

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Avera Health Plans, Inc.
 60536
 1/1/2016

State: SD
 Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	Avera Benefit Solutions																					
	Silver		Bronze		Platinum		Gold		Silver		Bronze		Gold		Silver		Platinum		Gold			
AV Metal Value	0.701	0.599	0.865	0.781	0.820	0.797	0.712	0.718	0.810	0.614	0.620	0.789	0.789	0.789	0.789	0.789	0.789	0.789	0.789	0.789		
AV Pricing Value	0.766	0.560	1.177	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033		
Plan Type:	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD		
Plan Name:	Avera S3,000 / 60% Coinsurance	Avera S4,500	Avera S5,000 / 20% Coinsurance	Avera S2,000 / 30% Coinsurance	Avera S1,000 / 30% Coinsurance	Avera S1,500 / 20% Coinsurance	Avera S3,500	Avera S2,500 / 30% Coinsurance	Avera S5,000 / 30% Coinsurance	Avera S2,000/50% Coinsurance	Avera S1,000/20% Coinsurance	Avera S1,000 / 20% Coinsurance	Avera S7,500/30% Coinsurance	Avera S2,000/20% Coinsurance	Avera S1,000 / 20% Coinsurance	Avera S2,000/30% Coinsurance	Avera S2,000/25% Coinsurance	Avera S2,000/50% Out-of-Pocket	Avera S250 / 10% Coinsurance	Avera S1,500 / 10% Coinsurance	Avera S2,500 / 10% Coinsurance	
Plan ID (Standard Component ID):	60536SD0010015	60536SD0010017	60536SD0010019	60536SD0010020	60536SD0010021	60536SD0010022	60536SD0010023	60536SD0010025	60536SD0010026	60536SD0010029	60536SD0010030	60536SD0010031	60536SD0010033	60536SD0010035	60536SD0010036	60536SD0010038	60536SD0010039	60536SD0010040	60536SD0010041	60536SD0010042	60536SD0010043	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	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	6.85%																					
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)	3.64%	-5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	3.39%	3.39%	3.39%	3.39%	-0.60%	0.23%	0.23%	-0.60%	-5.56%	-1.61%	2.74%	1.31%
Combinative Rate Change % (lower 12 mos prior)	7.52%	-2.08%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Prod/Per Rate Change % (over Expir. Period)	#DIV/0!	-21.33%	19.12%	#DIV/0!	14.94%	#DIV/0!	#DIV/0!	2.67%	#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!
Product Threshold Rate Increase %	7.25%																					

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

Plan ID (Standard Component ID):	Total	60536SD0010015	60536SD0010017	60536SD0010019	60536SD0010020	60536SD0010021	60536SD0010022	60536SD0010023	60536SD0010025	60536SD0010026	60536SD0010029	60536SD0010030	60536SD0010031	60536SD0010033	60536SD0010035	60536SD0010036	60536SD0010038	60536SD0010039	60536SD0010040	60536SD0010041	60536SD0010042	60536SD0010043	
Inpatient	\$0.03	\$1.95	\$1.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.44	\$2.48	\$2.48	\$2.48	\$2.48	\$0.02	\$0.44	\$0.44	\$0.02	\$1.79	\$0.71	\$2.07	\$1.15
Outpatient	\$0.05	\$3.01	\$2.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.47	\$3.83	\$3.83	\$3.83	\$3.83	\$0.04	\$0.67	\$0.67	\$0.04	\$2.77	\$1.30	\$3.19	\$1.78
Professional	\$0.06	\$3.76	\$3.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.84	\$4.78	\$4.78	\$4.78	\$4.78	\$0.05	\$0.84	\$0.84	\$0.05	\$3.45	\$1.37	\$3.98	\$2.22
Prescription Drug	\$0.05	\$3.14	\$2.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.70	\$3.99	\$3.99	\$3.99	\$3.99	\$3.99	\$0.04	\$0.70	\$0.70	\$0.04	\$2.88	\$1.15	\$3.32	\$1.86
Other	\$0.00	\$0.32	\$0.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.07	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.00	\$0.07	\$0.07	\$0.00	\$0.30	\$0.12	\$0.34	\$0.19
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
Administration	\$0.02	\$1.26	\$1.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.20	\$1.59	\$1.59	\$1.59	\$1.59	\$1.59	\$0.08	\$0.20	\$0.20	\$0.08	\$1.31	\$0.64	\$1.31	\$0.68
Taxes & Fees	\$0.04	\$1.25	\$2.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.98	\$1.75	\$1.75	\$1.75	\$1.75	\$1.75	\$0.00	\$1.98	\$1.98	\$0.00	\$2.31	\$3.42	\$1.88	\$2.11
Risk & Profit Charge	\$0.01	\$0.14	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.09	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.00	\$0.09	\$0.09	\$0.00	\$0.37	\$0.33	\$0.11	\$0.02
Total Rate Increase	\$0.25	\$12.33	\$15.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.81	\$15.49	\$15.49	\$15.49	\$15.49	\$15.49	\$2.23	\$8.81	\$8.81	\$2.23	\$15.08	\$8.84	\$12.44	\$5.75
Member Cost Share Increase	\$0.02	\$3.56	\$1.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.01	\$6.02	\$6.02	\$6.02	\$6.02	\$6.02	\$8.01	\$8.01	\$8.01	\$8.01	\$1.33	\$3.67	\$4.32	\$0.97
Average Current Rate PMPM	\$57.42	\$338.38	\$271.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$370.17	\$457.55	\$457.55	\$457.55	\$457.55	\$457.55	\$373.27	\$370.17	\$370.17	\$373.27	\$271.46	\$547.98	\$454.15	\$438.12
Projected Member Months	8,844	8,387	300	1,123	300	15,950	2,396	300	19,018	3,076													

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	60536SD0010015	60536SD0010017	60536SD0010019	60536SD0010020	60536SD0010021	60536SD0010022	60536SD0010023	60536SD0010025	60536SD0010026	60536SD0010029	60536SD0010030	60536SD0010031	60536SD0010033	60536SD0010035	60536SD0010036	60536SD0010038	60536SD0010039	60536SD0010040	60536SD0010041	60536SD0010042	60536SD0010043	
Plan Adjusted Index Rate	\$69.32	\$0.00	\$329.86	\$458.15	\$0.00	\$416.61	\$0.00	\$0.00	\$365.81	\$0.00	\$0.00	\$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	43,782	0	721	539	0	4,107	0	0	2,294	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$3,034,957	\$0	\$237,823	\$246,943	\$0	\$1,711,017	\$0	\$0	\$839,168	\$0	\$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%	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%
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%
Total Allowed Claims (TAC)	\$15,244,212	\$0	\$135,432	\$167,014	\$0	\$1,834,270	\$0	\$0	\$1,107,842	\$0	\$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%	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%
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%
Allowed Claims which are not the issuer's obligation:	\$3,795,281	\$0	\$61,042	\$21,311	\$0	\$283,479	\$0	\$0	\$270,069	\$0	\$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	\$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%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	#DIV/0!
Total Incurred Claims, payable with issuer funds	\$11,448,931	\$0	\$74,390	\$145,703	\$0	\$1,550,791	\$0	\$0	\$837,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim	-\$40,220.25	\$0.00	-\$3,785.25	-\$2,829.75	\$0.00	-\$21,561.75	\$0.00	\$0.00	-\$12,043.50	\$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	\$0.00
Net Amt of Risk Adj	-\$612.28	\$0.00	-\$57.68	-\$43.12	\$0.00	-\$328.56	\$0.00	\$0.00	-\$183.52	\$0.00	\$0.00	\$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	\$261.50	#DIV/0!	\$103.18	\$270.32	#DIV/0!	\$377.60	#DIV/0!	#DIV/0!	\$365.23	#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!
Allowed Claims PMPM	\$348.18	#DIV/0!	\$187.84	\$309.86	#DIV/0!	\$446.62	#DIV/0!	#DIV/0!	\$482.93	#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!
EHB portion of Allowed Claims, PMPM	\$348.18	#DIV/0!	\$187.84	\$309.86	#DIV/0!	\$446.62	#DIV/0!	#DIV/0!	\$482.93	#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!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	60536SD0010015	60536SD0010017	60536SD0010019	60536SD0010020	60536SD0010021	60536SD0010022	60536SD0010023	60536SD0010025	60536SD0010026	60536SD0010029	60536SD0010030	60536SD0010031	60536SD0010033	60536SD0010035	60536SD0010
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