State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cherri Sanders-Jones	07/19/2016	07/19/2016
Pending Industry Response	Cherri Sanders-Jones	06/16/2016	06/16/2016

Response Letters

Responded By	Created On	Date Submitted
Aaron Syster	08/02/2016	08/02/2016
Gregory Amspacher	06/29/2016	06/29/2016

State:	*Pennsylvania*	**Filing Company:**	*HM Health Insurance Company- HHIC*
TOI/Sub-TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*		
Product Name:	*1A-DP-16-HHIC*		
Project Name/Number:	*1A-DP-16-HHIC/1A-DP-16-HHIC*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/19/2016
Submitted Date	07/19/2016
Respond By Date	07/26/2016

Dear Kevin Luu,

Introduction:

DATE:July 19, 2016

SUBJECT:HM Health Insurance Company- HHIC
Individual Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
SERFF Tracking Number: HGHM-130540841

After a review of the responses to the data call of June 16, 2016 and the actuarial memorandum filed in support of the subject rate filing the following items and matters discussed below require additional clarification. Please respond by July 26, 2016.

1.Trend –
a.Please provide a more detailed quantitative derivation of the 11.5% annual trend assumption than shown in the PA Question13 Response exhibit in your June 29, 2016 response. It is not clear from the information provided in the exhibit that 11.5% is an appropriate trend.
b.Please provide the industry ACA data which was used to compare to the 11.5% trend, as stated in your response to PA Question 13. The 11.4% annual trend is on the high side for trend, compared to other filings we have seen in the industry.
c.Please explain the relationship of the 11.5% trend and 9.2% trend found in Table 2 and URRT worksheet I section II.
2.Please show quantitatively the reconciliation of any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.
3.Please provide narrative and show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age, Geographic and Tobacco Calibration Factor using actual factors and member distribution.
4.Given the difference between the Company's estimated risk adjustment for 2015 and actual 2015 amount, please provide 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.
5.As requested in PA Q5 of the June 16, 2016 data call, please update the data in Table 4 to include the requested 36 months of experience data.
6.As requested in PA Q12 of the June 16, 2016 data call, please provide in Table 4B the 36 months of experience data from the source of the manual rate. Please include data for all members, not just those in the identified cohorts.
7.In response to PA Q17, the Excel worksheet shows pharmacy network factors of 1.000 for the KHPW closed rx, non-HSA plans and a factor of .825 for PremierBlue Shield Preferred/Highmark Blue Shield- closed rx, non-HSA plans. Please explain why the pharmacy network factor for the closed rx, non-HSA plan differs when connected to the KHPW network versus the PremierBlue Shield Preferred/Highmark Blue Shield network. Please also review the KHPW Comprehensive rx factor of .825.
8.Please show how the PA Q17 Excel worksheet is used to develop the average network factor of 1.002 in Table 10.
9.PA Q19 should have read, please explain why the current factor in Table 14 is indicated to be "NA" for zones L, O and N.
10.In response to Fed Q7, you show $683.05 as the 2015 normalized allowed pmpm for the HHIC ACA population. Please show quantitatively and provide narrative for the un-normalized 2015 allowed claims pmpm and the development of the $683.05 normalized amount.
11.In response to Fed Q8, you have indicated that both calculations are correct, in that one is multiplicative and the other is additive. However, the Part III actuarial memorandum describes only one of these methods. The result shown in the URRT should be consistent with the method described in the accompanying memorandum. Please review and revise either document.

12.In response to Fed Q10, you explained the difference in the utilization trend shown in the actuarial memorandum and URRT. The result shown in the URRT should be consistent with the method described in the accompanying memorandum. Please review and revise either document.

If you have any questions, please do not hesitate to call or e-mail. Thank you.

Cherri Sanders-Jones
(717) 787-5172

Conclusion:

Sincerely,
Cherri Sanders-Jones

State:	*Pennsylvania*	**Filing Company:**	*HM Health Insurance Company- HHIC*
TOI/Sub-TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*		
Product Name:	*1A-DP-16-HHIC*		
Project Name/Number:	*1A-DP-16-HHIC/1A-DP-16-HHIC*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/16/2016
Submitted Date	06/16/2016
Respond By Date	06/24/2016

Dear Kevin Luu,

Introduction:

June 16, 2016
Kevin Luu, Actuarial Data Analyst
1800 Center Street
Camp Hill, PA 17011

RE: Highmark Health Insurance Company. – 2017 Individual ACA Compliant Plans
Received: May 11, 2016SERFF Tracking# HGHM-130540841
Dear Mr. Luu:

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 me.
General
1.Please provide all tables, exhibits, etc. supporting actuarial memorandum in Excel format with formulas for each entry.
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.Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.
4.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.
5.Please confirm that pediatric dental and Pediatric Vision benefits are included in all plans. If not included, please provide the methodology the company intends to use for ensuring coverage of pediatric dental/vision benefits.

Federal
6.Please show quantitatively including an Excel spreadsheet the derivation of the Utilization per 1,000 and Average Cost/Service costs for each Benefit Category in Section II of Worksheet 1.
7.Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the population risk morbidity and the "Other" factor as found in Worksheet 1, Section II of the URRT. Please provide the derivative of each of the components of the "Other" factor found in Table 5 of the Actuarial Memorandum Rate Exhibits.
8.The Part III memorandum indicates that the Exchange Fee is 2%; however, Exhibit I shows 2.3%. Please explain.
9.Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the $77.60 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT. Please provide a detailed narrative that describers the development of the estimated risk adjustment transfer payment. When responding to this data call, you may redact this response as it will contain proprietary information.

10.The Part III actuarial memorandum indicates that the proposed utilization trend is 6.2%; however, the URRT shows a utilization trend of 4.1%. Please review and explain or correct as necessary.

Pennsylvania
1.Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.
2.Stated 2015 incurred claims in Table 2 (ultimate incurred + EHB and Non-EHB Capitations+ Rx rebates) and Table 4 (ultimate

incurred claims + rx rebates) differ. Why?
3.Stated 2015 allowed claims in Table 2 and Table 4 differ. Why?
4.In Table 4, is HHS cost sharing and estimated risk adjustment included in the premium? If so, please provide the dollar amount for each.
5.Table 4 requests the most recent 36 months of data, that is, 3 calendar years. Please provide.
6.The 'Paid to Allowed' ratio from the Experience Period is 87.5%. The 'Paid to Allowed' factor in the Projection Period is 74.6%. Please explain why the Company believes that its 'Paid to Allowed' ratio will decrease from 87.5% in the Experience Period to 74.6% in the Projection Period". Demonstrate that the ratio is consistent with membership projections by plan included in Worksheet 2. The ratio for each plan should be relatively consistent with the metallic AV for the plan to which the actuary is attesting, however it is recognized that they may not be exactly the same due to differences between the issuer's experience and the experience underlying the AV Calculator.
7.Expenses for Quality Improvement Initiatives are included in the general and claims administrative percentage and were not broken out separately. Please modify Table 6 to separately identify, as requested in the Table.
8.Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016.
9.Provide support for all expenses that do not reflect payments made to providers under the contract for covered medical services. Describe the methodology used for developing the estimate of these non-benefit expenses expected during the projection period for the applicable market, including any allocation of corporate overhead.
10.Regarding broker commissions:
•Under what circumstances and in what geographic locations will commissions be paid?
•Are commissions paid for SEP?
•Provide a copy of the broker agreement - current and 2017.
•Show the calculation of the average commission - current and 2017.
When responding to this data call, you may redact this response as it will contain proprietary information.
11.In section C. on page 2 of the PA actuarial memorandum, HHIC indicates that the non-EHB benefit of the adult vision eye exam was removed from plan coverage. Please confirm that these claims were removed from the experience period claims.
12.The PA memo shows the changes in EHBs due to the new 2017 Benchmark plan. Please provide the expected pmpm cost for each benefit and discuss the basis for the projected cost.
13.In Section F, HHIC indicates that the HHIC data was not used in trend development. Please provide the monthly data, formatted consistent with Table 4, used to develop the trend. Also provide a detailed narrative that explains how this data was used in developing the trend, the data source and all assumptions and adjustments. Additionally, provide the regression study and explain why this approach is appropriate, given the credible experience of this market. Also discuss the impact of provider contracting and leveraging on trend.
14.Regarding Table 9, top of page 6 of the PA memorandum, HHIC indicates that the 2016 values are populated using the 2016 filed factors adjusted for the membership mix as of February 1, 2016. Please explain.
15.Please indicate if the Company included an adjustment to account for the regulation that prohibits charging for more than three children per family, and, if applicable, demonstrate how the adjustment was derived and where it is included in the filing.
16.Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age, Geographic and Tobacco Calibration Factor.
17.Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Provider network factor found in Table 10 Plan Rates in Actuarial Memorandum Rate Exhibits.
18.Section 3, Plan Rate Development, of the PA actuarial memorandum references Attachment I of the Part III URRT memorandum. I am unable to locate this attachment. Please provide.
19.Regarding Table 14, please explain why the current factor is indicated to be "NA" for the following networks:
•Community Blue - Closed Rx, Non-HSA
•Community Blue - Closed Rx, HSA
•Community Blue - Comprehensive Rx, Non-HSA
•Community Blue - Comprehensive Rx, Non-HSA
20.Table 14, requests network factor changes. Please show the derivation of the proposed factors and explain the development and

provide support.
21.Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.
22.Has the proposed service area composition changed from the current 2016 composition? If so, please explain.
23.Does this filing propose any changes in your pricing model? If so, please discuss. This response may be redacted since it may contain confidential information.
24.Induced Utilization
a.Please complete the table below for all plans, and confirm that the ratio in column (8) represents the induced utilization for each plan.

Plan ID	Metal Level	Projected Membership	Projected Allowed Claims	Paid-To-Allowed Factor	AV & Cost Sharing Factor	(7)/(6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
xxxxxx							
xxxxxx							
xxxxxx							
Total							

b.Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the AV and cost sharing factors for each plan.
c.Please provide any additional justification for induced utilization assumptions in the Company's pricing.
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.

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 2010 or less). Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at (717) 787-5172.

Sincerely,

Cherri Sanders-Jones
Actuarial Review Division
Bureau of Accident & Health Insurance

Conclusion:

Sincerely,
Cherri Sanders-Jones

State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2016
Submitted Date	08/02/2016

Dear Cherri Sanders-Jones,

Introduction:

Response 1

Comments:

Attached are responses to the Objection Letter dated 07/19/16.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection #2 Responses
Comments:	Attached are responses to the Objection Letter dated 07/19/16.
Attachment(s):	HHIC Individual 2017 - Objection 2 Responses.pdf HHIC Objection 2 Responses.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gregory Amspacher

State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/29/2016
Submitted Date	06/29/2016

Dear Cherri Sanders-Jones,

Introduction:

Response 1

Comments:

Attached are responses to the Objection Letter dated 06/16/16.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection #1 Responses
Comments:	Attached are responses to the Objection Letter dated 06/16/16.
Attachment(s):	HHIC Individual 2017 - Objection 1 Responses.pdf HHIC Objection 1 Responses.xlsx Gen Q3 Response.pdf Gen Q4 Response.pdf PA Q10c Response - Broker Agreement.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection #1 Responses
Comments:	Attached are responses to the Objection Letter dated 06/16/16.
Attachment(s):	HHIC Individual 2017 - Objection 1 Responses.pdf HHIC Objection 1 Responses.xlsx Gen Q3 Response.pdf Gen Q4 Response.pdf PA Q10c Response - Broker Agreement.pdf

Satisfied - Item:	Objection #1 Responses - Redacted
Comments:	Attached are redacted responses to the Objection Letter dated 06/16/16.
Attachment(s):	HHIC Individual 2017 - Objection 1 Responses - Redacted.pdf Gen Q3 Response.pdf Gen Q4 Response.pdf

State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Aaron Syster

State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

Supporting Document Schedules

Satisfied - Item:	Objection #1 Responses - Redacted
Comments:	Attached are redacted responses to the Objection Letter dated 06/16/16.
Attachment(s):	HHIC Individual 2017 - Objection 1 Responses - Redacted.pdf Gen Q3 Response.pdf Gen Q4 Response.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Objection #2 Responses
Comments:	Attached are responses to the Objection Letter dated 07/19/16.
Attachment(s):	HHIC Individual 2017 - Objection 2 Responses.pdf HHIC Objection 2 Responses.xlsx
Item Status:	
Status Date:	

State: Pennsylvania **Filing Company:** HM Health Insurance Company- HHIC
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 1A-DP-16-HHIC
Project Name/Number: 1A-DP-16-HHIC/1A-DP-16-HHIC

Attachment HHIC Objection 2 Responses.xlsx is not a PDF document and cannot be reproduced here.

TO: Ms. Cherri Sanders-Jones, Actuary
Bureau of Life, Accident & Health Insurance
Pennsylvania Insurance Department

FROM: [redacted]
Highmark Inc.

DATE: June 29, 2016

SUBJECT: Highmark Health Insurance Company (HHIC) 2017 Individual Market Rates
Response to June 16, 2016 Objection Letter
Filing Number: 1A-DP-16-HHIC
SERFF Tracking Number: HGHM-130540841

Below are HHIC's responses to your objection letter dated June 16, 2016. We have included the questions along with the responses for your convenience.

General

1. Please provide all tables, exhibits, etc. supporting actuarial memorandum in Excel format with formulas for each entry.

Response:
Please see the worksheets labeled 'Gen Q1a Response' and 'Gen Q1b Response' in the attached Excel file. These worksheets show Exhibit I and Exhibit II from the Federal Part III Actuarial Memorandum in Excel format. All other quantitative tables and exhibits were already provided in Excel format as part of the initial filing submission.

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.

Response:
HHIC acknowledges and certifies compliance with this requirement.

3. Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.

Response:
Please see the attachment labeled 'Gen Q3 Response'.

4. 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.

Response:
Please see the attachment labeled 'Gen Q4 Response'.

The differences that exist between the two exhibits are due to the following:

- **The SHCE exhibit is a year-end accounting view of results with no runout and would include the experience based on actual cash transfers adjusted for changes in reserves, which affects both premium and claims.**

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- **The URRT presents an updated view of results where experience is restated based upon more recent data and is tied more directly to the incurred period with some provision for IBNR included in the claims. The results for 2015 shown in the URRT would have included one month of run out.**
- **The SHCE exhibit uses a different classification of business than the URRT; the SHCE classification is based on the mandated MLR classifications and results in the following differences in premium, claims, and membership:**
  - **Sole proprietors and other groups of one from the Small Group are included in SHCE.**
  - **Ceded reinsurance incurred claims are included in the SHCE.**
- **Additionally, network access fees are removed from the premium in the SHCE exhibit, per the instructions for completing that exhibit.**

5. Please confirm that pediatric dental and Pediatric Vision benefits are included in all plans. If not included, please provide the methodology the company intends to use for ensuring coverage of pediatric dental/vision benefits.

Response:
HHIC confirms that pediatric dental and pediatric vision benefits are included in all plans.

Federal
6. Please show quantitatively including an Excel spreadsheet the derivation of the Utilization per 1,000 and Average Cost/Service costs for each Benefit Category in Section II of Worksheet 1.

Response:
Please see the worksheets labeled 'Fed Q6 Response' in the attached Excel file.

7. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the population risk morbidity and the "Other" factor as found in Worksheet 1, Section II of the URRT. Please provide the derivative of each of the components of the "Other" factor found in Table 5 of the Actuarial Memorandum Rate Exhibits.

Response:
Please see the worksheet labeled 'Fed Q7 Response' in the attached Excel file.

8. The Part III memorandum indicates that the Exchange Fee is 2%; however, Exhibit I shows 2.3%. Please explain.

Response:
Both percentages are correct. The Exchange Fee of 2% is calculated for additive purpose while the 2.3% is calculated for multiplicative purpose.

9. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the $77.60 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT. Please provide a detailed narrative that describers the development of the estimated risk adjustment transfer payment. When responding to this data call, you may redact this response as it will contain proprietary information.

Response:
[redacted]

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[redacted]

[redacted]

10. The Part III actuarial memorandum indicates that the proposed utilization trend is 6.2%; however, the URRT shows a utilization trend of 4.1%. Please review and explain or correct as necessary.

Response:
The utilization trend of 1.062 x Benefit Richness change = 1.062 x $\sqrt{0.960}$ = 1.041.

<u>Pennsylvania</u>
1. Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.

Response:
Please see the worksheet labeled 'PA Q1 Response' in the attached Excel file.

2. Stated 2015 incurred claims in Table 2 (ultimate incurred + EHB and Non-EHB Capitations+ Rx rebates) and Table 4 (ultimate incurred claims + rx rebates) differ. Why?

Response:
Please see the worksheet labeled 'PA Q2-Q3 Responses' in the attached Excel file.

3. Stated 2015 allowed claims in Table 2 and Table 4 differ. Why?

Response:
Please see the worksheet labeled 'PA Q2-Q3 Responses' in the attached Excel file.

4. In Table 4, is HHS cost sharing and estimated risk adjustment included in the premium? If so, please provide the dollar amount for each.

Response:
No. Table 4 includes only 2015 premium revenue.

5. Table 4 requests the most recent 36 months of data, that is, 3 calendar years. Please provide.

Response:
Although Table 4 requests the most recent 36 months of data, the ACA related claims are only available beginning in 2014. Since there was no instruction on whether non-ACA claims should be

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included for 2013, we opted to include only ACA claims on Table 4 as it is more relevant to this ACA rate filing.

In addition, any results that combine the 2013 non-ACA and 2014-2015 ACA claims would require significant adjustments due to the differences in risk composition, demographics, benefits, regulatory requirements, and utilization patterns.

6. The 'Paid to Allowed' ratio from the Experience Period is 87.5%. The 'Paid to Allowed' factor in the Projection Period is 74.6%. Please explain why the Company believes that its 'Paid to Allowed' ratio will decrease from 87.5% in the Experience Period to 74.6% in the Projection Period". Demonstrate that the ratio is consistent with membership projections by plan included in Worksheet 2. The ratio for each plan should be relatively consistent with the metallic AV for the plan to which the actuary is attesting, however it is recognized that they may not be exactly the same due to differences between the issuer's experience and the experience underlying the AV Calculator.

Response:
The 87.5% paid-to-allowed factor represents the 2015 actual claims experience. The impact of the high actual 2015 paid-to-allowed ratio is being reflected in the base claims experience or starting claims PMPM for the 2017 rating period. The 74.6% paid-to-allowed factor represents the projected paid claims for the 2017 plan year which reflects the updated plan design changes and the mix of plan offerings.

7. Expenses for Quality Improvement Initiatives are included in the general and claims administrative percentage and were not broken out separately. Please modify Table 6 to separately identify, as requested in the Table.

Response:
Please see the worksheet labeled 'PA Q7 Response' in the attached Excel file.

8. Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016.

Response:
Please see the worksheet labeled 'PA Q8 Response' in the attached Excel file.

9. Provide support for all expenses that do not reflect payments made to providers under the contract for covered medical services. Describe the methodology used for developing the estimate of these non-benefit expenses expected during the projection period for the applicable market, including any allocation of corporate overhead.

Response:
HHIC's allocation method uses measureable statistics such as claims worked, inquiries worked, contracts, members, etc. to allocate the majority of expenses. When possible, expenses are direct charged if they can be identified by product instead of going thru an allocation method. For corporate allocations, HHIC generally use a TCI (total costs incurred) methodology to allocate by product.

10. Regarding broker commissions:
• Under what circumstances and in what geographic locations will commissions be paid?
• Are commissions paid for SEP?

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• Provide a copy of the broker agreement - current and 2017.
• Show the calculation of the average commission - current and 2017.
When responding to this data call, you may redact this response as it will contain proprietary information.

Response:
[redacted]

11. In section C. on page 2 of the PA actuarial memorandum, HHIC indicates that the non-EHB benefit of the adult vision eye exam was removed from plan coverage. Please confirm that these claims were removed from the experience period claims.

Response:
The experience shown in the filing includes the adult vision benefit. The claims for this benefit were removed from the experience before projecting 2017 rates.

12. The PA memo shows the changes in EHBs due to the new 2017 Benchmark plan. Please provide the expected pmpm cost for each benefit and discuss the basis for the projected cost.

Response:
HHIC determined the cost associated with these benefits to be negligible. Thus, no adjustments were included in the rate development.

13. In Section F, HHIC indicates that the HHIC data was not used in trend development. Please provide the monthly data, formatted consistent with Table 4, used to develop the trend. Also provide a detailed narrative that explains how this data was used in developing the trend, the data source and all assumptions and adjustments. Additionally, provide the regression study and explain why this approach is appropriate, given the credible experience of this market. Also discuss the impact of provider contracting and leveraging on trend.

Response:
Due to the significant change in the make-up of the ACA population in the first two years, alternative approaches were necessary to develop the trend. A separate regression study was developed that analyzed the ACA trend levels of cohorts of ACA members that were continuously enrolled in 2014 and thru 2015 in the same metal level. The analysis took into consideration seasonality and removed outlier months in order to determine a regression trend. Resulting r-squared levels were compared to determine confidence levels of the resulting regression trends to develop a reasonable range of trend assumptions. The assumed pricing trend of 11.5% fell within the range of the regression study. This assumed trend was further compared to the group business and any industry available ACA data for reasonability. Please see the worksheet labeled 'PA Q13 Response' in the attached Excel file for the data supporting the trend assumption.

14. Regarding Table 9, top of page 6 of the PA memorandum, HHIC indicates that the 2016 values are populated using the 2016 filed factors adjusted for the membership mix as of February 1, 2016. Please explain.

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Response:
In order to explain the percentage increase you have to hold the population constant. For the purposes of this exhibit, HHIC used the Network, Pricing AV, Benefit Richness, Catastrophic Eligibility, Admin Expense, Taxes and Fees, and Profit/Contingency factors as approved in the 2016 filing for each plan and weighted them by the February 1, 2016 snapshot of enrollment. This allows for a proper comparison of the change in each factor.

15. Please indicate if the Company included an adjustment to account for the regulation that prohibits charging for more than three children per family, and, if applicable, demonstrate how the adjustment was derived and where it is included in the filing.

Response:
Please see the worksheet labeled 'PA Q15-Q16 Responses' in the attached Excel file. The three children per family adjustment is accounted for in the billable member count.

16. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age, Geographic and Tobacco Calibration Factor.

Response:
Please see the worksheet labeled 'PA Q15-Q16 Responses' in the attached Excel file.

17. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Provider network factor found in Table 10 Plan Rates in Actuarial Memorandum Rate Exhibits.

Response:
Please see the worksheet labeled 'PA Q17 Response' in the attached Excel file.

18. Section 3, Plan Rate Development, of the PA actuarial memorandum references Attachment I of the Part III URRT memorandum. I am unable to locate this attachment. Please provide.

Response:
The language in Section 3, Plan Rate Development, of the PA actuarial memorandum should reference "Exhibit I" rather than "Attachment I" of the Part III actuarial memorandum.

19. Regarding Table 14, please explain why the current factor is indicated to be "NA" for the following networks:
• Community Blue - Closed Rx, Non-HSA
• Community Blue - Closed Rx, HSA
• Community Blue - Comprehensive Rx, Non-HSA
• Community Blue - Comprehensive Rx, Non-HAS

Response:
These networks pertain to the Highmark Inc. filing (SERFF # HGHM-130540834), and the response is included with the response to that filing.

20. Table 14, requests network factor changes. Please show the derivation of the proposed factors and explain the development and provide support.

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Response:
Please see the worksheet labeled 'PA Q20 Response' in the attached Excel file. In each case, the medical network components of the factors have been updated to reflect revised assumptions regarding these networks. The Rx network components of the factors have been updated to reflect changes from the Comprehensive or Progressive Rx formulary to the Closed Rx formulary.

21. Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.

Response:
Please see the worksheet labeled 'PA Q21 Response' in the attached Excel file.

22. Has the proposed service area composition changed from the current 2016 composition? If so, please explain.

Response:
In 2016, HHIC offers plans in all 49 counties that comprise the Western and Central Pennsylvania regions. This filing proposes to continue offering plans in the same footprint of counties. However, the scope of plan offerings in terms of metal levels and exchange status is changing. Please see the "Plan Design Summary" exhibit included with the filing submission for more details.

23. Does this filing propose any changes in your pricing model? If so, please discuss. This response may be redacted since it may contain confidential information.

Response:
The pricing model and methodology are consistent with those used in previous rate developments for the Individual ACA market. The data and assumptions have been updated to reflect a wide array of current and anticipated factors.

24. Induced Utilization
a. Please complete the table below for all plans, and confirm that the ratio in column (8) represents the induced utilization for each plan.
Projected Projected Paid-To- AV & Cost
Projected Allowed Paid Allowed Sharing
Plan ID Metal Level Membership Claims Claims Factor Factor (7)/(6)
(1) (2) (3) (4) (5) (6) (7) (8)
xxxxxx
xxxxxx
xxxxxx
Total
b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the AV and cost sharing factors for each plan.
c. Please provide any additional justification for induced utilization assumptions in the Company's pricing.
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.

Response:
24a – See attached Excel file on worksheet "PA Q24a Response" for the calculation.
24b – See attached Excel file on worksheet "PA Q24b Response" for the calculation.

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24c – For consistency purpose, HHIC used the HHS induced demand factors from risk adjustment as factors for induced utilization.
24d – As it is demonstrated in the Excel worksheet for question PA 24b response, the HHS induced utilization factor of each metal plan was normalized by the average benefit richness (or aggregate) factor of 1.041. This aggregate factor was derived by using the February 1, 2016 Individual ACA membership snapshot, whereas the factor when weighting by projected membership is 1.045.

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Exhibit I
Highmark Health Insurance Company
d/b/a Highmark Health Insurance Company

Highmark Individual Market Adjusted Index Rate (effective January 1, 2017)

CY2017 Projected Period Average Members	16,000
CY2017 Projected Allowed Claims	$921.07
Non-EHB - Adult Vision	$0.00
CY2017 Index Rate (Allowed Claims for EHB Only)	$921.07
Market-Wide Adjustment	
Risk Adjustment (Net of Risk Adjuster Fee)	0.887
Transitional Reinsurance Program (Net of Reinsurance Premium)	1.000
Exchange User Fee	1.023
CY2017 Market Adjusted Index Rate	$836.25
Calibration	
Calibration from Plan Adjusted Index Rate to Age 49, 1.0 Area, Non-Smoker	
(a) Average Age Factor	1.730
(b) Age 49 (Nearest Age on HHS Age Curve) Age Factor	1.706
(c) Average Geographic Factor	1.017
Combined Calibration Factor 1/[(a/b)*c]	0.969

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Exhibit II
HM Health Insurance Company
d/b/a Highmark Health Insurance Company

Unified Rate Review Template (URRT) AV Pricing Value Development
Market Adjusted Index Rate PMPM = $836.25

Company	HIOS Plan ID	Exchange Status	Metal Level	Plan Design Marketing Name	Plan Premium PMPM	URRT AV Pricing Value	Portion of URRT AV Pricing Value Attributable to each Allowable Modifier[1] (i)	(ii)	(iii)	(iv)	(v)
HHIC (WPA)	70194PA0160003	On	Platinum	Comprehensive Care Flex Blue PPO 500	$1,033.79	1.236	1.021	1.061	1.000	1.141	1.000
	70194PA0280002	Off	Platinum	Comprehensive Care Flex Blue PPO 500	$1,033.79	1.236	1.021	1.061	1.000	1.141	1.000
	70194PA0150005	On	Gold	Health Savings Blue PPO 1700	$859.25	1.028	0.858	1.051	1.000	1.141	1.000
	70194PA0270003	Off	Gold	Health Savings Blue PPO 1700	$859.25	1.028	0.858	1.051	1.000	1.141	1.000
	70194PA0150003	On	Silver	Health Savings Blue PPO Embedded 2700	$707.96	0.847	0.707	1.051	1.000	1.141	1.000
	70194PA0270002	Off	Silver	Health Savings Blue PPO Embedded 2700	$707.96	0.847	0.707	1.051	1.000	1.141	1.000
	70194PA0260001	Off	Bronze	Shared Cost Blue PPO 6800	$565.17	0.676	0.579	1.024	1.000	1.141	1.000
HHIC (CPA)	70194PA0300001	Off	Bronze	Shared Cost Blue PPO 6800	$569.27	0.681	0.614	0.971	1.000	1.141	1.000
	70194PA0500001	On & Off	Gold	Alliance Flex Blue PPO 1000	$801.48	0.958	0.865	0.971	1.000	1.141	1.000
	70194PA0500002	On & Off	Silver	Alliance Flex Blue PPO 2300	$672.93	0.805	0.726	0.971	1.000	1.141	1.000
	70194PA0510001	On & Off	Gold	my Premier Blue Flex PPO 1700GQ	$829.44	0.992	0.871	0.998	1.000	1.141	1.000
	70194PA0510002	On & Off	Silver	my Premier Blue Flex PPO 2700SQE	$699.75	0.837	0.735	0.998	1.000	1.141	1.000
	70194PA0510003	On & Off	Silver	my Premier Blue Flex PPO 3200S	$672.93	0.805	0.726	0.971	1.000	1.141	1.000
	70194PA0510004	On & Off	Bronze	my Premier Blue Flex PPO 6000BQE	$569.89	0.681	0.599	0.998	1.000	1.141	1.000
	70194PA0520001	On & Off	Gold	my Lehigh Valley Flex Blue PPO 1000G	$791.62	0.947	0.854	0.971	1.000	1.141	1.000
	70194PA0520002	On & Off	Silver	my Lehigh Valley Flex Blue PPO 2900S	$672.93	0.805	0.726	0.971	1.000	1.141	1.000

[1] **Permitted Plan-Level Adjustments to the Index Rate as prescribed in 45 CFR Part 156, §156.80(d)(2):**

(i) The actuarial value and cost-sharing design of the plan.
(ii) The plan's provider network, delivery system characteristics, and utilization management practices.
(iii) The benefits provided under the plan that are in addition to the essential health benefits.
(iv) Administrative costs, excluding Exchange user fees.
(v) With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

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		HHIC 2015 Base Experience Period						URRT Worksheet 1, Section II		
Benefit Category	**Utilization Description**	**Member Months**	**Number of Services**	**Allowed Claims**	**Utilization per 1,000**	**Cost per Service**	**Allowed PMPM**	**Utilization per 1,000**	**Cost per Service**	**Allowed PMPM**
Inpatient Hospital	Admits	328,601	3,140.3	$46,780,989	114.7	$14,897.16	$142.36	114.7	$18,018.37	$172.19
Outpatient Hospital	Visits	328,601	102,466.7	$72,998,308	3,741.9	$712.41	$222.15	3,741.9	$861.67	$268.69
Professional	Visits	328,601	558,646.0	$59,334,594	20,400.9	$106.21	$180.57	20,400.9	$128.46	$218.40
Other Medical	Visits	328,601	32,444.2	$6,268,045	1,184.8	$193.19	$19.07	1,184.8	$244.95	$24.18
Capitation	Other	328,601	12,000.0	$578,338	12,000.0	$1.76	$1.76	12,000.0	$1.76	$1.76
Prescription Drug	Prescriptions	328,601	452,854.9	$56,819,403	16,537.6	$125.47	$172.91	16,537.6	$151.76	$209.14
Total							$738.83			$894.37
Total without Capitation							$737.07			$891.50
Pediatric Allowed Claims										$1.11

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Population Source	2015 Member Distribution	2015 Normalized Allowed PMPM	2017 Member Distribution	2017 Normalized Allowed PMPM	Morbidity Change Relative to Total
HHIC ACA	100.0%	$683.05	90.0%	$584.14	0.855
Group Conversion			5.6%	$568.15	0.832
Competitors & Uninsured			4.4%	$555.03	0.813
Total	100.0%	$683.05	100.0%	$581.96	0.852

Components of Other	**Factor**
CY2015 Demographic Factor	1.658
CY2017 Demographic Factor	1.784
Change in Demographic	1.076
CY2015 Network Factor	0.990
CY2017 Network Factor	0.942
Change in Network	0.952
Change in Benefits	1.000
Table 5 Change in Other's Other	0.990
URRT and Table 5 Change in Other	1.014

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[redacted]

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Emerging Experience Data: January 1, 2016 - April 30, 2016

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
$54,844,770	$59,292,000	$74,739,388	114,160	$22,826,612	$97,566,000	$0	($1,442,237)	$38,814	$54,797	$12,197,996	$2,866,485
YTD 2016 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 842.35**
Loss Ratio											**105.19%**

**Express Prescription Drug Rebates as a negative number*

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	PA Q2 and PA Q3 Responses	
Incurred Claims	**Table 2**	**Table 4**
ACA Business	$264,731,835	$264,731,835
Hospital Settlement	$730,434	
Federal CSR Subsidy	-$5,364,752	
Total Incurred Claims	$260,097,517	$264,731,835
EHB Capitation	$413,978	
Non-EHB Capitation	$164,277	
Rx Rebates (ACA)	-$3,698,399	
Total	$256,977,372	$264,731,835
Allowed Claims	**Table 2**	**Table 4**
ACA Business	$296,237,720	$296,237,720
Hospital Settlement	$730,434	
Rx Rebates (ACA)		-$3,698,399
Total Allowed Claims	$296,968,154	$292,539,321

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Retention Items - *Express in percentages*	
Administrative Expenses	7.3%
General and Claims	6.29%
Agent/Broker Fees and Commissions	0.55%
Quality Improvement Initiatives	0.46%
Taxes and Fees	2.03%
PCORI Fees (Enter $ amount here: $_____)	0.03%
Pa Premium Tax (if applicable)	2.00%
Federal Income Tax	0.00%
Health Insurance Providers Fee (only for small group market, prorated for coverage in 2018	0.00%
Profit/Contingency	3%
Total Retention	12.3%
Projected Required Revenue PMPM	$ 711.94

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	Actual PMPM	Approved Admin and Commission for 2016 Rates				
	May 2016 YTD	Total PA	Highmark	HSR	HHIC	HCC
Net Admin Expense	$36.68					
Quality Improvement	$2.59					
Commission	$2.02					
Total	$41.29	$42.23	$41.35	$41.35	$49.15	$49.59
% of Business	100.0%	100.0%	40.7%	48.0%	11.2%	0.1%

	Actual PMPM	Approved Admin and Commission for 2015 Rates			
	2015 YTD	Total PA	Highmark	HHIC	HCC
Net Admin Expense	$29.81				
Quality Improvement	$2.30				
Commission	$6.12				
Total	$38.23	$31.65	$29.01	$42.13	$41.20
% of Business	100.0%	100.0%	79.9%	19.8%	0.4%

	Actual PMPM	Approved Admin and Commission for 2014 Rates			
	2014 YTD	Total PA	Highmark	HHIC	HCC
Net Admin Expense	$26.49				
Quality Improvement	$2.08				
Commission	$4.41				
Total	$32.99	$30.77	$30.63	$30.63	$41.64
% of Business	100.0%	100.0%	81.3%	17.4%	1.3%

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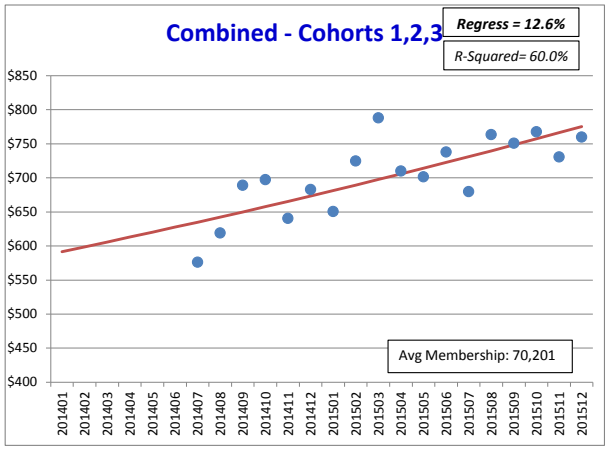
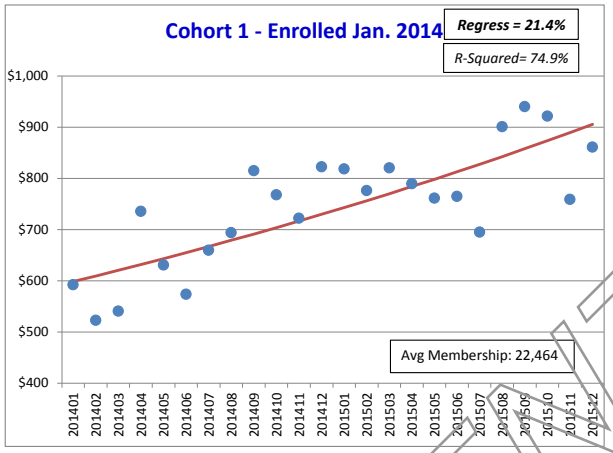
Regression Analysis - Adjusted for Seasonality

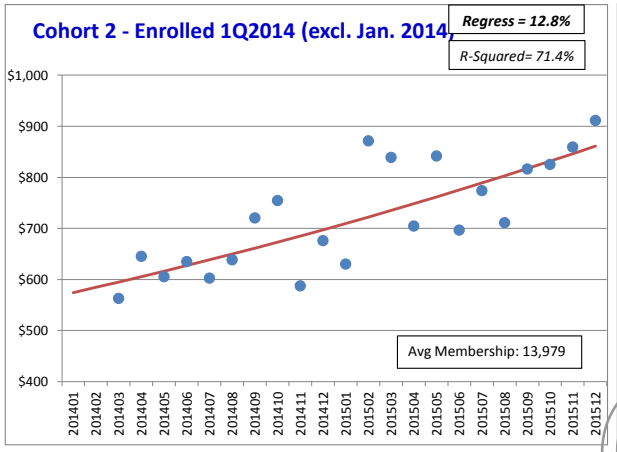
Valuation Date: January 31, 2016

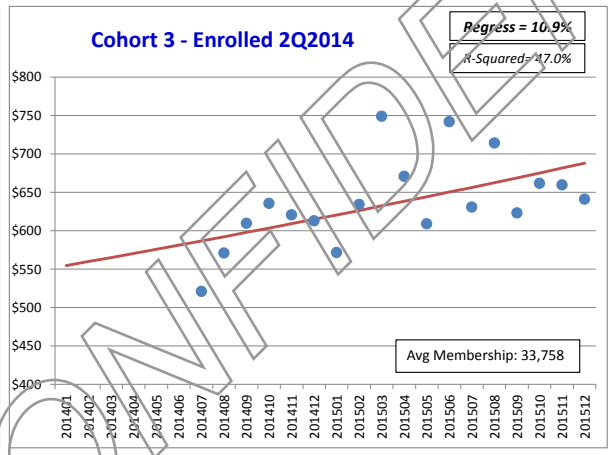
Continuous Product Members Only

Total PA









Index	Incmo	1 Mo PMPM	Adjusted	1 Mo PMPM	Adjusted	1 Mo PMPM	Adjusted	1 Mo PMPM	Adjusted
1	201401		$527.90	$533.67	$624.85		$503.71		$435.81
2	201402		$533.13	$618.65	$635.05		$508.79		$439.58
3	201403		$538.41	$641.58	$645.42	$516.84	$513.92		$443.37
4	201404		$543.74	$651.11	$655.96	$538.21	$519.10		$447.19
5	201405		$549.13	$682.26	$666.66	$499.47	$524.33		$451.05
6	201406		$554.57	$678.90	$677.55	$530.69	$529.62		$454.95
7	201407	$559.81	$560.06	$719.18	$688.61	$524.50	$534.96	$468.34	$458.87
8	201408	$533.44	$565.61	$673.27	$699.85	$531.73	$540.35	$441.08	$462.83
9	201409	$581.87	$571.21	$753.50	$711.28	$570.24	$545.80	$472.48	$466.82
10	201410	$572.10	$576.86	$745.30	$722.89	$558.42	$551.31	$462.52	$470.85
11	201411	$550.04	$582.58	$742.94	$734.69	$526.21	$556.86	$431.53	$474.92
12	201412	$586.77	$588.35	$781.76	$746.68	$550.79	$562.48	$471.92	$479.01
13	201501	$576.44	$594.18	$726.33	$758.87	$586.33	$568.15	$472.53	$483.15
14	201502	$619.76	$600.06	$785.27	$771.26	$582.01	$573.88	$525.22	$487.32
15	201503	$660.45	$606.00	$920.89	$783.85	$578.03	$579.67	$521.29	$491.52
16	201504	$660.80	$612.00	$903.06	$796.65	$586.32	$585.51	$530.44	$495.76
17	201505	$626.55	$618.07	$816.31	$809.65	$584.65	$591.41	$517.66	$500.04
18	201506	$653.98	$624.19	$859.41	$822.87	$619.70	$597.38	$531.49	$504.36
19	201507	$636.35	$630.37	$814.75	$836.31	$603.05	$603.40	$531.45	$508.71
20	201508	$642.36	$636.61	$850.82	$849.96	$677.45	$609.49	$489.12	$513.10
21	201509	$600.09	$642.92	$789.37	$863.83	$571.41	$615.63	$486.03	$517.53
22	201510	$630.37	$649.29	$832.23	$877.94	$601.06	$621.84	$508.20	$521.99
23	201511	$650.61	$655.72	$831.66	$892.27	$659.23	$628.11	$526.58	$526.50
24	201512	$643.81	$662.21	$861.70	$906.84	$601.87	$634.44	$516.21	$531.04
Slope:		1.010		1.016		1.010		1.009	
Regress:		12.6%		21.4%		12.8%		10.9%	
R-Square		60.0%		74.9%		71.4%		47.0%	
Intercept:		$522.72		$614.81		$498.68		$432.09	
		Regress = 12.6%		Regress = 21.4%		Regress = 12.8%		Regress = 10.9%	
		R-Squared= 60.0%		R-Squared= 74.9%		R-Squared= 71.4%		R-Squared= 47.0%	
		Avg Membership: 70,201		/g Membership: 22,464		/g Membership: 13,979		/g Membership: 33,758	

Notes:

Cohorts defined using ECI list provided by Direct Pay team

Cohort 1 are members enrolled since Jan. 2014

Cohort 2 are members enrolled since 1Q 2014 (excl Jan.). First valid data point used in regression is March 2014

Cohort 3 are members enrolled since 2Q 2014 First valid data point used in regression is July 2014

Combined Cohort includes Cohorts 1,2,3 First valid data point used in regression is July 2014

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Age Factor Calculation	Non Tobacco Members	Tobacco Members	Total Members
All Members	21,593	1,248	22,841
Sum of Age Factors (See formula below)	37,463	2,243	39,705
Average Age Factor			1.738
Billable Members	21,476	1,248	22,724
Calibrated Age Factor			1.729

$$\sum(Number\ of\ Members\ in\ Age\ Band\text{-}i)x(HHS\ Age\ Band\text{-}i\ Factor)$$

Tobacco Factor Calculation	Non-Tobacco Members	Tobacco Members	Total Members
All Members	21,593	1,248	22,841
Sum of Tobacco Factors (See formula below)	21,593	1,564	23,157
Average Tobacco Factor			1.014

$$\sum(Number\ of\ non\text{-}Tobacco\ Members\ in\ Age\ Band\text{-}i)x(1.000) +$$

$$\sum(Number\ of\ Tobacco\ Members\ in\ Age\ Band\text{-}i)x(Age\ Band\text{-}i\ Tobacco\ Factor)$$

Region	Members	Area Factor
Rating Area 1, 3, 4, 5	6,264	0.970
Rating Area 6, 7	12,712	1.040
Rating Area 9	3,868	1.020
Geographic Factor	22,844	1.017

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HIOS Plan ID	Plan Name	Network	Medical	Rx	Total	Table 7 Average Network Factor	Table 10 Network Factor
70194PA016000	Comprehensive Care Flex Blue PPO 500	KHPW - Closed Rx, Non-HSA	1.000	1.000	1.000	0.942	1.061
70194PA028000	Comprehensive Care Flex Blue PPO 500	KHPW - Closed Rx, Non-HSA	1.000	1.000	1.000	0.942	1.061
70194PA015000	Health Savings Blue PPO 1700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA027000	Health Savings Blue PPO 1700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA015000	Health Savings Blue PPO Embedded 2700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA027000	Health Savings Blue PPO Embedded 2700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA026000	Shared Cost Blue PPO 6800	KHPW - Comprehensive Rx	1.000	0.825	0.965	0.942	1.024
70194PA030000	Shared Cost Blue PPO 6800	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA050000	Alliance Flex Blue PPO 1000	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA050000	Alliance Flex Blue PPO 2300	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA051000	my Premier Blue Flex PPO 1700GQ	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA051000	my Premier Blue Flex PPO 2700SQE	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA051000	my Premier Blue Flex PPO 3200S	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA051000	my Premier Blue Flex PPO 6000BQE	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA052000	my Lehigh Valley Flex Blue PPO 1000G	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA052000	my Lehigh Valley Flex Blue PPO 2900S	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971

Medical/Rx Mix	80%	20%

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Plan Year	Service Zone	Network	Medical	Rx	Total
2016	C	KHPW - Comprehensive Rx, Non-HSA	0.980	1.000	0.984
2017	C	KHPW - Closed Rx, Non-HSA	1.000	0.825	0.965

Plan Year	Service Zone	Network	Medical	Rx	Total
2016	F	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Comprehensive Rx, Non-HSA	1.000	1.000	1.000
2017	F	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915

Plan Year	Service Zone	Network	Medical	Rx	Total
2016	K	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Progressive Rx, Non-HSA	0.925	0.870	0.914
2017	K	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915

Medical/Rx Mix	80%	20%

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Plan Name	Comprehensive Care Flex Blue PPO 500	Comprehensive Care Flex Blue PPO 500	Health Savings Blue PPO 1700	Health Savings Blue PPO 1700	Health Savings Blue PPO Embedded 2700	Health Savings Blue PPO Embedded 2700	Shared Cost Blue PPO 6800	Shared Cost Blue PPO 6800
HIOS Plan ID	**70194PA0160003**	**70194PA0280002**	**70194PA0150005**	**70194PA0270003**	**70194PA0150003**	**70194PA0270002**	**70194PA0260001**	**70194PA0260001**
Rating Area	**Area 1, 4, 5**	**Area 1, 4, 5**	**Area 1, 4, 5**	**Area 1, 4, 5**	**Area 1, 4, 5**	**Area 1, 4, 5**	**Area 1, 2, 4, 5**	**Area 6**
2017 Plan Adjusted Index Rate	$1,033.79	$1,033.79	$859.25	$859.25	$707.96	$707.96	$565.17	$565.17
Age Calibration Factor	1.73	1.73	1.73	1.73	1.73	1.73	1.73	1.73
Area Calibration Factor	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
Age 21 HHS Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Area Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	1.04
Smoker Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Age 21, Non-Smoker Premium	**$569.85**	**$569.85**	**$473.64**	**$473.64**	**$390.24**	**$390.24**	**$311.53**	**$334.01**

Plan Name	Shared Cost Blue PPO 6800	Shared Cost Blue PPO 6800	Alliance Flex Blue PPO 1000	Alliance Flex Blue PPO 1000	Alliance Flex Blue PPO 2300	Alliance Flex Blue PPO 2300	my Premier Blue Flex PPO 1700GQ	my Premier Blue Flex PPO 1700GQ
HIOS Plan ID	**70194PA0300001**	**70194PA0300001**	**70194PA0500001**	**70194PA0500001**	**70194PA0500002**	**70194PA0500002**	**70194PA0510001**	**70194PA0510001**
Rating Area	**Area 6, 7**	**Area 9**	**Area 7**	**Area 9**	**Area 7**	**Area 9**	**Area 7**	**Area 9**
2017 Plan Adjusted Index Rate	$569.27	$569.27	$801.48	$801.48	$672.93	$672.93	$829.44	$829.44
Age Calibration Factor	1.73	1.73	1.73	1.73	1.73	1.73	1.73	1.73
Area Calibration Factor	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
Age 21 HHS Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Area Factor	1.04	1.02	1.04	1.02	1.04	1.02	1.04	1.02
Smoker Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Age 21, Non-Smoker Premium	**$336.44**	**$329.97**	**$473.67**	**$464.56**	**$397.70**	**$390.05**	**$490.20**	**$480.77**

Plan Name	my Premier Blue Flex PPO 2700SQE	my Premier Blue Flex PPO 2700SQE	my Premier Blue Flex PPO 3200S	my Premier Blue Flex PPO 3200S	my Premier Blue Flex PPO 6000BQE	my Premier Blue Flex PPO 6000BQE	my Lehigh Valley Flex Blue PPO 1000G	my Lehigh Valley Flex Blue PPO 2900S
HIOS Plan ID	**70194PA0510002**	**70194PA0510002**	**70194PA0510003**	**70194PA0510003**	**70194PA0510004**	**70194PA0510004**	**70194PA0520001**	**70194PA0520002**
Rating Area	**Area 7**	**Area 9**	**Area 7**	**Area 9**	**Area 7**	**Area 9**	**Area 6**	**Area 6**
2017 Plan Adjusted Index Rate	$699.75	$699.75	$672.93	$672.93	$569.89	$569.89	$791.62	$672.93
Age Calibration Factor	1.73	1.73	1.73	1.73	1.73	1.73	1.73	1.73
Area Calibration Factor	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
Age 21 HHS Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Area Factor	1.04	1.02	1.04	1.02	1.04	1.02	1.04	1.04
Smoker Factor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Age 21, Non-Smoker Premium	**$413.55**	**$405.60**	**$397.70**	**$390.05**	**$336.80**	**$330.32**	**$467.84**	**$397.70**

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HIOS Plan ID	Metal Level	Projected Membership	Projected Allowed	Projected Paid	Paid-to-Allowed	AV & Cost Sharing Factor	Induced Utilization
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)=(7)/(6)
70194PA0160003	Platinum	3,858	$4,150,786	$3,020,705	0.728	1.022	1.404
70194PA0150005	Gold	3,428	$3,429,020	$2,230,952	0.651	0.858	1.319
70194PA0150003	Silver	14,027	$13,381,582	$7,521,742	0.562	0.707	1.258
70194PA0280002	Platinum	19,945	$21,458,636	$15,616,373	0.728	1.022	1.404
70194PA0270003	Gold	3,296	$3,296,981	$2,145,046	0.651	0.858	1.319
70194PA0270002	Silver	3,323	$3,170,100	$1,781,903	0.562	0.707	1.258
70194PA0260001	Bronze	3,963	$3,577,846	$1,696,581	0.474	0.579	1.221
70194PA0300001	Bronze	29,561	$25,318,514	$12,747,097	0.503	0.615	1.221
70194PA0500001	Gold	9,131	$8,446,197	$5,542,979	0.656	0.865	1.319
70194PA0500002	Silver	16,142	$14,240,120	$8,227,701	0.578	0.727	1.257
70194PA0510001	Gold	7,410	$7,041,445	$4,655,154	0.661	0.872	1.319
70194PA0510002	Silver	18,617	$16,872,006	$9,867,307	0.585	0.735	1.257
70194PA0510003	Silver	1,200	$1,058,614	$611,649	0.578	0.727	1.257
70194PA0510004	Bronze	20,654	$18,172,889	$8,915,886	0.491	0.599	1.221
70194PA0520001	Gold	8,508	$7,869,920	$5,101,273	0.648	0.855	1.319
70194PA0520002	Silver	28,938	$25,528,473	$14,749,920	0.578	0.727	1.257

CONFIDENTIAL

HIOS Plan ID	Metal Level	Paid-to-Allowed Ratio	Induced Utilization Factor	Avg. Benefit Richness	Avg. Tobacco Factor	AV & Cost Sharing Factor
70194PA0160003	Platinum	0.938	1.150	1.041	1.014	1.022
70194PA0150005	Gold	0.839	1.080	1.041	1.014	0.858
70194PA0150003	Silver	0.725	1.030	1.041	1.014	0.707
70194PA0280002	Platinum	0.938	1.150	1.041	1.014	1.022
70194PA0270003	Gold	0.839	1.080	1.041	1.014	0.858
70194PA0270002	Silver	0.725	1.030	1.041	1.014	0.707
70194PA0260001	Bronze	0.611	1.000	1.041	1.014	0.579
70194PA0300001	Bronze	0.649	1.000	1.041	1.014	0.615
70194PA0500001	Gold	0.846	1.080	1.041	1.014	0.865
70194PA0500002	Silver	0.745	1.030	1.041	1.014	0.727
70194PA0510001	Gold	0.852	1.080	1.041	1.014	0.872
70194PA0510002	Silver	0.754	1.030	1.041	1.014	0.735
70194PA0510003	Silver	0.745	1.030	1.041	1.014	0.727
70194PA0510004	Bronze	0.632	1.000	1.041	1.014	0.599
70194PA0520001	Gold	0.836	1.080	1.041	1.014	0.855
70194PA0520002	Silver	0.745	1.030	1.041	1.014	0.727

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FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	199,085,762	304,819,410	348,032,642	1,335,779,318	1,279,869,314
2. Total liabilities (Page 3, Line 24)	167,591,393	276,547,081	170,323,262	694,527,090	682,580,927
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. Total capital and surplus (Page 3, Line 33)	31,494,369	28,272,329	177,709,380	641,252,228	597,288,387
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	0	0	1,143,752,336	5,064,615,187	5,094,490,872
6. Total medical and hospital expenses (Line 18)	0	0	1,027,052,380	4,603,935,550	4,508,133,870
7. Claims adjustment expenses (Line 20)	0	0	32,677,277	138,101,653	135,110,570
8. Total administrative expenses (Line 21)	55,057	7,333	111,116,862	313,071,824	303,641,908
9. Net underwriting gain (loss) (Line 24)	(55,057)	(7,333)	(27,094,183)	9,506,160	147,604,524
10. Net investment gain (loss) (Line 27)	1,771,593	4,531,964	17,529,784	37,150,782	23,453,121
11. Total other income (Lines 28 plus 29)	24,663	(1,672,848)	(324,599)	13,074,098	10,204,809
12. Net income or (loss) (Line 32)	2,381,924	2,006,311	(9,621,679)	41,499,008	129,493,766
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	25,639,112	(154,465,977)	(7,541,311)	20,424,154	201,633,950
Risk-Based Capital Analysis					
14. Total adjusted capital	31,494,369	28,272,329	177,709,380	641,252,228	597,288,387
15. Authorized control level risk-based capital	2,179,479	3,213,750	44,730,556	156,694,281	152,566,756
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	201,105	273,348	307,337	404,289	308,352
17. Total member months (Column 6, Line 7)	2,765,879	3,678,054	3,785,805	4,519,023	3,417,299
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 (Line 18 plus Line 19)	0.0	0.0	89.8	90.9	88.5
20. Cost containment expenses	0.0	0.0	1.6	1.4	1.4
21. Other claims adjustment expenses	0.0	0.0	1.3	1.3	1.2
22. Total underwriting deductions (Line 23)	0.0	0.0	102.4	99.8	97.1
23. Total underwriting gain (loss) (Line 24)	0.0	0.0	(2.4)	0.2	2.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	745,894	91,595,253	551,167,325	513,910,827	45,749,718
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	(16,684,213)	72,848,544	552,353,681	509,017,545	48,885,685
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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 [ ]

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	60,388,714	68,376,460	852,664,686	XXX	852,664,686
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	60,388,714	68,376,460	852,664,686	XXX	852,664,686
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	60,388,714	68,376,460	852,664,686	XXX	852,664,686
1.9 Net assumed less ceded reinsurance premiums earned	(180,072,319)	(459,075,871)	(84,751,322)	0	0	0	0	0	0	0	(60,388,714)	(68,376,460)	(852,664,686)	XXX	(852,664,686)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	208,085,785	293,910,062	60,900,837	0	0	0	0	0	0	0	5,196,534	0	568,093,218	XXX	568,093,218
2.2 Prescription drugs	60,370,079	85,269,514	17,668,618	0	0	0	0	0	0	0	70,748,034	63,576,308	297,632,553	XXX	297,632,553
2.3 Pharmaceutical rebates	6,228,497	8,797,419	1,822,905	0	0	0	0	0	0	0	0	10,226,344	27,075,165	XXX	27,075,165
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	2,436,133	3,440,908	712,987	0	0	0	0	0	0	0	0	0	6,590,028	XXX	6,590,028
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	59,165	131,131	24,535	0	0	0	0	0	0	0	0	0	214,831	0	214,831
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	264,663,500	373,823,065	77,459,537	0	0	0	0	0	0	0	75,944,568	53,349,964	845,240,634	XXX	845,240,634
5.1 Net assumed less ceded reinsurance claims incurred	(264,663,500)	(373,823,065)	(77,459,537)	0	0	0	0	0	0	0	(75,944,568)	(53,349,964)	(845,240,634)	XXX	(845,240,634)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	473,448	869,131	161,018	0	0	0	0	0	0	0	770,856	1,557,180	3,831,633	0	3,831,633
6.2 Activities to prevent hospital readmissions	86,828	130,253	24,190	0	0	0	0	0	0	0	0	0	241,271	0	241,271
6.3 Improve patient safety and reduce medical errors	41,272	87,450	16,316	0	0	0	0	0	0	0	1,035	7,723	153,796	0	153,796
6.4 Wellness and health promotion activities	164,740	296,443	54,981	0	0	0	0	0	0	0	216	(12,314)	504,066	0	504,066
6.5 Health information technology expenses related to health improvement	84,155	168,753	31,448	0	0	0	0	0	0	0	1,344	10,048	295,748	0	295,748
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	850,443	1,552,030	287,953	0	0	0	0	0	0	0	773,451	1,562,637	5,026,514	0	5,026,514
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	1.273	0.818	0.918	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.803	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,782,741	6,074,138	1,127,504	0	0	0	0	0	0	0	38,820	339,150	9,362,353	0	9,362,353
8.2 All other claims adjustment expenses	3,250,797	4,733,899	884,393	0	0	0	0	0	0	0	355,893	961,037	10,186,019	0	10,186,019
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	5,033,538	10,808,037	2,011,897	0	0	0	0	0	0	0	394,713	1,300,187	19,548,372	0	19,548,372
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.028	0.024	0.024	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.019	XXX	XXX	XXX

216.1.GT

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	91,666	2,194,996	398,254	0	0	0	0	0	0	0	194,539	0	2,879,455	0	2,879,455
10.2 Agents and brokers fees and commissions	2,368,270	17,072,253	3,157,972	0	0	0	0	0	0	0	544,995	11,989	23,155,479	0	23,155,479
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	5,768,783	16,664,077	3,083,600	0	0	0	0	0	0	0	2,084,923	5,747,990	33,349,373	60,868	33,410,241
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	8,228,719	35,931,326	6,639,826	0	0	0	0	0	0	0	2,824,457	5,759,979	59,384,307	60,868	59,445,175
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	(14,112,700)	(48,291,393)	(8,939,676)	0	0	0	0	0	0	0	(3,992,621)	(8,622,803)	(83,959,193)	XXX	(84,020,061)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,261	7,261
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,796,256	XXX	1,796,256
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(640,725)	XXX	(640,725)
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(81,522,212)	XXX	(81,575,819)
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	19,907	45,323	8,475	0	0	0	0	0	0	0	41	0	73,746	154	73,900
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	16,262	37,208	6,921	0	0	0	0	0	0	0	46,127	40,916	147,434	0	147,434
2. Number of covered lives	25,832	74,073	13,774	0	0	0	0	0	0	0	46,400	41,026	201,105	0	201,105
3. Number of groups	XXX	4,800	882	XXX	0	0	0	0	0	0	12,510	266	18,458	0	18,458
4. Member months	330,905	1,156,811	214,515	0	0	0	0	0	0	0	560,480	503,168	2,765,879	0	2,765,879

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[X] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

216.1.GT.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	46,706,263	1,117,074	56,126,431	7,794,838
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	36,348,186	XXX	66,686,371	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	561,799	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	42,353,809	5,363,176	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	59,657,177	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	3,432,401	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

	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:													
1.1 Direct premiums written	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	60,388,714	68,376,460	852,664,686
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	60,388,714	68,376,460	852,664,686
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	(180,072,319)	(459,075,871)	(84,751,322)	0	0	0	0	0	0	0	(60,388,714)	(68,376,460)	(852,664,686)
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	253,097,147	378,438,231	81,880,864	0	0	0	0	0	0	0	76,734,929	54,013,902	844,165,073
2.2 Direct claim liability current year	27,304,693	38,566,421	7,991,313	0	0	0	0	0	0	0	4,118,598	2,708,013	80,689,038
2.3 Direct claim liability prior year	17,467,130	49,056,063	14,197,573	0	0	0	0	0	0	0	4,908,959	2,595,980	88,225,705
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	2,436,133	3,440,908	712,987	0	0	0	0	0	0	0	0	0	6,590,028
2.11a Paid medical incentive pools and bonuses current year	2,278,116	3,722,969	854,991	0	0	0	0	0	0	0	0	0	6,856,076
2.11b Accrued medical incentive pools and bonuses current year	519,938	734,385	152,171	0	0	0	0	0	0	0	0	0	1,406,494
2.11c Accrued medical incentive pools and bonuses prior year	361,921	1,016,446	294,175	0	0	0	0	0	0	0	0	0	1,672,542
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	707,343	(2,433,568)	(1,071,946)	0	0	0	0	0	0	0	0	775,971	(2,022,200)
2.12a Healthcare receivables current year	3,166,206	4,472,097	926,659	0	0	0	0	0	0	0	0	6,842,945	15,407,907
2.12b Healthcare receivables prior year	2,458,863	6,905,665	1,998,605	0	0	0	0	0	0	0	0	6,066,974	17,430,107
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	264,663,500	373,823,065	77,459,537	0	0	0	0	0	0	0	75,944,568	53,349,964	845,240,634
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	(235,344,509)	(373,823,065)	(77,459,537)	0	0	0	0	0	0	0	(75,944,568)	(53,349,964)	(815,921,643)
2.18 Ceded incurred claims to non-affiliates	29,318,991	0	0	0	0	0	0	0	0	0	0	0	29,318,991
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	3,158,470	4,461,170	924,395	0	0	0	0	0	0	0	0	0	8,544,035

(a) Column 13, line 1.1 includes direct written premium of $.....3,447,811 for stand-alone dental and $.....5,186,551 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	230,150	62,928	20,782	39,089	3,885	356,834	551,731	1,115,562	1,727,327	3,751,454
1.2 Outsourced services	178,093	8,153	18,753	81,582	67,191	353,772	926,843	1,428,581	1,694,013	4,403,209
1.3 EDP equipment and software (including $.....0 for affiliated services)	35,248	12,358	959	33,461	2,748	84,774	101,404	134,789	289,045	610,012
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	61	800	432	1,293
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	29,957	3,389	778	10,608	10,331	55,063	202,702	571,064	4,517,902	5,346,731
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	473,448	86,828	41,272	164,740	84,155	850,443	1,782,741	3,250,796	8,228,719	14,112,699
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	473,448	86,828	41,272	164,740	84,155	850,443	1,782,741	3,250,796	8,228,719	14,112,699
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	59,165	0	0	59,165
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	369,781	92,560	47,149	98,071	8,187	615,748	1,152,073	1,624,512	7,542,503	10,934,836
2.2 Outsourced services	393,630	10,089	35,910	124,479	121,612	685,720	1,806,009	2,080,339	7,397,037	11,969,105
2.3 EDP equipment and software (including $.....0 for affiliated services)	73,577	22,692	2,455	48,971	7,722	155,417	206,835	196,284	1,262,138	1,820,674
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	1	0	1	118	1,165	1,886	3,170
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	32,143	4,912	1,936	24,921	31,232	95,144	2,909,103	831,599	19,727,762	23,563,608
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	869,131	130,253	87,450	296,443	168,753	1,552,030	6,074,138	4,733,899	35,931,326	48,291,393
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	869,131	130,253	87,450	296,443	168,753	1,552,030	6,074,138	4,733,899	35,931,326	48,291,393
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	131,131	0	0	131,131
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	68,560	17,174	8,793	18,216	1,530	114,273	214,811	303,493	1,393,795	2,026,372
3.2 Outsourced services	72,805	1,872	6,705	23,049	22,672	127,103	336,738	388,651	1,366,914	2,219,406
3.3 EDP equipment and software (including $.....0 for affiliated services)	13,711	4,232	457	9,092	1,437	28,929	38,505	36,670	233,233	337,337
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	22	218	349	589
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	5,942	912	361	4,624	5,809	17,648	537,428	155,360	3,645,535	4,355,971
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	161,018	24,190	16,316	54,981	31,448	287,953	1,127,504	884,392	6,639,826	8,939,675
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	161,018	24,190	16,316	54,981	31,448	287,953	1,127,504	884,392	6,639,826	8,939,675
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	24,535	0	0	24,535

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

NONE

216.1.CO

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of covered lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

NONE

216.1.CO.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 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:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

216.2.CO

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
2.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.CO

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.CO.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.CO.2

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

NONE

216.1.DE

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of covered lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

NONE

216.1.DE.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 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:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

216.2.DE

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

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NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
2.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DE.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DE.2

Gen Q4 Response

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

NONE

216.1.DC

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of covered lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

NONE

216.1.DC.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

216.2.DC

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
2.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DC

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DC.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.DC.2

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

NONE

216.1.MD

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of covered lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

NONE

216.1.MD.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

	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:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

216.2.MD

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
2.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.MD

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.MD.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.MD.2

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	59,806,861	62,330,865	846,037,238	XXX	846,037,238
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	59,806,861	62,330,865	846,037,238	XXX	846,037,238
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	59,806,861	62,330,865	846,037,238	XXX	846,037,238
1.9 Net assumed less ceded reinsurance premiums earned	(180,072,319)	(459,075,871)	(84,751,322)	0	0	0	0	0	0	0	(59,806,861)	(62,330,865)	(846,037,238)	XXX	(846,037,238)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	208,085,785	293,910,062	60,900,837	0	0	0	0	0	0	0	5,196,534	0	568,093,218	XXX	568,093,218
2.2 Prescription drugs	60,370,079	85,269,514	17,668,618	0	0	0	0	0	0	0	70,129,440	57,739,589	291,177,240	XXX	291,177,240
2.3 Pharmaceutical rebates	6,228,497	8,797,419	1,822,905	0	0	0	0	0	0	0	0	9,593,984	26,442,805	XXX	26,442,805
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	2,436,133	3,440,908	712,987	0	0	0	0	0	0	0	0	0	6,590,028	XXX	6,590,028
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	59,165	131,131	24,535	0	0	0	0	0	0	0	0	0	214,831	0	214,831
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	264,663,500	373,823,065	77,459,537	0	0	0	0	0	0	0	75,325,974	48,145,605	839,417,681	XXX	839,417,681
5.1 Net assumed less ceded reinsurance claims incurred	(264,663,500)	(373,823,065)	(77,459,537)	0	0	0	0	0	0	0	(75,325,974)	(48,145,605)	(839,417,681)	XXX	(839,417,681)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	473,448	869,131	161,018	0	0	0	0	0	0	0	770,856	1,419,500	3,693,953	0	3,693,953
6.2 Activities to prevent hospital readmissions	86,828	130,253	24,190	0	0	0	0	0	0	0	0	0	241,271	0	241,271
6.3 Improve patient safety and reduce medical errors	41,272	87,450	16,316	0	0	0	0	0	0	0	1,035	7,040	153,113	0	153,113
6.4 Wellness and health promotion activities	164,740	296,443	54,981	0	0	0	0	0	0	0	216	(11,225)	505,155	0	505,155
6.5 Health information technology expenses related to health improvement	84,155	168,753	31,448	0	0	0	0	0	0	0	1,344	9,160	294,860	0	294,860
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	850,443	1,552,030	287,953	0	0	0	0	0	0	0	773,451	1,424,475	4,888,352	0	4,888,352
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	1.273	0.818	0.918	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.795	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,782,741	6,074,138	1,127,504	0	0	0	0	0	0	0	38,820	309,164	9,332,367	0	9,332,367
8.2 All other claims adjustment expenses	3,250,797	4,733,899	884,393	0	0	0	0	0	0	0	355,893	876,066	10,101,048	0	10,101,048
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	5,033,538	10,808,037	2,011,897	0	0	0	0	0	0	0	394,713	1,185,230	19,433,415	0	19,433,415
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.028	0.024	0.024	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.019	XXX	XXX	XXX

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	91,666	2,194,996	398,254	0	0	0	0	0	0	0	194,539	0	2,879,455	0	2,879,455
10.2 Agents and brokers fees and commissions	2,368,270	17,072,253	3,157,972	0	0	0	0	0	0	0	544,995	10,929	23,154,419	0	23,154,419
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	5,768,783	16,664,077	3,083,600	0	0	0	0	0	0	0	2,084,923	5,239,774	32,841,157	60,868	32,902,025
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	8,228,719	35,931,326	6,639,826	0	0	0	0	0	0	0	2,824,457	5,250,703	58,875,031	60,868	58,935,899
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	(14,112,700)	(48,291,393)	(8,939,676)	0	0	0	0	0	0	0	(3,992,621)	(7,860,408)	(83,196,798)	XXX	(83,257,666)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,261	7,261
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,796,256	XXX	1,796,256
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(640,725)	XXX	(640,725)
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(80,759,817)	XXX	(80,813,424)
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	19,907	45,323	8,475	0	0	0	0	0	0	0	41	0	73,746	154	73,900
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	16,262	37,208	6,921	0	0	0	0	0	0	0	46,127	37,255	143,773	0	143,773
2. Number of covered lives	25,832	74,073	13,774	0	0	0	0	0	0	0	46,400	37,361	197,440	0	197,440
3. Number of groups	XXX	4,800	882	XXX	0	0	0	0	0	0	12,510	260	18,452	0	18,452
4. Member months	330,905	1,156,811	214,515	0	0	0	0	0	0	0	560,480	458,630	2,721,341	0	2,721,341

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[X] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

216.1.PA.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	46,706,263	1,117,074	56,126,431	7,794,838
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	36,348,186	XXX	66,686,371	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	561,799	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	42,353,809	5,363,176	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	59,657,177	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	3,432,401	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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:													
1.1 Direct premiums written	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	59,806,861	62,330,865	846,037,238
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	180,072,319	459,075,871	84,751,322	0	0	0	0	0	0	0	59,806,861	62,330,865	846,037,238
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	(180,072,319)	(459,075,871)	(84,751,322)	0	0	0	0	0	0	0	(59,806,861)	(62,330,865)	(846,037,238)
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	253,097,147	378,438,231	81,880,864	0	0	0	0	0	0	0	76,144,921	49,566,778	839,127,941
2.2 Direct claim liability current year	27,304,693	38,566,421	7,991,313	0	0	0	0	0	0	0	3,729,474	2,443,855	80,035,756
2.3 Direct claim liability prior year	17,467,130	49,056,063	14,197,573	0	0	0	0	0	0	0	4,548,421	2,297,732	87,566,919
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	2,436,133	3,440,908	712,987	0	0	0	0	0	0	0	0	0	6,590,028
2.11a Paid medical incentive pools and bonuses current year	2,278,116	3,722,969	854,991	0	0	0	0	0	0	0	0	0	6,856,076
2.11b Accrued medical incentive pools and bonuses current year	519,938	734,385	152,171	0	0	0	0	0	0	0	0	0	1,406,494
2.11c Accrued medical incentive pools and bonuses prior year	361,921	1,016,446	294,175	0	0	0	0	0	0	0	0	0	1,672,542
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	707,343	(2,433,568)	(1,071,946)	0	0	0	0	0	0	0	0	1,567,296	(1,230,875)
2.12a Healthcare receivables current year	3,166,206	4,472,097	926,659	0	0	0	0	0	0	0	0	6,842,945	15,407,907
2.12b Healthcare receivables prior year	2,458,863	6,905,665	1,998,605	0	0	0	0	0	0	0	0	5,275,649	16,638,782
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	264,663,500	373,823,065	77,459,537	0	0	0	0	0	0	0	75,325,974	48,145,605	839,417,681
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	(235,344,509)	(373,823,065)	(77,459,537)	0	0	0	0	0	0	0	(75,325,974)	(48,145,605)	(810,098,690)
2.18 Ceded incurred claims to non-affiliates	29,318,991	0	0	0	0	0	0	0	0	0	0	0	29,318,991
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	3,158,470	4,461,170	924,395	0	0	0	0	0	0	0	0	0	8,544,035

(a) Column 13, line 1.1 includes direct written premium of $.....3,447,811 for stand-alone dental and $.....5,186,551 for stand-alone vision policies.

216.2.PA

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	230,150	62,928	20,782	39,089	3,885	356,834	551,731	1,115,562	1,727,327	3,751,454
1.2 Outsourced services	178,093	8,153	18,753	81,582	67,191	353,772	926,843	1,428,581	1,694,013	4,403,209
1.3 EDP equipment and software (including $.....0 for affiliated services)	35,248	12,358	959	33,461	2,748	84,774	101,404	134,789	289,045	610,012
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	61	800	432	1,293
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	29,957	3,389	778	10,608	10,331	55,063	202,702	571,064	4,517,902	5,346,731
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	473,448	86,828	41,272	164,740	84,155	850,443	1,782,741	3,250,796	8,228,719	14,112,699
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	473,448	86,828	41,272	164,740	84,155	850,443	1,782,741	3,250,796	8,228,719	14,112,699
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	59,165	0	0	59,165
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	369,781	92,560	47,149	98,071	8,187	615,748	1,152,073	1,624,512	7,542,503	10,934,836
2.2 Outsourced services	393,630	10,089	35,910	124,479	121,612	685,720	1,806,009	2,080,339	7,397,037	11,969,105
2.3 EDP equipment and software (including $.....0 for affiliated services)	73,577	22,692	2,455	48,971	7,722	155,417	206,835	196,284	1,262,138	1,820,674
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	1	0	1	118	1,165	1,886	3,170
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	32,143	4,912	1,936	24,921	31,232	95,144	2,909,103	831,599	19,727,762	23,563,608
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	869,131	130,253	87,450	296,443	168,753	1,552,030	6,074,138	4,733,899	35,931,326	48,291,393
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	869,131	130,253	87,450	296,443	168,753	1,552,030	6,074,138	4,733,899	35,931,326	48,291,393
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	131,131	0	0	131,131
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	68,560	17,174	8,793	18,216	1,530	114,273	214,811	303,493	1,393,795	2,026,372
3.2 Outsourced services	72,805	1,872	6,705	23,049	22,672	127,103	336,738	388,651	1,366,914	2,219,406
3.3 EDP equipment and software (including $.....0 for affiliated services)	13,711	4,232	457	9,092	1,437	28,929	38,505	36,670	233,233	337,337
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	22	218	349	589
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	5,942	912	361	4,624	5,809	17,648	537,428	155,360	3,645,535	4,355,971
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	161,018	24,190	16,316	54,981	31,448	287,953	1,127,504	884,392	6,639,826	8,939,675
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	161,018	24,190	16,316	54,981	31,448	287,953	1,127,504	884,392	6,639,826	8,939,675
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	24,535	0	0	24,535

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	581,853	6,045,595	6,627,448	XXX	6,627,448
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	581,853	6,045,595	6,627,448	XXX	6,627,448
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community benefit expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	581,853	6,045,595	6,627,448	XXX	6,627,448
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	(581,853)	(6,045,595)	(6,627,448)	XXX	(6,627,448)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	618,594	5,836,719	6,455,313	XXX	6,455,313
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	632,360	632,360	XXX	632,360
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	618,594	5,204,359	5,822,953	XXX	5,822,953
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	(618,594)	(5,204,359)	(5,822,953)	XXX	(5,822,953)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	137,680	137,680	0	137,680
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	683	683	0	683
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	(1,089)	(1,089)	0	(1,089)
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	888	888	0	888
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	138,162	138,162	0	138,162
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.884	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	29,986	29,986	0	29,986
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	84,971	84,971	0	84,971
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	114,957	114,957	0	114,957
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	XXX	XXX	XXX

216.1.WV

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: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

	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 Pt 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	1,060	1,060	0	1,060
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	508,216	508,216	0	508,216
10.4a Community benefits expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	509,276	509,276	0	509,276
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	(762,395)	(762,395)	XXX	(762,395)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(762,395)	XXX	(762,395)
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	3,661	3,661	0	3,661
2. Number of covered lives	0	0	0	0	0	0	0	0	0	0	0	3,665	3,665	0	3,665
3. Number of groups	XXX	0	0	XXX	0	0	0	0	0	0	0	6	6	0	6
4. Member months	0	0	0	0	0	0	0	0	0	0	0	44,538	44,538	0	44,538

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[X] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

216.1.WV.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 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:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	581,853	6,045,595	6,627,448
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charges	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	581,853	6,045,595	6,627,448
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	(581,853)	(6,045,595)	(6,627,448)
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other adjustments due to MLR calculation - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	590,008	4,447,124	5,037,132
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	389,124	264,158	653,282
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	360,538	298,248	658,786
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	(791,325)	(791,325)
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	791,325	791,325
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	618,594	5,204,359	5,822,953
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	(618,594)	(5,204,359)	(5,822,953)
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

216.2.WV

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
1.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
1.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
2.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
2.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
3.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
3.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.WV

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
4.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5. Small group mini-med plans expenses:										
5.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
5.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
6.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.WV.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: HM Health Insurance Company 2. LOCATION: Pittsburgh PA

NAIC Group Code.....812 BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2015 NAIC Company Code.....71768

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 Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8. Large group expatriate plans expenses										
8.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3 EDP equipment and software (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5 Accreditation and certification (including $.....0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6 Other expenses (including $.....0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)	0	0	0	0	0	0	0	0	0	0

NONE

216.3.WV.2

TO: Ms. Cherri Sanders-Jones, Actuary
Bureau of Life, Accident & Health Insurance
Pennsylvania Insurance Department

FROM: Kevin Luu, Actuarial Manager
Highmark Inc.

DATE: August 2, 2016

SUBJECT: Highmark Health Insurance Company (HHIC) 2017 Individual Market Rates
Response to July 19, 2016 Objection Letter
Filing Number: 1A-DP-16-HHIC
SERFF Tracking Number: HGHM-130540841

Below are HHIC's responses to your objection letter dated July 19, 2016. We have included the questions along with the responses for your convenience.

1. Trend –
a. Please provide a more detailed quantitative derivation of the 11.5% annual trend assumption than shown in the PA Question 13 Response exhibit in your June 29, 2016 response. It is not clear from the information provided in the exhibit that 11.5% is an appropriate trend.
b. Please provide the industry ACA data which was used to compare to the 11.5% trend, as stated in your response to PA Question 13. The 11.4% annual trend is on the high side for trend, compared to other filings we have seen in the industry.
c. Please explain the relationship of the 11.5% trend and 9.2% trend found in Table 2 and URRT worksheet I section II.

Response:
1a – As stated in the June 29, 2016 response to PA Q13, HHIC performed a regression study that analyzed the ACA trend levels of cohorts of ACA members that were continuously enrolled in 2014 and thru 2015 in the same metal level. Specifically, three distinct cohorts were defined and analyzed. Cohort 1 included all members who first enrolled in January 2014. Cohort 2 included all members who first enrolled in either February 2014 or March 2014. Cohort 3 included all members who first enrolled at any point in the 2nd Quarter of 2014. A fourth cohort (Cohort 4), representing the combination of Cohorts 1-3, was also analyzed. As mentioned previously, the analysis took into consideration seasonality and removed outlier months in order to determine a regression trend for each cohort. The Excel exhibit provided in the June 29, 2016 response showed the regression trends and corresponding r-squared values for each cohort. Cohorts 1, 2, and 4 had regression trends of 21.4%, 12.8%, and 12.6% respectively. They also all had r-squared values of 60% or higher. Cohort 3 had a regression trend of 10.9% but also produced a lower r-squared value of 47%. Although the data could support an even higher trend, the assumed pricing trend of 11.5% was chosen using actuarial judgement.

1b – The underlying assumed trend was compared to available industry ACA data for reasonability. Specifically, a recent BCBSA report on individual ACA experience cited an average 12% trend for this population. The report also highlighted higher costs experienced in the individual ACA market as compared to group business. A copy of the report can be found here: http://www.bcbs.com/healthofamerica/newly_enrolled_individuals_after_aca.pdf. The specific items cited in this response can be found on page 6 of the report.

HHIC is not in a position to comment on the trend development of its competitors given our limited insight into their data or methodologies. However, we believe that our large Pennsylvania market shares in 2014 and 2015 give us unique insights into the emerging trend data of the ACA market. This significant amount of actual ACA data served as the basis for the proposed 11.5% trend.

1c - Please see the worksheet labeled 'Q1c Response' in the attached Excel file.

2. Please show quantitatively the reconciliation of any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.

Response:
Per the Department's July 29, 2016 instructions, a response to this question is no longer needed.

3. Please provide narrative and show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age, Geographic and Tobacco Calibration Factor using actual factors and member distribution.

Response:
Please see the worksheet labeled 'Q3 Response' in the attached Excel file.

Please note that the average age factor shown in the exhibit is the true average age factor of the population. Please see the response to PA Q16 and the corresponding exhibit from the June 29 responses which demonstrates the billable member adjustment required to arrive at the Age Calibration Factor.

In reviewing the calculation of the calibration factors, we discovered that there was an error in the tobacco calibration factor of 1.014. The correct factor should be 1.008 and this factor is illustrated in the Q3 response. The 2017 tobacco factor on Table 7 of the Actuarial Memorandum Rate Exhibits will need to be updated. This change will increase the HHIC rate increase by about 0.5% because it is a normalized factor of the allowed PMPM.

Since there is an ongoing objection from the PID on the rate filing, we will update all necessary documents when all questions are finalized.

4. Given the difference between the Company's estimated risk adjustment for 2015 and actual 2015 amount, please provide 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.

Response:
In total, HHIC received about $1,800,000 more in risk adjustment transfer dollars than we anticipated in our initial rate filing. This amounts to about 1.2% of premium from the experience period. These results can be seen in the following tables comparing the HHS results with the appropriate values pulled from Table 2 in the PA Actuarial Memorandum Rate Exhibits:

A. Estimated 2015 risk adjustment transfer (Table 2)	$50,054,281
B. Actual 2015 risk adjustment transfer	$51,852,280

released by HHS	
Difference = (A) – (B)	$(1,797,999)

2015 ACA premium (Table 2, ACA only)	$144,152,154
Difference as a % of premium	-1.2%

We anticipate that the makeup of the market risk pool will continue to change over the coming years as the market matures. For example, HHIC observed a material change in its enrollment volume from 2015 to 2016 due to changes in plan offerings, rate levels, and competitor actions. The market risk pool will also be impacted by the addition of any remaining grandmothered members and the degree to which upcoming risk adjustment model changes influence each carrier's population relative to the state average. Given such anticipated shifts in the makeup of the risk pool, the results from the 2015 risk adjustment transfer released by HHS do not impact our company or market wide risk pool projections for 2017.

5. As requested in PA Q5 of the June 16, 2016 data call, please update the data in Table 4 to include the requested 36 months of experience data.

Response:
The worksheet labeled "Q5 Response" in the attached Excel file contains the requested data. As noted in the response to PA Q5 of the June 16 data call this data is not appropriate for use in analyzing trends due to the blending of ACA and non-ACA business. Significant adjustments due to differences in risk composition, demographics, benefits, regulatory requirements, and utilization patterns are required to appropriately analyze this data.

Please see the response to Question 1 of this data call for information on how HHIC's trend assumption was developed.

6. As requested in PA Q12 of the June 16, 2016 data call, please provide in Table 4B the 36 months of experience data from the source of the manual rate. Please include data for all members, not just those in the identified cohorts.

Response:
This question appears to be included in error. HHIC did not use a manual rate in its rate development and PA Q12 of the referenced data call is not related to Table 4b.

7. In response to PA Q17, the Excel worksheet shows pharmacy network factors of 1.000 for the KHPW closed rx, non-HSA plans and a factor of .825 for PremierBlue Shield Preferred/Highmark Blue Shield-closed rx, non-HSA plans. Please explain why the pharmacy network factor for the closed rx, non-HSA plan differs when connected to the KHPW network versus the PremierBlue Shield Preferred/Highmark Blue Shield network. Please also review the KHPW Comprehensive rx factor of .825.

Response:
There was an error in the "Network" column of the table submitted. Please see the tab labeled "Q7 Response" in the attached Excel file for a corrected version.

8. Please show how the PA Q17 Excel worksheet is used to develop the average network factor of 1.002 in Table 10.

Response:
The network factors in column H of PA Q17 are the same factors as those used in column N of Table 10. For the average network factor in Table 10 calculation, see the formula in cell N13 as it is defined by the PID.

9. PA Q19 should have read, please explain why the current factor in Table 14 is indicated to be "NA" for zones L, O and N.

Response:
The service areas in question are all newly introduced for 2017. Since the network/service areas as defined in Table 14 were not utilized in 2016, there is no 2016 factor associated with them.

10. In response to Fed Q7, you show $683.05 as the 2015 normalized allowed pmpm for the HHIC ACA population. Please show quantitatively and provide narrative for the un-normalized 2015 allowed claims pmpm and the development of the $683.05 normalized amount.

Response:
The $683.05 PMPM was developed by dividing the 2015 un-normalized allowed PMPM of $910.75 by the 2015 demographic factor of 1.658 and then projected the normalized PMPM to the 2017 rating period using the 11.5% pricing trend.

11. In response to Fed Q8, you have indicated that both calculations are correct, in that one is multiplicative and the other is additive. However, the Part III actuarial memorandum describes only one of these methods. The result shown in the URRT should be consistent with the method described in the accompanying memorandum. Please review and revise either document.

Response:
Please see the worksheet labeled 'Q11 Response' in the attached Excel file to see the relationship between the additive % and the multiplicative factor of the exchange user fee.

Please note that the development of the multiplicative factors in the Q11 response was described in the Part III Actuarial Memorandum on pages 6-7 under section XIV - Market Adjusted Index Rate.

The additive percentage on page 6 of the Part III Actuarial Memorandum under section X.3 Taxes and Fees simply described the components of the taxes and fees on the URRT Worksheet 1.

Thus, both values are correct, depending on how they are being used.

12. In response to Fed Q10, you explained the difference in the utilization trend shown in the actuarial memorandum and URRT. The result shown in the URRT should be consistent with the method described in the accompanying memorandum. Please review and revise either document.

Response:
See the response to question 1c above for the relationship between the pricing trend and the URRT trend.

The URRT utilization trend included an adjustment for the change in benefit richness (or induced demand) from the experience period to the projection period as described in the last paragraph on page 4 of the Part III Actuarial Memorandum under section V.4 Trend Factors (cost/utilization).

This adjustment followed Page 19 of the 2017 Unified Rate Review Instructions published on January 20, 2015 by HHS. The instructions state:

"*Utilization trend should also reflect changes related to shifts in product mix. This includes changes in induced demand related to product shift. . . .*"

Thus, the trend result shown in the URRT is consistent with the method described in the Part III Actuarial Memorandum.

	Cost Trend	Utilization Trend	Total Trend
Pricing Trend	1.050	1.062	1.115
Change in Benefit Richness (Induced Demand) Factor		0.960	
URRT Trend	1.050	1.041	1.093
Table 2 Trend	1.050	1.041	1.093

Age	Non-Tobacco Member	Tobacco Member	Total Member	HHS Age Factor	Tobacco Factor
0-20	16.53%	0.00%	16.53%	0.635	1.000
21	1.11%	0.03%	1.14%	1.000	1.025
22	1.19%	0.02%	1.21%	1.000	1.025
23	0.96%	0.05%	1.02%	1.000	1.025
24	0.95%	0.03%	0.99%	1.000	1.025
25	0.83%	0.06%	0.89%	1.004	1.025
26	1.23%	0.13%	1.37%	1.024	1.025
27	1.27%	0.13%	1.41%	1.048	1.025
28	1.23%	0.12%	1.35%	1.087	1.025
29	1.15%	0.10%	1.25%	1.119	1.025
30	1.06%	0.14%	1.19%	1.135	1.025
31	1.06%	0.13%	1.20%	1.159	1.025
32	1.05%	0.10%	1.15%	1.183	1.025
33	1.13%	0.10%	1.23%	1.198	1.025
34	1.09%	0.13%	1.22%	1.214	1.025
35	1.03%	0.14%	1.17%	1.222	1.025
36	1.16%	0.17%	1.33%	1.230	1.025
37	1.12%	0.10%	1.22%	1.238	1.025
38	0.99%	0.11%	1.09%	1.246	1.025
39	1.02%	0.14%	1.16%	1.262	1.025
40	1.17%	0.09%	1.26%	1.278	1.100
41	1.15%	0.09%	1.24%	1.302	1.105
42	1.16%	0.10%	1.26%	1.325	1.112
43	1.47%	0.11%	1.58%	1.357	1.121
44	1.35%	0.15%	1.50%	1.397	1.132
45	1.45%	0.14%	1.59%	1.444	1.145
46	1.59%	0.11%	1.69%	1.500	1.160
47	1.65%	0.09%	1.74%	1.563	1.177
48	1.68%	0.11%	1.79%	1.635	1.196
49	1.64%	0.12%	1.76%	1.706	1.217
50	1.75%	0.16%	1.91%	1.786	1.225
51	1.98%	0.13%	2.11%	1.865	1.225
52	2.15%	0.13%	2.28%	1.952	1.225
53	1.95%	0.20%	2.15%	2.040	1.225
54	2.44%	0.17%	2.61%	2.135	1.225
55	2.12%	0.15%	2.28%	2.230	1.225
56	2.54%	0.15%	2.70%	2.333	1.225
57	2.32%	0.09%	2.42%	2.437	1.225
58	2.78%	0.15%	2.92%	2.548	1.225
59	2.84%	0.16%	3.00%	2.603	1.225
60	3.09%	0.15%	3.24%	2.714	1.225
61	3.44%	0.20%	3.63%	2.810	1.225
62	3.94%	0.18%	4.12%	2.873	1.225
63	4.48%	0.21%	4.70%	2.952	1.225
64+	5.24%	0.21%	5.44%	3.000	1.225
	94.54%	5.46%	100.00%	1.738	1.008

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	Percentage of Grand Fathered Members
Jan-13		$ 2,106,234	1.0000	$ 2,106,234	2,314	$ 910.21		$ (25,788)	$ 2,552,989	$ 1,103.28	0%
Feb-13		$ 2,188,816	1.0000	$ 2,188,816	2,313	$ 946.31		$ (25,536)	$ 2,528,034	$ 1,092.97	0%
Mar-13		$ 1,862,024	1.0000	$ 1,862,024	2,334	$ 797.78		$ (21,861)	$ 2,164,256	$ 927.27	0%
Apr-13		$ 2,255,444	1.0000	$ 2,255,444	2,365	$ 953.68		$ (26,158)	$ 2,589,599	$ 1,094.97	0%
May-13		$ 2,281,650	1.0000	$ 2,281,650	2,370	$ 962.72		$ (26,631)	$ 2,636,491	$ 1,112.44	0%
Jun-13		$ 1,940,401	1.0000	$ 1,940,401	2,339	$ 829.59		$ (22,866)	$ 2,263,693	$ 967.80	0%
Jul-13		$ 2,160,079	1.0000	$ 2,160,079	2,425	$ 890.75		$ (25,386)	$ 2,513,245	$ 1,036.39	0%
Aug-13		$ 2,698,328	1.0000	$ 2,698,328	2,416	$ 1,116.86		$ (30,730)	$ 3,042,293	$ 1,259.23	0%
Sep-13		$ 2,195,614	1.0000	$ 2,195,614	2,364	$ 928.77		$ (25,368)	$ 2,511,400	$ 1,062.35	0%
Oct-13		$ 2,514,787	1.0000	$ 2,514,787	2,350	$ 1,070.12		$ (28,736)	$ 2,844,907	$ 1,210.60	0%
Nov-13		$ 2,208,541	1.0000	$ 2,208,541	2,298	$ 961.07		$ (25,224)	$ 2,497,180	$ 1,086.68	0%
Dec-13	$ 15,098,158	$ 2,179,636	1.0000	$ 2,179,636	2,125	$ 1,025.71	$ 4,329,215	$ (24,924)	$ 2,467,475	$ 1,161.16	0%
Jan-14		$ 12,742,090	0.9994	$ 12,749,815	15,664	$ 813.96		$ (157,306)	$ 15,576,370	$ 994.41	0%
Feb-14		$ 13,390,131	0.9993	$ 13,400,127	18,261	$ 733.81		$ (159,869)	$ 15,827,947	$ 866.76	0%
Mar-14		$ 15,894,696	0.9992	$ 15,906,993	21,147	$ 752.21		$ (187,991)	$ 18,611,708	$ 880.11	0%
Apr-14		$ 19,822,725	0.9992	$ 19,838,967	26,032	$ 762.10		$ (230,721)	$ 22,841,003	$ 877.42	0%
May-14		$ 29,566,900	0.9993	$ 29,588,960	30,064	$ 984.20		$ (329,068)	$ 32,579,670	$ 1,083.68	0%
Jun-14		$ 21,908,560	0.9988	$ 21,934,780	30,600	$ 716.82		$ (249,198)	$ 24,660,793	$ 805.91	0%
Jul-14		$ 24,489,284	0.9987	$ 24,522,030	32,507	$ 754.36		$ (275,093)	$ 27,219,520	$ 837.34	0%
Aug-14		$ 24,404,617	0.9986	$ 24,439,200	32,936	$ 742.02		$ (271,243)	$ 26,836,502	$ 814.81	0%
Sep-14		$ 26,260,201	0.9971	$ 26,335,782	33,518	$ 785.72		$ (292,370)	$ 28,884,168	$ 861.75	0%
Oct-14		$ 27,190,579	0.9971	$ 27,269,946	33,717	$ 808.79		$ (301,196)	$ 29,754,862	$ 882.49	0%
Nov-14		$ 24,886,222	0.9967	$ 24,968,480	33,786	$ 739.02		$ (273,674)	$ 27,025,458	$ 799.90	0%
Dec-14	$ 141,360,441	$ 30,295,837	0.9970	$ 30,388,191	34,442	$ 882.30	$ 41,449,048	$ (329,987)	$ 32,594,902	$ 946.37	0%
Jan-15		$ 20,654,257	0.9961	$ 20,735,105	30,227	$ 685.98		$ (336,265)	$ 26,598,207	$ 879.95	0%
Feb-15		$ 21,570,358	0.9953	$ 21,671,843	29,021	$ 746.76		$ (326,541)	$ 25,829,013	$ 890.01	0%
Mar-15		$ 23,355,892	0.9938	$ 23,502,731	28,303	$ 830.40		$ (342,400)	$ 27,083,457	$ 956.91	0%
Apr-15		$ 23,333,020	0.9933	$ 23,490,363	27,987	$ 839.33		$ (337,722)	$ 26,713,413	$ 954.49	0%
May-15		$ 21,564,430	0.9917	$ 21,744,074	27,718	$ 784.47		$ (309,898)	$ 24,512,617	$ 884.36	0%
Jun-15		$ 23,360,243	0.9893	$ 23,614,034	27,429	$ 860.91		$ (330,774)	$ 26,163,892	$ 953.88	0%
Jul-15		$ 21,820,778	0.9851	$ 22,151,353	27,155	$ 815.74		$ (307,721)	$ 24,340,393	$ 896.35	0%
Aug-15		$ 20,021,687	0.9797	$ 20,436,007	26,815	$ 762.11		$ (280,223)	$ 22,165,356	$ 826.60	0%
Sep-15		$ 21,509,081	0.9727	$ 22,113,166	26,472	$ 835.34		$ (297,500)	$ 23,531,955	$ 888.94	0%
Oct-15		$ 20,584,713	0.9606	$ 21,429,768	26,115	$ 820.59		$ (284,795)	$ 22,526,982	$ 862.61	0%
Nov-15		$ 18,798,933	0.9308	$ 20,196,680	25,817	$ 782.30		$ (260,726)	$ 20,623,107	$ 798.82	0%
Dec-15	$ 144,152,154	$ 20,634,027	0.8726	$ 23,646,711	25,494	$ 927.54	$ 36,870,637	$ (283,834)	$ 22,450,931	$ 880.64	0%

HIOS Plan ID	Plan Name	Network	Medical	Rx	Total	Table 7 Average Network Factor	Table 10 Network Factor
70194PA016000	Comprehensive Care Flex Blue PPO 500	KHPW - Comprehensive Rx	1.000	1.000	1.000	0.942	1.061
70194PA028000	Comprehensive Care Flex Blue PPO 500	KHPW - Comprehensive Rx	1.000	1.000	1.000	0.942	1.061
70194PA015000	Health Savings Blue PPO 1700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA027000	Health Savings Blue PPO 1700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA015000	Health Savings Blue PPO Embedded 2700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA027000	Health Savings Blue PPO Embedded 2700	KHPW - Closed Rx, HSA	1.000	0.950	0.990	0.942	1.051
70194PA026000	Shared Cost Blue PPO 6800	KHPW - Closed Rx, Non-HSA	1.000	0.825	0.965	0.942	1.024
70194PA030000	Shared Cost Blue PPO 6800	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA050000	Alliance Flex Blue PPO 1000	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA050000	Alliance Flex Blue PPO 2300	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA051000	my Premier Blue Flex PPO 1700GQ	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA051000	my Premier Blue Flex PPO 2700SQE	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA051000	my Premier Blue Flex PPO 3200S	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA051000	my Premier Blue Flex PPO 6000BQE	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, HSA	0.938	0.950	0.940	0.942	0.998
70194PA052000	my Lehigh Valley Flex Blue PPO 1000G	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971
70194PA052000	my Lehigh Valley Flex Blue PPO 2900S	PremierBlue Shield Preferred (Professional) & Highmark Blue Shield (Facility) - Closed Rx, Non-HSA	0.938	0.825	0.915	0.942	0.971

Medical/Rx Mix	80%	20%

Market-Wide Adjustment Factors Calculation	
Risk adjustment PMPM (net of fee)	-$77.60
Calculated risk adjustment factor	0.887
Reinsurance PMPM (net of fee)	$0.00
Calculated reinsurance factor	1.000
Exchange user fee %	3.5%
Projected on exchange %	57.3%
Exchange user fee as % of premium	2.0%
Projected 2017 URRT Premium	$711.94
Projected 2017 URRT Paid Claims	$687.52
Projected 2017 URRT Paid Claims after RA/R	$609.91
Exchange user fee as a mutliplicative factor	1.023