Product-Plan Data Collection

Company Legal Name: **Avera Health Plans, Inc.** State: **IA**
HIOS Issuer ID: **74980** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2016**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Avera Benefit Solutions																					
Product ID:		74980IA001																					
Metal:		Silver	Bronze	Platinum	Gold	Gold	Gold	Silver	Silver	Bronze	Bronze	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Platinum	Gold	Gold	
AV Metal Value		0.701	0.599	0.885	0.781	0.820	0.797	0.712	0.718	0.614	0.620	0.789	0.789	0.789	0.706	0.702	0.714	0.707	0.699	0.881	0.787	0.781	
AV Pricing Value		0.755	0.552	1.160	0.955	1.018	1.004	0.821	0.798	0.633	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
Plan Name		Avera $3,000 / 40% Coinsurance	Avera $4,500	Avera $500 / 20% Coinsurance	Avera $2,000 / 30% Coinsurance	Avera $1,000 / 30% Coinsurance	Avera $1,500 / 20% Coinsurance	Avera $3,500	Avera $2,500 / 30% Coinsurance	Avera $5,000 / 30% Coinsurance	Avera $2,000/50% Coinsurance	Avera $1,000/20% Coinsurance	Avera $1,000 / 20% Coinsurance	Avera $750/30% Coinsurance	Avera $2,000/20% Coinsurance	Avera $2,000 / 30% Coinsurance	Avera $2,000/30% Coinsurance	Avera $2,000/25% Coinsurance	Avera $2,000/$4,000 Out-of-Pocket	Avera $250 / 10% Coinsurance	Avera $1,500 / 10% Coinsurance	Avera $2,500 / 10% Coinsurance	
Plan ID (Standard Component ID):		74980IA0010015	74980IA0010017	74980IA0010019	74980IA0010020	74980IA0010021	74980IA0010022	74980IA0010023	74980IA0010024	74980IA0010025	74980IA0010001	74980IA0010002	74980IA0010003	74980IA0010004	74980IA0010005	74980IA0010006	74980IA0010007	74980IA0010008	74980IA0010009	74980IA0010010	74980IA0010011	74980IA0010012	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2		0.00%																					
Historical Rate Increase - Calendar Year - 1		0.00%																					
Historical Rate Increase - Calendar Year 0		2.30%																					
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)		-15.80%	-19.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-17.04%	-7.15%	-7.15%	-7.15%	-17.73%	-17.04%	-17.04%	-17.73%	-19.65%	-5.98%	-7.81%	-6.83%	
Cum'tive Rate Change % (over 12 mos prior)		-12.66%	-16.65%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-13.94%	-3.68%	-3.68%	-3.68%	-14.65%	-13.94%	-13.94%	-14.65%	-16.65%	-2.46%	-4.36%	-3.35%	
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	-32.95%	2.44%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-12.50%	#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!	
Product Threshold Rate Increase %		-13.03%																					

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

Plan ID (Standard Component ID):	Total	74980IA0010015	74980IA0010017	74980IA0010019	74980IA0010020	74980IA0010021	74980IA0010022	74980IA0010023	74980IA0010024	74980IA0010025	74980IA0010001	74980IA0010002	74980IA0010003	74980IA0010004	74980IA0010005	74980IA0010006	74980IA0010007	74980IA0010008	74980IA0010009	74980IA0010010	74980IA0010011	74980IA0010012
Inpatient	-$0.01	-$9.90	-$9.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$11.43	-$5.74	-$5.74	-$5.74	-$11.97	-$11.43	-$11.43	-$11.97	-$9.36	-$5.49	-$6.18	-$5.15
Outpatient	-$0.01	-$17.77	-$16.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$20.52	-$10.30	-$10.30	-$10.30	-$21.49	-$20.52	-$20.52	-$21.49	-$16.80	-$9.85	-$11.10	-$9.24
Professional	-$0.01	-$15.02	-$14.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$17.35	-$8.71	-$8.71	-$8.71	-$18.17	-$17.35	-$17.35	-$18.17	-$14.20	-$8.33	-$9.38	-$7.81
Prescription Drug	-$0.01	-$9.53	-$9.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$11.00	-$5.52	-$5.52	-$5.52	-$11.52	-$11.00	-$11.00	-$11.52	-$9.01	-$5.28	-$5.95	-$4.95
Other	$0.00	-$1.05	-$0.99	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$1.21	-$0.61	-$0.61	-$0.61	-$1.27	-$1.21	-$1.21	-$1.27	-$0.99	-$0.58	-$0.65	-$0.54
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
Administration	$0.00	-$2.80	-$3.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$3.50	-$0.50	-$0.50	-$0.50	-$3.81	-$3.50	-$3.50	-$3.81	-$3.24	-$1.17	-$0.20	-$0.61
Taxes & Fees	$0.00	-$4.27	-$3.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$4.86	-$3.02	-$3.02	-$3.02	-$5.06	-$4.86	-$4.86	-$5.06	-$3.88	-$3.06	-$3.17	-$2.75
Risk & Profit Charge	$0.00	-$0.20	-$0.19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.23	-$0.11	-$0.11	-$0.11	-$0.24	-$0.23	-$0.23	-$0.24	-$0.19	-$0.10	-$0.12	-$0.10
Total Rate Increase	-$0.05	-$60.54	-$57.67	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$70.10	-$33.51	-$33.51	-$33.51	-$73.53	-$70.10	-$70.10	-$73.53	-$57.67	-$31.52	-$36.35	-$29.93
Member Cost Share Increase	-$0.05	-$18.88	-$57.12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$6.43	-$0.50	-$0.50	-$0.50	-$4.08	-$6.43	-$6.43	-$4.08	-$57.12	$6.02	$6.25	-$5.13
Average Current Rate PMPM	$21.23	$383.10	$293.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$411.35	$468.57	$468.57	$468.57	$414.77	$411.35	$411.35	$414.77	$293.45	$527.38	$465.48	$438.16
Projected Member Months	5,388	271	36	135	36	1,922	289	36	2,293	370												

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	74980IA0010015	74980IA0010017	74980IA0010019	74980IA0010020	74980IA0010021	74980IA0010022	74980IA0010023	74980IA0010024	74980IA0010025	74980IA0010001	74980IA0010002	74980IA0010003	74980IA0010004	74980IA0010005	74980IA0010006	74980IA0010007	74980IA0010008	74980IA0010009	74980IA0010010	74980IA0010011	74980IA0010012
Plan Adjusted Index Rate	$7.34	$0.00	$351.27	$483.47	$0.00	$0.00	$0.00	$0.00	$389.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	6,200	0	5	18	0	0	0	0	90	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	$45,518	$0	$1,756	$8,702	$0	$0	$0	$0	$35,060	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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%
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%
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%
Total Allowed Claims (TAC)	$2,043,845	$0	$53	$3,000	$0	$0	$0	$0	$29,450	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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%
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%
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%
Allowed Claims which are not the issuer's obligation:	$514,827	$0	$53	$683	$0	$0	$0	$0	$10,436	$0	$0	$0	$0	$0	$0	$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	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	#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!
Total Incurred claims, payable with issuer funds	$1,529,018	$0	$0	$2,318	$0	$0	$0	$0	$19,014	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	-$593.25	$0.00	-$26.25	-$94.50	$0.00	$0.00	$0.00	$0.00	-$472.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Net Amt of Risk Adj	-$9.04	$0.00	-$0.40	-$1.44	$0.00	$0.00	$0.00	$0.00	-$7.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Incurred Claims PMPM	$246.62	#DIV/0!	$0.00	$128.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$211.26	#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!
Allowed Claims PMPM	$329.65	#DIV/0!	$10.58	$166.69	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$327.22	#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!
EHB portion of Allowed Claims, PMPM	$329.65	#DIV/0!	$10.58	$166.69	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$327.22	#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!

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

Plan ID (Standard Component ID):	Total	74980IA0010015	74980IA0010017	74980IA0010019	74980IA0010020	74980IA0010021	74980IA0010022	74980IA0010023	74980IA0010024	74980IA0010025	74980IA0010001	74980IA0010002	74980IA0010003	74980IA0010004	74980IA0010005	74980IA0010006	74980IA0010007	74980IA0010008	74980IA0010009	74980IA0010010	74980IA0010011	74980IA0010012
Plan Adjusted Index Rate	$376.88	$322.19	$235.52	$495.27	$407.75	$434.56	$428.63	$350.35	$340.85	$270.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	5,388	271	36	135	36	1,922	289	36	2,293	370	-	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$2,030,635	$87,313	$8,479	$66,861	$14,679	$835,224	$123,874	$12,613	$781,569	$100,022	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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%												
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%												
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%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$2,229,123	$105,624	$12,288	$61,837	$15,456	$845,415	$127,649	$14,641	$911,167	$135,046	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$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%												
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%												
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%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$549,537	$33,412	$5,277	$6,526	$3,314	$154,523	$25,183	$4,209	$264,757	$52,335	$0	$0	$0	$0	$0	$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	$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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Total Incurred claims, payable with issuer funds	$1,679,586	$72,212	$7,011	$55,310	$12,142	$690,893	$102,466	$10,432	$646,410	$82,711	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	-$12,123	-$610	-$81	-$304	-$81	-$4,325	-$650	-$81	-$5,159	-$833	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$786	-$40	-$5	-$20	-$5	-$280	-$42	-$5	-$334	-$54	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0