Product-Plan Data Collection

Company Legal Name: **Highmark DE**
HIOS Issuer ID: **76168**
Effective Date of Rate Change(s): **1/1/2018**

State: **DE**
Market: **Individual**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Shared Cost Blue EPO									Blue Cross Blue Shield EPO (MSP)		Health Savings			PCMH Blue EPO				HDHP Blue EPO	Major Events EPO	Shared Cost Blue EPO							Shared Cost Blue PPO		hared Cost Blue PP	Health Savings Embedded Blue EPO		Major Events
Product ID:		76168DE041									76168DE039		76168DE042			76168DE064				76168DE063	76168DE040	76168DE047							76168DE056		76168DE057	76168DE048		76168DE046
Metal:		Bronze	Gold	Silver	Gold	Platinum	Gold	Silver	Gold	Silver	Silver	Gold	Bronze	Gold	Silver	Gold	Gold	Silver	Silver	Bronze	Catastrophic	Bronze	Silver	Gold	Gold	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Gold	Catastrophic
AV Metal Value		0.612	0.814	0.682	0.809	0.899	0.813	0.715	0.814	0.664	0.713	0.799	0.614	0.806	0.687	0.816	0.783	0.691	0.684	0.590	0.600	0.619	0.715	0.813	0.809	0.899	0.814	0.814	0.815	0.794	0.815	0.717	0.806	0.600
AV Pricing Value		0.707	1.056	0.893	0.010	0.010	0.010	0.010	0.010	0.856	0.010	0.010	0.714	0.010	0.883	0.010	0.010	0.010	0.010	0.010	0.633	0.707	0.010	0.010	0.010	0.010	0.010	1.056	0.010	0.010	0.010	0.883	0.010	0.633
Plan Category		Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	New	Terminated	Terminated	Renewing	Terminated	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Terminated	Terminated	Terminated	Renewing	Terminated	Renewing
Plan Type:		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	EPO	EPO	EPO
Plan Name		Shared Cost Blue EPO 6950B	Shared Cost Blue EPO 1400G	Shared Cost Blue EPO 3500S	Shared Cost Blue EPO 0	Shared Cost Blue EPO 300	Shared Cost Blue EPO 1000	Shared Cost Blue EPO 3000	Shared Cost Blue EPO 1550	Shared Cost Blue EPO 7150S	Blue Cross Blue Shield EPO 3100 (MSP)	Blue Cross Blue Shield EPO 2100 (MSP)	Health Savings Embedded Blue EPO 6550BQE	Health Savings Blue EPO 2000	Health Savings Embedded Blue EPO 3500SQE	PCMH Blue EPO 900	PCMH Blue EPO 1200	PCMH Blue EPO 2800	Total Health Flex Blue EPO 3000	HDHP Blue EPO 6850	Major Events Blue EPO 7350C	Shared Cost Blue EPO 6950B	Shared Cost Blue EPO 3000	Shared Cost Blue EPO 1000	Shared Cost Blue EPO 0	Shared Cost Blue EPO 300	Shared Cost Blue EPO 1550	Shared Cost Blue EPO 1400G	Shared Cost Blue PPO 1500	Shared Cost Blue PPO 1800	Shared Cost Blue PPO 1500	Health Savings Embedded Blue EPO 3500SQE	Health Savings Blue EPO 2000	Major Events Blue EPO 7350C
Plan ID (Standard Component ID):		76168DE0410010	76168DE0410012	76168DE0410013	76168DE0410002	76168DE0410004	76168DE0410006	76168DE0410008	76168DE0410011	76168DE0410017	76168DE0390001	76168DE0390002	76168DE0420001	76168DE0420002	76168DE0420004	76168DE0640001	76168DE0640002	76168DE0640004	76168DE0640003	76168DE0630001	76168DE0400001	76168DE0470001	76168DE0470002	76168DE0470003	76168DE0470004	76168DE0470005	76168DE0470007	76168DE0470006	76168DE0560001	76168DE0560002	76168DE0570001	76168DE0480001	76168DE0480002	76168DE0460001
Exchange Plan?		Yes	Yes	Yes	No	No	No	No	No	Yes	No	No	Yes	No	Yes	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		4.00%									4.00%		4.00%			0.00%				0.00%	4.00%	4.00%							4.00%		4.00%	4.00%		0.04%
Historical Rate Increase - Calendar Year - 1		23.50%									25.30%		18.90%			28.90%				0.00%	18.50%	22.70%							21.30%		21.50%	19.30%		18.50%
Historical Rate Increase - Calendar Year 0		30.73%									0.00%		35.00%			28.90%				0.00%	32.00%	25.20%							0.00%		0.00%	35.80%		32.00%
Effective Date of Proposed Rates		1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)		26.51%	24.50%	24.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.20%	0.00%	23.02%	0.00%	0.00%	0.00%	0.00%	0.00%	23.83%	26.51%	0.00%	0.00%	0.00%	0.00%	0.00%	24.50%	0.00%	0.00%	0.00%	23.02%	0.00%	23.83%
Cum'tive Rate Change % (over 12 mos prior)		26.51%	24.50%	24.46%	0.00%	0.00%	0.00%	0.00%	0.00%	-999.00%	0.00%	0.00%	26.20%	0.00%	23.02%	0.00%	0.00%	0.00%	0.00%	0.00%	23.83%	26.51%	0.00%	0.00%	0.00%	0.00%	0.00%	24.50%	0.00%	0.00%	0.00%	23.02%	0.00%	23.83%
Proj'd Per Rate Change % (over Exper. Period)		62.11%	64.33%	73.29%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	#DIV/0!	-100.00%	-100.00%	74.10%	-100.00%	72.44%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	68.75%	62.11%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	64.33%	-100.00%	-100.00%	-100.00%	72.44%	-100.00%	68.75%
Product Rate Increase %		24.75%									0.00%		24.95%			0.00%				0.00%	23.83%	25.11%							0.00%		0.00%	23.02%		23.83%

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

Plan ID (Standard Component ID):	Total	76168DE0410010	76168DE0410012	76168DE0410013	76168DE0410002	76168DE0410004	76168DE0410006	76168DE0410008	76168DE0410011	76168DE0410017	76168DE0390001	76168DE0390002	76168DE0420001	76168DE0420002	76168DE0420004	76168DE0640001	76168DE0640002	76168DE0640004	76168DE0640003	76168DE0630001	76168DE0400001	76168DE0470001	76168DE0470002	76168DE0470003	76168DE0470004	76168DE0470005	76168DE0470007	76168DE0470006	76168DE0560001	76168DE0560002	76168DE0570001	76168DE0480001	76168DE0480002	76168DE0460001
Inpatient	$10.39	$28.10	$39.53	$33.39	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$28.10	$0.00	$31.55	$0.00	$0.00	$0.00	$0.00	$0.00	$23.21	$28.10	$0.00	$0.00	$0.00	$0.00	$0.00	$39.53	$0.00	$0.00	$0.00	$31.55	$0.00	$23.21
Outpatient	$9.83	$26.91	$37.43	$31.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26.87	$0.00	$29.58	$0.00	$0.00	$0.00	$0.00	$0.00	$21.89	$26.91	$0.00	$0.00	$0.00	$0.00	$0.00	$37.43	$0.00	$0.00	$0.00	$29.58	$0.00	$21.89
Professional	$8.12	$22.39	$30.95	$26.13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22.33	$0.00	$24.34	$0.00	$0.00	$0.00	$0.00	$0.00	$18.06	$22.39	$0.00	$0.00	$0.00	$0.00	$0.00	$30.95	$0.00	$0.00	$0.00	$24.34	$0.00	$18.06
Prescription Drug	$7.22	$19.86	$27.52	$23.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.81	$0.00	$21.69	$0.00	$0.00	$0.00	$0.00	$0.00	$16.07	$19.86	$0.00	$0.00	$0.00	$0.00	$0.00	$27.52	$0.00	$0.00	$0.00	$21.69	$0.00	$16.07
Other	$1.06	$2.81	$4.03	$3.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.81	$0.00	$3.28	$0.00	$0.00	$0.00	$0.00	$0.00	$2.39	$2.81	$0.00	$0.00	$0.00	$0.00	$0.00	$4.03	$0.00	$0.00	$0.00	$3.28	$0.00	$2.39
Capitation	$0.44	$1.13	$1.67	$1.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.14	$0.00	$1.39	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$1.13	$0.00	$0.00	$0.00	$0.00	$0.00	$1.67	$0.00	$0.00	$0.00	$1.39	$0.00	$1.00
Administration	-$0.30	-$0.05	-$1.06	-$0.91	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.15	$0.00	-$1.51	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.84	-$0.05	$0.00	$0.00	$0.00	$0.00	$0.00	-$1.06	$0.00	$0.00	$0.00	-$1.51	$0.00	-$0.84
Taxes & Fees	$8.40	$21.53	$31.87	$26.95	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$21.70	$0.00	$26.49	$0.00	$0.00	$0.00	$0.00	$0.00	$19.06	$21.53	$0.00	$0.00	$0.00	$0.00	$0.00	$31.87	$0.00	$0.00	$0.00	$26.49	$0.00	$19.06
Risk & Profit Charge	$1.40	$3.79	$5.32	$4.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.79	$0.00	$4.23	$0.00	$0.00	$0.00	$0.00	$0.00	$3.12	$3.79	$0.00	$0.00	$0.00	$0.00	$0.00	$5.32	$0.00	$0.00	$0.00	$4.23	$0.00	$3.12
Total Rate Increase	$46.56	$126.48	$177.26	$149.71	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$126.41	$0.00	$141.02	$0.00	$0.00	$0.00	$0.00	$0.00	$103.95	$126.48	$0.00	$0.00	$0.00	$0.00	$0.00	$177.26	$0.00	$0.00	$0.00	$141.02	$0.00	$103.95
Member Cost Share Increase	$14.79	$85.29	-$24.33	$9.57	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$86.12	$0.00	$27.74	$0.00	$0.00	$0.00	$0.00	$0.00	$84.44	$85.29	$0.00	$0.00	$0.00	$0.00	$0.00	-$24.33	$0.00	$0.00	$0.00	$27.74	$0.00	$84.44

Average Current Rate PMPM	$580.38	$477.08	$723.39	$612.02	$559.01	$671.46	$562.42	$472.66	$563.78	$0.00	$471.37	$526.97	$482.57	$533.12	$612.52	$568.31	$535.73	$452.64	$610.33	$338.97	$436.16	$477.08	$472.66	$562.42	$559.01	$671.46	$563.78	$723.39	$554.92	$553.57	$554.92	$612.52	$533.12	$436.16
Projected Member Months	366,000	35,205	24,406	139,804	0	0	0	0	0	10	0	0	73,252	0	37,089	0	0	0	0	0	2,728	17,944	0	0	0	0	0	26,972	0	0	0	7,551	0	1,039

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	76168DE0410010	76168DE0410012	76168DE0410013	76168DE0410002	76168DE0410004	76168DE0410006	76168DE0410008	76168DE0410011	76168DE0410017	76168DE0390001	76168DE0390002	76168DE0420001	76168DE0420002	76168DE0420004	76168DE0640001	76168DE0640002	76168DE0640004	76168DE0640003	76168DE0630001	76168DE0400001	76168DE0470001	76168DE0470002	76168DE0470003	76168DE0470004	76168DE0470005	76168DE0470007	76168DE0470006	76168DE0560001	76168DE0560002	76168DE0570001	76168DE0480001	76168DE0480002	76168DE0460001
Premium Information	Plan Adjusted Index Rate	$464.02	$372.32	$548.05	$439.56	$554.15	$665.61	$557.53	$468.54	$558.87	$0.00	$467.27	$522.38	$349.79	$528.48	$436.98	$563.37	$531.06	$448.70	$439.56	$336.02	$320.07	$372.32	$468.54	$557.53	$554.15	$665.61	$558.87	$548.05	$550.09	$548.75	$550.09	$436.98	$528.48	$320.07
	Member Months	373,941	12,733	5,303	17,054	3,999	7,724	3,123	35,941	740	0	36,255	4,032	24,997	3,982	34,839	667	1,694	36,222	7,555	21,964	975	7,938	18,610	2,987	3,202	9,551	1,302	2,412	9,786	5,999	17,438	18,497	15,512	908
	Total Premium (TP)	$175,478,331	$5,006,620	$2,889,508	$11,545,642	$1,981,765	$4,685,689	$1,635,874	$17,415,013	$397,755	$0	$17,746,847	$2,235,223	$9,448,781	$2,106,793	$16,870,213	$366,997	$906,286	$16,435,299	$0	$7,721,265	$193,138	$3,123,507	$8,232,157	$1,503,957	$1,442,928	$5,568,485	$741,195	$1,222,684	$5,590,683	$3,162,733	$9,048,130	$8,555,148	$7,505,532	$192,486
	EHB Percent of TP, [see instructions]	99.30%	99.16%	99.39%	99.27%	99.40%	99.47%	99.40%	99.32%	99.40%		99.31%	99.36%	99.10%	99.37%	99.27%	99.41%	99.37%	99.29%	99.27%	99.07%	99.08%	99.16%	99.32%	99.40%	99.40%	99.47%	99.40%	99.39%	99.39%	99.39%	99.39%	99.27%	99.37%	99.08%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.70%	0.84%	0.61%	0.73%	0.60%	0.53%	0.60%	0.68%	0.60%	#VALUE!	0.69%	0.64%	0.90%	0.63%	0.73%	0.59%	0.63%	0.71%	0.73%	0.93%	0.92%	0.84%	0.68%	0.60%	0.60%	0.53%	0.60%	0.61%	0.61%	0.61%	0.61%	0.73%	0.63%	0.92%
Claims Information	Total Allowed Claims (TAC)	$219,191,886	$4,181,995	$4,194,832	$6,972,254	$2,688,767	$7,846,162	$1,928,924	$21,606,637	$627,392	$0	$23,567,726	$4,740,194	$7,457,032	$5,047,960	$23,515,848	$315,409	$765,324	$18,783,752	$4,356,832	$4,429,521	$116,521	$2,724,915	$8,387,789	$1,852,394	$1,485,695	$8,042,524	$1,133,139	$1,189,684	$8,725,914	$4,500,508	$11,909,961	$10,394,120	$15,612,411	$89,750
	EHB Percent of TAC, [see instructions]	99.53%	99.19%	99.64%	99.33%	99.58%	99.71%	99.54%	99.54%	99.66%		99.58%	99.76%	99.10%	99.78%	99.59%	99.40%	99.37%	99.47%	99.53%	98.68%	97.91%	99.22%	99.39%	99.54%	99.39%	99.65%	99.67%	99.42%	99.68%	99.62%	99.58%	99.51%	99.72%	97.47%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.47%	0.81%	0.36%	0.67%	0.42%	0.29%	0.46%	0.46%	0.34%	#VALUE!	0.42%	0.24%	0.90%	0.22%	0.41%	0.60%	0.63%	0.53%	0.47%	1.32%	2.09%	0.78%	0.61%	0.46%	0.61%	0.35%	0.33%	0.58%	0.32%	0.38%	0.42%	0.49%	0.28%	2.53%
	Allowed Claims which are not the issuer's obligation:	$50,465,365	-$886,464	$1,280,270	$236,737	$611,549	$2,802,687	$437,555	$5,753,007	$189,170	$0	$6,478,986	$2,358,271	-$1,772,929	$2,002,715	$9,289,015	-$91,829	-$213,083	$4,206,466	$766,293	-$2,523,057	$133,809	$77,291	$923,844	$408,707	$227,796	$2,827,562	$179,587	$76,292	$3,887,705	$1,070,521	$3,035,703	$1,805,204	$4,892,213	-$6,226
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$2,330,324	$0	$0	$451,649						$0			$0		$1,878,675						$0													
	Portion of above payable by HHS on behalf of insured person, as %	4.62%	0.00%	0.00%	190.78%						#DIV/0!			0.00%		20.22%						0.00%													
	Total Incurred claims, payable with issuer funds	$168,726,522	$5,068,459	$2,914,562	$6,735,517	$2,077,218	$5,043,474	$1,491,369	$15,853,631	$438,222	$0	$17,088,740	$2,381,923	$9,229,961	$3,045,244	$14,226,833	$407,238	$978,407	$14,577,286	$3,590,539	$6,952,579	-$17,288	$2,647,623	$7,463,945	$1,443,687	$1,257,899	$5,214,962	$953,552	$1,113,392	$4,838,209	$3,429,986	$8,874,258	$8,588,916	$10,720,198	$95,975
	Net Amt of Rein	$10,254,137.25	$167,316.71	$123,546.18	$265,170.28	$64,221.75	$407,294.76	$78,122.42	$1,269,049.32	$12,270.28		$1,153,634.77	$328,974.16	$361,406.41	$157,474.16	$1,072,182.05	-$1,235.43	$0.00	$557,482.67	$245,866.81	$54,287.37		$275,280.47	$275,081.96	$35,900.76	-$1,271.14	$452,265.12	$12,527.58	$35,838.22	$488,182.50	$196,334.73	$607,241.01	$781,871.80	$777,819.56	
	Net Amt of Risk Adj	$809,319.25	-$2,032,759.37	$286,441.87	-$1,619,161.48	$110,509.77	$1,901,191.32	$132,446.37	$417,512.89	$105,146.22	$0.00	$866,506.70	$1,349,821.31	-$4,546,805.56	$1,342,552.02	$3,302,976.87	-$138,450.03	-$365,092.84	-$209,496.07	-$293,794.64	-$4,462,990.49	$58,422.03	-$894,900.27	-$989,237.89	$153,229.23	-$94,001.32	$1,786,981.66	$33,277.78	-$164,635.35	$2,320,347.60	$321,428.73	$784,985.57	-$1,123,600.30	$2,529,171.39	-$58,704.48

Incurred Claims PMPM	$451.21	$398.06	$549.61	$394.95	$519.43	$652.96	$477.54	$441.10	$592.19	#DIV/0!	$471.35	$590.75	$369.24	$764.75	$408.36	$610.55	$577.57	$402.44	$475.25	$316.54	-$17.73	$333.54	$401.07	$483.32	$392.85	$546.01	$732.38	$461.61	$494.40	$571.76	$508.90	$464.34	$691.09	$105.70
Allowed Claims PMPM	$586.17	$328.44	$791.03	$408.83	$672.36	$1,015.82	$617.65	$601.17	$847.83	#DIV/0!	$650.05	$1,175.64	$298.32	$1,267.69	$674.99	$472.88	$451.79	$518.57	$576.68	$201.67	$119.51	$343.27	$450.71	$620.15	$463.99	$842.06	$870.31	$493.24	$891.67	$750.21	$682.99	$561.94	$1,006.47	$98.84
EHB portion of Allowed Claims, PMPM	$583.41	$325.77	$788.19	$406.10	$669.52	$1,012.83	$614.81	$598.43	$844.99	#DIV/0!	$647.32	$1,172.80	$295.64	$1,264.85	$672.25	$470.04	$448.95	$515.85	$573.96	$199.00	$117.01	$340.60	$447.98	$617.31	$461.15	$839.07	$867.47	$490.39	$888.83	$747.37	$680.15	$559.20	$1,003.63	$96.34

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	76168DE0410010	76168DE0410012	76168DE0410013	76168DE0410002	76168DE0410004	76168DE0410006	76168DE0410008	76168DE0410011	76168DE0410017	76168DE0390001	76168DE0390002	76168DE0420001	76168DE0420002	76168DE0420004	76168DE0640001	76168DE0640002	76168DE0640004	76168DE0640003	76168DE0630001	76168DE0400001	76168DE0470001	76168DE0470002	76168DE0470003	76168DE0470004	76168DE0470005	76168DE0470007	76168DE0470006	76168DE0560001	76168DE0560002	76168DE0570001	76168DE0480001	76168DE0480002	76168DE0460001
Premium Information	Plan Adjusted Index Rate	$724.41	$603.56	$900.64	$761.73	$0.00	$0.00	$0.00	$0.00	$0.00	$730.59	$0.00	$0.00	$608.99	$0.00	$753.54	$0.00	$0.00	$0.00	$0.00	$0.00	$540.12	$603.56	$0.00	$0.00	$0.00	$0.00	$0.00	$900.64	$0.00	$0.00	$0.00	$753.54	$0.00	$540.12
	Member Months	366,000	35,205	24,406	139,804	-	-	-	-	-	10	-	-	73,252	-	37,089	-	-	-	-	-	2,728	17,944	-	-	-	-	-	26,972	-	-	-	7,551	-	1,039
	Total Premium (TP)	$265,133,677	$21,248,269	$21,981,087	$106,492,371	$0	$0	$0	$0	$0	$7,306	$0	$0	$44,609,478	$0	$27,948,162	$0	$0	$0	$0	$0	$1,473,434	$10,830,250	$0	$0	$0	$0	$0	$24,292,136	$0	$0	$0	$5,690,004	$0	$561,180
	EHB Percent of TP, [see instructions]	99.65%	99.59%	99.70%	99.66%	0.00%	0.00%	0.00%	0.00%	0.00%	99.65%	0.00%	0.00%	99.59%	0.00%	99.66%	0.00%	0.00%	0.00%	0.00%	0.00%	99.58%	99.59%	0.00%	0.00%	0.00%	0.00%	0.00%	99.70%	0.00%	0.00%	0.00%	99.66%	0.00%	99.58%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.35%	0.41%	0.30%	0.34%	100.00%	100.00%	100.00%	100.00%	100.00%	0.35%	100.00%	100.00%	0.41%	100.00%	0.34%	100.00%	100.00%	100.00%	100.00%	100.00%	0.42%	0.41%	100.00%	100.00%	100.00%	100.00%	100.00%	0.30%	100.00%	100.00%	100.00%	0.34%	100.00%	0.42%
Claims Information	Total Allowed Claims (TAC)	$302,531,931	$28,375,781	$21,245,348	$116,064,739	$0	$0	$0	$0	$0	$8,302	$0	$0	$59,042,259	$0	$30,791,144	$0	$0	$0	$0	$0	$2,022,906	$14,463,145	$0	$0	$0	$0	$0	$23,479,043	$0	$0	$0	$6,268,811	$0	$770,454
	EHB Percent of TAC, [see instructions]	99.73%	99.73%	99.73%	99.73%	0.00%	0.00%	0.00%	0.00%	0.00%	99.73%	0.00%	0.00%	99.73%	0.00%	99.73%	0.00%	0.00%	0.00%	0.00%	0.00%	99.73%	99.73%	0.00%	0.00%	0.00%	0.00%	0.00%	99.73%	0.00%	0.00%	0.00%	99.73%	0.00%	99.73%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.27%	0.27%	0.27%	0.27%	100.00%	100.00%	100.00%	100.00%	100.00%	0.27%	100.00%	100.00%	0.27%	100.00%	0.27%	100.00%	100.00%	100.00%	100.00%	100.00%	0.27%	0.27%	100.00%	100.00%	100.00%	100.00%	100.00%	0.27%	100.00%	100.00%	100.00%	0.27%	100.00%	0.27%
	Allowed Claims which are not the issuer's obligation	$77,407,735	$10,334,076	$2,581,423	$25,641,452	$0	$0	$0	$0	$0	$2,099	$0	$0	$21,164,700	$0	$7,060,633	$0	$0	$0	$0	$0	$771,806	$5,267,282	$0	$0	$0	$0	$0	$2,852,828	$0	$0	$0	$1,437,484	$0	$293,954
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$10,325,594	$0	$0	$8,178,614						$561			$0		$2,146,419						$0													
	Portion of above payable by HHS on behalf of insured person, as %	13.34%	0.00%	0.00%	31.90%						26.74%			0.00%		30.40%						0.00%													
	Total Incurred claims, payable with issuer funds	$225,124,196	$18,041,705	$18,663,925	$90,423,287	$0	$0	$0	$0	$0	$6,203	$0	$0	$37,877,558	$0	$23,730,511	$0	$0	$0	$0	$0	$1,251,100	$9,195,863	$0	$0	$0	$0	$0	$20,626,214	$0	$0	$0	$4,831,327	$0	$476,500
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$51,240	$4,929	$3,417	$19,573	$0	$0	$0	$0	$0	$1	$0	$0	$10,255	$0	$5,192	$0	$0	$0	$0	$0	$382	$2,512	$0	$0	$0	$0	$0	$3,776	$0	$0	$0	$1,057	$0	$145

Incurred Claims PMPM	$615.09	$512.48	$764.73	$646.79	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$620.35	#DIV/0!	#DIV/0!	$517.09	#DIV/0!	$639.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$458.61	$512.48	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$764.73	#DIV/0!	#DIV/0!	#DIV/0!	$639.83	#DIV/0!	$458.61
Allowed Claims PMPM	$826.59	$806.02	$870.50	$830.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$830.20	#DIV/0!	#DIV/0!	$806.02	#DIV/0!	$830.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$741.53	$806.02	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$870.50	#DIV/0!	#DIV/0!	#DIV/0!	$830.20	#DIV/0!	$741.53
EHB portion of Allowed Claims, PMPM	$824.36	$803.84	$868.15	$827.95	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$827.95	#DIV/0!	#DIV/0!	$803.84	#DIV/0!	$827.95	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$739.53	$803.84	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$868.15	#DIV/0!	#DIV/0!	#DIV/0!	$827.95	#DIV/0!	$739.53