Plan 56	0	0	0	0	0	0
Plan 57	0	0	0	0	0	0
Plan 58	0	0	0	0	0	0
Plan 59	0	0	0	0	0	0
Plan 60	0	0	0	0	0	0
Plan 61	0	0	0	0	0	0
Plan 62	0	0	0	0	0	0
Plan 63	0	0	0	0	0	0
Plan 64	0	0	0	0	0	0
Plan 65	0	0	0	0	0	0
Plan 66	0	0	0	0	0	0
Plan 67	0	0	0	0	0	0
Plan 68	0	0	0	0	0	0
Plan 69	0	0	0	0	0	0
Plan 70	0	0	0	0	0	0
Plan 71	0	0	0	0	0	0
Plan 72	0	0	0	0	0	0
Plan 73	0	0	0	0	0	0
Plan 74	0	0	0	0	0	0
Plan 75	0	0	0	0	0	0
Plan 76	0	0	0	0	0	0
Plan 77	0	0	0	0	0	0
Plan 78	0	0	0	0	0	0
Plan 79	0	0	0	0	0	0
Plan 80	0	0	0	0	0	0
Plan 81	0	0	0	0	0	0
Plan 82	0	0	0	0	0	0
Plan 83	0	0	0	0	0	0
Plan 84	0	0	0	0	0	0
Plan 85	0	0	0	0	0	0
Plan 86	0	0	0	0	0	0
Plan 87	0	0	0	0	0	0
Plan 88	0	0	0	0	0	0
Plan 89	0	0	0	0	0	0
Plan 90	0	0	0	0	0	0
Plan 91	0	0	0	0	0	0
Plan 92	0	0	0	0	0	0
Plan 93	0	0	0	0	0	0
Plan 94	0	0	0	0	0	0
Plan 95	0	0	0	0	0	0
Plan 96	0	0	0	0	0	0
Plan 97	0	0	0	0	0	0
Plan 98	0	0	0	0	0	0
Plan 99	0	0	0	0	0	0
Plan 100	0	0	0	0	0	0

Plan Number	2/1/16 Number of Covered Lives									
	1	2	3	4	5	6	7	8	9	Total
Totals	-	-	-	-	-	-	-	-	10	10
Plan 1									10	10
Plan 2										-
Plan 3										-
Plan 4										-
Plan 5										-
Plan 6										-
Plan 7										-
Plan 8										-
Plan 9										-
Plan 10										-
Plan 11										-
Plan 12										-
Plan 13										-
Plan 14										-
Plan 15										-
Plan 16										-
Plan 17										-
Plan 18										-
Plan 19										-
Plan 20										-
Plan 21										-
Plan 22										-
Plan 23										-
Plan 24										-
Plan 25										-
Plan 26										-
Plan 27										-
Plan 28										-
Plan 29										-
Plan 30										-
Plan 31										-
Plan 32										-
Plan 33										-
Plan 34										-
Plan 35										-
Plan 36										-
Plan 37										-
Plan 38										-
Plan 39										-
Plan 40										-
Plan 41										-
Plan 42										-
Plan 43										-
Plan 44										-
Plan 45										-
Plan 46										-
Plan 47										-
Plan 48										-
Plan 49										-
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Plan 68										-
Plan 69										-
Plan 70										-
Plan 71										-
Plan 72										-
Plan 73										-
Plan 74										-
Plan 75										-
Plan 76										-
Plan 77										-
Plan 78										-
Plan 79										-
Plan 80										-
Plan 81										-
Plan 82										-
Plan 83										-
Plan 84										-
Plan 85										-
Plan 86										-
Plan 87										-
Plan 88										-
Plan 89										-
Plan 90										-
Plan 91										-
Plan 92										-
Plan 93										-
Plan 94										-
Plan 95										-
Plan 96										-
Plan 97										-
Plan 98										-
Plan 99										-
Plan 100										-

Plan Number	2016 21-year-old Non-Tobacco Premium PMPM (in small group market, average monthly premium weighted for quarterly trend)									
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 262.62	$ 262.62
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 262.62	$ 262.62
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 100	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Plan Number	2017 21-year-old Non-Tobacco Premium PMPM (in small group market, average monthly premium weighted for quarterly trend)									
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 318.13	$ 318.13
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 318.13	$ 318.13
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 100	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

| Plan Number | Change in 21-year-old Non-Tobacco Premium PMPM | | | | | | | | | |
|---|---|---|---|---|---|---|---

PA Rate Template Part V
Consumer Factors

Table 12. Age and Tobacco Factors

2017 Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-20	0.635			43	1.357	1.075
21	1.000	1.025		44	1.397	1.075
22	1.000	1.025		45	1.444	1.1
23	1.000	1.025		46	1.500	1.1
24	1.000	1.025		47	1.563	1.1
25	1.004	1.025		48	1.635	1.1
26	1.024	1.025		49	1.706	1.1
27	1.048	1.025		50	1.786	1.15
28	1.087	1.025		51	1.865	1.15
29	1.119	1.025		52	1.952	1.15
30	1.135	1.025		53	2.040	1.15
31	1.159	1.025		54	2.135	1.15
32	1.183	1.025		55	2.230	1.2
33	1.198	1.025		56	2.333	1.2
34	1.214	1.025		57	2.437	1.2
35	1.222	1.025		58	2.548	1.2
36	1.230	1.025		59	2.603	1.2
37	1.238	1.025		60	2.714	1.25
38	1.246	1.025		61	2.810	1.25
39	1.262	1.025		62	2.873	1.25
40	1.278	1.075		63	2.952	1.25
41	1.302	1.075		64+	3.000	1.25
42	1.325	1.075				

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Perry	1.000	1.000

Table 14. Network Factors

2017 Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date
CareConnect Pinnacle	9	0.890	0.89	3/28/2014

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.

ACTUARIAL MEMORANDUM
Individual Rates
Effective January 1, 2017

General Information

Company Information

- Company Legal Name: Capital Advantage Insurance Company – CAIC
- State: PA
- HIOS Issuer ID: 82795
- Market: Individual
- Effective Date: 1/1/2017

PID Company Information

- Company Name: Capital Advantage Insurance Company (CAIC)
- NAIC: 41203
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 21.1%
- Range of Requested Rate Change: 21.1% to 21.1%
- Product: PPO
- Rating Areas: 9
- Metal Levels: Silver
- Current Covered Lives and Policyholders: 14/9
- Number of Plans: 1
- Contract Form #: CAIC-Ind-PPOG-C-v0117
- Form Filing SERFF #: CABC-130533923
- Binder SERFF #: CABC-PA17-125060093
- HIOS Issuer ID: 82795
- HIOS Submission Tracking Number: 82795-687033686918477899

Company Contact Information

- Primary Contact Name: [redacted]
- Primary Contact Telephone Number: [redacted]
- Primary Contact Email Address: [redacted]

Scope and Purpose

By this filing, Capital Advantage Insurance Company (CAIC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available effective January 1, 2017. CAIC will only offer products off the federally-facilitated exchange.

CAIC is continuing to offer its CareConnect Gatekeeper PPO. CareConnect Gatekeeper PPO is a managed care arrangement product with the Pinnacle Health System. It is available to individuals located in Cumberland, Dauphin or Perry County.

A summary of proposed 2017 benefits is included in Exhibit A.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	CAIC	1/1/2014	CABC-129034458	0.00%
Individual	CAIC	1/1/2015	CABC-129649188	0.00%
Individual	CAIC	1/1/2016	CABC-130079084	-2.10%

Proposed Rate Increases

CAIC is proposing an aggregate annual increase of 21.1%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

Membership

Membership is shown in PA Rate Template Part I, Table 1.

Benefit Changes 2016-2017

There are benefit changes being implemented in 2017. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). A summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlight in yellow.

Experience Period Premium and Claims

Base Experience Period: CAIC does not have individual enrollment in 2015. Therefore, no company-specific base experience data (BEP) can be provided. The credibility manual rate development is described below. Credibility manual BEP data is from CBC subsidiary, Capital Advantage Assurance Company (CAAC). Projection factors described in the next section apply to the credibility manual data.

Benefit Categories

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit B for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity of the Population Insured: Found in URRT Worksheet 1, "Pop'l risk Morbidity". Note that due to non-credible CAIC data, assumptions applied to CAAC projections are being used to project CAIC. CAIC experience is projected to follow CAAC experience, with adjustments for differences in network.

The morbidity adjustment is calculated by measuring the claims experience of transitional policies and single risk pool policies in the experience period. Transitional policies have significantly lower claims PMPM than single risk pool policies, and make up 68 percent of the enrollment in the BEP. Current and projected enrollment show a very different distribution, as CAAC experienced significant enrollment growth in 2016. In the projection period, transitional policies only account for 15% of enrollment. This distribution change leads to higher claim expectations in the projection period. The calculation does adjust the single risk pool claim PMPM as their claim experience should regress toward the mean as enrollment grows. The adjustment also accounts for the impact of risk adjustment. Due to enrollment growth, CAAC is projecting $0 in risk adjustment. And because claims and risk are inversely proportional, that assumptions translates into a lower single risk pool claims PMPM than in the BEP. See Exhibit G1 – Morbidity Factor Calculation.

Changes in Benefits:

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period allowed claims PMPM:

   - Pediatric dental coverage: 5.01
   - Pediatric vision coverage 0.46

   These were added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims are described below.

   See Exhibit C for the pediatric dental and vision rate development.

Changes in Demographics: CAIC does not expect changes in demographics in its individual population.

Other Adjustments: Found in URRT, Worksheet 1, "Other".

1. List-Billed Adjustment: CAIC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.
2. Network Adjustment: CAIC is adjusting the claim experience for the impact of the CareConnect network. The CareConnect Gatekeeper PPO product is a managed care arrangement product with the Pinnacle Health System. The contracted rates with Pinnacle will produce a cost-savings over a standard PPO product.

Trend Factors: Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CAIC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2015

Type of Service	Units	Cost per Unit
X-Ray	1	$200
MRI	1	$5,000
Total	2	$5,200

Year 2016

Type of Service	Units	Cost per Unit
X-Ray	0	$200
MRI	2	$5,000
Total	2	$10,000

Total Annual Trend	92%

2. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CAIC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim costs and utilization.

See Exhibit E for CAIC's pricing trend, as well as cost and utilization components of the pricing trend.

Credibility Manual Rate Development

Background: Effective 1/1/2015, CAIC began offering the CareConnect Pinnacle product. This product had no enrollment during the BEP. Because of this, it is reasonable to use CAAC data in the experience period.

The Credibility Manual is developed in the same manner (using the same projection factors and trend) as the experience period data. Exhibit F shows the calculation of the credibility manual data entered into the URRT.

Credibility of Experience

Credibility Manual Rate Development:

Base Experience Period: The BEP data is from CBC subsidiary, Capital Advantage Assurance Company (CAAC). It includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2015 and December 31, 2015.

Paid Through Date: Claims in the BEP are paid through March 31, 2016

Allowed and Incurred Claims during the Experience Period:

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	$45,240,892	$53,242,444
Amount of claims processed outside of the issuer's claim system:	$0	$0
Amount of claims that represent best estimate of incurred but not paid:	$905,080	$1,137,423

Allowed claims are developed by combining paid claims with member cost-sharing.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

$$BEP\ Allowed\ Claims = \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Paid to Allowed Ratio

CAIC used the prescribed URRT allowed claims rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. The URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, CAIC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Network\ Adjustment] \times [Morbidity\ Adjustment] \times [List - Billed\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, *Network Adjustment* and *List-Billed Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

   a. CAIC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
   b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Experience\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

   c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

   d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

   e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a PPO 2000 and PPO 1000 must be less than $1000.

ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} &Projected\ Claims\ PMPM\ Benefit\ A \\ &\qquad = Projected\ Claims\ PMPM\ Base\ Plan \\ &\qquad \times Pricing\ Relativity\ A \end{aligned}$$

b. And to arrive at the *Total Projected Claims PMPM*, CAIC assumes a distribution of members across the benefit plans being offered in 2015. The *Total Projected Claims PMPM* :

$$\begin{aligned} = Projected\ Claims\ PMPM\ Benefit\ A\ &\times Expected\ Member\ Dist\ of\ Benefit\ A \\ &+ Projected\ Claims\ PMPM\ Benefit\ B \\ &\times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2017. The 2017 pricing impact is:

$$\begin{aligned} &[Net\ Projected\ Risk\ Adjustments\ PMPM] \\ &\qquad = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM] \end{aligned}$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2016 and 2017

Given the uncertainty of the bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. Therefore, an appropriate estimate of [Projected CRA Transfer PMPM] is $0.

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, "Projected Risk Adjustments PMPM".

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = 0 - 0.13 = -0.13\ PMPM$$

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from CAIC's finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask for the percentage of time spent on PPO versus HMO versus Drug versus Medicare. And separately will ask for the percentage of time spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to CAIC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on CAIC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:
    a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of CAIC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively, the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.
    b. Costs: The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are $0.115 and $1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a $100,000 implementation fee. The implementation fee is

amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of $0.0128 and $.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another $0.04 PMPM. All of these items combined allow us to arrive at a requested $0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".

4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
    a. Complete CBC Personal Profile and receive a gift card reward.
    b. Complete one online coaching program and receive a gift card reward.
    c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. Identity Theft Coverage: Identity protection offering will include the following components:
    a. Credit monitoring – Monitors activity that may affect credit
    b. Fraud detection – Identifies potentially fraudulent use of identity or credit
    c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

Profit (or Contribution to Surplus) & Risk Margin:

6. Contingency: Contingency is included in the URRT Worksheet 1, "Profit and Risk".

Taxes and Fees:

7. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount in $2 per member per year ($0.17 PMPM), trended annually. At an estimated trend of 4%, the 2017 projected fee is $0.18 PMPM. PCORTF is included in the URRT Worksheet 1, "Taxes and Fees".
1. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: $8 billion in 2014, $11.3 billion in 2015-2016, suspended in 2017, and $14.3 billion in 2018. After 2018, HIF rises according to an index based on net premium growth. Because HIF is suspended in 2017, it is not included in 2017 individual rates.
8. Exchange Fee – CAIC is not offering any plans on the federally-facilitated exchange.
9. Premium Tax: Included in the URRT Worksheet 1, "Taxes and Fees".

10. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".

See Exhibit H for all CAIC retention values.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Single Risk Pool

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered product/plan combination for CAIC in the individual market.

Index Rate

The experience period index rate is CAIC's allowed claims PMPM, set in accordance with the single risk pool provision. All CAIC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The CAIC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits.* This number is reflected in Worksheet 1 of the URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

$$[Market\ Adjusted\ Index\ Rate] = ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] - [Net\ Projected\ ACA\ Reinsurace\ Recoveries] - [Net\ Projected\ Risk\ Adjustments\ PMPM] + [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]$$

See Exhibit K for the development of the Market Adjusted Index Rate.

Plan Adjusted Index Rate

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of the URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using CAIC's actuarial cost model. CAIC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Provider Network: The Provider network is the same across all CareConnect Plans. This is the adjustment to reflect the Pinnacle managed care arrangement, as well as the referral requirements associated with a Gatekeeper PPO product.
3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
4. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
5. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected 2017 Plan Adjusted Index Rate is found in Exhibit M.

Calibration

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

Age Curve Calibration: The projected average age factor is 1.64. This is calculated by taking the member-weighted average of current individual CAAC enrollment by age. Age factors are applied in accordance with CMS's Standard Age Curve.

Geographic Factor Calibration: CAIC CareConnect Gatekeeper PPO plan is only offered in region 9, therefore no regional rating factor is applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration]$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N and Exhibit O.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$
   With no more than three child dependents under age 21 taken into account

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in Worksheet 2 of the URRT were entirely based on the federally issued AV Calculator.

AV Pricing Values

All AV Pricing values were developed using CAIC's actuarial cost model and actuarial judgment described in section Paid to Allowed above. Differences in health status are not included.

Membership Projection

The membership projections found in Worksheet 2 of the URRT were developed by assuming that membership in CAIC will stay close to current. CAIC expects most membership to stay in CAAC PPO and KHPC HMO plans.

Terminated Products

There are no terminated plans in the BEP or between 2016 and 2017.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

Exhibit A – Benefit Summary
Exhibit A1 – Benefit Change Summary
Exhibit B – Benefit Categories
Exhibit C – Pediatric Dental and Vision Rate Development
Exhibit D – Benefit Mix Changes
Exhibit E – Trend
Exhibit F – Credibility Manual Development
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Base Rates

PA Rate Template Part I through Part V

Actuarial Statement

I, [redacted], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
    a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
    b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and

Financial Projections for Health Plans”

c. Actuarial Standard of Practice No. 12, “Risk Classification”
d. Actuarial Standard of Practice No. 23, “Data Quality”
e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.

2. The index rate is:
    a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
    b. Developed in compliance with the applicable Actuarial Standards of Practice.
    c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    d. Neither excessive nor deficient.
    e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.

3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

[redacted]

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.

ACTUARIAL MEMORANDUM
Individual Rates
Effective January 1, 2017

General Information

Company Information

- Company Legal Name: Capital Advantage Insurance Company – CAIC
- State: PA
- HIOS Issuer ID: 82795
- Market: Individual
- Effective Date: 1/1/2017

PID Company Information

- Company Name: Capital Advantage Insurance Company (CAIC)
- NAIC: 41203
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 21.1%
- Range of Requested Rate Change: 21.1% to 21.1%
- Product: PPO
- Rating Areas: 9
- Metal Levels: Silver
- Current Covered Lives and Policyholders: 14/9
- Number of Plans: 1
- Contract Form #: CAIC-Ind-PPOG-C-v0117
- Form Filing SERFF #: CABC-130533923
- Binder SERFF #: CABC-PA17-125060093
- HIOS Issuer ID: 82795
- HIOS Submission Tracking Number: 82795-687033686918477899

Company Contact Information

- Primary Contact Name: [redacted]
- Primary Contact Telephone Number: [redacted]
- Primary Contact Email Address: [redacted]

Scope and Purpose

By this filing, Capital Advantage Insurance Company (CAIC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available effective January 1, 2017. CAIC will only offer products off the federally-facilitated exchange.

CAIC is continuing to offer its CareConnect Gatekeeper PPO. CareConnect Gatekeeper PPO is a managed care arrangement product with the Pinnacle Health System. It is available to individuals located in Cumberland, Dauphin or Perry County.

A summary of proposed 2017 benefits is included in Exhibit A.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	CAIC	1/1/2014	CABC-129034458	0.00%
Individual	CAIC	1/1/2015	CABC-129649188	0.00%
Individual	CAIC	1/1/2016	CABC-130079084	-2.10%

Proposed Rate Increases

CAIC is proposing an aggregate annual increase of 21.1%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

Reason for Rate Increase

The following are drivers of the requested rate increase, as described in the Pennsylvania Rate Change Request Summary:

- Historical Claim Experience: 20.5%. Historical claim experience is taken from CBC subsidiaries Capital Advantage Assurance Company (CAAC) and Keystone Health Plan Central (KHPC). Combined 2015 results show a loss ratio of 106.5%. Given a target loss ratio of 86.1%, historical claim experience (before trend) justifies a 20.5% annual rate increase.
- Loss of Federal Reinsurance Program: 6.4%. The loss of Federal Reinsurance in 2017 is worth approximately 6 percent of premium. From CBC's Premium

Deficiency Reserve (PDR) calculation, 2016 reinsurance is estimated at $25 PMPM, or 6.4 percent of premium.

- Trend Components: 8.1%.
- Administrative Expense (AE) Inflation: 0.4%. AE trends approximately 4 percent per year, and is 10 percent of premium.
- Suspension of Health Insurer Tax: -3.6%. CBC applied 3.6% to 2016 rates. This tax is suspended for calendar year 2017.
- Increase in Exchange User Fee: 0.5%.

The sum of the above bullets is greater than the requested increase. But CAAC expects offsetting factors such as:

- Wear off of pent-up demand
- Stabilization of risk as more individuals enter the market
- Issuers' increased capability to accurately report risk scores for risk adjustment.
- Managed Care Product: Impact of referrals and Tier 1 utilization.

The above mitigating factors are difficult to quantify. But because of these factors, CAIC is requesting an increase less than what a typical actuarial formula (using data from a stable market) would suggest.

Membership

Membership is shown in PA Rate Template Part I, Table 1.

Benefit Changes 2016-2017

There are benefit changes being implemented in 2017. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). A summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlight in yellow.

Experience Period Premium and Claims

Base Experience Period: CAIC does not have individual enrollment in 2015. Therefore, no company-specific base experience data (BEP) can be provided. The credibility manual rate development is described below. Credibility manual BEP data is from CBC subsidiary, Capital Advantage Assurance Company (CAAC). Projection factors described in the next section apply to the credibility manual data.

Benefit Categories

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit B for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity of the Population Insured: Found in URRT Worksheet 1, "Pop'l risk Morbidity". Note that due to non-credible CAIC data, assumptions applied to CAAC projections are being used to project CAIC. CAIC experience is projected to follow CAAC experience, with adjustments for differences in network.

The morbidity adjustment is calculated by measuring the claims experience of transitional policies and single risk pool policies in the experience period. Transitional policies have significantly lower claims PMPM than single risk pool policies, and make up 68 percent of the enrollment in the BEP. Current and projected enrollment show a very different distribution, as CAAC experienced significant enrollment growth in 2016. In the projection period, transitional policies only account for 15% of enrollment. This distribution change leads to higher claim expectations in the projection period. The calculation does adjust the single risk pool claim PMPM as their claim experience should regress toward the mean as enrollment grows. The adjustment also accounts for the impact of risk adjustment. Due to enrollment growth, CAAC is projecting $0 in risk adjustment. And because claims and risk are inversely proportional, that assumptions translates into a lower single risk pool claims PMPM than in the BEP. See Exhibit G1 – Morbidity Factor Calculation.

Changes in Benefits:

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period claims PMPM:

   - Pediatric dental coverage: 5.01 allowed/3.61 incurred
   - Pediatric vision coverage 0.46 allowed/0.46 incurred
   -

   These were added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims are described below.

   See Exhibit C for the pediatric dental and vision rate development.

Changes in Demographics: CAIC does not expect changes in demographics in its individual population.

Other Adjustments: Found in URRT, Worksheet 1, "Other".

1. List-Billed Adjustment: CAIC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.

2. Network Adjustment: CAIC is adjusting the claim experience for the impact of the CareConnect network. The CareConnect Gatekeeper PPO product is a managed care arrangement product with the Pinnacle Health System. The contracted rates with Pinnacle will produce a cost-savings over a standard PPO product.

Trend Factors: Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CAIC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2015

Type of Service	Units	Cost per Unit
X-Ray	1	$200
MRI	1	$5,000
Total	2	$5,200

Year 2016

Type of Service	Units	Cost per Unit
X-Ray	0	$200
MRI	2	$5,000
Total	2	$10,000

Total Annual Trend	92%

2. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often

increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CAIC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim costs and utilization.

See Exhibit E for CAIC's pricing trend, as well as cost and utilization components of the pricing trend.

Credibility Manual Rate Development

Background: Effective 1/1/2015, CAIC began offering the CareConnect Pinnacle product. This product had no enrollment during the BEP. Because of this, it is reasonable to use CAAC data in the experience period.

The Credibility Manual is developed in the same manner (using the same projection factors and trend) as the experience period data. Exhibit F shows the calculation of the credibility manual data entered into the URRT.

Credibility of Experience

Credibility Manual Rate Development:

Base Experience Period: The BEP data is from CBC subsidiary, Capital Advantage Assurance Company (CAAC). It includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2015 and December 31, 2015.

Paid Through Date: Claims in the BEP are paid through March 31, 2016

Allowed and Incurred Claims during the Experience Period:

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	$45,240,892	$53,242,444
Amount of claims processed outside of the issuer's claim system:	$0	$0
Amount of claims that represent best estimate of incurred but not paid:	$905,080	$1,137,423

Allowed claims are developed by combining paid claims with member cost-sharing.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.

2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

$$BEP\ Allowed\ Claims = \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Paid to Allowed Ratio

CAIC used the prescribed URRT allowed claims rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. The URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, CAIC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Network\ Adjustment] \times [Morbidity\ Adjustment] \times [List - Billed\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, *Network Adjustment* and *List-Billed Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

   a. CAIC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
   b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Experience\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

   i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a PPO 2000 and PPO 1000 must be less than $1000.

   ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} &Projected\ Claims\ PMPM\ Benefit\ A \\ &\quad = Projected\ Claims\ PMPM\ Base\ Plan \\ &\quad \times Pricing\ Relativity\ A \end{aligned}$$

b. And to arrive at the *Total Projected Claims PMPM*, CAIC assumes a distribution of members across the benefit plans being offered in 2015. The *Total Projected Claims PMPM* :

$$\begin{aligned} = &Projected\ Claims\ PMPM\ Benefit\ A\ \times Expected\ Member\ Dist\ of\ Benefit\ A \\ &+ Projected\ Claims\ PMPM\ Benefit\ B \\ &\times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2017. The 2017 pricing impact is:

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM]$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2016 and 2017

Given the uncertainty of the bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. Therefore, an appropriate estimate of [Projected CRA Transfer PMPM] is $0.

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, "Projected Risk Adjustments PMPM".

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = 0 - 0.13 = -0.13\ PMPM$$

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from CAIC's finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask for the percentage of time spent on PPO versus HMO versus Drug versus Medicare. And separately will ask for the percentage of time spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and

lines of business. The administrative expense applied in the rate development is the total expense allocated to CAIC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".

2. Broker Expense: Calculated based on CAIC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:
    a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of CAIC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively, the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.
    b. Costs: The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are $0.115 and $1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a $100,000 implementation fee. The implementation fee is amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of $0.0128 and $.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another $0.04 PMPM. All of these items combined allow us to arrive at a requested $0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".
4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
    a. Complete CBC Personal Profile and receive a gift card reward.
    b. Complete one online coaching program and receive a gift card reward.
    c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. Identity Theft Coverage: Identity protection offering will include the following components:
    a. Credit monitoring – Monitors activity that may affect credit
    b. Fraud detection – Identifies potentially fraudulent use of identity or credit
    c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

Profit (or Contribution to Surplus) & Risk Margin:

6. Contingency: Contingency is included in the URRT Worksheet 1, "Profit and Risk".

Taxes and Fees:

7. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount in $2 per member per year ($0.17 PMPM), trended annually. At an estimated trend of 4%, the 2017 projected fee is $0.18 PMPM. PCORTF is included in the URRT Worksheet 1, "Taxes and Fees".
1. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: $8 billion in 2014, $11.3 billion in 2015-2016, suspended in 2017, and $14.3 billion in 2018. After 2018, HIF rises according to an index based on net premium growth. Because HIF is suspended in 2017, it is not included in 2017 individual rates.
8. Exchange Fee – CAIC is not offering any plans on the federally-facilitated exchange.
9. Premium Tax: Included in the URRT Worksheet 1, "Taxes and Fees".
10. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".

See Exhibit H for all CAIC retention values.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Single Risk Pool

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered product/plan combination for CAIC in the individual market.

Index Rate

The experience period index rate is CAIC's allowed claims PMPM, set in accordance with the single risk pool provision. All CAIC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The CAIC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is

the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of the URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

$$
\begin{aligned}
&[Market\ Adjusted\ Index\ Rate] \\
&\qquad = ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] \\
&\qquad - [Net\ Projected\ ACA\ Reinsurace\ Recoveries] \\
&\qquad - [Net\ Projected\ Risk\ Adjustments\ PMPM] + [Exchange\ Fees\ PMPM]) \\
&\qquad \div [Paid\ to\ Allowed\ Ratio]
\end{aligned}
$$

See Exhibit K for the development of the Market Adjusted Index Rate.

Plan Adjusted Index Rate

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of the URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using CAIC's actuarial cost model. CAIC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

2. Provider Network: The Provider network is the same across all CareConnect Plans. This is the adjustment to reflect the Pinnacle managed care arrangement, as well as the referral requirements associated with a Gatekeeper PPO product.
3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
4. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
5. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected 2017 Plan Adjusted Index Rate is found in Exhibit M.

Calibration

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

Age Curve Calibration: The projected average age factor is 1.64. This is calculated by taking the member-weighted average of current individual CAAC enrollment by age. Age factors are applied in accordance with CMS's Standard Age Curve.

Geographic Factor Calibration: CAIC CareConnect Gatekeeper PPO plan is only offered in region 9, therefore no regional rating factor is applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration]$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N and Exhibit O.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$

With no more than three child dependents under age 21 taken into account

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in Worksheet 2 of the URRT were entirely based on the federally issued AV Calculator.

AV Pricing Values

All AV Pricing values were developed using CAIC's actuarial cost model and actuarial judgment described in section Paid to Allowed above. Differences in health status are not included.

Membership Projection

The membership projections found in Worksheet 2 of the URRT were developed by assuming that membership in CAIC will stay close to current. CAIC expects most membership to stay in CAAC PPO and KHPC HMO plans.

Terminated Products

There are no terminated plans in the BEP or between 2016 and 2017.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

Exhibit A – Benefit Summary
Exhibit A1 – Benefit Change Summary
Exhibit B – Benefit Categories
Exhibit C – Pediatric Dental and Vision Rate Development
Exhibit D – Benefit Mix Changes
Exhibit E – Trend
Exhibit F – Credibility Manual Development
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors

Exhibit P – Base Rates

PA Rate Template Part I through Part V

Actuarial Statement

I, [redacted], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
    a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
    b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
    c. Actuarial Standard of Practice No. 12, "Risk Classification"
    d. Actuarial Standard of Practice No. 23, "Data Quality"
    e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
    f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
    g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:
    a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
    b. Developed in compliance with the applicable Actuarial Standards of Practice.
    c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    d. Neither excessive nor deficient.
    e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.

3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

5. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

6. New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2017 Rate Filing Justification.

[redacted]

[redacted], ASA, MAAA
Actuarial Associate
Capital BlueCross

2017 Rates Table Template v6.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are a community rating state, select Family Option under Age and fill in all columns.			
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	0-20	227.09
82795PA0110006	Rating Area 9	No Preference	21	357.62
82795PA0110006	Rating Area 9	No Preference	22	357.62
82795PA0110006	Rating Area 9	No Preference	23	357.62
82795PA0110006	Rating Area 9	No Preference	24	357.62
82795PA0110006	Rating Area 9	No Preference	25	359.05
82795PA0110006	Rating Area 9	No Preference	26	366.20
82795PA0110006	Rating Area 9	No Preference	27	374.79
82795PA0110006	Rating Area 9	No Preference	28	388.73
82795PA0110006	Rating Area 9	No Preference	29	400.18
82795PA0110006	Rating Area 9	No Preference	30	405.90
82795PA0110006	Rating Area 9	No Preference	31	414.48
82795PA0110006	Rating Area 9	No Preference	32	423.06
82795PA0110006	Rating Area 9	No Preference	33	428.43
82795PA0110006	Rating Area 9	No Preference	34	434.15
82795PA0110006	Rating Area 9	No Preference	35	437.01
82795PA0110006	Rating Area 9	No Preference	36	439.87
82795PA0110006	Rating Area 9	No Preference	37	442.73
82795PA0110006	Rating Area 9	No Preference	38	445.59
82795PA0110006	Rating Area 9	No Preference	39	451.32
82795PA0110006	Rating Area 9	No Preference	40	457.04
82795PA0110006	Rating Area 9	No Preference	41	465.62
82795PA0110006	Rating Area 9	No Preference	42	473.85
82795PA0110006	Rating Area 9	No Preference	43	485.29
82795PA0110006	Rating Area 9	No Preference	44	499.60
82795PA0110006	Rating Area 9	No Preference	45	516.40
82795PA0110006	Rating Area 9	No Preference	46	536.43
82795PA0110006	Rating Area 9	No Preference	47	558.96
82795PA0110006	Rating Area 9	No Preference	48	584.71
82795PA0110006	Rating Area 9	No Preference	49	610.10
82795PA0110006	Rating Area 9	No Preference	50	638.71
82795PA0110006	Rating Area 9	No Preference	51	666.96
82795PA0110006	Rating Area 9	No Preference	52	698.07
82795PA0110006	Rating Area 9	No Preference	53	729.54
82795PA0110006	Rating Area 9	No Preference	54	763.52
82795PA0110006	Rating Area 9	No Preference	55	797.49
82795PA0110006	Rating Area 9	No Preference	56	834.33

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	871.52
82795PA0110006	Rating Area 9	No Preference	58	911.22
82795PA0110006	Rating Area 9	No Preference	59	930.88
82795PA0110006	Rating Area 9	No Preference	60	970.58
82795PA0110006	Rating Area 9	No Preference	61	1004.91
82795PA0110006	Rating Area 9	No Preference	62	1027.44
82795PA0110006	Rating Area 9	No Preference	63	1055.69
82795PA0110006	Rating Area 9	No Preference	64	1072.85
82795PA0110006	Rating Area 9	No Preference	65 and over	1072.85
82795PA0110007	Rating Area 9	No Preference	0-20	191.83
82795PA0110007	Rating Area 9	No Preference	21	302.09
82795PA0110007	Rating Area 9	No Preference	22	302.09
82795PA0110007	Rating Area 9	No Preference	23	302.09
82795PA0110007	Rating Area 9	No Preference	24	302.09
82795PA0110007	Rating Area 9	No Preference	25	303.30
82795PA0110007	Rating Area 9	No Preference	26	309.34
82795PA0110007	Rating Area 9	No Preference	27	316.59
82795PA0110007	Rating Area 9	No Preference	28	328.37
82795PA0110007	Rating Area 9	No Preference	29	338.04
82795PA0110007	Rating Area 9	No Preference	30	342.87
82795PA0110007	Rating Area 9	No Preference	31	350.12
82795PA0110007	Rating Area 9	No Preference	32	357.37
82795PA0110007	Rating Area 9	No Preference	33	361.90
82795PA0110007	Rating Area 9	No Preference	34	366.74
82795PA0110007	Rating Area 9	No Preference	35	369.15
82795PA0110007	Rating Area 9	No Preference	36	371.57
82795PA0110007	Rating Area 9	No Preference	37	373.99
82795PA0110007	Rating Area 9	No Preference	38	376.40
82795PA0110007	Rating Area 9	No Preference	39	381.24
82795PA0110007	Rating Area 9	No Preference	40	386.07
82795PA0110007	Rating Area 9	No Preference	41	393.32
82795PA0110007	Rating Area 9	No Preference	42	400.27
82795PA0110007	Rating Area 9	No Preference	43	409.94
82795PA0110007	Rating Area 9	No Preference	44	422.02
82795PA0110007	Rating Area 9	No Preference	45	436.22
82795PA0110007	Rating Area 9	No Preference	46	453.14
82795PA0110007	Rating Area 9	No Preference	47	472.17
82795PA0110007	Rating Area 9	No Preference	48	493.92
82795PA0110007	Rating Area 9	No Preference	49	515.37
82795PA0110007	Rating Area 9	No Preference	50	539.53
82795PA0110007	Rating Area 9	No Preference	51	563.40
82795PA0110007	Rating Area 9	No Preference	52	589.68

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	616.26
82795PA0110007	Rating Area 9	No Preference	54	644.96
82795PA0110007	Rating Area 9	No Preference	55	673.66
82795PA0110007	Rating Area 9	No Preference	56	704.78
82795PA0110007	Rating Area 9	No Preference	57	736.19
82795PA0110007	Rating Area 9	No Preference	58	769.73
82795PA0110007	Rating Area 9	No Preference	59	786.34
82795PA0110007	Rating Area 9	No Preference	60	819.87
82795PA0110007	Rating Area 9	No Preference	61	848.87
82795PA0110007	Rating Area 9	No Preference	62	867.90
82795PA0110007	Rating Area 9	No Preference	63	891.77
82795PA0110007	Rating Area 9	No Preference	64	906.26
82795PA0110007	Rating Area 9	No Preference	65 and over	906.26

2017 Rates Table Template v6.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are a community rating state, select Family Option under Age and fill in all columns.			
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	0-20	231.62
82795PA0110006	Rating Area 9	No Preference	21	364.76
82795PA0110006	Rating Area 9	No Preference	22	364.76
82795PA0110006	Rating Area 9	No Preference	23	364.76
82795PA0110006	Rating Area 9	No Preference	24	364.76
82795PA0110006	Rating Area 9	No Preference	25	366.22
82795PA0110006	Rating Area 9	No Preference	26	373.51
82795PA0110006	Rating Area 9	No Preference	27	382.27
82795PA0110006	Rating Area 9	No Preference	28	396.49
82795PA0110006	Rating Area 9	No Preference	29	408.17
82795PA0110006	Rating Area 9	No Preference	30	414.00
82795PA0110006	Rating Area 9	No Preference	31	422.76
82795PA0110006	Rating Area 9	No Preference	32	431.51
82795PA0110006	Rating Area 9	No Preference	33	436.98
82795PA0110006	Rating Area 9	No Preference	34	442.82
82795PA0110006	Rating Area 9	No Preference	35	445.74
82795PA0110006	Rating Area 9	No Preference	36	448.65
82795PA0110006	Rating Area 9	No Preference	37	451.57
82795PA0110006	Rating Area 9	No Preference	38	454.49
82795PA0110006	Rating Area 9	No Preference	39	460.33
82795PA0110006	Rating Area 9	No Preference	40	466.16
82795PA0110006	Rating Area 9	No Preference	41	474.92
82795PA0110006	Rating Area 9	No Preference	42	483.31
82795PA0110006	Rating Area 9	No Preference	43	494.98
82795PA0110006	Rating Area 9	No Preference	44	509.57
82795PA0110006	Rating Area 9	No Preference	45	526.71
82795PA0110006	Rating Area 9	No Preference	46	547.14
82795PA0110006	Rating Area 9	No Preference	47	570.12
82795PA0110006	Rating Area 9	No Preference	48	596.38
82795PA0110006	Rating Area 9	No Preference	49	622.28
82795PA0110006	Rating Area 9	No Preference	50	651.46
82795PA0110006	Rating Area 9	No Preference	51	680.28
82795PA0110006	Rating Area 9	No Preference	52	712.01
82795PA0110006	Rating Area 9	No Preference	53	744.11
82795PA0110006	Rating Area 9	No Preference	54	778.76
82795PA0110006	Rating Area 9	No Preference	55	813.41
82795PA0110006	Rating Area 9	No Preference	56	850.99

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	888.92
82795PA0110006	Rating Area 9	No Preference	58	929.41
82795PA0110006	Rating Area 9	No Preference	59	949.47
82795PA0110006	Rating Area 9	No Preference	60	989.96
82795PA0110006	Rating Area 9	No Preference	61	1024.98
82795PA0110006	Rating Area 9	No Preference	62	1047.96
82795PA0110006	Rating Area 9	No Preference	63	1076.77
82795PA0110006	Rating Area 9	No Preference	64	1094.27
82795PA0110006	Rating Area 9	No Preference	65 and over	1094.27
82795PA0110007	Rating Area 9	No Preference	0-20	195.66
82795PA0110007	Rating Area 9	No Preference	21	308.12
82795PA0110007	Rating Area 9	No Preference	22	308.12
82795PA0110007	Rating Area 9	No Preference	23	308.12
82795PA0110007	Rating Area 9	No Preference	24	308.12
82795PA0110007	Rating Area 9	No Preference	25	309.35
82795PA0110007	Rating Area 9	No Preference	26	315.51
82795PA0110007	Rating Area 9	No Preference	27	322.91
82795PA0110007	Rating Area 9	No Preference	28	334.93
82795PA0110007	Rating Area 9	No Preference	29	344.79
82795PA0110007	Rating Area 9	No Preference	30	349.72
82795PA0110007	Rating Area 9	No Preference	31	357.11
82795PA0110007	Rating Area 9	No Preference	32	364.51
82795PA0110007	Rating Area 9	No Preference	33	369.13
82795PA0110007	Rating Area 9	No Preference	34	374.06
82795PA0110007	Rating Area 9	No Preference	35	376.52
82795PA0110007	Rating Area 9	No Preference	36	378.99
82795PA0110007	Rating Area 9	No Preference	37	381.45
82795PA0110007	Rating Area 9	No Preference	38	383.92
82795PA0110007	Rating Area 9	No Preference	39	388.85
82795PA0110007	Rating Area 9	No Preference	40	393.78
82795PA0110007	Rating Area 9	No Preference	41	401.17
82795PA0110007	Rating Area 9	No Preference	42	408.26
82795PA0110007	Rating Area 9	No Preference	43	418.12
82795PA0110007	Rating Area 9	No Preference	44	430.44
82795PA0110007	Rating Area 9	No Preference	45	444.93
82795PA0110007	Rating Area 9	No Preference	46	462.18
82795PA0110007	Rating Area 9	No Preference	47	481.59
82795PA0110007	Rating Area 9	No Preference	48	503.78
82795PA0110007	Rating Area 9	No Preference	49	525.65
82795PA0110007	Rating Area 9	No Preference	50	550.30
82795PA0110007	Rating Area 9	No Preference	51	574.64
82795PA0110007	Rating Area 9	No Preference	52	601.45

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	628.56
82795PA0110007	Rating Area 9	No Preference	54	657.84
82795PA0110007	Rating Area 9	No Preference	55	687.11
82795PA0110007	Rating Area 9	No Preference	56	718.84
82795PA0110007	Rating Area 9	No Preference	57	750.89
82795PA0110007	Rating Area 9	No Preference	58	785.09
82795PA0110007	Rating Area 9	No Preference	59	802.04
82795PA0110007	Rating Area 9	No Preference	60	836.24
82795PA0110007	Rating Area 9	No Preference	61	865.82
82795PA0110007	Rating Area 9	No Preference	62	885.23
82795PA0110007	Rating Area 9	No Preference	63	909.57
82795PA0110007	Rating Area 9	No Preference	64	924.35
82795PA0110007	Rating Area 9	No Preference	65 and over	924.35

2017 Rates Table Template v6.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are a community rating state, select Family Option under Age and fill in all columns.			
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	7/1/2017			
Rate Expiration Date*	9/30/2017			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	0-20	236.25
82795PA0110006	Rating Area 9	No Preference	21	372.05
82795PA0110006	Rating Area 9	No Preference	22	372.05
82795PA0110006	Rating Area 9	No Preference	23	372.05
82795PA0110006	Rating Area 9	No Preference	24	372.05
82795PA0110006	Rating Area 9	No Preference	25	373.54
82795PA0110006	Rating Area 9	No Preference	26	380.98
82795PA0110006	Rating Area 9	No Preference	27	389.91
82795PA0110006	Rating Area 9	No Preference	28	404.42
82795PA0110006	Rating Area 9	No Preference	29	416.32
82795PA0110006	Rating Area 9	No Preference	30	422.28
82795PA0110006	Rating Area 9	No Preference	31	431.21
82795PA0110006	Rating Area 9	No Preference	32	440.14
82795PA0110006	Rating Area 9	No Preference	33	445.72
82795PA0110006	Rating Area 9	No Preference	34	451.67
82795PA0110006	Rating Area 9	No Preference	35	454.65
82795PA0110006	Rating Area 9	No Preference	36	457.62
82795PA0110006	Rating Area 9	No Preference	37	460.60
82795PA0110006	Rating Area 9	No Preference	38	463.57
82795PA0110006	Rating Area 9	No Preference	39	469.53
82795PA0110006	Rating Area 9	No Preference	40	475.48
82795PA0110006	Rating Area 9	No Preference	41	484.41
82795PA0110006	Rating Area 9	No Preference	42	492.97
82795PA0110006	Rating Area 9	No Preference	43	504.87
82795PA0110006	Rating Area 9	No Preference	44	519.75
82795PA0110006	Rating Area 9	No Preference	45	537.24
82795PA0110006	Rating Area 9	No Preference	46	558.08
82795PA0110006	Rating Area 9	No Preference	47	581.51
82795PA0110006	Rating Area 9	No Preference	48	608.30
82795PA0110006	Rating Area 9	No Preference	49	634.72
82795PA0110006	Rating Area 9	No Preference	50	664.48
82795PA0110006	Rating Area 9	No Preference	51	693.87
82795PA0110006	Rating Area 9	No Preference	52	726.24
82795PA0110006	Rating Area 9	No Preference	53	758.98
82795PA0110006	Rating Area 9	No Preference	54	794.33
82795PA0110006	Rating Area 9	No Preference	55	829.67
82795PA0110006	Rating Area 9	No Preference	56	867.99

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	7/1/2017			
Rate Expiration Date*	9/30/2017			
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	906.69
82795PA0110006	Rating Area 9	No Preference	58	947.98
82795PA0110006	Rating Area 9	No Preference	59	968.45
82795PA0110006	Rating Area 9	No Preference	60	1009.74
82795PA0110006	Rating Area 9	No Preference	61	1045.46
82795PA0110006	Rating Area 9	No Preference	62	1068.90
82795PA0110006	Rating Area 9	No Preference	63	1098.29
82795PA0110006	Rating Area 9	No Preference	64	1116.14
82795PA0110006	Rating Area 9	No Preference	65 and over	1116.14
82795PA0110007	Rating Area 9	No Preference	0-20	199.56
82795PA0110007	Rating Area 9	No Preference	21	314.27
82795PA0110007	Rating Area 9	No Preference	22	314.27
82795PA0110007	Rating Area 9	No Preference	23	314.27
82795PA0110007	Rating Area 9	No Preference	24	314.27
82795PA0110007	Rating Area 9	No Preference	25	315.53
82795PA0110007	Rating Area 9	No Preference	26	321.81
82795PA0110007	Rating Area 9	No Preference	27	329.35
82795PA0110007	Rating Area 9	No Preference	28	341.61
82795PA0110007	Rating Area 9	No Preference	29	351.67
82795PA0110007	Rating Area 9	No Preference	30	356.70
82795PA0110007	Rating Area 9	No Preference	31	364.24
82795PA0110007	Rating Area 9	No Preference	32	371.78
82795PA0110007	Rating Area 9	No Preference	33	376.50
82795PA0110007	Rating Area 9	No Preference	34	381.52
82795PA0110007	Rating Area 9	No Preference	35	384.04
82795PA0110007	Rating Area 9	No Preference	36	386.55
82795PA0110007	Rating Area 9	No Preference	37	389.07
82795PA0110007	Rating Area 9	No Preference	38	391.58
82795PA0110007	Rating Area 9	No Preference	39	396.61
82795PA0110007	Rating Area 9	No Preference	40	401.64
82795PA0110007	Rating Area 9	No Preference	41	409.18
82795PA0110007	Rating Area 9	No Preference	42	416.41
82795PA0110007	Rating Area 9	No Preference	43	426.46
82795PA0110007	Rating Area 9	No Preference	44	439.04
82795PA0110007	Rating Area 9	No Preference	45	453.81
82795PA0110007	Rating Area 9	No Preference	46	471.40
82795PA0110007	Rating Area 9	No Preference	47	491.20
82795PA0110007	Rating Area 9	No Preference	48	513.83
82795PA0110007	Rating Area 9	No Preference	49	536.14
82795PA0110007	Rating Area 9	No Preference	50	561.29
82795PA0110007	Rating Area 9	No Preference	51	586.11
82795PA0110007	Rating Area 9	No Preference	52	613.46

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	7/1/2017			
Rate Expiration Date*	9/30/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	641.11
82795PA0110007	Rating Area 9	No Preference	54	670.97
82795PA0110007	Rating Area 9	No Preference	55	700.82
82795PA0110007	Rating Area 9	No Preference	56	733.19
82795PA0110007	Rating Area 9	No Preference	57	765.88
82795PA0110007	Rating Area 9	No Preference	58	800.76
82795PA0110007	Rating Area 9	No Preference	59	818.04
82795PA0110007	Rating Area 9	No Preference	60	852.93
82795PA0110007	Rating Area 9	No Preference	61	883.10
82795PA0110007	Rating Area 9	No Preference	62	902.90
82795PA0110007	Rating Area 9	No Preference	63	927.73
82795PA0110007	Rating Area 9	No Preference	64	942.80
82795PA0110007	Rating Area 9	No Preference	65 and over	942.80

2017 Rates Table Template v6.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are a community rating state, select Family Option under Age and fill in all columns.			
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	0-20	240.97
82795PA0110006	Rating Area 9	No Preference	21	379.48
82795PA0110006	Rating Area 9	No Preference	22	379.48
82795PA0110006	Rating Area 9	No Preference	23	379.48
82795PA0110006	Rating Area 9	No Preference	24	379.48
82795PA0110006	Rating Area 9	No Preference	25	381.00
82795PA0110006	Rating Area 9	No Preference	26	388.59
82795PA0110006	Rating Area 9	No Preference	27	397.70
82795PA0110006	Rating Area 9	No Preference	28	412.49
82795PA0110006	Rating Area 9	No Preference	29	424.64
82795PA0110006	Rating Area 9	No Preference	30	430.71
82795PA0110006	Rating Area 9	No Preference	31	439.82
82795PA0110006	Rating Area 9	No Preference	32	448.92
82795PA0110006	Rating Area 9	No Preference	33	454.62
82795PA0110006	Rating Area 9	No Preference	34	460.69
82795PA0110006	Rating Area 9	No Preference	35	463.72
82795PA0110006	Rating Area 9	No Preference	36	466.76
82795PA0110006	Rating Area 9	No Preference	37	469.80
82795PA0110006	Rating Area 9	No Preference	38	472.83
82795PA0110006	Rating Area 9	No Preference	39	478.90
82795PA0110006	Rating Area 9	No Preference	40	484.98
82795PA0110006	Rating Area 9	No Preference	41	494.08
82795PA0110006	Rating Area 9	No Preference	42	502.81
82795PA0110006	Rating Area 9	No Preference	43	514.95
82795PA0110006	Rating Area 9	No Preference	44	530.13
82795PA0110006	Rating Area 9	No Preference	45	547.97
82795PA0110006	Rating Area 9	No Preference	46	569.22
82795PA0110006	Rating Area 9	No Preference	47	593.13
82795PA0110006	Rating Area 9	No Preference	48	620.45
82795PA0110006	Rating Area 9	No Preference	49	647.39
82795PA0110006	Rating Area 9	No Preference	50	677.75
82795PA0110006	Rating Area 9	No Preference	51	707.73
82795PA0110006	Rating Area 9	No Preference	52	740.74
82795PA0110006	Rating Area 9	No Preference	53	774.14
82795PA0110006	Rating Area 9	No Preference	54	810.19
82795PA0110006	Rating Area 9	No Preference	55	846.24
82795PA0110006	Rating Area 9	No Preference	56	885.33

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	924.79
82795PA0110006	Rating Area 9	No Preference	58	966.92
82795PA0110006	Rating Area 9	No Preference	59	987.79
82795PA0110006	Rating Area 9	No Preference	60	1029.91
82795PA0110006	Rating Area 9	No Preference	61	1066.34
82795PA0110006	Rating Area 9	No Preference	62	1090.25
82795PA0110006	Rating Area 9	No Preference	63	1120.22
82795PA0110006	Rating Area 9	No Preference	64	1138.43
82795PA0110006	Rating Area 9	No Preference	65 and over	1138.43
82795PA0110007	Rating Area 9	No Preference	0-20	203.54
82795PA0110007	Rating Area 9	No Preference	21	320.54
82795PA0110007	Rating Area 9	No Preference	22	320.54
82795PA0110007	Rating Area 9	No Preference	23	320.54
82795PA0110007	Rating Area 9	No Preference	24	320.54
82795PA0110007	Rating Area 9	No Preference	25	321.82
82795PA0110007	Rating Area 9	No Preference	26	328.23
82795PA0110007	Rating Area 9	No Preference	27	335.93
82795PA0110007	Rating Area 9	No Preference	28	348.43
82795PA0110007	Rating Area 9	No Preference	29	358.68
82795PA0110007	Rating Area 9	No Preference	30	363.81
82795PA0110007	Rating Area 9	No Preference	31	371.51
82795PA0110007	Rating Area 9	No Preference	32	379.20
82795PA0110007	Rating Area 9	No Preference	33	384.01
82795PA0110007	Rating Area 9	No Preference	34	389.14
82795PA0110007	Rating Area 9	No Preference	35	391.70
82795PA0110007	Rating Area 9	No Preference	36	394.26
82795PA0110007	Rating Area 9	No Preference	37	396.83
82795PA0110007	Rating Area 9	No Preference	38	399.39
82795PA0110007	Rating Area 9	No Preference	39	404.52
82795PA0110007	Rating Area 9	No Preference	40	409.65
82795PA0110007	Rating Area 9	No Preference	41	417.34
82795PA0110007	Rating Area 9	No Preference	42	424.72
82795PA0110007	Rating Area 9	No Preference	43	434.97
82795PA0110007	Rating Area 9	No Preference	44	447.79
82795PA0110007	Rating Area 9	No Preference	45	462.86
82795PA0110007	Rating Area 9	No Preference	46	480.81
82795PA0110007	Rating Area 9	No Preference	47	501.00
82795PA0110007	Rating Area 9	No Preference	48	524.08
82795PA0110007	Rating Area 9	No Preference	49	546.84
82795PA0110007	Rating Area 9	No Preference	50	572.48
82795PA0110007	Rating Area 9	No Preference	51	597.81
82795PA0110007	Rating Area 9	No Preference	52	625.69

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	653.90
82795PA0110007	Rating Area 9	No Preference	54	684.35
82795PA0110007	Rating Area 9	No Preference	55	714.80
82795PA0110007	Rating Area 9	No Preference	56	747.82
82795PA0110007	Rating Area 9	No Preference	57	781.16
82795PA0110007	Rating Area 9	No Preference	58	816.74
82795PA0110007	Rating Area 9	No Preference	59	834.37
82795PA0110007	Rating Area 9	No Preference	60	869.95
82795PA0110007	Rating Area 9	No Preference	61	900.72
82795PA0110007	Rating Area 9	No Preference	62	920.91
82795PA0110007	Rating Area 9	No Preference	63	946.23
82795PA0110007	Rating Area 9	No Preference	64	961.61
82795PA0110007	Rating Area 9	No Preference	65 and over	961.61

2017 Rates Table Template v6.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are a community rating state, select Family Option under Age and fill in all columns.

If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	82795
Federal TIN*	23-2195219
Rate Effective Date*	1/1/2017
Rate Expiration Date*	12/31/2017

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	202.01	202.01
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	21	318.13	326.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	22	318.13	326.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	23	318.13	326.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	24	318.13	326.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	25	319.4	327.39
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	26	325.76	333.91
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	27	333.4	341.73
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	28	345.81	354.45
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	29	355.99	364.89
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	30	361.08	370.1
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	31	368.71	377.93
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	32	376.35	385.76
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	33	381.12	390.65
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	34	386.21	395.86
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	35	388.75	398.47
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	36	391.3	401.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	37	393.84	403.69
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	38	396.39	406.3
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	39	401.48	411.52
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	40	406.57	437.06
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	41	414.2	445.27
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	42	421.52	453.14
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	43	431.7	464.08
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	44	444.43	477.76
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	45	459.38	505.32
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	46	477.19	524.91
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	47	497.24	546.96
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	48	520.14	572.16
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	49	542.73	597
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	50	568.18	653.41
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	51	593.31	682.31
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	52	620.99	714.14
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	53	648.98	746.33
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	54	679.21	781.09

HIOS Issuer ID*	82795				
Federal TIN*	23-2195219				
Rate Effective Date*	1/1/2017				
Rate Expiration Date*	12/31/2017				
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	55	709.43	851.31
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	56	742.2	890.63
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	57	775.28	930.34
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	58	810.59	972.71
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	59	828.09	993.71
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	60	863.4	1079.25
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	61	893.94	1117.43
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	62	913.98	1142.48
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	63	939.12	1173.9
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	64	954.38	1192.98
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	954.38	1192.98

Unified Rate Review v3.3

Company Legal Name: **Capital Advantage Insurance (** State: **PA**
HIOS Issuer ID: **82795** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2017**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$1	$1.00	100.00%
Incurred Claims in Experience Period	$1	1.00	100.00%
Allowed Claims:	$1	1.00	100.00%
Index Rate of Experience Period		$0.00	
Experience Period Member Months	1		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	1.00	12,000.00	$1.00	1.101	0.886	1.050	1.019	1.14	$11,715.24	$1.12	74.58	$17,217.99	$107.01
Outpatient Hospital	Visits	0.00	0.00	0.00	1.101	0.886	1.050	1.019	0.00	0.00	0.00	801.38	2,721.03	181.71
Professional	Visits	0.00	0.00	0.00	1.101	0.886	1.050	1.019	0.00	0.00	0.00	2615.95	612.93	133.62
Other Medical	Services	0.00	0.00	0.00	1.101	1.200	1.050	1.019	0.00	0.00	0.00	250.76	755.54	15.79
Capitation	Benefit Period	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Prescription Drug	Prescriptions	0.00	0.00	0.00	1.199	0.995	1.135	1.001	0.00	0.00	0.00	9690.72	150.39	121.45
Total				$1.00							$1.12			$559.58

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)		0.00%	100.00%	$559.58	$100,724
Paid to Allowed Average Factor in Projection Period				0.785	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM				$439.35	$79,083
Projected Risk Adjustments PMPM				-0.13	(23)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM				$439.48	$79,107
Projected ACA reinsurance recoveries, net of rein prem, PMPM				0.00	0
Projected Incurred Claims				$439.48	$79,107
Administrative Expense Load			10.79%	56.13	10,103
Profit & Risk Load			2.00%	10.41	1,873
Taxes & Fees			2.76%	14.36	2,585
Single Risk Pool Gross Premium Avg. Rate, PMPM				$520.38	$93,668
Index Rate for Projection Period				$559.58	
% increase over Experience Period				51937.73%	
% Increase, annualized:				2181.18%	
Projected Member Months					180

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**Capital Advantage Insurance Company**	State:	**PA**
HIOS Issuer ID:	**82795**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2017**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		PPO CareConnect
Product ID:		82795PA012
Metal:		Silver
AV Metal Value		0.719
AV Pricing Value		0.792
Plan Category		Renewing
Plan Type:		HMO
Plan Name		CareConnect 3000.0
Plan ID (Standard Component ID):		82795PA0120001
Exchange Plan?		No
Historical Rate Increase - Calendar Year - 2		0.00%
Historical Rate Increase - Calendar Year - 1		0.00%
Historical Rate Increase - Calendar Year 0		-2.10%
Effective Date of Proposed Rates		1/1/2017
Rate Change % (over prior filing)		21.80%
Cum'tive Rate Change % (over 12 mos prior)		21.80%
Proj'd Per Rate Change % (over Exper. Period)		51937.73%
Product Rate Increase %		21.79%

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

Plan ID (Standard Component ID):	Total	82795PA0120001
Inpatient	$18.14	$18.14
Outpatient	$30.81	$30.81
Professional	$22.65	$22.65
Prescription Drug	$20.59	$20.59
Other	$2.68	$2.68
Capitation	$0.00	$0.00
Administration	$4.00	$4.00
Taxes & Fees	-$9.14	-$9.14
Risk & Profit Charge	$0.00	$0.00
Total Rate Increase	$89.73	$89.73
Member Cost Share Increase	$0.00	$0.00

Average Current Rate PMPM	$430.65	$430.65
Projected Member Months	180	180

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	82795PA0120001
Premium Information	Plan Adjusted Index Rate	$1.00	$1.00
	Member Months	1	1
	Total Premium (TP)	$1	$1
	EHB Percent of TP, [see instructions]	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	$1	$1
	EHB Percent of TAC, [see instructions]	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	
	Total Incurred claims, payable with issuer funds	$1	$1
	Net Amt of Rein	$0.00	$0.00
	Net Amt of Risk Adj	$0.00	$0.00

	Incurred Claims PMPM	$1.00	$1.00
	Allowed Claims PMPM	$1.00	$1.00
	EHB portion of Allowed Claims, PMPM	$1.00	$1.00

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	82795PA0120001
Premium Information	Plan Adjusted Index Rate	$520.38	$520.38
	Member Months	180	180
	Total Premium (TP)	$93,668	$93,668
	EHB Percent of TP, [see instructions]	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	$100,724	$100,724
	EHB Percent of TAC, [see instructions]	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	$21,641	$21,641
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	
	Total Incurred claims, payable with issuer funds	$79,083	$79,083
	Net Amt of Rein	$0	$0
	Net Amt of Risk Adj	$0	$0

	Incurred Claims PMPM	$439.35	$439.35
	Allowed Claims PMPM	$559.58	$559.58
	EHB portion of Allowed Claims, PMPM	$559.58	$559.58

AGENT AGREEMENT

Under this Agreement (the "Agreement"), effective _____, 20__, and subject to all terms thereof, _____, (hereinafter referred to as "WBE"), a _____ corporation, with an office located at _____ is authorized to market and solicit insurance applications from members of the general public residing in twenty-one specific counties in the Commonwealth of Pennsylvania listed on Attachment A to this Agreement, for only those products specified herein written or sold by Capital BlueCross, a Pennsylvania non-profit hospital plan corporation, and its Affiliates and Subsidiaries listed on Attachment B to this Agreement, with an office located at 2500 Elmerton Avenue, Harrisburg, PA, 17111 (hereinafter collectively referred to as "Company").

To the extent any activities of WBE in any way relate to an affiliate of Company or a program of such affiliate –

- Each and every duty or obligation owed by WBE to Company under the Agreement shall be owed to such affiliate.
- Each and every duty or obligation owed to WBE by Company under the Agreement shall be owed by each affiliate; and
- Any right or claim accruing in favor of WBE under the Agreement shall be enforceable against the affiliates, jointly or severally.
- Company as used in this Agreement refers jointly and severally to Capital BlueCross and its affiliates and subsidiaries listed on Attachment B.

ARTICLE I - GENERAL PROVISIONS

1.1 Appointment. The Company hereby appoints WBE, including any applicable subagents, to conduct producer-related activities on its behalf. Company and WBE shall comply with all laws and regulations applicable to their businesses, their licenses and the transactions into which they enter in connection with this Agreement.

1.2 Assignment. This Agreement or the right to receive money under this Agreement may not be assigned by WBE without the prior written consent of Company provided that such consent shall not be unreasonably withheld. WBE may use properly licensed subagents in connection with this Agreement in accordance with Section 1.3 below.

1.3 Subagents. Subject to the following, WBE may use subagents in WBE's performance under this Agreement:

1.3.1 WBE may utilize, at its sole discretion, the services of any person or entity (hereinafter "Representative") as a subagent.

1.3.2 As necessary, WBE will ensure that any Representative used by WBE as a subagent in performance under this Agreement is properly licensed to act in such capacity. WBE shall, at WBE's sole cost and expense, file whatever documents with the respective Department of Insurance as are necessary for any Representative to

lawfully act in that capacity. WBE will promptly notify the Company of any termination, suspension, or expiration of WBE's license, or of any termination, suspension, or expiration of a Representative's license. WBE will promptly notify Capital in the event WBE, or any Representative, is charged with any wrongdoing for which the penalty of suspension or revocation is possible under Pennsylvania law. A designated licensee of WBE will complete and submit Form A Appointment Disclosure Form (Agency), as amended or supplemented from time to time by Company. Each Representative that will provide services under this Agreement will complete and submit Form B, Appointment Disclosure Form (Individual), as amended or supplemented from time to time by Company. Attachment F contains the current Form A and Form B.

1.3.3 If required by law, WBE shall submit to Company and Company shall promptly execute and file with the applicable state insurance regulatory authorities a Representative's application for appointment form. WBE shall be responsible for the accuracy and completeness of such application submitted and shall ensure that each person for whom such application is submitted shall have read and understood such application. Any costs associated with the appointment shall be directly paid to the applicable state insurance regulatory authorities by Company. Redacted [redacted]

1.3.4 WBE shall be responsible for the payment of any and all compensation, of whatever kind, including, but not limited to, commissions, service fees or expense allowances due to or claimed by any Representative of WBE. WBE agrees to indemnify, defend and save Company harmless from and against any claim for reimbursement, compensation or other payment made by a Representative of WBE.

1.3.5 WBE shall be responsible for the appropriate training and guidance of its Representatives to the extent that Representatives are used in the marketing of Company products. WBE will be responsible to Company for the acts or omissions of Representatives.

1.3.6 WBE agrees that the same requirements under this Agreement for WBE to procure and maintain a certain level of Errors and Omissions Insurance in a form reasonably satisfactory to Company shall apply to Representatives. WBE shall ensure that each Representative used in the marketing of Company products procures and maintains any required Errors and Omissions Insurance, or WBE shall include each Representative as an additional named insured under WBE's coverage or otherwise ensure that this requirement is satisfied by each Representative used in the marketing of Company products.

1.3.7 WBE agrees that it shall require Representatives to be bound by the terms and conditions of this Agreement.

1.4 Notice. Any notice required from Company under this Agreement shall be deemed given on the day such notice is deposited in the United States mail first class postage pre-paid and addressed to:

[WBE Address]

Any notice required from WBE shall be deemed given on the day after such notice is deposited in the United States mail with first class postage pre-paid and addressed to:

Capital BlueCross Legal Department
2500 Elmerton Avenue
Harrisburg, PA, 17111
Attn: Vice President & General Counsel

1.5 Entire Agreement. This Agreement is the entire contract between the parties on this subject matter and supersedes any and all prior understandings or agreements between the parties whether oral or in writing on this subject matter. Subject to Company's right of modification set out in Section 6.3, no modification or amendment to this Agreement shall be effective unless it is in writing, attached to and made a part of this Agreement, and is executed by a duly authorized representative of WBE and by an officer of Company.

1.6 Terminology. In this Agreement the words "shall" and "will" are used in the mandatory sense. Unless the context otherwise clearly requires, any one gender includes all others, the singular includes the plural, and the plural includes the singular.

1.7 Waiver. No forbearance or neglect on the part of Company to insist upon compliance with the terms of this Agreement shall be construed as or constitute a waiver of any provision of this Agreement or a grant of authority under this Agreement.

ARTICLE II – OBLIGATIONS OF WBE

2.1 Solicitation. WBE shall use commercially reasonable efforts to solicit from members of the general public residing in the twenty-one Pennsylvania counties listed in Attachment A in which Company, as applicable, is authorized to transact insurance and in which Company has authorized WBE to solicit on Company's behalf applications for Company's individual and family health insurance products identified in the commission schedules attached hereto as Attachment C and made part of this Agreement. WBE is not authorized to solicit on behalf of Company, nor will WBE earn commissions for any other products that Company shall decline to offer through WBE. WBE shall generally perform under this Agreement as described in such administrative guidelines, bulletins, directives, manuals or the like as Company may publish for its agents and has delivered to WBE from time to time, which do not conflict with any term or provision of this Agreement.

2.2 Service. WBE will service Company members enrolled through applications submitted by WBE or assigned by Company. Such service will include the following:

2.2.1 Acting as liaison between the member and Company if requested by Company or the member.

2.2.2 Maintaining a working and current knowledge of Company products and the ability to explain benefits and/or coverage.

For any members assigned to WBE by Company, WBE shall receive compensation from Company in accordance with the provisions of this Agreement.

2.3 Licensure. WBE agrees to maintain such licenses as are necessary to transact business on

behalf of Company. WBE further agrees to notify Company immediately of any expiration, termination, suspension or other action of any Department of Insurance or insurance regulator, or any other government agency against or affecting said license in any of the states in which WBE is marketing Company products.

2.4 Applications. WBE agrees to comply with the reasonable rules of Company relating to the completion and submission of applications, and to make no representation with respect to the benefits of any product offered by Company not in conformity with the material prepared and furnished to WBE for that purpose by Company. WBE shall use commercially reasonable efforts to ensure that, prior to forwarding to Company for processing, each application is fully and truthfully completed by the applicant and the completed application fully and accurately reflects and discloses the circumstances of persons for whom coverage is sought in the application. Nonetheless, Company understands and acknowledges that WBE's business practice is to have applicants submit applications via the internet and therefore, WBE may not directly speak with any applicant to verify the veracity of the information.

2.5 Right to Reject Applications. WBE agrees that Company reserves the right to reject any and all applications submitted by WBE. Company will not treat applications from WBE differently from applications submitted by other agents.

2.6 Forms and Advertising.

2.6.1 WBE agrees to use only such material as provided by Company or approved in writing by Company before use (including billing forms, all advertising, promotional materials, reprints and enrollment forms). WBE shall not make use of any advertisement or any other material in which the name or logo of the Company, or any service mark of Company is used without the Company's prior written consent.

2.6.2 Company will have approval rights over any Internet marketing materials that use the name, logo or other identifier of Company ("Company Marks"). Company will approve any such material within ten (10) business days of receipt of a request for approval from WBE. Company approves use of the Company Marks on WBE's ecommerce website, www._____ and _____ (or any URLs that it uses to replace these sites (the "WBE Site"), provided that such use:

2.6.2.1 Is substantially similar to the example attached hereto as Attachment E; and

2.6.2.2 Is displayed only to users who are seeking information concerning health insurance available in the Company's Service Area; and

2.6.2.3 Clearly and prominently include a statement when Company Marks are used as follows: "Serving Central Pennsylvania and the Lehigh Valley," and

2.6.2.4 Except in the cases of Advertising Sponsorships, the Company Marks must be the same size as the marks of other insurers listed on the same webpage. WBE will provide the Company with copies of any internet pages using the company Marks within ten (10) business days after the Company Marks first appear. Company may also find examples of how information is presented by viewing the WBE Site. Company may have Company Logos removed from any specific landing page within the site by providing written notice to

WBE, who will remove it within a reasonable business time. Specific text related to Company or products offered by Company will require Company's prior written approval. Notwithstanding the foregoing, WBE may make changes to a previously approved internet site if such changes do not affect (i) the name, logo or other identifier of the Company, (ii) text related to Company products, or (iii) the relative size, placement or dominance of either (i) or (ii) above.

2.6.3 This agreement constitutes a contract between WBE and the Company. The Company is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, permitting Company to use the Blue Cross Mark in a portion of the Commonwealth of Pennsylvania. WBE acknowledges that it is not licensed the use the Blue Cross Service Mark and any reference or use of the Blue Cross Service Mark made by WBE in connection with the Company Marks (in a portion of the Commonwealth of Pennsylvania) in its own materials are subject to prior review and approval by Company.

2.7 Application Records. WBE agrees to maintain complete records (i) of all transactions pertaining to applications submitted to and accepted by Company, (ii) as may be required by any respective Department of Insurance or any other governmental entity, and (iii) in connection with WBE's relationship with Company. Any and all records described above or as may otherwise relate to WBE's activities in connection with Company business shall be accessible and available to representatives of Company who may audit them from time to time while this Agreement is in effect or within one (1) year after termination reasonably thereof. However, as to completed applications, which must be kept by WBE for six (6) years pursuant to Pennsylvania law, Company may have access to all such documents during the time WBE is required to keep the documents. WBE also agrees to keep any other applicable documents or records for the period required by applicable law, including, but not limited to, applicable Document Retention requirements issued by the Pennsylvania Insurance Department. Company shall notify WBE of its intention to conduct an audit no less than two weeks prior to the date of the audit. Any audit shall take place at WBE's office during normal business hours. Company or its agents shall have access to any records or staff necessary to complete its audit; however, Company may not copy or duplicate any records without the prior written consent of WBE.

2.8 Insurance. Within thirty (30) days of a request by Company, but not later than the effective date of this Agreement WBE agrees to obtain and maintain Errors and Omissions Insurance in force in the amount of $1,000,000.00 for each occurrence and $1,000,000.00 general aggregate. Once Company has requested that WBE obtain and maintain such insurance, the obtaining and maintenance of such insurance shall be a material requirement of this Agreement.

2.9 Benefit Changes. WBE agrees that Company has the right to reasonably discontinue, to modify, or exercise all lawful rights in connection with, any of its benefit contracts, or programs without liability to WBE by providing WBE prior written notice within the timeframe(s) required by applicable law. WBE may sell only those products specifically authorized by Company.

2.10 Compensation. WBE shall seek compensation for performing under this Agreement only from Company. WBE is an independent contractor and shall have no claim to

compensation except as provided in this Agreement and shall not be entitled to reimbursement from Company for any expenses incurred in performing this Agreement. WBE further agrees that to the extent of any indebtedness of WBE to Company, Company shall have a first lien against any commissions due WBE from Company, and such indebtedness may be deducted, at the Company's option, from commissions due to WBE.

2.11 Confidentiality. WBE agrees to maintain the confidentiality of any trade secret or proprietary information of Company. WBE may not divulge or use any confidential and/or proprietary information about Company's business, except as authorized by Company in writing. Confidential and proprietary information about the business of Company includes, but is not limited to, policies, procedures, underwriting guidelines, and/or group specific proposals of Company, in any form whatsoever, and the terms of this Agreement. WBE shall ensure that its Representatives abide by the terms and conditions of this confidentiality provision. WBE and its Representatives shall be jointly and severally responsible to Company for any acts or omissions by Representatives which result in the unauthorized disclosure or use of any confidential or proprietary information. WBE's obligations under this Section 2.11 shall survive termination of this Agreement.

2.12 Records Related to Agreement. WBE will keep regular and accurate records of all transactions related to this Agreement which records shall be reserved for the longer of three (3) years or any period required by applicable law, including, but not limited to, applicable document retention requirements issued by the Pennsylvania Insurance Department and, upon request, shall be open to examination by Company. Any manuals, applications, and all supplies furnished by Company shall remain the property of Company and at the request of Company, said property shall be immediately returned to Company or destroyed upon termination of this Agreement.

2.13 Business Associate Agreement. WBE shall comply with the terms of the HIPAA Business Associate Agreement attached hereto as Attachment D and incorporated herein by reference.

2.14 Fees. WBE will waive any start-up and/or maintenance fees for Company for the placement of Company products on the WBE website (www._____).

2.15 Customer Data. Redacted [redacted]

2.16 Other Party Marketing Agreements. As part of WBE's activities to market and sell health insurance products, including Company's products, WBE may enter into marketing agreements with other parties (e.g., associations, employers and other "affinity groups"). Such agreements may include the placement or syndication of WBE's website within another party's site, or the placement of links from another party's site to WBE's website. Any such activities or agreements in any way related to or in connection with the Company, this Agreement, or WBE's performance hereof shall be in strict compliance with this Agreement; provided, however, that any such activity must receive prior written approval from the Company if such activity includes use of the name, logo or other identifier of the Company in any manner that has not been previously approved by Company.

2.17 Prohibited Acts. WBE will not perform any of the following acts:

2.17.1 Waive, modify, or change any terms, conditions, rates, proposals, or limitations of any benefit contract issued by Company.

2.17.2 Bind or commit Company in any manner.

2.17.3 Extend the time for any premium payment.

2.17.4 Reinstate any coverage terminated by Company.

2.17.5 As applicable, use any forms not authorized by Company.

2.17.6 Extend credit or incur any indebtedness, liability, or obligation on behalf of Company.

2.17.7 Sign an application on behalf of an applicant.

2.17.8 Enter into any legal proceeding pertaining to Company as a representative of Company, including the acceptance of legal process on behalf of Company.

2.18 Portable Document Format (.PDF) of Company's Health Insurance Application.

2.18.1 WBE shall enable an applicant to electronically sign the .PDF version of the Company's health insurance application in a manner consistent with the federal Electronic Signatures in Global and National Commerce Act and other applicable laws. WBE and the Company shall mutually agree on a commercially reasonable process to evidence an applicant's intent (i) to warrant that the information provided by the applicant is true, accurate and complete, (ii) to authorize the obtaining of or release of medical information, (iii) to agree to the terms and conditions within the insurance application, (iv) to authorize the initial premium payment by credit card (if permissible by the Company) or electronic funds transfer and subsequent premium payments by the method the applicant selects on the insurance application, and (v) to bind themselves to other terms and conditions required by the Company in its standard insurance application. WBE warrants that it submits, and shall allow applicants to submit, electronically signed applications to Company only when the above processes have been followed.

2.18.2 WBE shall use a methodology which will not permit an applicant who chooses to electronically sign his application to change any data entered by the applicant once the applicant takes the appropriate action to submit the data to WBE. Any subsequent changes to the data shall be completed in writing by the applicant on a paper medium. WBE shall enable the use of 128 bit Secure Sockets Layer (SSL) encryption technology or better to ensure data integrity and security during the electronic transmission of the data from the applicant to WBE. WBE shall archive the applicant's data and the HTML screens seen by the applicant when entering the data.

2.18.3 WBE shall not modify or in any way alter the data received from an applicant, although WBE personnel may review the applicant's data for completeness. WBE

shall promptly make available to Company, in a form and manner satisfactory to Company, the applicant's insurance application in .PDF format utilizing 128 bit Secure Sockets Layer (SSL) encryption technology or better to ensure data integrity and security.

2.18.3 WBE shall archive a copy of each Applicant's electronically signed .PDF version of the applicant's application for a period of no less than six (6) years from the date the application is submitted to the Company, or otherwise in accordance with the retention periods under applicable law. Such archived .PDF shall be accessible to the Company via Carrier Underwriting Extranet, if Company elects to use the Extranet, or via written request to WBE. WBE shall fulfill any request to receive an archived application within ten (l0) business days. Prior to permanently removing an archived application from WBE's database, WBE shall offer a copy of the archived application and any associated records to the Company. All copies shall be offered to Company first in an electronic format readable to Company, and if no such format exists, then in paper copy.

2.18.4 WBE shall archive the code creating the HTML screens viewed by an applicant for a period of no less than six (6) years, or otherwise in accordance with the retention periods under applicable law. Each time an HTML screen is changed, WBE shall archive the version of the code prior to making any change. WBE shall provide an archived version of an HTML screen to the Company within thirty (30) days of receiving a written request from the Company. WBE shall offer a copy of an archived HTML screen and any associated records to the Company prior to permanently removing the archived code from WBE's database. All copies shall be offered to Company first in an electronic format readable to Company, and if no such format exists, then in paper copy.

2.23 Health Insurance Portability and Accountability Act of 1996 (HIPAA). Agent acknowledges that pursuant to HIPAA the United States Department of Health and Human Services has promulgated some, and is in the process of promulgating other, regulations, becoming effective in the future, relating to the privacy of individually identifiable health information and the security of such information when transmitted by electronic means and further that such regulations may require that contracts contemplating the collection of individually identifiable health information and/or the transmission of such information electronically include certain provisions. Therefore, WBE agrees that its activities shall comply with all such applicable regulations, when and as they become effective, and this compliance shall be interpreted as meeting at least the minimum requirements of such regulations when and as they become effective.

2.24 Web-broker.

2.24.1 Under regulations and written guidance promulgated by the United States Department of Health and Human Services ("HHS") pursuant to the Patient Protection and Affordable Care Act (as amended, "PPACA" and the "Regulations"), WBE is a Web-broker, and the Company is certified as a Qualified Health Plan Issuer to offer Qualified Health Plans on the Health Insurance Marketplace ("Marketplace"). As a Web-broker, WBE acknowledges that it is solely responsible to comply with all applicable privacy and security standards imposed for Web-brokers as required under the Regulations.

2.24.2 WBE further agrees that all of the Company's Qualified Health Plans that are displayed on WBE's website, including all benefit and rate information, and any other information required by HHS to be displayed by Web-brokers, will (i) be displayed in the exact manner as WBE receives such Qualified Health Plan information from the Marketplace or the Company to the extent required by applicable standards under the Regulations; and (ii) comply with all other applicable standards under the Regulations. If WBE or the Company discovers any error in the Qualified Health Plan information displayed on WBE's website, WBE agrees to promptly correct such information and notify the Company regarding the same, but in no event later than a commercially reasonable time after the discovery of such error.

2.24.3 As a Delegated Entity, and in Company's authority and responsibility to oversee and monitor all delegated activities, WBE agrees to the requirements set forth in Attachment G (the "Marketplace Required Provisions"), which are hereby incorporated into the Agreement. The Marketplace Required Provisions will apply only to services provided to Company relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and will to the extent inconsistent with any other terms of the Agreement, supersede such inconsistent terms solely as they relate to services rendered to such Contract Holders. WBE shall comply with the Marketplace Required Provisions, as applicable.

ARTICLE III – OBLIGATIONS OF COMPANY

3.1 Applications and Rates. Company shall provide WBE with applications and basic rates for individual and family health insurance products; provided that WBE acknowledges that such basic rates are subject to change upon completion of the Company's processing of an application. Company shall provide WBE with such information in a mutually agreed upon electronic format.

3.2 Preliminary Approval. Company shall use the private extranet capability provided by WBE to review and offer preliminary approval for individual and family insurance applications not requiring additional information.

3.3 Minimum Service Levels. Redacted [redacted]

3.4 Commission. Company will pay WBE first year and renewal commissions at the rates set out in Attachment C on premiums generated from applications obtained by WBE and accepted by Company for which WBE has been designated Agent of Record. Such products and associated commissions shall be set forth in the Products and Commission as Attachment C.

3.5 Renewal Commission Conditions. Renewal commissions, as set forth in Attachment C, for all products sold by WBE in connection with this Agreement shall be payable to WBE by Company as long as (i) the Company retains the enrollment produced by WBE for each policy of health insurance issued by the Company; and (ii) this Agreement is not terminated for

cause under Section 6.4 herein. If this Agreement is terminated for cause under Section 6.4, the Company shall have no obligation to remit any commission payments to WBE, and any rights by WBE to commission payments shall immediately cease.

3.6 Assignment Rights.

3.6.1 If all the following conditions are satisfied, WBE may assign any or all business written under this Agreement to an independent licensed agent or entity:

3.6.1.1 Redacted [redacted]

3.6.1.3 Redacted [redacted];

3.6.1.3.1 Redacted [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

3.9 Compensation Payment. Company will pay to WBE compensation due within Redacted days following the end of each calendar month based on premium payments actually received and reconciled by Company, and either due or received and reconciled by Company, whichever is later, during the calendar month on WBE generated business, except Redacted [redacted]. If a return of premium charge is due on WBE generated business by reason a cancelled policy of health insurance, Company will charge back to WBE the amount of commission previously paid to WBE on the amount of returned premium, which shall be offset on future premium payments due to WBE.

Compensation payments by Company will be accompanied by sufficient detail to permit WBE

to identify the name and address of each insured for which compensation is being paid, as well as the amount of premium paid by such insured on which the payment is based, the commission earned, the policy or certificate number, and other information as WBE may reasonably require. Such accompanying information shall be submitted to WBE in an electronic format mutually agreed to by the parties. Neither Company nor WBE shall dispute or otherwise request an adjustment in the compensation payments made to WBE after ninety (90) days from the date that such compensation was paid to WBE by Company unless a compensation payment was made, in whole or in part, based on fraud by WBE or a Company member.

3.10 Records. Company agrees to maintain complete records (i) of all transactions pertaining to applications submitted to and accepted by Company, (ii) as may be required by any respective Department of Insurance or any other governmental entity, and (iii) in connection with Company's relationship with WBE. Any and all records described above or as may otherwise relate to Company's activities in connection with WBE business shall be accessible and available to representatives of WBE who may audit them from time to time while this Agreement is in effect or within one (1) year after termination reasonably thereof. WBE shall notify Company of its intention to conduct an audit no less than two weeks prior to the date of the audit. Any audit shall take place at Company's office during normal business hours. WBE or its agents shall not copy or duplicate any records without the prior written consent of the Company. Any audit shall be conducted at WBE's sole expense unless the audit reveals an act of fraud by the Company.

3.11 Product Responsibilities. Except to the extent responsibility is expressly and explicitly delegated under this Agreement, Company shall be responsible for, and may exercise its discretion in connection with, all aspects of the underwriting and administration of any Company products including, but not limited to, the following:

Redacted [redacted]

3.12 Electronic Marketing. Subject to the Company's prior written approval for each proposed use of the Company Marks not otherwise approved in this Agreement, WBE may use electronic means, such as but not limited to, the internet and email as well as traditional mediums such as, but not limited to, radio, television, telephone, direct mail and print mediums to market, sell and service Company's products.

3.13 Health Plan Information. For maintenance purposes, Company shall provide WBE with updated health plan information including, but not limited to, health plan applications, basic rates unrelated to medical underwriting, benefit summaries, exclusions and limitations information, provider directories and other content which WBE may require to comply with Company's general updates for all agents. Company, at Company's expense, shall provide WBE said information in an industry standard electronic format mutually agreed upon by

both parties. WBE recognizes that such health plan information may be preliminary and shall be subject to final approval by the relevant regulatory agencies in the states where the Company will offer updated health plan products. Such health plan information shall be provided to WBE no less than thirty (30) days prior to their effective date. Subject to the Company's prior written approval, Company shall permit WBE to link the WBE website to Company's web pages as necessary to provide potential applicants with health plan information.

3.13.1 Notwithstanding anything to the contrary within this Agreement, Company agrees to provide WBE and WBE agrees to make available on its website Summary of Benefits and Coverage (SBC) information that meets the minimum requirements under applicable law for all applicable Company health plans. The information provided by Company and presented by WBE on its website will be in a form mutually agreed to by the parties. Company will have no further obligation to provide WBE website users with any SBC information.

3.14 Company's Confidentiality Responsibilities. Company agrees to keep all trade secrets, proprietary information, agreements, financial arrangements, and technology activities of WBE strictly confidential. Company's obligations under this Section 3.14 shall survive termination of this Agreement.

3.15 HIPAA Cooperation. Company agrees to cooperate with WBE to implement the processes described in Sections 2.18 in a commercially reasonable time period.

ARTICLE IV – DISPUTE RESOLUTION

4.1 Dispute Resolution. Company and WBE agree to meet and confer in good faith on all matters affecting this Agreement. The parties agree that any unresolved dispute will be resolved by binding arbitration in accordance with the Commercial Rules of the American Arbitration Association.

ARTICLE V – INDEMNITY

5.1 Third Party Liability. Neither Company nor WBE shall be liable to any third party for any act or failure to act of the other party to this Agreement.

5.2 WBE Indemnification. WBE agrees to indemnify and save Company, including directors, officers, corporate affiliates, shareholders and employees of Company, harmless from any and all liability, losses, damages, costs or expenses arising out of any and every claim, demand, lawsuit or cause of action asserted against Company by a third party, which claim, demand, lawsuit or cause of action results from or arises in connection with any negligence or otherwise intentional wrongful act or omission of WBE or of any director, officer, or employee of WBE, including any breach of this Agreement. Such indemnity shall include reasonable attorney fees.

5.3 Company Indemnification. Company agrees to indemnify and save WBE, including partners, directors, officers, corporate affiliates, shareholders and employees of WBE harmless from any and all liability, losses, damages, costs or expenses arising out of any and every claim, demand, lawsuit or cause of action asserted against WBE by a third party, which claim, demand, lawsuit or cause of action results from or arises in connection with any negligent or otherwise wrongful act or omission of Company or of any director, officer or employee of

Company, including any breach of this Agreement. Such indemnity shall include reasonable attorney fees.

5.4 Comparative Fault. Should Company and WBE each claim indemnity from the other under Sections 5.2 and 5.3 of this ARTICLE V and should it be determined that each is entitled to some indemnity from the other under the terms of said sections, then the amount of indemnity due from each to the other shall be determined according to comparative fault principles.

5.5 Indemnification Survival. The obligations of this ARTICLE V will survive termination of this Agreement as to acts or omissions committed during the term of this Agreement.

ARTICLE VI – TERM, TERMINATION & EXCLUSIVITY

6.1 Effective Date. This Agreement shall become effective following execution by duly authorized representatives of both parties.

6.2 Term. Subject to Section 6.4, this Agreement will remain in force for a period of one (1) year from the date signed on the contract marked by Company, and shall thereafter be automatically renewed for successive one (1) year periods unless either party gives written notice of nonrenewal at least ninety (90) days prior to the expiration of the then current term. Thereafter, either party may elect to terminate this Agreement, without cause, by giving the other party ninety (90) days written notice.

6.3 Modification. Modifications to this Agreement shall be in writing and agreed to by both parties, excluding such modifications that are identified in other sections of this agreement; provided, however, that the Agreement may be amended automatically, without the consent of WBE, in order to meet applicable local, state or federal statutory or regulatory requirements. Company shall provide WBE with written notice of such amendments for statutory or regulatory compliance. Redacted [redacted]

6.4 For Cause Termination. A party to this Agreement may terminate this Agreement for the other party's material failure to comply with any provision of this Agreement (including any amendments) if the failing party does not cure the material failure upon ten (10) days prior receipt of written notice of a failure to comply. A party's failure to comply with any provision of this Agreement shall, unless otherwise specifically provided, be material if such failure affects the party's ability to perform under this Agreement or if the other party could reasonably be expected to be materially prejudiced or injured by the particular failure. A party may immediately, upon written notice to the other party, terminate this Agreement upon the other party's commission of any act of fraud or dishonesty, or breach of any fiduciary duty. The right to terminate this Agreement for cause shall not be exclusive, but shall be cumulative with all other remedies available by law or in equity. A failure to terminate this Agreement for cause shall not be a waiver of the right to do so with respect to any future defaults.

ARTICLE VII– MISCELLANEOUS

7.1 Severability. The invalidity of any one or more of the words, phrases, sentences, clauses, sections, or subsections contained in this Agreement shall not affect the enforceability of the remaining portions of this Agreement.

7.2 No Third Party Beneficiaries. Except as expressly set forth in this Agreement, there are no third party beneficiaries of this Agreement.

7.3 Governing Law. This Agreement shall be governed by and construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania.

7.4 Compliance With Law. The parties shall comply with all relevant state, federal and local laws, rules, statutes, ordinances, orders and regulations that are relevant to the terms and conditions of this Agreement.

7.5 Section Headings. The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of any provisions of this Agreement.

7.6 Exhibits Incorporated. All exhibits, attachments, tables or schedules referenced herein, attached or incorporated by reference are incorporated herein to the same extent as if set forth in full herein.

7.7 Counterparts. This Agreement may be executed in one or more counterparts, which when taken together shall constitute one agreement.

7.8 Redacted [redacted]

7.9 Complaints or Inquires. WBE shall forward to Company immediately upon receipt any and all governmental or other communications, complaints, and/or inquiries, written or oral, regarding or pertaining to the subject matter of this Agreement or any Representative.

7.10 Discrimination. Company does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

[Signature page follows]

IN WITNESS WHEREOF, this Agent Agreement has been duly executed by the authorized representatives of the Company and WBE on this day of , 20__.

Capital BlueCross:	**[LEGAL NAME OF WBE:]**
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____

Attachment A

List of Counties in Company's 21-County Service Area

Adams
Berks
Centre
Columbia
Cumberland
Dauphin
Franklin
Fulton
Juniata
Lancaster
Lebanon
Lehigh
Mifflin
Montour
Northampton
Northumberland
Perry
Schuylkill
Snyder
Union
York

Attachment B

AFFILIATES & SUBSIDIARIES

Capital BlueCross

Capital Advantage Insurance Company

Capital Advantage Assurance Company

Keystone Health Plan Central

Dominion Dental USA, Inc.

Dominion Dental Services, Inc.

Dominion Dental Services USA, Inc.

Dominion Dental Services of New Jersey, Inc.

Attachment C

PRODUCTS & COMMISSIONS

The commission rates set forth in this Attachment C (the "Commission Rates") shall be effective as of the date set forth on the signature page of this Agreement (the "Agreement Effective Date"). Company shall pay to WBE the applicable commission payments and provide the related commission statements with respect to every sale of the Company products. For the avoidance of doubt, the Commission Rates shall be applicable only prospectively to New Business, so commissions with respect to Existing Business shall continue to be calculated and paid in accordance with the compensation schedule that was in effect as of the date WBE first became producer of record for the applicable policy. For purposes of this provision, "New Business" means any policy issued after the Agreement Effective Date, and "Existing Business" means any policy issued before the Agreement Effective Date. Subject to Section 3.7 of the Agreement, this provision shall survive expiration or termination of this Agreement.

Healthy Benefits PPO

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [redacted] of the monthly premium on Healthy Benefits PPO products.

Healthy Benefits HMO

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [redacted] of the monthly premium on Healthy Benefits HMO products, with the exception of the Catastrophic Plan. WBE will earn [redacted] of the monthly premium on the Catastrophic Plan.

Healthy Dental PPO

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [redacted] of the monthly premium on Healthy Dental PPO products.

Select Dental HMO

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [redacted] of the monthly premium on Healthy Dental HMO products.

Healthy Vision Plan 1

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [redacted] of the monthly premium on Healthy Vision Plan 1 products.

Attachment D

Business Associate Agreement

Attachment E

Sample Logos

Samples of how logos appear on WBE website

Attachment F

Sample Form A, Appointment Disclosure Form (Agency) and

Form B, Appointment Disclosure Form (Individual)

Attachment G

MARKETPLACE REQUIRED PROVISIONS

Definitions

For purposes of these Marketplace Required Provisions and Section 2.24.3, the following capitalized terms will have the meanings set forth below. All other capitalized terms will have the meaning set forth in the Agreement.

"Breach" has the meaning contained in the Office of Management and Budget (OMB) Memoranda M-07-16 (May 22, 2007), and means the compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, loss of control, or any similar term or phrase that refers to situations where persons other than authorized users or for an other than authorized purpose have access or potential access to Personally Identifiable information (PII), whether physical or electronic.

"Centers for Medicare and Medicaid Services (CMS) Data Services Hub Web Services (Hub Web Services)" means business and technical services made available by CMS to enable the determination of certain eligibility and enrollment or Federal financial payment data through the Federally–facilitated Exchange web site, including the collection of personal and financial information necessary for Consumer, applicant, Qualified Individual, Qualified Employer, Qualified Employee, or Enrollee account creations; Qualified Health Plan (QHP) application submissions; and Insurance Affordability Program eligibility determinations.

"Delegated Entity" has the meaning set forth in 45 C.F.R. §156.20.

"Downstream Entity" has the meaning set forth in 45 C.F.R. §156.20.

"Enrollee" has the meaning set forth in 45 C.F.R. §155.20

"Federally-facilitated Exchange" means an Exchange (or Marketplace) established by HHS and operated by the Centers for Medicare and Medicaid Services under §1321(c)(1) of PPACA for individual or small group market coverage, including the Federally-facilitated Small Business Health Options Program (FF-SHOP).

"Incident" means the act of violating an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent.

"Qualified Employee" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Health Plan" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Health Plan Issuer" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Individual" has the meaning set forth in 45 CFR 155.20

Provisions

1.1 In the course of performing its duties and obligations set forth in the Agreement, WBE constitutes a Delegated Entity, and may contract with other individuals or entities that constitute Downstream Entities to assist in performing such duties and obligations. WBE is obligated to make all necessary reports to Company that (i) are specified in the Agreement; or (ii) required under applicable federal or state law.

1.2 If the Department of Health and Human Services (HHS) or Company determines that WBE, or any Downstream Entity that WBE contracts with as described herein, has not performed satisfactorily the duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as their dependents, Company may terminate the Agreement in accordance with the procedures for termination within the Agreement.

1.3 WBE must comply with all of the laws and regulations relating to the following standards, if applicable to WBE, in performing its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents: (i) 45 C.F.R. Part 156, Subpart C with respect to each Qualified Health Plan on an ongoing basis; (ii) Marketplace processes, procedures and standards pertaining to Qualified Health Plan certification under 45 C.F.R. Part 155, Subparts H and K; (iii) 45 C.F.R. §155.220 with respect to assisting with enrollment in Qualified Health Plans; and (iv) 45 C.F.R. §156.705 and §156.715 for maintenance of records and compliance reviews for Company operating in a Federally-facilitated Exchange or FF-SHOP.

1.4 If WBE receives personally identifiable information (PII) directly from Exchange applicants or from Hub Web Services, WBE agrees to the following:

1.4.1 WBE shall create, collect, disclose, access, maintain, use, or store PII that it receives directly from Exchange applicants or from Hub Web Services only in accordance with all laws as applicable, including HIPAA and Section 11411(g) of the Patient Protection and Affordable Care Act.

1.4.2 WBE agrees to monitor, periodically assess, and update its security controls and related system risks to ensure the continued effectiveness of those controls in accordance with 45 C.F.R. 155.260(a)(5); and to inform Company of any material change in its administrative, technical, or operational environments, that would require an alteration of the privacy and security standards required by this Agreement or applicable law.

1.4.3 WBE agrees to enter into written agreements with any downstream entity which receives PII directly from Exchange applicants or from Hub Web Services whereby the downstream entity agrees the requirements set forth in this section 1.4.

1.4.4 WBE agrees to the following standards for communication with the Hub:

1.4.4.1 WBE must complete and pass testing with CMS for each type of transaction that it will implement.

1.4.4.2 As applicable, all transactions must be formatted in accordance with the Accredited Standards Committee Implementation Guides.

1.4.4.3 WBE agrees to enter into written agreements with any entity for submitting or receiving FFE data, such entity must agree in writing to be bound by the terms set for thin this section 1.4, test software, and receive Company's approval of software as being the proper format and compatible with the FFE system.

1.4.4.4 WBE agrees to report any Incident or Breach of PII to Company within seventy-two (72) hours after discovery of the Incident or breach.

1.5 WBE must permit access by HHS and the Office of the Inspector General ("OIG"), or their designees, through audit, inspection, or other means as determined by HHS or the OIG, or their designees, to WBE's books, contracts, computers, or other electronic systems, including medical records and documentation, in connection with its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents for the duration of the period in which the Agreement is effective, and until ten (10) years from the effective date that the Agreement expires or is terminated.

1.6 Compliance by Downstream Entities. WBE shall include in its contract(s) with any Downstream Entities, and require such Downstream Entities to include in their contract(s) with any Downstream Entities, language that is the same or substantially similar to that contained in these Marketplace Required Provisions, which expressly requires each Downstream Entity to: (i) comply with all applicable laws and regulations, including but not limited to the provisions in Section 1.3 above, to the extent relevant, in performing or assisting in the performance of the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and (ii) grant access to its books, contracts, computers, or other electronic systems (including medical records and documentation), relating to such Downstream Entity's compliance with applicable provisions Section 1.3 above in connection with the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, to HHS and or the OIG, or their designees, for the duration of the period in which the contract(s) is effective, and for a minimum of ten (10) years from the date the contract(s) expires or is terminated.

1.7 No later than ten (10) days following any written request by Company, WBE shall provide Company with a copy of the pertinent contract language (including any amendments thereto) between WBE and any Downstream Entities, and among two or more Downstream Entities, as applicable, to demonstrate compliance with Section 1.6.

1.8 The provisions of these Marketplace Required Provisions shall in no way be interpreted as an assumption by Company of legal liability for the actions of WBE or any Downstream Entities, including but not limited to malpractice liability.

NOTICE OF AMENDMENT TO THE
PREFERRED PRODUCER MASTER AGREEMENT (INDIVIDUAL)

This Notice of Amendment ("Amendment") is hereby issued by Capital BlueCross and its subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company, and Keystone Health Plan Central (individually and collectively "Capital") to the individual producer or legal entity identified on the signature page ("Preferred Producer") of the Preferred Producer Master Agreement (Individual) between Capital and Preferred Producer (as amended, the "Agreement").

WHEREAS, Capital and Preferred Producer have previously entered into the Agreement whereby Capital appointed Preferred Producer to conduct producer-related activities on Capital's behalf regarding Capital policyholders and perspective policyholders;

WHEREAS, beginning on April 1, 2016, Capital will change its commission schedule for all Healthy Benefits products with effective dates of April 1, 2016 or later; and

WHEREAS, Capital desires to amend the Agreement to reflect the change set forth above.

NOW, THEREFORE, the Agreement is hereby modified as follows:

ARTICLE I
AMENDMENTS

1.1 Amendments. The Agreement is hereby amended as follows:

1.1.1 Commission. Schedule "A-1", Section 4.0 to the Agreement is hereby deleted in its entirety.

1.2 Effective Date. This Amendment will be effective April 1, 2016 for all products with effective dates of April 1, 2016 or later.

ARTICLE II
MISCELLANEOUS

2.1 Confidentiality. Preferred Producer agrees to (i) to keep confidential this Amendment, which includes confidential and proprietary information, and (ii) not to disclose any of the information contained in this Amendment to any person without the prior written consent of Capital.

2.2 Full Force and Effect. Except as modified by this Amendment, the Agreement remains in full force and effect.

2.3 Defined Terms. Capitalized terms used herein without definition shall have the meanings assigned to such terms in the Agreement.

[Signature Page Follows]

IN WITNESS WHEREOF, this Amendment has been duly executed by an authorized representative of Capital as of _____, 2016.

CAPITAL BLUE CROSS
CAPITAL ADVANTAGE INSURANCE COMPANY
CAPITAL ADVANTAGE ASSURANCE COMPANY
KEYSTONE HEALTH PLAN CENTRAL

By: _____

Name: _____

Title: _____

PREFERRED PRODUCER MASTER AGREEMENT (Individual)

THIS PREFERRED PRODUCER MASTER AGREEMENT among _____ (the "Preferred Producer") and Capital BlueCross and its wholly-owned subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central (collectively "Capital") is effective as of _____.

Intending to be legally bound, the Preferred Producer and Capital agree as follows:

SECTION 1. DEFINITIONS

1.1 "Agreement" means this Preferred Producer Master Agreement.

1.2 "Capital" means Capital BlueCross and its wholly owned subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central, and their respective directors, officers, and employees. Capital BlueCross, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central are independent licensees of the Blue Cross and Blue Shield Association.

1.3 "Change in Control" means a transaction that results in either (i) holding Redacted [redacted] or more of the outstanding voting securities of an entity; (ii) if an organized corporate entity, having the contractual power to designate a majority of the directors of the entity, or, if not an organized corporate entity, of individuals exercising similar functions; or (iii) in the case of an entity without outstanding voting securities, having the right to Redacted [redacted] or more of the entity's assets, or the right, in the event of dissolution, to Redacted [redacted] or more of the entity's assets.

1.4 "Contract Holder" means the individual entering into a contract with Capital for a Health Benefits Program.

1.5 "Health Benefits Programs" means any one or a combination of the individual health benefits plans insured or administered by Capital, including, but not limited to, Medicare Supplement plans, as well as any individual prescription drug, dental, and vision plans insured or administered Capital. "Health Benefits Programs" does not include Medicare Advantage products (e.g. SeniorBlue HMO and SeniorBlue PPO), or CHIP products.

1.6 "Preferred Producer" means the entity (and its directors, officers, employees, and agents) entering into this Agreement with Capital.

1.7 "Producer of Record" means a Standard Producer or a Preferred Producer as designated by a Contract Holder on the appropriate forms as determined by Capital.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

1.8 "Replacement Preferred Producer" means the entity (and its directors, officers, employees and agents) which enters into a Preferred Producer Master Agreement with Capital and which enters into a contract with a Standard Producer if (i) the contract between Preferred Producer and the Standard Producer terminates, or (ii) the contract between Capital and Preferred Producer terminates pursuant to Section 20.2.

1.9 "Service Area" means the following twenty-one counties within the Commonwealth of Pennsylvania: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union and York.

1.10 "Standard Producer" means any licensed agent, agency, or broker who has executed a Standard Producer Acknowledgment Form and entered into a contractual relationship with the Preferred Producer, as well as the individual licensed producers who have completed the Appointment Disclosure Form pursuant to Section 5.3.2 of the Standard Producer Acknowledgment Form.

SECTION 2. APPOINTMENT OF THE PREFERRED PRODUCER

2.1 Capital hereby appoints the Preferred Producer to represent it in accordance with this Agreement.

SECTION 3. RELATIONSHIP BETWEEN THE PREFERRED PRODUCER AND CAPITAL

3.1 The Preferred Producer's relationship to Capital is that of an independent contractor, and nothing contained in this Agreement may be construed to make either the Preferred Producer or a Standard Producer employees of Capital. The Preferred Producer has no authority except that which is expressly set forth in this Agreement. No authority may be implied from the authority expressly granted.

3.2 The Preferred Producer shall not represent that it is an employee of Capital.

3.3 The Preferred Producer will not conduct itself in any manner that may adversely affect the business, good standing and reputation of Capital.

3.4 As a Delegated Entity, and in Capital's authority and responsibility to oversee and monitor all delegated activities, Preferred Producer agrees to the requirements set forth in Schedule "H" (the "Marketplace Required Provisions"), which are hereby incorporated into the Agreement. The Marketplace Required Provisions will apply only to services provided to Capital relating to contract holders or prospective contract holders who are or who may be Enrollees, as well as any covered dependents, and will to the extent inconsistent with any other terms of the Agreement, supersede such inconsistent terms solely as they relate to services rendered to such contract holders. Preferred Producer shall comply with the Marketplace Required Provisions, as applicable.

SECTION 4. AUTHORIZATION OF PREFERRED PRODUCER AND STANDARD PRODUCER

4.1 Capital authorizes the Preferred Producer, along with those Standard Producers who are contracted with Preferred Producer, as applicable as determined by Capital, to do the following:

4.1.1 To represent Capital to Contract Holders in the Service Area, provided that the Preferred Producer or the Standard Producer has been designated by the Contract Holder as Producer of Record.

4.1.2 To obtain and present premium rate quotations for coverage under the Health Benefits Programs.

4.1.3 To solicit applications, enrollment cards, and similar or related documents required by Capital (the "Application Materials") prior to effectuating coverage under contracts for Health Benefits Programs.

4.1.4 To be governed strictly by all Capital underwriting and participation rules, regulations, and instructions contained in manuals, proposals or otherwise in effect from time to time. In the event of any dispute between the parties as to the interpretation of underwriting rules, regulations and instructions of Capital, Capital shall make the final determination of all such disputes.

4.1.5 To ensure that all underwriting, participation, and marketing guidelines of Capital applicable to the Health Benefits Programs are communicated to and adhered to by the Standard Producers.

4.1.6 Redacted

4.1.7 To observe and comply with all applicable insurance laws and Pennsylvania Insurance Department regulations, and any federal requirements.

4.1.8 To keep such records and forms as may be reasonably required by Capital and/or required under applicable laws and regulations. Such records together with all manuals and all supplies furnished to the Preferred Producer by Capital shall remain the property of Capital and shall be subject to examination by and/or surrender to Capital at any time.

SECTION 5. LIMITATIONS ON AUTHORITY OF PREFERRED AND STANDARD PRODUCERS

5.1 The Preferred Producer's authority does not permit the Preferred Producer, or any Standard Producer, to perform any of the following acts:

5.1.1 To waive, modify, or change any terms, conditions, rates, proposals, or limitations of any contract issued for Health Benefits Programs.

5.1.2 To bind or commit Capital in any manner.

5.1.3 To receive any money for Capital.

5.1.4 To extend the time for any premium payment.

5.1.5 To reinstate any coverage terminated.

5.1.6 To adjust, settle, or admit liability on any claim.

5.1.7 To solicit applications or enrollment forms outside the Service Area.

5.1.8 To effect any verbal contracts for Health Benefits Programs.

5.1.9 To effect any contracts for Health Benefits Programs except by means of authorized forms duly executed by authorized Capital representatives.

5.1.10 To publish or cause to be published, circulate or cause to be circulated, or utilize in the marketing effort contemplated under this Agreement any advertising material other than that approved in writing by or furnished by Capital.

For purposes of this section "advertising material" includes, but is not limited to: (i) printed and published material, audiovisual material, or descriptive literature used in direct mail, newspaper, magazines, radio and television scripts, electronic commerce, billboards and similar displays; (ii) descriptive literature and sales aids of all kinds but not limited to circulars, leaflets, booklets, illustrations, computer proposals, and form letters; and (iii) all materials containing service marks owned by Capital, any Capital affiliate or the Blue Cross and Blue Shield Association.

5.1.11 To extend credit or incur any indebtedness, liability, or obligation on behalf of Capital.

5.1.12 To sign an application on behalf of an applicant.

5.1.13 To pay, allow, or offer to pay or allow as an inducement to any person or Contract Holder, any rebate of premium or other form of consideration.

5.1.14 Redacted [redacted]

5.1.15 To enter into any legal proceeding pertaining to Capital as a representative of Capital, including the acceptance of legal process on behalf of Capital.

5.1.16 To act in a manner contrary to any laws, rules, or regulations of any governmental or other regulatory authority having jurisdiction over the subject matter of this Agreement.

5.1.17 Redacted [redacted]

SECTION 6. ELIGIBLE CONTRACT HOLDERS

6.1 In order to be eligible for the Health Benefits Programs offered by Capital, a Contract Holder must comply with current eligibility and underwriting standards/guidelines of Capital. These standards/guidelines are subject to change without notice.

6.2 All necessary enrollment materials and premium rate quotation requests must be received by Capital within any deadlines set by Capital before a Contract Holder will be considered for coverage.

6.3 A Contract Holder must execute the required documentation established by Capital from time to time and be formally accepted by Capital in order to be enrolled.

SECTION 7. RESERVATION OF RIGHTS

7.1 Capital reserves the right to reject any application for enrollment in Health Benefits Programs.

7.2 Capital reserves the right to discontinue or withdraw from sale any Health Benefits Programs, amendment, or endorsement.

7.3 Capital reserves the right to amend or cancel any Health Benefits Programs.

7.4 Capital reserves the right to determine all terms, conditions, and limitations on any Health Benefits Programs contracts.

7.5 Capital reserves the right to amend, delete, or add any Capital procedure.

7.6 Redacted [redacted]

7.7 Capital reserves the right to audit Contract Holders in accordance with the terms and conditions of the Health Benefits Programs. Capital may conduct such audits to determine, for example, whether the Contract Holders are in compliance with the underwriting and enrollment guidelines. Preferred Producer shall assist and cooperate with Capital as necessary in order for Capital to conduct such audits, including production of all Contract Holder documentation in Preferred Producer's possession.

7.8 If Capital does not extend coverage under a contract for Health Benefits Programs for one of the reasons listed above, no commission shall be paid.

SECTION 8. SERVICE MARKS

8.1 The Preferred Producer may not use in any form any registered or unregistered trademark, trade name, or service mark owned by Capital, any Capital affiliate or by the Blue Cross and Blue Shield Association, nor may the Preferred Producer place any advertisement pertaining to Capital in any medium, or issue or distribute any circular, letter, or publication referring to Capital without Capital's prior written approval. (See Section 5.1.10 for additional limitations on the Preferred Producer's authority to conduct marketing efforts under this Agreement.)

SECTION 9. COMMISSIONS AND ADMINISTRATIVE FEES

9.1 As a condition precedent to the receipt of commission payments, the Preferred Producer or Standard Producer, as applicable, must be designated in writing as the Producer of Record by the Contract Holder on the appropriate documentation in effect from time to time as determined by Capital. The Producer of Record's designation shall remain in

effect throughout the term of the Contract Holder's then-current Health Benefit Programs contract with Capital, including any renewal thereof.

9.2 Redacted [redacted]

9.3 The commission payment level to be used to determine the commission payment for the Preferred Producer will remain in effect until the termination of Contract Holder's contract.

9.4 Redacted [redacted]

SECTION 10. COMMISSION PAYMENT RULES

10.1 Capital will remit commissions as set forth on Schedule "A." Redacted [redacted]

10.2 Capital will remit commissions to the Preferred Producer.

10.3 Redacted [redacted]

10.4 If a Contract Holder's contract is terminated for any reason by Capital or the Contract Holder, all rights to commissions shall cease as of the next month immediately following the date of termination.

10.5 Commissions shall be payable monthly Redacted [redacted]

10.6 Redacted [redacted]

10.7 Neither the Preferred Producer nor the Standard Producer shall be entitled to a commission for any benefit contracts initially procured directly by Capital.

SECTION 11. COMMISSIONS AND THE STANDARD PRODUCER

11.1 Redacted [redacted]

Standard Producer is Producer of Record, the Contract Holder's name and the commission paid by Capital pursuant to Schedule "A."

11.2 Redacted [redacted]

11.3 Redacted [redacted]

11.4 [Redacted] [redacted]

11.5 Reserved

11.6 Redacted [redacted].

SECTION 12. BONUS AND INCENTIVE PROGRAMS

12.1 Redacted [redacted]

SECTION 13. ACCOUNTING

13.1 Each month Capital shall provide to the Preferred Producer a written commission detail statement, showing all Contract Holder business activity represented by the Preferred Producer during the preceding month. Capital shall then credit all commissions and administrative fees earned to the Preferred Producer. Any commissions or administrative fees to be repaid by the Preferred Producer, and any debts or debits due or to become due Capital by the Preferred Producer including, but not limited to, obligations which arise under Section 16, shall be debited to the Preferred Producer's account as an offset

against payable credits. The amount of any remaining credit shall be remitted to the Preferred Producer, with a copy of such accounting.

13.2 Upon receipt from Capital of any written commission detail statement, the Preferred Producer agrees to examine the same immediately and to notify Capital at once of any difference between said statement and the Preferred Producer's records. Failure of the Preferred Producer to notify Capital within sixty (60) days of any difference shall be an admission of the correctness of such statement. After the sixty-day period, the Preferred Producer shall not be permitted to present a claim for additional monies.

SECTION 14. RECORDS RETENTION

14.1 The Preferred Producer shall maintain complete records of all transactions pertaining to Contract Holders and correspondence to and from Contract Holders for the longer of (i) the current year plus the six preceding calendar years or (ii) any period required by applicable law.

SECTION 15. LICENSES AND COMPLIANCE WITH REGULATIONS

15.1 The Preferred Producer hereby represents and warrants that it is properly licensed to conduct all insurance business required pursuant to this Agreement.

15.2 Redacted [redacted]

15.3 The Preferred Producer shall immediately notify Capital of any termination, suspension, or expiration of the Preferred Producer's license or of any termination, suspension, or expiration of a Standard Producer's license. The Preferred Producer shall immediately notify Capital in the event the Preferred Producer is charged with any wrongdoing for which the penalty of suspension or revocation is possible. Upon receiving such notice, Capital shall have the right, in its sole discretion, to terminate the Agreement. The failure on the part of Capital to elect to terminate this Agreement immediately shall not be construed as a waiver of the right to do so subsequently.

SECTION 16. PREFERRED PRODUCER RESPONSIBLE FOR ACTIONS OF STANDARD PRODUCERS; TRANSFER OF STANDARD PRODUCER

16.1 The Standard Producer shall be permitted to submit applications for enrollment only after:

16.1.1 The Standard Producer executes the Standard Producer Acknowledgment Form (a copy is attached as Schedule "C"), as amended or supplemented from time to time by Capital.

16.1.2 The Standard Producer executes the appropriate Producer/Applicant Disclosure Form (copies of Form C-7 and Form C-8 are attached as Schedule "D"), as amended or supplemented from time to time by Capital.

16.1.3 The Standard Producer has been appointed by Capital.

16.2 The Preferred Producer shall be responsible for the completion and submission to Capital of all forms required for appointing the Standard Producers. The responsibilities of the Preferred Producer are not satisfied or dismissed by the Standard Producer completing the Standard Producer Acknowledgment Form.

16.3 Redacted [redacted]

16.4 The Standard Producer shall not represent that it is an employee of Capital.

16.5 Redacted [redacted]

16.6 Redacted [redacted]

16.6.1 Redacted [redacted].

SECTION 17. CONFIDENTIALITY

17.1 During the term of this Agreement and any extension thereof, or at any time after termination of the Agreement, the Preferred Producer shall not divulge or use any confidential and/or proprietary information about the business of Capital, except as authorized by Capital in writing. Confidential and proprietary information about the business of Capital includes, but is not limited to, policies, procedures, underwriting guidelines, and/or specific proposals of Capital, in any form whatsoever, which the Preferred Producer obtained by reason of this Agreement.

17.2 Redacted [redacted]

17.3 Redacted [redacted]

SECTION 18. INDEMNIFICATION

18.1 Indemnification by the Preferred Producer. The Preferred Producer agrees to indemnify and save Capital, its affiliates and subsidiaries and its officers, directors, and employees harmless from any damage and against any liability for loss, cost, expenses, fines, penalties, including punitive or exemplary damages and all costs of defense; (i) resulting

from any act, error or omission, whether intentional or unintentional, by the Preferred Producer and its officers, directors, employees and its Standard Producers, related to or which arise out of the business covered by this Agreement, or (ii) resulting from any obligation, act or transaction created or performed by the Preferred Producer in violation of, in excess of, or in contravention of the power and authority of the Preferred Producer set forth in this Agreement.

18.1.1 In cases in which the Preferred Producer's errors and omissions liability insurer does not tender a defense for a lawsuit hereunder, (i) Capital shall select its own defense counsel, (ii) the Preferred Producer shall pay all expenses incurred by Capital relating to its defense, and (iii) Capital shall decide in its sole opinion whether claims or suits may be settled.

18.1.2 In cases in which the Preferred Producer's errors and omissions liability insurer tenders a defense for a lawsuit hereunder, (i) the Preferred Producer shall submit a written request to its errors and omissions liability insurer to retain counsel recommended by Capital, and (ii) the Preferred Producer shall obtain the consent of Capital before agreeing to any settlement, which consent shall not be unreasonably withheld.

18.1.3 The Preferred Producer expressly authorizes Capital, without precluding Capital from exercising any other remedy it may have, to charge against all compensation due or to become due to the Preferred Producer under this Agreement any monies paid or liabilities incurred by Capital by reason of any occurrence described herein.

18.2 Indemnification by Capital. Capital agrees to indemnify and save the Preferred Producer and the Standard Producer, their respective officers, directors, partners, and employees harmless from any damage and against any liability for loss, cost, expenses, fines, penalties, including punitive or exemplary damages and all costs of defense resulting from any act, error or omission, whether intentional or unintentional, by Capital and its officers, directors, and employees related to or which arise out of the business covered by this Agreement.

SECTION 19. ERRORS AND OMISSIONS INSURANCE

19.1 During the entire term of this Agreement, the Preferred Producer and the Standard Producer are required to maintain errors and omissions insurance coverage with an insurance company have an A.M. Best rating of "A" or higher. Preferred Producer shall maintain coverage with an aggregate limit of liability of at least Three Million ($3,000,000) Dollars. Standard Producer shall maintain coverage with an aggregate limit of liability of at least One Million ($1,000,000) Dollars.

19.2 The Preferred Producer is further required to provide Capital, at its request, with a copy of such errors and omissions insurance policy.

19.3 The Preferred Producer shall notify Capital within five (5) days if the Preferred Producer receives notice that the errors and omissions insurance carrier intends to terminate, cancel, non-renew, or rescind the errors and omissions insurance coverage.

SECTION 20. TERM AND TERMINATION

20.1 This Agreement shall be effective from the date first above written and shall continue in full force and effect for twelve (12) consecutive months, at which time, unless terminated as set forth below, this Agreement shall automatically renew for a further period of twelve (12) consecutive months and thereafter from year to year.

20.2 This Agreement may be terminated at any time by any party hereto upon thirty (30) days written notice to the other parties.

20.3 The Agreement may be terminated immediately upon the occurrence of any of the following:

20.3.1 Such termination is required by state or federal law or regulation, or by an order of any state or federal agency or court with authority to issue such an order.

20.3.2 Enforcement of any disciplinary regulatory action against, or suspension or termination of the Preferred Producer's license.

20.3.3 The Preferred Producer withholds, converts for its own use, or otherwise misappropriates funds of Capital or a Contract Holder.

20.3.4 The Preferred Producer commits any illegal act or fraud in the performance of its duties under this Agreement.

20.3.5 The Preferred Producer fails to maintain errors and omissions coverage as set forth in Section 19 above.

20.3.6 Upon the Preferred Producer's death or dissolution, bankruptcy or insolvency.

20.3.7 Upon the assignment of the Agreement by the Preferred Producer for the benefit of creditors.

20.3.8 Upon the Preferred Producer's breach of any of the terms of this Agreement or of Capital underwriting rules, regulations and instructions.

20.3.9 Upon the Preferred Producer's conviction, entry of a plea of *nolo contendre*, or the imposition of probation without verdict for any felony, or a misdemeanor related to the business of insurance, including but not limited to fraud, theft, embezzlement, or any other offense related to the misuse or taking of funds.

20.3.10 Upon the Preferred Producer's breach of any provision of the HIPAA Business Associate Addendum to which Section 29 refers.

20.4 Redacted [redacted]

20.5 Redacted [redacted]

[redacted]

20.5.2 Enter into a Preferred Producer Master Agreement directly with a Standard Producer who qualifies for such an Agreement.

SECTION 21. EFFECT OF TERMINATION UPON COMMISSIONS AND ADMINISTRATIVE FEES

21.1 Upon termination of this Agreement by the Preferred Producer, without cause, pursuant to Section 20.2, the Preferred Producer shall have no right to receive the commissions and administrative fees described in Schedule "A-1".

21.2 Upon termination of the Agreement by Capital, without cause, pursuant to Section 20.2, Redacted [redacted] Section 20.4:

21.2.1 Redacted [redacted]

21.2.2 Redacted [redacted]

21.3 Upon termination of this Agreement for any one of the reasons enumerated at Section 20.3 ("the Terminating Event"), the Preferred Producer shall have no right to receive commissions or administrative fees. Commission and administrative fee payment shall cease as of the last day of the month in which the Terminating Event occurred.

21.4 This Section 21 shall survive any termination of this Agreement.

SECTION 22. JOINT AND SEVERAL LIABILITY

22.1 In the event of a transfer of ownership of the Preferred Producer's business, the Preferred Producer shall remain jointly and severally liable with the purchaser/transferee for all premium remittances received and all debts and obligations incurred under this Agreement, unless otherwise agreed to in writing by Capital.

SECTION 23. ASSIGNMENT OF COMMISSIONS

23.1 Any assignment of commissions payable under this Agreement shall be valid only with Capital's prior written approval, which approval will not be unreasonably withheld. Any assignment will be subject also to the terms of Section 9.4 above.

SECTION 24. ASSIGNMENT OF THE AGREEMENT

24.1 This Agreement shall not be sold, pledged, or assigned by the Preferred Producer without Capital's prior written approval.

SECTION 25. NON-SOLICITATION OF EMPLOYEES

25.1 Redacted [redacted]

SECTION 26. NOTICES

26.1 All notices required or permitted to be given hereunder shall be in writing and shall be delivered (i) by prepaid certified or registered mail or a nationally recognized overnight courier or (ii) by any electronic method for which receipt is documented, addressed to the party to whom it is directed at its address set forth below, or to such other address as may from time to time be specified by one party to the other. All notices shall be effective upon the earlier of (i) receipt, or (ii) with respect to notices that are sent by certified or registered mail, three (3) business days after mailing, and with respect to notices sent by overnight courier one (1) business day after sending.

TO: CAPITAL	**TO: PREFERRED PRODUCER**
Senior Director, Producer Relations Capital BlueCross 2500 Elmerton Avenue Harrisburg, PA 17110	_____ _____ _____ _____

Any party may at any time change or amend its address for notification purposes, by mailing a notice as required hereinabove, stating the change and setting forth the new address. The new address shall be effective on the date specified in such notice, or if no date is specified, on the tenth (10th) day following the date such notice is received.

SECTION 27. AMENDMENT OR MODIFICATION

27.1 The terms of this Agreement, including but not limited to Schedule "A-1" and Schedule "A-2", may be waived, amended, modified or supplemented in writing as agreed to by the parties; provided, however that the Agreement may be amended automatically, without the consent of Preferred Producer, in order to meet applicable local, state or federal statutory or regulatory requirements. Capital shall provide Preferred Producer with written notice of such amendments for statutory or regulatory compliance. Redacted [redacted]

27.2 Redacted [redacted]

SECTION 28. NOTIFICATION OF COMPLAINTS OR INQUIRIES

28.1 The Preferred Producer shall forward to Capital immediately upon receipt any and all governmental or other communications, complaints, and/or inquiries, written or oral, regarding or pertaining to the subject matter of this Agreement.

SECTION 29. HIPAA COMPLIANCE

29.1 The Preferred Producer shall comply with the terms of the HIPAA Business Associate Addendum attached hereto, marked as Schedule "E," and incorporated herein by reference.

SECTION 30. WAIVER

30.1 No forbearance or neglect on the part of Capital to insist upon compliance with the terms of this Agreement shall be construed as or constitute a waiver of any provision of this Agreement or a grant of authority under this Agreement.

SECTION 31. SEVERABILITY

31.1 The invalidity of any one or more of the words, phrases, sentences, clauses, sections, or subsections contained in this Agreement shall not affect the enforceability of the remaining portions of this Agreement.

31.2 The parties agree that their reciprocal rights and obligations under this Agreement constitute good and valuable consideration for the several obligations imposed upon each party hereunder. To the extent required by law, each individual provision in this Agreement shall be deemed adequately supported by separate and independent consideration.

SECTION 32. SECTION HEADINGS

32.1 The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of any provisions of this Agreement.

SECTION 33. GOVERNING LAW.

33.1 This Agreement shall be governed by and construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania.

33.2 If the parties are unable to informally resolve any controversy or claim arising out of or relating to this Agreement, or the breach thereof as alleged by Standard Producer, such claim or breach shall be settled by binding arbitration administered by the American Arbitration Association ("AAA") and conducted by a panel of three (3) Arbitrators, one selected by Capital, one selected by the Preferred Producer, and the third selected by the other two (2) Arbitrators ("Arbitrators") in accordance with the AAA's Commercial Arbitration Rules ("Rules"). The Arbitrators' decision shall be in satisfaction of all claims by all parties. Arbitrators' fees and expenses shall be borne equally by the parties unless otherwise awarded by the Arbitrators. Each party shall bear all other fees and expenses it incurs, including all filing, witness, expert witness, transcript, and attorneys' fees.

33.3 Notwithstanding the provisions of Section 33.2 above, nothing shall preclude Capital from seeking relief against the Preferred Producer in a Court of Law or in Equity under appropriate circumstances, including but not limited to, a request for injunctive relief. The Preferred Producer acknowledges that its obligations under this Agreement are unique

and that monetary redress may be inadequate to compensate Capital for the breach thereof. The parties hereby agree that the venue for any such equity proceedings shall be the Court of Common Pleas of Dauphin County. The Preferred Producer, wherever it may be located, hereby consents to personal jurisdiction and venue before the Court of Common Pleas of Dauphin County.

SECTION 34. EXHIBITS INCORPORATED

34.1 All exhibits, attachments, tables or schedules referenced herein, attached or incorporated by reference are incorporated herein to the same extent as if set forth in full herein.

SECTION 35. ENTIRE AGREEMENT

35.1 This Agreement, together with the Schedules attached hereto, constitutes the entire agreement between the parties with respect to the matters contained herein. This Agreement supersedes all prior agreements, understandings, negotiations, and discussions among the parties pertaining to the Preferred Producer program.

SECTION 36 – RESERVED

SECTION 37. DISCRIMINATION

37.1 Capital does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of Health Benefit Programs, including enrollment and benefit determinations.

The parties hereto, each acting under due and proper authority and intending to legally bound, have executed this Agreement.

PREFERRED PRODUCER

Signature

Name

Title

Date

CAPITAL BLUECROSS
CAPITAL ADVANTAGE INSURANCE COMPANY
CAPITAL ADVANTAGE ASSURANCE COMPANY
KEYSTONE HEALTH PLAN CENTRAL

Tracy Onorofsky
Senior Vice President Commercial Group Sales

Date

COMMISSION SCHEDULE

In consideration of and as full compensation for services performed as a Capital-appointed producer under this Agreement, Capital will remit payment of monthly commissions and administrative fees, as applicable, according to its then-current standard commission schedule as follows:

1. Redacted [redacted]

[redacted]

2. PersonalBlue PPO. Redacted [redacted]

[redacted]

[redacted]

2.1 Non-Qualified Plan. Redacted [redacted]

[redacted]

Redacted

2.2 Qualified High Deductible Health Plan. CRedacted

SCHEDULE A-1
Commissions

4.0 Healthy Benefits.

4.1 If Preferred Producer is the Producer of Record, Preferred Producer will earn Redacted each month on Healthy Benefits PPO products, except Catastrophic. If a Standard Producer is the Producer of Record, the Standard Producer will earn Redacted each month and the Preferred Producer will receive Redacted each month on Healthy Benefits PPO products, except Catastrophic. This Section 4.1 is subject to the limitation of Section 4.4 below.

4.2 If Preferred Producer is the Producer of Record, Preferred Producer will earn Redacted each month on Healthy Benefits HMO products, except Catastrophic. If a Standard Producer is the Producer of Record, the Standard Producer will earn Redacted each month and Preferred Producer will receive Redacted each month Healthy Benefits HMO products, except Catastrophic. This Section 4.2 is subject to the limitation of Section 4.4 below.

4.3 If Preferred Producer is the Producer of Record, Preferred Producer will earn Redacted per contract, per month on Healthy Benefits Catastrophic products. If a Standard Producer is the Producer of Record, the Standard Producer will earn Redacted per contract, per month and Preferred Producer will receive Redacted a month on Healthy Benefits Catastrophic products. This Section 4.3 is subjet to the limitation of Section 4.4 below.

4.4 On all Family Plans commission will be paid for the first Redacted individuals on the Family Plan. After Redacted individuals have been added to the Family Plan no additional commission shall be paid.

5.0 Healthy Vision Plan 1.

5.1.1 Redacted

6.0 SecureBlue.

6.1.1 Redacted

December 2015 SecureBlue Commission Chart

Redacted

BONUS AND INCENTIVE PROGRAMS

PRODUCTION STANDARDS AND ADMINISTRATIVE REQUIREMENTS

Subject to the terms of the Preferred Producer Master Agreement to which this schedule is attached, the Preferred Producer shall comply with Capital's contract production and administrative requirements in effect from time to time.

1. Production Standards

1.1 Redacted [redacted]

2. Administrative Requirements

2.1 Redacted [redacted]

Redacted [redacted]

SCHEDULE C
Standard Producer Acknowledgment Form

SCHEDULE D
Producer/Applicant Disclosure Forms (C-7 and C-8)

BUSINESS ASSOCIATE AGREEMENT

SCHEDULE F
(RESERVED)

SCHEDULE G
(RESERVED)

Schedule H

MARKETPLACE REQUIRED PROVISIONS

Definitions

For purposes of these Marketplace Required Provisions and Section 3.4, the following capitalized terms will have the meanings set forth below. All other capitalized terms will have the meaning set forth in the Agreement.

"Delegated Entity" has the meaning set forth in 45 C.F.R. §156.20.

"Downstream Entity" has the meaning set forth in 45 C.F.R. §156.20.

"Enrollee" has the meaning set forth in 45 C.F.R. §155.20

"Federally-facilitated Exchange" means an Exchange (or Marketplace) established by HHS and operated by the Centers for Medicare and Medicaid Services under §1321(c)(1) of PPACA for individual or small group market coverage, including the Federally-facilitated Small Business Health Options Program (FF-SHOP)

"Qualified Employee" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Health Plan" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Health Plan Issuer" has the meaning set forth in 45 C.F.R. §155.20

"Qualified Individual" has the meaning set forth in 45 CFR 155.20

Provisions

1.1 In the course of performing its duties and obligations set forth in the Agreement, Preferred Producer may constitute a Delegated Entity, and may contract with other individuals or entities that constitute Downstream Entities to assist in performing such duties and obligations. Preferred Producer is obligated to make all necessary reports to Capital that (i) are specified in the Agreement; or (ii) required under applicable federal or state law.

1.2 If HHS or Capital determines that Preferred Producer, or any Downstream Entity that Preferred Producer contracts with as described herein, has not performed satisfactorily the duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as their dependents, Capital may terminate the Agreement in accordance with the procedures for termination within the Agreement.

1.3 Preferred Producer must comply with all of the laws and regulations relating to the following standards, if applicable to Preferred Producer, in performing its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents: (i) 45 C.F.R. Part 156, Subpart C with respect to each Qualified Health Plan on an ongoing basis; (ii) Marketplace processes, procedures and standards pertaining to Qualified Health Plan certification under 45 C.F.R. Part 155, Subparts H and K; (iii) 45 C.F.R. §155.220 with respect to assisting with enrollment in Qualified Health Plans; and (iv) 45 C.F.R. §156.705 and §156.715 for maintenance of records and compliance reviews for Capital operating in a Federally-facilitated Exchange or FF-SHOP.

1.4 Preferred Producer must permit access by HHS and the Office of the Inspector General ("OIG"), or their designees, through audit, inspection, or other means as determined by HHS or the OIG, or their designees, to Preferred Producer's books, contracts, computers, or other electronic systems, including medical records and documentation, in connection with its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents for the duration of the period in which the Agreement is effective, and until ten (10) years from the effective date that the Agreement expires or is terminated.

1.5 Preferred Producer shall include in its contract(s) with any Downstream Entities, and require such Downstream Entities to include in their contract(s) with any Downstream Entities, language that is the same or substantially similar to that contained in these Marketplace Required Provisions, which expressly requires each Downstream Entity to: (i) comply with all applicable laws and regulations, including but not limited to the provisions in Section 1.3 above, to the extent relevant, in performing or assisting in the performance of the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and (ii) grant access to its books, contracts, computers, or other electronic systems (including medical records and documentation), relating to such Downstream Entity's compliance with applicable provisions Section 1.3 above in connection with the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, to HHS and or the OIG, or their designees, for the duration of the period in which the contract(s) is effective, and for a minimum of ten (10) years from the date the contract(s) expires or is terminated.

1.6 No later than ten (10) days following any written request by Capital, Preferred Producer shall provide Capital with a copy of the pertinent contract language (including any amendments thereto) between Preferred Producer and any Downstream Entities, and among two or more Downstream Entities, as applicable, to demonstrate compliance with Section 1.5.

1.7 The provisions of these Marketplace Required Provisions shall in no way be interpreted as an assumption by Capital of legal liability for the actions of Preferred Producer or any Downstream Entities, including but not limited to malpractice liability.

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 1

CAIC

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-13		$ 3,943,081.30	1.0000	$ 3,943,081.30	15,858	$ 248.65		$ 55,279.52	$ 5,146,170.21	$ 324.52
Feb-13		$ 3,697,710.39	1.0000	$ 3,697,710.39	16,182	$ 228.51		$ 57,324.18	$ 4,625,667.73	$ 285.85
Mar-13		$ 4,262,644.10	1.0000	$ 4,262,644.10	16,561	$ 257.39		$ 61,717.01	$ 4,871,375.41	$ 294.15
Apr-13		$ 4,779,461.59	1.0000	$ 4,779,461.59	16,989	$ 281.33		$ 60,187.12	$ 5,321,237.24	$ 313.22
May-13		$ 5,041,527.49	1.0000	$ 5,041,527.49	17,367	$ 290.29		$ 68,144.29	$ 5,317,285.20	$ 306.17
Jun-13		$ 4,513,608.45	1.0000	$ 4,513,608.45	17,535	$ 257.41		$ 60,226.40	$ 4,744,058.92	$ 270.55
Jul-13		$ 5,037,786.99	1.0000	$ 5,037,786.99	17,725	$ 284.22		$ 68,782.49	$ 5,224,879.11	$ 294.77
Aug-13		$ 5,260,957.43	1.0000	$ 5,260,957.43	17,961	$ 292.91		$ 68,969.97	$ 5,232,140.26	$ 291.31
Sep-13		$ 5,583,910.29	1.0000	$ 5,583,910.29	18,178	$ 307.18		$ 71,452.00	$ 5,507,153.88	$ 302.96
Oct-13		$ 5,427,513.28	1.0000	$ 5,427,513.28	18,355	$ 295.70		$ 68,722.29	$ 5,281,973.90	$ 287.77
Nov-13		$ 5,863,956.31	1.0000	$ 5,863,956.31	18,505	$ 316.88		$ 71,484.38	$ 5,583,419.45	$ 301.72
Dec-13	$ 66,406,990.00	$ 6,119,566.87	1.0000	$ 6,119,566.87	19,068	$ 320.93	$ 12,471,339.00	$ 73,197.30	$ 5,314,668.07	$ 278.72
Jan-14		$ 3,206,010.09	0.9978	$ 3,213,016.97	13,791	$ 232.98		$ 12,657.31	$ 3,514,797.95	$ 254.86
Feb-14		$ 2,840,263.77	0.9977	$ 2,846,885.05	13,310	$ 213.89		$ 38,588.81	$ 2,873,115.94	$ 215.86
Mar-14		$ 3,618,095.81	0.9977	$ 3,626,267.25	12,792	$ 283.48		$ 31,551.07	$ 3,761,115.89	$ 294.02
Apr-14		$ 3,067,249.97	0.9979	$ 3,073,640.00	10,853	$ 283.21		$ 15,941.72	$ 3,723,425.15	$ 343.08
May-14		$ 2,454,438.00	0.9975	$ 2,460,570.00	10,674	$ 230.52		$ 19,157.30	$ 3,088,383.54	$ 289.34
Jun-14		$ 2,514,497.01	0.9977	$ 2,520,191.00	10,477	$ 240.55		$ 16,832.61	$ 3,111,781.69	$ 297.01
Jul-14		$ 2,602,365.81	0.9976	$ 2,608,553.00	10,306	$ 253.11		$ 20,353.73	$ 3,182,624.15	$ 308.81
Aug-14		$ 2,964,213.21	0.9977	$ 2,970,922.00	10,154	$ 292.59		$ 19,590.92	$ 3,515,772.38	$ 346.25
Sep-14		$ 2,663,569.44	0.9976	$ 2,670,012.00	10,014	$ 266.63		$ 131,770.06	$ 3,119,602.61	$ 311.52
Oct-14		$ 2,943,553.37	0.9976	$ 2,950,697.00	9,893	$ 298.26		$ 21,706.02	$ 3,523,636.66	$ 356.17
Nov-14		$ 2,619,800.26	0.9972	$ 2,627,170.00	9,753	$ 269.37		$ 19,282.03	$ 3,135,222.56	$ 321.46
Dec-14	$ 34,597,855.00	$ 3,633,785.90	0.9973	$ 3,643,525.00	9,660	$ 377.18	$ 7,682,495.00	$ 90,759.88	$ 4,143,782.21	$ 428.96
Jan-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Feb-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Mar-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Apr-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
May-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Jun-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Jul-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Aug-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Sep-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Oct-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Nov-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!
Dec-15		$ -		#DIV/0!		#DIV/0!				#DIV/0!

CY2013	$ 66,406,990	$ 59,531,724	$ 59,531,724	210,284	$ 283.10	$ 12,471,339	$ 785,487	$ 62,170,029	$ 295.65
CY2014	$ 34,597,855	$ 35,127,843	$ 35,211,449	131,677	$ 267.41	$ 7,682,495	$ 438,191	$ 40,693,261	$ 309.04
CY2015	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
Grand Total	$ 101,004,845	$ 94,659,567	$ 94,743,174	341,961	$ 277.06	$ 20,153,834	$ 1,223,678	$ 102,863,290	$ 300.80

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 1a

ACA Savings		
18% discount on facility	18.0%	
0% discount on physician	0.0%	
Pinnacle ACA Contract Savings	-11%	Assumes 60% claims are facility
Pinnacle/Non-Pinnacle Split		
Pinnacle	80%	Assumes 80% of facility claims will be through a Pinnacle Facility
Non-Pinnacle	20%	
Blended Contract Savings	-8.6%	
Plan Design (Referrals)	-2.0%	
Total Savings	-10.5%	
Rating Factor	0.895	0.89 is applied in rating

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 2

Primary drivers of requested change	% Change
Historical claim experience	20.5%
Loss of federal reinsurance program in 2017	6.4%
Changes being requested are also based upon consideration of the factors that influence future period cost structures.	
The primary drivers of change in future costs are (Trend Components):	8.1%
Anticipated changes in prescription drug unit costs	
Continuing change in utilization such as	
Intensity of medical services rendered	
Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)	
Further migration from brand prescription drugs to generic prescription drugs	
Favorable impacts of value based benefits designs	
Prescription drug patent expirations and new to market brand drugs	
Leveraging associated with unchanged cost share components such as deductible and copays	
Inflation adjustment to administrative expenses	0.4%
Tax Changes	
Suspension of Health Insurer Tax in 2017	-3.6%
Increase in exchange fees due to on-exchange enrollment growth	0.5%
Total Rate Change Given Above Drivers	32.3%

Market Stabilization	-11.2%
Wear off of pent-up demand	
Stabilization of risk as more individuals enter the market	
Issuers' increased capability to accurately capture risk scores	
Managed Care Product: Impact of referrals and Tier 1 utilization.	

Total Rate Change Request	21.1%

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 2a

Historical Experience

CAAC 2015 Experience

	Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
	$ 35,385,259.00	$ 45,240,891.97	$ 46,145,972.10	116,230	$ 7,844,405.00	$ 55,259,054.09	$ -	$ (879,403.06)	$ -	$ -	$ 4,507,139.92	$ 3,986,384.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)												$ 467.86
Loss Ratio												**103.48%**

KHPC 2015 Experience

	Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
	$ 8,558,703.00	$ 9,977,705.81	$ 10,242,950.21	30,515	$ 1,682,231.00	$ 12,114,588.26	$ -	$ (350,356.00)	$ 400,673.20	$ -	$ (1,005,913.00)	$990,730
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)												$ 398.65
Loss Ratio												**123.17%**

Total PPACA

	Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
	$ 43,943,962.00	$ 55,218,597.78	$ 56,388,922.31	146,745	$ 9,526,636.00	$ 67,373,642.35	$ -	$ (1,229,759.06)	$ 400,673.20	$ -	$ 3,501,226.92	$ 4,977,114.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)												$ 453.47
Loss Ratio												**106.61%**

2017 Projected Retention

	Admin	Profit	Taxes
Total	9.4%	2.0%	2.5%
Claims	7.8%		
Broker	1.3%		
Quality Improvement	0.3%		

Target Loss Ratio	86.1%
Increase attributed to historical claim experience	**20.54%**

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 2b

Justification for Loss of Federal Reinsurance Program

Loss of Federal Reinsurance Program impact to Premium	6.4%

From 2016 Premium Definiciency Reserve Calculation

Projected 2016 Adjusted for Risk Adjustment and Reinsurance

Members

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO		2,851	20,672	4,492	1,813	29,828
HMO	1,841	5,422	22,333	1,720	530	31,846
Total	1,841	8,273	43,005	6,212	2,343	61,674

Claims PMPM

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	-	193.52	373.58	423.97	1158.94	411.70
HMO	90.27	175.69	328.56	445.89	567.61	299.07
Total	90.27	181.83	350.20	430.04	1025.18	353.54

Premium PMPM

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	-	395.33	445.01	505.60	576.56	457.38
HMO	111.23	302.40	348.48	415.68	458.51	332.38
Total	111.23	334.42	394.88	480.70	549.85	392.84

MLR

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	#DIV/0!	49.0%	84.0%	83.9%	201.0%	90.0%
HMO	81.2%	58.1%	94.3%	107.3%	123.8%	90.0%
Total	81.2%	54.4%	88.7%	89.5%	186.4%	90.0%

Risk Adjustment and Reinsurance Projections

	Cat	Bronze	Silver	Gold	Platinum	Total
Risk Adjustment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Reinsurance	$0.00	$15.00	$20.00	$60.00	$78.75	$25.00

Without Risk Adjustment and Reinsurance

Projected 2016 Unadjusted

Members

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO		2,851	20,672	4,492	1,813	29,828
HMO	1,841	5,422	22,333	1,720	530	31,846
Total	1,841	8,273	43,005	6,212	2,343	61,674

Claims PMPM

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	-	193.52	373.58	423.97	1158.94	411.70
HMO	90.27	175.69	328.56	445.89	567.61	299.07
Total	90.27	181.83	350.20	430.04	1025.18	353.54

Premium PMPM

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	-	380.33	425.01	445.60	497.81	428.26
HMO	111.23	287.40	328.48	355.68	379.76	311.25
Total	111.23	319.42	374.88	420.70	471.10	367.84

MLR

Product	Catastrophic	Bronze	Silver	Gold	Platinum	Total
PPO	#DIV/0!	50.9%	87.9%	95.1%	232.8%	96.1%
HMO	81.2%	61.1%	100.0%	125.4%	149.5%	96.1%
Total	81.2%	56.9%	93.4%	102.2%	217.6%	96.1%

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 2c

Change in Exchange User Fee

2016 Exchange User Fee	$7.25
2017 Exchange User Fee	$10.42
2017 Average Premium	$596.41
Increase due to Exchange Fees	0.5%

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 3

Commerical Medical Trend

		2016	2017	Average
Total		**7.5%**	**7.2%**	**7.3%**
Cost	Total	5.4%	5.1%	5.2%
	Facility	6.4%	6.2%	6.3%
	Professional	3.3%	2.6%	3.0%
Utilization		2.0%	2.0%	2.0%

Commercial Drug Trend

	2016	2017	Average
Total	**13.8%**	**16.3%**	**15.1%**
Cost	13.3%	15.7%	14.5%
Utilization	0.5%	0.5%	0.5%

Aggregate Pricing Trend

Medical	7.0%
Drug	13.6%

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 3a

CAAC Individual Trend Data

Product PPO INDIVIDUAL
Market Segment INDIV

Total

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	7,981	1.1637	663,349	$ 83.12	$ 91.15	$ 94.15	12.4%	3.0%
201307	8,296	1.1684	775,928	$ 93.53	$ 92.14	$ 94.17	8.5%	2.4%
201308	8,628	1.1688	962,543	$ 111.56	$ 96.44	$ 96.52	8.1%	7.6%
201309	8,949	1.1726	862,067	$ 96.33	$ 100.51	$ 96.83	12.1%	11.3%
201310	9,288	1.1740	1,063,816	$ 114.54	$ 107.52	$ 98.16	13.2%	9.7%
201311	9,760	1.1748	1,160,707	$ 118.92	$ 110.25	$ 98.45	-0.6%	3.2%
201312	11,160	1.1976	1,568,307	$ 140.53	$ 125.56	$ 103.39	12.3%	7.5%
201401	11,649	1.2353	2,315,794	$ 198.80	$ 154.90	$ 114.01	39.5%	18.4%
201402	11,358	1.2385	1,956,164	$ 172.23	$ 170.93	$ 122.83	93.4%	32.6%
201403	11,071	1.2379	2,651,856	$ 239.53	$ 203.18	$ 136.24	134.9%	46.6%
201404	10,853	1.2380	2,571,003	$ 236.89	$ 215.70	$ 148.43	161.3%	59.2%
201405	10,674	1.2362	2,074,474	$ 194.35	$ 223.86	$ 155.65	139.4%	63.5%
201406	10,477	1.2363	2,126,021	$ 202.92	$ 211.58	$ 164.44	132.1%	74.7%
201407	10,306	1.2416	2,182,048	$ 211.73	$ 202.90	$ 173.10	120.2%	83.8%
201408	10,154	1.2455	2,356,318	$ 232.06	$ 215.42	$ 182.09	123.4%	88.6%
201409	10,014	1.2455	2,207,087	$ 220.40	$ 221.35	$ 191.17	120.2%	97.4%
201410	9,893	1.2471	2,370,077	$ 239.57	$ 230.65	$ 200.52	114.5%	104.3%
201411	9,753	1.2512	2,139,021	$ 219.32	$ 226.44	$ 208.21	105.4%	111.5%
201412	9,659	1.2548	3,002,948	$ 310.90	$ 256.34	$ 222.09	104.2%	114.8%
201501	9,851	1.2474	2,644,836	$ 268.48	$ 266.10	$ 227.96	71.8%	100.0%
201502	9,951	1.2453	2,796,547	$ 281.03	$ 286.63	$ 237.43	67.7%	93.3%
201503	9,902	1.2448	3,042,346	$ 307.25	$ 285.61	$ 242.93	40.6%	78.3%
201504	9,820	1.2450	3,073,827	$ 313.02	$ 300.36	$ 249.19	39.2%	67.9%
201505	9,759	1.2468	2,827,859	$ 289.77	$ 303.38	$ 257.40	35.5%	65.4%
201506	9,691	1.2514	3,453,625	$ 356.37	$ 319.62	$ 270.28	51.1%	64.4%
201507	9,619	1.2547	2,816,751	$ 292.83	$ 312.99	$ 277.23	54.3%	60.2%
201508	9,576	1.2552	2,941,182	$ 307.14	$ 318.89	$ 283.57	48.0%	55.7%
201509	9,536	1.2572	3,264,066	$ 342.29	$ 314.02	$ 293.76	41.9%	53.7%
201510	9,551	1.2579	4,079,615	$ 427.14	$ 358.82	$ 309.28	55.6%	54.2%
201511	9,507	1.2592	3,643,578	$ 383.25	$ 384.25	$ 322.85	69.7%	55.1%
201512	9,458	1.2624	3,611,755	$ 381.87	$ 397.49	$ 328.65	55.1%	48.0%
201601	35,366	1.3438	12,519,765	$ 354.01	$ 363.97	$ 339.16	36.8%	48.8%
201602	37,003	1.3436	15,058,420	$ 406.95	$ 381.17	$ 357.45	33.0%	50.5%
201603	37,802	1.3440	16,959,222	$ 448.63	$ 404.26	$ 377.50	41.5%	55.4%
201604	37,815	1.3463	15,327,293	$ 405.32	$ 420.40	$ 385.00	40.0%	54.5%
201605	38,030	1.3474	14,971,304	$ 393.67	$ 415.83	$ 389.98	37.1%	51.5%
6-month average							40.6%	51.5%
12-month average							47.0%	54.3%
6-month average (excl last 3 months)							48.7%	51.7%
12-month average (excl last 1 or 3 months)							46.7%	55.5%
6-month average (excl last 3 months, drop high and low)							47.3%	51.8%
12-month average (excl last 1 or 3 months, drop high and low)							45.8%	55.2%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	983,979	$ 123.29	$ 135.34	$ 134.65	18.3%	7.7%
201307	1,145,683	$ 138.10	$ 135.74	$ 135.64	14.9%	7.9%
201308	1,333,942	$ 154.61	$ 139.07	$ 138.55	14.7%	12.1%
201309	1,202,548	$ 134.38	$ 142.32	$ 138.77	15.2%	14.8%
201310	1,425,781	$ 153.51	$ 147.49	$ 140.19	13.5%	13.3%
201311	1,553,357	$ 159.16	$ 149.36	$ 140.47	1.4%	7.6%
201312	1,956,843	$ 175.34	$ 163.40	$ 145.10	11.1%	10.8%
201401	3,075,922	$ 264.05	$ 202.22	$ 157.54	31.2%	18.5%
201402	2,522,422	$ 222.08	$ 221.13	$ 167.16	67.5%	28.6%
201403	3,245,452	$ 293.15	$ 259.52	$ 181.85	97.7%	39.2%
201404	3,112,817	$ 286.82	$ 266.83	$ 194.38	114.2%	46.8%
201405	2,603,034	$ 243.87	$ 274.90	$ 201.91	100.2%	49.4%
201406	2,622,470	$ 250.31	$ 260.54	$ 211.20	92.5%	56.8%
201407	2,660,211	$ 258.12	$ 250.68	$ 219.97	84.7%	62.2%
201408	2,813,574	$ 277.09	$ 261.70	$ 229.07	88.2%	65.3%
201409	2,679,198	$ 267.55	$ 267.54	$ 238.80	88.0%	72.1%
201410	2,845,132	$ 287.59	$ 277.37	$ 248.81	88.1%	77.5%
201411	2,559,512	$ 262.43	$ 272.55	$ 256.72	82.5%	82.8%
201412	3,471,125	$ 359.37	$ 302.88	$ 271.81	85.4%	87.3%
201501	3,302,845	$ 335.28	$ 318.95	$ 277.58	57.7%	76.2%
201502	3,394,444	$ 341.12	$ 345.15	$ 287.88	56.1%	72.2%
201503	3,673,354	$ 370.97	$ 349.13	$ 294.17	34.5%	61.8%
201504	3,639,838	$ 370.66	$ 360.85	$ 301.07	35.2%	54.9%
201505	3,395,060	$ 347.89	$ 363.23	$ 310.00	32.1%	53.5%
201506	3,988,767	$ 411.60	$ 376.62	$ 323.55	44.6%	53.2%
201507	3,305,435	$ 343.64	$ 367.72	$ 330.90	46.7%	50.4%
201508	3,387,883	$ 353.79	$ 369.80	$ 337.42	41.3%	47.3%
201509	3,740,667	$ 392.27	$ 363.16	$ 347.87	35.7%	45.7%
201510	4,574,532	$ 478.96	$ 408.30	$ 363.71	47.2%	46.2%
201511	4,084,195	$ 429.60	$ 433.64	$ 377.58	59.1%	47.1%
201512	4,095,768	$ 433.05	$ 447.28	$ 383.60	47.7%	41.1%
201601	15,736,484	$ 444.96	$ 440.20	$ 402.27	38.0%	44.9%
201602	18,255,410	$ 493.35	$ 465.47	$ 425.84	34.9%	47.9%
201603	20,313,295	$ 537.36	$ 492.92	$ 450.04	41.2%	53.0%
201604	18,328,802	$ 484.70	$ 505.22	$ 459.34	40.0%	52.6%
201605	18,184,220	$ 478.15	$ 500.02	$ 466.47	37.7%	50.5%
6-month average					39.9%	48.3%
12-month average					42.8%	48.3%
6-month average (excl last 3 months)					43.8%	45.5%
12-month average (excl last 1 or 3 months)					41.4%	48.6%
6-month average (excl last 3 months, drop high and low)					42.2%	46.0%
12-month average (excl last 1 or 3 months, drop high and low)					40.6%	48.8%

Utilization

Date	Stays	Stays/1,000	3-Month Avg Stay/1,000	12-Month Avg Stay/1,000	3 Month Trend	12 Month Trend
201306	3,884	5,840	6,262	6,169	3.5%	2.6%
201307	4,466	6,460	6,242	6,230	5.3%	3.4%
201308	4,711	6,552	6,293	6,265	7.1%	3.5%
201309	4,577	6,137	6,379	6,297	10.6%	5.4%
201310	5,261	6,797	6,499	6,334	6.6%	5.2%
201311	4,975	6,117	6,349	6,316	4.0%	4.1%
201312	5,009	5,386	6,056	6,230	-3.1%	2.6%
201401	8,335	8,587	6,750	6,447	4.6%	4.8%
201402	6,700	7,078	7,040	6,547	11.8%	7.0%
201403	7,934	8,600	8,088	6,784	29.1%	11.0%
201404	8,037	8,886	8,174	6,994	33.3%	13.4%
201405	7,220	8,117	8,537	7,131	35.2%	15.3%
201406	6,974	7,988	8,336	7,289	33.1%	18.2%
201407	7,372	8,584	8,227	7,451	31.8%	19.6%
201408	7,183	8,489	8,351	7,597	32.7%	21.3%
201409	7,218	8,649	8,574	7,783	34.4%	23.6%
201410	8,013	9,719	8,947	8,005	37.7%	26.4%
201411	6,721	8,269	8,881	8,170	39.9%	29.4%
201412	7,634	9,484	9,159	8,518	51.2%	36.7%
201501	8,165	9,946	9,235	8,625	36.8%	33.8%
201502	7,996	9,643	9,692	8,851	37.7%	35.2%
201503	8,691	10,532	10,040	9,011	24.1%	32.8%
201504	8,842	10,804	10,324	9,168	26.3%	31.1%
201505	8,552	10,516	10,617	9,372	24.4%	31.4%
201506	8,795	10,890	10,737	9,618	28.8%	32.0%
201507	8,397	10,475	10,627	9,778	29.2%	31.2%
201508	8,280	10,377	10,582	9,938	26.7%	30.8%
201509	8,571	10,785	10,545	10,118	23.0%	30.0%
201510	9,561	12,012	11,058	10,307	23.6%	28.7%
201511	9,111	11,500	11,433	10,575	28.7%	29.4%
201512	10,206	12,949	12,152	10,859	32.7%	27.5%
201601	36,395	12,349	12,305	11,294	33.2%	30.9%
201602	41,466	13,447	12,915	11,863	33.3%	34.0%
201603	47,872	15,197	13,695	12,571	36.4%	39.5%
201604	43,835	13,910	14,190	12,874	37.4%	40.4%
201605	46,843	14,781	14,630	13,251	37.8%	41.4%
6-month average					35.1%	35.6%
12-month average					30.9%	33.0%
6-month average (excl last 3 months)					29.1%	30.1%
12-month average (excl last 1 or 3 months)					27.8%	32.2%
6-month average (excl last 3 months, drop high and low)					29.6%	29.8%
12-month average (excl last 1 or 3 months, drop high and low)					27.8%	31.8%

Days

Date	Days	Days/1,000	3-Month Avg Days/1,000	12-Month Avg Days/1000	3 Month Trend	12 Month Trend
201306	51	77	70	83	32.6%	43.3%
201307	53	77	78	82	7.7%	37.6%
201308	50	70	74	80	-15.9%	27.7%
201309	46	62	69	79	-19.3%	33.5%
201310	25	32	54	70	-49.8%	-1.5%
201311	48	59	51	64	-58.8%	-21.6%
201312	183	197	102	78	-20.3%	-8.7%
201401	326	336	205	106	85.3%	15.7%
201402	164	174	237	118	254.2%	41.6%
201403	250	271	261	136	321.2%	63.6%
201404	223	247	230	151	387.8%	84.4%
201405	162	182	234	159	243.1%	89.4%
201406	104	119	184	161	161.9%	92.7%
201407	182	212	171	171	119.4%	107.4%
201408	140	166	166	177	123.0%	121.2%
201409	134	161	180	184	160.3%	134.2%
201410	104	126	151	191	179.8%	173.9%
201411	74	91	127	193	148.1%	200.1%
201412	226	280	165	199	62.7%	155.5%
201501	199	243	205	190	-0.3%	79.5%
201502	241	291	271	200	14.7%	69.2%
201503	404	489	341	217	30.8%	59.7%
201504	233	285	355	220	54.5%	45.1%
201505	250	308	361	230	54.3%	45.1%
201506	303	375	323	252	75.7%	56.8%
201507	195	244	309	255	80.6%	49.3%
201508	228	286	302	265	82.3%	49.5%
201509	314	396	308	284	71.3%	54.6%
201510	232	291	324	298	114.4%	56.6%
201511	355	448	378	328	198.8%	69.9%
201512	263	333	357	332	116.0%	66.6%
201601	1,063	361	371	346	81.3%	81.9%
201602	1,473	478	410	378	51.2%	89.1%
201603	1,135	360	400	369	17.2%	70.1%
201604	1,205	382	406	375	14.3%	70.5%
201605	855	270	337	361	-6.7%	57.0%
6-month average					45.6%	72.5%
12-month average					74.7%	64.3%
6-month average (excl last 3 months)					105.5%	69.8%
12-month average (excl last 1 or 3 months)					84.3%	63.3%
6-month average (excl last 3 months, drop high and low)					95.7%	68.7%
12-month average (excl last 1 or 3 months, drop high and low)					78.2%	62.6%

Allowed Cost/Service

Date	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend
201306	$ 253.34	$ 259.37	$ 261.93	14.3%	5.0%
201307	$ 256.53	$ 260.93	$ 261.26	9.2%	4.4%
201308	$ 283.15	$ 265.19	$ 265.38	7.2%	8.3%
201309	$ 262.74	$ 267.72	$ 264.45	4.1%	8.9%
201310	$ 271.01	$ 272.34	$ 265.58	6.4%	7.6%
201311	$ 312.23	$ 282.30	$ 266.88	-2.5%	3.4%
201312	$ 390.67	$ 323.78	$ 279.48	14.6%	8.0%
201401	$ 369.02	$ 359.52	$ 293.24	25.4%	13.1%
201402	$ 376.49	$ 376.93	$ 306.41	49.8%	20.2%
201403	$ 409.06	$ 385.03	$ 321.67	53.2%	25.4%
201404	$ 387.32	$ 391.73	$ 333.52	60.6%	29.5%
201405	$ 360.52	$ 386.41	$ 339.78	48.1%	29.5%
201406	$ 376.03	$ 375.07	$ 347.72	44.6%	32.8%
201407	$ 360.84	$ 365.64	$ 354.25	40.1%	35.6%
201408	$ 391.69	$ 376.05	$ 361.84	41.8%	36.3%
201409	$ 371.20	$ 374.45	$ 368.18	39.9%	39.2%
201410	$ 355.07	$ 372.00	$ 372.96	36.6%	40.4%
201411	$ 380.82	$ 368.26	$ 377.05	30.4%	41.3%
201412	$ 454.70	$ 396.81	$ 382.92	22.6%	37.0%
201501	$ 404.51	$ 414.46	$ 386.20	15.3%	31.7%
201502	$ 424.51	$ 427.33	$ 390.31	13.4%	27.4%
201503	$ 422.66	$ 417.29	$ 391.76	8.4%	21.8%
201504	$ 411.67	$ 419.43	$ 394.06	7.1%	18.2%
201505	$ 397.00	$ 410.52	$ 396.92	6.2%	16.8%
201506	$ 453.54	$ 420.94	$ 403.68	12.2%	16.1%
201507	$ 393.66	$ 415.23	$ 406.09	13.6%	14.6%
201508	$ 409.14	$ 419.37	$ 407.41	11.5%	12.6%
201509	$ 436.45	$ 413.26	$ 412.59	10.4%	12.1%
201510	$ 478.47	$ 443.10	$ 423.47	19.1%	13.5%
201511	$ 448.27	$ 455.15	$ 428.47	23.6%	13.6%
201512	$ 401.31	$ 441.67	$ 423.93	11.3%	10.7%
201601	$ 432.38	$ 429.29	$ 427.42	3.6%	10.7%
201602	$ 440.26	$ 432.49	$ 430.75	1.2%	10.4%
201603	$ 424.33	$ 431.91	$ 429.60	3.5%	9.7%
201604	$ 418.13	$ 427.25	$ 428.17	1.9%	8.7%
201605	$ 388.19	$ 410.15	$ 422.42	-0.1%	6.4%
6-month average				3.6%	9.4%
12-month average				9.3%	11.6%
6-month average (excl last 3 months)				11.5%	11.8%
12-month average (excl last 1 or 3 months)				10.7%	12.5%
6-month average (excl last 3 months, drop high and low)				11.1%	11.7%
12-month average (excl last 1 or 3 months, drop high and low)				10.3%	12.4%

Inpatient

Incurred Claims									Allowed Amount						Utilization						Days						Allowed Cost/Service				
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Days	Days/1,000	3-Month Avg Days/1,000	12-Month Avg Days/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend
201306	7,981	1.1637	127,405	$ 15.96	$ 18.81	$ 22.71	26.0%	12.2%	150,140	$ 18.81	$ 22.14	$ 25.63	31.7%	12.8%	11	17	22	25	5.2%	0.2%	51	77	70	83	32.6%	43.3%	$ 13,649.15	$ 11,810.14	$ 12,548.25	25.2%	12.6%
201307	8,296	1.1684	136,797	$ 16.49	$ 19.07	$ 21.77	-9.7%	4.6%	165,540	$ 19.95	$ 22.75	$ 24.77	-4.2%	6.4%	16	23	23	24	-6.1%	3.1%	53	77	78	82	7.7%	37.6%	$ 10,346.28	$ 11,862.96	$ 12,188.72	2.0%	3.2%
201308	8,628	1.1688	152,517	$ 17.68	$ 16.73	$ 21.59	-23.9%	10.2%	182,272	$ 21.13	$ 19.99	$ 24.63	-18.8%	12.2%	22	31	24	25	-18.8%	3.6%	50	70	74	80	-15.9%	27.7%	$ 8,285.04	$ 10,162.28	$ 11,966.67	-0.1%	8.3%
201309	8,949	1.1726	118,806	$ 13.28	$ 15.77	$ 20.64	-28.6%	9.4%	155,776	$ 17.41	$ 19.46	$ 23.80	-22.1%	12.6%	21	28	27	25	7.7%	16.1%	46	62	69	79	-19.3%	33.5%	$ 7,417.91	$ 8,535.38	$ 11,304.18	-27.6%	-3.1%
201310	9,288	1.1740	161,165	$ 17.35	$ 16.10	$ 20.23	-21.3%	2.1%	178,743	$ 19.24	$ 19.24	$ 23.30	-17.2%	5.1%	18	23	27	25	6.5%	11.9%	25	32	54	70	-49.8%	-1.5%	$ 9,930.18	$ 8,471.97	$ 11,150.25	-22.2%	-6.1%
201311	9,760	1.1748	215,248	$ 22.05	$ 17.69	$ 18.96	-42.5%	-19.8%	236,851	$ 24.27	$ 20.41	$ 21.97	-38.8%	-15.8%	18	22	24	24	-8.1%	-1.0%	48	59	51	64	-58.8%	-21.6%	$ 13,158.40	$ 10,024.04	$ 10,841.90	-33.4%	-15.0%
201312	11,160	1.1976	739,755	$ 66.29	$ 36.95	$ 24.10	20.1%	-2.0%	793,565	$ 71.11	$ 40.03	$ 27.37	20.9%	1.5%	27	29	25	25	-14.1%	-2.1%	183	197	102	78	-20.3%	-8.7%	$ 29,391.31	$ 19,193.01	$ 13,359.29	40.8%	3.7%
201401	11,649	1.2353	714,266	$ 61.32	$ 51.25	$ 28.00	55.4%	17.2%	790,202	$ 67.83	$ 55.90	$ 31.49	52.9%	18.2%	53	55	36	27	12.9%	2.9%	326	336	205	106	85.3%	15.7%	$ 14,891.84	$ 18,565.85	$ 13,752.15	35.3%	14.9%
201402	11,358	1.2385	672,400	$ 59.20	$ 62.24	$ 32.52	224.2%	49.1%	721,459	$ 63.52	$ 67.47	$ 36.22	202.3%	48.4%	41	43	43	30	65.2%	17.0%	164	174	237	118	254.2%	41.6%	$ 17,566.17	$ 19,030.43	$ 14,574.09	83.0%	26.9%
201403	11,071	1.2379	904,161	$ 81.67	$ 67.22	$ 37.55	214.7%	64.5%	951,529	$ 85.95	$ 72.28	$ 41.42	197.9%	63.1%	53	58	52	33	129.5%	33.9%	250	271	261	136	321.2%	63.6%	$ 17,930.47	$ 16,733.47	$ 15,002.41	29.8%	21.8%
201404	10,853	1.2380	804,768	$ 74.15	$ 71.55	$ 42.33	323.7%	86.4%	828,814	$ 76.37	$ 75.17	$ 46.14	300.9%	81.9%	44	49	50	35	160.9%	41.5%	223	247	230	151	387.8%	84.4%	$ 18,812.65	$ 18,103.44	$ 15,687.65	53.7%	28.5%
201405	10,674	1.2362	413,867	$ 38.77	$ 65.12	$ 43.13	183.5%	83.4%	463,953	$ 43.47	$ 68.85	$ 46.95	164.8%	77.9%	38	43	50	36	108.6%	40.2%	162	182	234	159	243.1%	89.4%	$ 12,189.17	$ 16,601.46	$ 15,507.95	26.9%	26.9%
201406	10,477	1.2363	540,623	$ 51.60	$ 54.97	$ 45.63	192.3%	100.9%	567,032	$ 54.12	$ 58.11	$ 49.41	162.4%	92.7%	34	39	44	38	93.6%	54.4%	104	119	184	161	161.9%	92.7%	$ 16,655.12	$ 16,010.05	$ 15,662.35	35.6%	24.8%
201407	10,306	1.2416	524,503	$ 50.89	$ 47.02	$ 48.01	146.6%	120.6%	541,275	$ 52.52	$ 49.98	$ 51.63	119.7%	108.5%	36	42	41	39	79.3%	60.7%	182	212	171	171	119.4%	107.4%	$ 15,008.31	$ 14,534.65	$ 15,813.96	22.5%	29.7%
201408	10,154	1.2455	496,355	$ 48.88	$ 50.47	$ 50.17	201.6%	132.4%	542,156	$ 53.39	$ 53.35	$ 53.87	166.8%	118.7%	48	57	46	41	94.2%	66.8%	140	166	166	177	123.0%	121.2%	$ 11,277.55	$ 13,965.15	$ 15,692.42	37.4%	31.1%
201409	10,014	1.2455	524,973	$ 52.42	$ 50.73	$ 52.95	221.6%	156.6%	546,919	$ 54.62	$ 53.50	$ 56.50	174.9%	137.4%	33	40	46	42	68.7%	66.2%	134	161	180	184	160.3%	134.2%	$ 16,536.59	$ 13,909.39	$ 16,147.10	63.0%	42.8%
201410	9,893	1.2471	474,854	$ 48.00	$ 49.77	$ 55.16	209.2%	172.7%	490,586	$ 49.59	$ 52.55	$ 58.68	173.2%	151.8%	33	40	46	43	67.4%	72.3%	104	126	151	191	179.8%	173.9%	$ 14,826.75	$ 13,828.16	$ 16,295.83	63.2%	46.1%
201411	9,753	1.2512	369,912	$ 37.93	$ 46.18	$ 56.38	161.1%	197.4%	384,250	$ 39.40	$ 47.94	$ 59.84	134.9%	172.4%	23	28	36	44	47.8%	79.7%	74	91	127	193	148.1%	200.1%	$ 16,653.49	$ 15,932.81	$ 16,435.40	58.9%	51.6%
201412	9,659	1.2548	858,235	$ 88.85	$ 58.11	$ 57.99	57.3%	140.6%	879,572	$ 91.06	$ 59.87	$ 61.24	49.6%	123.7%	41	51	40	46	59.2%	85.3%	226	280	165	199	62.7%	155.5%	$ 21,393.72	$ 18,035.61	$ 16,129.96	-6.0%	20.7%
201501	9,851	1.2474	891,647	$ 90.51	$ 72.44	$ 60.26	41.3%	115.2%	953,109	$ 96.75	$ 75.76	$ 63.44	35.5%	101.5%	65	79	53	47	46.8%	72.5%	199	243	205	190	-0.3%	79.5%	$ 14,636.98	$ 17,145.20	$ 16,065.63	-7.7%	16.8%
201502	9,951	1.2453	724,415	$ 72.80	$ 83.99	$ 61.38	34.9%	88.7%	751,187	$ 75.49	$ 87.70	$ 64.41	30.0%	77.8%	46	56	62	48	45.8%	62.4%	241	291	271	200	14.7%	69.2%	$ 16,299.90	$ 16,963.93	$ 15,962.92	-10.9%	9.5%
201503	9,902	1.2448	901,622	$ 91.05	$ 84.76	$ 61.95	26.1%	65.0%	957,120	$ 96.66	$ 89.60	$ 65.08	24.0%	57.1%	70	85	73	51	41.3%	52.7%	404	489	341	217	30.8%	59.7%	$ 13,648.52	$ 14,677.34	$ 15,441.97	-12.3%	2.9%
201504	9,820	1.2450	724,131	$ 73.74	$ 79.20	$ 61.81	10.7%	46.0%	749,928	$ 76.37	$ 82.84	$ 64.98	10.2%	40.8%	61	75	72	53	43.9%	49.3%	233	285	355	220	54.5%	45.1%	$ 12,271.76	$ 13,863.13	$ 14,795.07	-23.4%	-5.7%
201505	9,759	1.2468	744,889	$ 76.33	$ 80.41	$ 65.05	23.5%	50.8%	789,752	$ 80.93	$ 84.69	$ 68.20	23.0%	45.3%	59	73	77	55	55.7%	52.0%	250	308	361	230	54.3%	45.1%	$ 13,361.58	$ 13,117.40	$ 14,821.36	-21.0%	-4.4%
201506	9,691	1.2514	1,186,930	$ 122.48	$ 90.74	$ 70.92	65.1%	55.4%	1,225,117	$ 126.42	$ 94.46	$ 74.20	62.5%	50.2%	62	77	75	58	71.9%	54.4%	303	375	323	252	75.7%	56.8%	$ 19,628.62	$ 15,138.70	$ 15,232.14	-5.4%	-2.7%
201507	9,619	1.2547	613,500	$ 63.78	$ 87.56	$ 72.09	86.2%	50.1%	636,289	$ 66.15	$ 91.20	$ 75.43	82.5%	46.1%	44	55	68	60	65.9%	52.2%	195	244	309	255	80.6%	49.3%	$ 14,352.25	$ 15,984.82	$ 15,179.41	10.0%	-4.0%
201508	9,576	1.2552	590,084	$ 61.62	$ 82.76	$ 73.24	64.0%	46.0%	605,748	$ 63.26	$ 85.41	$ 76.34	60.1%	41.7%	57	72	68	61	48.8%	47.8%	228	286	302	265	82.3%	49.5%	$ 10,538.79	$ 15,022.87	$ 15,046.62	7.6%	-4.1%
201509	9,536	1.2572	1,048,962	$ 110.00	$ 78.40	$ 78.02	54.6%	47.3%	1,075,111	$ 112.74	$ 80.65	$ 81.17	50.7%	43.7%	61	77	68	64	47.2%	52.4%	314	396	308	284	71.3%	54.6%	$ 17,670.01	$ 14,245.74	$ 15,223.48	2.4%	-5.7%
201510	9,551	1.2579	1,096,394	$ 114.79	$ 95.43	$ 83.58	91.7%	51.5%	1,125,841	$ 117.88	$ 97.92	$ 86.85	86.3%	48.0%	45	56	68	65	49.9%	51.3%	232	291	324	298	114.4%	56.6%	$ 25,037.93	$ 17,188.73	$ 15,938.27	24.3%	-2.2%
201511	9,507	1.2592	1,071,092	$ 112.66	$ 112.49	$ 89.78	143.6%	59.2%	1,114,372	$ 117.22	$ 115.94	$ 93.31	141.9%	55.9%	63	80	71	70	96.6%	59.5%	355	448	378	328	198.8%	69.9%	$ 17,587.44	$ 19,597.47	$ 16,068.42	23.0%	-2.2%
201512	9,458	1.2624	888,083	$ 93.90	$ 107.15	$ 90.19	84.4%	55.5%	924,428	$ 97.74	$ 110.98	$ 93.86	85.4%	53.3%	66	84	74	72	84.7%	59.0%	263	333	357	332	116.0%	66.6%	$ 13,905.92	$ 18,103.88	$ 15,551.33	0.4%	-3.6%
201601	35,366	1.3438	3,682,872	$ 104.14	$ 103.85	$ 93.65	43.4%	55.4%	3,921,577	$ 110.89	$ 109.70	$ 97.90	44.8%	54.3%	265	90	87	76	64.7%	61.1%	1,063	361	371	346	81.3%	81.9%	$ 14,771.97	$ 15,077.60	$ 15,387.92	-12.1%	-4.2%
201602	37,003	1.3436	4,764,930	$ 128.77	$ 114.09	$ 102.58	35.8%	67.1%	4,959,503	$ 134.03	$ 119.83	$ 107.14	36.6%	66.3%	285	93	91	81	45.9%	67.5%	1,473	478	410	378	51.2%	89.1%	$ 17,379.57	$ 15,884.11	$ 15,849.17	-6.4%	-0.7%
201603	37,802	1.3440	4,724,394	$ 124.98	$ 119.56	$ 107.46	41.1%	73.5%	4,962,161	$ 131.27	$ 125.65	$ 112.31	40.2%	72.6%	263	84	89	81	21.0%	60.9%	1,135	360	400	369	17.2%	70.1%	$ 18,854.84	$ 17,006.12	$ 16,557.77	15.9%	7.2%
201604	37,815	1.3463	4,396,692	$ 116.27	$ 123.30	$ 110.42	55.7%	78.6%	4,592,202	$ 121.44	$ 128.87	$ 115.42	55.6%	77.6%	282	90	89	83	23.4%	57.6%	1,205	382	406	375	14.3%	70.5%	$ 16,273.37	$ 17,471.17	$ 16,674.58	26.0%	12.7%
201605	38,030	1.3474	3,985,637	$ 104.80	$ 115.33	$ 110.89	43.4%	70.5%	4,091,717	$ 107.59	$ 120.07	$ 115.57	41.8%	69.5%	264	83	85	83	10.3%	51.2%	855	270	337	361	-6.7%	57.0%	$ 15,496.09	$ 16,859.16	$ 16,609.04	28.5%	12.1%
6-month average							50.6%	66.8%					50.7%	65.6%					41.7%	59.6%					45.6%	72.5%				8.7%	3.9%
12-month average							67.4%	59.2%					65.7%	56.6%					52.5%	56.2%					74.7%	64.3%				9.5%	0.2%
6-month average (excl last 3 months)							75.6%	56.0%					74.3%	53.6%					64.8%	58.5%					105.5%	69.8%				5.3%	-3.1%
12-month average (excl last 1 or 3 months)							60.8%	57.6%					59.0%	54.6%					59.7%	56.3%					84.3%	63.3%				-1.1%	-1.2%
6-month average (excl last 3 months, drop high and low)							68.5%	55.4%					66.8%	52.9%					61.6%	58.0%					95.7%	68.7%				4.9%	-3.1%
12-month average (excl last 1 or 3 months, drop high and low)							57.5%	56.6%					55.6%	53.6%					57.9%	56.0%					78.2%	62.6%				-1.4%	-2.1%

Outpatient

			Incurred Claims						Allowed Amount						Utilization						Allowed Cost/Service				
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend
201306	7,981	1.1637	298,807	$ 37.44	$ 41.31	$ 40.14	5.4%	-6.9%	446,526	$ 55.95	$ 61.56	$ 58.60	15.4%	3.7%	783	1,177	1,228	1,178	4.5%	3.6%	$ 570.28	$ 601.76	$ 596.94	10.5%	0.1%
201307	8,296	1.1684	384,641	$ 46.36	$ 42.05	$ 41.18	19.9%	-2.8%	549,466	$ 66.23	$ 61.29	$ 60.05	25.0%	7.0%	864	1,250	1,226	1,195	11.3%	4.9%	$ 635.96	$ 600.10	$ 603.29	12.4%	2.0%
201308	8,628	1.1688	507,793	$ 58.85	$ 47.83	$ 43.41	31.4%	4.3%	688,726	$ 79.82	$ 67.65	$ 62.67	35.0%	12.4%	931	1,295	1,242	1,205	13.9%	4.5%	$ 739.77	$ 653.50	$ 624.03	18.5%	7.6%
201309	8,949	1.1726	428,014	$ 47.83	$ 51.04	$ 44.03	37.9%	8.9%	578,781	$ 64.68	$ 70.23	$ 63.19	33.9%	15.2%	881	1,181	1,241	1,212	14.2%	6.6%	$ 656.96	$ 678.99	$ 625.77	17.3%	8.1%
201310	9,288	1.1740	538,990	$ 58.03	$ 54.90	$ 45.12	27.6%	9.7%	694,991	$ 74.83	$ 73.05	$ 64.28	24.5%	15.2%	993	1,283	1,253	1,221	9.7%	6.8%	$ 699.89	$ 699.64	$ 631.87	13.5%	7.9%
201311	9,760	1.1748	576,788	$ 59.10	$ 55.14	$ 46.23	14.4%	9.3%	767,824	$ 78.67	$ 72.92	$ 65.47	12.6%	13.6%	905	1,113	1,191	1,213	5.4%	5.3%	$ 848.43	$ 734.65	$ 647.80	6.8%	7.9%
201312	11,160	1.1976	497,517	$ 44.58	$ 53.41	$ 46.46	13.5%	12.8%	654,636	$ 58.66	$ 70.10	$ 65.44	12.3%	16.2%	929	999	1,123	1,190	-4.2%	3.1%	$ 704.67	$ 749.01	$ 659.70	17.2%	12.7%
201401	11,649	1.2353	913,788	$ 78.44	$ 61.04	$ 50.30	38.6%	22.2%	1,246,734	$ 107.03	$ 81.96	$ 70.01	29.7%	22.3%	1,625	1,674	1,275	1,238	4.7%	7.0%	$ 767.08	$ 771.60	$ 678.49	23.9%	14.2%
201402	11,358	1.2385	616,279	$ 54.26	$ 59.34	$ 51.66	56.3%	29.2%	878,218	$ 77.32	$ 81.35	$ 71.69	41.0%	26.6%	1,409	1,488	1,392	1,269	14.5%	9.7%	$ 623.47	$ 701.40	$ 678.22	23.2%	15.4%
201403	11,071	1.2379	1,008,552	$ 91.10	$ 74.49	$ 56.77	111.9%	43.7%	1,270,953	$ 114.80	$ 99.65	$ 77.30	77.9%	37.0%	1,611	1,746	1,636	1,326	38.2%	14.5%	$ 789.05	$ 731.15	$ 699.72	28.7%	19.6%
201404	10,853	1.2380	982,390	$ 90.52	$ 78.34	$ 60.66	114.0%	52.7%	1,218,601	$ 112.28	$ 101.19	$ 81.14	77.5%	41.0%	1,616	1,787	1,671	1,373	42.2%	17.8%	$ 753.95	$ 726.50	$ 709.35	24.8%	19.7%
201405	10,674	1.2362	957,304	$ 89.69	$ 90.44	$ 64.44	129.4%	59.4%	1,181,502	$ 110.69	$ 112.62	$ 85.04	89.2%	45.4%	1,553	1,746	1,760	1,414	46.1%	20.8%	$ 760.81	$ 768.01	$ 721.78	29.5%	20.4%
201406	10,477	1.2363	827,257	$ 78.96	$ 86.46	$ 67.45	109.3%	68.0%	1,046,900	$ 99.92	$ 107.71	$ 88.22	75.0%	50.6%	1,433	1,641	1,726	1,449	40.6%	23.0%	$ 730.49	$ 748.96	$ 730.67	24.5%	22.4%
201407	10,306	1.2416	862,998	$ 83.74	$ 84.16	$ 70.21	100.2%	70.5%	1,099,225	$ 106.66	$ 105.78	$ 91.22	72.6%	51.9%	1,517	1,767	1,718	1,489	40.2%	24.6%	$ 724.46	$ 738.91	$ 735.37	23.1%	21.9%
201408	10,154	1.2455	1,102,865	$ 108.61	$ 90.28	$ 74.09	88.8%	70.7%	1,304,997	$ 128.52	$ 111.55	$ 95.02	64.9%	51.6%	1,569	1,854	1,753	1,531	41.1%	27.1%	$ 831.88	$ 763.66	$ 744.55	16.9%	19.3%
201409	10,014	1.2455	823,341	$ 82.22	$ 91.53	$ 76.58	79.3%	73.9%	1,037,624	$ 103.62	$ 112.94	$ 97.84	60.8%	54.8%	1,504	1,802	1,807	1,577	45.6%	30.2%	$ 689.96	$ 749.87	$ 744.25	10.4%	18.9%
201410	9,893	1.2471	1,027,242	$ 103.84	$ 98.25	$ 80.05	79.0%	77.4%	1,243,850	$ 125.73	$ 119.31	$ 101.68	63.3%	58.2%	1,665	2,020	1,891	1,633	50.9%	33.8%	$ 747.09	$ 757.03	$ 747.07	8.2%	18.2%
201411	9,753	1.2512	1,021,565	$ 104.74	$ 96.84	$ 83.55	75.6%	80.7%	1,224,979	$ 125.60	$ 118.22	$ 105.28	62.1%	60.8%	1,423	1,751	1,858	1,682	56.0%	38.7%	$ 860.60	$ 763.57	$ 750.98	3.9%	15.9%
201412	9,659	1.2548	1,288,870	$ 133.44	$ 113.89	$ 90.83	113.3%	95.5%	1,513,171	$ 156.66	$ 135.88	$ 113.35	93.9%	73.2%	1,667	2,072	1,947	1,773	73.4%	48.9%	$ 907.46	$ 837.29	$ 767.33	11.8%	16.3%
201501	9,851	1.2474	1,039,754	$ 105.55	$ 114.49	$ 93.17	87.6%	85.2%	1,342,152	$ 136.25	$ 139.44	$ 115.77	70.1%	65.3%	1,691	2,060	1,961	1,805	53.8%	45.7%	$ 793.71	$ 853.29	$ 769.74	10.6%	13.4%
201502	9,951	1.2453	1,194,076	$ 120.00	$ 119.57	$ 98.95	101.5%	91.5%	1,481,436	$ 148.87	$ 147.20	$ 122.01	80.9%	70.2%	1,744	2,103	2,078	1,858	49.3%	46.5%	$ 849.38	$ 849.91	$ 787.90	21.2%	16.2%
201503	9,902	1.2448	1,234,485	$ 124.67	$ 116.76	$ 101.76	56.7%	79.3%	1,508,198	$ 152.31	$ 145.83	$ 125.14	46.3%	61.9%	1,849	2,241	2,135	1,900	30.5%	43.3%	$ 815.52	$ 819.71	$ 790.46	12.1%	13.0%
201504	9,820	1.2450	1,416,340	$ 144.23	$ 129.58	$ 106.23	65.4%	75.1%	1,658,777	$ 168.92	$ 156.65	$ 129.87	54.8%	60.0%	1,908	2,331	2,225	1,945	33.1%	41.7%	$ 869.59	$ 845.00	$ 801.21	16.3%	13.0%
201505	9,759	1.2468	1,253,003	$ 128.39	$ 132.42	$ 109.52	46.4%	70.0%	1,501,713	$ 153.88	$ 158.36	$ 133.54	40.6%	57.0%	1,923	2,365	2,312	1,997	31.4%	41.2%	$ 780.88	$ 821.95	$ 802.40	7.0%	11.2%
201506	9,691	1.2514	1,271,570	$ 131.21	$ 134.64	$ 113.99	55.7%	69.0%	1,508,187	$ 155.63	$ 159.50	$ 138.31	48.1%	56.8%	1,884	2,332	2,343	2,056	35.8%	41.9%	$ 800.71	$ 817.03	$ 807.31	9.1%	10.5%
201507	9,619	1.2547	1,257,592	$ 130.74	$ 130.11	$ 117.99	54.6%	68.1%	1,485,264	$ 154.41	$ 154.64	$ 142.38	46.2%	56.1%	1,889	2,357	2,351	2,106	36.9%	41.5%	$ 786.11	$ 789.17	$ 811.45	6.8%	10.3%
201508	9,576	1.2552	1,297,493	$ 135.49	$ 132.47	$ 120.23	46.7%	62.3%	1,503,532	$ 157.01	$ 155.68	$ 144.77	39.6%	52.4%	1,751	2,195	2,295	2,135	30.9%	39.4%	$ 858.43	$ 814.02	$ 813.85	6.6%	9.3%
201509	9,536	1.2572	1,250,245	$ 131.11	$ 132.45	$ 124.37	44.7%	62.4%	1,466,377	$ 153.77	$ 155.07	$ 149.03	37.3%	52.3%	1,804	2,270	2,274	2,174	25.8%	37.8%	$ 812.94	$ 818.26	$ 822.56	9.1%	10.5%
201510	9,551	1.2579	1,707,347	$ 178.76	$ 148.45	$ 130.56	51.1%	63.1%	1,928,831	$ 201.95	$ 170.91	$ 155.33	43.3%	52.8%	1,962	2,465	2,310	2,211	22.1%	35.4%	$ 982.98	$ 887.85	$ 843.05	17.3%	12.8%
201511	9,507	1.2592	1,519,384	$ 159.82	$ 156.57	$ 135.11	61.7%	61.7%	1,706,583	$ 179.51	$ 178.42	$ 159.80	50.9%	51.8%	1,859	2,347	2,361	2,261	27.1%	34.4%	$ 917.80	$ 906.91	$ 848.25	18.8%	13.0%
201512	9,458	1.2624	1,529,633	$ 161.73	$ 166.80	$ 137.42	46.4%	51.3%	1,733,832	$ 183.32	$ 188.29	$ 161.97	38.6%	42.9%	2,186	2,774	2,528	2,318	29.8%	30.8%	$ 793.02	$ 893.68	$ 838.47	6.7%	9.3%
201601	35,366	1.3438	5,225,326	$ 147.75	$ 152.30	$ 142.21	33.0%	52.6%	6,730,385	$ 190.31	$ 187.20	$ 170.83	34.3%	47.6%	7,775	2,638	2,611	2,416	33.1%	33.9%	$ 865.63	$ 860.41	$ 848.52	0.8%	10.2%
201602	37,003	1.3436	6,284,727	$ 169.84	$ 159.36	$ 149.58	33.3%	51.2%	7,799,156	$ 210.77	$ 198.75	$ 180.88	35.0%	48.3%	8,780	2,847	2,748	2,529	32.2%	36.1%	$ 888.32	$ 867.79	$ 858.31	2.1%	8.9%
201603	37,802	1.3440	7,627,755	$ 201.78	$ 173.71	$ 160.87	48.8%	58.1%	9,174,106	$ 242.69	$ 215.15	$ 194.20	47.5%	55.2%	10,294	3,268	2,924	2,685	37.0%	41.4%	$ 891.17	$ 882.84	$ 867.79	7.7%	9.8%
201604	37,815	1.3463	6,786,150	$ 179.46	$ 183.79	$ 164.72	41.8%	55.1%	8,216,311	$ 217.28	$ 223.67	$ 199.19	42.8%	53.4%	9,498	3,014	3,044	2,756	36.8%	41.7%	$ 865.06	$ 881.62	$ 867.22	4.3%	8.2%
201605	38,030	1.3474	6,823,824	$ 179.43	$ 186.87	$ 168.34	41.1%	53.7%	8,508,791	$ 223.74	$ 227.89	$ 204.63	43.9%	53.2%	10,742	3,390	3,224	2,867	39.5%	43.5%	$ 792.07	$ 848.18	$ 856.61	3.2%	6.8%
6-month average							40.7%	53.7%					40.3%	50.1%					34.7%	37.9%				4.1%	8.9%
12-month average							46.6%	59.0%					42.3%	51.9%					32.3%	38.1%				7.7%	10.0%
6-month average (excl last 3 months)							45.0%	57.1%					39.9%	49.3%					28.4%	34.7%				9.1%	10.8%
12-month average (excl last 1 or 3 months)							49.7%	60.4%					42.9%	52.2%					30.7%	37.9%				9.4%	10.3%
6-month average (excl last 3 months, drop high and low)							43.9%	57.0%					38.5%	50.0%					28.7%	34.9%				8.8%	10.7%
12-month average (excl last 1 or 3 months, drop high and low)							49.7%	60.4%					42.6%	52.6%					31.0%	38.3%				9.3%	10.3%

Professional

			Incurred Claims						Allowed Amount						Utilization						Allowed Cost/Service				
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend
201306	7,981	1.1637	237,137	$ 29.71	$ 31.03	$ 31.30	14.9%	11.8%	387,312	$ 48.53	$ 51.64	$ 50.42	16.7%	10.3%	3,090	4,646	5,012	4,966	3.3%	2.4%	$ 125.34	$ 123.65	$ 121.83	13.0%	7.7%
201307	8,296	1.1684	254,490	$ 30.68	$ 31.02	$ 31.22	8.1%	8.6%	430,677	$ 51.91	$ 51.70	$ 50.82	14.1%	9.8%	3,586	5,187	4,994	5,011	4.0%	3.0%	$ 120.10	$ 124.24	$ 121.70	9.7%	6.6%
201308	8,628	1.1688	302,233	$ 35.03	$ 31.88	$ 31.53	3.4%	10.5%	462,943	$ 53.66	$ 51.43	$ 51.25	10.7%	11.7%	3,758	5,227	5,027	5,035	5.6%	3.3%	$ 123.19	$ 122.77	$ 122.14	4.8%	8.1%
201309	8,949	1.1726	315,247	$ 35.23	$ 33.70	$ 32.16	10.2%	16.1%	467,991	$ 52.30	$ 52.63	$ 51.78	14.2%	15.3%	3,675	4,928	5,111	5,060	9.8%	5.1%	$ 127.34	$ 123.57	$ 122.80	3.9%	9.7%
201310	9,288	1.1740	363,661	$ 39.15	$ 36.52	$ 32.81	16.0%	14.9%	552,046	$ 59.44	$ 55.20	$ 52.61	14.8%	14.8%	4,250	5,491	5,219	5,088	5.9%	4.9%	$ 129.89	$ 126.93	$ 124.06	8.4%	9.5%
201311	9,760	1.1748	368,671	$ 37.77	$ 37.42	$ 33.26	17.2%	12.9%	548,682	$ 56.22	$ 56.03	$ 53.03	13.9%	13.4%	4,052	4,982	5,134	5,079	3.8%	3.8%	$ 135.41	$ 130.98	$ 125.29	9.7%	9.2%
201312	11,160	1.1976	331,035	$ 29.66	$ 35.20	$ 32.83	3.8%	8.1%	508,641	$ 45.58	$ 53.28	$ 52.29	3.5%	9.8%	4,053	4,358	4,908	5,015	-2.7%	2.5%	$ 125.50	$ 130.26	$ 125.11	6.4%	7.1%
201401	11,649	1.2353	687,740	$ 59.04	$ 42.60	$ 35.71	25.3%	14.4%	1,038,986	$ 89.19	$ 64.37	$ 56.03	18.4%	14.2%	6,657	6,858	5,439	5,181	4.5%	4.2%	$ 156.07	$ 142.01	$ 129.78	13.3%	9.5%
201402	11,358	1.2385	667,485	$ 58.77	$ 49.35	$ 38.65	58.1%	25.2%	922,745	$ 81.24	$ 72.30	$ 59.25	39.0%	21.1%	5,250	5,547	5,605	5,248	10.9%	6.3%	$ 175.76	$ 154.78	$ 135.47	25.4%	13.9%
201403	11,071	1.2379	739,143	$ 66.76	$ 61.46	$ 41.92	105.1%	37.0%	1,022,970	$ 92.40	$ 87.58	$ 63.13	71.7%	29.4%	6,270	6,796	6,401	5,425	26.5%	10.1%	$ 163.15	$ 164.20	$ 139.65	35.8%	17.5%
201404	10,853	1.2380	783,845	$ 72.22	$ 65.82	$ 45.44	126.5%	47.4%	1,065,402	$ 98.17	$ 90.47	$ 67.10	85.3%	35.7%	6,376	7,050	6,453	5,586	30.7%	12.2%	$ 167.09	$ 168.25	$ 144.15	41.8%	20.9%
201405	10,674	1.2362	703,303	$ 65.89	$ 68.30	$ 48.08	119.5%	53.8%	957,579	$ 89.71	$ 93.44	$ 69.91	80.4%	39.0%	5,629	6,329	6,728	5,680	32.2%	13.9%	$ 170.11	$ 166.67	$ 147.69	36.4%	22.0%
201406	10,477	1.2363	758,141	$ 72.36	$ 70.16	$ 51.37	126.1%	64.1%	1,008,538	$ 96.26	$ 94.72	$ 73.57	83.4%	45.9%	5,507	6,307	6,566	5,802	31.0%	16.8%	$ 183.14	$ 173.11	$ 152.16	40.0%	24.9%
201407	10,306	1.2416	794,547	$ 77.10	$ 71.72	$ 54.88	131.2%	75.8%	1,019,710	$ 98.94	$ 94.92	$ 77.12	83.6%	51.7%	5,819	6,775	6,468	5,924	29.5%	18.2%	$ 175.24	$ 176.10	$ 156.23	41.7%	28.4%
201408	10,154	1.2455	757,098	$ 74.56	$ 74.66	$ 57.84	134.2%	83.4%	966,421	$ 95.18	$ 96.80	$ 80.19	88.2%	56.5%	5,566	6,578	6,552	6,024	30.3%	19.6%	$ 173.62	$ 177.28	$ 159.73	44.4%	30.8%
201409	10,014	1.2455	858,773	$ 85.76	$ 79.10	$ 61.64	134.7%	91.7%	1,094,655	$ 109.31	$ 101.10	$ 84.46	92.1%	63.1%	5,681	6,807	6,720	6,164	31.5%	21.8%	$ 192.69	$ 180.52	$ 164.43	46.1%	33.9%
201410	9,893	1.2471	867,981	$ 87.74	$ 82.63	$ 65.30	126.2%	99.0%	1,110,696	$ 112.27	$ 105.51	$ 88.44	91.1%	68.1%	6,315	7,660	7,011	6,329	34.3%	24.4%	$ 175.88	$ 180.60	$ 167.69	42.3%	35.2%
201411	9,753	1.2512	747,544	$ 76.65	$ 83.42	$ 68.28	122.9%	105.3%	950,282	$ 97.43	$ 106.39	$ 91.60	89.9%	72.7%	5,275	6,490	6,987	6,444	36.1%	26.9%	$ 180.16	$ 182.72	$ 170.57	39.5%	36.1%
201412	9,659	1.2548	855,843	$ 88.61	$ 84.33	$ 73.27	139.6%	123.2%	1,078,382	$ 111.65	$ 107.13	$ 97.22	101.1%	85.9%	5,925	7,361	7,172	6,700	46.1%	33.6%	$ 182.00	$ 179.24	$ 174.13	37.6%	39.2%
201501	9,851	1.2474	713,435	$ 72.42	$ 79.17	$ 74.54	85.8%	108.7%	1,007,584	$ 102.28	$ 103.76	$ 98.38	61.2%	75.6%	6,409	7,807	7,221	6,773	32.8%	30.7%	$ 157.22	$ 172.43	$ 174.30	21.4%	34.3%
201502	9,951	1.2453	878,056	$ 88.24	$ 83.07	$ 77.11	68.3%	99.5%	1,161,821	$ 116.75	$ 110.24	$ 101.45	52.5%	71.2%	6,206	7,484	7,552	6,944	34.7%	32.3%	$ 187.21	$ 175.18	$ 175.32	13.2%	29.4%
201503	9,902	1.2448	906,239	$ 91.52	$ 84.09	$ 79.22	36.8%	89.0%	1,208,035	$ 122.00	$ 113.70	$ 103.95	29.8%	64.7%	6,772	8,206	7,832	7,060	22.4%	30.1%	$ 178.40	$ 174.22	$ 176.68	6.1%	26.5%
201504	9,820	1.2450	933,356	$ 95.05	$ 91.59	$ 81.15	39.2%	78.6%	1,231,133	$ 125.37	$ 121.36	$ 106.22	34.1%	58.3%	6,873	8,399	8,028	7,170	24.4%	28.4%	$ 179.13	$ 181.41	$ 177.76	7.8%	23.3%
201505	9,759	1.2468	829,967	$ 85.05	$ 90.55	$ 82.83	32.6%	72.3%	1,103,595	$ 113.08	$ 120.17	$ 108.26	28.6%	54.8%	6,570	8,078	8,228	7,320	22.3%	28.9%	$ 167.98	$ 175.26	$ 177.47	5.2%	20.2%
201506	9,691	1.2514	995,125	$ 102.69	$ 94.24	$ 85.37	34.3%	66.2%	1,255,463	$ 129.55	$ 122.66	$ 111.05	29.5%	51.0%	6,849	8,481	8,319	7,504	26.7%	29.3%	$ 183.31	$ 176.93	$ 177.59	2.2%	16.7%
201507	9,619	1.2547	945,659	$ 98.31	$ 95.32	$ 87.15	32.9%	58.8%	1,183,881	$ 123.08	$ 121.88	$ 113.09	28.4%	46.6%	6,463	8,063	8,207	7,613	26.9%	28.5%	$ 183.18	$ 178.20	$ 178.26	1.2%	14.1%
201508	9,576	1.2552	1,053,605	$ 110.03	$ 103.66	$ 90.10	38.8%	55.8%	1,278,603	$ 133.52	$ 128.71	$ 116.30	33.0%	45.0%	6,472	8,110	8,218	7,743	25.4%	28.5%	$ 197.57	$ 187.93	$ 180.25	6.0%	12.8%
201509	9,536	1.2572	964,859	$ 101.18	$ 103.17	$ 91.37	30.4%	48.2%	1,199,179	$ 125.75	$ 127.45	$ 117.67	26.1%	39.3%	6,706	8,439	8,203	7,880	22.1%	27.8%	$ 178.82	$ 186.43	$ 179.20	3.3%	9.0%
201510	9,551	1.2579	1,275,874	$ 133.59	$ 114.93	$ 95.14	39.1%	45.7%	1,519,860	$ 159.13	$ 139.47	$ 121.52	32.2%	37.4%	7,554	9,490	8,679	8,030	23.8%	26.9%	$ 201.21	$ 192.83	$ 181.60	6.8%	8.3%
201511	9,507	1.2592	1,053,102	$ 110.77	$ 115.19	$ 97.96	38.1%	43.5%	1,263,239	$ 132.87	$ 139.27	$ 124.47	30.9%	35.9%	7,188	9,073	9,001	8,244	28.8%	27.9%	$ 175.74	$ 185.67	$ 181.17	1.6%	6.2%
201512	9,458	1.2624	1,194,039	$ 126.25	$ 123.55	$ 101.04	46.5%	37.9%	1,437,508	$ 151.99	$ 148.01	$ 127.77	38.2%	31.4%	7,953	10,091	9,550	8,468	33.2%	26.4%	$ 180.75	$ 185.97	$ 181.07	3.8%	4.0%
201601	35,366	1.3438	3,611,567	$ 102.12	$ 107.83	$ 103.30	36.2%	38.6%	5,084,522	$ 143.77	$ 143.29	$ 133.54	38.1%	35.7%	28,354	9,621	9,607	8,802	33.0%	30.0%	$ 179.32	$ 178.99	$ 182.06	3.8%	4.5%
201602	37,003	1.3436	4,008,763	$ 108.34	$ 107.72	$ 105.29	29.7%	36.6%	5,496,751	$ 148.55	$ 146.88	$ 137.82	33.2%	35.8%	32,401	10,507	10,076	9,253	33.4%	33.3%	$ 169.65	$ 174.93	$ 178.73	-0.1%	1.9%
201603	37,802	1.3440	4,607,073	$ 121.87	$ 110.99	$ 109.17	32.0%	37.8%	6,177,027	$ 163.40	$ 152.11	$ 143.53	33.8%	38.1%	37,314	11,845	10,682	9,804	36.4%	38.9%	$ 165.54	$ 170.88	$ 175.68	-1.9%	-0.6%
201604	37,815	1.3463	4,144,451	$ 109.60	$ 113.30	$ 109.86	23.7%	35.4%	5,520,289	$ 145.98	$ 152.67	$ 144.74	25.8%	36.3%	34,055	10,807	11,057	10,034	37.7%	39.9%	$ 162.10	$ 165.69	$ 173.09	-8.7%	-2.6%
201605	38,030	1.3474	4,161,843	$ 109.44	$ 113.63	$ 110.76	25.5%	33.7%	5,583,712	$ 146.82	$ 152.06	$ 146.27	26.5%	35.1%	35,837	11,308	11,320	10,301	37.6%	40.7%	$ 155.81	$ 161.19	$ 170.39	-8.0%	-4.0%
6-month average							32.3%	36.7%					32.6%	35.4%					35.2%	34.9%				-1.9%	0.5%
12-month average							33.9%	44.8%					31.3%	39.0%					30.4%	31.5%				0.8%	5.9%
6-month average (excl last 3 months)							36.7%	41.7%					33.1%	35.9%					29.1%	28.7%				3.2%	5.6%
12-month average (excl last 1 or 3 months)							36.2%	48.1%					31.8%	40.6%					26.9%	30.5%				4.0%	7.9%
6-month average (excl last 3 months, drop high and low)							36.0%	41.4%					33.6%	36.2%					29.7%	28.2%				3.1%	5.7%
12-month average (excl last 1 or 3 months, drop high and low)							35.8%	46.9%					31.8%	40.1%					26.7%	30.0%				4.0%	7.7%

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 3b

MEDSTATS Inpatient Authorization Summary
Individual Insured

	Acute				SNF				MHSA				Rehab				Total			
Row Labels	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS
2014																				
1	41	12,051	166.29	4.07	4	12,051	46.80	11.75	3	12,051	13.94	4.67	3	12,051	42.82	14.33	51	12,051	269.85	5.31
2	39	11,873	130.38	3.31	1	11,873	63.67	63.00	1	11,873	9.10	9.00					41	11,873	203.15	4.90
3	37	11,718	209.93	5.54	3	11,718	37.89	12.33	5	11,718	60.42	11.80	2	11,718	12.29	6.00	47	11,718	320.53	6.66
4	29	11,859	154.82	5.28	2	11,859	20.24	10.00	3	11,859	57.68	19.00	4	11,859	58.69	14.50	38	11,859	291.42	7.58
5	19	12,113	82.23	4.37	3	12,113	40.62	13.67	5	12,113	64.39	13.00	1	12,113	6.93	7.00	28	12,113	194.17	7.00
6	27	11,895	100.88	3.70	1	11,895	24.21	24.00	4	11,895	57.50	14.25					32	11,895	182.60	5.66
7	25	11,712	84.02	3.28	1	11,712	17.42	17.00	5	11,712	61.48	12.00	1	11,712	3.07	3.00	32	11,712	165.98	5.06
8	31	11,422	91.40	2.81	1	11,422	17.86	17.00	2	11,422	29.42	14.00	1	11,422	9.46	9.00	35	11,422	148.14	4.03
9	30	11,261	155.58	4.87					5	11,261	33.03	6.20	1	11,261	2.13	2.00	36	11,261	190.75	4.97
10	22	11,107	115.60	4.86					3	11,107	9.72	3.00					25	11,107	125.33	4.64
11	18	10,924	67.01	3.39					1	10,924	5.49	5.00					19	10,924	72.50	3.47
12	35	10,790	143.47	3.69	2	10,790	16.68	7.50	5	10,790	46.71	8.40					42	10,790	206.86	4.43
YTD	**165**	**59,614**	**148.35**	**4.47**	**13**	**59,614**	**41.87**	**16.00**	**17**	**59,614**	**41.06**	**12.00**	**10**	**59,614**	**24.16**	**12.00**	**205**	**59,614**	**255.44**	**6.19**
Total	**353**	**138,725**	**125.34**	**4.10**	**18**	**138,725**	**24.31**	**15.61**	**42**	**138,725**	**37.71**	**10.38**	**13**	**138,725**	**11.59**	**10.31**	**426**	**138,725**	**198.95**	**5.40**
2015																				
1	37	11,640	126.80	3.32	2	11,640	59.79	29.00	7	11,640	68.04	9.43					46	11,640	254.64	5.37
2	41	12,106	256.73	6.32	2	12,106	44.61	22.50	3	12,106	32.71	11.00	1	12,106	18.83	19.00	47	12,106	352.88	7.57
3	46	12,728	167.82	3.87	2	12,728	77.31	41.00	19	12,728	162.16	9.05					67	12,728	407.29	6.45
4	34	12,585	140.17	4.32	2	12,585	27.65	14.50	12	12,585	184.03	16.08					48	12,585	351.85	7.69
5	31	12,479	102.89	3.45					17	12,479	112.51	6.88	3	12,479	29.81	10.33	51	12,479	245.21	5.00
6	45	12,396	167.47	3.84					11	12,396	99.71	9.36	1	12,396	24.20	25.00	57	12,396	291.38	5.28
7	30	12,272	108.54	3.70	1	12,272	28.36	29.00	10	12,272	117.34	12.00					41	12,272	254.24	6.34
8	29	12,203	121.94	4.28	2	12,203	21.63	11.00	10	12,203	123.90	12.60					41	12,203	267.48	6.63
9	27	12,166	110.47	4.15	1	12,166	16.77	17.00	12	12,166	124.28	10.50	2	12,166	44.39	22.50	42	12,166	295.91	7.14
10	37	12,114	251.61	6.86	2	12,114	46.56	23.50	6	12,114	68.35	11.50					45	12,114	366.52	8.22
11	47	12,066	236.70	5.06	1	12,066	31.82	32.00	10	12,066	64.64	6.50					58	12,066	333.17	5.78
12	50	11,973	173.39	3.46	2	11,973	8.02	4.00	4	11,973	39.09	9.75	2	11,973	24.05	12.00	58	11,973	244.55	4.21
YTD	**189**	**61,538**	**158.73**	**4.31**	**8**	**61,538**	**41.73**	**26.75**	**58**	**61,538**	**113.30**	**10.02**	**4**	**61,538**	**9.75**	**12.50**	**259**	**61,538**	**323.51**	**6.41**
Total	**454**	**146,728**	**163.49**	**4.40**	**17**	**146,728**	**30.18**	**21.71**	**121**	**146,728**	**100.51**	**10.16**	**9**	**146,728**	**11.78**	**16.00**	**601**	**146,728**	**305.95**	**6.22**
2016																				
1	200	66,852	154.55	4.30	6	66,852	15.62	14.50	58	66,852	65.34	6.28	7	66,852	8.98	7.14	271	66,852	244.48	5.03
2	220	71,476	175.78	4.76	7	71,476	24.34	20.71	69	71,476	119.54	10.32	6	71,476	10.07	10.00	302	71,476	329.73	6.50
3	246	74,714	197.07	4.99	12	74,714	17.51	9.08	46	74,714	85.61	11.59	12	74,714	30.03	15.58	316	74,714	330.22	6.51
4	222	75,266	175.06	4.95	3	75,266	17.54	36.67	63	75,266	112.40	11.19	10	75,266	24.55	15.40	298	75,266	329.55	6.94
5	208	75,360	185.99	5.62	7	75,360	15.91	15.14	54	75,360	108.25	12.62	4	75,360	10.33	14.75	273	75,360	320.48	7.38
YTD	**1,096**	**363,668**	**178.22**	**4.93**	**35**	**363,668**	**18.18**	**15.92**	**290**	**363,668**	**98.79**	**10.33**	**39**	**363,668**	**17.02**	**13.09**	**1,460**	**363,668**	**312.21**	**6.48**
Total	**1,096**	**363,668**	**178.22**	**4.93**	**35**	**363,668**	**18.18**	**15.92**	**290**	**363,668**	**98.79**	**10.33**	**39**	**363,668**	**17.02**	**13.09**	**1,460**	**363,668**	**312.21**	**6.48**

Inpatient Utilization Trend	**12.3%**

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 3c

Product DRUG
Market Segment INDIV

Total

				Incurred Claims					Allowed Amount					Utilization					Allowed Cost/Rx (Excl. Disp. Fee)					Avg Dispensing Fee					Avg Copay					Avg Discount				
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	11,529	1.4149	84,599	$ 7.34	$ 8.26	$ 8.93	-34.0%	-27.0%	149,383	$ 12.96	$ 14.01	$ 15.84	-36.2%	-29.4%	3,394	3,533	3,577	4,015	-32.2%	-94.0%	$ 43.10	$ 46.09	$ 46.88	-7.8%	1851.6%	$ 0.91	$ 0.91	$ 0.48	0.0%	-71.1%	$ 7.80	$ 7.89	$ 8.11	-3.2%	1262.1%	$ 66.85	$ 64.76	$ 63.50	53.5%	-85.9%
201307	11,804	1.4113	126,203	$ 10.69	$ 8.84	$ 8.97	-36.5%	-28.7%	199,589	$ 16.91	$ 14.71	$ 15.69	-37.4%	-31.2%	3,870	3,934	3,728	3,964	-29.6%	-93.0%	$ 50.89	$ 46.53	$ 46.99	-12.6%	1425.1%	$ 0.69	$ 0.83	$ 0.52	0.0%	-69.9%	$ 8.12	$ 7.92	$ 7.97	-16.0%	985.5%	$ 68.33	$ 66.06	$ 64.33	9.9%	-86.6%
201308	12,128	1.4027	119,168	$ 9.83	$ 9.31	$ 8.84	-36.0%	-31.3%	192,496	$ 15.87	$ 15.27	$ 15.36	-37.0%	-33.6%	4,066	4,023	3,834	3,913	-28.2%	-91.8%	$ 46.65	$ 47.04	$ 46.55	-13.7%	1082.3%	$ 0.69	$ 0.76	$ 0.57	0.0%	-69.3%	$ 8.05	$ 8.00	$ 7.86	-21.5%	768.2%	$ 65.83	$ 66.99	$ 64.75	12.6%	-87.5%
201309	12,415	1.4015	122,699	$ 9.88	$ 10.13	$ 8.78	-29.4%	-32.2%	195,762	$ 15.77	$ 16.17	$ 15.14	-32.4%	-34.6%	3,976	3,843	3,933	3,865	-25.3%	-90.3%	$ 48.53	$ 48.66	$ 46.41	-10.8%	837.7%	$ 0.70	$ 0.71	$ 0.61	0.0%	-69.5%	$ 8.16	$ 8.11	$ 7.80	-21.9%	604.3%	$ 64.78	$ 66.29	$ 64.90	10.6%	-88.5%
201310	12,707	1.3969	118,773	$ 9.35	$ 9.68	$ 8.67	-31.0%	-33.0%	200,857	$ 15.81	$ 15.82	$ 14.95	-32.4%	-35.2%	4,309	4,069	3,979	3,829	-25.6%	-88.2%	$ 45.91	$ 47.00	$ 46.21	-10.6%	626.9%	$ 0.71	$ 0.70	$ 0.65	0.0%	-70.4%	$ 8.13	$ 8.11	$ 7.71	-19.9%	449.6%	$ 62.74	$ 64.41	$ 64.81	5.3%	-89.7%
201311	13,009	1.3900	130,809	$ 10.06	$ 9.76	$ 8.79	-18.5%	-30.9%	211,723	$ 16.28	$ 15.95	$ 15.02	-21.9%	-33.5%	4,388	4,048	3,988	3,799	-24.0%	-28.6%	$ 47.54	$ 47.30	$ 46.76	1.3%	14.4%	$ 0.71	$ 0.71	$ 0.69	0.0%	-93.1%	$ 8.60	$ 8.31	$ 7.76	-13.0%	-10.8%	$ 65.69	$ 64.40	$ 65.14	5.2%	-97.9%
201312	14,213	1.3880	142,647	$ 10.04	$ 9.82	$ 8.85	-10.5%	-28.5%	229,542	$ 16.15	$ 16.08	$ 14.98	-17.0%	-32.3%	4,829	4,077	4,065	3,759	-25.6%	-29.8%	$ 46.81	$ 46.76	$ 47.09	9.8%	10.0%	$ 0.72	$ 0.71	$ 0.73	0.0%	-89.1%	$ 8.34	$ 8.36	$ 7.73	-11.2%	-12.8%	$ 66.16	$ 64.92	$ 65.27	4.0%	-97.0%
201401	14,355	1.4043	276,521	$ 19.26	$ 13.23	$ 10.09	67.5%	-10.6%	480,507	$ 33.47	$ 22.17	$ 16.92	40.0%	-17.3%	7,283	6,088	4,762	4,000	4.0%	-20.6%	$ 65.29	$ 55.16	$ 49.99	32.9%	11.5%	$ 0.69	$ 0.70	$ 0.77	0.0%	-80.0%	$ 8.29	$ 8.39	$ 8.05	19.1%	-4.1%	$ 79.38	$ 71.87	$ 67.39	12.7%	-94.6%
201402	14,003	1.4009	268,119	$ 19.15	$ 16.14	$ 11.17	127.4%	7.9%	424,480	$ 30.31	$ 26.65	$ 18.47	86.3%	-1.8%	6,891	5,905	5,357	4,238	39.4%	-9.7%	$ 60.91	$ 59.01	$ 51.55	32.9%	11.3%	$ 0.69	$ 0.70	$ 0.75	133.1%	-58.4%	$ 9.20	$ 8.63	$ 8.26	32.9%	-0.7%	$ 82.86	$ 77.28	$ 69.70	20.7%	-86.5%
201403	13,603	1.3857	417,447	$ 30.69	$ 22.93	$ 13.17	246.1%	34.4%	592,343	$ 43.55	$ 35.68	$ 21.06	172.2%	19.0%	7,393	6,522	6,168	4,507	85.0%	1.8%	$ 79.49	$ 68.76	$ 55.36	47.6%	16.0%	$ 0.64	$ 0.67	$ 0.73	11.2%	251.1%	$ 11.23	$ 9.59	$ 8.69	61.3%	5.9%	$ 100.85	$ 87.86	$ 73.86	35.2%	24.6%
201404	12,069	1.2988	515,412	$ 42.71	$ 30.27	$ 15.79	290.9%	62.8%	678,804	$ 56.24	$ 42.74	$ 24.27	213.4%	40.9%	7,192	7,151	6,496	4,787	96.9%	12.4%	$ 93.73	$ 78.30	$ 60.13	60.9%	24.7%	$ 0.65	$ 0.66	$ 0.71	-28.6%	132.0%	$ 11.85	$ 10.79	$ 9.10	45.0%	10.4%	$ 101.99	$ 95.46	$ 77.64	47.6%	23.4%
201405	12,334	1.2833	407,183	$ 33.01	$ 35.26	$ 17.71	323.9%	89.0%	557,426	$ 45.19	$ 48.11	$ 26.68	239.4%	61.1%	6,972	6,783	6,806	5,025	94.3%	21.6%	$ 79.31	$ 84.18	$ 63.01	76.7%	32.2%	$ 0.64	$ 0.64	$ 0.69	-30.2%	73.6%	$ 11.23	$ 11.44	$ 9.39	47.4%	14.7%	$ 92.85	$ 98.64	$ 80.08	52.2%	27.2%
201406	12,161	1.2811	422,420	$ 34.74	$ 36.79	$ 19.82	345.3%	121.8%	564,323	$ 46.40	$ 49.24	$ 29.25	251.5%	84.6%	6,786	6,696	6,876	5,268	92.2%	31.2%	$ 82.55	$ 85.31	$ 65.96	85.1%	40.7%	$ 0.61	$ 0.63	$ 0.67	-30.7%	41.2%	$ 12.79	$ 11.95	$ 9.81	51.4%	21.0%	$ 106.60	$ 100.44	$ 83.39	55.1%	31.3%
201407	12,016	1.2853	452,317	$ 37.64	$ 35.11	$ 21.89	297.1%	144.2%	590,835	$ 49.17	$ 46.91	$ 31.73	218.8%	102.2%	6,955	6,946	6,808	5,499	82.6%	38.7%	$ 84.30	$ 82.05	$ 68.58	76.3%	45.9%	$ 0.65	$ 0.63	$ 0.67	-23.6%	27.8%	$ 11.81	$ 11.93	$ 10.10	50.6%	26.7%	$ 97.06	$ 98.77	$ 85.55	49.5%	33.0%
201408	11,763	1.2942	690,985	$ 58.74	$ 43.56	$ 25.64	368.2%	190.2%	823,101	$ 69.97	$ 55.04	$ 35.89	260.5%	133.6%	6,646	6,780	6,807	5,713	77.5%	46.0%	$ 123.23	$ 96.41	$ 74.72	105.0%	60.5%	$ 0.62	$ 0.63	$ 0.66	-17.2%	16.3%	$ 12.87	$ 12.48	$ 10.46	56.0%	33.1%	$ 125.54	$ 109.52	$ 90.25	63.5%	39.4%
201409	11,635	1.2950	550,267	$ 47.29	$ 47.82	$ 28.55	372.2%	225.3%	691,767	$ 59.46	$ 59.46	$ 39.29	267.6%	159.4%	6,810	7,024	6,916	5,963	75.9%	54.3%	$ 100.96	$ 102.54	$ 78.42	110.7%	69.0%	$ 0.62	$ 0.63	$ 0.66	-9.2%	7.5%	$ 12.55	$ 12.40	$ 10.77	52.9%	38.1%	$ 115.14	$ 112.36	$ 93.79	69.5%	44.5%
201410	11,491	1.2968	664,123	$ 57.80	$ 54.61	$ 32.35	464.1%	272.9%	806,001	$ 70.14	$ 66.52	$ 43.57	320.6%	191.4%	6,901	7,207	7,002	6,214	76.0%	62.3%	$ 116.17	$ 113.39	$ 83.49	141.3%	80.7%	$ 0.62	$ 0.62	$ 0.65	-11.4%	-0.3%	$ 12.86	$ 12.76	$ 11.10	57.2%	43.8%	$ 119.79	$ 120.11	$ 97.75	86.5%	50.8%
201411	11,301	1.3059	524,055	$ 46.37	$ 50.50	$ 35.32	417.2%	302.0%	662,868	$ 58.66	$ 62.76	$ 47.05	293.4%	213.2%	6,353	6,746	6,994	6,440	75.4%	69.5%	$ 103.70	$ 107.06	$ 87.02	126.4%	86.1%	$ 0.64	$ 0.63	$ 0.65	-11.4%	-6.6%	$ 12.98	$ 12.79	$ 11.38	54.0%	46.7%	$ 118.21	$ 117.71	$ 101.09	82.8%	55.2%
201412	11,188	1.3124	685,453	$ 61.27	$ 55.14	$ 39.71	461.3%	348.5%	844,757	$ 75.51	$ 68.09	$ 52.17	323.4%	248.2%	7,553	8,101	7,348	6,793	80.8%	80.7%	$ 111.23	$ 110.57	$ 91.52	136.5%	94.3%	$ 0.62	$ 0.62	$ 0.64	-12.5%	-12.8%	$ 13.28	$ 13.05	$ 11.73	56.1%	51.6%	$ 119.26	$ 119.12	$ 104.75	83.5%	60.5%
201501	16,963	1.2912	806,326	$ 47.53	$ 51.10	$ 42.54	286.3%	321.6%	1,007,224	$ 59.38	$ 63.74	$ 54.77	187.5%	223.7%	13,335	9,433	8,286	7,158	74.0%	79.0%	$ 74.85	$ 91.66	$ 91.17	66.2%	82.4%	$ 0.68	$ 0.65	$ 0.64	-7.0%	-16.5%	$ 5.70	$ 9.50	$ 11.11	13.3%	38.0%	$ 95.60	$ 107.43	$ 105.45	49.5%	56.5%
201502	23,240	1.2623	1,259,126	$ 54.18	$ 53.53	$ 46.29	231.6%	314.4%	1,452,289	$ 62.49	$ 64.30	$ 58.03	141.3%	214.2%	17,538	9,056	8,973	7,544	67.5%	78.0%	$ 82.11	$ 85.31	$ 91.67	44.6%	77.8%	$ 0.69	$ 0.68	$ 0.65	-3.0%	-13.8%	$ 4.86	$ 6.81	$ 10.15	-21.1%	22.9%	$ 100.68	$ 102.57	$ 106.16	32.7%	52.3%
201503	27,748	1.2495	1,402,206	$ 50.53	$ 51.03	$ 48.19	122.6%	265.8%	1,612,583	$ 58.12	$ 59.93	$ 59.18	67.9%	181.0%	23,484	10,156	9,599	8,040	55.6%	78.4%	$ 67.97	$ 74.22	$ 87.66	7.9%	58.4%	$ 0.70	$ 0.69	$ 0.66	3.7%	-9.4%	$ 4.57	$ 4.94	$ 8.96	-48.5%	3.0%	$ 94.59	$ 96.81	$ 104.17	10.2%	41.0%
201504	30,883	1.2543	1,875,913	$ 60.74	$ 55.42	$ 50.54	83.1%	220.1%	2,066,394	$ 66.91	$ 62.68	$ 60.60	46.6%	149.7%	26,004	10,104	9,824	8,427	51.2%	76.0%	$ 78.77	$ 75.86	$ 85.63	-3.1%	42.4%	$ 0.69	$ 0.70	$ 0.67	5.9%	-6.0%	$ 4.29	$ 4.54	$ 7.90	-58.0%	-13.1%	$ 96.68	$ 97.00	$ 102.85	1.6%	32.5%
201505	32,148	1.2576	1,735,063	$ 53.97	$ 55.22	$ 52.08	56.6%	194.1%	1,918,568	$ 59.68	$ 61.66	$ 61.36	28.2%	130.0%	26,290	9,813	10,017	8,732	47.2%	73.8%	$ 72.28	$ 73.17	$ 83.65	-13.1%	32.7%	$ 0.70	$ 0.70	$ 0.67	8.7%	-2.5%	$ 3.98	$ 4.27	$ 7.09	-62.7%	-24.6%	$ 95.15	$ 95.50	$ 101.99	-3.2%	27.4%
201506	24,552	1.2853	1,473,367	$ 60.01	$ 58.05	$ 53.88	57.8%	171.9%	1,658,677	$ 67.56	$ 64.44	$ 62.84	30.9%	114.9%	18,810	9,194	9,742	8,892	41.7%	68.8%	$ 87.50	$ 78.68	$ 84.13	-7.8%	27.5%	$ 0.68	$ 0.69	$ 0.68	9.2%	0.8%	$ 5.74	$ 4.56	$ 6.70	-61.8%	-31.7%	$ 106.51	$ 98.71	$ 102.31	-1.7%	22.7%
201507	22,672	1.2907	1,561,371	$ 68.87	$ 60.09	$ 56.15	71.2%	156.5%	1,743,810	$ 76.91	$ 67.04	$ 64.89	42.9%	104.5%	16,715	8,847	9,346	8,987	37.3%	63.4%	$ 103.66	$ 85.40	$ 85.97	4.1%	25.4%	$ 0.66	$ 0.68	$ 0.68	7.9%	1.2%	$ 6.35	$ 5.16	$ 6.47	-56.8%	-36.0%	$ 118.24	$ 104.85	$ 104.03	6.2%	21.6%
201508	20,986	1.2941	1,698,742	$ 80.95	$ 69.40	$ 58.15	59.3%	126.8%	1,861,841	$ 88.72	$ 77.18	$ 66.69	40.2%	85.8%	14,772	8,447	8,849	9,047	30.0%	58.4%	$ 125.37	$ 103.99	$ 87.78	7.9%	17.5%	$ 0.67	$ 0.67	$ 0.68	7.5%	2.4%	$ 6.84	$ 6.27	$ 6.27	-49.8%	-40.1%	$ 123.06	$ 115.27	$ 104.78	5.3%	16.1%
201509	12,431	1.2681	915,831	$ 73.67	$ 74.45	$ 59.45	55.7%	108.2%	1,080,541	$ 86.92	$ 83.55	$ 68.06	40.5%	73.2%	7,799	7,529	8,405	9,066	21.5%	52.0%	$ 137.94	$ 118.63	$ 89.41	15.7%	14.0%	$ 0.61	$ 0.66	$ 0.68	4.0%	3.1%	$ 12.50	$ 7.76	$ 6.30	-37.4%	-41.5%	$ 137.77	$ 123.93	$ 105.78	10.3%	12.8%
201510	12,404	1.2728	901,496	$ 72.68	$ 76.73	$ 60.19	40.5%	86.1%	1,055,791	$ 85.12	$ 87.26	$ 68.82	31.2%	58.0%	8,062	7,799	8,022	9,089	14.6%	46.3%	$ 130.36	$ 129.88	$ 90.19	14.5%	8.0%	$ 0.60	$ 0.64	$ 0.68	2.5%	3.8%	$ 12.10	$ 9.67	$ 6.31	-24.2%	-43.1%	$ 130.73	$ 128.83	$ 106.34	7.3%	8.8%
201511	12,427	1.2735	999,493	$ 80.43	$ 75.59	$ 61.84	49.7%	75.1%	1,143,473	$ 92.02	$ 88.02	$ 70.45	40.2%	49.7%	8,055	7,778	7,702	9,130	10.1%	41.8%	$ 141.34	$ 136.53	$ 91.92	27.5%	5.6%	$ 0.62	$ 0.61	$ 0.68	-2.8%	4.4%	$ 11.37	$ 11.99	$ 6.30	-6.3%	-44.6%	$ 150.39	$ 139.65	$ 107.82	18.6%	6.7%
201512	12,389	1.2808	1,138,931	$ 91.93	$ 81.67	$ 63.36	48.1%	59.6%	1,300,177	$ 104.95	$ 94.02	$ 71.94	38.1%	37.9%	8,713	8,439	8,005	9,142	8.9%	34.6%	$ 148.63	$ 140.33	$ 93.75	26.9%	2.4%	$ 0.59	$ 0.60	$ 0.67	-3.5%	5.2%	$ 12.03	$ 11.84	$ 6.28	-9.3%	-46.4%	$ 145.03	$ 142.13	$ 109.08	19.3%	4.1%
201601	67,140	1.4538	1,978,718	$ 29.47	$ 44.77	$ 56.65	-12.4%	33.2%	3,199,257	$ 47.65	$ 61.37	$ 67.20	-3.7%	22.7%	42,296	7,560	7,708	8,770	-7.0%	22.5%	$ 75.12	$ 95.00	$ 91.30	3.6%	0.1%	$ 0.51	$ 0.54	$ 0.64	-17.5%	-0.1%	$ 5.91	$ 7.56	$ 6.25	-20.5%	-43.8%	$ 112.11	$ 122.19	$ 110.49	13.7%	4.8%
201602	71,730	1.4457	3,651,442	$ 50.91	$ 44.75	$ 55.63	-16.4%	20.2%	5,074,503	$ 70.74	$ 63.29	$ 68.24	-1.6%	17.6%	52,386	8,764	8,203	8,750	-8.6%	16.0%	$ 96.39	$ 92.10	$ 92.99	7.9%	1.4%	$ 0.47	$ 0.50	$ 0.60	-25.9%	-6.9%	$ 7.06	$ 7.01	$ 6.51	2.9%	-35.9%	$ 118.05	$ 117.89	$ 112.73	14.9%	6.2%
201603	74,964	1.4420	4,555,746	$ 60.77	$ 47.63	$ 56.97	-6.7%	18.2%	5,934,959	$ 79.17	$ 66.45	$ 71.03	10.9%	20.0%	58,164	9,311	8,577	8,757	-10.6%	8.9%	$ 101.62	$ 92.50	$ 96.77	24.6%	10.4%	$ 0.41	$ 0.46	$ 0.56	-33.4%	-15.5%	$ 8.05	$ 7.12	$ 6.98	44.1%	-22.1%	$ 134.34	$ 122.60	$ 118.57	26.6%	13.8%
201604	75,498	1.4419	4,562,181	$ 60.43	$ 57.47	$ 57.30	3.7%	13.4%	5,765,325	$ 76.36	$ 75.50	$ 72.24	20.5%	19.2%	50,965	8,101	8,723	8,550	-11.2%	1.5%	$ 112.71	$ 103.43	$ 100.86	36.3%	17.8%	$ 0.41	$ 0.43	$ 0.52	-37.7%	-21.6%	$ 8.62	$ 7.91	$ 7.47	74.4%	-5.5%	$ 142.35	$ 131.58	$ 124.26	35.7%	20.8%
201605	75,632	1.4444	4,574,613	$ 60.49	$ 60.56	$ 58.02	9.7%	11.4%	5,758,785	$ 76.14	$ 77.22	$ 73.69	25.2%	20.1%	46,414	7,364	8,255	8,280	-17.6%	-5.2%	$ 123.67	$ 111.84	$ 106.30	52.8%	27.1%	$ 0.40	$ 0.41	$ 0.49	-41.1%	-26.9%	$ 9.40	$ 8.64	$ 8.01	102.4%	13.1%	$ 109.36	$ 129.51	$ 124.48	35.6%	22.1%
6-month average							4.3%	26.0%					14.9%	22.9%					-7.7%	13.0%				25.4%	9.9%				-26.5%	-10.9%				32.3%	-23.4%				-100.0%	-100.0%
12-month average							30.0%	73.4%					26.3%	52.0%					9.1%	34.1%				17.9%	13.1%				-10.9%	-4.2%				-3.5%	-31.5%				-100.0%	-100.0%
6-month average (excl last 3 months)							27.5%	63.7%					24.1%	43.2%					6.6%	35.5%				16.0%	5.3%				-7.2%	1.6%				-15.8%	-42.5%				14.0%	7.2%
12-month average (excl last 1 or 3 months)							51.3%	88.6%					33.5%	61.1%					25.2%	40.7%				7.7%	13.6%				0.0%	-2.1%				-36.0%	-34.6%				8.5%	13.8%
6-month average (excl last 3 months, drop high and low)							31.5%	63.5%					27.0%	42.1%					6.7%	36.3%				16.3%	4.4%				-5.3%	2.8%				-15.1%	-43.3%				14.4%	6.6%
12-month average (excl last 1 or 3 months, drop high and low)							51.0%	85.6%					33.7%	58.6%					25.6%	41.3%				7.8%	13.0%				1.6%	-0.9%				-37.3%	-36.3%				8.6%	13.4%

Retail\Generic

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	29,068	$ 2.52	$ 2.56	$ 2.53	-7.1%	22.4%
201307	11,804	1.4113	32,755	$ 2.77	$ 2.68	$ 2.54	-11.1%	14.9%
201308	12,128	1.4027	38,671	$ 3.19	$ 2.83	$ 2.59	-8.4%	10.0%
201309	12,415	1.4015	35,686	$ 2.87	$ 2.95	$ 2.62	-0.7%	8.3%
201310	12,707	1.3969	38,605	$ 3.04	$ 3.03	$ 2.63	-2.7%	2.5%
201311	13,009	1.3900	40,634	$ 3.12	$ 3.01	$ 2.66	-5.8%	-2.0%
201312	14,213	1.3880	45,363	$ 3.19	$ 3.12	$ 2.68	-8.9%	-5.0%
201401	14,355	1.4043	43,901	$ 3.06	$ 3.12	$ 2.80	27.0%	5.2%
201402	14,003	1.4009	55,435	$ 3.96	$ 3.40	$ 2.96	64.7%	14.9%
201403	13,603	1.3857	72,047	$ 5.30	$ 4.08	$ 3.22	117.8%	26.8%
201404	12,069	1.2988	73,099	$ 6.06	$ 5.06	$ 3.50	129.0%	37.9%
201405	12,334	1.2833	74,607	$ 6.05	$ 5.78	$ 3.76	133.7%	47.4%
201406	12,161	1.2811	72,110	$ 5.93	$ 6.01	$ 4.02	134.8%	59.4%
201407	12,016	1.2853	75,163	$ 6.26	$ 6.08	$ 4.29	127.2%	68.9%
201408	11,763	1.2942	83,614	$ 7.11	$ 6.42	$ 4.59	126.7%	77.1%
201409	11,635	1.2950	83,084	$ 7.14	$ 6.83	$ 4.92	131.8%	88.2%
201410	11,491	1.2968	88,117	$ 7.67	$ 7.30	$ 5.29	140.8%	100.8%
201411	11,301	1.3059	80,193	$ 7.10	$ 7.30	$ 5.61	142.3%	111.3%
201412	11,188	1.3124	107,873	$ 9.64	$ 8.13	$ 6.15	160.5%	129.5%
201501	16,963	1.2912	173,201	$ 10.21	$ 9.16	$ 6.90	193.1%	146.6%
201502	23,240	1.2623	267,139	$ 11.49	$ 10.67	$ 7.83	213.8%	164.0%
201503	27,748	1.2495	360,806	$ 13.00	$ 11.79	$ 8.85	188.7%	174.7%
201504	30,883	1.2543	408,729	$ 13.23	$ 12.66	$ 9.73	150.5%	177.8%
201505	32,148	1.2576	434,834	$ 13.53	$ 13.27	$ 10.52	129.5%	179.6%
201506	24,552	1.2853	322,366	$ 13.13	$ 13.31	$ 11.05	121.4%	174.6%
201507	22,672	1.2907	310,186	$ 13.68	$ 13.45	$ 11.55	121.3%	169.0%
201508	20,986	1.2941	290,064	$ 13.82	$ 13.53	$ 11.95	110.5%	160.3%
201509	12,431	1.2681	134,266	$ 10.80	$ 13.10	$ 12.12	91.7%	146.2%
201510	12,404	1.2728	151,768	$ 12.24	$ 12.57	$ 12.34	72.1%	133.3%
201511	12,427	1.2735	138,042	$ 11.11	$ 11.38	$ 12.52	55.9%	123.1%
201512	12,389	1.2808	166,018	$ 13.40	$ 12.25	$ 12.69	50.7%	106.4%
201601	67,140	1.4538	299,517	$ 4.46	$ 6.56	$ 10.98	-28.3%	59.2%
201602	71,730	1.4457	440,690	$ 6.14	$ 5.99	$ 9.95	-43.8%	27.1%
201603	74,964	1.4420	577,616	$ 7.71	$ 6.16	$ 9.31	-47.7%	5.2%
201604	75,498	1.4419	529,901	$ 7.02	$ 6.97	$ 8.64	-45.0%	-11.2%
201605	75,632	1.4444	535,363	$ 7.08	$ 7.27	$ 8.07	-45.2%	-23.3%
6-month average							-26.6%	27.2%
12-month average							34.5%	89.2%
6-month average (excl last 3 months)							33.0%	99.2%
12-month average (excl last 1 or 3 months)							85.0%	106.1%
6-month average (excl last 3 months, drop high and low)							37.6%	105.5%
12-month average (excl last 1 or 3 months, drop high and low)							87.5%	110.4%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	57,925	$ 5.02	$ 5.19	$ 5.83	-31.1%	-13.9%
201307	64,574	$ 5.47	$ 5.32	$ 5.72	-30.5%	-17.8%
201308	69,166	$ 5.70	$ 5.40	$ 5.65	-29.4%	-21.1%
201309	67,609	$ 5.45	$ 5.54	$ 5.57	-25.8%	-22.9%
201310	73,267	$ 5.77	$ 5.64	$ 5.50	-26.3%	-25.8%
201311	74,186	$ 5.70	$ 5.64	$ 5.45	-25.6%	-27.6%
201312	82,816	$ 5.83	$ 5.77	$ 5.39	-26.8%	-29.0%
201401	127,484	$ 8.88	$ 6.84	$ 5.76	5.6%	-19.5%
201402	120,805	$ 8.63	$ 7.78	$ 6.09	39.2%	-9.7%
201403	144,994	$ 10.66	$ 9.37	$ 6.58	90.3%	2.7%
201404	141,262	$ 11.70	$ 10.26	$ 7.09	107.4%	14.7%
201405	136,108	$ 11.04	$ 11.11	$ 7.53	115.4%	25.1%
201406	130,256	$ 10.71	$ 11.15	$ 7.96	114.6%	36.6%
201407	136,020	$ 11.32	$ 11.02	$ 8.41	107.3%	47.0%
201408	138,295	$ 11.76	$ 11.26	$ 8.88	108.3%	57.3%
201409	142,628	$ 12.26	$ 11.77	$ 9.41	112.5%	68.9%
201410	148,382	$ 12.91	$ 12.30	$ 9.98	118.2%	81.3%
201411	133,703	$ 11.83	$ 12.34	$ 10.49	118.7%	92.5%
201412	174,040	$ 15.56	$ 13.42	$ 11.32	132.8%	109.9%
201501	257,342	$ 15.17	$ 14.32	$ 11.98	109.3%	108.0%
201502	349,937	$ 15.06	$ 15.20	$ 12.72	95.5%	108.9%
201503	449,160	$ 16.19	$ 15.55	$ 13.44	65.9%	104.2%
201504	491,830	$ 15.93	$ 15.77	$ 13.95	53.7%	96.7%
201505	517,554	$ 16.10	$ 16.07	$ 14.44	44.6%	91.9%
201506	398,712	$ 16.24	$ 16.08	$ 14.84	44.2%	86.4%
201507	385,504	$ 17.00	$ 16.40	$ 15.23	48.8%	81.0%
201508	359,648	$ 17.14	$ 16.77	$ 15.56	49.0%	75.2%
201509	198,165	$ 15.94	$ 16.82	$ 15.73	42.8%	67.2%
201510	215,817	$ 17.40	$ 16.88	$ 15.95	37.2%	59.8%
201511	201,683	$ 16.23	$ 16.52	$ 16.15	33.9%	54.0%
201512	234,776	$ 18.95	$ 17.52	$ 16.32	30.6%	44.2%
201601	773,831	$ 11.53	$ 13.16	$ 15.31	-8.1%	27.7%
201602	972,664	$ 13.56	$ 13.10	$ 14.96	-13.8%	17.6%
201603	1,141,490	$ 15.23	$ 13.51	$ 14.93	-13.1%	11.1%
201604	1,013,181	$ 13.42	$ 14.07	$ 14.60	-10.7%	4.7%
201605	994,747	$ 13.15	$ 13.93	$ 14.27	-13.3%	-1.2%
6-month average					-4.8%	17.3%
12-month average					19.0%	44.0%
6-month average (excl last 3 months)					20.4%	45.1%
12-month average (excl last 1 or 3 months)					35.7%	51.7%
6-month average (excl last 3 months, drop high and low)					23.4%	46.4%
12-month average (excl last 1 or 3 months, drop high and low)					37.7%	52.4%

Utilization

Date	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend
201306	2,799	2,913	2,952	3,303	-30.4%	-18.5%
201307	3,204	3,257	3,082	3,266	-27.5%	-20.5%
201308	3,347	3,312	3,164	3,228	-26.4%	-23.0%
201309	3,271	3,162	3,243	3,188	-24.0%	-24.5%
201310	3,565	3,367	3,280	3,161	-24.5%	-26.0%
201311	3,617	3,336	3,290	3,131	-24.4%	-27.6%
201312	3,995	3,373	3,359	3,101	-25.8%	-28.9%
201401	5,913	4,943	3,904	3,291	2.7%	-20.0%
201402	5,604	4,802	4,373	3,482	38.1%	-9.2%
201403	5,992	5,286	5,007	3,697	82.7%	2.0%
201404	5,814	5,781	5,266	3,919	94.4%	12.4%
201405	5,688	5,534	5,524	4,110	91.6%	21.1%
201406	5,452	5,380	5,564	4,299	88.5%	30.2%
201407	5,709	5,701	5,538	4,487	79.7%	37.4%
201408	5,351	5,459	5,513	4,653	74.2%	44.2%
201409	5,520	5,693	5,618	4,852	73.3%	52.2%
201410	5,607	5,855	5,668	5,052	72.8%	59.8%
201411	5,156	5,475	5,676	5,231	72.5%	67.1%
201412	6,098	6,541	5,954	5,509	77.3%	77.7%
201501	11,331	8,016	6,870	5,845	76.0%	77.6%
201502	15,196	7,846	7,618	6,228	74.2%	78.9%
201503	20,391	8,818	8,286	6,715	65.5%	81.6%
201504	22,590	8,778	8,527	7,104	61.9%	81.3%
201505	22,888	8,543	8,707	7,413	57.6%	80.3%
201506	16,166	7,901	8,446	7,576	51.8%	76.2%
201507	14,293	7,565	8,065	7,670	45.6%	70.9%
201508	12,624	7,219	7,579	7,738	37.5%	66.3%
201509	6,365	6,144	7,121	7,754	26.7%	59.8%
201510	6,631	6,415	6,710	7,775	18.4%	53.9%
201511	6,646	6,418	6,326	7,812	11.5%	49.3%
201512	7,109	6,886	6,573	7,823	10.4%	42.0%
201601	36,602	6,542	6,571	7,525	-4.3%	28.7%
201602	44,970	7,523	7,035	7,503	-7.6%	20.5%
201603	49,190	7,874	7,338	7,481	-11.4%	11.4%
201604	42,484	6,753	7,380	7,265	-13.5%	2.3%
201605	38,421	6,096	6,905	6,996	-20.7%	-5.6%
6-month average					-7.9%	16.5%
12-month average					12.0%	39.6%
6-month average (excl last 3 months)					9.2%	42.4%
12-month average (excl last 1 or 3 months)					31.2%	46.8%
6-month average (excl last 3 months, drop high and low)					9.0%	43.5%
12-month average (excl last 1 or 3 months, drop high and low)					31.7%	47.9%

Allowed Cost/Rx (Excl. Disp. Fee)

Date	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend
201306	$ 19.75	$ 21.11	$ 21.17	-1.1%	5.7%
201307	$ 19.44	$ 20.70	$ 21.03	-4.1%	3.5%
201308	$ 19.95	$ 20.50	$ 20.99	-4.1%	2.4%
201309	$ 19.94	$ 20.50	$ 20.97	-2.4%	2.0%
201310	$ 19.82	$ 20.63	$ 20.89	-2.3%	0.4%
201311	$ 19.78	$ 20.57	$ 20.87	-1.7%	-0.1%
201312	$ 20.00	$ 20.60	$ 20.87	-1.3%	-0.2%
201401	$ 20.84	$ 21.03	$ 21.01	2.9%	0.6%
201402	$ 20.84	$ 21.35	$ 21.00	0.8%	-0.6%
201403	$ 23.52	$ 22.46	$ 21.37	4.1%	0.7%
201404	$ 23.61	$ 23.38	$ 21.71	6.7%	2.1%
201405	$ 23.25	$ 24.14	$ 21.97	12.4%	3.3%
201406	$ 23.23	$ 24.04	$ 22.22	13.9%	5.0%
201407	$ 23.15	$ 23.88	$ 22.50	15.4%	7.0%
201408	$ 25.17	$ 24.50	$ 22.90	19.5%	9.1%
201409	$ 25.19	$ 25.15	$ 23.27	22.7%	11.0%
201410	$ 25.80	$ 26.05	$ 23.70	26.3%	13.5%
201411	$ 25.27	$ 26.08	$ 24.05	26.8%	15.2%
201412	$ 27.89	$ 27.05	$ 24.65	31.3%	18.1%
201501	$ 22.00	$ 25.02	$ 24.60	19.0%	17.1%
201502	$ 22.32	$ 23.95	$ 24.52	12.2%	16.8%
201503	$ 21.32	$ 22.52	$ 24.02	0.2%	12.4%
201504	$ 21.07	$ 22.19	$ 23.56	-5.1%	8.5%
201505	$ 21.90	$ 22.14	$ 23.38	-8.3%	6.4%
201506	$ 23.97	$ 22.84	$ 23.50	-5.0%	5.8%
201507	$ 26.29	$ 24.40	$ 23.82	2.2%	5.9%
201508	$ 27.80	$ 26.55	$ 24.13	8.4%	5.4%
201509	$ 30.48	$ 28.34	$ 24.35	12.7%	4.6%
201510	$ 31.90	$ 30.20	$ 24.61	15.9%	3.8%
201511	$ 29.69	$ 31.34	$ 24.81	20.2%	3.1%
201512	$ 32.40	$ 32.00	$ 25.03	18.3%	1.5%
201601	$ 20.61	$ 24.03	$ 24.41	-3.9%	-0.8%
201602	$ 21.13	$ 22.34	$ 23.93	-6.7%	-2.4%
201603	$ 22.76	$ 22.09	$ 23.94	-1.9%	-0.3%
201604	$ 23.41	$ 22.89	$ 24.11	3.1%	2.4%
201605	$ 25.46	$ 24.21	$ 24.48	9.3%	4.7%
6-month average				3.0%	0.8%
12-month average				6.0%	2.8%
6-month average (excl last 3 months)				9.4%	1.7%
12-month average (excl last 1 or 3 months)				4.1%	2.9%
6-month average (excl last 3 months, drop high and low)				10.7%	1.9%
12-month average (excl last 1 or 3 months, drop high and low)				3.7%	3.1%

Avg Dispensing Fee

Date	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 0.95	$ 0.95	$ 0.72	-2.9%	-27.0%
201307	$ 0.72	$ 0.87	$ 0.70	-10.7%	-28.0%
201308	$ 0.72	$ 0.79	$ 0.69	-18.2%	-29.0%
201309	$ 0.72	$ 0.72	$ 0.69	-24.9%	-29.7%
201310	$ 0.73	$ 0.72	$ 0.68	-24.4%	-30.4%
201311	$ 0.73	$ 0.73	$ 0.72	19.8%	-15.9%
201312	$ 0.73	$ 0.73	$ 0.76	148.7%	2.8%
201401	$ 0.72	$ 0.72	$ 0.80	0.0%	27.7%
201402	$ 0.72	$ 0.72	$ 0.78	131.1%	21.0%
201403	$ 0.68	$ 0.70	$ 0.76	13.0%	14.4%
201404	$ 0.69	$ 0.69	$ 0.74	-27.1%	8.6%
201405	$ 0.68	$ 0.68	$ 0.72	-28.1%	3.0%
201406	$ 0.66	$ 0.68	$ 0.70	-28.7%	-1.8%
201407	$ 0.68	$ 0.67	$ 0.70	-22.2%	-0.7%
201408	$ 0.67	$ 0.67	$ 0.70	-14.7%	0.4%
201409	$ 0.65	$ 0.67	$ 0.69	-7.2%	0.9%
201410	$ 0.67	$ 0.66	$ 0.69	-8.2%	1.7%
201411	$ 0.66	$ 0.66	$ 0.68	-9.3%	-4.7%
201412	$ 0.65	$ 0.66	$ 0.68	-9.6%	-10.6%
201501	$ 0.71	$ 0.68	$ 0.68	-6.1%	-14.8%
201502	$ 0.71	$ 0.70	$ 0.68	-3.0%	-12.3%
201503	$ 0.71	$ 0.71	$ 0.69	0.9%	-9.0%
201504	$ 0.70	$ 0.71	$ 0.69	2.2%	-6.4%
201505	$ 0.71	$ 0.71	$ 0.69	3.7%	-3.6%
201506	$ 0.69	$ 0.70	$ 0.70	4.0%	-1.0%
201507	$ 0.68	$ 0.70	$ 0.70	3.5%	-0.7%
201508	$ 0.69	$ 0.69	$ 0.70	2.6%	-0.2%
201509	$ 0.65	$ 0.68	$ 0.70	1.6%	0.6%
201510	$ 0.64	$ 0.67	$ 0.69	0.5%	1.0%
201511	$ 0.66	$ 0.65	$ 0.69	-1.2%	1.6%
201512	$ 0.63	$ 0.64	$ 0.69	-2.2%	2.3%
201601	$ 0.54	$ 0.57	$ 0.66	-16.9%	-2.5%
201602	$ 0.50	$ 0.52	$ 0.62	-25.1%	-8.6%
201603	$ 0.44	$ 0.49	$ 0.58	-31.4%	-15.7%
201604	$ 0.44	$ 0.46	$ 0.55	-35.2%	-20.9%
201605	$ 0.43	$ 0.44	$ 0.52	-38.1%	-25.4%
6-month average				-24.8%	-11.8%
12-month average				-11.5%	-5.8%
6-month average (excl last 3 months)				-7.2%	-0.9%
12-month average (excl last 1 or 3 months)				-2.2%	-4.0%
6-month average (excl last 3 months, drop high and low)				-5.0%	0.2%
12-month average (excl last 1 or 3 months, drop high and low)				-0.5%	-2.9%

Avg Copay

Date	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 4.52	$ 4.40	$ 4.37	7.5%	13.5%
201307	$ 4.64	$ 4.54	$ 4.37	-2.6%	9.8%
201308	$ 4.73	$ 4.64	$ 4.39	-6.1%	7.9%
201309	$ 5.00	$ 4.79	$ 4.41	-6.9%	5.6%
201310	$ 5.02	$ 4.92	$ 4.42	-7.1%	2.9%
201311	$ 5.10	$ 5.04	$ 4.43	-8.3%	0.6%
201312	$ 5.35	$ 5.16	$ 4.47	-7.0%	-1.0%
201401	$ 3.44	$ 4.45	$ 4.48	8.0%	3.6%
201402	$ 4.44	$ 4.29	$ 4.53	24.9%	5.0%
201403	$ 5.37	$ 4.42	$ 4.67	50.8%	8.3%
201404	$ 5.61	$ 5.15	$ 4.81	36.0%	10.5%
201405	$ 5.58	$ 5.52	$ 4.91	32.1%	12.2%
201406	$ 6.28	$ 5.81	$ 5.06	32.2%	15.7%
201407	$ 5.94	$ 5.93	$ 5.17	30.6%	18.3%
201408	$ 6.44	$ 6.22	$ 5.31	34.1%	21.1%
201409	$ 6.57	$ 6.31	$ 5.44	31.8%	23.4%
201410	$ 6.57	$ 6.53	$ 5.56	32.8%	25.8%
201411	$ 6.57	$ 6.57	$ 5.67	30.3%	27.8%
201412	$ 6.95	$ 6.71	$ 5.80	29.9%	29.7%
201501	$ 2.39	$ 4.58	$ 5.46	2.9%	22.1%
201502	$ 2.21	$ 3.16	$ 4.94	-26.5%	9.0%
201503	$ 2.13	$ 2.22	$ 4.32	-49.8%	-7.5%
201504	$ 2.07	$ 2.12	$ 3.81	-58.8%	-20.8%
201505	$ 1.99	$ 2.06	$ 3.42	-62.7%	-30.4%
201506	$ 2.73	$ 2.21	$ 3.23	-61.9%	-36.3%
201507	$ 3.03	$ 2.49	$ 3.11	-57.9%	-40.0%
201508	$ 3.27	$ 2.99	$ 3.01	-51.9%	-43.4%
201509	$ 5.96	$ 3.68	$ 3.00	-41.7%	-44.8%
201510	$ 5.97	$ 4.64	$ 3.00	-29.0%	-46.1%
201511	$ 5.84	$ 5.93	$ 3.00	-9.8%	-47.0%
201512	$ 5.90	$ 5.90	$ 2.98	-12.0%	-48.6%
201601	$ 2.41	$ 3.35	$ 2.90	-26.8%	-46.9%
201602	$ 2.67	$ 2.82	$ 2.90	-10.7%	-41.1%
201603	$ 3.11	$ 2.76	$ 3.01	24.5%	-30.8%
201604	$ 3.46	$ 3.07	$ 3.16	44.7%	-17.0%
201605	$ 3.66	$ 3.39	$ 3.32	64.3%	-2.7%
6-month average				14.0%	-31.1%
12-month average				-14.0%	-37.0%
6-month average (excl last 3 months)				-21.6%	-45.8%
12-month average (excl last 1 or 3 months)				-39.4%	-39.3%
6-month average (excl last 3 months, drop high and low)				-19.6%	-46.2%
12-month average (excl last 1 or 3 months, drop high and low)				-40.0%	-40.6%

Avg Discount

Date	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 56.53	$ 55.31	$ 53.32	8.9%	9.7%
201307	$ 56.73	$ 55.75	$ 53.81	7.7%	8.9%
201308	$ 56.19	$ 56.48	$ 54.22	8.9%	8.1%
201309	$ 56.31	$ 56.41	$ 54.69	11.4%	8.7%
201310	$ 56.88	$ 56.47	$ 55.09	11.4%	9.0%
201311	$ 55.83	$ 56.34	$ 55.44	12.0%	9.4%
201312	$ 58.38	$ 57.07	$ 55.92	11.1%	9.5%
201401	$ 67.86	$ 61.84	$ 57.82	18.2%	12.3%
201402	$ 67.11	$ 65.15	$ 59.29	22.8%	15.0%
201403	$ 76.95	$ 70.73	$ 61.74	30.9%	18.6%
201404	$ 76.08	$ 73.49	$ 63.72	34.6%	21.0%
201405	$ 75.68	$ 76.25	$ 65.55	38.8%	23.9%
201406	$ 88.50	$ 79.94	$ 68.26	44.5%	28.0%
201407	$ 80.60	$ 81.49	$ 70.11	46.2%	30.3%
201408	$ 86.80	$ 85.22	$ 72.38	50.9%	33.5%
201409	$ 89.65	$ 85.61	$ 74.75	51.8%	36.7%
201410	$ 87.27	$ 87.92	$ 76.84	55.7%	39.5%
201411	$ 92.33	$ 89.68	$ 79.21	59.2%	42.9%
201412	$ 94.09	$ 91.28	$ 81.77	59.9%	46.2%
201501	$ 84.38	$ 88.82	$ 83.29	43.6%	44.1%
201502	$ 86.11	$ 87.00	$ 84.90	33.5%	43.2%
201503	$ 86.26	$ 85.76	$ 85.68	21.2%	38.8%
201504	$ 84.53	$ 85.55	$ 85.94	16.4%	34.9%
201505	$ 86.15	$ 85.62	$ 86.42	12.3%	31.8%
201506	$ 90.16	$ 86.60	$ 86.76	8.3%	27.1%
201507	$ 94.55	$ 89.61	$ 87.74	10.0%	25.1%
201508	$ 96.24	$ 93.40	$ 88.45	9.6%	22.2%
201509	$ 107.85	$ 97.74	$ 89.19	14.2%	19.3%
201510	$ 114.70	$ 103.90	$ 90.31	18.2%	17.5%
201511	$ 111.22	$ 111.30	$ 91.11	24.1%	15.0%
201512	$ 113.19	$ 113.04	$ 91.97	23.8%	12.5%
201601	$ 98.24	$ 102.06	$ 93.65	14.9%	12.4%
201602	$ 100.18	$ 100.42	$ 95.53	15.4%	12.5%
201603	$ 117.04	$ 105.98	$ 100.60	23.6%	17.4%
201604	$ 119.83	$ 112.36	$ 105.03	31.3%	22.2%
201605	$ 91.20	$ 110.32	$ 104.68	28.8%	21.1%
6-month average				23.0%	16.4%
12-month average				18.5%	18.7%
6-month average (excl last 3 months)				18.4%	14.9%
12-month average (excl last 1 or 3 months)				15.7%	19.6%
6-month average (excl last 3 months, drop high and low)				18.1%	14.4%
12-month average (excl last 1 or 3 months, drop high and low)				15.6%	19.1%

Retail\Brand Formulary

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	20,916	$ 1.81	$ 1.73	$ 1.78	-20.9%	-29.7%
201307	11,804	1.4113	21,698	$ 1.84	$ 1.78	$ 1.77	-23.2%	-30.3%
201308	12,128	1.4027	24,682	$ 2.04	$ 1.90	$ 1.76	-24.9%	-31.9%
201309	12,415	1.4015	30,195	$ 2.43	$ 2.11	$ 1.81	-18.3%	-28.5%
201310	12,707	1.3969	22,945	$ 1.81	$ 2.09	$ 1.79	-17.4%	-27.8%
201311	13,009	1.3900	24,125	$ 1.85	$ 2.03	$ 1.80	-5.4%	-25.3%
201312	14,213	1.3880	26,381	$ 1.86	$ 1.84	$ 1.79	-11.5%	-23.6%
201401	14,355	1.4043	55,782	$ 3.89	$ 2.56	$ 2.04	65.0%	-3.9%
201402	14,003	1.4009	78,834	$ 5.63	$ 3.78	$ 2.43	168.7%	23.6%
201403	13,603	1.3857	95,327	$ 7.01	$ 5.48	$ 2.89	294.2%	54.5%
201404	12,069	1.2988	81,357	$ 6.74	$ 6.44	$ 3.27	306.6%	78.4%
201405	12,334	1.2833	68,095	$ 5.52	$ 6.44	$ 3.57	279.0%	99.1%
201406	12,161	1.2811	83,892	$ 6.90	$ 6.38	$ 3.96	267.9%	122.1%
201407	12,016	1.2853	99,166	$ 8.25	$ 6.88	$ 4.46	287.5%	152.4%
201408	11,763	1.2942	89,947	$ 7.65	$ 7.60	$ 4.89	300.3%	178.5%
201409	11,635	1.2950	94,046	$ 8.08	$ 8.00	$ 5.33	279.5%	194.6%
201410	11,491	1.2968	86,476	$ 7.53	$ 7.75	$ 5.79	271.1%	223.7%
201411	11,301	1.3059	97,307	$ 8.61	$ 8.07	$ 6.34	298.3%	252.9%
201412	11,188	1.3124	107,177	$ 9.58	$ 8.56	$ 7.01	365.5%	291.8%
201501	16,963	1.2912	204,236	$ 12.04	$ 10.36	$ 7.88	305.2%	286.0%
201502	23,240	1.2623	266,311	$ 11.46	$ 11.24	$ 8.60	197.3%	254.0%
201503	27,748	1.2495	375,993	$ 13.55	$ 12.46	$ 9.51	127.3%	229.5%
201504	30,883	1.2543	434,750	$ 14.08	$ 13.16	$ 10.42	104.3%	218.3%
201505	32,148	1.2576	460,863	$ 14.34	$ 14.01	$ 11.29	117.5%	216.4%
201506	24,552	1.2853	360,406	$ 14.68	$ 14.34	$ 11.90	124.7%	200.4%
201507	22,672	1.2907	341,279	$ 15.05	$ 14.65	$ 12.39	112.9%	178.0%
201508	20,986	1.2941	293,861	$ 14.00	$ 14.60	$ 12.76	92.1%	160.9%
201509	12,431	1.2681	167,241	$ 13.45	$ 14.31	$ 13.01	78.9%	144.2%
201510	12,404	1.2728	186,486	$ 15.03	$ 14.13	$ 13.37	82.3%	131.0%
201511	12,427	1.2735	168,626	$ 13.57	$ 14.02	$ 13.60	73.7%	114.6%
201512	12,389	1.2808	245,742	$ 19.84	$ 16.14	$ 14.09	88.5%	100.9%
201601	67,140	1.4538	460,708	$ 6.86	$ 9.52	$ 12.58	-8.1%	59.7%
201602	71,730	1.4457	718,415	$ 10.02	$ 9.42	$ 12.13	-16.2%	41.1%
201603	74,964	1.4420	1,007,649	$ 13.44	$ 10.

Retail\Brand Non-Formulary

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	16,256	$ 1.41	$ 1.44	$ 1.47	-23.4%	-27.9%
201307	11,804	1.4113	23,793	$ 2.02	$ 1.65	$ 1.53	-12.4%	-22.7%
201308	12,128	1.4027	23,199	$ 1.91	$ 1.78	$ 1.55	-11.5%	-18.8%
201309	12,415	1.4015	19,161	$ 1.54	$ 1.82	$ 1.53	-7.9%	-21.8%
201310	12,707	1.3969	23,713	$ 1.87	$ 1.77	$ 1.52	-25.5%	-25.7%
201311	13,009	1.3900	19,074	$ 1.47	$ 1.62	$ 1.51	-25.6%	-25.1%
201312	14,213	1.3880	19,432	$ 1.37	$ 1.56	$ 1.49	-23.7%	-25.1%
201401	14,355	1.4043	42,688	$ 2.97	$ 1.95	$ 1.67	47.9%	-7.0%
201402	14,003	1.4009	35,423	$ 2.53	$ 2.29	$ 1.80	108.8%	9.6%
201403	13,603	1.3857	42,368	$ 3.11	$ 2.87	$ 1.96	179.2%	26.8%
201404	12,069	1.2988	57,361	$ 4.75	$ 3.41	$ 2.22	188.8%	46.1%
201405	12,334	1.2833	52,306	$ 4.24	$ 4.00	$ 2.43	189.4%	60.8%
201406	12,161	1.2811	52,635	$ 4.33	$ 4.44	$ 2.66	208.5%	80.8%
201407	12,016	1.2853	65,820	$ 5.48	$ 4.68	$ 2.92	183.9%	91.4%
201408	11,763	1.2942	46,346	$ 3.94	$ 4.59	$ 3.08	157.1%	98.2%
201409	11,635	1.2950	62,499	$ 5.37	$ 4.93	$ 3.38	171.0%	120.6%
201410	11,491	1.2968	63,615	$ 5.54	$ 4.94	$ 3.67	178.7%	141.7%
201411	11,301	1.3059	56,455	$ 5.00	$ 5.30	$ 3.95	226.4%	161.8%
201412	11,188	1.3124	70,435	$ 6.30	$ 5.61	$ 4.38	259.8%	194.7%
201501	16,963	1.2912	98,924	$ 5.83	$ 5.72	$ 4.68	193.1%	180.4%
201502	23,240	1.2623	130,873	$ 5.63	$ 5.84	$ 5.01	155.0%	177.9%
201503	27,748	1.2495	182,782	$ 6.59	$ 6.07	$ 5.41	111.5%	176.2%
201504	30,883	1.2543	205,661	$ 6.66	$ 6.34	$ 5.65	86.2%	154.7%
201505	32,148	1.2576	211,203	$ 6.57	$ 6.61	$ 5.87	65.1%	141.4%
201506	24,552	1.2853	153,265	$ 6.24	$ 6.51	$ 5.99	46.7%	125.6%
201507	22,672	1.2907	154,009	$ 6.79	$ 6.53	$ 6.10	39.7%	108.5%
201508	20,986	1.2941	117,517	$ 5.60	$ 6.23	$ 6.16	35.8%	99.9%
201509	12,431	1.2681	89,849	$ 7.23	$ 6.44	$ 6.25	30.6%	85.0%
201510	12,404	1.2728	88,922	$ 7.17	$ 6.47	$ 6.33	30.8%	72.6%
201511	12,427	1.2735	82,089	$ 6.61	$ 7.00	$ 6.40	32.0%	61.9%
201512	12,389	1.2808	103,668	$ 8.37	$ 7.38	$ 6.51	31.6%	48.5%
201601	67,140	1.4538	159,638	$ 2.38	$ 3.76	$ 5.62	-34.4%	20.1%
201602	71,730	1.4457	296,029	$ 4.13	$ 3.70	$ 5.31	-36.7%	6.1%
201603	74,964	1.4420	344,317	$ 4.59	$ 3.74	$ 5.08	-38.4%	-6.0%
201604	75,498	1.4419	390,817	$ 5.18	$ 4.64	$ 4.99	-26.8%	-11.7%
201605	75,632	1.4444	376,190	$ 4.97	$ 4.92	$ 4.88	-25.6%	-16.8%
6-month average							-21.7%	6.7%
12-month average							7.1%	49.5%
6-month average (excl last 3 months)							9.0%	49.0%
12-month average (excl last 1 or 3 months)							36.6%	62.7%
6-month average (excl last 3 months, drop high and low)							14.7%	50.8%
12-month average (excl last 1 or 3 months, drop high and low)							36.4%	62.2%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	31,702	$ 2.75	$ 2.69	$ 2.84	-36.7%	-35.6%
201307	43,630	$ 3.70	$ 3.07	$ 2.90	-28.1%	-33.5%
201308	43,080	$ 3.55	$ 3.34	$ 2.94	-21.3%	-30.8%
201309	36,709	$ 2.96	$ 3.40	$ 2.90	-16.6%	-31.8%
201310	45,998	$ 3.62	$ 3.38	$ 2.91	-21.2%	-32.2%
201311	39,382	$ 3.03	$ 3.20	$ 2.92	-16.7%	-29.2%
201312	40,586	$ 2.86	$ 3.15	$ 2.90	-12.6%	-28.2%
201401	82,229	$ 5.73	$ 3.90	$ 3.23	46.9%	-12.1%
201402	62,994	$ 4.50	$ 4.36	$ 3.44	89.4%	2.9%
201403	70,261	$ 5.17	$ 5.14	$ 3.66	136.5%	17.0%
201404	86,618	$ 7.18	$ 5.54	$ 4.01	140.3%	33.5%
201405	77,227	$ 6.26	$ 6.16	$ 4.28	136.8%	46.1%
201406	76,595	$ 6.30	$ 6.58	$ 4.56	144.7%	60.3%
201407	91,154	$ 7.59	$ 6.71	$ 4.86	118.5%	67.4%
201408	70,997	$ 6.04	$ 6.64	$ 5.05	98.9%	71.7%
201409	88,021	$ 7.57	$ 7.06	$ 5.41	108.0%	86.7%
201410	90,694	$ 7.89	$ 7.16	$ 5.74	112.0%	97.6%
201411	82,150	$ 7.27	$ 7.58	$ 6.09	136.7%	108.3%
201412	97,855	$ 8.75	$ 7.97	$ 6.60	152.5%	127.8%
201501	128,522	$ 7.58	$ 7.82	$ 6.80	100.5%	110.6%
201502	162,134	$ 6.98	$ 7.56	$ 7.02	73.2%	104.3%
201503	210,929	$ 7.60	$ 7.38	$ 7.26	43.7%	98.6%
201504	229,422	$ 7.43	$ 7.36	$ 7.29	32.8%	81.8%
201505	235,143	$ 7.31	$ 7.44	$ 7.36	20.8%	71.7%
201506	177,987	$ 7.25	$ 7.34	$ 7.40	11.6%	62.5%
201507	180,619	$ 7.97	$ 7.48	$ 7.45	11.5%	53.3%
201508	140,455	$ 6.69	$ 7.32	$ 7.45	10.1%	47.6%
201509	109,910	$ 8.84	$ 7.68	$ 7.52	8.8%	39.0%
201510	111,248	$ 8.97	$ 7.89	$ 7.57	10.3%	31.8%
201511	104,139	$ 8.38	$ 8.73	$ 7.63	15.2%	25.2%
201512	127,400	$ 10.28	$ 9.21	$ 7.71	15.6%	16.7%
201601	253,298	$ 3.77	$ 5.27	$ 6.83	-32.6%	0.5%
201602	415,010	$ 5.79	$ 5.26	$ 6.61	-30.4%	-6.0%
201603	453,371	$ 6.05	$ 5.25	$ 6.43	-28.9%	-11.5%
201604	505,225	$ 6.69	$ 6.18	$ 6.40	-16.0%	-12.2%
201605	480,309	$ 6.35	$ 6.36	$ 6.34	-14.5%	-13.9%
6-month average					-17.8%	-4.4%
12-month average					-3.3%	19.4%
6-month average (excl last 3 months)					-2.2%	17.9%
12-month average (excl last 1 or 3 months)					9.8%	26.6%
6-month average (excl last 3 months, drop high and low)					1.0%	18.6%
12-month average (excl last 1 or 3 months, drop high and low)					10.6%	25.9%

Utilization

Date	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend
201306	204	212	228	255	-42.9%	-37.7%
201307	258	262	241	251	-39.3%	-38.1%
201308	289	286	254	251	-35.3%	-38.1%
201309	250	242	263	245	-30.6%	-38.8%
201310	299	282	270	245	-28.0%	-38.3%
201311	277	256	260	244	-24.3%	-36.3%
201312	301	254	264	241	-21.9%	-36.3%
201401	404	338	283	253	6.3%	-27.0%
201402	337	289	294	261	31.3%	-17.0%
201403	337	297	308	268	56.1%	-7.6%
201404	365	363	314	279	54.0%	0.9%
201405	342	333	330	285	44.2%	6.6%
201406	308	304	333	292	46.1%	14.6%
201407	340	340	325	298	35.0%	18.6%
201408	324	331	325	301	27.7%	20.3%
201409	339	350	340	310	29.2%	26.4%
201410	318	332	337	314	25.0%	28.3%
201411	300	319	334	319	28.3%	30.9%
201412	337	361	337	329	28.0%	36.3%
201501	440	311	328	326	15.6%	28.8%
201502	554	286	311	323	5.8%	23.7%
201503	759	328	310	326	0.4%	21.7%
201504	844	328	316	324	0.6%	16.3%
201505	832	311	322	322	-2.4%	12.8%
201506	605	296	313	320	-6.2%	9.5%
201507	522	276	296	314	-9.0%	5.5%
201508	438	250	275	308	-15.2%	2.3%
201509	268	259	263	304	-22.7%	-2.0%
201510	280	271	258	301	-23.5%	-4.2%
201511	268	259	263	298	-21.2%	-6.7%
201512	288	279	270	294	-20.1%	-10.5%
201601	694	124	163	255	-50.2%	-21.8%
201602	990	166	156	234	-49.7%	-27.5%
201603	1,053	169	154	215	-50.4%	-34.0%
201604	1,021	162	165	198	-47.7%	-38.8%
201605	952	151	161	183	-50.1%	-43.0%
6-month average					-44.7%	-29.3%
12-month average					-30.5%	-14.3%
6-month average (excl last 3 months)					-31.2%	-12.1%
12-month average (excl last 1 or 3 months)					-18.2%	-9.6%
6-month average (excl last 3 months, drop high and low)					-29.3%	-10.8%
12-month average (excl last 1 or 3 months, drop high and low)					-16.9%	-8.9%

Allowed Cost/Rx (Excl. Disp. Fee)

Date	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend
201306	$ 154.41	$ 141.38	$ 133.77	10.9%	3.5%
201307	$ 168.36	$ 152.86	$ 138.49	18.5%	7.4%
201308	$ 148.19	$ 157.67	$ 140.80	21.6%	11.8%
201309	$ 146.09	$ 154.85	$ 141.79	20.2%	11.4%
201310	$ 153.08	$ 150.10	$ 142.62	9.4%	9.9%
201311	$ 141.16	$ 147.81	$ 143.91	9.9%	11.0%
201312	$ 133.88	$ 143.63	$ 144.30	12.0%	12.7%
201401	$ 202.71	$ 165.17	$ 153.11	38.1%	20.3%
201402	$ 186.03	$ 178.32	$ 157.80	44.2%	24.0%
201403	$ 207.64	$ 199.89	$ 163.74	51.6%	26.6%
201404	$ 236.42	$ 211.62	$ 172.79	56.1%	32.3%
201405	$ 224.95	$ 224.24	$ 180.29	64.2%	37.0%
201406	$ 247.77	$ 236.89	$ 187.23	67.6%	40.0%
201407	$ 267.07	$ 247.45	$ 195.59	61.9%	41.2%
201408	$ 218.36	$ 245.62	$ 201.02	55.8%	42.8%
201409	$ 258.58	$ 249.42	$ 209.43	61.1%	47.7%
201410	$ 284.43	$ 254.55	$ 219.63	69.6%	54.0%
201411	$ 272.57	$ 272.59	$ 229.02	84.4%	59.1%
201412	$ 289.22	$ 283.46	$ 241.12	97.3%	67.1%
201501	$ 291.29	$ 286.47	$ 250.33	73.4%	63.5%
201502	$ 291.92	$ 291.89	$ 260.74	63.7%	65.2%
201503	$ 276.95	$ 286.13	$ 267.22	43.1%	63.2%
201504	$ 270.98	$ 279.32	$ 270.07	32.0%	56.3%
201505	$ 281.73	$ 277.41	$ 274.56	23.7%	52.3%
201506	$ 293.14	$ 281.70	$ 277.87	18.9%	48.4%
201507	$ 345.07	$ 303.09	$ 284.17	22.5%	45.3%
201508	$ 319.79	$ 318.89	$ 290.07	29.8%	44.3%
201509	$ 409.19	$ 350.96	$ 296.90	40.7%	41.8%
201510	$ 396.49	$ 366.75	$ 302.05	44.1%	37.5%
201511	$ 387.50	$ 398.65	$ 307.20	46.2%	34.1%
201512	$ 441.36	$ 410.03	$ 314.51	44.7%	30.4%
201601	$ 364.21	$ 387.87	$ 321.58	35.4%	28.5%
201602	$ 418.76	$ 403.60	$ 338.20	38.3%	29.7%
201603	$ 430.09	$ 409.91	$ 358.40	43.3%	34.1%
201604	$ 494.02	$ 448.33	$ 387.64	60.5%	43.5%
201605	$ 503.73	$ 475.43	$ 414.55	71.4%	51.0%
6-month average				48.9%	36.2%
12-month average				41.3%	39.1%
6-month average (excl last 3 months)				41.6%	33.7%
12-month average (excl last 1 or 3 months)				35.0%	39.2%
6-month average (excl last 3 months, drop high and low)				41.9%	33.0%
12-month average (excl last 1 or 3 months, drop high and low)				35.4%	38.9%

Avg Dispensing Fee

Date	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 0.99	$ 0.98	$ 1.11	-12.0%	2.0%
201307	$ 0.75	$ 0.90	$ 1.05	-22.7%	-5.6%
201308	$ 0.88	$ 0.86	$ 1.03	-23.9%	-6.6%
201309	$ 0.75	$ 0.79	$ 1.00	-28.3%	-9.5%
201310	$ 0.76	$ 0.80	$ 0.96	-25.0%	-13.3%
201311	$ 1.02	$ 0.84	$ 0.96	-23.4%	-13.7%
201312	$ 0.96	$ 0.91	$ 0.94	-26.9%	-19.1%
201401	$ 0.83	$ 0.92	$ 0.92	-23.9%	-20.7%
201402	$ 0.90	$ 0.89	$ 0.90	-28.2%	-22.8%
201403	$ 0.85	$ 0.86	$ 0.88	-26.5%	-24.4%
201404	$ 0.89	$ 0.88	$ 0.88	-21.9%	-23.2%
201405	$ 0.86	$ 0.87	$ 0.87	-17.3%	-22.8%
201406	$ 0.91	$ 0.89	$ 0.86	-9.5%	-22.0%
201407	$ 1.03	$ 0.94	$ 0.89	4.6%	-15.7%
201408	$ 0.77	$ 0.91	$ 0.88	4.8%	-15.1%
201409	$ 1.07	$ 0.96	$ 0.90	20.7%	-9.8%
201410	$ 0.77	$ 0.87	$ 0.90	9.7%	-6.4%
201411	$ 1.27	$ 1.03	$ 0.92	22.6%	-4.4%
201412	$ 1.16	$ 1.06	$ 0.94	16.7%	0.1%
201501	$ 0.81	$ 1.04	$ 0.94	13.2%	2.0%
201502	$ 0.75	$ 0.87	$ 0.91	-2.2%	1.3%
201503	$ 0.95	$ 0.85	$ 0.92	-0.9%	5.1%
201504	$ 0.84	$ 0.86	$ 0.91	-2.7%	4.4%
201505	$ 0.90	$ 0.90	$ 0.91	3.1%	5.4%
201506	$ 1.05	$ 0.92	$ 0.93	3.5%	7.4%
201507	$ 0.94	$ 0.96	$ 0.92	2.4%	4.2%
201508	$ 0.89	$ 0.97	$ 0.93	7.2%	5.9%
201509	$ 0.92	$ 0.92	$ 0.92	-4.1%	2.1%
201510	$ 0.83	$ 0.88	$ 0.93	0.6%	2.5%
201511	$ 1.08	$ 0.94	$ 0.92	-8.9%	-0.7%
201512	$ 1.00	$ 0.97	$ 0.91	-8.9%	-3.5%
201601	$ 0.78	$ 0.89	$ 0.90	-14.4%	-3.9%
201602	$ 0.65	$ 0.74	$ 0.87	-14.5%	-4.3%
201603	$ 0.51	$ 0.63	$ 0.81	-26.4%	-12.2%
201604	$ 0.60	$ 0.58	$ 0.78	-32.1%	-14.9%
201605	$ 0.68	$ 0.59	$ 0.75	-33.9%	-17.8%
6-month average				-21.7%	-9.4%
12-month average				-10.8%	-2.9%
6-month average (excl last 3 months)				-8.4%	-1.3%
12-month average (excl last 1 or 3 months)				-3.1%	-1.0%
6-month average (excl last 3 months, drop high and low)				-9.1%	-1.5%
12-month average (excl last 1 or 3 months, drop high and low)				-3.0%	-0.4%

Avg Copay

Date	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 20.18	$ 22.64	$ 25.14	-32.4%	-21.0%
201307	$ 21.23	$ 21.33	$ 23.81	-43.0%	-27.2%
201308	$ 21.85	$ 21.18	$ 23.03	-43.1%	-29.7%
201309	$ 20.01	$ 21.07	$ 22.43	-37.4%	-31.0%
201310	$ 22.26	$ 21.45	$ 21.69	-33.8%	-34.2%
201311	$ 21.44	$ 21.30	$ 21.49	-29.0%	-33.4%
201312	$ 19.34	$ 21.00	$ 20.90	-30.0%	-33.2%
201401	$ 28.03	$ 23.51	$ 22.31	9.5%	-24.6%
201402	$ 30.63	$ 26.36	$ 23.26	31.6%	-19.6%
201403	$ 33.54	$ 30.56	$ 24.37	68.7%	-12.5%
201404	$ 34.22	$ 32.84	$ 25.32	44.4%	-8.0%
201405	$ 35.67	$ 34.48	$ 26.47	48.8%	-0.2%
201406	$ 37.65	$ 35.75	$ 27.73	57.9%	10.3%
201407	$ 37.45	$ 36.90	$ 29.02	73.0%	21.9%
201408	$ 37.83	$ 37.64	$ 30.29	77.7%	31.5%
201409	$ 38.17	$ 37.82	$ 31.61	79.4%	40.9%
201410	$ 37.67	$ 37.90	$ 32.79	76.7%	51.2%
201411	$ 39.42	$ 38.40	$ 34.07	80.2%	58.6%
201412	$ 38.74	$ 38.60	$ 35.55	83.8%	70.1%
201501	$ 21.76	$ 31.99	$ 34.81	36.1%	56.1%
201502	$ 20.64	$ 25.59	$ 33.32	-2.9%	43.2%
201503	$ 19.53	$ 20.44	$ 31.09	-33.1%	27.6%
201504	$ 15.88	$ 18.39	$ 28.40	-44.0%	12.1%
201505	$ 15.09	$ 16.75	$ 26.02	-51.4%	-1.7%
201506	$ 21.01	$ 16.95	$ 24.92	-52.6%	-10.1%
201507	$ 22.04	$ 18.77	$ 23.98	-49.1%	-17.4%
201508	$ 25.39	$ 22.58	$ 23.37	-40.0%	-22.9%
201509	$ 40.06	$ 27.17	$ 23.28	-28.2%	-26.4%
201510	$ 36.44	$ 32.52	$ 23.13	-14.2%	-29.5%
201511	$ 37.82	$ 38.08	$ 22.98	-0.8%	-32.6%
201512	$ 39.46	$ 37.92	$ 22.89	-1.7%	-35.6%
201601	$ 37.63	$ 38.09	$ 24.58	19.1%	-29.4%
201602	$ 37.97	$ 38.07	$ 26.85	48.7%	-19.4%
201603	$ 42.97	$ 39.81	$ 30.03	94.8%	-3.9%
201604	$ 43.09	$ 41.40	$ 33.51	125.2%	18.0%
201605	$ 48.52	$ 44.76	$ 37.53	167.3%	44.2%
6-month average				75.5%	-4.3%
12-month average				22.4%	-13.7%
6-month average (excl last 3 months)				3.8%	-28.8%
12-month average (excl last 1 or 3 months)				-20.6%	-17.5%
6-month average (excl last 3 months, drop high and low)				0.6%	-29.4%
12-month average (excl last 1 or 3 months, drop high and low)				-24.4%	-19.3%

Avg Discount

Date	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 34.57	$ 49.19	$ 55.89	31.3%	89.4%
201307	$ 66.13	$ 52.36	$ 58.42	47.7%	94.7%
201308	$ 59.79	$ 55.12	$ 59.84	57.2%	97.3%
201309	$ 39.25	$ 55.40	$ 57.51	25.1%	68.7%
201310	$ 41.83	$ 47.25	$ 54.35	-21.6%	37.1%
201311	$ 36.73	$ 39.34	$ 51.85	-44.4%	19.7%
201312	$ 31.48	$ 36.67	$ 49.60	-45.3%	9.5%
201401	$ 46.43	$ 39.11	$ 48.45	-36.3%	0.5%
201402	$ 48.71	$ 42.85	$ 47.93	-27.7%	-5.7%
201403	$ 52.98	$ 49.19	$ 47.41	-23.3%	-13.8%
201404	$ 65.20	$ 55.89	$ 48.53	-10.9%	-14.1%
201405	$ 59.58	$ 59.41	$ 49.29	0.2%	-13.7%
201406	$ 64.14	$ 62.98	$ 51.30	28.1%	-8.2%
201407	$ 73.24	$ 65.69	$ 52.25	25.5%	-10.6%
201408	$ 62.11	$ 66.65	$ 52.51	20.9%	-12.2%
201409	$ 65.09	$ 66.89	$ 54.42	20.7%	-5.4%
201410	$ 73.61	$ 66.87	$ 56.89	41.5%	4.7%
201411	$ 68.62	$ 69.03	$ 59.16	75.5%	14.1%
201412	$ 77.18	$ 73.31	$ 62.71	99.9%	26.4%
201501	$ 70.02	$ 71.87	$ 65.11	83.8%	34.4%
201502	$ 69.97	$ 71.82	$ 67.02	67.6%	39.8%
201503	$ 63.87	$ 67.34	$ 67.51	36.9%	42.4%
201504	$ 63.18	$ 65.17	$ 66.97	16.6%	38.0%
201505	$ 64.94	$ 63.99	$ 67.12	7.7%	36.2%
201506	$ 71.37	$ 65.99	$ 67.70	4.8%	32.0%
201507	$ 82.20	$ 71.52	$ 68.62	8.9%	31.3%
201508	$ 79.58	$ 77.28	$ 69.72	16.0%	32.8%
201509	$ 108.80	$ 87.07	$ 71.66	30.2%	31.7%
201510	$ 107.23	$ 95.37	$ 73.17	42.6%	28.6%
201511	$ 96.66	$ 104.27	$ 74.42	51.1%	25.8%
201512	$ 82.77	$ 95.41	$ 74.66	30.2%	19.0%
201601	$ 101.96	$ 96.40	$ 77.96	34.1%	19.7%
201602	$ 131.91	$ 114.19	$ 86.48	59.0%	29.0%
201603	$ 122.16	$ 120.56	$ 94.21	39.7%	39.5%
201604	$ 148.09	$ 133.96	$ 105.40	105.6%	57.4%
201605	$ 111.05	$ 127.42	$ 110.69	99.1%	64.9%
6-month average				67.8%	38.3%
12-month average				46.7%	34.3%
6-month average (excl last 3 months)				41.2%	25.7%
12-month average (excl last 1 or 3 months)				28.2%	31.9%
6-month average (excl last 3 months, drop high and low)				39.5%	25.8%
12-month average (excl last 1 or 3 months, drop high and low)				27.4%	30.7%

Retail\Specialty

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	5,956	$ 0.52	$ 1.25	$ 1.67	-52.7%	-41.8%
201307	11,804	1.4113	25,648	$ 2.17	$ 1.32	$ 1.65	-61.2%	-45.6%
201308	12,128	1.4027	15,908	$ 1.31	$ 1.34	$ 1.51	-67.4%	-52.4%
201309	12,415	1.4015	23,562	$ 1.90	$ 1.79	$ 1.47	-55.9%	-54.2%
201310	12,707	1.3969	14,159	$ 1.11	$ 1.44	$ 1.38	-61.2%	-56.8%
201311	13,009	1.3900	26,155	$ 2.01	$ 1.68	$ 1.45	-34.9%	-52.4%
201312	14,213	1.3880	34,645	$ 2.44	$ 1.88	$ 1.55	3.6%	-46.8%
201401	14,355	1.4043	101,230	$ 7.05	$ 3.90	$ 2.15	263.7%	-14.1%
201402	14,003	1.4009	60,857	$ 4.35	$ 4.62	$ 2.40	281.2%	7.6%
201403	13,603	1.3857	161,165	$ 11.85	$ 7.70	$ 3.33	562.0%	63.7%
201404	12,069	1.2988	255,905	$ 21.20	$ 12.05	$ 4.83	675.3%	136.0%
201405	12,334	1.2833	173,211	$ 14.04	$ 15.53	$ 5.83	953.5%	203.3%
201406	12,161	1.2811	161,558	$ 13.28	$ 16.15	$ 6.81	1192.7%	307.5%
201407	12,016	1.2853	170,461	$ 14.19	$ 13.84	$ 7.73	944.7%	368.7%
201408	11,763	1.2942	415,362	$ 35.31	$ 20.80	$ 10.33	1452.1%	585.5%
201409	11,635	1.2950	268,810	$ 23.10	$ 24.13	$ 11.98	1247.0%	714.0%
201410	11,491	1.2968	376,499	$ 32.76	$ 30.40	$ 14.45	2011.6%	948.5%
201411	11,301	1.3059	243,781	$ 21.57	$ 25.83	$ 16.06	1441.7%	1008.7%
201412	11,188	1.3124	338,766	$ 30.28	$ 28.22	$ 18.44	1403.4%	1086.9%
201501	16,963	1.2912	284,724	$ 16.78	$ 21.98	$ 19.34	464.1%	801.5%
201502	23,240	1.2623	545,363	$ 23.47	$ 22.74	$ 21.25	392.2%	786.9%
201503	27,748	1.2495	424,659	$ 15.30	$ 18.47	$ 21.04	139.7%	532.1%
201504	30,883	1.2543	767,332	$ 24.85	$ 21.22	$ 21.64	76.2%	348.1%
201505	32,148	1.2576	564,810	$ 17.57	$ 19.35	$ 21.47	24.6%	268.3%
201506	24,552	1.2853	565,374	$ 23.03	$ 21.67	$ 22.08	34.1%	224.3%
201507	22,672	1.2907	682,650	$ 30.11	$ 22.84	$ 23.25	65.1%	200.7%
201508	20,986	1.2941	928,052	$ 44.22	$ 31.90	$ 24.47	53.4%	136.8%
201509	12,431	1.2681	468,965	$ 37.73	$ 37.08	$ 25.21	53.6%	110.4%
201510	12,404	1.2728	406,705	$ 32.79	$ 39.36	$ 25.24	29.5%	74.6%
201511	12,427	1.2735	555,810	$ 44.73	$ 38.42	$ 26.38	48.8%	64.3%
201512	12,389	1.2808	553,589	$ 44.68	$ 40.73	$ 27.12	44.3%	47.1%
201601	67,140	1.4538	907,027	$ 13.51	$ 21.93	$ 24.65	-0.2%	27.5%
201602	71,730	1.4457	1,936,907	$ 27.00	$ 22.46	$ 25.21	-1.2%	18.6%
201603	74,964	1.4420	2,296,518	$ 30.63	$ 24.04	$ 26.94	30.2%	28.0%
201604	75,498	1.4419	2,397,572	$ 31.76	$ 29.84	$ 27.91	40.6%	29.0%
201605	75,632	1.4444	2,406,441	$ 31.82	$ 31.41	$ 29.21	62.3%	36.1%
6-month average							29.3%	31.0%
12-month average							38.4%	83.1%
6-month average (excl last 3 months)							29.1%	57.1%
12-month average (excl last 1 or 3 months)							47.3%	102.

Mail\Generic

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	5,010	$ 0.43	$ 0.40	$ 0.50	-31.6%	24.6%
201307	11,804	1.4113	5,907	$ 0.50	$ 0.48	$ 0.50	-26.9%	13.8%
201308	12,128	1.4027	4,762	$ 0.39	$ 0.44	$ 0.46	-46.3%	-15.1%
201309	12,415	1.4015	4,313	$ 0.35	$ 0.41	$ 0.45	-46.0%	-19.2%
201310	12,707	1.3969	5,202	$ 0.41	$ 0.38	$ 0.44	-49.6%	-22.5%
201311	13,009	1.3900	6,692	$ 0.51	$ 0.43	$ 0.44	-29.8%	-27.3%
201312	14,213	1.3880	7,065	$ 0.50	$ 0.47	$ 0.43	-28.5%	-29.0%
201401	14,355	1.4043	7,255	$ 0.51	$ 0.51	$ 0.45	-0.9%	-22.2%
201402	14,003	1.4009	12,576	$ 0.90	$ 0.63	$ 0.49	39.6%	-14.3%
201403	13,603	1.3857	14,612	$ 1.07	$ 0.82	$ 0.54	83.4%	-5.7%
201404	12,069	1.2988	17,502	$ 1.45	$ 1.13	$ 0.63	165.9%	17.8%
201405	12,334	1.2833	10,245	$ 0.83	$ 1.11	$ 0.66	159.9%	27.0%
201406	12,161	1.2811	17,534	$ 1.44	$ 1.24	$ 0.73	209.3%	45.4%
201407	12,016	1.2853	13,683	$ 1.14	$ 1.14	$ 0.78	138.8%	56.1%
201408	11,763	1.2942	17,473	$ 1.49	$ 1.35	$ 0.87	206.4%	88.1%
201409	11,635	1.2950	13,887	$ 1.19	$ 1.27	$ 0.93	208.6%	107.9%
201410	11,491	1.2968	15,660	$ 1.36	$ 1.35	$ 1.01	251.6%	129.8%
201411	11,301	1.3059	14,657	$ 1.30	$ 1.28	$ 1.07	202.1%	146.5%
201412	11,188	1.3124	19,919	$ 1.78	$ 1.48	$ 1.18	211.3%	172.1%
201501	16,963	1.2912	17,788	$ 1.05	$ 1.33	$ 1.23	162.6%	174.4%
201502	23,240	1.2623	9,219	$ 0.40	$ 0.91	$ 1.14	44.5%	133.1%
201503	27,748	1.2495	16,759	$ 0.60	$ 0.64	$ 1.06	-21.5%	96.6%
201504	30,883	1.2543	18,303	$ 0.59	$ 0.54	$ 0.96	-52.0%	52.5%
201505	32,148	1.2576	19,480	$ 0.61	$ 0.60	$ 0.91	-46.1%	39.4%
201506	24,552	1.2853	17,566	$ 0.72	$ 0.63	$ 0.86	-49.0%	17.7%
201507	22,672	1.2907	21,991	$ 0.97	$ 0.74	$ 0.86	-34.5%	9.8%
201508	20,986	1.2941	18,479	$ 0.88	$ 0.85	$ 0.83	-37.2%	-4.1%
201509	12,431	1.2681	13,898	$ 1.12	$ 0.97	$ 0.83	-23.8%	-11.2%
201510	12,404	1.2728	20,252	$ 1.63	$ 1.15	$ 0.85	-14.8%	-16.3%
201511	12,427	1.2735	18,325	$ 1.47	$ 1.41	$ 0.86	9.7%	-20.3%
201512	12,389	1.2808	19,135	$ 1.54	$ 1.55	$ 0.85	4.9%	-28.3%
201601	67,140	1.4538	41,078	$ 0.61	$ 0.85	$ 0.78	-35.7%	-36.4%
201602	71,730	1.4457	43,948	$ 0.61	$ 0.69	$ 0.77	-24.6%	-32.1%
201603	74,964	1.4420	52,675	$ 0.83	$ 0.69	$ 0.80	7.2%	-24.7%
201604	75,498	1.4419	73,927	$ 0.98	$ 0.81	$ 0.84	50.2%	-12.2%
201605	75,632	1.4444	98,027	$ 1.30	$ 1.04	$ 0.93	72.6%	1.7%
6-month average							12.4%	-22.0%
12-month average							-6.2%	-13.0%
6-month average (excl last 3 months)							-14.0%	-24.1%
12-month average (excl last 1 or 3 months)							-27.0%	-9.9%
6-month average (excl last 3 months, drop high and low)							-14.6%	-24.2%
12-month average (excl last 1 or 3 months, drop high and low)							-28.2%	-12.2%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	9,012	$ 0.78	$ 0.71	$ 0.89	-40.0%	-3.7%
201307	10,043	$ 0.85	$ 0.80	$ 0.88	-36.5%	-9.2%
201308	9,383	$ 0.77	$ 0.80	$ 0.83	-42.9%	-24.6%
201309	8,591	$ 0.69	$ 0.77	$ 0.82	-38.5%	-25.0%
201310	8,643	$ 0.68	$ 0.71	$ 0.79	-45.2%	-29.4%
201311	11,882	$ 0.91	$ 0.76	$ 0.79	-26.4%	-30.6%
201312	11,365	$ 0.80	$ 0.80	$ 0.78	-29.1%	-31.4%
201401	19,870	$ 1.38	$ 1.04	$ 0.85	19.9%	-20.3%
201402	25,112	$ 1.79	$ 1.32	$ 0.93	58.6%	-9.5%
201403	29,746	$ 2.19	$ 1.78	$ 1.04	109.3%	1.2%
201404	28,220	$ 2.34	$ 2.09	$ 1.18	157.9%	21.4%
201405	18,538	$ 1.50	$ 2.01	$ 1.24	161.3%	34.8%
201406	28,176	$ 2.32	$ 2.05	$ 1.35	188.5%	51.6%
201407	22,465	$ 1.87	$ 1.89	$ 1.43	135.6%	62.4%
201408	27,255	$ 2.32	$ 2.17	$ 1.55	170.3%	87.0%
201409	24,117	$ 2.07	$ 2.08	$ 1.66	170.5%	102.9%
201410	24,810	$ 2.16	$ 2.18	$ 1.78	205.6%	125.7%
201411	22,757	$ 2.01	$ 2.08	$ 1.87	172.7%	137.2%
201412	30,446	$ 2.72	$ 2.30	$ 2.04	187.5%	161.0%
201501	28,836	$ 1.70	$ 2.08	$ 2.06	100.5%	142.7%
201502	18,348	$ 0.79	$ 1.51	$ 1.90	14.1%	103.3%
201503	27,966	$ 1.01	$ 1.11	$ 1.74	-37.9%	66.3%
201504	28,617	$ 0.93	$ 0.92	$ 1.57	-56.3%	33.0%
201505	29,277	$ 0.91	$ 0.95	$ 1.47	-53.0%	19.3%
201506	27,370	$ 1.11	$ 0.97	$ 1.39	-52.5%	2.5%
201507	33,719	$ 1.49	$ 1.14	$ 1.37	-39.9%	-4.1%
201508	28,079	$ 1.34	$ 1.31	$ 1.32	-39.7%	-14.6%
201509	23,271	$ 1.87	$ 1.52	$ 1.32	-27.3%	-20.6%
201510	28,392	$ 2.29	$ 1.74	$ 1.33	-20.3%	-25.4%
201511	26,272	$ 2.11	$ 2.09	$ 1.33	0.4%	-28.7%
201512	28,890	$ 2.33	$ 2.24	$ 1.32	-2.2%	-35.1%
201601	88,280	$ 1.31	$ 1.56	$ 1.30	-25.0%	-37.0%
201602	102,914	$ 1.43	$ 1.46	$ 1.36	-3.7%	-28.4%
201603	129,223	$ 1.72	$ 1.50	$ 1.45	35.5%	-16.2%
201604	141,177	$ 1.87	$ 1.68	$ 1.56	83.6%	-0.3%
201605	156,276	$ 2.07	$ 1.89	$ 1.69	99.5%	14.4%
6-month average					31.3%	-17.1%
12-month average					0.7%	-16.1%
6-month average (excl last 3 months)					-13.0%	-29.2%
12-month average (excl last 1 or 3 months)					-29.8%	-15.7%
6-month average (excl last 3 months, drop high and low)					-12.8%	-29.4%
12-month average (excl last 1 or 3 months, drop high and low)					-30.1%	-17.1%

Utilization

Date	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend
201306	159	165	149	163	-30.2%	-10.4%
201307	162	165	161	162	-28.7%	-12.6%
201308	175	173	168	159	-26.2%	-18.7%
201309	181	175	171	161	-16.4%	-16.3%
201310	163	154	167	158	-22.7%	-19.9%
201311	214	197	176	162	-4.5%	-17.2%
201312	209	176	176	161	-13.3%	-18.9%
201401	322	269	215	174	35.6%	-6.5%
201402	377	323	256	191	70.5%	6.1%
201403	437	386	325	210	126.8%	18.3%
201404	396	394	366	230	154.4%	34.5%
201405	400	389	389	249	165.5%	51.3%
201406	480	474	419	273	180.9%	67.3%
201407	399	398	420	291	161.7%	79.4%
201408	458	467	446	313	166.0%	96.6%
201409	421	434	433	333	153.2%	106.7%
201410	426	445	449	357	168.5%	125.7%
201411	380	404	428	374	143.6%	131.5%
201412	483	518	455	404	158.5%	150.3%
201501	415	294	389	404	80.8%	131.8%
201502	383	198	299	381	16.9%	100.2%
201503	462	200	223	352	-31.5%	67.6%
201504	477	185	194	323	-47.1%	40.2%
201505	487	182	189	298	-51.6%	19.7%
201506	487	238	199	282	-52.5%	3.3%
201507	545	288	230	276	-45.4%	-4.9%
201508	476	272	265	267	-40.6%	-14.8%
201509	476	459	320	269	-26.0%	-19.5%
201510	429	415	362	268	-19.4%	-25.0%
201511	468	452	442	271	3.4%	-27.6%
201512	522	506	457	271	0.5%	-32.8%
201601	1,822	326	367	282	-5.6%	-30.2%
201602	2,229	373	363	307	21.3%	-19.6%
201603	3,019	483	397	348	78.3%	-1.3%
201604	3,049	485	448	383	131.3%	18.5%
201605	2,825	448	472	406	150.4%	36.5%
6-month average					62.7%	-4.8%
12-month average					16.3%	-9.8%
6-month average (excl last 3 months)					-4.3%	-25.8%
12-month average (excl last 1 or 3 months)					-24.5%	-11.2%
6-month average (excl last 3 months, drop high and low)					-5.3%	-25.6%
12-month average (excl last 1 or 3 months, drop high and low)					-26.3%	-12.1%

Allowed Cost/Rx (Excl. Disp. Fee)

Date	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend
201306	$ 56.68	$ 57.18	$ 65.77	-14.2%	7.5%
201307	$ 61.99	$ 60.09	$ 65.35	-11.0%	3.8%
201308	$ 53.61	$ 57.33	$ 62.48	-22.5%	-7.3%
201309	$ 47.46	$ 54.08	$ 60.83	-26.4%	-10.3%
201310	$ 53.02	$ 51.28	$ 59.83	-29.1%	-11.9%
201311	$ 55.52	$ 52.18	$ 58.59	-22.9%	-16.2%
201312	$ 54.38	$ 54.42	$ 58.08	-18.2%	-15.4%
201401	$ 61.71	$ 57.88	$ 58.46	-11.6%	-14.7%
201402	$ 66.61	$ 62.06	$ 58.89	-7.0%	-14.7%
201403	$ 68.07	$ 65.78	$ 59.65	-7.7%	-14.4%
201404	$ 71.26	$ 68.66	$ 61.50	1.4%	-9.7%
201405	$ 46.35	$ 62.05	$ 59.59	-1.6%	-10.9%
201406	$ 58.70	$ 58.73	$ 59.60	2.7%	-9.4%
201407	$ 56.30	$ 54.09	$ 59.15	-10.0%	-9.5%
201408	$ 59.51	$ 58.26	$ 59.43	1.6%	-4.9%
201409	$ 57.28	$ 57.78	$ 59.73	6.8%	-1.8%
201410	$ 58.24	$ 58.38	$ 59.83	13.8%	0.0%
201411	$ 59.89	$ 58.42	$ 60.03	12.0%	2.5%
201412	$ 63.03	$ 60.52	$ 60.56	11.2%	4.3%
201501	$ 69.48	$ 64.19	$ 61.21	10.9%	4.7%
201502	$ 47.91	$ 60.60	$ 59.81	-2.3%	1.6%
201503	$ 60.53	$ 59.64	$ 59.17	-9.3%	-0.8%
201504	$ 59.99	$ 56.68	$ 58.32	-17.4%	-5.2%
201505	$ 60.12	$ 60.21	$ 59.39	-3.0%	-0.3%
201506	$ 56.20	$ 58.76	$ 59.16	0.1%	-0.7%
201507	$ 61.87	$ 59.49	$ 59.65	10.0%	0.8%
201508	$ 58.99	$ 59.13	$ 59.60	1.5%	0.3%
201509	$ 48.89	$ 56.83	$ 58.85	-1.6%	-1.5%
201510	$ 66.18	$ 57.74	$ 59.47	-1.1%	-0.6%
201511	$ 56.14	$ 56.76	$ 59.16	-2.8%	-1.4%
201512	$ 55.34	$ 58.88	$ 58.47	-2.7%	-3.4%
201601	$ 48.45	$ 51.01	$ 55.23	-20.5%	-9.8%
201602	$ 46.17	$ 48.12	$ 53.27	-20.6%	-10.9%
201603	$ 42.80	$ 45.32	$ 50.21	-24.0%	-15.1%
201604	$ 46.30	$ 44.99	$ 49.03	-20.6%	-15.9%
201605	$ 55.33	$ 47.98	$ 49.79	-20.3%	-16.2%
6-month average				-18.1%	-11.9%
12-month average				-8.6%	-6.2%
6-month average (excl last 3 months)				-8.2%	-4.6%
12-month average (excl last 1 or 3 months)				-5.6%	-4.9%
6-month average (excl last 3 months, drop high and low)				-6.9%	-4.0%
12-month average (excl last 1 or 3 months, drop high and low)				-5.7%	-4.4%

Avg Dispensing Fee

Date	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ -	$ -	$ -	0.0%	0.0%
201307	$ -	$ -	$ -	0.0%	0.0%
201308	$ -	$ -	$ -	0.0%	0.0%
201309	$ -	$ -	$ -	0.0%	0.0%
201310	$ -	$ -	$ -	0.0%	0.0%
201311	$ -	$ -	$ -	0.0%	0.0%
201312	$ -	$ -	$ -	0.0%	0.0%
201401	$ -	$ -	$ -	0.0%	0.0%
201402	$ -	$ -	$ -	0.0%	0.0%
201403	$ -	$ -	$ -	0.0%	0.0%
201404	$ -	$ -	$ -	0.0%	0.0%
201405	$ -	$ -	$ -	0.0%	0.0%
201406	$ -	$ -	$ -	0.0%	0.0%
201407	$ -	$ -	$ -	0.0%	0.0%
201408	$ -	$ -	$ -	0.0%	0.0%
201409	$ -	$ -	$ -	0.0%	0.0%
201410	$ -	$ -	$ -	0.0%	0.0%
201411	$ -	$ -	$ -	0.0%	0.0%
201412	$ -	$ -	$ -	0.0%	0.0%
201501	$ -	$ -	$ -	0.0%	0.0%
201502	$ -	$ -	$ -	0.0%	0.0%
201503	$ -	$ -	$ -	0.0%	0.0%
201504	$ -	$ -	$ -	0.0%	0.0%
201505	$ -	$ -	$ -	0.0%	0.0%
201506	$ -	$ -	$ -	0.0%	0.0%
201507	$ -	$ -	$ -	0.0%	0.0%
201508	$ -	$ -	$ -	0.0%	0.0%
201509	$ -	$ -	$ -	0.0%	0.0%
201510	$ -	$ -	$ -	0.0%	0.0%
201511	$ -	$ -	$ -	0.0%	0.0%
201512	$ -	$ -	$ -	0.0%	0.0%
201601	$ -	$ -	$ -	0.0%	0.0%
201602	$ -	$ -	$ -	0.0%	0.0%
201603	$ -	$ -	$ -	0.0%	0.0%
201604	$ -	$ -	$ -	0.0%	0.0%
201605	$ -	$ -	$ -	0.0%	0.0%
6-month average				0.0%	0.0%
12-month average				0.0%	0.0%
6-month average (excl last 3 months)				0.0%	0.0%
12-month average (excl last 1 or 3 months)				0.0%	0.0%
6-month average (excl last 3 months, drop high and low)				0.0%	0.0%
12-month average (excl last 1 or 3 months, drop high and low)				0.0%	0.0%

Avg Copay

Date	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 15.07	$ 14.48	$ 15.69	-20.9%	-1.8%
201307	$ 16.25	$ 15.06	$ 15.52	-21.8%	-7.0%
201308	$ 14.79	$ 15.36	$ 14.88	-28.0%	-16.9%
201309	$ 14.87	$ 15.27	$ 14.80	-29.3%	-17.4%
201310	$ 14.73	$ 14.80	$ 14.63	-26.8%	-18.5%
201311	$ 17.97	$ 16.02	$ 14.81	-13.9%	-19.1%
201312	$ 15.97	$ 16.36	$ 14.86	-9.9%	-17.6%
201401	$ 12.76	$ 15.16	$ 14.87	6.8%	-13.7%
201402	$ 12.83	$ 13.53	$ 14.70	15.0%	-12.3%
201403	$ 16.80	$ 14.34	$ 14.99	17.8%	-10.1%
201404	$ 17.84	$ 15.90	$ 15.39	12.4%	-6.1%
201405	$ 14.46	$ 16.37	$ 15.35	11.2%	-3.0%
201406	$ 15.63	$ 15.95	$ 15.40	10.1%	-1.9%
201407	$ 17.62	$ 15.89	$ 15.60	5.5%	0.5%
201408	$ 15.91	$ 16.32	$ 15.67	6.3%	5.3%
201409	$ 17.63	$ 17.01	$ 15.89	11.4%	7.4%
201410	$ 18.52	$ 17.32	$ 16.18	17.0%	10.6%
201411	$ 18.62	$ 18.25	$ 16.30	13.9%	10.1%
201412	$ 18.43	$ 18.52	$ 16.52	13.2%	11.2%
201501	$ 9.55	$ 15.60	$ 16.19	2.9%	8.8%
201502	$ 10.02	$ 13.04	$ 15.97	-3.6%	8.6%
201503	$ 11.01	$ 10.23	$ 15.45	-28.7%	3.1%
201504	$ 12.20	$ 11.15	$ 14.97	-29.9%	-2.7%
201505	$ 12.68	$ 11.98	$ 14.80	-26.9%	-3.6%
201506	$ 12.25	$ 12.38	$ 14.49	-22.4%	-5.9%
201507	$ 13.65	$ 12.89	$ 14.17	-18.9%	-9.1%
201508	$ 13.57	$ 13.17	$ 13.97	-19.3%	-10.8%
201509	$ 14.13	$ 13.78	$ 13.71	-19.0%	-13.8%
201510	$ 14.80	$ 14.15	$ 13.42	-18.3%	-17.1%
201511	$ 13.15	$ 14.01	$ 13.04	-23.2%	-20.0%
201512	$ 13.51	$ 13.78	$ 12.62	-25.6%	-23.6%
201601	$ 7.24	$ 9.39	$ 11.41	-39.8%	-29.5%
201602	$ 7.91	$ 8.29	$ 10.59	-36.5%	-33.7%
201603	$ 7.89	$ 7.73	$ 9.86	-24.4%	-35.2%
201604	$ 8.55	$ 8.14	$ 9.50	-27.0%	-36.6%
201605	$ 8.68	$ 8.37	$ 9.26	-30.1%	-37.4%
6-month average				-30.6%	-32.8%
12-month average				-25.4%	-22.8%
6-month average (excl last 3 months)				-27.1%	-22.9%
12-month average (excl last 1 or 3 months)				-25.7%	-20.0%
6-month average (excl last 3 months, drop high and low)				-26.1%	-22.5%
12-month average (excl last 1 or 3 months, drop high and low)				-25.0%	-20.0%

Avg Discount

Date	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 249.71	$ 231.04	$ 217.71	33.7%	28.4%
201307	$ 252.54	$ 242.59	$ 222.96	37.2%	28.3%
201308	$ 229.82	$ 243.62	$ 224.90	28.6%	24.8%
201309	$ 228.20	$ 236.36	$ 225.79	15.9%	22.7%
201310	$ 217.38	$ 225.35	$ 226.92	12.7%	23.4%
201311	$ 249.33	$ 233.14	$ 230.47	16.8%	24.0%
201312	$ 232.93	$ 234.59	$ 232.75	21.5%	24.6%
201401	$ 231.17	$ 236.88	$ 232.34	12.2%	18.6%
201402	$ 250.13	$ 239.44	$ 236.56	14.1%	19.7%
201403	$ 249.62	$ 244.56	$ 238.64	8.1%	17.0%
201404	$ 255.45	$ 251.69	$ 241.84	14.3%	17.5%
201405	$ 246.76	$ 250.56	$ 243.28	10.9%	15.8%
201406	$ 284.71	$ 263.73	$ 248.65	14.2%	14.2%
201407	$ 264.97	$ 266.68	$ 250.22	9.9%	12.2%
201408	$ 254.39	$ 268.43	$ 251.57	10.2%	11.9%
201409	$ 285.01	$ 267.78	$ 255.85	13.3%	13.3%
201410	$ 277.48	$ 271.81	$ 259.27	20.6%	14.3%
201411	$ 304.00	$ 288.28	$ 263.33	23.6%	14.3%
201412	$ 263.78	$ 280.17	$ 264.65	19.4%	13.7%
201501	$ 287.29	$ 283.37	$ 268.63	19.6%	15.6%
201502	$ 269.75	$ 273.18	$ 270.09	14.1%	14.2%
201503	$ 288.39	$ 282.36	$ 273.50	15.5%	14.6%
201504	$ 266.81	$ 275.20	$ 274.26	9.3%	13.4%
201505	$ 276.98	$ 277.27	$ 276.60	10.7%	13.7%
201506	$ 278.03	$ 273.99	$ 275.99	3.9%	11.0%
201507	$ 283.48	$ 279.65	$ 277.56	4.9%	10.9%
201508	$ 282.18	$ 281.31	$ 279.91	4.8%	11.3%
201509	$ 255.59	$ 274.20	$ 277.41	2.4%	8.4%
201510	$ 301.34	$ 278.97	$ 279.27	2.6%	7.7%
201511	$ 279.77	$ 278.13	$ 277.63	-3.5%	5.4%
201512	$ 287.75	$ 289.23	$ 279.76	3.2%	5.7%
201601	$ 283.34	$ 283.57	$ 280.25	0.1%	4.3%
201602	$ 267.49	$ 276.12	$ 277.50	1.1%	2.7%
201603	$ 268.48	$ 272.00	$ 274.68	-3.7%	0.4%
201604	$ 276.84	$ 271.29	$ 275.42	-1.4%	0.4%
201605	$ 201.93	$ 250.21	$ 262.67	-9.8%	-5.0%
6-month average				-1.7%	1.4%
12-month average				0.4%	5.3%
6-month average (excl last 3 months)				1.0%	5.7%
12-month average (excl last 1 or 3 months)				4.6%	6.8%
6-month average (excl last 3 months, drop high and low)				1.5%	5.8%
12-month average (excl last 1 or 3 months, drop high and low)				4.3%	6.8%

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Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	5,962	$ 0.52	$ 0.68	$ 0.75	-63.4%	-57.9%
201307	11,804	1.4113	11,545	$ 0.98	$ 0.69	$ 0.75	-64.5%	-58.6%
201308	12,128	1.4027	6,809	$ 0.56	$ 0.69	$ 0.70	-54.4%	-60.3%
201309	12,415	1.4015	6,062	$ 0.49	$ 0.67	$ 0.65	-55.6%	-62.6%
201310	12,707	1.3969	12,518	$ 0.99	$ 0.68	$ 0.68	-43.7%	-57.7%
201311	13,009	1.3900	8,366	$ 0.64	$ 0.71	$ 0.68	-26.4%	-54.9%
201312	14,213	1.3880	7,877	$ 0.55	$ 0.72	$ 0.66	3.5%	-49.1%
201401	14,355	1.4043	18,595	$ 1.30	$ 0.84	$ 0.71	8.3%	-43.0%
201402	14,003	1.4009	19,550	$ 1.40	$ 1.08	$ 0.81	79.1%	-19.5%
201403	13,603	1.3857	25,648	$ 1.89	$ 1.52	$ 0.92	174.3%	-2.3%
201404	12,069	1.2988	23,399	$ 1.94	$ 1.73	$ 1.00	188.1%	6.9%
201405	12,334	1.2833	24,014	$ 1.95	$ 1.92	$ 1.10	177.9%	35.5%
201406	12,161	1.2811	27,089	$ 2.23	$ 2.04	$ 1.24	200.8%	65.7%
201407	12,016	1.2853	22,636	$ 1.88	$ 2.02	$ 1.31	190.9%	75.3%
201408	11,763	1.2942	23,583	$ 2.00	$ 2.04	$ 1.42	197.5%	101.6%
201409	11,635	1.2950	23,563	$ 2.03	$ 1.97	$ 1.54	193.3%	138.2%
201410	11,491	1.2968	30,302	$ 2.64	$ 2.22	$ 1.67	225.7%	145.7%
201411	11,301	1.3059	24,986	$ 2.21	$ 2.29	$ 1.80	224.1%	165.0%
201412	11,188	1.3124	34,515	$ 3.08	$ 2.64	$ 2.01	266.9%	204.0%
201501	16,963	1.2912	21,651	$ 1.28	$ 2.06	$ 2.00	145.5%	180.6%
201502	23,240	1.2623	31,199	$ 1.34	$ 1.70	$ 1.96	57.3%	142.8%
201503	27,748	1.2495	35,010	$ 1.26	$ 1.29	$ 1.85	-15.0%	101.1%
201504	30,883	1.2543	31,451	$ 1.02	$ 1.19	$ 1.71	-31.0%	71.5%
201505	32,148	1.2576	36,772	$ 1.14	$ 1.14	$ 1.61	-40.8%	46.0%
201506	24,552	1.2853	50,770	$ 2.07	$ 1.36	$ 1.63	-33.3%	31.7%
201507	22,672	1.2907	41,682	$ 1.84	$ 1.63	$ 1.64	-19.4%	25.2%
201508	20,986	1.2941	46,406	$ 2.21	$ 2.04	$ 1.67	-0.2%	17.6%
201509	12,431	1.2681	33,191	$ 2.67	$ 2.16	$ 1.70	9.7%	10.6%
201510	12,404	1.2728	39,697	$ 3.20	$ 2.60	$ 1.73	17.3%	3.9%
201511	12,427	1.2735	30,137	$ 2.43	$ 2.76	$ 1.75	20.7%	-2.8%
201512	12,389	1.2808	44,102	$ 3.56	$ 3.06	$ 1.78	15.8%	-11.8%
201601	67,140	1.4538	100,619	$ 1.50	$ 1.90	$ 1.74	-7.6%	-12.8%
201602	71,730	1.4457	196,701	$ 2.74	$ 2.26	$ 1.98	32.8%	1.0%
201603	74,964	1.4420	234,917	$ 3.13	$ 2.49	$ 2.25	92.5%	21.3%
201604	75,498	1.4419	227,448	$ 3.01	$ 2.97	$ 2.46	148.7%	43.9%
201605	75,632	1.4444	204,629	$ 2.71	$ 2.95	$ 2.59	159.4%	60.6%
6-month average							73.6%	17.0%
12-month average							36.4%	15.7%
6-month average (excl last 3 months)							14.8%	-2.0%
12-month average (excl last 1 or 3 months)							-4.2%	14.5%
6-month average (excl last 3 months, drop high and low)							15.9%	-2.4%
12-month average (excl last 1 or 3 months, drop high and low)							-4.3%	14.1%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	8,509	$ 0.74	$ 0.93	$ 1.00	-54.0%	-51.6%
201307	13,514	$ 1.14	$ 0.89	$ 0.99	-58.5%	-52.3%
201308	10,381	$ 0.86	$ 0.91	$ 0.95	-48.8%	-54.3%
201309	9,123	$ 0.73	$ 0.91	$ 0.89	-49.0%	-55.9%
201310	15,742	$ 1.24	$ 0.95	$ 0.93	-36.4%	-50.9%
201311	11,154	$ 0.86

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Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	1,430	$ 0.12	$ 0.20	$ 0.23	-67.0%	-57.7%
201307	11,804	1.4113	4,859	$ 0.41	$ 0.25	$ 0.23	-64.3%	-59.2%
201308	12,128	1.4027	5,136	$ 0.42	$ 0.32	$ 0.26	-30.7%	-50.1%
201309	12,415	1.4015	3,720	$ 0.30	$ 0.38	$ 0.25	-23.1%	-53.6%
201310	12,707	1.3969	1,631	$ 0.13	$ 0.28	$ 0.24	-13.8%	-51.9%
201311	13,009	1.3900	5,762	$ 0.44	$ 0.29	$ 0.26	-10.1%	-40.6%
201312	14,213	1.3880	1,885	$ 0.13	$ 0.23	$ 0.25	-7.6%	-39.5%
201401	14,355	1.4043	7,070	$ 0.49	$ 0.35	$ 0.28	65.1%	-26.4%
201402	14,003	1.4009	3,988	$ 0.28	$ 0.30	$ 0.28	16.4%	-25.2%
201403	13,603	1.3857	6,281	$ 0.46	$ 0.41	$ 0.31	150.8%	1.7%
201404	12,069	1.2988	6,788	$ 0.56	$ 0.43	$ 0.33	120.2%	14.3%
201405	12,334	1.2833	4,705	$ 0.38	$ 0.47	$ 0.35	180.4%	32.9%
201406	12,161	1.2811	7,602	$ 0.63	$ 0.52	$ 0.38	163.9%	64.8%
201407	12,016	1.2853	5,389	$ 0.45	$ 0.48	$ 0.39	94.6%	64.6%
201408	11,763	1.2942	14,659	$ 1.25	$ 0.77	$ 0.45	138.8%	72.3%
201409	11,635	1.2950	4,378	$ 0.38	$ 0.69	$ 0.46	82.8%	79.7%
201410	11,491	1.2968	3,455	$ 0.30	$ 0.64	$ 0.47	129.0%	96.4%
201411	11,301	1.3059	6,677	$ 0.59	$ 0.42	$ 0.48	44.6%	83.4%
201412	11,188	1.3124	6,768	$ 0.60	$ 0.50	$ 0.53	114.0%	112.2%
201501	16,963	1.2912	5,801	$ 0.34	$ 0.49	$ 0.51	37.8%	83.9%
201502	23,240	1.2623	9,022	$ 0.39	$ 0.42	$ 0.51	38.2%	85.3%
201503	27,748	1.2495	6,196	$ 0.22	$ 0.31	$ 0.47	-25.1%	51.3%
201504	30,883	1.2543	9,687	$ 0.31	$ 0.30	$ 0.44	-29.2%	31.7%
201505	32,148	1.2576	7,100	$ 0.22	$ 0.25	$ 0.41	-45.9%	18.1%
201506	24,552	1.2853	3,621	$ 0.15	$ 0.23	$ 0.37	-55.4%	-4.2%
201507	22,672	1.2907	9,574	$ 0.42	$ 0.26	$ 0.37	-47.2%	-4.6%
201508	20,986	1.2941	4,364	$ 0.21	$ 0.26	$ 0.31	-66.5%	-30.3%
201509	12,431	1.2681	8,422	$ 0.68	$ 0.40	$ 0.33	-42.2%	-27.9%
201510	12,404	1.2728	7,667	$ 0.62	$ 0.45	$ 0.34	-30.8%	-26.9%
201511	12,427	1.2735	6,465	$ 0.52	$ 0.61	$ 0.34	43.6%	-29.2%
201512	12,389	1.2808	6,677	$ 0.54	$ 0.56	$ 0.34	12.4%	-35.3%
201601	67,140	1.4538	10,130	$ 0.15	$ 0.25	$ 0.30	-48.1%	-41.5%
201602	71,730	1.4457	18,753	$ 0.26	$ 0.24	$ 0.28	-44.0%	-44.4%
201603	74,964	1.4420	32,153	$ 0.43	$ 0.29	$ 0.32	-7.7%	-32.6%
201604	75,498	1.4419	24,274	$ 0.32	$ 0.34	$ 0.32	11.2%	-27.6%
201605	75,632	1.4444	35,397	$ 0.47	$ 0.41	$ 0.35	60.4%	-15.0%
6-month average							-2.6%	-32.7%
12-month average							-17.9%	-26.6%
6-month average (excl last 3 months)							-18.2%	-34.2%
12-month average (excl last 1 or 3 months)							-31.5%	-23.9%
6-month average (excl last 3 months, drop high and low)							-26.2%	-33.5%
12-month average (excl last 1 or 3 months, drop high and low)							-35.6%	-26.0%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	3,108	$ 0.27	$ 0.37	$ 0.43	-45.3%	-37.8%
201307	7,402	$ 0.63	$ 0.43	$ 0.43	-45.6%	-37.5%
201308	6,918	$ 0.57	$ 0.49	$ 0.45	-24.0%	-31.0%
201309	5,219	$ 0.42	$ 0.54	$ 0.42	-33.4%	-42.5%
201310	2,806	$ 0.22	$ 0.40	$ 0.40	-39.0%	-42.0%
201311	7,429	$ 0.57	$ 0.41	$ 0.42	-38.3%	-35.4%
201312	2,740	$ 0.19	$ 0.32	$ 0.39	-36.2%	-38.0%
201401	12,758	$ 0.89	$ 0.55	$ 0.44	21.6%	-25.8%
201402	6,691	$ 0.48	$ 0.52	$ 0.44	16.2%	-23.0%
201403	9,742	$ 0.72	$ 0.70	$ 0.49	129.2%	-0.7%
201404	9,095	$ 0.75	$ 0.64	$ 0.51	87.8%	5.1%
201405	6,672	$ 0.54	$ 0.67	$ 0.52	105.8%	13.7%
201406	11,422	$ 0.94	$ 0.74	$ 0.57	100.4%	34.6%
201407	7,515	$ 0.63	$ 0.70	$ 0.57	64.9%	32.3%
201408	18,386	$ 1.56	$ 1.04	$ 0.65	111.3%	43.8%
201409	7,689	$ 0.66	$ 0.95	$ 0.67	76.4%	57.7%
201410	6,124	$ 0.53	$ 0.92	$ 0.70	130.0%	73.4%
201411	9,647	$ 0.85	$ 0.68	$ 0.72	68.1%	72.3%
201412	9,436	$ 0.84	$ 0.74	$ 0.78	128.3%	101.1%
201501	7,758	$ 0.46	$ 0.68	$ 0.73	23.4%	67.2%
201502	11,930	$ 0.51	$ 0.57	$ 0.72	8.7%	63.5%
201503	9,271	$ 0.33	$ 0.43	$ 0.66	-38.7%	35.3%
201504	12,169	$ 0.39	$ 0.41	$ 0.61	-36.7%	20.0%
201505	9,300	$ 0.29	$ 0.34	$ 0.57	-49.5%	8.6%
201506	5,090	$ 0.21	$ 0.30	$ 0.51	-59.2%	-11.5%
201507	12,561	$ 0.55	$ 0.34	$ 0.51	-51.6%	-11.8%
201508	5,466	$ 0.26	$ 0.34	$ 0.43	-67.4%	-33.1%
201509	10,225	$ 0.82	$ 0.50	$ 0.44	-46.9%	-33.7%
201510	8,992	$ 0.72	$ 0.54	$ 0.45	-41.6%	-34.8%
201511	8,432	$ 0.68	$ 0.74	$ 0.45	8.9%	-37.8%
201512	7,896	$ 0.64	$ 0.68	$ 0.44	-8.3%	-43.7%
201601	15,771	$ 0.23	$ 0.35	$ 0.39	-48.7%	-46.5%
201602	26,062	$ 0.36	$ 0.33	$ 0.38	-42.0%	-47.7%
201603	43,698	$ 0.58	$ 0.40	$ 0.42	-6.1%	-36.5%
201604	31,511	$ 0.42	$ 0.46	$ 0.42	11.8%	-31.2%
201605	50,109	$ 0.66	$ 0.55	$ 0.47	63.7%	-17.6%
6-month average					-4.9%	-37.2%
12-month average					-24.0%	-32.2%
6-month average (excl last 3 months)					-29.8%	-40.7%
12-month average (excl last 1 or 3 months)					-40.1%	-30.0%
6-month average (excl last 3 months, drop high and low)					-34.7%	-40.7%
12-month average (excl last 1 or 3 months, drop high and low)					-42.3%	-32.1%

Utilization

Date	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend
201306	12	12	16	17	-59.7%	-51.2%
201307	18	18	15	17	-56.0%	-47.3%
201308	16	16	16	17	-38.7%	-45.3%
201309	16	15	17	16	-32.6%	-48.9%
201310	14	13	15	16	-36.9%	-46.8%
201311	19	18	15	16	-39.2%	-44.9%
201312	10	8	13	15	-41.3%	-45.2%
201401	52	43	23	18	23.4%	-29.3%
201402	19	16	23	18	34.2%	-26.7%
201403	29	26	29	19	98.5%	-12.6%
201404	24	24	22	19	32.6%	-8.3%
201405	19	18	23	19	45.4%	2.0%
201406	31	31	24	21	54.4%	18.8%
201407	24	24	24	21	59.3%	21.5%
201408	32	33	29	22	86.6%	30.7%
201409	25	26	27	23	66.3%	41.5%
201410	22	23	27	24	83.4%	50.4%
201411	29	31	26	25	71.8%	58.9%
201412	29	31	28	27	118.6%	83.0%
201501	18	13	23	24	-1.1%	35.3%
201502	23	12	16	23	-28.4%	30.0%
201503	24	10	11	21	-59.9%	10.5%
201504	26	10	11	19	-50.9%	-1.3%
201505	28	10	10	18	-54.6%	-9.0%
201506	18	9	10	16	-59.4%	-23.2%
201507	23	12	10	15	-57.1%	-28.4%
201508	19	11	11	14	-63.7%	-37.9%
201509	15	14	12	13	-55.6%	-42.4%
201510	16	15	13	13	-51.8%	-45.8%
201511	17	16	15	12	-41.6%	-50.6%
201512	16	15	16	12	-44.1%	-56.9%
201601	17	3	7	10	-71.8%	-59.5%
201602	43	7	6	9	-63.3%	-60.6%
201603	75	12	8	10	-34.0%	-54.0%
201604	50	8	9	9	-15.3%	-51.1%
201605	83	13	11	10	7.3%	-44.5%
6-month average					-36.8%	-54.4%
12-month average					-45.9%	-46.2%
6-month average (excl last 3 months)					-54.7%	-52.6%
12-month average (excl last 1 or 3 months)					-56.1%	-43.3%
6-month average (excl last 3 months, drop high and low)					-53.7%	-53.2%
12-month average (excl last 1 or 3 months, drop high and low)					-56.0%	-45.0%

Allowed Cost/Rx (Excl. Disp. Fee)

Date	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend
201306	$ 258.96	$ 283.08	$ 293.83	35.8%	27.3%
201307	$ 411.25	$ 334.49	$ 299.31	23.5%	18.6%
201308	$ 432.41	$ 378.88	$ 316.11	24.1%	26.2%
201309	$ 326.16	$ 390.79	$ 310.09	-1.1%	12.6%
201310	$ 200.44	$ 324.85	$ 301.17	-3.2%	8.9%
201311	$ 391.00	$ 315.38	$ 316.73	1.4%	17.2%
201312	$ 274.05	$ 301.76	$ 312.90	8.7%	13.2%
201401	$ 245.35	$ 283.06	$ 296.27	-1.4%	4.9%
201402	$ 352.16	$ 273.95	$ 300.87	-13.4%	5.1%
201403	$ 335.92	$ 291.91	$ 312.92	15.5%	13.6%
201404	$ 378.95	$ 354.55	$ 321.46	41.6%	14.6%
201405	$ 351.15	$ 354.28	$ 324.92	41.5%	11.5%
201406	$ 368.44	$ 367.41	$ 332.94	29.8%	13.3%
201407	$ 313.14	$ 346.07	$ 326.03	3.5%	8.9%
201408	$ 574.55	$ 429.00	$ 347.66	13.2%	10.0%
201409	$ 307.54	$ 414.69	$ 345.45	6.1%	11.4%
201410	$ 278.34	$ 407.57	$ 347.26	25.5%	15.3%
201411	$ 332.67	$ 308.68	$ 343.29	-2.1%	8.4%
201412	$ 325.38	$ 315.09	$ 343.81	4.4%	9.9%
201501	$ 430.98	$ 353.17	$ 366.03	24.8%	23.5%
201502	$ 518.69	$ 416.05	$ 378.41	51.9%	25.8%
201503	$ 386.31	$ 445.52	$ 383.15	52.6%	22.4%
201504	$ 468.06	$ 457.13	$ 390.79	28.9%	21.6%
201505	$ 332.14	$ 394.11	$ 387.93	11.2%	19.4%
201506	$ 282.79	$ 368.88	$ 383.61	0.4%	15.2%
201507	$ 546.14	$ 390.60	$ 401.89	12.9%	23.3%
201508	$ 287.67	$ 385.29	$ 374.79	-10.2%	7.8%
201509	$ 681.65	$ 495.64	$ 397.73	19.5%	15.1%
201510	$ 561.97	$ 493.64	$ 417.33	21.1%	20.2%
201511	$ 496.00	$ 576.01	$ 432.15	86.6%	25.9%
201512	$ 493.48	$ 516.72	$ 448.93	64.0%	30.6%
201601	$ 927.70	$ 641.97	$ 483.89	81.8%	32.2%
201602	$ 610.15	$ 656.79	$ 501.44	57.9%	32.5%
201603	$ 580.48	$ 633.60	$ 529.28	42.2%	38.1%
201604	$ 632.09	$ 603.36	$ 549.22	32.0%	40.5%
201605	$ 600.80	$ 600.94	$ 575.68	52.5%	48.4%
6-month average				55.1%	37.1%
12-month average				38.4%	27.5%
6-month average (excl last 3 months)				55.1%	26.1%
12-month average (excl last 1 or 3 months)				35.6%	25.1%
6-month average (excl last 3 months, drop high and low)				56.2%	27.2%
12-month average (excl last 1 or 3 months, drop high and low)				35.0%	25.2%

Avg Dispensing Fee

Date	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ -	$ -	$ -	0.0%	0.0%
201307	$ -	$ -	$ -	0.0%	0.0%
201308	$ -	$ -	$ -	0.0%	0.0%
201309	$ -	$ -	$ -	0.0%	0.0%
201310	$ -	$ -	$ -	0.0%	0.0%
201311	$ -	$ -	$ -	0.0%	0.0%
201312	$ -	$ -	$ -	0.0%	0.0%
201401	$ -	$ -	$ -	0.0%	0.0%
201402	$ -	$ -	$ -	0.0%	0.0%
201403	$ -	$ -	$ -	0.0%	0.0%
201404	$ -	$ -	$ -	0.0%	0.0%
201405	$ -	$ -	$ -	0.0%	0.0%
201406	$ -	$ -	$ -	0.0%	0.0%
201407	$ -	$ -	$ -	0.0%	0.0%
201408	$ -	$ -	$ -	0.0%	0.0%
201409	$ -	$ -	$ -	0.0%	0.0%
201410	$ -	$ -	$ -	0.0%	0.0%
201411	$ -	$ -	$ -	0.0%	0.0%
201412	$ -	$ -	$ -	0.0%	0.0%
201501	$ -	$ -	$ -	0.0%	0.0%
201502	$ -	$ -	$ -	0.0%	0.0%
201503	$ -	$ -	$ -	0.0%	0.0%
201504	$ -	$ -	$ -	0.0%	0.0%
201505	$ -	$ -	$ -	0.0%	0.0%
201506	$ -	$ -	$ -	0.0%	0.0%
201507	$ -	$ -	$ -	0.0%	0.0%
201508	$ -	$ -	$ -	0.0%	0.0%
201509	$ -	$ -	$ -	0.0%	0.0%
201510	$ -	$ -	$ -	0.0%	0.0%
201511	$ -	$ -	$ -	0.0%	0.0%
201512	$ -	$ -	$ -	0.0%	0.0%
201601	$ -	$ -	$ -	0.0%	0.0%
201602	$ -	$ -	$ -	0.0%	0.0%
201603	$ -	$ -	$ -	0.0%	0.0%
201604	$ -	$ -	$ -	0.0%	0.0%
201605	$ -	$ -	$ -	0.0%	0.0%

Avg Copay

Date	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 42.75	$ 54.78	$ 67.21	558.3%	250.8%
201307	$ 89.03	$ 68.53	$ 70.06	339.1%	186.3%
201308	$ 54.38	$ 64.90	$ 68.20	40.9%	147.3%
201309	$ 49.74	$ 65.37	$ 64.36	-20.7%	71.8%
201310	$ 50.81	$ 51.68	$ 61.24	-45.2%	45.6%
201311	$ 78.87	$ 61.34	$ 62.76	-31.4%	38.0%
201312	$ 83.16	$ 70.74	$ 62.12	-21.2%	13.4%
201401	$ 62.86	$ 69.12	$ 62.69	-4.3%	13.7%
201402	$ 56.63	$ 63.91	$ 61.44	-13.6%	5.8%
201403	$ 82.58	$ 67.39	$ 65.23	20.1%	15.4%
201404	$ 93.92	$ 79.51	$ 68.79	41.4%	18.0%
201405	$ 81.34	$ 86.03	$ 70.01	62.4%	6.8%
201406	$ 85.11	$ 87.00	$ 72.99	58.8%	8.6%
201407	$ 73.50	$ 80.38	$ 71.97	17.3%	2.7%
201408	$ 111.65	$ 91.67	$ 77.34	41.2%	13.4%
201409	$ 80.24	$ 90.65	$ 79.07	38.7%	22.8%
201410	$ 55.43	$ 86.05	$ 78.66	66.5%	28.4%
201411	$ 100.27	$ 80.70	$ 80.63	31.6%	28.5%
201412	$ 72.79	$ 77.98	$ 79.88	10.2%	28.6%
201501	$ 72.56	$ 83.22	$ 82.38	20.4%	31.4%
201502	$ 72.25	$ 72.56	$ 83.22	13.5%	35.5%
201503	$ 83.84	$ 76.61	$ 83.33	13.7%	27.7%
201504	$ 69.06	$ 74.92	$ 81.26	-5.8%	18.1%
201505	$ 63.15	$ 71.48	$ 79.62	-16.9%	13.7%
201506	$ 72.65	$ 67.66	$ 78.63	-22.2%	7.7%
201507	$ 73.71	$ 69.15	$ 78.67	-14.0%	9.3%
201508	$ 53.22	$ 66.90	$ 73.25	-27.0%	-5.3%
201509	$ 113.12	$ 77.25	$ 74.79	-14.8%	-5.4%
201510	$ 77.89	$ 79.08	$ 76.57	-8.1%	-2.7%
201511	$ 95.10	$ 94.99	$ 75.11	17.7%	-6.8%
201512	$ 72.61	$ 82.14	$ 75.22	5.3%	-5.8%
201601	$ 86.12	$ 84.85	$ 76.19	2.0%	-7.5%
201602	$ 109.77	$ 96.61	$ 82.01	33.2%	-1.4%
201603	$ 96.80	$ 99.56	$ 85.43	30.0%	2.5%
201604	$ 81.07	$ 95.43	$ 86.05	27.4%	5.9%
201605	$ 82.83	$ 87.45	$ 87.00	22.3%	9.3%
6-month average				20.0%	0.5%
12-month average				4.3%	0.0%
6-month average (excl last 3 months)				5.9%	-4.9%
12-month average (excl last 1 or 3 months)				-3.1%	0.3%
6-month average (excl last 3 months, drop high and low)				4.2%	-5.2%
12-month average (excl last 1 or 3 months, drop high and low)				-4.3%	-0.2%

Avg Discount

Date	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend
201306	$ 123.98	$ 120.69	$ 131.15	-42.8%	-40.0%
201307	$ 155.33	$ 136.49	$ 128.25	-39.5%	-42.8%
201308	$ 177.94	$ 155.02	$ 134.51	-12.0%	-37.3%
201309	$ 133.92	$ 155.71	$ 132.42	-11.5%	-35.8%
201310	$ 87.45	$ 135.09	$ 129.02	-0.8%	-36.9%
201311	$ 183.88	$ 140.01	$ 135.37	0.8%	-30.2%
201312	$ 137.15	$ 141.62	$ 135.49	11.2%	-26.3%
201401	$ 109.66	$ 130.46	$ 127.64	-8.6%	-30.4%
201402	$ 164.70	$ 125.96	$ 131.11	-10.2%	-24.5%
201403	$ 169.09	$ 137.35	$ 138.91	16.7%	-11.1%
201404	$ 237.49	$ 190.73	$ 150.29	82.1%	2.0%
201405	$ 343.14	$ 237.82	$ 166.60	127.6%	24.1%
201406	$ 210.86	$ 253.46	$ 173.66	110.0%	32.4%
201407	$ 248.18	$ 256.93	$ 181.42	88.2%	41.5%
201408	$ 268.50	$ 242.36	$ 191.25	56.3%	42.2%
201409	$ 315.21	$ 276.90	$ 204.73	77.8%	54.6%
201410	$ 146.60	$ 249.33	$ 205.92	84.6%	59.6%
201411	$ 218.83	$ 229.63	$ 208.43	64.0%	54.0%
201412	$ 257.80	$ 213.09	$ 214.83	50.5%	58.6%
201501	$ 251.95	$ 241.54	$ 235.22	85.1%	84.3%
201502	$ 285.13	$ 265.27	$ 243.37	110.6%	85.6%
201503	$ 322.19	$ 289.63	$ 256.86	110.9%	84.9%
201504	$ 320.79	$ 310.01	$ 263.90	62.5%	75.6%
201505	$ 165.56	$ 265.50	$ 250.21	11.6%	50.2%
201506	$ 220.05	$ 235.24	$ 252.48	-7.2%	45.4%
201507	$ 279.69	$ 217.82	$ 254.93	-15.2%	40.5%
201508	$ 200.82	$ 236.82	$ 249.78	-2.3%	30.6%
201509	$ 312.10	$ 261.93	$ 247.23	-5.4%	20.8%
201510	$ 231.00	$ 243.86	$ 254.52	-2.2%	23.6%
201511	$ 240.51	$ 259.71	$ 257.63	13.1%	23.6%
201512	$ 282.03	$ 250.96	$ 259.22	17.8%	20.7%
201601	$ 363.05	$ 295.46	$ 267.05	22.3%	13.5%
201602	$ 308.74	$ 315.29	$ 272.27	18.9%	11.9%
201603	$ 277.37	$ 298.08	$ 269.66	2.9%	5.0%
201604	$ 258.17	$ 279.65	$ 264.02	-9.8%	0.0%
201605	$ 235.56	$ 256.06	$ 265.00	-3.6%	5.9%
6-month average				8.1%	9.5%
12-month average				2.4%	20.1%
6-month average (excl last 3 months)				10.7%	19.0%
12-month average (excl last 1 or 3 months)				18.7%	23.8%
6-month average (excl last 3 months, drop high and low)				11.9%	19.6%
12-month average (excl last 1 or 3 months, drop high and low)				12.9%	23.6%

Mail\Specialty

Incurred Claims

Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	11,529	1.4149	-	$ -	$ -	$ -	0.0%	0.0%
201307	11,804	1.4113	-	$ -	$ -	$ -	0.0%	0.0%
201308	12,128	1.4027	-	$ -	$ -	$ -	0.0%	0.0%
201309	12,415	1.4015	-	$ -	$ -	$ -	0.0%	0.0%
201310	12,707	1.3969	-	$ -	$ -	$ -	0.0%	0.0%
201311	13,009	1.3900	-	$ -	$ -	$ -	0.0%	0.0%
201312	14,213	1.3880	-	$ -	$ -	$ -	0.0%	0.0%
201401	14,355	1.4043	-	$ -	$ -	$ -	0.0%	0.0%
201402	14,003	1.4009	1,456	$ 0.10	$ 0.03	$ 0.01	0.0%	0.0%
201403	13,603	1.3857	-	$ -	$ 0.03	$ 0.01	0.0%	0.0%
201404	12,069	1.2988	-	$ -	$ 0.04	$ 0.01	0.0%	0.0%
201405	12,334	1.2833	-	$ -	$ -	$ 0.01	0.0%	0.0%
201406	12,161	1.2811	-	$ -	$ -	$ 0.01	0.0%	0.0%
201407	12,016	1.2853	-	$ -	$ -	$ 0.01	0.0%	0.0%
201408	11,763	1.2942	-	$ -	$ -	$ 0.01	0.0%	0.0%
201409	11,635	1.2950	-	$ -	$ -	$ 0.01	0.0%	0.0%
201410	11,491	1.2968	-	$ -	$ -	$ 0.01	0.0%	0.0%
201411	11,301	1.3059	-	$ -	$ -	$ 0.01	0.0%	0.0%
201412	11,188	1.3124	-	$ -	$ -	$ 0.01	0.0%	0.0%
201501	16,963	1.2912	-	$ -	$ -	$ 0.01	0.0%	0.0%
201502	23,240	1.2623	-	$ -	$ -	$ -	-100.0%	-100.0%
201503	27,748	1.2495	-	$ -	$ -	$ -	-100.0%	-100.0%
201504	30,883	1.2543	-	$ -	$ -	$ -	-100.0%	-100.0%
201505	32,148	1.2576	-	$ -	$ -	$ -	0.0%	-100.0%
201506	24,552	1.2853	-	$ -	$ -	$ -	0.0%	-100.0%
201507	22,672	1.2907	-	$ -	$ -	$ -	0.0%	-100.0%
201508	20,986	1.2941	-	$ -	$ -	$ -	0.0%	-100.0%
201509	12,431	1.2681	-	$ -	$ -	$ -	0.0%	-100.0%
201510	12,404	1.2728	-	$ -	$ -	$ -	0.0%	-100.0%
201511	12,427	1.2735	-	$ -	$ -	$ -	0.0%	-100.0%
201512	12,389	1.2808	-	$ -	$ -	$ -	0.0%	-100.0%
201601	67,140	1.4538	-	$ -	$ -	$ -	0.0%	-100.0%
201602	71,730	1.4457	-	$ -	$ -	$ -	0.0%	0.0%
201603	74,964	1.4420	-	$ -	$ -	$ -	0.0%	0.0%
201604	75,498	1.4419	-	$ -	$ -	$ -	0.0%	0.0%
201605	75,632	1.4444	-	$ -	$ -	$ -	0.0%	0.0%
6-month average							0.0%	-33.3%
12-month average							0.0%	-66.7%
6-month average (excl last 3 months)							0.0%	-83.3%
12-month average (excl last 1 or 3 months)							-16.7%	-75.0%
6-month average (excl last 3 months, drop high and low)							0.0%	-100.0%
12-month average (excl last 1 or 3 months, drop high and low)							-10.0%	-80.0%

Allowed Amount

Date	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend
201306	-	$ -	$ -	$ -	0.0%	0.0%
201307	-	$ -	$ -	$ -	0.0%	0.0%
201308	-	$ -	$ -	$ -	0.0%	0.0%
201309	-	$ -	$ -	$ -	0.0%	0.0%
201310	-	$ -	$ -	$ -	0.0%	0.0%
201311	-	$ -	$ -	$ -	0.0%	0.0%
201312	-	$ -	$ -	$ -	0.0%	0.0%
201401	-	$ -	$ -	$ -	0.0%	0.0%
201402	1,606	$ 0.11	$ 0.04	$ 0.01	0.0%	0.0%
201403	-	$ -	$ 0.04	$ 0.01	0.0%	0.0%
201404	-	$ -	$ 0.04	$ 0.01	0.0%	0.0%
201405	-	$ -	$ -	$ 0.01	0.0%	0.0%
201406	-	$ -	$ -	$ 0.01	0.0%	0.0%
201407	-	$ -	$ -	$ 0.01	0.0%	0.0%
201408	31	$ 0.00	$ 0.00	$ 0.01	0.0%	0.0%
201409	-	$ -	$ 0.00	$ 0.01	0.0%	0.0%
201410	-	$ -	$ 0.00	$ 0.01	0.0%	0.0%
201411	-	$ -	$ -	$ 0.01	0.0%	0.0%
201412	-	$ -	$ -	$ 0.01	0.0%	0.0%
201501	-	$ -	$ -	$ 0.01	0.0%	0.0%
201502	-	$ -	$ -	$ 0.00	-100.0%	-98.2%
201503	-	$ -	$ -	$ 0.00	-100.0%	-98.3%
201504	-	$ -	$ -	$ 0.00	-100.0%	-98.5%
201505	-	$ -	$ -	$ 0.00	0.0%	-98.6%
201506	-	$ -	$ -	$ 0.00	0.0%	-98.7%
201507	-	$ -	$ -	$ 0.00	0.0%	-98.7%
201508

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 4

	Experience Period	
Category	PMPM	Pop'l risk Morbidity
Inpatient Hospital	95.90	1.10
Outpatient Hospital	162.85	1.10
Professional	119.74	1.10
Other Medical	10.44	1.10
Capitation	0.00	1.00
Prescription Drug	78.94	1.20
Total	467.86	**1.117**

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 5

Pediatric Dental Rate Development *

Total Annual Claims	280.44
Value of Deductible	19.64
Value of OOP	68.43
Dominion Annual Claims	192.37
Monthly Claims	16.03
Adverse Selection	0.16
Risk Adjusted Claims per Child	18.60
% of Members Age 0-18	19.4%
Projected Claims PMPM	**$3.61**

* Claim details are found in 2017 Stand-Alone Dental Filing CABC-130539624

Pediatric Vision Rate Development *

	Claim Cost per Child per Month	
Category	In-Network	OON
Exam	$ 1.35	$ 0.04
Contact Lens Eval/Fitting	$ -	$ -
Frame	$ 0.41	$ 0.05
Eyeglass Lenses	$ 0.81	$ 0.05
Contact Lenses	$ 0.58	$ 0.02
Lens Option	$ -	$ -
Value Added Benefits	$ 0.00	$ -
Value of Combined Max	$ 0.00	
Total	$ 3.15	$ 0.16
CBC Adjustment	72%	0.72
Voluntary Adjustment	45%	1.00
Low Vision Aid Adj		1.00
Estimated Claims Cost per Child		$2.38
% of Members Age 0-18		19.4%
Projected Claims PMPM		**$0.46**

* From CBC's internal vision quote model

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 6

Comparison of Calibrated Index Rates

	Calibrated Index Rate	
HIOS Plan ID	Exhibit P	Table 10
82795PA0120001	$318.13	$318.13

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 7

	Product Type		
	PPO	HMO	
Total Current Month Members	31,306	34,354	
	PPO	HMO	Tobacco Factor
Members without Tobacco Surcharge	29,992	31,970	1.00

Tobacco Calibration Factor		
PPO	HMO	Final Factor
0.995	0.992	**0.994**

Members with Tobacco Surcharge

Age	Current Month Members		Tobacco Factor
0	0	0	1.00
1	0	0	1.00
2	0	0	1.00
3	0	0	1.00
4	0	0	1.00
5	0	0	1.00
6	0	0	1.00
7	0	0	1.00
8	0	0	1.00
9	0	0	1.00
10	0	0	1.00
11	0	0	1.00
12	0	0	1.00
13	0	0	1.00
14	0	0	1.00
15	0	0	1.00
16	0	0	1.00
17	0	0	1.00
18	1	0	1.00
19	2	1	1.00
20	5	6	1.00
21	3	17	1.03
22	11	17	1.03
23	9	19	1.03
24	10	12	1.03
25	8	33	1.03
26	24	54	1.03
27	24	54	1.03
28	26	71	1.03
29	24	47	1.03
30	22	49	1.03
31	29	29	1.03
32	23	46	1.03
33	28	47	1.03
34	25	44	1.03
35	32	33	1.03
36	31	51	1.03
37	32	49	1.03
38	29	51	1.03
39	30	71	1.03
40	23	41	1.08
41	26	46	1.08
42	28	60	1.08
43	34	42	1.08
44	35	54	1.08
45	36	47	1.10
46	36	62	1.10
47	45	52	1.10
48	37	74	1.10
49	33	63	1.10
50	34	74	1.15
51	36	65	1.15
52	30	69	1.15
53	47	60	1.15
54	40	82	1.15
55	45	68	1.20
56	41	59	1.20
57	37	74	1.20
58	40	84	1.20
59	53	54	1.20
60	27	62	1.25
61	22	54	1.25
62	20	73	1.25
63	32	65	1.25
64	40	74	1.25
65	6	25	1.25
66	3	0	1.25
67	0	0	1.25
68	0	0	1.25
69	0	0	1.25
70	0	0	1.25
71	0	0	1.25
72	0	0	1.25
73	0	0	1.25
74	0	0	1.25
75	0	0	1.25
76	0	0	1.25
77	0	0	1.25
78	0	0	1.25
79	0	0	1.25
80	0	0	1.25
81	0	0	1.25
82	0	0	1.25
83	0	0	1.25
84	0	0	1.25
85	0	0	1.25
86	0	0	1.25
87	0	0	1.25
88	0	0	1.25
89	0	0	1.25
90	0	0	1.25

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 8

Calculated Rates

	82795PA0120001	82795PA0120001
Region	9	9
Tobacco	Non Tobacco	Tobacco
Calibrated Plan Adjusted Index Rate	318.13	318.13
0-20	$202.01	$202.01
21	$318.13	$326.08
22	$318.13	$326.08
23	$318.13	$326.08
24	$318.13	$326.08
25	$319.40	$327.39
26	$325.76	$333.91
27	$333.40	$341.73
28	$345.81	$354.45
29	$355.99	$364.89
30	$361.08	$370.10
31	$368.71	$377.93
32	$376.35	$385.76
33	$381.12	$390.65
34	$386.21	$395.86
35	$388.75	$398.47
36	$391.30	$401.08
37	$393.84	$403.69
38	$396.39	$406.30
39	$401.48	$411.52
40	$406.57	$437.06
41	$414.20	$445.27
42	$421.52	$453.14
43	$431.70	$464.08
44	$444.43	$477.76
45	$459.38	$505.32
46	$477.19	$524.91
47	$497.24	$546.96
48	$520.14	$572.16
49	$542.73	$597.00
50	$568.18	$653.41
51	$593.31	$682.31
52	$620.99	$714.14
53	$648.98	$746.33
54	$679.21	$781.09
55	$709.43	$851.31
56	$742.20	$890.63
57	$775.28	$930.34
58	$810.59	$972.71
59	$828.09	$993.71
60	$863.40	$1,079.25
61	$893.94	$1,117.43
62	$913.98	$1,142.48
63	$939.12	$1,173.90
64+	$954.39	$1,192.98

Rating Factors

Age Range	Age Factor	Tobacco Factor	Region	Factor
0-20	0.635	1	9	1
21	1	1.025		
22	1	1.025		
23	1	1.025		
24	1	1.025		
25	1.004	1.025		
26	1.024	1.025		
27	1.048	1.025		
28	1.087	1.025		
29	1.119	1.025		
30	1.135	1.025		
31	1.159	1.025		
32	1.183	1.025		
33	1.198	1.025		
34	1.214	1.025		
35	1.222	1.025		
36	1.23	1.025		
37	1.238	1.025		
38	1.246	1.025		
39	1.262	1.025		
40	1.278	1.075		
41	1.302	1.075		
42	1.325	1.075		
43	1.357	1.075		
44	1.397	1.075		
45	1.444	1.1		
46	1.5	1.1		
47	1.563	1.1		
48	1.635	1.1		
49	1.706	1.1		
50	1.786	1.15		
51	1.865	1.15		
52	1.952	1.15		
53	2.04	1.15		
54	2.135	1.15		
55	2.23	1.2		
56	2.333	1.2		
57	2.437	1.2		
58	2.548	1.2		
59	2.603	1.2		
60	2.714	1.25		
61	2.81	1.25		
62	2.873	1.25		
63	2.952	1.25		
64+	3	1.25		
65 and over	3	1.25		

From PA Rate Tables	N	Y
	82795PA01200019	82795PA01200019
	Non Tobacco	Tobacco
0	$202.01	$202.01
21	$318.13	$326.08
22	$318.13	$326.08
23	$318.13	$326.08
24	$318.13	$326.08
25	$319.40	$327.39
26	$325.76	$333.91
27	$333.40	$341.73
28	$345.81	$354.45
29	$355.99	$364.89
30	$361.08	$370.10
31	$368.71	$377.93
32	$376.35	$385.76
33	$381.12	$390.65
34	$386.21	$395.86
35	$388.75	$398.47
36	$391.30	$401.08
37	$393.84	$403.69
38	$396.39	$406.30
39	$401.48	$411.52
40	$406.57	$437.06
41	$414.20	$445.27
42	$421.52	$453.14
43	$431.70	$464.08
44	$444.43	$477.76
45	$459.38	$505.32
46	$477.19	$524.91
47	$497.24	$546.96
48	$520.14	$572.16
49	$542.73	$597.00
50	$568.18	$653.41
51	$593.31	$682.31
52	$620.99	$714.14
53	$648.98	$746.33
54	$679.21	$781.09
55	$709.43	$851.31
56	$742.20	$890.63
57	$775.28	$930.34
58	$810.59	$972.71
59	$828.09	$993.71
60	$863.40	$1,079.25
61	$893.94	$1,117.43
62	$913.98	$1,142.48
63	$939.12	$1,173.90
64+	$954.38	$1,192.98

Difference

From PA Rate Tables	N 45127PA00200136 Non Tobacco	Y 45127PA00200136 Tobacco
0	$0.00	$0.00
21	$0.00	$0.00
22	$0.00	$0.00
23	$0.00	$0.00
24	$0.00	$0.00
25	$0.00	$0.00
26	$0.00	$0.00
27	$0.00	$0.00
28	$0.00	$0.00
29	$0.00	$0.00
30	$0.00	$0.00
31	$0.00	$0.00
32	$0.00	$0.00
33	$0.00	$0.00
34	$0.00	$0.00
35	$0.00	$0.00
36	$0.00	$0.00
37	$0.00	$0.00
38	$0.00	$0.00
39	$0.00	$0.00
40	$0.00	$0.00
41	$0.00	$0.00
42	$0.00	$0.00
43	$0.00	$0.00
44	$0.00	$0.00
45	$0.00	$0.00
46	$0.00	$0.00
47	$0.00	$0.00
48	$0.00	$0.00
49	$0.00	$0.00
50	$0.00	$0.00
51	$0.00	$0.00
52	$0.00	$0.00
53	$0.00	$0.00
54	$0.00	$0.00
55	$0.00	$0.00
56	$0.00	$0.00
57	$0.00	$0.00
58	$0.00	$0.00
59	$0.00	$0.00
60	$0.00	$0.00
61	$0.00	$0.00
62	$0.00	$0.00
63	$0.00	$0.00
64+	-$0.01	$0.00

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 9

Broker Commission Calculation

Current	Catastrophic Plans	Non-Cat Plans
2016 Broker Commission (PMPM)	[redacted]	[redacted]
2016 Membership (CAAC, CAIC, and KHPC combined)	[redacted]	[redacted]
% of business brokered	[redacted]	
Calculated Broker Commission in Rate Development	$10.96	

2017	Catastrophic Plans	Non-Cat Plans
Proposed 2017 Broker Commission (PMPM)	[redacted]	[redacted]
Projected Membership (CAAC, CAIC, and KHPC combined)	[redacted]	[redacted]
% of business brokered	[redacted]	
Calculated Broker Commission in Rate Development	$7.86	
Applied Broker Commission in Rate Development	$8.00	

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.

Question and Answer
Individual Rates
Effective January 1, 2017

Please note that all Q&A exhibits referenced below are found in "Ind_16-49_Initial_CAIC_PPO_Q&AExhibits_Supporting_20160629.xlsx"

Consultant Questions:

Question 1. Please provide totals for each year for each item, as well as grand totals for the 2013, 2014 and 2015 experience shown in Table 4b of the Actuarial Memorandum Rate Exhibits.

Answer 1. Please refer to Q&A Exhibit 1.

Question 2. In the Completeness and Redaction Justification Checklist, please show the Page number/Table Number/Paragraph Number in the Completed Column and also the Justification Location for the Redacted Column.

Answer 2. I have updated the Completeness and Redaction Justification Checklist.

Question 3. Please justify use of the Capital Advantage Assurance Company data for the Credibility Manual. Please explain similarities, differences and provide justification for adjustments for current and projected differences.

Answer 3. It is actuarially justifiable to use Capital Advantage Assurance Company (CAAC) data for several reasons:

- CAIC does not have enrollment in 2015.
- All former CAIC PPO business has moved to CAAC PPO starting in 2015.
- CAAC and CAIC products use the same enrollment and billing operational systems.
- CAAC and CAIC claims are submitted, adjudicated and paid through the same operational system.
- CAIC provider payment levels for CareConnect are based upon CAAC payment levels with adjustments for CareConnect nuances considered in network change factor. Please see Exhibit 1a for the network factor development. CareConnect Gatekeeper PPO product is a managed care arrangement product with the Pinnacle Health System. The contracted rates with Pinnacle will produce a cost-savings over a standard PPO product of approximately 11% (factor of 0.89). This is due to a combination of facility contracted savings, and the value of the referral requirement in a PPO Gatekeeper product.
- In the event that group business has a dual option CAAC/CAIC product portfolio, MLR rebate calculations would use a blended rate approach across the two companies.

Question 4. In the Pennsylvania Rate Change Request Summary – 2017 and in the RFJ Part II, please provide the quantitative impact for each of the factors shown in the "Explanation of Requested Rate Change" section, and show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

Answer 4. Please refer to Q&A Exhibit 2 for a list of contributing rate increase factors and quantitative estimates:

- Historical Claim Experience: 20.5%. The historical claim experience details are found on Q&A Exhibit 2a. This is taken directly from PA Rate Exhibit Table 2 for subsidiaries CAAC and Keystone Health Plan Central (KHPC). These results include risk adjustment estimates and reinsurance accruals, and show a combined loss ratio of 106.5%. Given a target loss ratio of 86.1%, historical claim experience (before trend) justifies a 20.5% annual rate increase.
- Loss of Federal Reinsurance Program: 6.4%. The loss of Federal Reinsurance in 2017 is worth approximately 6% of premium. This is calculated in Q&A Exhibit 2b. This exhibit shows estimated 2016 results based on CBC's 2016 Premium Deficiency Reserve (PDR) Calculation. The PDR calculation estimates reinsurance at $25 PMPM, or 6.4% of premium.
- Trend Components: 8.1%. Trend is discussed further is Question 7.
- Administrative Expense (AE) Inflation: 0.4%. AE trends approximately 4 percent per year, and is 10 percent of premium.
- Suspension of Health Insurer Tax: -3.6%. CBC applied 3.6% to 2016 rates. This tax is suspended for calendar year 2017.
- Increase in Exchange User Fee: 0.5%. Please see Q&A Exhibit 2c for the calculation of percentage increase (as a percent of premium) of the Exchange User Fee.

The sum of the above bullets is greater than the requested increase. But CAIC expects offsetting factors such as:

- Wear off of pent-up demand
- Stabilization of risk as more individuals enter the market
- Issuers' increased capability to accurately report risk scores for risk adjustment.
- Managed Care Product: Impact of referrals and Tier 1 utilization.

The above mitigating factors are difficult to quantify. But because of these factors, CAIC is requesting an increase less than what an actuarial formula would suggest.

Question 5. Please provide a "Reason for Rate Increase' section in the Actuarial Memorandum, detailing the qualitative and quantitative reasons and component factors of the aggregate rate increase. Also show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

Answer 5. The Actuarial Memorandum has been updated with a "Reason for Rate Increase" Section.

Question 6. Please show quantitatively the derivation of the trend assumptions for each benefit category as shown in Table 3. Please include the sources and source claims data.

Answer 6. Trend is calculated using:

- Vendor Physician Cost Model
- Internal Hospital Contracting Model
- Internal Prescription Drug Trend Model
- Medical utilization estimates reviewed by CBC's Chief Medical Officer

The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.

Utilization trend takes into account the following considerations:

- Historical Data: Please refer to Q&A Exhibit 3a for subsidiary, CAAC, Individual historical trends. These trends are considerably higher than those use in rate development. This can be attributed to:
    - Enrollment and benefit changes: Movement from medically-underwritten policies to single-risk-pool policies
    - Pent-up demand. CBC expects pent-up demand to mildly subside in 2017 as members have longer periods of continuous coverage.
- Hospital Inpatient Authorization Reports: Please refer to Q&A Exhibit 3b for Individual (CAAC and KHPC) inpatient authorizations by month. Note that Inpatient Acute claims are the majority of inpatient costs. Year-to-date (YTD) 2016 inpatient acute days/1000 are 12 percent higher than YTD 2015.
- Special Enrollment Period (SEP) Enrollment: Please see PID Question 3 below. CAIC expects SEP members to have higher than average utilization.
- Continuity of Care: Care Management is more difficult for individuals without continuous health care coverage, resulting in higher than average utilization rates.

The Prescription Drug model considers the following trend components:

- Price Inflation
- Contract Pricing
- Member Cost-Sharing
- Units per Script
- Brand/Generic Mix
- Therapeutic Mix
- Cost per Script

- Utilization

Please refer to Q&A Exhibit 3c for Individual (CAAC and KHPC) historical prescription drug trends.

Q&A Exhibit 3 shows CAIC's best estimate on future trends based on the factors listed above. The pricing trend proposed in this filing is slightly less.

Question 7. The methodology used in the derivation in Exhibit G1 of the 1.10 Population Risk Factor in Section II of the URRT is not clear. The adjustment to reflect the larger PPACA population is less than one, with no other adjustments, but the aggregated result is greater than 1.00, i.e., 1.10. This result is due to the fact that different aggregating factors are used in the comparison, i.e., one uses member months and one uses current members. Please provide the derivation to justify the 1.10 factor, e.g., using consistent aggregating factors.

Answer 7. The 1.1 Population Risk Factor is calculated by measuring the claims experience of transitional policies (medically underwritten) and single-risk-pool policies in the experience period. Transitional policies have significantly lower claims PMPM than single-risk-pool policies, and make up 68 percent of the enrollment in the BEP. Current and projected enrollment show a very different distribution, as subsidiary, CAAC, experienced significant single-risk-pool enrollment growth in 2016. In the projection period, transitional policies only account for 15% of enrollment. This distribution change leads to higher claim expectations in the projection period. The calculation does adjust the single-risk-pool claim PMPM downward (factor less than 1.0, as stated in the question) as their claim experience should regress toward the mean as enrollment grows. Without this factor, the Population Risk Factor would be higher than 1.1. Moving from 68 percent transitional to 15 percent transitional still has an overall upward impact on the projected claim expectation. Using member months in the experience period and current members in the projection period has no impact on the calculation. Both are used as percentages to illustrate the mix change of transitional/single-risk-pool from the experience period to the projection period.

Question 8. Please explain the variance in the Change in Morbidity of 1.117 in Table 5 versus the 1.10 shown in Section II of the URRT.

Answer 8. The Change in Morbidity factor of 1.117 is a blend of the Population Risk Morbidity Medical and Prescription Drug factors of 1.1 and 1.2. Experience period claims PMPMs are used as weights to calculate the aggregate factor of 1.117. Please see Q&A Exhibit 4 for the calculation.

Question 9. The Actuarial Memorandum shows that the allowed charges PMPM which are added to the projection period allowed claims PMPM are 5.01 for pediatric dental and 0.46 for pediatric vision coverage, and references Exhibit C for the rate development.
(i) Exhibit C shows for Projected Claims PMPM 3.61 for Pediatric Dental and 0.46 for Pediatric Vision. Please reconcile the difference for Pediatric Dental.
(ii) Please adjust the Pediatric Dental number if needed, in Exhibit G, which shows 3.61.
(iii) Exhibit C also shows the development of the Premium Single Rate for Pediatric Dental and Pediatric Vision. Please justify each of the values included in the Premium Single Rate. Also

explain the reasoning for including Admin PMPM in the claims component in the numerator, versus including it in the denominator with the other expense items.

Answer 9.

(i) The difference in pediatric dental claims PMPMs of 5.01 in the actuarial memo and 3.61 in Exhibit C is due to the difference between allowed claims and incurred claims. The URRT uses allowed claims, while the rate development shown in Exhibit C is using incurred. We expect a difference between allowed and incurred pediatric dental due to cost-sharing. Pediatric Vision is paid at 100%, so there is no difference between allowed and incurred. I have updated the actuarial memo to include both allowed and incurred projections.

(ii) No adjustment is necessary.

(iii) Please see Q&A Exhibit 5 for the calculation of the projected claims PMPM.

a. The pediatric dental calculation is taken directly from CAIC Stand-Alone Dental Filing CABC-130539624. The per child per month rate from the filing is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.

b. Pediatric Vision: Rating begins with starting cost and utilization by procedure code. Separate in-network and out-of-network cost and utilization are used in the rating methodology. Starting cost and utilization are then adjusted based on the selected plan designs. Utilization is adjusted based on the chosen benefit period (12 months), copay, and the maximum allowance levels. Starting cost is adjusted based on copays, coinsurance, and maximums. Final cost per service is calculated as the minimum of the max for that service category and the starting cost, minus the copay, and multiplied by the coinsurance. The per child per month rate is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.

c. The Admin PMPM is added to retention because it is not a percent of premium, as are the other retention items.

Question 10. Please reconcile the difference between the 2017 Calibrated Plan Adjusted Index Rate of $318.13 shown in Table 10 with the $319.87 shown in Exhibit P. Please note that the Table 10 2017 Calibrated Plan Adjusted Index Rates should be used as the basis of the premium rates; please confirm.

Answer 10. I am correcting the Calibrated Plan Adjusted Index Rate shown in Exhibit P. It originally was not adjusted for the Tobacco surcharge. Please see Q&A Exhibit 6 for a comparison of the Table 10 Calibrated Plan Adjusted Index Rates, and the new one from Exhibit P being submitted with this Q&A. Because of this change, a new PID Rates Table is also being submitted with this Q&A. With this change, Table 10 is the basis of the premium rates.

This change does not alter our requested rate change, since that was derived using Table 10. Table 10 is unchanged.

Question 11. Please show quantitatively the derivation of the Tobacco Surcharge adjustment of .994 shown in Table 10.

Answer 11. The Tobacco surcharge is derived using current month individual members by age and tobacco status. Please see Q&A Exhibit 7 for the calculation of the Tobacco surcharge.

Question 12. In Table 6, please enter the dollar amount of the PCORI fees, as it is currently blank. In the PA Actuarial Memorandum, the amount is shown as $.18 PMPM. Please confirm and justify.

Answer 12. I am unable to enter the dollar amount in Table 6 because the cell is locked. I do confirm the dollar amount is $0.18 PMPM. For policy and plan years ending after Sept. 30, 2014, and before Oct. 1, 2015, the applicable dollar amount is $2.08 ($0.17 PMPM). For policy and plan years ending after Sept. 30, 2015, and before Oct. 1, 2019, the applicable dollar amount is further adjusted to reflect inflation in National Health Expenditures, as determined by the Secretary of Health and Human Services. At an estimated 4% annual trend, the 2017 projected PCORI fee is $0.18 PMPM.

Question 13. Please include the appropriate wording into the Actuarial Certification, as described in Section 6 of the 2017 ACA-Compliant Heath Insurance Rate Filing Guidance.

Answer 13. I have updated the Actuarial Memorandum to include the appropriate wording as described in Section 6 of the 2017 ACA-Compliance Health Insurance Rate Filing Guidance.

Question 14. Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

Answer 14. CAIC is only offering a silver plan.

Question 15. Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.

Answer 15. Please see Q&A Exhibit 8 for a comparison between the Consumer Adjusted Premium Rates and the rates shown in the Rates Table template. Rates in the PID Rates Table may be $0.01 or $0.02 less than calculated rates to meet the 3-to-1 age rating requirement.

Question 16. Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.

Answer 16. Attached, please find the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit. File name: Ind_16-49_Initial_CAIC_PPO_SHCEand5YrHistory_Supporting_20160629.pdf

Question 17. Please provide a copy of the Supplemental Health Care Exhibit (SHCE), and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.

Answer 17. The SHCE is attached with the name above in Question 16.

Additional Questions from Insurance Department:

Question 1. Regarding broker commissions:

(a) Under what circumstances and in what geographic locations will commissions be paid?,
(b) Are commissions paid for SEP?,
(c) Provide a copy of the broker agreement - current and 2017,
(d) Show the calculation of the average commission - current and 2017.

When responding to this data call, you may provide a redacted version of this response as it contains proprietary information. Please place the redacted and non-redacted responses in separate sections of the Supporting Documentation tab in SERFF.

Answer 1.

(a) CAIC pays commissions for enrollment received during open enrollment, both on and off exchange, and in all geographic areas. Commission is less on catastrophic plans due to the lower premium. The 2017 broker commission schedule is yet to be finalized.
(b) CAIC does not pay commission for SEP.
(c) Attached please find the 1/1/2016 copy of the broker agreement – both redacted and un-redacted versions. As discussed in (a), CAIC is still reviewing possible changes for 2017. Files are as follows:
    a. Agent Agreement: "Ind_16-49_Initial_CAIC_PPO_AgentAgreement_Supporting_CONF_20160629.pdf"
    b. Redacted Agent Agreement: "Ind_16-49_Initial_CAIC_PPO_AgentAgreementRedacted_Supporting_20160629.pdf"
    c. Preferred Producer Master Agreement: "Ind_16-49_Initial_CAIC_PPO_PPMA_Supporting_CONF_20160629.pdf"
    d. Redacted Preferred Producer Master Agreement: "Ind_16-49_Initial_CAIC_PPO_PPMARedacted_Supporting_20160629.pdf"
    e. Amendment to Preferred Producer Master Agreement effective 4/1/2016: "Ind_16-49_Initial_CAIC_PPO_PPMAAmendment_Supporting_CONF_20160629.pdf"
    f. Redacted Amendment to Preferred Producer Master Agreement effective 4/1/2016: "Ind_16-49_Initial_CAIC_PPO_PPMAAmendmentRedacted_Supporting_20160629.pdf"

(d) Please see Q&A Exhibit 9 for the calculation of the average broker commission. The projected 2017 broker commission is calculated based on proposed/best estimate broker payment levels.

Question 2. Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

Answer 2. I acknowledge the requirement to change the URRT in HIOS each time a change is made in SERFF. CAIC is in compliance.

Question 3. Does this filing propose Service Area changes relative to the last approved filing? If so, please discuss.

Answer 3. No service area changes are being proposed with this filing.

[redacted]

Sincerely,

[redacted]

[redacted], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	418,024,835	442,869,146	503,794,288	610,157,301	585,202,234
2. TOTAL Liabilities (Page 3, Line 24)	125,342,501	123,624,894	163,268,084	243,945,266	214,292,307
3. Statutory minimum capital and surplus requirement					
4. TOTAL Capital and Surplus (Page 3, Line 33)	292,682,334	319,244,252	340,526,204	366,212,035	370,909,927
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	203,022,060	258,387,551	573,087,780	1,409,870,844	1,369,462,504
6. TOTAL Medical and Hospital Expenses (Line 18)	161,978,901	214,674,800	511,596,104	1,253,622,696	1,137,889,011
7. Claims adjustment expenses (Line 20)	5,276,498	9,167,732	23,697,599	45,294,376	39,703,628
8. TOTAL Administrative Expenses (Line 21)	19,198,224	24,155,189	69,556,503	158,001,264	161,374,249
9. Net underwriting gain (loss) (Line 24)	16,568,437	10,389,830	(28,103,609)	(49,725,846)	29,515,153
10. Net investment gain (loss) (Line 27)	22,678,654	14,425,066	20,949,981	38,104,477	22,888,336
11. TOTAL Other Income (Lines 28 plus 29)	78,134	1,180,185	10,309	101,091	2,452,694
12. Net income or (loss) (Line 32)	31,808,727	22,660,250	1,058,150	(592,152)	39,096,310
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	50,436,167	(37,515,662)	(53,310,325)	(23,463,703)	69,001,384
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	292,682,334	319,244,252	340,526,204	366,212,035	370,909,927
15. Authorized control level risk-based capital	56,736,612	58,238,548	73,222,734	66,028,550	60,689,137
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	49,072	48,708	62,669	312,569	313,547
17. TOTAL Members Months (Column 6, Line 7)	524,931	586,775	1,541,633	3,812,427	3,661,624
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	79.8	83.1	89.3	88.9	83.1
20. Cost containment expenses	1.6	1.9	2.9	2.1	1.8
21. Other claims adjustment expenses	1.0	1.6	1.2	1.1	1.1
22. TOTAL Underwriting Deductions (Line 23)	91.8	96.0	104.9	103.5	97.8
23. TOTAL Underwriting Gain (Loss) (Line 24)	8.2	4.0	(4.9)	(3.5)	2.2
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	18,200,581	35,133,738	110,603,113	112,861,479	88,636,562
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	24,313,679	38,854,896	125,553,384	119,878,124	96,268,373
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	141,400,636	154,040,932	203,298,605	176,072,144	129,063,922
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated	150,000,000	150,000,000	100,000,000	50,000,000	
32. TOTAL of Above Lines 26 to 31	291,400,636	304,040,932	303,298,605	226,072,144	129,063,922
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain::

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

41203201521639100 2015 Document Code: 216

NAIC Group Code 1230 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015 NAIC Company Code 41203

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
01.1 Health premiums earned (From Part 2, Line 1.11)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924	XXX	203,402,924
01.2 Federal high risk pools														XXX	
01.3 State high risk pools														XXX	
01.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924	XXX	203,402,924
01.5 Federal taxes and federal assessments	1,821,912	291,195	531,265								1,714,103	6,373,294	10,731,769	85,035	10,816,804
01.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	67,341	52,133	69,596								788,678	34,974	1,012,722	5,460	1,018,182
01.6A Community Benefit Expenditures (informational only)															
01.7 Regulatory authority licenses and fees	883	28,652	40,891								17,639	65,012	153,077	4,064	157,141
01.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,499,334	2,165,933	3,295,929								37,213,822	147,330,338	191,505,356	XXX	191,410,797
01.9 Net assumed less ceded reinsurance premiums earned														XXX	
1.10 Other adjustments due to MLR calculations - Premiums			(412,286)										(412,286)	XXX	(412,286)
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,499,334	2,165,933	2,883,643								37,213,822	147,330,338	191,093,070	XXX	190,998,511
2. Claims:															
2.1 Incurred claims excluding prescription drugs	(1,015,624)	1,497,187	3,165,713								31,507,513	116,563,771	151,718,560	XXX	151,718,560
2.2 Prescription drugs	150,970	(345,833)	144,829									21,626,053	21,576,019	XXX	21,576,019
2.3 Pharmaceutical rebates	102,673	(268,123)	(37,239)								249,367	8,693,093	8,739,771	XXX	8,739,771
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses														XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	701	705	1,185									100,026	102,617		102,617
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	(967,327)	1,419,477	3,347,781								31,258,146	129,496,731	164,554,808	XXX	164,554,808
5.1 Net assumed less ceded reinsurance claims incurred	(941,823)												(941,823)	XXX	(941,823)
5.2 Other adjustments due to MLR calculations - Claims		252,837	(2,087,611)									169,267	(1,665,507)	XXX	(1,665,507)
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(1,909,150)	1,672,314	1,260,170								31,258,146	129,665,998	161,947,478	XXX	161,947,478
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	2,597	8,501	12,175								18,172	857,268	898,713	11,878	910,591
6.2 Activities to prevent hospital readmissions		1,845	3,684								12,578	425,039	443,146	3,063	446,209
6.3 Improve patient safety and reduce medical errors	167	7,811	10,939								11,075	347,958	377,950	6,540	384,490
6.4 Wellness and health promotion activities	3	4,208	18,057								29,969	595,408	647,645	12,129	659,774
6.5 Health Information Technology expenses related to health improvement	678	6,964	12,238								106,043	326,892	452,815	23,172	475,987
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	3,445	29,329	57,093								177,837	2,552,565	2,820,269	56,782	2,877,051
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	(0.642)	0.669	1.033							XXX	XXX	0.897	XXX	XXX	XXX
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	3,860	24,192	30,874								(752,657)	1,236,379	542,648	72,136	614,784
8.2 All other claims adjustment expenses	(18,454)	30,027	55,050								1,131,530	707,359	1,905,512	339,584	2,245,096
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	(14,594)	54,219	85,924								378,873	1,943,738	2,448,160	411,720	2,859,880
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	(0.010)	0.025	0.026								0.010	0.013	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

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

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits		9,475	19,442								55,535	83,014	167,466	46,432	213,898
10.2 Agents and brokers fees and commissions	1,348	85,645	119,894								335,089		541,976	64,880	606,856
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	41,391	215,131	266,377								2,578,362	10,415,301	13,516,562	854,091	14,370,653
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	42,739	310,251	405,713								2,968,986	10,498,315	14,226,004	965,403	15,191,407
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	3,376,894	99,820	1,074,743								2,429,980	2,669,722	9,651,159	XXX	8,122,695
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,606,556	1,606,556
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,756,787	XXX	22,756,787
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677,311	XXX	677,311
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,730,635	XXX	31,808,727
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only: already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies		132	1,135								27,812	14,243	43,322	2,160	45,482
O2. Number of Covered Lives		489	922								27,855	14,478	43,744	2,742	46,486
O3. Number of Groups	XXX	720	29	XXX							336	28	1,113	4	1,117
O4. Member Months		5,872	11,065								334,260	173,734	524,931	32,907	557,838

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[X] No[ ]
(b) If yes, show the amount of premiums and claims included: Premiums $.....2,382,650 Claims $.....(800,371)

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	464			
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX	3,289,040	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	3,395,023	(38,117)		
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	4,230,863	XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	25,504	5,919		
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230 **BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015** **NAIC Company Code 41203**

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned													
01.1 Direct premiums written	3,402,336	2,527,156	4,179,356								39,728,302	153,826,300	203,663,450
01.2 Unearned premium prior year	10,867	(141,581)									100,558		(30,156)
01.3 Unearned premium current year	10,867	(154,879)									89,382		(54,630)
01.4 Change in unearned premium (Lines 1.2 - 1.3)		13,298									11,176		24,474
01.5 Paid rate credits	(25,504)	(5,919)											(31,423)
01.6 Reserve for rate credits current year													
01.7 Reserve for rate credits prior year													
01.8 Change in reserve for rate credits (Lines 1.6 - 1.7)													
01.9 Premium balances written off	12,866	2,541	241,675								5,236	22,682	285,000
1.10 Group conversion charges													
1.11 TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924
1.12 Assumed premiums earned from non-affiliates													
1.13 Net assumed less ceded premiums earned from affiliates													
1.14 Ceded premiums earned to non-affiliates													
1.15 Other adjustments due to MLR calculation - Premiums			(412,286)										(412,286)
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	3,414,974	2,543,832	3,525,395								39,734,242	153,803,618	203,022,061
2. Direct Claims Incurred:													
02.1 Paid claims during the year	387,319	2,101,909	4,398,999								24,537,571	132,798,922	164,224,720
02.2 Direct claim liability current year	191,388	426,776	7,692,518								9,892,204	13,854,716	32,057,602
02.3 Direct claim liability prior year	1,524,105	1,214,971	8,678,013								3,000,623	16,554,303	30,972,015
02.4 Direct claim reserves current year													
02.5 Direct claim reserves prior year													
02.6 Direct contract reserves current year													
02.7 Direct contract reserves prior year													
02.8 Paid rate credits	(25,504)	(5,919)	(1,593,228)										(1,624,651)
02.9 Reserve for rate credits current year													
2.10 Reserve for rate credits prior year			(1,593,228)										(1,593,228)
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A Paid medical incentive pools and bonuses current year													
2.11B Accrued medical incentive pools and bonuses current year													
2.11C Accrued medical incentive pools and bonuses prior year													
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(3,575)	(333,234)	449,053								171,006	602,604	885,854
2.12A Healthcare receivables current year	82,527	11,164	1,203,333								207,776	5,219,586	6,724,386
2.12B Healthcare receivables prior year	86,102	344,398	754,280								36,770	4,616,982	5,838,532
2.13 Group conversion charge													
2.14 Multi-option coverage blended rate adjustment		(221,552)	383,330										161,778
2.15 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	(967,327)	1,419,477	3,347,781								31,258,146	129,496,731	164,554,808
2.16 Assumed Incurred Claims from non-affiliates													
2.17 Net Assumed less Ceded Incurred Claims from affiliates													
2.18 Ceded Incurred Claims to non-affiliates	941,823												941,823
2.19 Other Adjustments due to MLR calculation - Claims		252,837	(2,087,611)									169,267	(1,665,507)
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(1,883,646)	1,678,233	1,260,170								31,258,146	129,665,998	161,978,901
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	10,420	10,480	17,615									1,486,898	1,525,413

(a) Column 13, Line 1.1 includes direct written premium of $.....(451) for stand-alone dental and $.....23,595 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015 NAIC Company Code 41203

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
01.1 Salaries (including $.....0 for affiliated services)	1,498		165	3		1,666	4,398	13,365	4,868	24,297
01.2 Outsourced services	1,019		1			1,020	318	7,504	287	9,129
01.3 EDP Equipment and Software (incl $.....0 for affiliated services)	3				166	169			1,067	1,236
01.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	4				495	499	6	4	4,648	5,157
01.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
01.6 Other Expenses (incl $.....0 for affiliated services)	73		1		17	91	(862)	(39,327)	31,869	(8,229)
01.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	2,597		167	3	678	3,445	3,860	(18,454)	42,739	31,590
01.8 Reimbursements by uninsured plans and fiscal intermediaries										
01.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71,128	71,128
1.10 TOTAL (Lines 1.7 to 1.9)	2,597		167	3	678	3,445	3,860	(18,454)	113,867	102,718
1.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							701			701
2. Small Group Comprehensive Coverage Expenses:										
02.1 Salaries (including $.....0 for affiliated services)	3,886	406	489	315	2,153	7,249	13,348	25,431	98,617	144,645
02.2 Outsourced services	4,043	1,429	3,478	1,467	461	10,878	5,110	13,273	35,279	64,540
02.3 EDP Equipment and Software (incl $.....0 for affiliated services)	5				634	639	14		3,561	4,214
02.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	7			16	3,583	3,606	1,102	9	20,837	25,554
02.5 Accreditation and Certification (incl $.....0 for affiliated services)	2	XXX	XXX	XXX	XXX	2			253	255
02.6 Other Expenses (incl $.....0 for affiliated services)	558	10	3,844	2,410	133	6,955	4,618	(8,686)	182,989	185,876
02.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	8,501	1,845	7,811	4,208	6,964	29,329	24,192	30,027	341,536	425,084
02.8 Reimbursements by uninsured plans and fiscal intermediaries										
02.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187,942	187,942
2.10 TOTAL (Lines 2.7 to 2.9)	8,501	1,845	7,811	4,208	6,964	29,329	24,192	30,027	529,478	613,026
2.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							705			705
3. Large Group Comprehensive Coverage Expenses:										
03.1 Salaries (including $.....0 for affiliated services)	3,958	575	953	614	4,011	10,111	17,953	16,980	166,791	211,835
03.2 Outsourced services	6,091	3,092	6,961	2,615	2,204	20,963	9,816	41,927	84,297	157,003
03.3 EDP Equipment and Software (incl $.....0 for affiliated services)	3				693	696	26		3,257	3,979
03.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	2			37	5,126	5,165	1,729	7	30,309	37,210
03.5 Accreditation and Certification (incl $.....0 for affiliated services)	3	XXX	XXX	XXX	XXX	3			1,632	1,635
03.6 Other Expenses (incl $.....0 for affiliated services)	2,118	17	3,025	14,791	204	20,155	1,350	(3,864)	143,014	160,655
03.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	12,175	3,684	10,939	18,057	12,238	57,093	30,874	55,050	429,300	572,317
03.8 Reimbursements by uninsured plans and fiscal intermediaries										
03.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214,697	214,697
3.10 TOTAL (Lines 3.7 to 3.9)	12,175	3,684	10,939	18,057	12,238	57,093	30,874	55,050	643,997	787,014
3.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,185			1,185

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual Mini-Med Plans Expenses										
04.1 Salaries (including $.....0 for affiliated services)										
04.2 Outsourced services										
04.3 EDP equipment and software (including $.....0 for affiliated services)										
04.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
04.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
04.6 Other expenses (including $.....0 for affiliated services)										
04.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)										
04.8 Reimbursements by uninsured plans and fiscal intermediaries										
04.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10 TOTAL (Lines 4.7 to 4.9)										
4.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5. Small Group Mini-Med Plans Expenses										
05.1 Salaries (including $.....0 for affiliated services)										
05.2 Outsourced services										
05.3 EDP Equipment and Software (including $.....0 for affiliated services)										
05.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
05.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
05.6 Other expenses (including $.....0 for affiliated services)										
05.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)										
05.8 Reimbursements by uninsured plans and fiscal intermediaries										
05.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10 TOTAL (Lines 5.7 to 5.9)										
5.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6. Large Group Mini-Med Plans Expenses										
06.1 Salaries (including $.....0 for affiliated services)										
06.2 Outsourced services										
06.3 EDP equipment and software (including $.....0 for affiliated services)										
06.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
06.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
06.6 Other expenses (including $.....0 for affiliated services)										
06.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)										
06.8 Reimbursements by uninsured plans and fiscal intermediaries										
06.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10 TOTAL (Lines 6.7 to 6.9)										
6.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
7. Small Group Expatriate Plans Expenses										
07.1 Salaries (including $.....0 for affiliated services)										
07.2 Outsourced services										
07.3 EDP equipment and software (including $.....0 for affiliated services)										
07.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
07.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
07.6 Other expenses (including $.....0 for affiliated services)										
07.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)										
07.8 Reimbursements by uninsured plans and fiscal intermediaries										
07.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10 TOTAL (Lines 7.7 to 7.9)										
7.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8. Large Group Expatriate Plans Expenses										
08.1 Salaries (including $.....0 for affiliated services)										
08.2 Outsourced services										
08.3 EDP equipment and software (including $.....0 for affiliated services)										
08.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
08.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
08.6 Other expenses (including $.....0 for affiliated services)										
08.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)										
08.8 Reimbursements by uninsured plans and fiscal intermediaries										
08.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10 TOTAL (Lines 8.7 to 8.9)										
8.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9. Student Health Plans Expenses										
09.1 Salaries (including $.....0 for affiliated services)										
09.2 Outsourced services										
09.3 EDP equipment and software (including $.....0 for affiliated services)										
09.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
09.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
09.6 Other expenses (including $.....0 for affiliated services)										
09.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)										
09.8 Reimbursements by uninsured plans and fiscal intermediaries										
09.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10 TOTAL (Lines 9.7 to 9.9)										
9.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

41203201521659100 2015 Document Code: 216

NAIC Group Code 1230

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Company Code 41203

Supp80 Grand Total

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
01.1 Health premiums earned (From Part 2, Line 1.11)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924	XXX	203,402,924
01.2 Federal high risk pools														XXX	
01.3 State high risk pools														XXX	
01.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924	XXX	203,402,924
01.5 Federal taxes and federal assessments	1,821,912	291,195	531,265								1,714,103	6,373,294	10,731,769	85,035	10,816,804
01.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	67,341	52,133	69,596								788,678	34,974	1,012,722	5,460	1,018,182
01.6A Community Benefit Expenditures (informational only)															
01.7 Regulatory authority licenses and fees	883	28,652	40,891								17,639	65,012	153,077	4,064	157,141
01.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,499,334	2,165,933	3,295,929								37,213,822	147,330,338	191,505,356	XXX	191,410,797
01.9 Net assumed less ceded reinsurance premiums earned														XXX	
1.10 Other adjustments due to MLR calculations - Premiums			(412,286)										(412,286)	XXX	(412,286)
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,499,334	2,165,933	2,883,643								37,213,822	147,330,338	191,093,070	XXX	190,998,511
2. Claims:															
2.1 Incurred claims excluding prescription drugs	(1,015,624)	1,497,187	3,165,713								31,507,513	116,563,771	151,718,560	XXX	151,718,560
2.2 Prescription drugs	150,970	(345,833)	144,829									21,626,053	21,576,019	XXX	21,576,019
2.3 Pharmaceutical rebates	102,673	(268,123)	(37,239)								249,367	8,693,093	8,739,771	XXX	8,739,771
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses														XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	701	705	1,185									100,026	102,617		102,617
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	(967,327)	1,419,477	3,347,781								31,258,146	129,496,731	164,554,808	XXX	164,554,808
5.1 Net assumed less ceded reinsurance claims incurred	(941,823)												(941,823)	XXX	(941,823)
5.2 Other adjustments due to MLR calculations - Claims		252,837	(2,087,611)									169,267	(1,665,507)	XXX	(1,665,507)
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(1,909,150)	1,672,314	1,260,170								31,258,146	129,665,998	161,947,478	XXX	161,947,478
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	2,597	8,501	12,175								18,172	857,268	898,713	11,878	910,591
6.2 Activities to prevent hospital readmissions		1,845	3,684								12,578	425,039	443,146	3,063	446,209
6.3 Improve patient safety and reduce medical errors	167	7,811	10,939								11,075	347,958	377,950	6,540	384,490
6.4 Wellness and health promotion activities	3	4,208	18,057								29,969	595,408	647,645	12,129	659,774
6.5 Health Information Technology expenses related to health improvement	678	6,964	12,238								106,043	326,892	452,815	23,172	475,987
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	3,445	29,329	57,093								177,837	2,552,565	2,820,269	56,782	2,877,051
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	(0.642)	0.669	1.033							XXX	XXX	0.897	XXX	XXX	XXX
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	3,860	24,192	30,874								(752,657)	1,236,379	542,648	72,136	614,784
8.2 All other claims adjustment expenses	(18,454)	30,027	55,050								1,131,530	707,359	1,905,512	339,584	2,245,096
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	(14,594)	54,219	85,924								378,873	1,943,738	2,448,160	411,720	2,859,880
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	(0.010)	0.025	0.026								0.010	0.013	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

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

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits		9,475	19,442								55,535	83,014	167,466	46,432	213,898
10.2 Agents and brokers fees and commissions	1,348	85,645	119,894								335,089		541,976	64,880	606,856
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	41,391	215,131	266,377								2,578,362	10,415,301	13,516,562	854,091	14,370,653
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	42,739	310,251	405,713								2,968,986	10,498,315	14,226,004	965,403	15,191,407
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	3,376,894	99,820	1,074,743								2,429,980	2,669,722	9,651,159	XXX	8,122,695
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,606,556	1,606,556
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,756,787	XXX	22,756,787
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677,311	XXX	677,311
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,730,635	XXX	31,808,727
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only: already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies		132	1,135								27,812	14,243	43,322	2,160	45,482
O2. Number of Covered Lives		489	922								27,855	14,478	43,744	2,742	46,486
O3. Number of Groups	XXX	720	29	XXX							336	28	1,113	4	1,117
O4. Member Months		5,872	11,065								334,260	173,734	524,931	32,907	557,838

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[X] No[ ]
(b) If yes, show the amount of premiums and claims included: Premiums $.....2,382,650 Claims $.....(800,371)

Supp81 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	464			
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX	3,289,040	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	3,395,023	(38,117)		
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	4,230,863	XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	25,504	5,919		
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230 **BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015** **NAIC Company Code 41203**

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned													
01.1 Direct premiums written	3,402,336	2,527,156	4,179,356								39,728,302	153,826,300	203,663,450
01.2 Unearned premium prior year	10,867	(141,581)									100,558		(30,156)
01.3 Unearned premium current year	10,867	(154,879)									89,382		(54,630)
01.4 Change in unearned premium (Lines 1.2 - 1.3)		13,298									11,176		24,474
01.5 Paid rate credits	(25,504)	(5,919)											(31,423)
01.6 Reserve for rate credits current year													
01.7 Reserve for rate credits prior year													
01.8 Change in reserve for rate credits (Lines 1.6 - 1.7)													
01.9 Premium balances written off	12,866	2,541	241,675								5,236	22,682	285,000
1.10 Group conversion charges													
1.11 TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	3,389,470	2,537,913	3,937,681								39,734,242	153,803,618	203,402,924
1.12 Assumed premiums earned from non-affiliates													
1.13 Net assumed less ceded premiums earned from affiliates													
1.14 Ceded premiums earned to non-affiliates													
1.15 Other adjustments due to MLR calculation - Premiums			(412,286)										(412,286)
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	3,414,974	2,543,832	3,525,395								39,734,242	153,803,618	203,022,061
2. Direct Claims Incurred:													
02.1 Paid claims during the year	387,319	2,101,909	4,398,999								24,537,571	132,798,922	164,224,720
02.2 Direct claim liability current year	191,388	426,776	7,692,518								9,892,204	13,854,716	32,057,602
02.3 Direct claim liability prior year	1,524,105	1,214,971	8,678,013								3,000,623	16,554,303	30,972,015
02.4 Direct claim reserves current year													
02.5 Direct claim reserves prior year													
02.6 Direct contract reserves current year													
02.7 Direct contract reserves prior year													
02.8 Paid rate credits	(25,504)	(5,919)	(1,593,228)										(1,624,651)
02.9 Reserve for rate credits current year													
2.10 Reserve for rate credits prior year			(1,593,228)										(1,593,228)
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A Paid medical incentive pools and bonuses current year													
2.11B Accrued medical incentive pools and bonuses current year													
2.11C Accrued medical incentive pools and bonuses prior year													
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(3,575)	(333,234)	449,053								171,006	602,604	885,854
2.12A Healthcare receivables current year	82,527	11,164	1,203,333								207,776	5,219,586	6,724,386
2.12B Healthcare receivables prior year	86,102	344,398	754,280								36,770	4,616,982	5,838,532
2.13 Group conversion charge													
2.14 Multi-option coverage blended rate adjustment		(221,552)	383,330										161,778
2.15 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	(967,327)	1,419,477	3,347,781								31,258,146	129,496,731	164,554,808
2.16 Assumed Incurred Claims from non-affiliates													
2.17 Net Assumed less Ceded Incurred Claims from affiliates													
2.18 Ceded Incurred Claims to non-affiliates	941,823												941,823
2.19 Other Adjustments due to MLR calculation - Claims		252,837	(2,087,611)									169,267	(1,665,507)
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(1,883,646)	1,678,233	1,260,170								31,258,146	129,665,998	161,978,901
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	10,420	10,480	17,615									1,486,898	1,525,413

(a) Column 13, Line 1.1 includes direct written premium of $.....(451) for stand-alone dental and $.....23,595 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION: Capital Advantage Insurance Company 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015 NAIC Company Code 41203

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
01.1 Salaries (including $.....0 for affiliated services)	1,498		165	3		1,666	4,398	13,365	4,868	24,297
01.2 Outsourced services	1,019		1			1,020	318	7,504	287	9,129
01.3 EDP Equipment and Software (incl $.....0 for affiliated services)	3				166	169			1,067	1,236
01.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	4				495	499	6	4	4,648	5,157
01.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
01.6 Other Expenses (incl $.....0 for affiliated services)	73		1		17	91	(862)	(39,327)	31,869	(8,229)
01.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	2,597		167	3	678	3,445	3,860	(18,454)	42,739	31,590
01.8 Reimbursements by uninsured plans and fiscal intermediaries										
01.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71,128	71,128
1.10 TOTAL (Lines 1.7 to 1.9)	2,597		167	3	678	3,445	3,860	(18,454)	113,867	102,718
1.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							701			701
2. Small Group Comprehensive Coverage Expenses:										
02.1 Salaries (including $.....0 for affiliated services)	3,886	406	489	315	2,153	7,249	13,348	25,431	98,617	144,645
02.2 Outsourced services	4,043	1,429	3,478	1,467	461	10,878	5,110	13,273	35,279	64,540
02.3 EDP Equipment and Software (incl $.....0 for affiliated services)	5				634	639	14		3,561	4,214
02.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	7			16	3,583	3,606	1,102	9	20,837	25,554
02.5 Accreditation and Certification (incl $.....0 for affiliated services)	2	XXX	XXX	XXX	XXX	2			253	255
02.6 Other Expenses (incl $.....0 for affiliated services)	558	10	3,844	2,410	133	6,955	4,618	(8,686)	182,989	185,876
02.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	8,501	1,845	7,811	4,208	6,964	29,329	24,192	30,027	341,536	425,084
02.8 Reimbursements by uninsured plans and fiscal intermediaries										
02.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187,942	187,942
2.10 TOTAL (Lines 2.7 to 2.9)	8,501	1,845	7,811	4,208	6,964	29,329	24,192	30,027	529,478	613,026
2.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							705			705
3. Large Group Comprehensive Coverage Expenses:										
03.1 Salaries (including $.....0 for affiliated services)	3,958	575	953	614	4,011	10,111	17,953	16,980	166,791	211,835
03.2 Outsourced services	6,091	3,092	6,961	2,615	2,204	20,963	9,816	41,927	84,297	157,003
03.3 EDP Equipment and Software (incl $.....0 for affiliated services)	3				693	696	26		3,257	3,979
03.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)	2			37	5,126	5,165	1,729	7	30,309	37,210
03.5 Accreditation and Certification (incl $.....0 for affiliated services)	3	XXX	XXX	XXX	XXX	3			1,632	1,635
03.6 Other Expenses (incl $.....0 for affiliated services)	2,118	17	3,025	14,791	204	20,155	1,350	(3,864)	143,014	160,655
03.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	12,175	3,684	10,939	18,057	12,238	57,093	30,874	55,050	429,300	572,317
03.8 Reimbursements by uninsured plans and fiscal intermediaries										
03.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214,697	214,697
3.10 TOTAL (Lines 3.7 to 3.9)	12,175	3,684	10,939	18,057	12,238	57,093	30,874	55,050	643,997	787,014
3.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,185			1,185

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual Mini-Med Plans Expenses										
04.1 Salaries (including $.....0 for affiliated services)										
04.2 Outsourced services										
04.3 EDP equipment and software (including $.....0 for affiliated services)										
04.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
04.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
04.6 Other expenses (including $.....0 for affiliated services)										
04.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)										
04.8 Reimbursements by uninsured plans and fiscal intermediaries										
04.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10 TOTAL (Lines 4.7 to 4.9)										
4.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5. Small Group Mini-Med Plans Expenses										
05.1 Salaries (including $.....0 for affiliated services)										
05.2 Outsourced services										
05.3 EDP Equipment and Software (including $.....0 for affiliated services)										
05.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
05.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
05.6 Other expenses (including $.....0 for affiliated services)										
05.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)										
05.8 Reimbursements by uninsured plans and fiscal intermediaries										
05.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10 TOTAL (Lines 5.7 to 5.9)										
5.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6. Large Group Mini-Med Plans Expenses										
06.1 Salaries (including $.....0 for affiliated services)										
06.2 Outsourced services										
06.3 EDP equipment and software (including $.....0 for affiliated services)										
06.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
06.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
06.6 Other expenses (including $.....0 for affiliated services)										
06.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)										
06.8 Reimbursements by uninsured plans and fiscal intermediaries										
06.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10 TOTAL (Lines 6.7 to 6.9)										
6.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
7. Small Group Expatriate Plans Expenses										
07.1 Salaries (including $.....0 for affiliated services)										
07.2 Outsourced services										
07.3 EDP equipment and software (including $.....0 for affiliated services)										
07.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
07.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
07.6 Other expenses (including $.....0 for affiliated services)										
07.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)										
07.8 Reimbursements by uninsured plans and fiscal intermediaries										
07.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10 TOTAL (Lines 7.7 to 7.9)										
7.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8. Large Group Expatriate Plans Expenses										
08.1 Salaries (including $.....0 for affiliated services)										
08.2 Outsourced services										
08.3 EDP equipment and software (including $.....0 for affiliated services)										
08.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
08.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
08.6 Other expenses (including $.....0 for affiliated services)										
08.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)										
08.8 Reimbursements by uninsured plans and fiscal intermediaries										
08.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10 TOTAL (Lines 8.7 to 8.9)										
8.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9. Student Health Plans Expenses										
09.1 Salaries (including $.....0 for affiliated services)										
09.2 Outsourced services										
09.3 EDP equipment and software (including $.....0 for affiliated services)										
09.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
09.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
09.6 Other expenses (including $.....0 for affiliated services)										
09.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)										
09.8 Reimbursements by uninsured plans and fiscal intermediaries										
09.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10 TOTAL (Lines 9.7 to 9.9)										
9.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

41203201521700100 2015 Document Code: 217

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 1230 NAIC Company Code: 41203

Description of allocation methodology:
Expenses allocated to Quality Improvement are based on business functions within the company. The expenses are allocated to product lines and business segments based on relevant statistical measures, which are periodically updated based on management studies.

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense
Improve Health Outcomes		
Pre-Authorization Function		Collaborating with doctors and nurses to evaluate and monitor specific health care services to ensure that medically appropriate treatment is given to meet the needs of the patient. Pre-auth staff is involved in Care Coordination through identification of those members who would benefit from referrals to internal outreach programs.
Case Management Function		Case Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes.
Maternity Management Function		Maternity managers work with members and providers to coordinate the services needed to give maternity members cost effective health care services and to promote optimal health outcomes
Disease Management Function		Programs designed to improve a member's quality of care when dealing with a chronic condition and foster healthy partnerships between the member and their physician. Members in these programs are assessed periodically to determine members' progress. Program compares baseline to actual results with goal of reducing health gaps among the conditions managed through education to plan members of self-management techniques.
Concurrent Review Function		Obtains the necessary information regarding the clinical status, progress and care being provided to members and assessing the clinical condition of members and ongoing provision of medical services and treatment. Identifies members for referral to covered specialty programs such as Case Management, Disease Management and Maternity Management
Medical Necessity Appeals		Reviews medical policy when examining appeals to ensure compliance with evidence based medicine.
Pharmacy Services		Medication Therapy Management and Specialty Pharmacy Management to improve therapeutic outcomes
BCBSA Function		The Integrated Health Management Program encompasses a range of activities to improve health. The activities are designed to coordinate care and provide incentives to maintain a healthy lifestyle.
Oncology Management		Implement a program that addresses the health outcomes, total medical costs, and patient experience of care related to the treatment of all cancers. The Patient centered oncology pilot program (PCOPP) is focused on developing and implementing a strategic approach towards aligning financial incentives to improve the delivery and outcomes of cancer care. This pilot program encourages practices to improve care and lower costs through an episode based model that incentivizes high quality, coordinated care.
Activities to Prevent Hospital Readmission		
Case Management Function		Case Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes in post-discharge planning.
Maternity Management Function		Maternity Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes in post-discharge planning
Concurrent Review and Discharge Planning Function		Facilitate comprehensive discharge planning to include inpatient and outpatient services most appropriate to the members condition. Identification of needs and barriers to care, explores alternatives to meet care needs. Referrals to clinical programs as appropriate.
Pharmacy Services		Medication Reconciliation Pilot to assist members transitioning from hospital to home.
Disease Management Function		By educating members, reduce or prevent hospital admission rates and avoidable readmissions.
Improve Patient Safety and Reduce Medical Errors		
Medical Necessity Appeals		Reviews medical policy when examining appeals to address any clinical errors or safety concerns. The goal of this process is to ensure that Capital's policies incorporate appropriate evidenced-based guidelines to foster safe clinical practice per CD-102(Commercial Managed Care Member Formal Complaints (Benefit Appeals), Commercial Grievances (Medical Necessity Appeals)) and CD-105(Member Medical Necessity Appeals).
Disease Management Function		Programs tailored to meet the specific needs of the member. Members are evaluated to target interventional strategies that ensure a member's physical and mental health needs are met. Education of members regarding medication adherence and compliance to Physician Plan of Care per policy DM-005.

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense
Pharmacy Services		Utilization Review for Medication support for members
Concurrent Review		Identify, review and promote utilization of medical necessity criteria and best clinical practice protocols to support the practice of evidence based medicine through discussions with treating providers. Identification of potential quality concerns.
Pre-Authorization Function		Pre-auth staff identify, review and promote utilization of medical necessity criteria and best clinical practice protocols to support the practice of evidence based medicine.
BCBSA Function		Blue Distinction is a program that recognizes facilities that meet stringent quality measures, focused on patient safety and outcomes. Integrated Health Resources is a program that provides assistance to BCBS Plans with regards to quality improvement activities such as creating greater physician competencies for quality and safety improvement activity, and creating quality and safety principles for emerging models of care. The Technology Evaluation Center produces evidence-based evaluations regarding safety of medical procedures, devices, drugs and biological products.
CVS Claims Expenses		To provide POS Safety Review and Retrospective Safety Review.
Wellness & Health Promotion Activities		
Health Education & Wellness Function		Services include educational strategies and programs directed at providers, employers, members and the community through healthcare consultants, health fairs, brochures and online tools. The primary focus of Health Education and Wellness is to promote healthy activities to our members by addressing lifestyle behavior risks and providing a variety of interventions (onsite, online, and telephonic) to address these risk factors. Health Education and Wellness also provides health information that encourages preventive behaviors that help to keep our members healthy throughout their life.
Disease Management Function		Outreach activities through telephonic, online and mailing educational materials. Promote wellness and healthy activities to reduce decline in condition.
Maternity Management Function		Educational materials to assist members during and post-pregnancy.
Fitness		American Specialty Health Systems Silver and Fit Program.
HIT Expenses for Health Care Quality Improvements		
Information Technology		Support of clinical software
Process Improvement Function		Increase use of technology to deliver more efficient care management processes.
Medical Informatics		HEDIS and NCQA reporting, ROI analysis and reporting in order to evaluate and measure clinical effectiveness to maintain accreditation and report on quality of care
BCBSA Function		Activities that support the development of a consistent approach to empowering consumers and providers with managing medical information and its secure electronic exchange
NCQA		Expand current NCQA Accreditation and HEDIS reporting.

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 1

Plan ID	Metal Level	Projected Membership	Projected Allowed Claims	Projected Paid Claims	Company Determined AV Factor	Induced Utilization	AV and Cost Sharing (6) x (7) x (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
82795PA0120001	Silver	180	100,724	79,083	0.79	1.00	0.79
Total		180	100,724	79,083	0.79	1.00	0.79

Capital Advantage Insurance Company
Individual Account Rates
Effective 1/1/2017
Q&A Exhibit 2

HIOS Plan ID	Plan Name	AV	Pricing Value
82795PA0120001	Silver CareConnect 3000/0/35 | CareConnect Rx	71.9%	79.2%