Product-Plan Data Collection

Company Legal Name:	**Optimum Choice, Inc.**	State:	**DE**
HIOS Issuer ID:	**97569**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2019**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	DE001 Plans																
Product ID:	97569DE001																
Metal:	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
AV Metal Value	0.910	0.802	0.787	0.798	0.760	0.705	0.714	0.700	0.627	0.613	0.888	0.886	0.806	0.814	0.717	0.719	0.720
AV Pricing Value	1.203	0.977	0.869	0.889	0.812	0.765	0.731	0.855	0.644	0.630	0.010	0.010	0.010	0.010	0.010	0.010	0.010
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing	New	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	BIG3	BIG9	BIGZ	BIG2	BIG4	BIG7	BIG5	BIG6	BIG8	BIHA	ATTG	ATTH	ATTB	ALAK	ALAH	ATTA	ALAF
Plan ID (Standard Component ID):	97569DE0010004	97569DE0010008	97569DE0010016	97569DE0010022	97569DE0010038	97569DE0010033	97569DE0010085	97569DE0010086	97569DE0010045	97569DE0010084	97569DE0010005	97569DE0010006	97569DE0010010	97569DE0010018	97569DE0010027	97569DE0010029	97569DE0010031
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%																
Historical Rate Increase - Calendar Year - 1	0.00%																
Historical Rate Increase - Calendar Year 0	2.78%																
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)	4.90%	-5.40%	-7.20%	-6.90%	4.70%	2.50%	0.00%	0.00%	-1.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	13.70%	2.50%	0.50%	0.90%	13.50%	11.10%	0.00%	0.00%	6.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	64.94%	67.59%	41.77%	41.94%	51.79%	61.44%	#DIV/0!	#DIV/0!	51.89%	#DIV/0!	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Rate Increase %	11.07%																

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

Plan ID (Standard Component ID):	Total	97569DE0010004	97569DE0010008	97569DE0010016	97569DE0010022	97569DE0010038	97569DE0010033	97569DE0010085	97569DE0010086	97569DE0010045	97569DE0010084	97569DE0010005	97569DE0010006	97569DE0010010	97569DE0010018	97569DE0010027	97569DE0010029	97569DE0010031
Inpatient	$0.31	$2.77	-$2.48	-$2.89	-$2.82	$1.38	$0.62	$0.00	$0.00	-$0.42	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$2.17	$19.57	-$17.51	-$20.43	-$19.95	$9.78	$4.37	$0.00	$0.00	-$2.96	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.71	$6.40	-$5.73	-$6.68	-$6.52	$3.20	$1.43	$0.00	$0.00	-$0.97	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.89	$8.00	-$7.16	-$8.36	-$8.16	$4.00	$1.79	$0.00	$0.00	-$1.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.01	$0.05	-$0.05	-$0.06	-$0.05	$0.03	$0.01	$0.00	$0.00	-$0.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.21	$1.92	-$1.72	-$2.00	-$1.96	$0.96	$0.43	$0.00	$0.00	-$0.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.55	$4.92	-$4.40	-$5.14	-$5.02	$2.46	$1.10	$0.00	$0.00	-$0.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.11	$1.00	-$0.89	-$1.04	-$1.02	$0.50	$0.22	$0.00	$0.00	-$0.15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.25	$2.24	-$2.00	-$2.33	-$2.28	$1.12	$0.50	$0.00	$0.00	-$0.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$5.20	$46.86	-$41.94	-$48.93	-$47.77	$23.42	$10.46	$0.00	$0.00	-$7.10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$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

Average Current Rate PMPM	$709.75	$956.31	$776.60	$679.56	$692.28	$498.35	$418.35	$0.00	$0.00	$506.99	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Projected Member Months	5,179	2,199	829	12	12	342	1,631	12	12	118	12	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	97569DE0010004	97569DE0010008	97569DE0010016	97569DE0010022	97569DE0010038	97569DE0010033	97569DE0010085	97569DE0010086	97569DE0010045	97569DE0010084	97569DE0010005	97569DE0010006	97569DE0010010	97569DE0010018	97569DE0010027	97569DE0010029	97569DE0010031
Plan Adjusted Index Rate	$458.82	$542.06	$433.34	$455.47	$465.27	$397.49	$352.17	$0.00	$0.00	$315.08	$0.00	$577.46	$550.36	$482.51	$459.72	$368.36	$401.21	$372.15
Member Months	676	156	156	0	0	63	133	0	0	17	0	48	83	0	0	20	0	0
Total Premium (TP)	$454,944	$145,781	$96,375	$0	$0	$29,795	$49,630	$0	$0	$8,708	$0	$66,415	$48,976	$0	$0	$9,265	$0	$0
EHB Percent of TP, [see instructions]	99.85%	99.53%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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%
Other benefits portion of TP	0.15%	0.47%	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%
Total Allowed Claims (TAC)	$290,753	$35,389	$79,159	$0	$0	$2,496	$79,231	$0	$0	$510	$0	$84,301	$9,231	$0	$0	$436	$0	$0
EHB Percent of TAC, [see instructions]	99.94%	99.53%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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%
Other benefits portion of TAC	0.06%	0.47%	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%
Allowed Claims which are not the issuer's obligation:	$46,281	$5,090	$19,519	$0	$0	$518	$16,072	$0	$0	$63	$0	$3,074	$1,945	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$244,473	$30,299	$59,640	$0	$0	$1,978	$63,159	$0	$0	$448	$0	$81,227	$7,286	$0	$0	$436	$0	$0
Net Amt of Rein	$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
Risk Adjustment Transfer Amount	-$43,903.00	-$14,068.10	-$9,300.34	$0.00	$0.00	-$2,875.30	-$4,789.43	$0.00	$0.00	-$840.33	$0.00	-$6,409.13	-$4,726.25	$0.00	$0.00	-$894.12	$0.00	$0.00

Incurred Claims PMPM	$361.65	$194.22	$382.31	#DIV/0!	#DIV/0!	$31.39	$474.88	#DIV/0!	#DIV/0!	$26.32	#DIV/0!	$1,692.23	$87.78	#DIV/0!	#DIV/0!	$21.81	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$429.11	$226.85	$507.43	#DIV/0!	#DIV/0!	$39.62	$595.72	#DIV/0!	#DIV/0!	$30.01	#DIV/0!	$1,756.26	$111.22	#DIV/0!	#DIV/0!	$21.80	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$429.86	$225.79	$507.43	#DIV/0!	#DIV/0!	$39.62	$595.72	#DIV/0!	#DIV/0!	$30.01	#DIV/0!	$1,756.26	$111.22	#DIV/0!	#DIV/0!	$21.80	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	97569DE0010004	97569DE0010008	97569DE0010016	97569DE0010022	97569DE0010038	97569DE0010033	97569DE0010085	97569DE0010086	97569DE0010045	97569DE0010084	97569DE0010005	97569DE0010006	97569DE0010010	97569DE0010018	97569DE0010027	97569DE0010029	97569DE0010031
Plan Adjusted Index Rate	$732.51	$894.09	$726.23	$645.71	$660.43	$603.36	$568.54	$543.06	$635.06	$478.57	$468.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	5,179	2,199	829	12	12	342	1,631	12	12	118	12	-	-	-	-	-	-	-
Total Premium (TP)	$3,793,680	$1,966,099	$602,044	$7,749	$7,925	$206,348	$927,290	$6,517	$7,621	$56,471	$5,616	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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%
Other benefits portion of TP	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$3,505,008	$1,573,084	$553,827	$8,017	$8,017	$228,479	$1,041,403	$7,662	$7,662	$69,763	$7,095	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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%
Other benefits portion of TAC	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$489,865	$10,467	$75,334	$1,858	$1,718	$64,477	$304,411	$2,483	$1,605	$24,880	$2,631	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$3,015,142	$1,562,617	$478,493	$6,158	$6,299	$164,001	$736,992	$5,179	$6,057	$44,882	$4,464	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Risk Adjustment Transfer Amount	-$175,309	-$74,436	-$28,062	-$406	-$406	-$11,577	-$55,209	-$406	-$406	-$3,994	-$406	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	$582.19	$710.60	$577.19	$513.20	$524.89	$479.54	$451.87	$431.61	$504.73	$380.36	$371.99	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$676.77	$715.36	$668.07	$668.07	$668.07	$668.07	$638.51	$638.51	$638.51	$591.21	$591.21	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$675.90	$714.44	$667.20	$667.20	$667.20	$667.20	$637.68	$637.68	$637.68	$590.44	$590.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!