Company Legal Name: **UnitedHealthcare Insurance Company** State: **DE**
HIOS Issuer ID: **61021** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2019**

Product/Plan Level Calculations

Section I: General Product and Plan Information

	61021DE0010000	61021DE0010001	61021DE0010005	61021DE0010008	61021DE0010018	61021DE0010020	61021DE0010026	61021DE0010069	61021DE0010029	61021DE0010037	61021DE0010068	61021DE0010070	61021DE0010071	61021DE0010072
Product	DE001 Plans													
Product ID:	61021DE001													
Metal:	Not Applicable	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.000	0.897	0.876	0.794	0.794	0.771	0.763	0.769	0.717	0.710	0.667	0.700	0.698	0.687
AV Pricing Value	0.000	1.176	1.266	1.003	0.932	0.876	0.925	1.031	0.877	0.771	0.799	0.918	0.791	0.754
Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New
Plan Type:	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name	Terminated Products	BIGT	BIGJ	BIGK	BIGL	BIGM	BIGO	BIGB	BIF9	BIF6	BIF7	BIGV	BIGW	BIGX
Plan ID (Standard Component ID):	61021DE0010000	61021DE0010001	61021DE0010005	61021DE0010008	61021DE0010018	61021DE0010020	61021DE0010026	61021DE0010069	61021DE0010029	61021DE0010037	61021DE0010068	61021DE0010070	61021DE0010071	61021DE0010072
Exchange Plan?	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	-0.87%													
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
Rate Change % (over prior filing)	0.00%	-7.70%	2.50%	-4.30%	-8.90%	-10.60%	-7.20%	-9.60%	-2.90%	-7.10%	-14.70%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.10%	11.10%	3.80%	-1.20%	-3.00%	0.60%	-1.90%	5.30%	0.80%	-7.50%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	17.83%	30.01%	28.46%	15.96%	8.81%	13.50%	17.38%	30.30%	6.21%	11.30%	#DIV/0!	#DIV/0!	#DIV/0!
Product Rate Increase %	4.67%													

	61021DE0010003	61021DE0010010	61021DE0010022	61021DE0010031	61021DE0040001	61021DE0040005	61021DE0040008	61021DE0040020	61021DE0040022	61021DE0040026	61021DE0040081	61021DE0040084	61021DE0040086	61021DE0040029
Product					DE004 Plans									
Product ID:					61021DE004									
Metal:	Platinum	Gold	Gold	Silver	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver
AV Metal Value	0.900	0.800	0.807	0.713	0.897	0.876	0.794	0.794	0.771	0.763	0.769	0.818	0.761	0.717
AV Pricing Value	0.010	0.010	0.010	0.010	1.158	1.247	0.984	0.916	0.859	0.909	1.016	0.968	0.881	0.861
Plan Category	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing
Plan Type:	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	ATT6	AEYP	ATT4	ALAO	BIGQ	BIGY	ATTT	BIGS	BIGI	BIGN	BIF8	BIGE	BIGG	ATTM
Plan ID (Standard Component ID):	61021DE0010003	61021DE0010010	61021DE0010022	61021DE0010031	61021DE0040001	61021DE0040005	61021DE0040008	61021DE0040020	61021DE0040022	61021DE0040026	61021DE0040081	61021DE0040084	61021DE0040086	61021DE0040029
Exchange Plan?	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					2.97%									
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
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	-7.70%	2.70%	-4.20%	-8.80%	-10.60%	-7.00%	-9.80%	0.00%	0.00%	-2.70%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.10%	11.40%	3.90%	-1.10%	-3.00%	0.80%	-2.10%	0.00%	0.00%	5.50%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	-100.00%	18.42%	30.87%	29.83%	16.68%	9.31%	14.14%	18.04%	#DIV/0!	#DIV/0!	31.94%
Product Rate Increase %					4.25%									

	61021DE0040039	61021DE0040083	61021DE0040085	61021DE0040087	61021DE0040088	61021DE0040089	61021DE0040090	61021DE0040043	61021DE0040082	61021DE0040003	61021DE0040010	61021DE0040016	61021DE0040018	61021DE0040031
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Platinum	Gold	Gold	Gold	Silver
AV Metal Value	0.710	0.667	0.661	0.701	0.698	0.687	0.700	0.627	0.613	0.900	0.800	0.786	0.807	0.713
AV Pricing Value	0.755	0.785	0.723	0.740	0.777	0.740	0.902	0.684	0.669	0.010	0.010	0.010	0.010	0.010
Plan Category	Renewing	New	New	New	New	New	New	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	BIF5	BIGA	BIGF	BIGH	BIGP	BIGR	BIGU	BIGC	BIGD	ATT5	AEYO	ATT2	ATT3	ALAN
Plan ID (Standard Component ID):	61021DE0040039	61021DE0040083	61021DE0040085	61021DE0040087	61021DE0040088	61021DE0040089	61021DE0040090	61021DE0040043	61021DE0040082	61021DE0040003	61021DE0040010	61021DE0040016	61021DE0040018	61021DE0040031
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No
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
Rate Change % (over prior filing)	-7.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.40%	-2.80%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.90%	5.40%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	6.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	21.12%	26.97%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%

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

Plan ID (Standard Component ID):	Total	61021DE0010000	61021DE0010001	61021DE0010005	61021DE0010008	61021DE0010018	61021DE0010020	61021DE0010026	61021DE0010069	61021DE0010029	61021DE0010037	61021DE0010068	61021DE0010070	61021DE0010071
Inpatient	-$4.37	$0.00	-$24.36	$7.09	-$11.18	-$23.27	-$24.65	-$21.37	-$27.16	-$6.50	-$13.50	-$30.37	$0.00	$0.00
Outpatient	-$1.49	$0.00	-$8.27	$2.41	-$3.80	-$7.91	-$8.37	-$7.26	-$9.23	-$2.21	-$4.59	-$10.32	$0.00	$0.00
Professional	-$1.89	$0.00	-$10.50	$3.06	-$4.82	-$10.03	-$10.63	-$9.22	-$11.71	-$2.80	-$5.82	-$13.10	$0.00	$0.00
Prescription Drug	-$0.48	$0.00	-$2.68	$0.78	-$1.23	-$2.56	-$2.72	-$2.36	-$2.99	-$0.72	-$1.49	-$3.35	$0.00	$0.00
Other	-$0.02	$0.00	-$0.10	$0.03	-$0.05	-$0.10	-$0.11	-$0.09	-$0.12	-$0.03	-$0.06	-$0.13	$0.00	$0.00
Capitation	-$0.16	$0.00	-$0.90	$0.26	-$0.41	-$0.86	-$0.91	-$0.79	-$1.00	-$0.24	-$0.50	-$1.12	$0.00	$0.00
Administration	-$1.05	$0.00	-$5.83	$1.70	-$2.68	-$5.57	-$5.90	-$5.12	-$6.51	-$1.56	-$3.23	-$7.28	$0.00	$0.00
Taxes & Fees	-$0.43	$0.00	-$2.39	$0.70	-$1.10	-$2.29	-$2.42	-$2.10	-$2.67	-$0.64	-$1.33	-$2.98	$0.00	$0.00
Risk & Profit Charge	-$0.49	$0.00	-$2.71	$0.79	-$1.25	-$2.59	-$2.75	-$2.38	-$3.03	-$0.72	-$1.51	-$3.39	$0.00	$0.00
Total Rate Increase	-$10.37	$0.00	-$57.76	$16.81	-$26.52	-$55.19	-$58.45	-$50.69	-$64.42	-$15.42	-$32.03	-$72.03	$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
Average Current Rate PMPM	$627.10	$0.00	$750.18	$672.32	$616.77	$620.17	$551.46	$704.07	$671.04	$531.71	$451.09	$490.01	$0.00	$0.00
Projected Member Months	20,036	0	400	5,571	12	3,168	563	902	12	12	2,507	289	12	12

Plan ID (Standard Component ID):	61021DE0010072	61021DE0010003	61021DE0010010	61021DE0010022	61021DE0010031	61021DE0040001	61021DE0040005	61021DE0040008	61021DE0040020	61021DE0040022	61021DE0040026	61021DE0040081	61021DE0040084	61021DE0040086
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	-$23.95	$8.14	-$12.95	-$24.35	-$25.28	-$20.13	-$27.37	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	-$8.14	$2.76	-$4.40	-$8.27	-$8.59	-$6.84	-$9.30	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	-$10.33	$3.51	-$5.59	-$10.50	-$10.90	-$8.68	-$11.80	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	-$2.64	$0.90	-$1.43	-$2.68	-$2.79	-$2.22	-$3.02	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.10	$0.03	-$0.06	-$0.10	-$0.11	-$0.09	-$0.12	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.89	$0.30	-$0.48	-$0.90	-$0.94	-$0.74	-$1.01	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	-$5.74	$1.95	-$3.10	-$5.83	-$6.06	-$4.82	-$6.56	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	-$2.35	$0.80	-$1.27	-$2.39	-$2.48	-$1.98	-$2.69	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	-$2.67	$0.91	-$1.44	-$2.71	-$2.82	-$2.24	-$3.05	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	-$56.81	$19.30	-$30.72	-$57.74	-$59.95	-$47.73	-$64.92	$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
Average Current Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$737.74	$714.69	$731.51	$656.19	$565.57	$681.88	$662.47	$0.00	$0.00
Projected Member Months	12	0	0	0	0	1,360	1,360	1,048	66	12	1,107	12	12	12

Plan ID (Standard Component ID):	61021DE0040029	61021DE0040039	61021DE0040083	61021DE0040085	61021DE0040087	61021DE0040088	61021DE0040089	61021DE0040090	61021DE0040043	61021DE0040082	61021DE0040003	61021DE0040010	61021DE0040016	61021DE0040018	61021DE0040031
Inpatient	-$5.93	-$13.53	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$7.76	-$4.26	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	-$2.02	-$4.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$2.64	-$1.45	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	-$2.56	-$5.83	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$3.35	-$1.84	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	-$0.65	-$1.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.86	-$0.47	$0.00	$0.00	$0.00	$0.00	$0.00
Other	-$0.03	-$0.06	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.03	-$0.02	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	-$0.22	-$0.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.29	-$0.16	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	-$1.42	-$3.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$1.86	-$1.02	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	-$0.58	-$1.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.76	-$0.42	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	-$0.66	-$1.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.87	-$0.47	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	-$14.07	-$32.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$18.40	-$10.10	$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
Average Current Rate PMPM	$520.98	$451.82	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$766.85	$360.67	$0.00	$0.00	$0.00	$0.00	$0.00
Projected Member Months	1,069	245	12	12	12	12	12	12	59	130	0	0	0	0	0

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	61021DE0010000	61021DE0010001	61021DE0010005	61021DE0010008	61021DE0010018	61021DE0010020	61021DE0010026	61021DE0010069	61021DE0010029	61021DE0010037	61021DE0010068	61021DE0010070	61021DE0010071
Premium Information	Plan Adjusted Index Rate	$498.23	$0.00	$603.68	$588.93	$472.26	$486.30	$486.80	$493.01	$531.40	$407.11	$438.80	$434.36	$0.00	$0.00
	Member Months	3,434	83	0	1,130	0	298	52	84	0	0	171	19	0	0
	Total Premium (TP)	$1,932,345	$35,128	$0	$666,509	$0	$171,207	$28,875	$57,670	$0	$0	$77,526	$6,614	$0	$0
	EHB Percent of TP, [see instructions]	99.12%	100.00%	100.00%	98.74%	100.00%	99.38%	92.76%	99.94%	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%
	Other benefits portion of TP	0.88%	0.00%	0.00%	1.26%	0.00%	0.62%	7.24%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	$1,764,639	$5,843	$0	$246,367	$0	$60,692	$4,550	$867,678	$0	$0	$37,426	$1,511	$0	$0
	EHB Percent of TAC, [see instructions]	99.61%	100.00%	100.00%	98.74%	100.00%	99.38%	92.76%	99.94%	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%
	Other benefits portion of TAC	0.39%	0.00%	0.00%	1.26%	0.00%	0.62%	7.24%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	$705,205	$4,492	$0	$17,440	$0	$20,086	$1,779	$510,552	$0	$0	$10,660	$1,205	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in	$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%	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$1,059,433	$1,350	$0	$228,927	$0	$40,607	$2,772	$357,126	$0	$0	$26,766	$306	$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
	Risk Adjustment Transfer Amount	-$156,084.08	$0.00	$0.00	-$54,833.74	$0.00	-$14,085.17	-$2,375.58	-$4,744.49	$0.00	$0.00	-$6,378.06	-$544.10	$0.00	$0.00
	Incurred Claims PMPM	$308.51	$16.27	#DIV/0!	$202.59	#DIV/0!	$136.26	$53.30	$4,251.50	#DIV/0!	#DIV/0!	$156.53	$16.13	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	$513.87	$70.39	#DIV/0!	$218.02	#DIV/0!	$203.67	$87.51	$10,329.50	#DIV/0!	#DIV/0!	$218.86	$79.53	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	$511.86	$70.39	#DIV/0!	$215.28	#DIV/0!	$202.40	$81.17	$10,323.39	#DIV/0!	#DIV/0!	$218.86	$79.53	#DIV/0!	#DIV/0!

Plan ID (Standard Component ID):	61021DE0010072	61021DE0010003	61021DE0010010	61021DE0010022	61021DE0010031	61021DE0040001	61021DE0040005	61021DE0040008	61021DE0040020	61021DE0040022	61021DE0040026	61021DE0040081	61021DE0040084	61021DE0040086
Plan Adjusted Index Rate	$0.00	$595.63	$515.45	$492.09	$406.97	$591.26	$576.51	$458.49	$474.80	$475.50	$481.57	$520.46	$0.00	$0.00
Member Months	0	280	0	275	0	0	0	192	10	0	203	0	0	0
Total Premium (TP)	$0	$201,617	$0	$123,882	$0	$0	$0	$116,887	$6,002	$0	$134,152	$0	$0	$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.27%	100.00%	100.00%	98.47%	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%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.73%	0.00%	0.00%	1.53%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$138,925	$0	$137,739	$0	$0	$0	$112,615	$6,019	$0	$12,704	$0	$0	$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.27%	100.00%	100.00%	98.47%	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%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.73%	0.00%	0.00%	1.53%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$0	$16,167	$0	$24,529	$0	$0	$0	$25,176	$2,831	$0	$7,122	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in	$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 %	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$122,758	$0	$113,209	$0	$0	$0	$87,440	$3,189	$0	$5,582	$0	$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
Risk Adjustment Transfer Amount	$0.00	-$16,587.03	$0.00	-$10,191.79	$0.00	$0.00	$0.00	-$9,616.30	-$493.79	$0.00	-$11,036.69	$0.00	$0.00	$0.00
Incurred Claims PMPM	#DIV/0!	$438.42	#DIV/0!	$411.67	#DIV/0!	#DIV/0!	#DIV/0!	$455.41	$318.88	#DIV/0!	$27.50	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	$496.16	#DIV/0!	$500.87	#DIV/0!	#DIV/0!	#DIV/0!	$586.54	$601.95	#DIV/0!	$62.58	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	$496.16	#DIV/0!	$500.87	#DIV/0!	#DIV/0!	#DIV/0!	$576.42	$601.95	#DIV/0!	$61.63	#DIV/0!	#DIV/0!	#DIV/0!

Plan ID (Standard Component ID):	61021DE0040029	61021DE0040039	61021DE0040083	61021DE0040085	61021DE0040087	61021DE0040088	61021DE0040089	61021DE0040090	61021DE0040043	61021DE0040082	61021DE0040003	61021DE0040010	61021DE0040016	61021DE0040018	61021DE0040031
Plan Adjusted Index Rate	$394.62	$428.85	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$341.33	$318.74	$583.70	$500.35	$478.75	$480.59	$394.83
Member Months	322	71	0	0	0	0	0	0	24	60	13	58	0	15	74
Total Premium (TP)	$143,477	$34,019	$0	$0	$0	$0	$0	$0	$17,606	$17,781	$8,903	$41,388	$0	$8,052	$35,049
EHB Percent of TP, [see instructions]	99.68%	98.92%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.49%	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%
Other benefits portion of TP	0.32%	1.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$82,586	$4,825	$0	$0	$0	$0	$0	$0	$3,875	$5,500	$2,529	$9,118	$0	$2,508	$21,629
EHB Percent of TAC, [see instructions]	99.68%	98.92%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.49%	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%
Other benefits portion of TAC	0.32%	1.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$37,282	$2,819	$0	$0	$0	$0	$0	$0	$802	$4,626	$250	$4,395	$0	$1,212	$11,781
Portion of above payable by HHS's funds on behalf of insured person, in	$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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$45,303	$2,006	$0	$0	$0	$0	$0	$0	$3,073	$873	$2,279	$4,723	$0	$1,296	$9,848
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
Risk Adjustment Transfer Amount	-$11,803.88	-$2,798.78	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$1,448.47	-$1,462.88	-$732.43	-$3,405.02	$0.00	-$662.43	-$2,883.46
Incurred Claims PMPM	$140.69	$28.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$128.05	$14.56	$175.27	$81.43	#DIV/0!	$86.42	$133.09
Allowed Claims PMPM	$256.48	$67.96	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$161.47	$91.66	$194.51	$157.20	#DIV/0!	$167.23	$292.29
EHB portion of Allowed Claims, PMPM	$255.66	$67.22	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$161.47	$89.36	$194.51	$157.20	#DIV/0!	$167.23	$292.29

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	61021DE0010000	61021DE0010001	61021DE0010005	61021DE0010008	61021DE0010018	61021DE0010020	61021DE0010026	61021DE0010069	61021DE0010029	61021DE0010037	61021DE0010068	61021DE0010070	61021DE0010071
Premium Information	Plan Adjusted Index Rate	$625.87	$0.00	$711.33	$765.66	$606.65	$563.90	$529.67	$559.55	$623.77	$530.46	$466.04	$483.46	$555.39	$478.11
	Member Months	20,036	-	400	5,571	12	3,168	563	902	12	12	2,507	289	12	12
	Total Premium (TP)	$12,539,989	$0	$284,534	$4,265,472	$7,280	$1,786,443	$298,202	$504,713	$7,485	$6,366	$1,168,370	$139,719	$6,665	$5,737
	EHB Percent of TP, [see instructions]	99.41%	100.00%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%
	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%
	Other benefits portion of TP	0.59%	0.00%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%
Claims Information	Total Allowed Claims (TAC)	$11,055,295	$0	$231,636	$3,226,108	$6,490	$1,713,263	$304,472	$487,804	$6,490	$6,202	$1,295,802	$149,376	$6,202	$6,202
	EHB Percent of TAC, [see instructions]	99.41%	100.00%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%
	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%
	Other benefits portion of TAC	0.59%	0.00%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%
	Allowed Claims which are not the issuer's obligation	$1,297,920	$0	$10,240	-$92,859	$825	$323,231	$72,441	$95,087	$665	$1,249	$386,692	$40,661	$1,017	$1,738
	Portion of above payable by HHS's funds on behalf of insured person, in	$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%	#DIV/0!	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 Incurred claims, payable with issuer funds	$9,757,375	$0	$221,396	$3,318,967	$5,664	$1,390,032	$232,031	$392,718	$5,824	$4,953	$909,110	$108,716	$5,186	$4,464
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Risk Adjustment Transfer Amount	-$567,420	$0	-$11,328	-$157,771	-$340	-$89,718	-$15,944	-$25,545	-$340	-$340	-$70,998	-$8,184	-$340	-$340
	Incurred Claims PMPM	$486.99	#DIV/0!	$553.49	$595.76	$472.03	$438.77	$412.13	$435.39	$485.35	$412.75	$362.63	$376.18	$432.15	$372.02
	Allowed Claims PMPM	$551.77	#DIV/0!	$579.09	$579.09	$540.80	$540.80	$540.80	$540.80	$540.80	$516.87	$516.87	$516.87	$516.87	$516.87
	EHB portion of Allowed Claims, PMPM	$548.53	#DIV/0!	$575.69	$575.69	$537.63	$537.63	$537.63	$537.63	$537.63	$513.84	$513.84	$513.84	$513.84	$513.84

Plan ID (Standard Component ID):	61021DE0010072	61021DE0010003	61021DE0010010	61021DE0010022	61021DE0010031	61021DE0040001	61021DE0040005	61021DE0040008	61021DE0040020	61021DE0040022	61021DE0040026	61021DE0040081	61021DE0040084	61021DE0040086
Plan Adjusted Index Rate	$455.75	$0.00	$0.00	$0.00	$0.00	$700.15	$754.48	$595.27	$554.01	$519.77	$549.65	$614.37	$585.57	$532.73
Member Months	12	-	-	-	-	1,360	1,360	1,048	66	12	1,107	12	12	12
Total Premium (TP)	$5,469	$0	$0	$0	$0	$952,208	$1,026,087	$623,842	$36,565	$6,237	$608,467	$7,372	$7,027	$6,393
EHB Percent of TP, [see instructions]	99.41%	100.00%	100.00%	100.00%	100.00%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%
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%
Other benefits portion of TP	0.59%	0.00%	0.00%	0.00%	0.00%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%
Total Allowed Claims (TAC)	$6,202	$0	$0	$0	$0	$787,562	$787,562	$566,761	$35,693	$6,490	$598,669	$6,490	$6,490	$6,490
EHB Percent of TAC, [see instructions]	99.41%	100.00%	100.00%	100.00%	100.00%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%
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%
Other benefits portion of TAC	0.59%	0.00%	0.00%	0.00%	0.00%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%
Allowed Claims which are not the issuer's obligation	$1,947	$0	$0	$0	$0	$46,648	-$10,837	$81,350	$7,242	$1,636	$125,220	$753	$1,022	$1,515
Portion of above payable by HHS's funds on behalf of insured person, in	$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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$4,255	$0	$0	$0	$0	$740,914	$798,399	$485,412	$28,451	$4,853	$473,449	$5,736	$5,468	$4,974
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Risk Adjustment Transfer Amount	-$340	$0	$0	$0	$0	-$38,515	-$38,515	-$29,679	-$1,869	-$340	-$31,350	-$340	-$340	-$340
Incurred Claims PMPM	$354.62	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$544.79	$587.06	$463.18	$431.07	$404.43	$427.69	$478.04	$455.63	$414.52
Allowed Claims PMPM	$516.87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$579.09	$579.09	$540.80	$540.80	$540.80	$540.80	$540.80	$540.80	$540.80
EHB portion of Allowed Claims, PMPM	$513.84	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$575.69	$575.69	$537.63	$537.63	$537.63	$537.63	$537.63	$537.63	$537.63

Plan ID (Standard Component ID):	61021DE0040029	61021DE0040039	61021DE0040083	61021DE0040085	61021DE0040087	61021DE0040088	61021DE0040089	61021DE0040090	61021DE0040043	61021DE0040082	61021DE0040003	61021DE0040010	61021DE0040016	61021DE0040018	61021DE0040031
Plan Adjusted Index Rate	$520.66	$456.64	$474.65	$437.35	$447.34	$470.00	$447.84	$545.30	$413.40	$404.70	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	1,069	245	12	12	12	12	12	12	59	130	-	-	-	-	-
Total Premium (TP)	$556,588	$111,878	$5,696	$5,248	$5,368	$5,640	$5,374	$6,544	$24,391	$52,610	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	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%
Other benefits portion of TP	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$552,538	$126,634	$6,202	$6,202	$6,202	$6,202	$6,202	$6,202	$28,237	$62,216	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	99.41%	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%
Other benefits portion of TAC	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.59%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$119,456	$39,582	$1,771	$2,119	$2,026	$1,814	$2,021	$1,111	$9,258	$21,280	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in	$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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$433,082	$87,052	$4,432	$4,084	$4,177	$4,388	$4,182	$5,092	$18,978	$40,936	$0	$0	$0	$0	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Risk Adjustment Transfer Amount	-$30,274	-$6,938	-$340	-$340	-$340	-$340	-$340	-$340	-$1,671	-$3,682	$0	$0	$0	$0	$0
Incurred Claims PMPM	$405.13	$355.31	$369.33	$340.30	$348.08	$365.71	$348.46	$424.30	$321.67	$314.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$516.87	$516.87	$516.87	$516.87	$516.87	$516.87	$516.87	$516.87	$478.59	$478.59	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$513.84	$513.84	$513.84	$513.84	$513.84	$513.84	$513.84	$513.84	$475.78	$475.78	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!