Company Legal Name: **Aetna Life Insurance Company**
HIOS Issuer ID: **29497**
Effective Date of Rate Change(s): **1/1/2019**

State: **DE**
Market: **Small Group**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Aetna Preferred Provider Organization 29497DE007																															Aetna Preferred Provider Organization 29497DE010	
Metal:		Silver	Silver	Gold	Silver	Bronze	Bronze	Bronze	Silver	Gold	Gold	Silver	Silver	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Gold	Silver	Gold	Silver	Silver	Silver	Gold	Gold	Silver	Bronze	Bronze	Bronze	Gold	Silver
AV Metal Value		0.690	0.710	0.782	0.684	0.595	0.620	0.582	0.693	0.801	0.800	0.719	0.695	0.902	0.817	0.804	0.806	0.806	0.716	0.791	0.709	0.708	0.711	0.694	0.820	0.791	0.711	0.612	0.617	0.619	0.801	0.701
AV Pricing Value		0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	1.104	0.878	0.010	0.010	0.768	0.010	0.010
Plan Category		Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Terminated	Terminated	Renewing	Terminated	Terminated
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		DE Silver PPO 2600 80/50 HSA	DE Silver PPO 2600 90/50 HSA	DE Gold PPO 1500 90/50 HSA	DE Silver PPO 3000 90/50 HSA	DE Bronze PPO 6000 100/50 HSA	DE Bronze PPO 5000 80/50 HSA	DE Bronze PPO 6450 100/50 HSA	DE Silver PPO 3500 100/50 HSA	DE Gold PPO 2000 100/50 HSA	DE Gold PPO 1500 100/50 HSA	DE Silver PPO 2500 100/50 Int.	DE Silver PPO 4500 100/50 Int.	DE Platinum PPO 100/50 2000	DE Gold PPO 100/50 5000	DE Gold PPO 1000 100/50 250A	DE Gold PPO 1000 100/50	DE Gold PPO 1500 100/50	DE Silver PPO 2000 100/50	DE Gold PPO 2500 100/50	DE Silver PPO 2500 100/50	DE Silver PPO 3000 100/50	DE Silver PPO 3500 100/50	DE Silver PPO 4500 100/50	Aetna Gold PPO 1500 90/50	Aetna Gold PPO 2000 80/50 $30/75	Aetna Silver PPO $100 80/50 $30/75	Aetna Bronze PPO 6550 100/50 HSA	Aetna Bronze PPO 7000 100/50 Int.	Aetna Bronze PPO 6000 80/50 HSA	Aetna Gold PPO 2500 100/50	Aetna Silver PPO 3000 100/50 300A HSA
Plan ID (Standard Component ID):		29497DE0070019	29497DE0070020	29497DE0070021	29497DE0070023	29497DE0070024	29497DE0070025	29497DE0070026	29497DE0070027	29497DE0070028	29497DE0070029	29497DE0070030	29497DE0070031	29497DE0070032	29497DE0070033	29497DE0070034	29497DE0070035	29497DE0070036	29497DE0070037	29497DE0070038	29497DE0070039	29497DE0070040	29497DE0070041	29497DE0070042	29497DE0070043	29497DE0070046	29497DE0070047	29497DE0070048	29497DE0070049	29497DE0070050	29497DE0100003	29497DE0100004
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.66%																													0.00%	
Historical Rate Increase - Calendar Year -1		15.22%																													0.00%	
Historical Rate Increase - Calendar Year 0		2.50%																													0.00%	
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	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)		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%	6.91%	6.16%	0.00%	0.00%	8.02%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		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%	9.70%	8.93%	0.00%	0.00%	10.83%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	15.35%	20.19%	#DIV/0!	#DIV/0!	-1.28%	#DIV/0!	#DIV/0!
Product Rate Increase %		9.53%																													0.00%	

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

Plan ID (Standard Component ID):	Total	29497DE0070019	29497DE0070020	29497DE0070021	29497DE0070023	29497DE0070024	29497DE0070025	29497DE0070026	29497DE0070027	29497DE0070028	29497DE0070029	29497DE0070030	29497DE0070031	29497DE0070032	29497DE0070033	29497DE0070034	29497DE0070035	29497DE0070036	29497DE0070037	29497DE0070038	29497DE0070039	29497DE0070040	29497DE0070041	29497DE0070042	29497DE0070043	29497DE0070046	29497DE0070047	29497DE0070048	29497DE0070049	29497DE0070050	29497DE0100003	29497DE0100004
Inpatient	$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
Outpatient	$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
Professional	$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
Prescription Drug	$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	$39.12	$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	$49.02	$35.01	$0.00	$0.00	$39.16	$0.00	$0.00
Capitation	$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
Administration	$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
Taxes & Fees	$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
Risk & Profit Charge	$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
Total Rate Increase	$39.12	$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	$49.02	$35.01	$0.00	$0.00	$39.16	$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	$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	$591.45	$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	$708.99	$568.13	$0.00	$0.00	$488.41	$0.00	$0.00
Projected Member Months	23,342	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,730	11,549	0	0	5,063	0	0

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	29497DE0070019	29497DE0070020	29497DE0070021	29497DE0070023	29497DE0070024	29497DE0070025	29497DE0070026	29497DE0070027	29497DE0070028	29497DE0070029	29497DE0070030	29497DE0070031	29497DE0070032	29497DE0070033	29497DE0070034	29497DE0070035	29497DE0070036	29497DE0070037	29497DE0070038	29497DE0070039	29497DE0070040	29497DE0070041	29497DE0070042	29497DE0070043	29497DE0070046	29497DE0070047	29497DE0070048	29497DE0070049	29497DE0070050	29497DE0100003	29497DE0100004
Premium Information	Plan Adjusted Index Rate	$541.63	$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	$656.83	$501.59	$0.00	$0.00	$534.13	$0.00	$0.00
	Member Months	23,024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,963	9,638	0	0	9,423	0	0
	Total Premium (TP)	$11,732,780	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,293,406	$4,746,459	$0	$0	$4,692,915	$0	$0
	EHB Percent of TP, [see instructions]	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%	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%	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	0.00%	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%
Claims Information	Total Allowed Claims (TAC)	$10,148,193	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,141,976	$4,161,774	$0	$0	$3,844,443	$0	$0
	EHB Percent of TAC, [see instructions]	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%	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%	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	0.00%	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%
	Allowed Claims which are not the issuer's obligation:	$2,155,190	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$254,001	$971,429	$0	$0	$929,760	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																														
	Portion of above payable by HHS on behalf of insured person, as %	0.00%																														
	Total Incurred claims, payable with issuer funds	$7,993,003	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,887,975	$3,190,345	$0	$0	$2,914,683	$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	$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	-$1,523,708.18	$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	-$105,109.96	-$1,060,389.19	$0.00	$0.00	-$358,209.23	$0.00	$0.00

Incurred Claims PMPM	$347.16	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$476.40	$331.02	#DIV/0!	#DIV/0!	$309.32	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$440.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$540.49	$431.81	#DIV/0!	#DIV/0!	$407.99	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$440.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$540.49	$431.81	#DIV/0!	#DIV/0!	$407.99	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	29497DE0070019	29497DE0070020	29497DE0070021	29497DE0070023	29497DE0070024	29497DE0070025	29497DE0070026	29497DE0070027	29497DE0070028	29497DE0070029	29497DE0070030	29497DE0070031	29497DE0070032	29497DE0070033	29497DE0070034	29497DE0070035	29497DE0070036	29497DE0070037	29497DE0070038	29497DE0070039	29497DE0070040	29497DE0070041	29497DE0070042	29497DE0070043	29497DE0070046	29497DE0070047	29497DE0070048	29497DE0070049	29497DE0070050	29497DE0100003	29497DE0100004
Premium Information	Plan Adjusted Index Rate	$631.09	$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	$757.65	$602.84	$0.00	$0.00	$527.31	$0.00	$0.00
	Member Months	23,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,730	11,549	-	-	5,063	-	-
	Total Premium (TP)	$13,661,337	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$4,728,774	$6,456,643	$0	$0	$2,475,920	$0	$0
	EHB Percent of TP, [see instructions]	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%	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%	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	0.00%	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%
Claims Information	Total Allowed Claims (TAC)	$13,554,963	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$4,189,790	$6,544,336	$0	$0	$2,820,817	$0	$0
	EHB Percent of TAC, [see instructions]	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%	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%	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	0.00%	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%
	Allowed Claims which are not the issuer's obligation	$3,525,007	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$717,993	$1,803,962	$0	$0	$1,003,052	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																														
	Portion of above payable by HHS on behalf of insured person, as %	0.00%																														
	Total Incurred claims, payable with issuer funds	$10,029,956	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$3,471,797	$4,740,374	$0	$0	$1,817,785	$0	$0
	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
	Risk Adjustment Transfer Amount	-$1,059,217	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	-$303,700	-$524,722	$0	$0	-$230,795	$0	$0

Incurred Claims PMPM	$429.70	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$515.87	$410.46	#DIV/0!	#DIV/0!	$359.03	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$580.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$622.55	$566.66	#DIV/0!	#DIV/0!	$557.15	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$580.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$622.55	$566.66	#DIV/0!	#DIV/0!	$557.15	#DIV/0!	#DIV/0!