



Contact Information

Company Information

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ACTUARIAL MEMORANDUM

2027 Vermont Individual Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2027 premium rates for the State of Vermont's Individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2027 and 12/31/2027. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 7.8%, with increases ranging from 4.7% to 108.8%.

Market/Benefits

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market, except for the Catastrophic plan. That plan has specific age and financial hardship requirements to be eligible to purchase.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2026, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on-exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for a plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2026 to 2027. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366. All plans include the following benefits in excess of the EHBs: abortion, medically necessary sex-trait modifications, infertility, and weight loss programs.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,975 policyholders, 11,975 subscribers and 16,542 members based on February 2026 membership.

Experience Period Claims

MVP historical claim data was the basis of the premium rate development. All ACA compliant Individual data is included in the experience period data set. The claim data is assumed to be fully credible.

The experience period for the historical claims is incurred dates of service between 1/1/25 and 12/31/25, paid through 2/28/26. MVP has restated its incurred medical claim estimates to complete the claims through 4/30/26.

Please see Exhibit 3 for a summary of MVP’s experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP’s experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months for the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a “per member per month” (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period.

Line 4 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 4.1% which is our best estimate of ultimate liabilities as of 4/30/26. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont individual business. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

Incurred Month	Paid Claims	Incurred Claims	IBNR Factor
202512	\$9,232,624	\$10,496,346	1.137
202511	\$7,694,300	\$8,720,828	1.133
202510	\$9,936,794	\$10,096,919	1.016
202509	\$9,159,958	\$9,242,468	1.009
202508	\$8,409,804	\$8,532,522	1.015
202507	\$8,838,377	\$9,788,324	1.107
202506	\$8,769,118	\$8,786,684	1.002
202505	\$8,675,067	\$9,039,785	1.042
202504	\$8,410,146	\$8,412,462	1.000
202503	\$8,017,918	\$8,068,883	1.006
202502	\$7,058,500	\$7,131,923	1.010
202501	\$7,187,569	\$7,189,895	1.000
Total	\$101,390,178	\$105,507,040	1.041

Line 5 reflects medical plus dental fee-for-service (FFS) claims, completed with IBNR. The formula is line 2 multiplied by line 4, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 6 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims include any claims which are paid through the pharmacy portion of the member’s benefits.

Experience period Rx rebates are reflected in line 7 of Exhibit 3.

Line 8 of Exhibit 3 reflects MVP’s ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Line 9 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP’s General Ledger and are not processed through MVP’s claim system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP’s experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts	
Other Medical Expenses not in claim warehouse	\$2.60
Net Reinsurance Expense	\$1.13
Medical Home and PCP Incentive	\$8.25
Well-Being Reimbursement	\$1.87
Capitation	\$0.28
Total Non-FFS and Capitation Amounts	\$14.13

*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 9 of Exhibit 3 = (line 5 of Exhibit 3 + line 8 of Exhibit 3) * 1.149% + the applicable value shown above.

Line 10 of Exhibit 3 represents MVP’s best estimate of the costs incurred to cover members in the rating pool during the experience period after making the adjustments described above. It is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 5 of Exhibit 3), the pharmacy incurred claims net of rebates (line 8 of Exhibit 3), and the capitation and non-FFS medical expenses (line 9 of Exhibit 3).

Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

Line 11- Adjustment for Full Coverage of Insulin

MVP has made the change to cover diabetic insulin in full on all plans. This was done to align coverage for insulin among the commercial lines of business in both states that MVP operates in. MVP analyzed historic claim data and found that this adjustment is worth \$0.38 PMPM.

Line 12- Adjustment for Change in Coverage of Weight Loss GLP-1s

Beginning January 1, 2026, MVP is no longer covering weight loss GLP-1 drugs except for certain medically accepted indications. MVP found, after analyzing the emerging data for the 1st quarter of 2026, that utilization of weight loss GLP-1 drugs has dropped. MVP has therefore reduced the experience period data to only reflect \$4 PMPM, which is our best estimate of 2026 expense based on emerging trends and seasonality. This adjustment reduces the premium by \$8.71 PMPM. Please note that this is the net impact on claim expense after considering any reduction in manufacturer rebates as a result of this policy change.

Line 13- Adjustment for H.766

Vermont Act 111 (also referred to as House Bill H.766) is “an act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts,” and it has the potential to significantly raise the cost of medical claims in the Vermont commercial health insurance market. Previous portions of this Act relating to prior authorization requirements went into effect on 1/1/25 so this is already included in the experience period. The portions of the Act which went into effect on 1/1/26 are related to clinical edits for claims. The actuarial team relied on data performed by our operations team, which identified claim edits from historical claims that would not be allowed under the new regulations. The actuarial team converted the billed costs for those lines to allowed claim expense (by applying the average billed/allowed charge ratio). Using that methodology results in a total claim expense increase of 0.5%, or \$4.03 PMPM, and we have used that estimate in this filing. This number was approved in the 2026 rate filings and MVP does not have any new information to revise this assumption, therefore we are continuing to use last year’s estimate.

Line 14- Impact of IRA Subsidy Expiration

The IRA-enhanced Advanced Premium Tax Credit (APTC) subsidies expired at the end of 2025. A disproportionate share of healthy members are expected to leave the market, resulting in increased morbidity. To analyze this, MVP relied on our own internal claim and risk score data. We do not believe the full impact is present in our current 2026 membership figures, as we continue to see retroactive coverage terminations for non-payment of premium.

MVP assumed the lapse of 16% of contracts that receive APTC subsidies and have no hierarchical condition categories (HCCs) and 3.5% of silver and bronze contracts that receive APTC subsidies and have one HCC. The overall disenrollment would be 9.7% of MVP's total individual market membership. Removing the claims and membership for these members from our population (which simulates these members leaving the market in total) results in a morbidity impact of 5.7%, or \$47.88 PMPM.

Line 15- Adjustment for Reduction in High Tech Imaging Prior Auth

MVP terminated an arrangement on April 14, 2025 that performed prior authorization for high tech imaging services through an external vendor. These services were outside of the scope of Act 111 and are not included in the above estimate. The claim impact is expected to be 0.022%, or \$0.19 PMPM, which represents the value of imaging services avoided during the time period for which the vendor was in place during the experience period.

Line 16- Adjustment for Act 55

Act 55, also known as H.266, which caps certain prescription drug costs relative to ASP, went into effect on January 1, 2026. MVP analyzed the impact of this change by "re-pricing" 2025 outpatient drug utilization under the new regulations, and we have quantified this impact to be a \$35.95 PMPM reduction to premium rates.

Line 17- Adjustment for High Cost Claimants in 2025 Above National Threshold

MVP is expecting recoveries for members with incurred claims in the experience period above the national threshold of \$1 million. These recoveries are worth \$3.83 PMPM.

Adjustment for S.190

The impact of bill S.190, which is related to reference-based pricing, is not incorporated in our filing. MVP recognizes that the bill would have a significant impact on the cost of hospital care in the state of Vermont, but there is still uncertainty around the scope and parameters of the pricing. If the bill is passed, MVP can provide an estimate of the impact.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2026 and 2027 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2026. These trends take into account the overages and mid-year decreases that were approved for UVMHC and CVMC. We are using 2.5% as the best estimate of future budgeted changes for 2027, based on historical GMCB directives, with the recognition that this number will ultimately be adjusted during the interrogatory process. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is -1.0% for 2026 and 3.3% for 2027.

MVP's utilization trend model relies on linear regression of historical claim data for the block of business. This model buckets claims into 98 utilization trend categories, using an internal classification of like services. Services are first bucketed together by major service category (Inpatient, Outpatient, Physician and Ancillary), then by lower-level service category (i.e. High-Tech Imaging, Diagnostic Radiology, etc.), and finally by these utilization trend categories into groups of services (using procedure codes that are clinically related and similar in their average cost/service).

Those services are simultaneously mapped to publicly available intensity weights (using Medicare RVUs for physician services, Medicare lab fee schedules, Medicare average sales price for medical drugs, and Medicare IP-DRGs for Inpatient admits) in order to determine the change in the relative intensity of services over time. Services which have a procedure code not in these lists (or Inpatient services without an available DRG) are included in the utilization trend calculation, but excluded from the intensity calculation.

MVP then compiled monthly data for the rolling 36-month incurred time period ending September 2025 (ending June 2025 for Inpatient claims) and paid through December 2025. For the VT Exchange filings, all of MVPHP's Vermont business (Small, Large and Individual) was aggregated in order to enhance the credibility of the data set. MVP then performed linear regression on the monthly utilization per 1,000 services (admits for IP) and the average intensity weight per service over the time period. The resulting 2-year annualized trend is the basis for MVP's utilization and intensity trends per category.

We recognize that linear regression may account for some, but not all, of the variance experienced over the time period. Therefore, MVP developed a credibility factor to blend the experience with 2.5%, an estimate of the national average utilization trend. This estimate is supported by publicly available data, including public studies performed by consulting groups and an analysis of the URRT public use files for 2025. To arrive at the credibility weight, the following calculation is performed: $\sqrt{\text{claims per month in category} / 1,461}$, where 1,461 is the standard for full credibility. MVP tested different standards for full credibility and found that the resulting trends were within 0.1%.

The resulting trends from the model are then applied to the experience period data at the category level to determine the overall annual utilization and intensity trend for each filing. Any dollars that fall within a low-level service category but not within a utilization category are trended at the average for that specific low-level service category, and dollars that are fall outside of the low-level services categories are trended at the average trend for all medical services.

The combined utilization and intensity trends by major service category can be seen on Exhibit 2a.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 3.6%. The annual paid leveraging factor is 0.3% which results in an average annual paid FFS medical trend of 3.9%. This can be found on line 19 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trends were provided by an outside consultant based on commercial market research. The information provided by the consultant accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. The trends are two-year annualized for 2026 and 2027, split by drug class, drug type (brand/generic/specialty), and utilization and unit cost. MVP applied the trend for each category to internal allowed cost and utilization data to develop an overall trend for each bucket.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2026 and 2027 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (37.1%) and applied that percentage to the rating period allowed claims and incorporated any adjustments related to clinical program changes. This represents MVP's best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 13.7%, and the average annual paid Rx trend net of Rx rebates is 14.6% which can be found in line 20 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 21 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [line 5 * line 19 + line 8 * line 20] / [line 5 + line 8]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 23 of Exhibit 3.

Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 24 and 25 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 25 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts	
Other Medical Expenses not in claim warehouse	\$2.60
Net Reinsurance Expense	\$1.25
Medical Home and PCP Incentive	\$2.63
Well-Being Reimbursement	\$2.69
Capitation	\$0.28
Total Non-FFS and Capitation Amounts	\$9.45

Medical Home and PCP Incentive

The main driver of the reduction between experience period and projection period expenses for this line item is the ending of the OneCare Accountable Care Organization project, effective 12/31/25. MVP historically paid an incentive payment to OneCare for every attributed member, and we have removed that cost for 2027.

Well-Being Reimbursement

MVP offers a program where members can submit for up to \$600 in reimbursement for activities in the following four domains: Social, Surroundings, Physical, and Mind and Spirit. This iteration of MVP's wellness benefit began in 2023.

MVP saw a large increase in utilization under the new program as compared to the old one, and so we are reflecting the rewards in this table in the 2027 filing, in order to account for them outside of our normal trend. The expense related to this program has increased over 600% from 2022 to 2023 and 32% annually from 2023 to 2025. MVP's expectation is that the utilization of this program will continue to grow, given its initial popularity, the broad range of categories from which members can submit for reimbursement, and the method which MVP has chosen to allow members to submit for reimbursement. Therefore, MVP has assumed a 20% annual trend from 2025 to 2027 in this rate filing to account for increased utilization of the program.

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2027 and equal 0.999%. The NYS HCRA surcharge was updated to 0.15% based on historical data.

Federal Risk Adjustment Program

MVP contracted with an external actuarial consultant to project expected transfer for 2025. MVP is expected to pay \$15,498,828 into the individual market transfer pool for 2025. This is \$101.31 on a PMPM basis or 12.1% of experience period claims prior to market-wide adjustments. To calculate line 27 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 26 of Exhibit 3, which the best estimate of the rating period claim expense. This results in an estimated payment of \$112.52 PMPM or \$17,214,022 using experience period membership.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 28 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2027. This is the starting net claim cost that will be used to set 2027 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 6)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 28 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

$$\text{Plan Specific Net Claim Cost PMPM (see Exhibit 6)} = \text{Adjusted Claim Cost for Pricing} * \text{Benefit Actuarial Value} * \text{Plan Induced Utilization Factor}$$

The Plan Specific Gross Claim Cost PMPM for each plan is derived by adjusting the Plan Specific Net Claim Cost PMPM which accounts for PMPM non-claim expense loads and percent of premium non-claim expense loads.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period (with adjustments for Silver loading) actuarial value times induced demand factor (0.8403) can be found in Exhibit 6.

Non-Claim Expense Plan Level Adjustments

Non claim expenses include both percentage of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

Federal Taxes PMPM based

A total of \$0.52 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.32 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.42 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board and the Vermont Program for Quality in Health Care, Inc. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2024 to 2027. We have not received updated expense information from the Green Mountain Care Board and we will seek to amend our filing once we receive this for FY 2026, should the expense be materially different from what is currently assumed.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP) in 2025, MVP's rates are estimated to be \$10.66 per covered child and \$1.54 per covered adult for 2025, followed by \$15.77 per covered child and \$2.33 per covered adult in 2026. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$2.62 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.25%. These rates are subject to change at the VVPP annual assessment meeting on May 14, 2026, and we will seek to amend our filing if we receive updated data from the VVPP that is materially different from the current assumptions.

Federal Fees Premium based – National High Cost Reinsurance Pool (HCRP) Charge

In the 2027 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2027 will be 0.60%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$61.82 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$3.71 PMPM of the \$61.82 PMPM administrative expense is attributable to QI.

MVP's projected administrative expense reflects the administrative expense approved in the 2026 filing on a PMPM basis, trended at 2%. This trend number includes two pieces. First, MVP seeks to reflect macroeconomic forces which push costs higher over time. Second, MVP is attempting to better align the allocation of administrative costs to the specific lines of business which they represent. This cost allocation process is maintained by MVP's Financial Planning & Analysis team and suggests that the relationship between individual and small group administrative expenses in Vermont needs to be more closely aligned than in recent years.

Overall, using February 2026 membership, MVP is proposing to increase administrative expense PMPM in the Vermont Small Group/Individual markets by 4.6%.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2023, 2024, and 2025 SHCEs compared to the available admin expense built into the rates for the same period.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2023	\$51.46	\$55.73
Small Group	2023	\$43.56	\$48.49
Combined	2023	\$46.74	\$51.41
Individual	2024	\$52.74	\$53.11
Small Group	2024	\$44.62	\$48.56
Combined	2024	\$48.00	\$50.47
Individual	2025	\$59.13	\$55.09
Small Group	2025	\$51.44	\$51.57
Combined	2025	\$54.64	\$53.03

*Reflects lines 1.7, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

Risk Margin

MVP is building a 2.0% risk margin into the VT Exchange premium rates for 2027. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.75% of premium was added to account for non-payment of premium risk. In past rate filings, MVP has used multiple years of data to inform the bad debt assumption. However, incurred bad debt increased in 2024 and remained elevated in 2025. MVP believes that 2025 is the new steady-state bad debt level, and is reflecting actual bad debt as a percentage of premium from 2025 in this filing.

Rider FRVT366 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in reimbursements for wellness-related activities. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 6.

Acupuncture Allowance (Benefit in Addition to EHBs)

MVP is including a \$500 acupuncture allowance in its non-standard plan benefits in 2027. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 6.

Catastrophic Plan Adjustment

In the past, MVP has applied an additional plan level adjustment to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. The recent expansion to the hardship exemption allows more individuals to qualify to enroll in this plan, opening it up to a population that has less age restrictions and bringing the population morbidity close to that of the single risk pool. Therefore, the new catastrophic plan adjustment is 1.0.

Please note that the proposed rate change for the catastrophic plan is 109%, but the Cumulative Rate Change % (over 12 mos prior) row on the URRT would not accept a value over 100%. We have entered the maximum rate increase allowable in the URRT.

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2026. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Silver CSR Loading

As stated previously, the Federal government has cancelled reimbursement of incurred claims under the CSR program effective October 2017. However, members are still eligible for the reduced cost sharing plans in the program, which will have to be covered by increasing premiums. The Green Mountain Care Board’s solution to this problem was to create two sets of Silver plans: one set for non-CSR members with premiums that do not reflect the CSR defunding and one set for CSR members which reflect the CSR defunding in the premium. This was done so that the second-lowest cost Silver plan on the exchange would have an increased premium, which is the plan used to determine how much low-income members will receive in premium subsidies through the federal Advance Premium Tax Credits (APTC) program. That way, premium increases for CSR defunding will be met with corresponding increases in APTC subsidies and the net policyholder premium increase will be minimized.

New guidance on silver loading was implemented by the Green Mountain Care Board in 2025. Based on this, MVP has calculated base pricing actuarial values for on-exchange Silver plans and applied the CSR load factor supplied by the Board (1.375). The initial actuarial values and the calculated load applied to the net claim cost can be found on Exhibit 6 of the rate filing.

The URRT instructions indicate that carriers should include this load for silver plans on line 3.4 of Worksheet 2 and a 1.0 for plans without a CSR load adjustment. However, the CSR load should be revenue neutral, and a load on silver plans should be met with a corresponding decrease to all other plans. Using this methodology, our projected recoveries from the CSR load are \$4.8 million.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.9%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.1%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2027:

Target Loss Ratio for 2027 VT Individual	
A) Claims Expense	\$1,044.99
B) Taxes/Assessments	\$11.72
C) Quality Improvement	\$3.71
D) Premium	\$1,150.16
E) Traditional Loss Ratio = A) / D)	90.9%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	92.1%

MVP does not anticipate having to rebate members for 2025 per the ACA minimum MLR requirements.

Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2026, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2026 enrollment of the population eligible to purchase these products, or 16,542 members. On Worksheet 2 of the URRT, members are mapped based on their February 2026 benefit to the same benefits for 2027.

Actuarial Certification

I, Matthew Lombardo, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2027 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2027 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



Matthew Lombardo, FSA, MAAA
VP, Chief Actuary
MVP Health Care, Inc.

05/11/2026
Date



MVP Health Care -- 2027 Individual Exchange Rate Filing

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2026 to 2027 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2027 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
For Effective Dates Beginning January 1, 2027 - December 31, 2027

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2027)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$30 No DD	10%	\$100	10%	\$60 No DD	\$1700	\$1,400	Embedded	10%	Embedded	Embedded	\$2,650	\$5,300	\$1,750	\$3,500	Separate	\$10/\$50/50%	
FRVT-HMO-G-001-S (2027)	HyHMO	Gold	Standard	On Exchange	\$20 No DD*	\$55 No DD	35%	\$150	35%	\$75 No DD	\$1,700	\$3,400	Embedded	35%	Embedded	Embedded	\$6,000	\$12,000	\$1,750	\$3,500	Separate	\$15/\$60/50%, \$400/\$800 Brand Ded	
FRVT-HMOH-G-003-N (2027)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,300	\$6,600	Aggregate	0%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-G-004-N (2027)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	20%	\$1,000 (Fac) \$500 (Phys)	\$150	\$5,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded	
FRVT-HMO-S-003-S (2027)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$11,300	\$22,600	\$1,750	\$3,500	Integrated	\$15 / \$70 / 50%, \$550/\$1,100 Brand Ded	
FRVT-HMOH-S-004-S (2027)	HDHMO	Silver	Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,500	\$5,000	Aggregate	35%	Stacked	Aggregate	\$7,500	\$15,000*	\$1,750	\$3,500	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$6,300	\$12,600	Embedded	0%	Embedded	Aggregate	\$6,300	\$12,600	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible \$1,150/\$2,300 Ded then \$5/\$30/\$60, VBIID = \$1 #	
FRVT-HMO-S-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$1,500 (Fac) \$300 (Phys)	\$100	\$2,800	\$5,600	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,750	\$3,500	Separate	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-S-003-S II (2027)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$11,300	\$22,600	\$1,750	\$3,500	Integrated	\$15 / \$70 / 50%, \$550/\$1,100 Brand Ded	
VT-HMOH-S-004-S II (2027)	HDHMO	Silver	Standard	Off Exchange	10%	35%	35%	35%	35%	40%	\$2,500	\$5,000	Aggregate	35%	Stacked	Aggregate	\$7,500	\$15,000*	\$1,750	\$3,500	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2027)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$6,325	\$12,650	Embedded	0%	Embedded	Aggregate	\$6,325	\$12,650	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible \$1,150/\$2,300 Ded then \$5/\$30/\$60, VBIID = \$1 #	
VT-HMO-S-001-N II (2027)	HyHMO	Silver	Non-Standard	Off Exchange	\$30*	\$60	50%	\$400	50%	\$300 (Phys)	\$105	\$2,800	\$5,600	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,750	\$3,500	Separate	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-B-002-S (2027)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$1,400	\$6,200	\$12,400	Embedded	50%	Embedded	Embedded	\$11,100	\$22,200	\$1,750	\$3,500	Integrated	\$1,100/\$2,200 Brand Ded then \$15/\$85/\$60
FRVT-HMOH-B-003-S (2027)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$6,300	\$12,600	Aggregate	50%	Stacked	Aggregate	\$7,800	\$15,600*	\$1,750	\$3,500	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2027)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$12,000	\$24,000	Embedded	0%	Embedded	Embedded	\$12,000	\$24,000	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-005-N (2027)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,950	\$19,900	Embedded	0%	Embedded	Embedded	\$9,950	\$19,900	N/A	N/A	N/A	\$1 No DD / \$0 / \$0, Subject to Med Deductible, VBIID = \$1 #	
FRVT-HMO-B-001-N (2027)	HyHMO	Bronze	Non-Standard	On Exchange	\$40*	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$10,000	\$20,000	N/A	N/A	N/A	\$15/\$50/\$80, \$900/\$1,800 Brand Ded, VBIID = \$3 #
FRVT-HMO-C-001 (2027)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$12,000	\$24,000	Embedded	0%	Embedded	Embedded	\$12,000	\$24,000	\$1,750	\$3,500	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Subsidized Cost-Sharing Benefits (Non AIAN)					In-Network Benefits										Pharmacy								
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-S3-001-S (2027)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,050	\$18,100	\$1,650	\$3,300	Integrated	\$15 / \$70 / 50%, \$450 / \$900 Brand Ded	
FRVT-HMO-S3-002-S (2027)	HyHMO	Silver	Standard	On Exchange	\$10 No DD*	\$30 No DD	40%	\$125	40%	\$100 No DD	\$1,700	\$2,700	Embedded	40%	Embedded	Embedded	\$2,950	\$5,900	\$550	\$1,100	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded	
FRVT-HMO-S3-003-S (2027)	HyHMO	Silver	Standard	On Exchange	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$1,700	\$1,400	Embedded	10%	Embedded	Embedded	\$1,750	\$3,500	\$350	\$700	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S4-001-S (2027)	HyHMO	Silver	Standard	On Exchange	\$30 No DD*	\$60 No DD	50%	\$200	50%	\$100 No DD	\$1,700	\$3,400	Embedded	50%	Embedded	Embedded	\$7,850	\$15,700	\$1,450	\$2,900	Integrated	\$15 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMOH-S4-002-S (2027)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	30%	30%	30%	30%	30%	\$2,200	\$4,400	Aggregate	30%	Stacked	Aggregate	\$6,800	\$13,600*	\$1,750	\$3,500	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2027)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Aggregate	0%	Aggregate	Aggregate	\$1,150	\$2,300	\$1,150	\$2,300	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible	
FRVT-HMOH-S4-004-S (2027)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	30%	30%	30%	30%	30%	\$2,200	\$4,400	Aggregate	30%	Aggregate	Aggregate	\$5,250	\$10,500	\$1,750	\$3,500	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S2-001-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,350	\$10,700	Embedded	0%	Embedded	Aggregate	\$5,350	\$10,700	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-002-N (2027)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,000	\$4,000	Embedded	0%	Embedded	Embedded	\$2,000	\$4,000	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-003-N (2027)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,050	\$2,100	Embedded	0%	Embedded	Embedded	\$1,050	\$2,100	\$1,050	\$2,100	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-004-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,950	\$7,900	Embedded	0%	Embedded	Aggregate	\$3,950	\$7,900	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S1-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$1500 (Fac) \$300 (Phys)	\$100	\$2,175	\$4,350	Embedded	50%	Embedded	Embedded	\$8,125	\$16,250	\$1,750	\$3,500	Separate	\$950/1,900 Ded then \$5/\$30/\$60, VBIID = \$1 #
FRVT-HMO-S1-002-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$5**	\$30	10%	\$100	10%	\$100 (Phys) \$100 (Fac)	\$250	\$450	\$900	Embedded	10%	Embedded	Embedded	\$3,600	\$7,200	\$1,000	\$2,000	Separate	\$5 / \$20 / \$50, \$450 / \$900 Brand Ded, VBIID = \$1 #
FRVT-HMO-S1-003-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD*	\$10	5%	\$100	5%	\$75 (Phys) \$800 (Fac)	\$250	\$0	\$0	Embedded	5%	Embedded	Embedded	\$2,400	\$4,800	\$1,000	\$2,000	Separate	\$5 / \$20 / \$50, VBIID = \$1 #
FRVT-HMO-S1-004-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$15*	\$40	30%	\$150	30%	\$200 (Phys)	\$150	\$1,300	\$2,600	Embedded	30%	Embedded	Embedded	\$6,800	\$13,600	\$1,750	\$3,500	Separate	\$5 / \$25 / \$50, \$750 / \$1,500 Ded, VBIID = \$1 #

American Indian and Alaskan Native (AIAN) Benefits (Unsubsidized)*					In-Network Benefits										Pharmacy								
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-PA2-001-S (2027)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$30 No DD	10%	\$100	10%	\$60 No DD	\$1700	\$1,400	Embedded	10%	Embedded	Embedded	\$2,650	\$5,300	\$1,750	\$3,500	Separate	\$10/\$50/50%	
FRVT-HMO-GA2-001-S (2027)	HyHMO	Gold	Standard	On Exchange	\$20 No DD*	\$55 No DD	35%	\$150	35%	\$75 No DD	\$1,700	\$3,400	Embedded	35%	Embedded	Embedded	\$6,000	\$12,000	\$1,750	\$3,500	Separate	\$15/\$60/50%, \$400/\$800 Brand Ded	
FRVT-HMOH-GA2-003-N (2027)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,300	\$6,600	Aggregate	0%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-GA2-004-N (2027)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	20%	\$1,000 (Fac) \$500 (Phys)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SA2-003-S (2027)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$11,300	\$22,600	\$1,750	\$3,500	Integrated	\$15 / \$70 / 50%, \$550/\$1,100 Brand Ded	
FRVT-HMOH-SA2-002-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,500	\$5,000	Aggregate	35%	Stacked	Aggregate	\$7,500	\$15,000*	\$1,750	\$3,500	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMO-SA2-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$1,500 (Fac) \$300 (Phys)	\$100	\$2,800	\$5,600	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,750	\$3,500	Separate	\$1,150/\$2,300 Ded then \$5/\$30/\$60, VBIID = \$1 #
FRVT-HMO-BA2-002-S (2027)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$1,400	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$11,100	\$22,200	\$1,750	\$3,500	Integrated	\$1,100/\$2,200 Brand Ded then \$15/\$85/\$60
FRVT-HMOH-BA2-003-S (2027)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$6,300	\$12,600	Aggregate	50%	Stacked	Aggregate	\$7,800	\$15,600*	\$1,750	\$3,500	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMO-BA2-004-S (2027)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$12,000	\$24,000	Embedded	0%	Embedded	Embedded	\$12,000	\$24,000	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-BA2-005-N (2027)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,950	\$19,900	Embedded	0%	Embedded	Embedded	\$9,950	\$19,900	N/A	N/A	N/A	\$1 No DD / \$0 / \$0, Subject to Med Deductible, VBIID = \$1 #	
FRVT-HMO-BA2-001-N (2027)	HyHMO	Bronze	Non-Standard	On Exchange	\$40*	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$10,000	\$20,000	N/A	N/A	N/A	\$15/\$50/\$80, \$900/\$1,800 Brand Ded, VBIID = \$3 #

American Indian and Alaskan Native (AIAN) Benefits (Subsidized)					In-Network Benefits										Pharmacy						
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family
FRVT-HMO-PA1-001-S (2027)	HyHMO	Platinum	Standard	On Exchange																	

Exhibit 1a -- Comparison of 2026 to 2027 Benefits by Plan

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

		In-Network Benefits																				
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy	
FRVT-HMO-P-001-S (2026)	HyHMO	Platinum	Standard	\$15 No DD*	\$30 No DD	10%	\$100	10%	\$80 No DD	\$500	\$1,000	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%	
FRVT-HMO-P-001-S (2027)	HyHMO	Platinum	Standard	\$15 No DD*	\$30 No DD	10%	\$100	10%	\$80 No DD	\$700	\$1,400	Embedded	10%	Embedded	Embedded	\$2,650	\$5,300	\$1,750	\$3,500	Separate	\$10/\$50/50%	
FRVT-HMO-G-001-S (2026)	HyHMO	Gold	Standard	\$20 No DD*	\$55 No DD	30%	\$150	30%	\$75 No DD	\$1,500	\$3,000	Embedded	30%	Embedded	Embedded	\$5,700	\$11,400	\$1,650	\$3,300	Separate	\$15/\$60/\$60, \$250/\$500 Brand Ded	
FRVT-HMO-G-001-S (2027)	HyHMO	Gold	Standard	\$20 No DD*	\$55 No DD	35%	\$150	35%	\$75 No DD	\$1,700	\$3,400	Embedded	35%	Embedded	Embedded	\$6,000	\$12,000	\$1,750	\$3,500	Separate	\$15/\$60/\$60, \$400/\$800 Brand Ded	
FRVT-HMOH-G-003-N (2026)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,700	\$3,400	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-G-003-N (2027)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,300	\$6,600	Aggregate	0%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-G-004-N (2026)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$0 (Fac/\$500 (Ph	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded	
FRVT-HMO-G-004-N (2027)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$500 (Phys)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded	
FRVT-HMO-S-003-S (2026)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$10,150	\$20,300	\$1,650	\$3,300	Integrated	\$15 / \$70 / 50%, \$250/\$1,000 Brand Ded	
FRVT-HMO-S-003-S (2027)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$11,300	\$22,600	\$1,750	\$3,500	Integrated	\$15 / \$70 / 50%, \$550/\$1,100 Brand Ded	
FRVT-HMOH-S-004-S (2026)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,800	\$4,800	Aggregate	35%	Stacked	Aggregate	\$7,250	\$14,500	\$1,700	\$3,400	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-004-S (2027)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,500	\$5,000	Aggregate	35%	Stacked	Aggregate	\$7,500	\$15,000	\$1,750	\$3,500	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2026)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,925	\$11,850	Embedded	0%	Embedded	Aggregate	\$5,925	\$11,850	\$1,700	\$3,400	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2027)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$6,300	\$12,600	Embedded	0%	Embedded	Aggregate	\$6,300	\$12,600	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-N (2026)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$100	\$2,800	\$5,600	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,650	\$3,300	Separate	\$950/\$1,900 Ded then \$5/\$30/\$60, VBIID = \$1 #	
FRVT-HMO-S-001-N (2027)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$100	\$2,800	\$5,600	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,750	\$3,500	Separate	\$1,150/\$2,300 Ded then \$5/\$30/\$60, VBIID = \$1 #	
VT-HMO-S-003-S II (2026)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$10,150	\$20,300	\$1,650	\$3,300	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
VT-HMO-S-003-S II (2027)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$11,300	\$22,600	\$1,750	\$3,500	Integrated	\$15 / \$70 / 50%, \$550/\$1,100 Brand Ded	
VT-HMOH-S-004-S II (2026)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,800	\$4,800	Aggregate	35%	Stacked	Aggregate	\$7,250	\$14,500	\$1,700	\$3,400	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-004-S II (2027)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,500	\$5,000	Aggregate	35%	Stacked	Aggregate	\$7,500	\$15,000	\$1,750	\$3,500	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2026)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,950	\$11,900	Embedded	0%	Embedded	Aggregate	\$5,950	\$11,900	\$1,700	\$3,400	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2027)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$6,325	\$12,650	Embedded	0%	Embedded	Aggregate	\$6,325	\$12,650	\$1,750	\$3,500	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-001-N II (2026)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$105	\$2,800	\$5,200	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	\$1,650	\$3,300	Separate	\$950/\$1,900 Ded then \$5/\$30/\$60, VBIID = \$1 #	
VT-HMO-S-001-N II (2027)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$105	\$2,800	\$5,200	Embedded	50%	Embedded	Embedded	\$9,000	\$18,000	\$1,750	\$3,500	Separate	\$1,150/\$2,300 Ded then \$5/\$30/\$60, VBIID = \$1 #	
FRVT-HMO-B-002-S (2026)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$400	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$10,150	\$20,300	\$1,650	\$3,300	Integrated	\$1,100/\$2,200 Brand Ded then \$15/\$85/60%	
FRVT-HMO-B-002-S (2027)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$400	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$11,100	\$22,200	\$1,750	\$3,500	Integrated	\$1,100/\$2,200 Brand Ded then \$15/\$85/60%	
FRVT-HMOH-B-003-S (2026)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$6,000	\$12,000	Aggregate	50%	Stacked	Aggregate	\$7,600	\$15,200	\$1,700	\$3,400	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMOH-B-003-S (2027)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$6,300	\$12,600	Aggregate	50%	Stacked	Aggregate	\$7,800	\$15,600	\$1,750	\$3,500	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2026)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$10,150	\$20,300	Embedded	0%	Embedded	Embedded	\$10,150	\$20,300	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2027)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$12,000	\$24,000	Embedded	0%	Embedded	Embedded	\$12,000	\$24,000	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-005-N (2026)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,950	\$19,900	Embedded	0%	Embedded	Embedded	\$9,950	\$19,900	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBIID = \$1 #	
FRVT-HMO-B-005-N (2027)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,950	\$19,900	Embedded	0%	Embedded	Embedded	\$9,950	\$19,900	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBIID = \$1 #	
FRVT-HMO-B-001-N (2026)	HyHMO	Bronze	Non-Standard	\$40*	\$100	50%	\$50	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,800	\$17,600	N/A	N/A	N/A	\$15/\$50/\$80, \$700/\$1,400 Brand Ded, VBIID = \$3 #	
FRVT-HMO-B-001-N (2027)	HyHMO	Bronze	Non-Standard	\$40*	\$100	50%	\$50	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$10,000	\$20,000	N/A	N/A	N/A	\$15/\$50/\$80, \$900/\$1,800 Brand Ded, VBIID = \$3 #	
FRVT-HMO-G-001 (2026)	HMO	Catastrophic	Standard	0***	\$0	0%	\$0	0%	\$0	\$10,600	\$21,200	Embedded	0%	Embedded	Embedded	\$10,600	\$21,200	\$1,700	\$3,400	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	
FRVT-HMO-G-001 (2027)	HMO	Catastrophic	Standard	0***	\$0	0%	\$0	0%	\$0	\$12,000	\$24,000	Embedded	0%	Embedded	Embedded	\$12,000	\$24,000	\$1,750	\$3,500	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Subsidized Cost-Sharing Benefits (Non A/AN)		In-Network Benefits																				
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy	
FRVT-HMO-S3-001-S (2026)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,150	\$6,300	Embedded	50%	Embedded	Embedded	\$7,875	\$15,750	\$1,500	\$3,000	Integrated	\$15 / \$70 / 50%, \$450 / \$900 Brand Ded	
FRVT-HMO-S3-001-S (2027)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$8,050	\$16,100	\$1,650	\$3,300	Integrated	\$15 / \$70 / 50%, \$450 / \$900 Brand Ded	
FRVT-HMO-S3-002-S (2026)	HyHMO	Silver	Standard	\$10 No DD*	\$30 No DD	40%	\$125	40%	\$100 No DD	\$2,300	\$2,600	Embedded	40%	Embedded	Embedded	\$2,700	\$5,400	\$500	\$1,000	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded	
FRVT-HMO-S3-002-S (2027)	HyHMO	Silver	Standard	\$10 No DD*	\$30 No DD	40%	\$125	40%	\$100 No DD	\$1,350	\$2,700	Embedded	40%	Embedded	Embedded	\$2,950	\$5,900	\$550	\$1,100	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded	
FRVT-HMO-S3-003-S (2026)	HyHMO	Silver	Standard	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,100	\$2,200	\$275	\$550	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S3-003-S (2027)	HyHMO	Silver	Standard	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$700	\$1,400	Embedded	10%	Embedded	Embedded	\$1,750	\$3,500	\$350	\$700	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S3-004-S (2026)	HyHMO	Silver	Standard	\$30 No DD*	\$60 No DD	50%	\$200	50%	\$100 No DD	\$2,950	\$5,900	Embedded	50%	Embedded	Embedded	\$7,100	\$14,200	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMO-S3-004-S (2027)	HyHMO	Silver	Standard	\$30 No DD*	\$60 No DD	50%	\$200	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$7,850	\$15,700	\$1,450	\$2,900	Integrated	\$15 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMOH-S4-001-S (2026)	HDHMO	Silver	Standard	Ded then 10%	30%	30%	30%	30%	30%	\$2,000	\$4,000	Aggregate	30%	Stacked	Aggregate	\$6,175	\$12,350*	\$1,700	\$3,400	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S4-001-S (2027)	HDHMO	Silver	Standard	Ded then 10%	30%	30%	30%	30%	30%	\$2,200	\$4,400	Aggregate	30%	Stacked	Aggregate	\$6,800	\$13,600*	\$1,750	\$3,500	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S4-002-S (2026)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,750	\$3,500	Aggregate	0%	Aggregate	Aggregate	\$1,750	\$3,500	\$1,750	\$3,500	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-002-S (2027)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,850	\$3,700	Aggregate	0%	Aggregate	Aggregate	\$1,850	\$3,700	\$1,750	\$3,500	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2026)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$700	\$1,400	Aggregate	0%	Aggregate	Aggregate	\$700	\$1,400	\$700	\$1,400	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2027)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Aggregate	0%	Aggregate	Aggregate	\$1,150	\$2,300	\$1,150	\$2,300	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-004-S (2026)	HDHMO	Silver	Standard	Ded then 10%	30%	30%	30%	30%	30%	\$2,000	\$4,000	Aggregate	30%	Aggregate	Aggregate	\$5,000	\$10,000	\$1,700</				

Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

Experience Period:	January 1, 2025 - December 31, 2025
Rating Period:	January 1, 2027 - December 31, 2027

Months of Trend	2026	2027	Total
	12	12	24

Medical Trend Summary

2026 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	17.0%	-1.1%	2.3%	1.2%
OP	55.8%	-0.7%	2.6%	1.9%
PHY	27.2%	-1.4%	2.3%	0.8%
Medical Total		-1.0%	2.5%	1.5%

2027 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	16.9%	4.5%	2.3%	6.9%
OP	56.0%	3.2%	2.6%	5.9%
PHY	27.1%	2.6%	2.3%	4.9%
Medical Total		3.3%	2.5%	5.8%

Annual Allowed Medical Trend **3.6%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$780.49	\$19.62	\$9.75	\$82.35	\$668.77
24 Months of Trend:	1.074	1.074	1.050	1.023	1.080
Projection Period:	\$838.03	\$21.06	\$10.23	\$84.23	\$722.50
Allowed Trend (Annual)	3.6%				
Paid Trend (Annual)	3.9%				
Leveraging (Annual)	0.3%				

Rx Trend Summary

	<u>2026 Trend</u>		<u>2027 Trend</u>		<u>Annualized Trend</u>	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	0.3%	2.0%	0.3%	2.0%	0.3%	2.0%
Brand	8.2%	10.3%	8.2%	10.3%	8.2%	10.3%
Specialty	3.8%	6.8%	3.8%	6.8%	3.8%	6.8%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	15,316	1,596	224	17,135
Experience Period Allowed Cost per Script	\$14.30	\$679.24	\$5,950.26	\$153.83
Experience Period Deductible Per Script	\$1.30	\$35.24	\$82.58	\$5.52
Experience Period Copay Per Script	\$3.38	\$21.56	\$24.60	\$5.35
Experience Period Coinsurance Per Script	\$0.61	\$9.95	\$90.12	\$2.65
Experience Period Paid Cost Per Script	\$9.01	\$612.50	\$5,752.95	\$140.31
Experience Period Allowed PMPM	\$18.24	\$90.33	\$111.09	\$219.66
Experience Period Deductible PMPM	\$1.66	\$4.69	\$1.54	\$7.88
Experience Period Copay PMPM	\$4.32	\$2.87	\$0.46	\$7.64
Experience Period Coinsurance PMPM	\$0.78	\$1.32	\$1.68	\$3.78
Experience Period Paid PMPM	\$11.50	\$81.45	\$107.40	\$200.35
Experience Period Rx Rebates PMPM				(\$81.41)
Annual Util Trend	1.020	1.103	1.068	1.028
Annual Unit Cost Trend	1.003	1.082	1.038	1.106
Annual Allowed Trend	1.023	1.193	1.108	1.137
Annual Deductible Trend	1.011	1.011	1.011	1.068
Annual Paid Trend	1.022	1.201	1.108	1.142
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.146
Months of Trend	24	24	24	24
Projected Scripts / 1000	15,929	1,941	255	18,125
Projected Allowed Cost per Script	\$14.37	\$795.20	\$6,405.08	\$188.03
Projected Deductible Per Script	\$1.33	\$36.04	\$84.47	\$6.21
Projected Copay Per Script	\$3.38	\$21.56	\$24.60	\$5.63
Projected Coinsurance Per Script	\$0.61	\$11.65	\$97.01	\$3.15
Projected Paid Cost Per Script	\$9.05	\$725.95	\$6,199.00	\$173.03
Projected Allowed PMPM	\$19.08	\$128.60	\$136.33	\$284.00
Projected Deductible PMPM	\$1.76	\$5.83	\$1.80	\$9.39
Projected Copay PMPM	\$4.49	\$3.49	\$0.52	\$8.50
Projected Coinsurance PMPM	\$0.81	\$1.88	\$2.06	\$4.76
Projected Paid PMPM	\$12.02	\$117.40	\$131.94	\$261.35
Projected Rx Rebates				(\$105.26)
Net Projected Paid PMPM				\$156.09

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: Jan 2025 - Dec 2025

Completed Through: 4/30/26

	ACA Compliant Individual
1 Member Months	152,980
2 FFS Paid Medical Claims	\$668.77
3 FFS Paid Pediatric Dental Claims	\$1.18
4 IBNR Factor	1.041
5 FFS Incurred Paid Medical Claims	<u>\$697.11</u>
6 FFS Incurred Rx Claims	\$200.35
7 Experience Period Rx Rebates	(\$81.41)
8 FFS Incurred Rx Claims (Net of Rebates)	<u>\$118.94</u>
9 Experience Period Capitation and Non-FFS Medical Costs	\$23.51
10 Adjusted Experience Period Claim Expense	<u>\$839.55</u>
Market-Wide Adjustments to Experience Period Claims	
11 Adjustment for Full Coverage of Insulin	\$0.38
12 Adjustment for Change in Coverage of Weight Loss GLP-1s	(\$8.71)
13 Adjustment for H.766	\$4.03
14 Impact of IRA Subsidy Expiration	\$47.88
15 Adjustment for Reduction in High Tech Imaging Prior Auth	\$0.19
16 Adjustment for Act 55	(\$35.95)
17 Adjustment for High Cost Claimants in 2025 Above National Threshold	(\$3.83)
18 Experience Period Claim Expense After All Adjustments	<u>\$843.57</u>
19 Annual FFS Medical projection factor	1.039
20 Annual FFS Rx projection factor	1.146
21 Annual FFS Claim trend projection factor	1.055
22 Months of Trend	24
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	<u>\$912.53</u>
24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$10.48
25 Projection Period Capitation and Non-FFS Medical Costs	\$9.45
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	<u>\$932.46</u>
Federal Reinsurance and Risk Adjustment Programs	
27 Federal Risk Adjustment Program Impact	\$112.52
28 Paid Index Rate PMPM After Adjustments for Federal Programs	<u>\$1,044.99</u>

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	8,767	8,767	1.000	1.000
4	Double	2,069	4,133	1.998	2.000
4	Parent/Child(ren)	390	898	2.303	1.930
4	Family	749	2,744	3.664	2.810

Single Conversion Factor 1.049

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

% of Premium Retention Components

Broker Load	0.00%
Bad Debt	0.75%
Risk Margin	2.00%
Total % of Premium Retention Components	2.75%

PMPM Retention Components

General Administrative Load	\$61.82
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% of Premium Taxes and Assessments

Premium Tax	0.00%
VT Vaccine Pilot	0.25%
National High Cost Reinsurance Pool Charge	0.60%
Total % of Premium Taxes/Assessments	0.85%

% of Paid Claim Taxes and Assessments

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
Total % of Paid Claim Taxes/Assessments	1.149%

PMPM Taxes and Assessments

HHS Risk Adjustment User Fee	\$0.20
PCORI Fee	\$0.32
18 VSA 9374(h) Billback	\$1.42
Total PMPM Taxes/Assessments	\$1.94

Exhibit 6 – 2027 Individual Exchange Premium Rates
 MVP Health Plan, Inc. 2027 Vermont Individual Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2027 - December 31, 2027

2027 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$1,044.99
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8403
Adjusted Claim Cost for Pricing	\$1,243.60

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	CTR (Risk Margin + Bad Debt, % of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost PMPM	Single***	Double	Parent/Child (ren)	Family	Increase over 2026 Single Rate	Increase over 2026 Double Rate	Increase over 2026 P/C Rate	Increase over 2026 Family Rate	
FRVT-HMO-P-001-S (2027)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.900	1.150	\$1,287.27	\$38.54	\$61.82	\$11.91	\$1.94	\$0.00	\$1,401.49	\$1,470.81	\$2,941.62	\$2,838.66	\$4,132.98	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-G-001-S (2027)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.796	1.080	\$1,068.97	\$32.31	\$61.82	\$9.99	\$1.94	\$0.00	\$1,175.03	\$1,233.15	\$2,466.30	\$2,379.98	\$3,465.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMOH-G-003-N (2027)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.854	1.080	\$1,146.73	\$34.53	\$61.82	\$10.67	\$1.94	\$0.00	\$1,255.70	\$1,317.81	\$2,635.62	\$2,543.37	\$3,703.05	9.3%	9.3%	9.3%	9.3%
FRVT-HMO-G-004-N (2027)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.803	1.080	\$1,078.37	\$32.58	\$61.82	\$10.07	\$1.94	\$0.00	\$1,184.78	\$1,243.38	\$2,486.76	\$2,399.72	\$3,493.90	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-S-003-S (2027)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMOH-S-004-S (2027)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S-002-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMO-S-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
VT-HMO-S-003-S II (2027)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.667	1.030	\$854.75	\$26.20	\$61.82	\$8.10	\$1.94	\$0.00	\$952.82	\$999.94	\$1,999.88	\$1,923.88	\$2,809.83	7.7%	7.7%	7.7%	7.7%
VT-HMOH-S-004-S (2027)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.682	1.030	\$873.71	\$26.74	\$61.82	\$8.27	\$1.94	\$0.00	\$972.48	\$1,020.58	\$2,041.16	\$1,969.72	\$2,867.83	8.8%	8.8%	8.8%	8.8%
VT-HMOH-S-002-N (2027)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.709	1.030	\$907.91	\$27.72	\$61.82	\$8.57	\$1.94	\$0.00	\$1,007.96	\$1,057.81	\$2,115.62	\$2,041.57	\$2,972.45	8.4%	8.4%	8.4%	8.4%
VT-HMO-S-001-N II (2027)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.675	1.030	\$864.74	\$26.49	\$61.82	\$8.19	\$1.94	\$0.00	\$963.18	\$1,010.82	\$2,021.64	\$1,950.88	\$2,840.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-B-002-S (2027)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.608	1.000	\$755.49	\$23.37	\$61.82	\$7.22	\$1.94	\$0.00	\$849.85	\$891.88	\$1,783.76	\$1,721.33	\$2,506.18	7.4%	7.4%	7.4%	7.4%
FRVT-HMOH-B-003-S (2027)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.630	1.000	\$783.72	\$24.18	\$61.82	\$7.47	\$1.94	\$0.00	\$879.13	\$922.61	\$1,845.22	\$1,780.64	\$2,592.53	8.8%	8.8%	8.8%	8.8%
FRVT-HMOH-S4-004-S (2027)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.607	1.000	\$754.87	\$23.35	\$61.82	\$7.22	\$1.94	\$0.00	\$849.20	\$891.20	\$1,782.40	\$1,720.02	\$2,504.27	5.9%	5.9%	5.9%	5.9%
FRVT-HMO-B-005-N (2027)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.619	1.000	\$769.91	\$23.78	\$61.82	\$7.35	\$1.94	\$0.00	\$864.81	\$907.58	\$1,815.16	\$1,751.63	\$2,550.30	10.1%	10.1%	10.1%	10.1%
FRVT-HMO-B-001-N (2027)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.626	1.000	\$778.87	\$24.04	\$61.82	\$7.43	\$1.94	\$0.00	\$874.10	\$917.33	\$1,834.66	\$1,770.45	\$2,577.70	6.4%	6.4%	6.4%	6.4%
FRVT-HMO-C-001 (2027)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.565	1.000	\$703.13	\$21.88	\$61.82	\$6.76	\$1.94	\$0.00	\$795.54	\$834.88	\$1,669.76	\$1,611.32	\$2,346.01	108.8%	108.8%	108.8%	108.8%
FRVT-HMO-S3-001-S (2027)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMO-S3-002-S (2027)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMO-S3-003-S (2027)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMO-S3-004-S (2027)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMOH-S4-001-S (2027)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-002-S (2027)	HDHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-003-S (2027)	HMO	Silver	Standard	On Exchange	Subsidized (94%)	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-004-S (2027)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S2-001-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S2-002-N (2027)	HMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S2-003-N (2027)	HMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S2-004-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMO-S1-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S1-002-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S1-003-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S1-004-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (74%)	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-PA2-001-S (2027)	HyHMO	Platinum	Standard	On Exchange	All/AN	0.900	1.150	\$1,287.27	\$38.54	\$61.82	\$11.91	\$1.94	\$0.00	\$1,401.49	\$1,470.81	\$2,941.62	\$2,838.66	\$4,132.98	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-GA2-001-S (2027)	HyHMO	Gold	Standard	On Exchange	All/AN	0.796	1.080	\$1,068.97	\$32.31	\$61.82	\$9.99	\$1.94	\$0.00	\$1,175.03	\$1,233.15	\$2,466.30	\$2,379.98	\$3,465.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMOH-GA2-003-N (2027)	HDHMO	Gold	Non-Standard	On Exchange	All/AN	0.854	1.080	\$1,146.73	\$34.53	\$61.82	\$10.67	\$1.94	\$0.00	\$1,255.70	\$1,317.81	\$2,635.62	\$2,543.37	\$3,703.05	9.3%	9.3%	9.3%	9.3%
FRVT-HMO-GA2-004-N (2027)	HyHMO	Gold	Non-Standard	On Exchange	All/AN	0.803	1.080	\$1,078.37	\$32.58	\$61.82	\$10.07	\$1.94	\$0.00	\$1,184.78	\$1,243.38	\$2,486.76	\$2,399.72	\$3,493.90	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-SA2-003-S (2027)	HyHMO	Silver	Standard	On Exchange	All/AN	0.667	1.030	\$854.88	\$35.35	\$61.82	\$10.93	\$1.94	\$320.58	\$1,285.50	\$1,349.08	\$2,698.16	\$2,603.72	\$3,790.91	4.7%	4.7%	4.7%	4.7%
FRVT-HMOH-SA2-004-S (2027)	HDHMO	Silver	Standard	On Exchange	All/AN	0.682	1.030	\$873.84	\$36.09	\$61.82	\$11.16	\$1.94	\$327.69	\$1,312.54	\$1,377.46	\$2,754.92	\$2,658.50	\$3,870.66	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-SA2-002-N (2027)	HDHMO	Silver	Non-Standard	On Exchange	All/AN	0.709	1.030	\$908.55	\$37.46	\$61.82	\$11.58	\$1.94	\$340.71	\$1,362.05	\$1,429.42	\$2,858.84	\$2,758.78	\$4,016.67	5.3%	5.3%	5.3%	5.3%
FRVT-HMO-SA2-001-N (2027)	HyHMO	Silver	Non-Standard	On Exchange	All/AN	0.675	1.030	\$864.74	\$35.74	\$61.82	\$11.05	\$1.94	\$324.28	\$1,299.57	\$1,363.85	\$2,727.70	\$2,632.23	\$3,832.42	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-BA2-002-S (2027)	HyHMO	Bronze	Standard	On Exchange	All/AN	0.608	1.000	\$755.49	\$23.37	\$61.82	\$7.22	\$1.94	\$0.00	\$849.85	\$891.88	\$1,783.76	\$1,721.33	\$2,506.18	7.4%	7.4%	7.4%	7.4%
FRVT-HMOH-BA2-003-S (2027)	HDHMO	Bronze	Standard	On Exchange	All/AN	0.630	1.000	\$783.72	\$24.18	\$61.82	\$7.47	\$1.94	\$0.00	\$879.13	\$922.61	\$1,845.22	\$1,780.64	\$2,592.53	8.8%	8.8%	8.8%	8.8%
FRVT-HMO-BA2-004-S (2027)	HyHMO	Bronze	Standard	On Exchange	All/AN	0.607																



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2027 ACA Individual Exchange Rate Filing

About Us

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

Why We Are Changing Our Premiums

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2027 Individual Exchange rates for effective dates of coverage between January 1, 2027 and December 31, 2027. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

- ***Increases in base period experience.*** Premium rates are increasing by **2.3%** because our estimate of 2026 claims are higher than expected compared to the previous year.
- ***Increases in cost and utilization of services.*** The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by **6.0%** because of this estimated trend in 2027.
- ***Impact of legislative changes.*** There are legislative changes that went into effect beginning in 2026. As they continue to be implemented, our revised estimate, compared to the previous year, will decrease premium rates by **2.3%**.
- ***Impact of the Federal Risk Adjustment Program.*** The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of lower-risk members, so it is required to pay into the program. MVP's individual payment has gone up, increasing premium rates by approximately **1.7%**.
- ***Changes in the cost of doing business.*** As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the individual market. These changes are worth approximately **0.0%** of the premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 7.8%, ranging from 4.7% to 108.8%. There are 11,975 policyholders, 11,975 subscribers and 16,542 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 11th. For information about providing public comment, please visit:

<https://ratereview.vermont.gov/public-comment>



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ACTUARIAL CERTIFICATION
FEDERAL ACTUARIAL VALUE ADJUSTMENT
VERMONT EXCHANGE
Gold 3 HDHP Plus
Silver 2 HDHP Plus
Silver 2 HDHP Plus II

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2027 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 125,000 covered MVP commercial members. The data reflects claims paid for 2024 incurred dates, paid as of December 31st, 2025. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the net plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing model is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Aggregate Family Deductible
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77%, and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 Plus 94% cost-sharing reduction plan was determined to not fit the Federal Calculator:

- Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing model to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV. The most recent version of MVP's benefit pricing model at the time of the form filing was used, but the model is still under review as of the date of this certification. Therefore, the pricing AV listed below may differ from the final rate filing.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	86.12%	81.73%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	85.38%	81.03%

Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	69.55%	70.54%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	70.93%	71.94%

Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	71.99%	73.04%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	72.91%	73.97%

Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	76.08%	77.36%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	76.44%	77.73%

Silver 2 Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	83.19%	87.11%
Silver 2 Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	83.20%	87.12%

Silver 2 Plus 94% CSR with no safe harbor drug benefit	87.59%	94.80%
Silver 2 Plus 94% CSR including the safe harbor drug benefit	87.60%	94.81%

Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	69.49%	70.47%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	70.88%	71.88%

Actuarial Adjustment factor for Gold 3 Plan: $0.9914 = 85.38\% / 86.12\%$
Final Federal AV for Gold 3 Plan: $81.73\% \times 0.9914 = 81.03\%$

Actuarial Adjustment factor for Silver 2 Plan: $1.0198 = 70.93\% / 69.55\%$
Final Federal AV for Silver 2 Plan: $70.54\% \times 1.0198 = 71.94\%$

Actuarial Adjustment factor for Silver 2 73% Plan: $1.0128 = 72.91\% / 71.99\%$
Final Federal AV for Silver 2 73% Plan: $73.04\% \times 1.0128 = 73.97\%$

Actuarial Adjustment factor for Silver 2 77% Plan: $1.0047 = 76.44\% / 76.08\%$
Final Federal AV for Silver 2 77% Plan: $77.36\% \times 1.0047 = 77.73\%$

Actuarial Adjustment factor for Silver 2 87% Plan: $1.0001 = 83.20\% / 83.19\%$
Final Federal AV for Silver 2 87% Plan: $87.11\% \times 1.0001 = 87.12\%$

Actuarial Adjustment factor for Silver 2 94% Plan: $1.0001 = 87.60\% / 87.59\%$
Final Federal AV for Silver 2 94% Plan: $94.80\% \times 1.0001 = 94.81\%$

Actuarial Adjustment factor for Silver 2 II Plan: $1.0200 = 70.88\% / 69.49\%$
Final Federal AV for Silver 2 II Plan: $70.47\% \times 1.0200 = 71.88\%$

CERTIFICATION

I, Matthew Lombardo, Chief Actuary for MVP Health Care, am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2027 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).



Matthew Lombardo, FSA, MAAA
VP, Chief Actuary
MVP Health Care

3/25/2026
Date

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	01/01/2025 - 12/31/2025	01/01/2026 - 12/31/2026	01/01/2027 - 12/31/2027		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$10.81	\$10.43	\$11.32	3.80%	8.58%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$59.13	\$60.61	\$61.82	4.55%	2.00%
Profit/Risk Margin	\$18.83	\$24.66	\$30.33	61.10%	23.00%
Total	\$88.86	\$95.69	\$103.47	16.44%	8.13%
Variable	\$40.47	\$45.05	\$51.33	26.82%	13.93%
Non-Variable	\$48.39	\$50.64	\$52.14	7.76%	2.97%
Total	\$88.86	\$95.69	\$103.47	16.44%	8.13%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	1.07%	0.99%	1.03%	-3.70%	3.31%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	5.73%	5.78%	5.92%	-3.81%	-2.98%
Profit/Risk Margin	1.84%	2.35%	2.73%	49.46%	17.02%
Total	8.68%	9.12%	9.38%	8.02%	2.87%
Variable	3.96%	4.29%	4.65%	17.66%	8.39%
Non-Variable	4.73%	4.83%	4.73%	-0.03%	-2.04%
Total	8.68%	9.12%	9.38%	8.02%	2.87%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

Historical Experience (ACA Only): Incurred or Allowed Basis? Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period Used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$576.65					1.00	1.00	1.00	\$576.65			
Feb-2023	11,328	\$596.18					1.00	1.00	1.00	\$596.41			
Mar-2023	11,129	\$761.08					1.00	1.00	1.00	\$751.35			
Apr-2023	10,952	\$664.93					1.00	1.01	1.00	\$664.19			
May-2023	10,838	\$710.01					1.00	1.01	1.00	\$708.06			
Jun-2023	10,773	\$710.09				48.07%	1.00	1.01	1.00	\$709.11			48.87%
Jul-2023	10,791	\$658.06				16.70%	0.98	1.00	1.00	\$638.59			16.21%
Aug-2023	10,701	\$690.65				-17.16%	0.99	1.00	1.00	\$692.65			-16.52%
Sep-2023	10,604	\$712.75				-8.16%	0.99	1.00	1.00	\$714.55			-6.71%
Oct-2023	10,481	\$747.83				19.22%	0.99	1.00	1.00	\$749.92			21.08%
Nov-2023	10,413	\$792.90				49.12%	0.99	1.00	1.00	\$795.48			50.36%
Dec-2023	10,237	\$766.86		19.43%		61.78%	0.99	1.01	1.00	\$762.27	20.19%		62.11%
Jan-2024	10,272	\$611.29		14.30%		2.87%	0.98	1.00	1.00	\$620.52	15.48%		4.25%
Feb-2024	10,571	\$553.27		0.05%		-46.96%	0.98	1.00	1.00	\$565.61	1.51%		-45.00%
Mar-2024	10,607	\$752.13		4.50%		-51.79%	0.98	1.00	1.00	\$769.70	6.73%		-48.26%
Apr-2024	10,719	\$721.61		-0.77%		-23.15%	0.98	0.99	1.00	\$740.09	2.03%		-17.57%
May-2024	10,822	\$731.82		-7.15%		73.17%	0.98	0.99	1.00	\$752.23	-3.87%		82.65%
Jun-2024	10,892	\$666.67		-13.25%		49.22%	0.99	0.99	1.00	\$687.48	-9.37%		53.77%
Jul-2024	10,948	\$762.89		-5.72%		29.08%	0.98	0.99	1.00	\$789.19	-1.29%		32.84%
Aug-2024	10,990	\$710.98		8.21%		-11.21%	0.98	0.98	1.00	\$736.56	13.14%		-8.28%
Sep-2024	11,024	\$699.40		3.62%		10.45%	0.98	0.98	1.00	\$725.07	8.02%		13.72%
Oct-2024	10,959	\$818.65		9.73%		13.08%	0.98	0.98	1.00	\$849.27	13.92%		15.50%
Nov-2024	10,546	\$683.00		10.47%		12.16%	0.98	0.99	1.00	\$707.54	13.96%		13.37%
Dec-2024	10,440	\$831.41		3.03%		24.30%	0.98	0.98	1.00	\$862.40	6.11%		33.79%
Jan-2025	11,904	\$672.93		3.05%		-8.60%	1.03	0.97	1.00	\$678.99	5.94%		-11.85%
Feb-2025	12,543	\$663.96		4.12%		-9.96%	1.03	0.96	1.00	\$669.36	6.74%		-15.28%
Mar-2025	12,559	\$752.62		4.34%		-35.84%	1.03	0.96	1.00	\$757.97	6.57%		-42.52%
Apr-2025	12,611	\$808.17		4.75%		6.66%	1.03	0.96	1.00	\$812.27	6.53%		0.15%
May-2025	12,698	\$843.41		5.94%		56.09%	1.03	0.96	1.00	\$848.68	7.21%		48.63%
Jun-2025	12,734	\$801.37		8.11%		89.47%	1.04	0.96	1.00	\$807.16	8.90%		88.09%
Jul-2025	12,832	\$903.24		8.30%		17.41%	1.04	0.96	1.00	\$910.48	11.75%		72.53%
Aug-2025	13,035	\$769.69		8.68%		25.68%	1.04	0.95	1.00	\$777.91	8.36%		13.18%
Sep-2025	13,023	\$843.54		10.52%		10.67%	1.04	0.95	1.00	\$853.72	9.73%		12.45%
Oct-2025	13,023	\$940.56		11.13%		34.02%	1.04	0.95	1.00	\$951.83	9.78%		2.55%
Nov-2025	13,015	\$808.56		13.81%		20.57%	1.04	0.95	1.00	\$818.95	11.96%		22.34%
Dec-2025	12,912	\$966.17		14.54%		32.23%	1.04	0.95	1.00	\$976.80	12.14%		36.48%

Last Month in Experience Period

Add more rows if needed.

If applicable, please provide an explanation for the Other normalization factor.

N/A

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Please see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (IP/OP/PHY) and Rx category (Generic/Brand/Specialty).

Trend & Projection Assumptions For Inpatient Claims

Historical Experience (ACA Only): red Basis? Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$118.96					1.00	1.00	1.00	\$118.96			
Feb-2023	11,328	\$102.74					1.00	1.00	1.00	\$102.78			
Mar-2023	11,129	\$188.86					1.00	1.00	1.00	\$188.92			
Apr-2023	10,952	\$115.11					1.00	1.01	1.00	\$114.99			
May-2023	10,838	\$102.95					1.00	1.01	1.00	\$102.67			
Jun-2023	10,773	\$132.91				-45.87%	1.00	1.01	1.00	\$132.72			-46.30%
Jul-2023	10,791	\$122.30				-39.77%	0.99	1.00	1.00	\$122.42			-40.00%
Aug-2023	10,701	\$112.60				-33.99%	0.99	1.00	1.00	\$112.92			-33.58%
Sep-2023	10,604	\$150.98				45.93%	0.99	1.00	1.00	\$151.37			48.18%
Oct-2023	10,481	\$143.31				66.26%	0.99	1.00	1.00	\$143.71			68.74%
Nov-2023	10,413	\$153.47				119.48%	0.99	1.00	1.00	\$153.97			121.38%
Dec-2023	10,237	\$124.21			12.19%	42.44%	0.99	1.01	1.00	\$124.45		12.87%	42.77%
Jan-2024	10,272	\$101.92			5.75%	-23.72%	0.98	1.00	1.00	\$103.46		6.75%	-22.73%
Feb-2024	10,571	\$79.57			-5.76%	-78.48%	0.98	1.00	1.00	\$81.34		-4.53%	-77.71%
Mar-2024	10,607	\$192.00			16.72%	-37.65%	0.98	1.00	1.00	\$196.48		19.31%	-32.99%
Apr-2024	10,719	\$93.76			-4.98%	-14.71%	0.98	0.99	1.00	\$96.16		-2.34%	-8.53%
May-2024	10,822	\$101.05			-27.80%	156.29%	0.98	0.99	1.00	\$103.87		-25.27%	170.16%
Jun-2024	10,892	\$98.78			-31.63%	-62.15%	0.98	0.99	1.00	\$101.87		-28.62%	-61.04%
Jul-2024	10,948	\$146.30			-18.29%	-19.04%	0.98	0.99	1.00	\$151.35		-14.45%	-16.50%
Aug-2024	10,990	\$116.50			-1.69%	-22.82%	0.98	0.98	1.00	\$120.70		2.88%	-20.08%
Sep-2024	11,024	\$118.64			-27.83%	184.47%	0.98	0.98	1.00	\$123.00		-24.78%	192.69%
Oct-2024	10,999	\$142.55			-5.47%	41.34%	0.98	0.98	1.00	\$147.88		-1.80%	44.16%
Nov-2024	10,546	\$57.79			-2.68%	-37.93%	0.98	0.99	1.00	\$59.86		0.42%	-37.26%
Dec-2024	10,440	\$166.70		-9.58%	26.20%	-13.80%	0.98	0.98	1.00	\$172.92	-6.89%	29.20%	-13.30%
Jan-2025	11,904	\$141.48		-6.08%	9.88%	-9.91%	1.03	0.97	1.00	\$142.76	-3.50%	10.63%	-13.84%
Feb-2025	12,543	\$129.32		-1.58%	3.12%	233.92%	1.03	0.96	1.00	\$130.37	0.84%	2.42%	210.83%
Mar-2025	12,550	\$126.08		-5.66%	28.50%	35.43%	1.03	0.96	1.00	\$126.98	-3.75%	25.66%	20.90%
Apr-2025	12,611	\$102.07		-4.00%	0.10%	-11.01%	1.03	0.96	1.00	\$102.59	-2.40%	-3.49%	-17.22%
May-2025	12,698	\$119.99		-2.71%	29.99%	-58.59%	1.03	0.96	1.00	\$120.74	-1.47%	24.37%	-60.55%
Jun-2025	12,734	\$150.53		3.19%	5.38%	-21.76%	1.04	0.96	1.00	\$151.62	4.02%	-0.46%	-22.31%
Jul-2025	12,932	\$119.29		-0.27%	0.45%	41.34%	1.04	0.96	1.00	\$120.24	-0.01%	-4.18%	41.50%
Aug-2025	13,035	\$127.58		0.19%	-3.43%	69.29%	1.04	0.95	1.00	\$128.95	0.01%	-6.88%	70.89%
Sep-2025	13,023	\$153.99		4.91%	2.14%	33.78%	1.04	0.95	1.00	\$155.85	4.20%	-0.35%	35.98%
Oct-2025	13,023	\$169.18		6.96%	34.69%	79.01%	1.04	0.95	1.00	\$171.21	5.67%	33.11%	82.22%
Nov-2025	13,015	\$117.32		17.70%	15.79%	51.45%	1.04	0.95	1.00	\$118.83	15.89%	15.28%	53.67%
Dec-2025	12,912	\$117.66		11.18%	9.69%	3.40%	1.04	0.95	1.00	\$118.96	8.88%	10.55%	4.02%

Trend & Projection Assumptions For Outpatient Claims

Historical Experience (ACA Only): red Basis? Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$286.07					1.00	1.00	1.00	\$286.07			
Feb-2023	11,328	\$273.74					1.00	1.00	1.00	\$273.88			
Mar-2023	11,129	\$355.34					1.00	1.00	1.00	\$355.46			
Apr-2023	10,952	\$339.86					1.00	1.01	1.00	\$339.49			
May-2023	10,838	\$360.94					1.00	1.01	1.00	\$359.94			
Jun-2023	10,773	\$334.48				64.87%	1.00	1.01	1.00	\$334.01			63.53%
Jul-2023	10,791	\$302.94				13.29%	0.99	1.00	1.00	\$303.22			12.81%
Aug-2023	10,701	\$333.84				-28.50%	0.99	1.00	1.00	\$334.81			-27.93%
Sep-2023	10,604	\$316.97				-28.01%	0.99	1.00	1.00	\$317.77			-26.87%
Oct-2023	10,481	\$333.15				-5.69%	0.99	1.00	1.00	\$334.07			-4.20%
Nov-2023	10,413	\$389.21				30.86%	0.99	1.00	1.00	\$390.48			31.95%
Dec-2023	10,237	\$383.08			11.66%	80.24%	0.99	1.01	1.00	\$383.79		12.37%	80.60%
Jan-2024	10,272	\$332.17			12.71%	58.89%	0.98	1.00	1.00	\$337.18		13.90%	61.17%
Feb-2024	10,571	\$294.09			1.86%	-11.32%	0.98	1.00	1.00	\$300.65		3.43%	-7.96%
Mar-2024	10,607	\$351.28			9.49%	-38.77%	0.98	1.00	1.00	\$359.49		11.88%	-34.34%
Apr-2024	10,719	\$403.16			17.95%	-18.60%	0.98	0.99	1.00	\$413.48		21.34%	-12.75%
May-2024	10,822	\$377.88			13.74%	59.42%	0.98	0.99	1.00	\$388.42		17.78%	68.04%
Jun-2024	10,892	\$341.41			4.46%	73.60%	0.98	0.99	1.00	\$352.07		9.12%	78.97%
Jul-2024	10,948	\$348.52			2.91%	7.18%	0.98	0.99	1.00	\$360.54		7.67%	10.22%
Aug-2024	10,990	\$349.58			12.52%	-29.03%	0.98	0.98	1.00	\$362.16		17.53%	-26.72%
Sep-2024	11,024	\$335.65			7.16%	-27.94%	0.98	0.98	1.00	\$347.97		11.61%	-25.78%
Oct-2024	10,999	\$380.91			-1.79%	-0.57%	0.98	0.98	1.00	\$395.16		1.90%	1.61%
Nov-2024	10,546	\$352.02			-3.20%	11.70%	0.98	0.99	1.00	\$364.67		-0.16%	12.91%
Dec-2024	10,440	\$371.46		6.01%	3.45%	30.52%	0.98	0.98	1.00	\$385.31	9.15%	5.84%	31.12%
Jan-2025	11,904	\$313.36		4.09%	-1.73%	-11.99%	1.03	0.97	1.00	\$316.18	7.00%	-0.85%	-15.08%
Feb-2025	12,543	\$309.91		3.65%	-10.46%	-26.80%	1.03	0.96	1.00	\$312.42	6.24%	-10.84%	-31.88%
Mar-2025	12,550	\$364.05		4.13%	-6.43%	-36.03%	1.03	0.96	1.00	\$366.64	6.34%	-8.15%	-42.86%
Apr-2025	12,611	\$408.68		2.86%	-1.38%	20.96%	1.03	0.96	1.00	\$410.76	4.56%	-4.75%	11.42%
May-2025	12,698	\$417.87		3.59%	7.69%	110.67%	1.03	0.96	1.00	\$420.49	4.77%	2.76%	100.80%
Jun-2025	12,734	\$364.04		3.94%	4.15%	110.63%	1.04	0.96	1.00	\$366.67	4.64%	-1.67%	109.07%
Jul-2025	12,932	\$447.27		5.32%	21.55%	66.30%	1.04	0.95	1.00	\$450.86	5.49%	15.67%	66.68%
Aug-2025	13,035	\$370.16		5.37%	33.36%	-3.05%	1.04	0.95	1.00	\$374.11	5.06%	28.18%	-2.07%
Sep-2025	13,023	\$379.33		5.89%	31.11%	2.02%	1.04	0.95	1.00	\$383.91	5.12%	27.53%	3.65%
Oct-2025	13,023	\$403.77		5.29%	26.40%	-22.66%	1.04	0.95	1.00	\$408.60	4.03%	24.72%	-21.29%
Nov-2025	13,015	\$361.87		6.32%	13.10%	-11.88%	1.04	0.95	1.00	\$366.52	4.60%	12.89%	-10.59%
Dec-2025	12,912	\$467.61		8.86%	24.01%	12.74%	1.04	0.95	1.00	\$472.75	6.61%	25.00%	13.51%

Trend & Projection Assumptions For Physician Claims

Historical Experience (ACA Only): red Basis? Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$113.86					1.00	1.00	1.00	\$113.86			
Feb-2023	11,328	\$113.12					1.00	1.00	1.00	\$113.17			
Mar-2023	11,129	\$135.39					1.00	1.00	1.00	\$135.43			
Apr-2023	10,952	\$125.64					1.00	1.01	1.00	\$125.50			
May-2023	10,838	\$153.77					1.00	1.01	1.00	\$153.35			
Jun-2023	10,773	\$146.48				91.49%	1.00	1.01	1.00	\$146.28			89.91%
Jul-2023	10,791	\$129.31				74.25%	0.99	1.00	1.00	\$129.43			73.49%
Aug-2023	10,701	\$148.86				10.00%	0.99	1.00	1.00	\$149.29			10.90%
Sep-2023	10,604	\$159.87				11.84%	0.99	1.00	1.00	\$160.27			13.63%
Oct-2023	10,481	\$167.95				51.32%	0.99	1.00	1.00	\$168.42			53.71%
Nov-2023	10,413	\$162.68				78.05%	0.99	1.00	1.00	\$163.21			79.51%
Dec-2023	10,237	\$155.94			38.10%	52.79%	0.99	1.01	1.00	\$156.23		39.00%	53.08%
Jan-2024	10,272	\$132.64			33.73%	-19.45%	0.98	1.00	1.00	\$134.64		35.10%	-18.31%
Feb-2024	10,571	\$121.24			15.13%	-51.49%	0.98	1.00	1.00	\$123.95		16.82%	-49.64%
Mar-2024	10,607	\$140.10			3.94%	-57.06%	0.98	1.00	1.00	\$143.37		6.11%	-53.96%
Apr-2024	10,719	\$143.00			-10.84%	-35.54%	0.98	0.99	1.00	\$146.67		-8.36%	-30.90%
May-2024	10,822	\$155.86			-13.78%	32.47%	0.98	0.99	1.00	\$160.21		-10.75%	39.64%
Jun-2024	10,892	\$143.94			-17.79%	59.60%	0.98	0.99	1.00	\$148.44		-14.12%	64.63%
Jul-2024	10,948	\$157.96			-13.58%	64.06%	0.98	0.99	1.00	\$163.41		-9.51%	68.84%
Aug-2024	10,990	\$144.40			-3.26%	6.72%	0.98	0.98	1.00	\$149.60		1.16%	10.17%
Sep-2024	11,024	\$147.80			2.93%	6.76%	0.98	0.98	1.00	\$153.23		7.34%	9.89%
Oct-2024	10,999	\$180.86			18.50%	14.04%	0.98	0.98	1.00	\$187.63		23.06%	16.50%
Nov-2024	10,546	\$159.65			21.19%	43.41%	0.98	0.99	1.00	\$165.39		25.03%	44.97%
Dec-2024	10,440	\$165.21	5.16%		30.16%	60.03%	0.98	0.98	1.00	\$171.37	8.31%	33.17%	60.78%
Jan-2025	11,904	\$154.60	5.08%		21.67%	4.92%	1.03	0.97	1.00	\$156.00	8.01%	22.63%	1.00%
Feb-2025	12,543	\$133.15	4.93%		12.04%	-27.82%	1.03	0.96	1.00	\$134.23	7.55%	11.50%	-32.88%
Mar-2025	12,550	\$157.51	5.62%		12.40%	-40.34%	1.03	0.96	1.00	\$158.63	7.88%	10.30%	-46.71%
Apr-2025	12,611	\$161.03	5.57%		-0.48%	-20.74%	1.03	0.96	1.00	\$161.85	7.40%	-3.85%	-26.81%
May-2025	12,698	\$178.80	6.89%		3.24%	49.11%	1.03	0.96	1.00	\$179.92	8.21%	-1.46%	42.26%
Jun-2025	12,734	\$178.86	9.10%		1.94%	84.83%	1.04	0.96	1.00	\$180.15	9.91%	-3.74%	83.49%
Jul-2025	12,932	\$194.17	9.50%		11.40%	122.95%	1.04	0.96	1.00	\$195.73	9.75%	6.10%	123.41%
Aug-2025	13,035	\$161.50	10.64%		21.29%	33.16%	1.04	0.95	1.00	\$163.23	10.39%	16.61%	34.45%
Sep-2025	13,023	\$187.37	13.62%		25.83%	19.95%	1.04	0.95	1.00	\$189.63	12.84%	22.39%	21.86%
Oct-2025	13,023	\$215.88	14.91%		44.63%	9.53%	1.04	0.95	1.00	\$218.46	13.50%	42.66%	11.48%
Nov-2025	13,015	\$201.62	17.40%		44.02%	64.13%	1.04	0.95	1.00	\$204.21	15.47%	43.73%	66.57%
Dec-2025	12,912	\$231.58	20.44%		52.61%	104.11%	1.04	0.95	1.00	\$234.13	17.93%	53.85%	105.48%

Last Month in Experience Period

Trend & Projection Assumptions For RX Generic Claims

Historical Experience (ACA Only): red Basis⁽¹⁾: **Incurring** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$6.95					1.00	1.00	1.00	\$6.95			
Feb-2023	11,328	\$7.01					1.00	1.00	1.00	\$7.01			
Mar-2023	11,129	\$9.07					1.00	1.00	1.00	\$9.07			
Apr-2023	10,952	\$8.90					1.00	1.01	1.00	\$8.89			
May-2023	10,838	\$9.53					1.00	1.01	1.00	\$9.51			
Jun-2023	10,773	\$7.51				62.76%	1.00	1.01	1.00	\$7.50			61.42%
Jul-2023	10,791	\$7.04				-12.95%	0.99	1.00	1.00	\$7.05			-13.34%
Aug-2023	10,701	\$7.00				-62.22%	0.99	1.00	1.00	\$7.02			-61.92%
Sep-2023	10,604	\$7.33				-54.03%	0.99	1.00	1.00	\$7.34			-53.31%
Oct-2023	10,481	\$8.66				-17.35%	0.99	1.00	1.00	\$8.68			-16.02%
Nov-2023	10,413	\$8.94				78.38%	0.99	1.00	1.00	\$8.97			79.89%
Dec-2023	10,237	\$9.84			-0.63%	171.31%	0.99	1.01	1.00	\$9.86		0.00%	171.85%
Jan-2024	10,272	\$6.69			-2.57%	51.25%	0.98	1.00	1.00	\$6.79		-1.59%	53.11%
Feb-2024	10,571	\$6.48			-4.89%	-27.71%	0.98	1.00	1.00	\$6.63		-3.48%	-25.17%
Mar-2024	10,607	\$6.90			0.49%	-71.25%	0.98	1.00	1.00	\$7.07		2.55%	-69.17%
Apr-2024	10,719	\$7.78			-2.07%	-52.26%	0.98	0.99	1.00	\$7.98		0.58%	-48.74%
May-2024	10,822	\$8.64			-0.50%	6.50%	0.98	0.99	1.00	\$8.88		2.90%	12.62%
Jun-2024	10,892	\$8.46			-14.47%	135.72%	0.98	0.99	1.00	\$8.73		-10.61%	143.20%
Jul-2024	10,948	\$10.25			0.81%	178.58%	0.98	0.99	1.00	\$10.60		5.65%	186.87%
Aug-2024	10,990	\$9.72			17.08%	120.49%	0.98	0.98	1.00	\$10.07		22.57%	127.65%
Sep-2024	11,024	\$9.71			32.31%	102.40%	0.98	0.98	1.00	\$10.07		38.19%	108.28%
Oct-2024	10,999	\$11.68			57.64%	67.22%	0.98	0.98	1.00	\$12.12		63.95%	70.71%
Nov-2024	10,546	\$10.52			69.73%	58.68%	0.98	0.99	1.00	\$10.90		75.30%	60.34%
Dec-2024	10,440	\$12.62		12.36%	104.58%	89.40%	0.98	0.98	1.00	\$13.09	15.83%	109.22%	90.29%
Jan-2025	11,904	\$8.74		14.38%	66.61%	6.88%	1.03	0.97	1.00	\$8.82	17.68%	68.03%	3.47%
Feb-2025	12,543	\$9.95		18.44%	47.29%	-10.84%	1.03	0.96	1.00	\$10.03	21.47%	46.53%	-16.77%
Mar-2025	12,550	\$10.75		25.27%	37.11%	-48.45%	1.03	0.96	1.00	\$10.83	28.02%	34.53%	-53.96%
Apr-2025	12,611	\$11.76		31.16%	20.33%	11.03%	1.03	0.96	1.00	\$11.82	33.43%	16.27%	1.96%
May-2025	12,698	\$12.14		36.35%	19.02%	56.09%	1.03	0.96	1.00	\$12.22	38.00%	13.68%	48.33%
Jun-2025	12,734	\$10.92		37.44%	-0.08%	93.96%	1.04	0.96	1.00	\$11.00	38.45%	-5.66%	92.55%
Jul-2025	12,932	\$11.89		34.52%	15.54%	34.21%	1.04	0.96	1.00	\$11.98	34.78%	9.88%	34.47%
Aug-2025	13,035	\$12.01		33.08%	22.09%	1.95%	1.04	0.95	1.00	\$12.14	32.70%	17.32%	3.01%
Sep-2025	13,023	\$12.25		32.36%	23.29%	16.29%	1.04	0.95	1.00	\$12.40	31.38%	19.86%	18.21%
Oct-2025	13,023	\$12.08		28.92%	23.53%	16.99%	1.04	0.95	1.00	\$12.23	27.30%	21.78%	19.06%
Nov-2025	13,015	\$11.66		28.00%	15.77%	13.93%	1.04	0.95	1.00	\$11.80	25.86%	15.44%	15.57%
Dec-2025	12,912	\$13.50		25.84%	29.86%	12.39%	1.04	0.95	1.00	\$13.65	23.11%	30.93%	13.11%

Trend & Projection Assumptions For RX Brand Claims

Historical Experience (ACA Only): red Basis⁽¹⁾: **Incurring** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$35.70					1.00	1.00	1.00	\$35.70			
Feb-2023	11,328	\$35.56					1.00	1.00	1.00	\$35.58			
Mar-2023	11,129	\$43.93					1.00	1.00	1.00	\$43.94			
Apr-2023	10,952	\$36.55					1.00	1.01	1.00	\$36.51			
May-2023	10,838	\$41.40					1.00	1.01	1.00	\$41.29			
Jun-2023	10,773	\$47.53				41.32%	1.00	1.01	1.00	\$47.47			40.18%
Jul-2023	10,791	\$46.55				85.88%	0.99	1.00	1.00	\$46.60			85.18%
Aug-2023	10,701	\$52.04				106.19%	0.99	1.00	1.00	\$52.19			107.86%
Sep-2023	10,604	\$49.72				95.58%	0.99	1.00	1.00	\$49.84			98.66%
Oct-2023	10,481	\$52.10				66.41%	0.99	1.00	1.00	\$52.25			68.92%
Nov-2023	10,413	\$50.33				17.61%	0.99	1.00	1.00	\$50.50			18.55%
Dec-2023	10,237	\$50.44			57.21%	13.01%	0.99	1.01	1.00	\$50.53		58.21%	13.23%
Jan-2024	10,272	\$29.56			28.36%	-48.40%	0.98	1.00	1.00	\$30.01		29.52%	-47.85%
Feb-2024	10,571	\$33.80			-1.29%	-68.88%	0.98	1.00	1.00	\$34.55		0.00%	-67.80%
Mar-2024	10,607	\$37.16			-14.26%	-81.22%	0.98	1.00	1.00	\$38.02		-12.62%	-79.84%
Apr-2024	10,719	\$41.31			-29.70%	-44.97%	0.98	0.99	1.00	\$42.36		-27.84%	-40.82%
May-2024	10,822	\$46.25			-35.95%	45.52%	0.98	0.99	1.00	\$47.54		-33.73%	53.94%
Jun-2024	10,892	\$48.76			-37.75%	237.21%	0.98	0.99	1.00	\$50.28		-34.89%	247.61%
Jul-2024	10,948	\$55.68			-14.26%	224.54%	0.98	0.99	1.00	\$57.60		-10.06%	234.21%
Aug-2024	10,990	\$59.22			17.95%	196.03%	0.98	0.98	1.00	\$61.35		23.64%	205.69%
Sep-2024	11,024	\$57.57			49.01%	155.85%	0.98	0.98	1.00	\$59.69		55.78%	163.24%
Oct-2024	10,999	\$65.86			89.31%	115.52%	0.98	0.98	1.00	\$68.32		96.94%	119.99%
Nov-2024	10,546	\$67.67			120.72%	85.00%	0.98	0.99	1.00	\$70.11		127.87%	86.88%
Dec-2024	10,440	\$75.61		14.83%	157.00%	115.24%	0.98	0.98	1.00	\$78.43	18.40%	162.65%	116.20%
Jan-2025	11,904	\$48.57		19.09%	99.79%	16.70%	1.03	0.97	1.00	\$49.01	22.56%	101.56%	13.24%
Feb-2025	12,543	\$54.54		23.11%	61.22%	-27.09%	1.03	0.96	1.00	\$54.99	26.31%	60.49%	-31.78%
Mar-2025	12,550	\$75.36		32.23%	55.73%	-46.05%	1.03	0.96	1.00	\$75.90	35.13%	52.71%	-51.83%
Apr-2025	12,611	\$82.62		39.09%	46.68%	57.28%	1.03	0.96	1.00	\$83.04	41.48%	41.63%	44.03%
May-2025	12,698	\$80.28		44.33%	38.51%	232.76%	1.03	0.96	1.00	\$80.78	46.10%	32.19%	215.51%
Jun-2025	12,734	\$80.41		49.93%	23.49%	240.91%	1.04	0.96	1.00	\$80.99	51.01%	16.57%	238.55%
Jul-2025	12,932	\$88.91		53.62%	54.25%	90.28%	1.04	0.96	1.00	\$89.62	53.89%	46.62%	90.75%
Aug-2025	13,035	\$81.86		55.61%	78.14%	23.52%	1.04	0.95	1.00	\$82.74	55.07%	71.02%	24.77%
Sep-2025	13,023	\$93.37		59.71%	73.16%	38.91%	1.04	0.95	1.00	\$94.50	58.38%	68.41%	41.20%
Oct-2025	13,023	\$95.78		60.94%	66.26%	38.79%	1.04	0.95	1.00	\$96.93	58.80%	64.02%	41.24%
Nov-2025	13,015	\$90.33		59.95%	61.85%	53.21%	1.04	0.95	1.00	\$91.49	57.15%	61.53%	55.44%
Dec-2025	12,912	\$101.57		57.75%	69.95%	40.64%	1.04	0.95	1.00	\$102.69	54.27%	71.38%	41.55%

Trend & Projection Assumptions For RX Specialty Claims

Historical Experience (ACA Only): red Basis⁽¹⁾: **Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2023	11,711	\$65.09					1.00	1.00	1.00	\$65.09			
Feb-2023	11,328	\$74.11					1.00	1.00	1.00	\$74.15			
Mar-2023	11,129	\$78.54					1.00	1.00	1.00	\$78.56			
Apr-2023	10,952	\$89.20					1.00	1.01	1.00	\$89.10			
May-2023	10,838	\$91.03					1.00	1.01	1.00	\$90.78			
Jun-2023	10,773	\$90.84				141.73%	1.00	1.01	1.00	\$90.71			139.76%
Jul-2023	10,791	\$79.95				37.95%	0.99	1.00	1.00	\$80.02			37.39%
Aug-2023	10,701	\$85.73				-3.19%	0.99	1.00	1.00	\$85.98			-2.41%
Sep-2023	10,604	\$77.96				-34.71%	0.99	1.00	1.00	\$78.15			-33.68%
Oct-2023	10,481	\$92.27				-8.79%	0.99	1.00	1.00	\$92.53			-7.36%
Nov-2023	10,413	\$78.27				-11.96%	0.99	1.00	1.00	\$78.53			-11.22%
Dec-2023	10,237	\$87.09			5.81%	25.03%	0.99	1.01	1.00	\$87.25		6.49%	25.27%
Jan-2024	10,272	\$69.29			-4.84%	-29.32%	0.98	1.00	1.00	\$70.33		-3.88%	-28.34%
Feb-2024	10,571	\$79.46			-11.58%	-18.85%	0.98	1.00	1.00	\$81.23		-10.18%	-15.60%
Mar-2024	10,607	\$85.85			-8.55%	-30.93%	0.98	1.00	1.00	\$87.86		-6.49%	-25.84%
Apr-2024	10,719	\$93.90			-8.85%	49.25%	0.98	0.99	1.00	\$96.30		-6.13%	59.99%
May-2024	10,822	\$103.27			5.93%	107.96%	0.98	0.99	1.00	\$106.15		9.81%	118.87%
Jun-2024	10,892	\$86.08			7.20%	111.34%	0.98	0.99	1.00	\$88.77		12.05%	117.66%
Jul-2024	10,948	\$105.35			27.62%	66.81%	0.98	0.99	1.00	\$108.98		33.65%	71.67%
Aug-2024	10,990	\$92.25			36.98%	0.73%	0.98	0.98	1.00	\$95.57		43.11%	4.00%
Sep-2024	11,024	\$91.38			35.02%	8.35%	0.98	0.98	1.00	\$94.74		40.62%	11.55%
Oct-2024	10,999	\$98.00			35.91%	-16.60%	0.98	0.98	1.00	\$101.67		40.85%	-14.81%
Nov-2024	10,546	\$96.46			20.02%	2.95%	0.98	0.99	1.00	\$99.93		23.67%	4.03%
Dec-2024	10,440	\$100.44	11.66%	26.58%	8.46%	0.98	0.98	1.00	\$104.18	15.03%	29.43%	8.98%	
Jan-2025	11,904	\$86.65	12.52%	3.53%	1.27%	1.03	0.97	1.00	\$87.43	15.69%	4.39%	-2.31%	
Feb-2025	12,543	\$107.33	14.78%	4.93%	12.97%	1.03	0.96	1.00	\$108.20	17.60%	4.24%	4.76%	
Mar-2025	12,550	\$99.45	15.26%	5.90%	-1.15%	1.03	0.96	1.00	\$100.16	17.67%	3.74%	-11.71%	
Apr-2025	12,611	\$122.64	17.83%	13.97%	84.98%	1.03	0.96	1.00	\$123.26	19.73%	9.96%	70.49%	
May-2025	12,698	\$114.85	17.71%	23.70%	71.19%	1.03	0.96	1.00	\$115.57	18.98%	17.97%	63.75%	
Jun-2025	12,734	\$96.64	19.17%	15.96%	66.56%	1.04	0.96	1.00	\$97.33	19.90%	9.50%	65.29%	
Jul-2025	12,932	\$121.51	17.94%	37.98%	4.52%	1.04	0.96	1.00	\$122.49	18.01%	31.34%	4.73%	
Aug-2025	13,035	\$96.99	17.51%	26.04%	-23.49%	1.04	0.95	1.00	\$98.02	17.04%	21.37%	-22.72%	
Sep-2025	13,023	\$97.63	16.47%	21.78%	-19.88%	1.04	0.95	1.00	\$98.81	15.49%	18.62%	-18.60%	
Oct-2025	13,023	\$123.52	18.24%	12.02%	-16.85%	1.04	0.95	1.00	\$125.00	16.69%	10.66%	-15.38%	
Nov-2025	13,015	\$106.08	17.06%	2.89%	16.17%	1.04	0.95	1.00	\$107.44	15.09%	2.77%	17.87%	
Dec-2025	12,912	\$114.07	16.84%	10.14%	39.90%	1.04	0.95	1.00	\$115.32	14.37%	11.03%	40.92%	

Last Month in Experience Period

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,300.00
		100.00%
		\$3,300.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.73%

Gold

Additional Notes:

Calculation Time:

0.2617 seconds

Final 2027 AV Calculator

Plan Description: MVP HMO
 Name: MVP VT Plus Gold 3 HDHP
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
0.9914	0.8173	0.8103

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$8,000.00	\$500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Plus Gold 4
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

81.37%
 Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time:

0.1602 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,800.00	\$1,150.00
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$9,000.00	\$1,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Silver 1
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.93%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,800.00	\$1,150.00
Coinsurance (%; Insurer's Cost Share)	50.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$9,000.00	\$1,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Plus Reflective Silver 1
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.93%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.082 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,300.00
		100.00%
		\$6,300.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.54%

Silver

Additional Notes:

Calculation Time:

0.1758 seconds

Final 2027 AV Calculator

Plan Description: MVP HMO
 Name: MVP HMO Silver 2 HDHP
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
1.0198	0.7054	0.7194

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,325.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description: MVP HMO
 Name: MVP HMO Silver 2 HDHP
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
	1.02	0.7047
		0.7188

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.47%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.168 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,250.00	\$900.00
Coinsurance (%; Insurer's Cost Share)	50.00%	100.00%
MOOP (\$)	\$10,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Plus Bronze 1
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$15
 VBID - \$3

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.81%
 Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1445 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,950.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,950.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	5
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Plus Bronze 5
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$10
 VBID - \$1

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.28%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.2578 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,175.00	\$950.00
Coinsurance (%; Insurer's Cost Share)	50.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$8,125.00	\$1,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Silver 1 CSR 73
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.69%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1016 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$750.00	
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,800.00	\$1,750.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
Name: MVP VT Silver 1 CSR 77
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

Actuarial Value:

77.82%

Metal Tier:

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$450.00	\$450.00
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$3,600.00	\$1,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: MVP HMO
 Name: MVP VT Silver 1 CSR 87
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.94%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	95.00%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$2,400.00	\$1,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description: MVP HMO
 Name: MVP VT Silver 1 CSR 94
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b
 Generic = \$5
 VBID = \$1

Output

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.98%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.168 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,350.00
		100.00%
		\$5,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description: MVP HMO
 Name: MVP HMO Silver 2 HDHP CSR 73
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Federal AV Factor	Federal AV Before Adj	Federal AV After Adj
1.0128	0.7304	0.7397

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.04%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.1445 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,950.00
		100.00%
		\$3,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description: MVP HMO
 Name: MVP HMO Silver 2 HDHP CSR 77
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
1.0047	0.7736	0.7773

Output

Calculate

Status/Error Messages:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

Actuarial Value:

77.36%

Metal Tier:

Additional Notes:

Calculation Time:

0.1445 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description: MVP HMO
 Name: MVP VT Plus Silver 2 HDHP CSR 87
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
1.0001	0.8711	0.8712

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.11%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.25 seconds

Final 2027 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,050.00
		100.00%
		MOOP (\$)
		\$1,050.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
ility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
urgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
egin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.80%

Platinum

Additional Notes:

Calculation Time:

0.1914 seconds

Final 2027 AV Calculator

Plan Description: MVP HMO
 Name: MVP VT Plus Silver 2 HDHP CSR 94
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Factor	Federal AV Before Adj	Federal AV After Adj
1.0001	0.948	0.9481

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$12,000.00
Coinsurance (%), Insurer's Cost Share		100.00%
MOOP (\$)		\$12,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>	# Visits (1-10): <input type="text" value="3"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): <input type="text"/>

Plan Description: MVP Secure

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
59.47%
Bronze

Additional Notes:

Calculation Time:

0.3828 seconds

Final 2027 AV Calculator

MVP Health Care Derivation of 2027 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in INDV Market as of February 2026

	NON-STANDARD PLANS								STANDARD PLANS								Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
	GOLD		SILVER		BRONZE		PLATINUM	GOLD		SILVER		BRONZE								
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP		On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP				
2027 Proposed Rates																				
Single Rate	\$1,317.81	\$1,243.38	\$1,363.85	\$1,010.82	\$1,429.42	\$1,057.81	\$917.33	\$907.58	\$1,470.81	\$1,233.15	\$1,349.08	\$999.94	\$1,377.46	\$1,020.58	\$922.61	\$891.88	\$891.20	\$834.88		
Couple Rate	\$2,635.62	\$2,486.76	\$2,727.70	\$2,021.64	\$2,858.84	\$2,115.62	\$1,834.66	\$1,815.16	\$2,941.62	\$2,466.30	\$2,698.16	\$1,999.88	\$2,754.92	\$2,041.16	\$1,845.22	\$1,783.76	\$1,782.40	\$1,669.76		
Adult and Child(ren) Rate	\$2,543.37	\$2,399.72	\$2,632.23	\$1,950.88	\$2,758.78	\$2,041.57	\$1,770.45	\$1,751.63	\$2,838.66	\$2,379.98	\$2,603.72	\$1,929.88	\$2,658.50	\$1,969.72	\$1,780.64	\$1,721.33	\$1,720.02	\$1,611.32		
Family Rate	\$3,703.05	\$3,493.90	\$3,832.42	\$2,840.40	\$4,016.67	\$2,972.45	\$2,577.70	\$2,550.30	\$4,132.98	\$3,465.15	\$3,790.91	\$2,809.83	\$3,870.66	\$2,867.83	\$2,592.53	\$2,506.18	\$2,504.27	\$2,346.01		
2026 Approved Rates																				
Single Rate	\$1,205.15	\$1,135.39	\$1,298.94	\$935.34	\$1,357.13	\$975.71	\$862.23	\$824.14	\$1,365.59	\$1,144.62	\$1,288.59	\$928.05	\$1,303.40	\$938.36	\$847.83	\$830.73	\$841.60	\$399.78		
Couple Rate	\$2,410.30	\$2,270.78	\$2,597.88	\$1,870.68	\$2,714.26	\$1,951.42	\$1,724.46	\$1,648.28	\$2,731.18	\$2,289.24	\$2,577.18	\$1,856.10	\$2,606.80	\$1,876.72	\$1,695.66	\$1,661.46	\$1,683.20	\$799.56		
Adult and Child(ren) Rate	\$2,325.94	\$2,191.30	\$2,506.95	\$1,805.21	\$2,619.26	\$1,883.12	\$1,664.10	\$1,590.59	\$2,635.59	\$2,209.12	\$2,486.98	\$1,791.14	\$2,515.56	\$1,811.03	\$1,636.31	\$1,603.31	\$1,624.29	\$771.58		
Family Rate	\$3,386.47	\$3,190.45	\$3,650.02	\$2,628.31	\$3,813.54	\$2,741.75	\$2,422.87	\$2,315.83	\$3,837.31	\$3,216.38	\$3,620.94	\$2,607.82	\$3,662.55	\$2,636.79	\$2,382.40	\$2,334.35	\$2,364.90	\$1,123.38		
2027 Proposed Rate Increases																				
Single Rate	9.3%	9.5%	5.0%	8.1%	5.3%	8.4%	6.4%	10.1%	7.7%	7.7%	4.7%	7.7%	5.7%	8.8%	8.8%	7.4%	5.9%	108.8%		
Couple Rate	9.3%	9.5%	5.0%	8.1%	5.3%	8.4%	6.4%	10.1%	7.7%	7.7%	4.7%	7.7%	5.7%	8.8%	8.8%	7.4%	5.9%	108.8%		
Adult and Child(ren) Rate	9.3%	9.5%	5.0%	8.1%	5.3%	8.4%	6.4%	10.1%	7.7%	7.7%	4.7%	7.7%	5.7%	8.8%	8.8%	7.4%	5.9%	108.8%		
Family Rate	9.3%	9.5%	5.0%	8.1%	5.3%	8.4%	6.4%	10.1%	7.7%	7.7%	4.7%	7.7%	5.7%	8.8%	8.8%	7.4%	5.9%	108.8%		
February 2026 Contracts																				
Single Rate	636	565	762	83	112	60	397	481	319	2,926	382	44	189	54	635	538	509	75		
Couple Rate	211	109	159	21	11	48	89	104	82	741	69	10	32	15	154	134	73	7		
Adult and Child(ren) Rate	28	27	30	3	3	7	10	19	13	150	20	0	9	4	33	18	16	0		
Family Rate	64	19	24	23	5	32	50	69	27	169	11	12	4	25	96	64	50	5		
Total	939	720	975	130	131	147	546	673	441	3,986	482	66	234	98	918	754	648	87		
February 2026 Members																				
Single Rate	636	565	762	83	112	60	397	481	319	2,926	382	44	189	54	635	538	509	75		
Couple Rate	422	219	318	42	22	96	178	208	164	1,478	138	20	64	30	307	267	146	14		
Adult and Child(ren) Rate	68	60	63	9	9	20	24	42	37	339	44	0	18	9	78	42	36	0		
Family Rate	221	63	81	92	17	122	186	259	105	587	37	45	14	100	363	239	198	15		
Total	1,347	907	1,224	226	160	298	785	990	625	5,330	601	109	285	193	1,383	1,086	889	104		
2027 Proposed PMPY Revenue	\$15,166.62	\$14,616.23	\$16,116.70	\$10,488.55	\$16,492.65	\$11,050.78	\$10,304.01	\$10,116.05	\$16,490.77	\$14,360.22	\$15,879.45	\$10,757.52	\$16,332.91	\$10,277.93	\$10,218.35	\$10,057.84	\$9,941.10	\$9,927.04		
2026 Approved PMPY Revenue	\$13,870.01	\$13,346.78	\$15,349.65	\$9,705.36	\$15,658.57	\$10,193.10	\$9,685.10	\$9,186.01	\$15,311.04	\$13,329.28	\$15,167.46	\$9,984.11	\$15,454.76	\$9,449.91	\$9,390.13	\$9,368.25	\$9,387.83	\$4,753.54		

7.82% Total Revenue Change

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v8.2																		
2																			
3	Company Legal Name:	MVP Health Plan, Inc.																	
4	HIOS Issuer ID:	77566	State:	VT															
5	Effective Date of Rate Change(s):	1/1/2027	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2025	to	12/31/2025															
13			Total		PMPM														
14	Allowed Claims		\$149,302,662.10		\$975.96														
15	Reinsurance		\$0.00		\$0.00														
16	Incurred Claims in Experience Period		\$128,434,999.28		\$839.55														
17	Risk Adjustment		-\$14,913,151.53		-\$97.48														
18	Experience Period Premium		\$157,520,794.00		\$1,029.68														
19	Experience Period Member Months		152,980																
20																			
21	Section II: Projections																		
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims												
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM												
24	Inpatient Hospital	\$137.73	0.989	1.023	1.045	1.023	\$148.94												
25	Outpatient Hospital	\$453.18	0.993	1.026	1.032	1.026	\$488.99												
26	Professional	\$221.26	0.986	1.023	1.026	1.023	\$234.13												
27	Other Medical	\$2.03	1.000	1.000	1.000	1.000	\$2.03												
28	Capitation	\$23.51	0.921	1.000	0.921	1.000	\$19.94												
29	Prescription Drug	\$138.25	1.106	1.028	1.106	1.028	\$178.74												
30	Total	\$975.96					\$1,072.77												
31																			
32	Morbidity Adjustment				1.048														
33	Demographic Shift				1.000														
34	Plan Design Changes				1.000														
35	Other				0.970														
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2027		\$1,090.42														
37																			
38	Manual EHB Allowed Claims PMPM				\$0.00														
39	Applied Credibility %				100.00%														
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2027		\$1,090.42	\$216,452,731.68														
43	Reinsurance			\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge			-\$129.68	-\$25,742,862.41														
45	Exchange User Fees			0.00%	\$0.00														
46	Market Adjusted Index Rate			\$1,220.10	\$242,195,594.09														
47																			
48	Projected Member Months			198,504															
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product-Plan Data Collection

Company Legal Name: MVP Health Plan, Inc.
 HIOS Issuer ID: 77566 State: VT
 Effective Date of Rate Change(s): 1/1/2027 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + V.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + R.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations																
Field #	Section I: General Product and Plan Information															
1.1	Product Name															
1.2	Product ID															
1.3	Plan Name	S (2026)	N (2026)	003-N (2026)	S (2026)	004-S (2026)	003-N (2026)	S (2026)	II (2026)	N II (2026)	II (2026)	S (2026)	003-S (2026)	S (2026)	N (2026)	II (2026)
1.4	Plan ID (Standard Component ID)	77566VT0040002	77566VT0040003	77566VT0040004	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040008	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040012	77566VT0040013	77566VT0040014	77566VT0040015	77566VT0040016
1.5	Metal	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Catastrophic
1.6	AV Metal Value	0.920	0.817	0.814	0.810	0.714	0.720	0.719	0.720	0.714	0.719	0.629	0.629	0.635	0.643	0.595
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027	1/1/2027
1.11	Cumulative Rate Change % (over 12 mos prior)	7.71%	7.73%	9.51%	9.35%	4.69%	5.68%	5.33%	5.00%	7.75%	8.07%	8.41%	7.36%	8.82%	5.89%	10.12%
1.12	Product Rate Increase %	7.80%														
1.13	Submission Level Rate Increase %	7.80%														

Worksheet 1 Totals																	
Section II: Experience Period and Current Plan Level Information																	
2.1	Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040003	77566VT0040004	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040008	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040012	77566VT0040013	77566VT0040014	77566VT0040015
2.2	Allowed Claims	\$149,302,662	\$14,414,342	\$46,488,682	\$3,304,191	\$21,343,778	\$7,947,856	\$6,899,497	\$3,985,028	\$19,524,017	\$568,771	\$95,184	\$1,378,947	\$1,546,478	\$4,884,973	\$6,948,888	\$3,330,691
2.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Member Cost Sharing	\$20,867,663	\$713,981	\$6,358,515	\$471,286	\$2,514,545	\$762,008	\$447,838	\$301,067	\$1,154,994	\$113,079	\$184,879	\$298,645	\$329,552	\$1,787,196	\$1,235,314	\$794,511
2.5	Federal Cost-Sharing Reduction (CSR) Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	Issuer CSR Payments	-\$4,802,986	\$0	\$0	\$0	\$0	-\$969,143	-\$578,841	-\$421,985	-\$2,833,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7	Recoveries from CSR Load	\$12,427,702	\$0	\$0	\$0	\$0	\$2,817,164	\$1,117,289	\$6,830,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8	Invoiced Claims	\$128,434,999	\$11,700,360	\$40,130,168	\$2,832,905	\$18,829,233	\$7,185,848	\$6,451,659	\$3,683,921	\$18,369,024	\$455,692	\$767,006	\$1,080,302	\$1,216,026	\$3,097,777	\$4,533,760	\$2,095,378
2.9	Risk Adjustment Transfer Amount	-\$14,913,152	\$2,995,029	-\$3,989,631	-\$2,067,224	\$1,782,103	\$168,310	\$1,825,589	-\$379,887	-\$1,738,006	\$180,640	-\$356,308	\$567,409	-\$572,887	-\$2,971,548	-\$5,241,267	-\$2,538,027
2.10	Premium	\$157,520,794	\$8,950,695	\$48,466,433	\$4,988,941	\$15,647,417	\$9,545,523	\$5,632,952	\$3,785,759	\$23,145,107	\$439,267	\$806,248	\$1,133,068	\$1,565,728	\$7,928,869	\$11,357,594	\$5,781,929
2.11	Experience Period Member Months	152,980	7,049	44,532	4,497	13,832	7,718	4,505	3,068	18,580	513	993	1,398	2,002	10,658	15,117	7,410
2.12	Current Enrollment	16,542	625	4,530	907	1,347	601	285	160	1,224	193	298	298	1,086	1,383	889	990
2.13	Current Premium PwMP	\$1,022.94	\$1,275.92	\$1,110.77	\$1,122.29	\$1,155.83	\$1,269.95	\$1,287.90	\$1,304.88	\$1,279.14	\$823.00	\$787.49	\$868.42	\$988.78	\$780.69	\$783.32	\$765.50
2.14	Loss Ratio	90.06%	114.69%	90.23%	97.63%	108.03%	73.98%	86.50%	88.44%	85.81%	73.51%	170.50%	63.53%	122.57%	62.45%	77.95%	64.59%
Per Member Per Month																	
2.15	Allowed Claims	\$975.96	\$2,044.88	\$1,043.94	\$734.75	\$1,543.07	\$1,029.78	\$1,531.52	\$1,298.90	\$1,050.81	\$1,108.72	\$958.59	\$986.37	\$772.47	\$458.34	\$459.67	\$449.49
2.16	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17	Member Cost Sharing	\$136.41	\$101.29	\$142.79	\$104.80	\$181.79	\$98.73	\$99.41	\$98.13	\$62.16	\$220.43	\$186.18	\$213.62	\$164.61	\$167.69	\$159.76	\$166.71
2.18	Federal CSR Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.19	Issuer CSR Payments	-\$31.40	\$0.00	\$0.00	\$0.00	\$0.00	-\$125.57	-\$128.49	-\$137.54	-\$152.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.20	Recoveries from CSR Load	\$81.24	\$0.00	\$0.00	\$0.00	\$0.00	\$365.01	\$369.02	\$364.17	\$367.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.21	Invoiced Claims	\$839.55	\$1,943.59	\$901.15	\$629.95	\$1,361.28	\$931.05	\$1,432.11	\$1,200.77	\$988.64	\$888.29	\$772.41	\$772.75	\$607.85	\$290.65	\$299.91	\$282.78
2.22	Risk Adjustment Transfer Amount	-\$97.48	\$424.89	-\$80.59	-\$459.69	\$128.84	\$21.81	\$405.24	\$123.83	-\$93.54	\$352.12	-\$358.91	\$403.87	-\$286.16	-\$278.81	-\$386.56	-\$342.51
2.23	Premium	\$1,029.68	\$1,269.78	\$1,088.35	\$1,104.95	\$1,131.25	\$1,236.79	\$1,250.38	\$1,233.95	\$1,245.70	\$856.27	\$811.93	\$810.49	\$782.08	\$743.94	\$751.31	\$780.29

Section III: Plan Adjustment Factors																	
3.1	Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040003	77566VT0040004	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040008	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040012	77566VT0040013	77566VT0040014	77566VT0040015
3.2	Market Adjusted Index Rate	\$1,230.10															
3.3	AV and Cost Sharing Design of Plan	1.0546	0.8757	0.8789	0.9349	0.7003	0.7159	0.7410	0.7001	0.7156	0.7392	0.7039	0.6187	0.6262	0.6335	0.5758	
3.4	CSR Load Factor	1.0000	1.0000	1.0000	1.0000	1.3750	1.3750	1.3750	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.6	Benefits in Addition to EHB	1.0004	1.0005	1.0056	1.0053	1.0005	1.0005	1.0049	1.0051	1.0007	1.0006	1.0066	1.0069	1.0007	1.0007	1.0076	1.0008
Administrative Costs																	
3.7	Administrative Expense	4.41%	5.26%	5.22%	4.92%	4.81%	4.71%	4.54%	4.76%	6.49%	6.26%	6.13%	6.42%	7.27%	7.03%	7.28%	7.15%
3.8	Taxes and Fees	0.99%	1.02%	1.01%	1.00%	1.00%	1.00%	0.99%	1.00%	1.05%	1.04%	1.05%	1.08%	1.07%	1.08%	1.07%	1.09%
3.9	Profit & Risk Load	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%
3.10	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.11	Plan Adjusted Index Rate	\$1,401.49	\$1,175.03	\$1,184.78	\$1,255.70	\$1,285.50	\$1,312.54	\$1,362.06	\$1,299.57	\$952.82	\$972.48	\$1,007.96	\$963.18	\$849.85	\$879.13	\$849.20	\$864.81
3.12	Age Calibration Factor	1															
3.13	Geographic Calibration Factor	1															
3.14	Tobacco Calibration Factor	1															
3.15	Calibrated Plan Adjusted Index Rate	\$1,401.49	\$1,175.03	\$1,184.78	\$1,255.70	\$1,285.50	\$1,312.54	\$1,362.06	\$1,299.57	\$952.82	\$972.48	\$1,007.96	\$963.18	\$849.85	\$879.13	\$849.20	\$864.81

Section IV: Projected Plan Level Information																	
4.1	Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040003	77566VT0040004	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040008	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040012	77566VT0040013	77566VT0040014	77566VT0040015
4.2	Allowed Claims	\$243,927,024	\$9,571,083	\$76,653,885	\$13,044,104	\$19,377,004	\$11,707,404	\$5,551,764	\$3,116,780	\$23,843,365	\$1,495,020	\$2,647,145	\$4,087,302	\$3,099,766	\$14,461,490	\$18,416,427	\$11,838,181
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$66,520,291	\$956,151	\$15,645,058	\$2,570,993	\$2,832,187	\$1,893,882	\$1,764,351	\$906,048	\$7,746,709	\$497,393	\$841,527	\$1,190,222	\$1,007,114	\$5,676,135	\$6,810,395	\$4,652,405
4.5	Federal CSR Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Issuer CSR Payments	-\$4,375,057	\$0	\$0	\$0	\$0	-\$1,158,330	-\$549,291	-\$308,374	-\$2,359,061	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.7	Recoveries from CSR Load	\$9,671,760	\$0	\$0	\$0	\$0	\$2,528,462	\$1,224,242	\$713,220	\$5,205,835	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.8	Invoiced Claims	\$177,406,133	\$8,614,411	\$61,008,827	\$10,473,112	\$16,539,817	\$7,813,521	\$3,397,413	\$2,210,762	\$16,096,456	\$997,417	\$1,805,618	\$2,897,079	\$2,092,652	\$8,785,315	\$11,606,031	\$7,385,716
4.9	Risk Adjustment Transfer Amount	-\$20,340,513	-\$1,039,602	-\$7,362,209	-\$1,263,837	-\$1,995,934	-\$663,891	-\$321,805	-\$187,839	-\$1,367,683	-\$120,388	-\$217,892	-\$348,604	-\$252,530	-\$1,060,168	-\$	

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	MVP Health Care
HIOS ID	5 digit HIOS ID (if applicable)	77566
SERFF Filing Number	Filing number assigned by SERFF	MVPH-134941410
Market	Market type: Individual, Small Group, Large Group etc.	Individual
Product Name	Product name entered in SERFF	VT Individual 2027
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2024
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2024
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2025
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2025
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2027
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2027

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-134941410
Market	Individual
Product Name	VT Individual 2027

Prescription Drug Costs as Percentage of Premium¹
Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2024-12/31/2024		01/01/2025-12/31/2025		01/01/2027-12/31/2027	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$14.75	\$0.50	\$17.68	\$0.57	\$18.49	\$0.59
(III) Non-Specialty Brand PMPM	\$58.12	\$0.95	\$89.37	\$0.96	\$127.23	\$1.36
Specialty PMPM	\$94.54	\$0.01	\$111.09	\$0.00	\$136.33	\$0.00
(B) Medical Rx PMPM	\$6.88		\$7.90		\$8.48	
Total (Medical and Rx) Premium PMPM	\$864.69		\$1,029.95		\$1,102.98	
(I) Non-Specialty Generic % of Premium	1.71%	0.06%	1.72%	0.05%	1.68%	0.05%
(I) Non-Specialty Brand % of Premium	6.72%	0.11%	8.68%	0.09%	11.54%	0.12%
Specialty Total % of Premium	10.93%	0.00%	10.79%	0.00%	12.36%	0.00%
(B) Medical Rx PMPM	0.80%		0.77%		0.77%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.01%	0.00%	-0.04%	0.00%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.96%	-0.02%	2.86%	0.03%
Specialty % of Premium Change vs Prior Period			-0.15%	0.00%	1.57%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.03%		0.00%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2024-12/31/2024		01/01/2025-12/31/2025		01/01/2027-12/31/2027	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$8.78	\$0.36	\$11.10	\$0.40	\$11.60	\$0.42
(III) Non-Specialty Brand PMPM	\$50.79	\$0.84	\$80.64	\$0.81	\$116.22	\$1.17
Specialty PMPM	\$91.92	\$0.01	\$107.40	\$0.00	\$131.94	\$0.00
(B) Medical Rx PMPM	\$6.88		\$7.86		\$8.45	
Total Medical and Rx Premium PMPM	\$864.69		\$1,029.95		\$1,102.98	
(I) Non-Specialty Generic % of Premium	1.01%	0.04%	1.08%	0.04%	1.05%	0.04%
(I) Non-Specialty Brand % of Premium	5.87%	0.10%	7.83%	0.08%	10.54%	0.11%
Specialty Total % of Premium	10.63%	0.00%	10.43%	0.00%	11.96%	0.00%
(B) Medical Rx PMPM	0.80%		0.76%		0.77%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.06%	0.00%	-0.03%	0.00%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.96%	-0.02%	2.71%	0.03%
Specialty % of Premium Change vs Prior Period			-0.20%	0.00%	1.53%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.03%		0.00%	

¹ **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:

(I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;

(II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and

(III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.

(B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-134941410
Market	Individual
Product Name	VT Individual 2027

Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ACTHAR INJ GEL	Tier 3	Marketplace
ACTIMMUNE INJ 2MU/0.5	Tier 3	Marketplace
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	Marketplace
ADCIRCA TAB 20MG	Tier 3	Marketplace
ADEFOV DIPIV TAB 10MG	Tier 1	Marketplace
ADEMPAS TAB 0.5MG	Tier 3	Marketplace
ADEMPAS TAB 1.5MG	Tier 3	Marketplace
ADEMPAS TAB 1MG	Tier 3	Marketplace
ADEMPAS TAB 2.5MG	Tier 3	Marketplace
ADEMPAS TAB 2MG	Tier 3	Marketplace
ALYFTREK TAB	Tier 3	Marketplace
ALYFTREK TAB 4-20-50	Tier 3	Marketplace
ALYQ TAB 20MG	Tier 2	Marketplace
AMBRISENTAN TAB 10MG	Tier 2	Marketplace
AMBRISENTAN TAB 5MG	Tier 2	Marketplace
AMPYRA TAB 10MG	Tier 3	Marketplace
ANDEMBRY INJ 200/1.2	Tier 3	Marketplace
APOKYN INJ 10MG/ML	Tier 3	Marketplace
APOMORPHINE INJ 30MG/3ML	Tier 2	Marketplace
AVONEX PEN KIT 30MCG	Tier 2	Marketplace
AVONEX PREFL KIT 30MCG	Tier 2	Marketplace
BAFIERTAM CAP 95MG	Tier 2	Marketplace
BARACLUDGE SOL	Tier 3	Marketplace
BARACLUDGE TAB 0.5MG	Tier 3	Marketplace
BARACLUDGE TAB 1MG	Tier 3	Marketplace
BENLYSTA INJ 200MG/ML	Tier 3	Marketplace
BETASERON INJ 0.3MG	Tier 2	Marketplace
BETHKIS NEB 300/4ML	Tier 3	Marketplace
BONSITY INJ 560/2.24	Tier 2	Marketplace
BOSENTAN TAB 125MG	Tier 2	Marketplace
BOSENTAN TAB 32MG	Tier 2	Marketplace
BOSENTAN TAB 62.5MG	Tier 2	Marketplace
BRONCHITOL CAP 40MG	Tier 3	Marketplace
BRONCHITOL CAP TOL TEST	Tier 3	Marketplace
BYNFEZIA PEN INJ 2500MCG	Tier 3	Marketplace
CAMZYOS CAP 10MG	Tier 3	Marketplace
CAMZYOS CAP 15MG	Tier 3	Marketplace
CAMZYOS CAP 2.5MG	Tier 3	Marketplace
CAMZYOS CAP 5MG	Tier 3	Marketplace
CARBAGLU TAB 200MG	Tier 3	Marketplace
CARGLUMIC TAB 200MG	Tier 2	Marketplace
CAYSTON INH 75MG	Tier 3	Marketplace
CERDELGA CAP 84MG	Tier 3	Marketplace
CETRORELIX KIT 0.25MG	Tier 2	Marketplace

CETROTIDE KIT 0.25MG	Tier 3	Marketplace
CHOR GONADOT INJ 10000UNT	Tier 3	Marketplace
CINACALCET TAB 30MG	Tier 2	Marketplace
CINACALCET TAB 60MG	Tier 2	Marketplace
CINACALCET TAB 90MG	Tier 2	Marketplace
CLADRIBINE PAK 10MG(10)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(4)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(5)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(6)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(7)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(8)	Tier 2	Marketplace
CLADRIBINE PAK 10MG(9)	Tier 2	Marketplace
COPAXONE INJ 20MG/ML	Tier 2	Marketplace
COPAXONE INJ 40MG/ML	Tier 2	Marketplace
COSENTYX INJ 150MG/ML	Tier 2	Marketplace
COSENTYX INJ 300DOSE	Tier 2	Marketplace
COSENTYX INJ 75MG/0.5	Tier 2	Marketplace
COSENTYX PEN INJ 150MG/ML	Tier 2	Marketplace
COSENTYX PEN INJ 300DOSE	Tier 2	Marketplace
COSENTYX UNO INJ 300/2ML	Tier 2	Marketplace
CUPRIMINE CAP 250MG	Tier 3	Marketplace
CYSTAGON CAP 150MG	Tier 2	Marketplace
CYSTAGON CAP 50MG	Tier 2	Marketplace
DALFAMPRIDIN TAB 10MG ER	Tier 2	Marketplace
DEFERASIROX GRA 180MG	Tier 2	Marketplace
DEFERASIROX GRA 360MG	Tier 2	Marketplace
DEFERASIROX GRA 90MG	Tier 2	Marketplace
DEFERASIROX TAB 125MG	Tier 2	Marketplace
DEFERASIROX TAB 180MG	Tier 2	Marketplace
DEFERASIROX TAB 250MG	Tier 2	Marketplace
DEFERASIROX TAB 360MG	Tier 2	Marketplace
DEFERASIROX TAB 500MG	Tier 2	Marketplace
DEFERASIROX TAB 90MG	Tier 2	Marketplace
DEFERIPRONE TAB 1000MG	Tier 2	Marketplace
DEFERIPRONE TAB 500MG	Tier 2	Marketplace
DEFLAZACORT SUS 22.75/ML	Tier 2	Marketplace
DEFLAZACORT SUS 22.75MG	Tier 2	Marketplace
DEFLAZACORT TAB 18MG	Tier 2	Marketplace
DEFLAZACORT TAB 30MG	Tier 2	Marketplace
DEFLAZACORT TAB 36MG	Tier 2	Marketplace
DEFLAZACORT TAB 6MG	Tier 2	Marketplace
DEMSER CAP 250MG	Tier 3	Marketplace
DEPEN TITRA TAB 250MG	Tier 3	Marketplace
DESMOPRESSIN SOL 1.5MG/ML	Tier 2	Marketplace
DIMETHYL FUM CAP 120MG DR	Tier 2	Marketplace
DIMETHYL FUM CAP 240MG DR	Tier 2	Marketplace
DIMETHYL FUM CAP STARTER	Tier 2	Marketplace
DOFETILIDE CAP 125MCG	Tier 2	Marketplace
DOFETILIDE CAP 250MCG	Tier 2	Marketplace
DOFETILIDE CAP 500MCG	Tier 2	Marketplace
DOJOLVI LIQ 100%	Tier 3	Marketplace
DOPTELET TAB 20MG	Tier 3	Marketplace
DOPTELET SPR CAP 10MG	Tier 3	Marketplace
DROXIDOPA CAP 100MG	Tier 2	Marketplace
DROXIDOPA CAP 200MG	Tier 2	Marketplace
DROXIDOPA CAP 300MG	Tier 2	Marketplace
DUOPA SUS 4.63-20	Tier 3	Marketplace
DUPIXENT INJ 200/1.14	Tier 2	Marketplace
DUPIXENT INJ 200MG	Tier 2	Marketplace
DUPIXENT INJ 300/2ML	Tier 2	Marketplace
EBGLYSS INJ 250/2ML	Tier 2	Marketplace
EGRIFTA SV INJ 2MG	Tier 3	Marketplace

EGRIFTA WR KIT 11.6MG	Tier 3	Marketplace
EKTERLY TAB 300MG	Tier 3	Marketplace
ELTROMBOPAG POW 12.5MG	Tier 2	Marketplace
ELTROMBOPAG POW 25MG	Tier 2	Marketplace
ELTROMBOPAG TAB 12.5MG	Tier 2	Marketplace
ELTROMBOPAG TAB 25MG	Tier 2	Marketplace
ELTROMBOPAG TAB 50MG	Tier 2	Marketplace
ELTROMBOPAG TAB 75MG	Tier 2	Marketplace
EMFLAZA SUS 22.75/ML	Tier 3	Marketplace
EMFLAZA TAB 18MG	Tier 3	Marketplace
EMFLAZA TAB 30MG	Tier 3	Marketplace
EMFLAZA TAB 36MG	Tier 3	Marketplace
EMFLAZA TAB 6MG	Tier 3	Marketplace
ENBREL INJ 25/0.5ML	Tier 2	Marketplace
ENBREL INJ 25MG	Tier 2	Marketplace
ENBREL INJ 50MG/ML	Tier 2	Marketplace
ENBREL MINI INJ 50MG/ML	Tier 2	Marketplace
ENBREL SRCLK INJ 50MG/ML	Tier 2	Marketplace
ENDARI POW 5GM	Tier 3	Marketplace
ENSPRYNG INJ	Tier 3	Marketplace
ENTECAVIR TAB 0.5MG	Tier 2	Marketplace
ENTECAVIR TAB 1MG	Tier 2	Marketplace
ENTYVIO PEN INJ 108/0.68	Tier 3	Marketplace
EPCLUSA PAK 150-37.5	Tier 2	Marketplace
EPCLUSA PAK 200-50MG	Tier 2	Marketplace
EPCLUSA TAB 200-50MG	Tier 2	Marketplace
EPCLUSA TAB 400-100	Tier 2	Marketplace
EPIDIOLEX SOL 100MG/ML	Tier 3	Marketplace
ESBRIET CAP 267MG	Tier 3	Marketplace
ESBRIET TAB 267MG	Tier 3	Marketplace
ESBRIET TAB 801MG	Tier 3	Marketplace
EXJADE TAB 125MG	Tier 3	Marketplace
EXJADE TAB 250MG	Tier 3	Marketplace
EXJADE TAB 500MG	Tier 3	Marketplace
FASENRA PEN INJ 30MG/ML	Tier 2	Marketplace
FERRIPROX TAB 1000MG	Tier 3	Marketplace
FERRIPROX TAB 500MG	Tier 3	Marketplace
FINGOLIMOD CAP 0.5MG	Tier 2	Marketplace
FIRAZYR INJ 30MG/3ML	Tier 3	Marketplace
FOLLISTIM AQ INJ 300UNIT	Tier 2	Marketplace
FOLLISTIM AQ INJ 600UNIT	Tier 2	Marketplace
FOLLISTIM AQ INJ 900UNIT	Tier 2	Marketplace
FORTEO INJ 560/2.24	Tier 2	Marketplace
FYREMADEL SOL 250/0.5	Tier 2	Marketplace
GANIRELIX AC INJ 250/0.5	Tier 2	Marketplace
GATTEX KIT 5MG	Tier 3	Marketplace
GEFITINIB TAB 250MG	Tier 2	Marketplace
GIVLAARI INJ 189MG/ML	Tier 3	Marketplace
GLATIRAMER INJ 20MG/ML	Tier 2	Marketplace
GLATIRAMER INJ 40MG/ML	Tier 2	Marketplace
GLATOPA INJ 20MG/ML	Tier 2	Marketplace
GLATOPA INJ 40MG/ML	Tier 2	Marketplace
GLYCEROL PHE LIQ 1.1GM/ML	Tier 2	Marketplace
HAEGARDA INJ 2000UNIT	Tier 3	Marketplace
HAEGARDA INJ 3000UNIT	Tier 3	Marketplace
HARVONI PAK	Tier 2	Marketplace
HARVONI PAK 45-200MG	Tier 2	Marketplace
HARVONI TAB 45-200MG	Tier 2	Marketplace
HARVONI TAB 90-400MG	Tier 2	Marketplace
HEPAGAM B INJ	Tier 2	Marketplace
HETLIOZ CAP 20MG	Tier 3	Marketplace
HUMATROPE INJ 12MG	Tier 2	Marketplace

HUMATROPE INJ 24MG	Tier 2	Marketplace
HUMATROPE INJ 6MG	Tier 2	Marketplace
HUMIRA INJ 10/0.1ML	Tier 2	Marketplace
HUMIRA INJ 20/0.2ML	Tier 2	Marketplace
HUMIRA INJ 40/0.4ML	Tier 2	Marketplace
HUMIRA KIT 40MG/0.8	Tier 2	Marketplace
HUMIRA PEDIA INJ CROHNS	Tier 2	Marketplace
HUMIRA PEN INJ 40/0.4ML	Tier 2	Marketplace
HUMIRA PEN INJ 40MG/0.8	Tier 2	Marketplace
HUMIRA PEN INJ 80/0.8ML	Tier 2	Marketplace
HUMIRA PEN KIT 80/0.8ML	Tier 2	Marketplace
HUMIRA PEN KIT CD/UC/HS	Tier 2	Marketplace
HUMIRA PEN KIT PED UC	Tier 2	Marketplace
HUMIRA PEN KIT PS/UV	Tier 2	Marketplace
HYPERHEP B INJ	Tier 2	Marketplace
HYRIMOZ INJ 40/0.4ML	Tier 2	Marketplace
HYRIMOZ INJ 40/0.8ML	Tier 2	Marketplace
ICATIBANT INJ 30MG/3ML	Tier 2	Marketplace
INGREZZA CAP 40-80MG	Tier 3	Marketplace
INGREZZA CAP 40MG	Tier 3	Marketplace
INGREZZA CAP 60MG	Tier 3	Marketplace
INGREZZA CAP 80MG	Tier 3	Marketplace
JADENU TAB 180MG	Tier 3	Marketplace
JADENU TAB 360MG	Tier 3	Marketplace
JADENU TAB 90MG	Tier 3	Marketplace
JADENU SPRKL GRA 180MG	Tier 3	Marketplace
JADENU SPRKL GRA 360MG	Tier 3	Marketplace
JADENU SPRKL GRA 90MG	Tier 3	Marketplace
JAVYGTOR PAK 100MG	Tier 2	Marketplace
JAVYGTOR POW 500MG	Tier 2	Marketplace
JAVYGTOR TAB 100MG	Tier 2	Marketplace
JYNARQUE PAK 15MG	Tier 3	Marketplace
JYNARQUE PAK 30-15MG	Tier 3	Marketplace
JYNARQUE PAK 45-15MG	Tier 3	Marketplace
JYNARQUE PAK 60-30MG	Tier 3	Marketplace
JYNARQUE PAK 90-30MG	Tier 3	Marketplace
JYNARQUE TAB 15MG	Tier 3	Marketplace
JYNARQUE TAB 30MG	Tier 3	Marketplace
KALYDECO GRA 13.4MG	Tier 3	Marketplace
KALYDECO GRA 5.8MG	Tier 3	Marketplace
KALYDECO PAK 25MG	Tier 3	Marketplace
KALYDECO PAK 50MG	Tier 3	Marketplace
KALYDECO PAK 75MG	Tier 3	Marketplace
KALYDECO TAB 150MG	Tier 3	Marketplace
KESIMPTA INJ 20/.4ML	Tier 3	Marketplace
KITABIS PAK NEB 300/5ML	Tier 3	Marketplace
KORLYM TAB 300MG	Tier 3	Marketplace
KUVAN POW 100MG	Tier 3	Marketplace
KUVAN POW 500MG	Tier 3	Marketplace
KUVAN TAB 100MG	Tier 3	Marketplace
LAMIVUDINE TAB 100MG	Tier 2	Marketplace
LAMIVUDINE TAB 150MG	Tier 2	Marketplace
LAMIVUDINE TAB 300MG	Tier 2	Marketplace
LANREOTIDE INJ 120/.5ML	Tier 2	Marketplace
LAPATINIB TAB 250MG	Tier 2	Marketplace
LEDIP-SOFOSB TAB 90-400MG	Tier 2	Marketplace
LETAIRIS TAB 10MG	Tier 3	Marketplace
LETAIRIS TAB 5MG	Tier 3	Marketplace
LEUPROLIDE INJ 14 DAY	Tier 2	Marketplace
LEUPROLIDE INJ 1MG/0.2	Tier 2	Marketplace
LEUPROLIDE KIT 14 DAY	Tier 2	Marketplace
LEUPROLIDE KIT 1MG/0.2	Tier 2	Marketplace

L-GLUTAMINE POW 5GM	Tier 2	Marketplace
LIQREV SUS 10MG/ML	Tier 3	Marketplace
LITFULO CAP 50MG	Tier 3	Marketplace
MAVENCLAD PAK 10MG(10)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(4)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(5)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(6)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(7)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(8)	Tier 3	Marketplace
MAVENCLAD PAK 10MG(9)	Tier 3	Marketplace
MAVYRET PAK 50-20MG	Tier 2	Marketplace
MAVYRET TAB 100-40MG	Tier 2	Marketplace
MAYZENT PAK STARTER	Tier 2	Marketplace
MAYZENT TAB 0.25MG	Tier 2	Marketplace
MAYZENT TAB 1MG	Tier 2	Marketplace
MAYZENT TAB 2MG	Tier 2	Marketplace
MENOPUR INJ 75UNIT	Tier 2	Marketplace
MIFEPRISTONE TAB 300MG	Tier 2	Marketplace
MIGLUSTAT CAP 100MG	Tier 2	Marketplace
MOZOBIL INJ	Tier 3	Marketplace
MULPLETA TAB 3MG	Tier 3	Marketplace
NABI-HB INJ	Tier 2	Marketplace
NITISINONE CAP 10MG	Tier 2	Marketplace
NITISINONE CAP 20MG	Tier 2	Marketplace
NITISINONE CAP 2MG	Tier 2	Marketplace
NITISINONE CAP 5MG	Tier 2	Marketplace
NORDITROPIN INJ 10/1.5ML	Tier 2	Marketplace
NORDITROPIN INJ 15/1.5ML	Tier 2	Marketplace
NORDITROPIN INJ 30/3ML	Tier 2	Marketplace
NORDITROPIN INJ 5/1.5ML	Tier 2	Marketplace
NORTHERA CAP 100MG	Tier 3	Marketplace
NORTHERA CAP 200MG	Tier 3	Marketplace
NORTHERA CAP 300MG	Tier 3	Marketplace
NOVAREL INJ 5000UNIT	Tier 3	Marketplace
NUCALA INJ 100MG/ML	Tier 2	Marketplace
NUCALA INJ 40MG/0.4	Tier 2	Marketplace
OCALIVA TAB 10MG	Tier 3	Marketplace
OCALIVA TAB 5MG	Tier 3	Marketplace
OFEV CAP 100MG	Tier 3	Marketplace
OFEV CAP 150MG	Tier 3	Marketplace
OLUMIANT TAB 1MG	Tier 3	Marketplace
OLUMIANT TAB 2MG	Tier 3	Marketplace
OLUMIANT TAB 4MG	Tier 3	Marketplace
OMNITROPE INJ 10/1.5ML	Tier 2	Marketplace
OMNITROPE INJ 5/1.5ML	Tier 2	Marketplace
ONAPGO INJ 98/20ML	Tier 3	Marketplace
ONUREG TAB 200MG	Tier 3	Marketplace
ONUREG TAB 300MG	Tier 3	Marketplace
OPFOLDA CAP 65MG	Tier 3	Marketplace
OPSUMIT TAB 10MG	Tier 3	Marketplace
OPSYNVI TAB 10-20MG	Tier 3	Marketplace
OPSYNVI TAB 10-40MG	Tier 3	Marketplace
ORENITRAM TAB 0.125MG	Tier 3	Marketplace
ORENITRAM TAB 0.25MG	Tier 3	Marketplace
ORENITRAM TAB 1MG	Tier 3	Marketplace
ORENITRAM TAB 2.5MG	Tier 3	Marketplace
ORENITRAM TAB 5MG	Tier 3	Marketplace
ORENITRAM TAB MONTH 1	Tier 3	Marketplace
ORENITRAM TAB MONTH 2	Tier 3	Marketplace
ORENITRAM TAB MONTH 3	Tier 3	Marketplace
ORFADIN CAP 10MG	Tier 3	Marketplace
ORFADIN CAP 20MG	Tier 3	Marketplace

ORFADIN	CAP 2MG	Tier 3	Marketplace
ORFADIN	CAP 5MG	Tier 3	Marketplace
ORKAMBI	GRA 100-125	Tier 3	Marketplace
ORKAMBI	GRA 150-188	Tier 3	Marketplace
ORKAMBI	GRA 75-94MG	Tier 3	Marketplace
ORKAMBI	TAB 100-125	Tier 3	Marketplace
ORKAMBI	TAB 200-125	Tier 3	Marketplace
OTEZLA	TAB 10/20	Tier 2	Marketplace
OTEZLA	TAB 10/20/30	Tier 2	Marketplace
OTEZLA	TAB 20MG	Tier 2	Marketplace
OTEZLA	TAB 30MG	Tier 2	Marketplace
OTEZLA XR	TAB 75MG	Tier 2	Marketplace
OTEZLA/XR	TAB 28 DAY	Tier 2	Marketplace
OTREXUP	INJ 10MG	Tier 3	Marketplace
OTREXUP	INJ 12.5/0.4	Tier 3	Marketplace
OTREXUP	INJ 15MG	Tier 3	Marketplace
OTREXUP	INJ 17.5/0.4	Tier 3	Marketplace
OTREXUP	INJ 20MG	Tier 3	Marketplace
OTREXUP	INJ 22.5/0.4	Tier 3	Marketplace
OTREXUP	INJ 25MG	Tier 3	Marketplace
OVIDREL	INJ	Tier 3	Marketplace
OXBRYTA	TAB 300MG	Tier 3	Marketplace
OXBRYTA	TAB 500MG	Tier 3	Marketplace
PALYNZIQ	INJ 10/0.5ML	Tier 3	Marketplace
PALYNZIQ	INJ 2.5/0.5	Tier 3	Marketplace
PALYNZIQ	INJ 20MG/ML	Tier 3	Marketplace
PEGASYS	INJ	Tier 2	Marketplace
PEGASYS	INJ 180MCG/M	Tier 2	Marketplace
PENICILLAMIN	CAP 250MG	Tier 2	Marketplace
PENICILLAMIN	TAB 250MG	Tier 2	Marketplace
PHEBURANE	MIS 483/GM	Tier 3	Marketplace
PHENYL BUTYRA	POW SODIUM	Tier 2	Marketplace
PIRFENIDONE	CAP 267MG	Tier 2	Marketplace
PIRFENIDONE	TAB 267MG	Tier 2	Marketplace
PIRFENIDONE	TAB 801MG	Tier 2	Marketplace
PLEGRIDY	INJ	Tier 2	Marketplace
PLEGRIDY	INJ PEN	Tier 2	Marketplace
PLEGRIDY	INJ STARTER	Tier 2	Marketplace
PLEGRIDY	PEN INJ STARTER	Tier 2	Marketplace
PLERIXAFOR	INJ 24/1.2ML	Tier 2	Marketplace
PONVORY	TAB 20MG	Tier 3	Marketplace
PONVORY	TAB STARTER	Tier 3	Marketplace
PREGNYL	INJ 10000UNT	Tier 3	Marketplace
PROMACTA	POW 12.5MG	Tier 3	Marketplace
PROMACTA	POW 25MG	Tier 3	Marketplace
PROMACTA	TAB 12.5MG	Tier 3	Marketplace
PROMACTA	TAB 25MG	Tier 3	Marketplace
PROMACTA	TAB 50MG	Tier 3	Marketplace
PROMACTA	TAB 75MG	Tier 3	Marketplace
PULMOZYME	SOL 1MG/ML	Tier 3	Marketplace
PYQUVI	SUS 22.75MG	Tier 2	Marketplace
PYZCHIVA	INJ 45/0.5ML	Tier 2	Marketplace
PYZCHIVA	INJ 90MG/ML	Tier 2	Marketplace
RADICAVA	ORS SUS 105/5ML	Tier 3	Marketplace
RADICAVA	ORS SUS STARTER	Tier 3	Marketplace
RASUVO	INJ 10MG	Tier 3	Marketplace
RASUVO	INJ 12.5MG	Tier 3	Marketplace
RASUVO	INJ 15MG	Tier 3	Marketplace
RASUVO	INJ 17.5MG	Tier 3	Marketplace
RASUVO	INJ 20MG	Tier 3	Marketplace
RASUVO	INJ 22.5MG	Tier 3	Marketplace
RASUVO	INJ 25MG	Tier 3	Marketplace

RASUVO	INJ 30MG	Tier 3	Marketplace
RASUVO	INJ 7.5MG	Tier 3	Marketplace
RAVICTI	LIQ 1.1GM/ML	Tier 3	Marketplace
REBIF	INJ 22/0.5	Tier 2	Marketplace
REBIF	INJ 44/0.5	Tier 2	Marketplace
REBIF REBIDO	INJ 22/0.5	Tier 2	Marketplace
REBIF REBIDO	INJ 44/0.5	Tier 2	Marketplace
REBIF REBIDO	INJ TITRATN	Tier 2	Marketplace
REBIF TITRTN	INJ PACK	Tier 2	Marketplace
RELYVRIO	PAK 3-1GM	Tier 3	Marketplace
REVATIO	SUS 10MG/ML	Tier 3	Marketplace
REVATIO	TAB 20MG	Tier 3	Marketplace
RHOPHYLAC	INJ 1500/2ML	Tier 2	Marketplace
RIBAVIRIN	CAP 200MG	Tier 2	Marketplace
RIBAVIRIN	TAB 200MG	Tier 2	Marketplace
RINVOQ	TAB 15MG ER	Tier 2	Marketplace
RINVOQ	TAB 30MG ER	Tier 2	Marketplace
RINVOQ	TAB 45MG ER	Tier 2	Marketplace
RINVOQ LQ	SOL 1MG/ML	Tier 2	Marketplace
RIVFLOZA	INJ 128/0.8	Tier 3	Marketplace
RIVFLOZA	INJ 160MG/ML	Tier 3	Marketplace
SABRIL	POW 500MG	Tier 3	Marketplace
SABRIL	TAB 500MG	Tier 3	Marketplace
SAIZEN	INJ 5MG	Tier 3	Marketplace
SAJAZIR	INJ 30MG/3ML	Tier 2	Marketplace
SAMSCA	TAB 15MG	Tier 3	Marketplace
SAMSCA	TAB 30MG	Tier 3	Marketplace
SAPROPTERIN	POW 100MG	Tier 2	Marketplace
SAPROPTERIN	POW 500MG	Tier 2	Marketplace
SAPROPTERIN	TAB 100MG	Tier 2	Marketplace
SENSIPAR	TAB 30MG	Tier 3	Marketplace
SENSIPAR	TAB 60MG	Tier 3	Marketplace
SENSIPAR	TAB 90MG	Tier 3	Marketplace
SEROSTIM	INJ 4MG	Tier 3	Marketplace
SEROSTIM	INJ 5MG	Tier 3	Marketplace
SEROSTIM	INJ 6MG	Tier 3	Marketplace
SILDENAFIL	SUS 10MG/ML	Tier 2	Marketplace
SILDENAFIL	TAB 20MG	Tier 2	Marketplace
SKYRIZI	INJ 150MG/ML	Tier 2	Marketplace
SKYRIZI	INJ 180/1.2	Tier 2	Marketplace
SKYRIZI	INJ 360/2.4	Tier 2	Marketplace
SKYRIZI PEN	INJ 150MG/ML	Tier 2	Marketplace
SOD OXYBATE	SOL 0.5G/ML	Tier 2	Marketplace
SOD OXYBATE	SOL 500MG/ML	Tier 2	Marketplace
SODIUM PHENY	TAB 500MG	Tier 2	Marketplace
SOFOS/VELPAT	TAB 400-100	Tier 2	Marketplace
SOGROYA	INJ 10MG/1.5	Tier 3	Marketplace
SOGROYA	INJ 15MG/1.5	Tier 3	Marketplace
SOGROYA	INJ 5MG/1.5	Tier 3	Marketplace
SOHONOS	CAP 1.5MG	Tier 3	Marketplace
SOHONOS	CAP 10MG	Tier 3	Marketplace
SOHONOS	CAP 1MG	Tier 3	Marketplace
SOHONOS	CAP 2.5MG	Tier 3	Marketplace
SOHONOS	CAP 5MG	Tier 3	Marketplace
SOMATULINE	INJ 120/.5ML	Tier 3	Marketplace
SOMATULINE	INJ 60/0.2ML	Tier 3	Marketplace
SOMATULINE	INJ 90/0.3ML	Tier 3	Marketplace
SOMAVERT	INJ 10MG	Tier 3	Marketplace
SOMAVERT	INJ 15MG	Tier 3	Marketplace
SOMAVERT	INJ 20MG	Tier 3	Marketplace
SOMAVERT	INJ 25MG	Tier 3	Marketplace
SOMAVERT	INJ 30MG	Tier 3	Marketplace

SOVALDI	PAK 150MG	Tier 3	Marketplace
SOVALDI	PAK 200MG	Tier 3	Marketplace
SOVALDI	TAB 200MG	Tier 3	Marketplace
SOVALDI	TAB 400MG	Tier 3	Marketplace
STELARA	INJ 45/0.5ML	Tier 2	Marketplace
STELARA	INJ 90MG/ML	Tier 2	Marketplace
SYMDEKO	TAB 100-150	Tier 3	Marketplace
SYMDEKO	TAB 50-75MG	Tier 3	Marketplace
SYPRINE	CAP 250MG	Tier 3	Marketplace
TADALAFIL	TAB 20MG	Tier 2	Marketplace
TADLIQ	SUS 20MG/5ML	Tier 3	Marketplace
TAKHZYRO	INJ 150MG/ML	Tier 3	Marketplace
TAKHZYRO	INJ 300/2ML	Tier 3	Marketplace
TASIMELTEON	CAP 20MG	Tier 2	Marketplace
TERIFLUNOMID	TAB 14MG	Tier 1	Marketplace
TERIFLUNOMID	TAB 7MG	Tier 1	Marketplace
TERIPARATIDE	INJ 560/2.24	Tier 2	Marketplace
TETRABENAZIN	TAB 12.5MG	Tier 2	Marketplace
TETRABENAZIN	TAB 25MG	Tier 2	Marketplace
TEZSPIRE	INJ 210MG	Tier 2	Marketplace
THALOMID	CAP 100MG	Tier 3	Marketplace
THALOMID	CAP 50MG	Tier 3	Marketplace
THIOLA	TAB 100MG	Tier 3	Marketplace
THIOLA EC	TAB 100MG	Tier 3	Marketplace
THIOLA EC	TAB 300MG	Tier 3	Marketplace
TIKOSYN	CAP 125MCG	Tier 3	Marketplace
TIKOSYN	CAP 250MCG	Tier 3	Marketplace
TIKOSYN	CAP 500MCG	Tier 3	Marketplace
TIOPRONIN	TAB 100MG	Tier 2	Marketplace
TOBI	NEB 300/5ML	Tier 3	Marketplace
TOBI PODHALR	CAP 28MG	Tier 3	Marketplace
TOBRAMYCIN	NEB 300/4ML	Tier 2	Marketplace
TOBRAMYCIN	NEB 300/5ML	Tier 2	Marketplace
TOLVAPTAN	PAK 15MG	Tier 2	Marketplace
TOLVAPTAN	PAK 30-15MG	Tier 2	Marketplace
TOLVAPTAN	PAK 45-15MG	Tier 2	Marketplace
TOLVAPTAN	PAK 60-30MG	Tier 2	Marketplace
TOLVAPTAN	PAK 90-30MG	Tier 2	Marketplace
TOLVAPTAN	TAB 15MG	Tier 2	Marketplace
TOLVAPTAN	TAB 30MG	Tier 2	Marketplace
TRACLEER	TAB 125MG	Tier 3	Marketplace
TRACLEER	TAB 32MG	Tier 3	Marketplace
TRACLEER	TAB 62.5MG	Tier 3	Marketplace
TREMFYA	INJ 100MG/ML	Tier 2	Marketplace
TREMFYA CROH	INJ 200/2ML	Tier 2	Marketplace
TREMFYA	INJ 200/2ML	Tier 2	Marketplace
TRIENTINE	CAP 250MG	Tier 2	Marketplace
TRIENTINE	CAP 500MG	Tier 2	Marketplace
TRIKAFTA	PAK 59.5MG	Tier 3	Marketplace
TRIKAFTA	PAK 75MG	Tier 3	Marketplace
TRIKAFTA	TAB	Tier 3	Marketplace
TYMLOS	INJ	Tier 2	Marketplace
TYVASO	SOL 0.6MG/ML	Tier 3	Marketplace
TYVASO DPI	POW 16-32-48	Tier 3	Marketplace
TYVASO DPI	POW 16MCG	Tier 3	Marketplace
TYVASO DPI	POW 32MCG	Tier 3	Marketplace
TYVASO DPI	POW 48MCG	Tier 3	Marketplace
TYVASO DPI	POW 64MCG	Tier 3	Marketplace
TYVASO DPI	POW 80MCG	Tier 3	Marketplace
TYVASO DPI	POW INST KIT	Tier 3	Marketplace
TYVASO DPI	POW 16-32MCG	Tier 3	Marketplace
TYVASO DPI	POW 32-48MCG	Tier 3	Marketplace

TYVASO RF KT SOL 0.6MG/ML	Tier 3	Marketplace
TYVASO ST KT SOL 0.6MG/ML	Tier 3	Marketplace
UPTRAVI TAB 1000MCG	Tier 3	Marketplace
UPTRAVI TAB 1200MCG	Tier 3	Marketplace
UPTRAVI TAB 1400MCG	Tier 3	Marketplace
UPTRAVI TAB 1600MCG	Tier 3	Marketplace
UPTRAVI TAB 200MCG	Tier 3	Marketplace
UPTRAVI TAB 400MCG	Tier 3	Marketplace
UPTRAVI TAB 600MCG	Tier 3	Marketplace
UPTRAVI TAB 800MCG	Tier 3	Marketplace
UPTRAVI PACK TAB 200/800	Tier 3	Marketplace
VELSIPITY TAB 2MG	Tier 2	Marketplace
VEMLIDY TAB 25MG	Tier 3	Marketplace
VENTAVIS SOL 10MCG/ML	Tier 3	Marketplace
VENTAVIS SOL 20MCG/ML	Tier 3	Marketplace
VIGABATRIN PAK 500MG	Tier 2	Marketplace
VIGABATRIN TAB 500MG	Tier 2	Marketplace
VIGADRONE POW 500MG	Tier 2	Marketplace
VIGADRONE TAB 500MG	Tier 2	Marketplace
VIGODER POW 500MG	Tier 2	Marketplace
VOSEVI TAB	Tier 2	Marketplace
VOXZOGO INJ 0.4MG	Tier 3	Marketplace
VOXZOGO INJ 0.56MG	Tier 3	Marketplace
VOXZOGO INJ 1.2MG	Tier 3	Marketplace
VUMERITY CAP 231MG	Tier 2	Marketplace
VYALEV INJ 12-240MG	Tier 3	Marketplace
VYNDAMAX CAP 61MG	Tier 3	Marketplace
VYNDAQEL CAP 20MG	Tier 3	Marketplace
VYVGART INJ HYTRULO	Tier 3	Marketplace
WINREVAIR INJ 45MG	Tier 3	Marketplace
WINREVAIR INJ 60MG	Tier 3	Marketplace
WINRHO SDF INJ 15000UNT	Tier 2	Marketplace
WINRHO SDF INJ 1500UNIT	Tier 2	Marketplace
WINRHO SDF INJ 2500UNIT	Tier 2	Marketplace
WINRHO SDF INJ 5000UNIT	Tier 2	Marketplace
XELJANZ SOL 1MG/ML	Tier 2	Marketplace
XELJANZ TAB 10MG	Tier 2	Marketplace
XELJANZ TAB 5MG	Tier 2	Marketplace
XELJANZ XR TAB 11MG	Tier 2	Marketplace
XELJANZ XR TAB 22MG	Tier 2	Marketplace
XENAZINE TAB 12.5MG	Tier 3	Marketplace
XENAZINE TAB 25MG	Tier 3	Marketplace
XOLAIR INJ 150MG/ML	Tier 2	Marketplace
XOLAIR INJ 300/2ML	Tier 2	Marketplace
XOLAIR INJ 75/0.5	Tier 2	Marketplace
XYREM SOL 500MG/ML	Tier 3	Marketplace
YARGESA CAP 100MG	Tier 2	Marketplace
YESINTEK INJ 45/0.5ML	Tier 2	Marketplace
YESINTEK INJ 90MG/ML	Tier 2	Marketplace
YUTREPIA CAP 106MCG	Tier 3	Marketplace
YUTREPIA CAP 26.5MCG	Tier 3	Marketplace
YUTREPIA CAP 53MCG	Tier 3	Marketplace
YUTREPIA CAP 79.5MCG	Tier 3	Marketplace
ZAVESCA CAP 100MG	Tier 3	Marketplace
ZELVYSIA POW 100MG	Tier 2	Marketplace
ZELVYSIA POW 500MG	Tier 2	Marketplace
ZEPOSIA CAP 0.92MG	Tier 3	Marketplace
ZEPOSIA CAP STR KIT	Tier 3	Marketplace
ZEPOSIA 7DAY CAP STR PACK	Tier 3	Marketplace
ZURZUVAE CAP 20MG	Tier 3	Marketplace
ZURZUVAE CAP 25MG	Tier 3	Marketplace
ZURZUVAE CAP 30MG	Tier 3	Marketplace

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-134941410
Market	Individual
Product Name	VT Individual 2027

Pharmacy Benefit Manager Information²
Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2024-12/31/2024		01/01/2025-12/31/2025		01/01/2027-12/31/2027	
Pharmacy Benefit Manager #1	CVS/Caremark		CVS/Caremark		CVS/Caremark	
Pharmacy Benefit Manager #2						
Pharmacy Benefit Manager #3						
Pharmacy Benefit Manager #4						

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2024-12/31/2024		01/01/2025-12/31/2025		01/01/2027-12/31/2027	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM						
Non-Specialty Brand PMPM						
Specialty PMPM						

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2024-12/31/2024		01/01/2025-12/31/2025		01/01/2027-12/31/2027	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM						
Non-Specialty Brand PMPM						
Specialty PMPM						

² **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.

State of Vermont

Actuarial Value Certification for 2027 Standard Plan Designs

March 26, 2026

Prepared by:
Wakely Consulting Group, LLC, an HMA Company

Darren Johnson, ASA, MAAA
Consulting Actuary II

Table of Contents

Executive Summary	1
Regulatory Background.....	2
CSR Loading	3
Chiropractic and Physical Therapy Copays	4
Limiting Out-of-Pocket Expenses for Insulin	4
Addition of Hearing Aid Coverage to EHBs.....	4
Actuarial Value Considerations	5
Methodology	8
Vermont-Specific Adjustment Model.....	9
Adjusted AV Calculations	10
Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing.....	12
Insulin Out-of-Pocket Limit.....	13
Disclosures and Limitations.....	14
Appendix A: Actuarial Certification	18
Appendix B: Summary of Plan Design Changes from 2026 Designs.....	20
Appendix C: On and Off-Exchange Reflective Silver Standard Plan Designs.....	21
Appendix D: Comments Relative to Applicable ASOPs.....	22
Appendix E: Standard Plan Designs	26
Appendix F: Summary of Adjustments Considered and Final Adjusted AVs.....	30
Appendix G: Screen Shots and AV Development.....	31

Executive Summary

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) standardizes several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group markets. In 2026, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs for Vermont Health Connect. There was a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2026 standard plan designs are all continuing in 2027 with minor changes.

For each of the Silver standard plan designs, the cost-sharing reduction plan designs are also standard. Cost-sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2027 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2027 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

A detailed list of the changes from the 2027 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – The medical deductible, medical MOOP, and pharmacy MOOP were increased.
- Gold – The medical and pharmacy deductible and MOOP were increased. Inpatient, outpatient, and radiology coinsurances were also increased
- Silver Deductible – The pharmacy deductible, medical MOOP, and pharmacy MOOP were increased.
- Bronze Deductible with Pharmacy Limit – The medical MOOP and pharmacy MOOP were increased.
- Bronze Deductible without Pharmacy Limit – The medical deductible and MOOP were increased.

- Silver HDHP – The medical deductible, pharmacy deductible, medical and pharmacy MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP – The medical deductible, pharmacy deductible, medical and pharmacy MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, if they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Regulatory Background

The Affordable Care Act (ACA) requires that non-grandfathered health care coverage provided by issuers in the individual market covers all essential health benefits (EHBs) and have actuarial values that fall under the platinum (90% AV), gold (80% AV), silver (70% AV) or bronze (60% AV) tiers. The ACA allows for a de minimis range around these target AVs. The draft 2027 Notice of Benefit and Payment Parameters (NBPP) did not make any changes to the allowable federal AV range relative to the 2026 NBPP, however draft 2027 NBPP parameters are listed here for completeness. For most plans, the range is -2% to +2%. For example, any plan design that has an AV from 78% to 82% is considered a gold plan. Similar to the final 2026 NBPP, the draft 2027 NBPP is proposing a smaller range on the lower end for on-Exchange silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange silver plans would continue to be subject to the -2% to +2% range. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65%. Plans that meet these criteria include high deductible health plans and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) released the final 2027 Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. The 2027 plan designs presented in this report are compliant with the final 2027 AVC.

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2027. The limitation was set at \$12,000 for 2027, an increase of \$1400 from the \$10,600 limit in 2026. This is the largest this limit has increased year-over-year which necessitated a number of plan design changes to ensure compliance.

¹ <http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html>

While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are projected at \$1,750 and \$8,700, respectively, for 2027². The 2026 minimum deductible and MOOP were \$1,700 and \$8,500, respectively. Historically, the deductible has increased \$50-\$100 every year and the MOOP has increased around \$100-\$200 a year, though these amounts have been trending upwards the last few years due to inflation. Due to the anticipated higher minimum deductible for 2027, adjustments have been made to both HDHPs (and corresponding Silver CSR HDHPs). Subsequent to the 2026 plan design process, the 2025 Budget Bill was passed which contained a provision stating that all bronze plans are now eligible as HDHPs and can be paired with a health savings account³.

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2027.

The Off-Exchange “reflective” plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange “reflective” plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV

² <https://www.mercer.com/insights/law-and-policy/mercerc-projects-2027-hsa-hdhp-and-excepted-benefit-hra-figures/>

³ <https://www.kff.org/tracking-the-health-savings-accounts-provisions-in-the-2025-budget-bill/>

requirements. Since this is for non-standard plans only, these plans are not included within this memo.

Chiropractic and Physical Therapy Copays

Act No. 7⁴ requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). All of the Silver and Bronze Deductible plans are in compliance. HDHPs are exempt from the requirement since they are deductible, and coinsurance based.

Limiting Out-of-Pocket Expenses for Insulin

Bill S.296⁵, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost-sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. We have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range for 2027. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

Addition of Hearing Aid Coverage to EHBs

The Vermont EHBs were expanded for the 2024 year to include one set of prescription hearing aids every three years as well as annual hearing exams.⁶ The cost sharing for these benefits is to be standardized such that the hearing aids are covered with the same cost sharing as durable medical equipment (DME), and the annual exam is covered the same as a specialist office visit. This was determined to not impact actuarial values sufficiently to warrant an adjustment, but we continue to recommend issuers add an explicit line for DME (which aligns with Outpatient Coinsurance) to assist in transparency.

⁴ <https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf>

⁵ <https://legislature.vermont.gov/bill/status/2020/S.296>

⁶ <https://governor.vermont.gov/press-release/federal-government-approves-expanded-coverage-vermont%E2%80%99s-essential-health-benefits>

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five of the standard plan designs (and the cost-sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment, but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost-sharing reduction plan designs have similar features. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The five potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate.⁷ The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs, although the family stacked AV will be higher in most instances. Most HDHPs use the aggregate application of deductible and MOOPs, which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the 2027 single limit of \$12,000, the MOOP must either be stacked

⁷ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

or there must be an embedded individual MOOP of \$12,000. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (currently at \$1,750 and \$3,500 for individual and family coverage for the 2027 designs). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,750 and \$3,500 for individual and family coverage in 2027) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,750 for individual or \$3,500 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,750 or \$3,500, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- The 2027 plan designs for all plans except the HDHPs and the Bronze Deductible plan with Pharmacy Limit include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2027 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, as well as the CSR 87% and 94% plans, and therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, a specific adjustment has been made to the AVs for those plans.
- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC.

Wakely has not analyzed the exact portion of drugs this represents, and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible and MOOP are met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on high-level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest, and the impact would decrease as deductibles decrease (and AVs increase).

Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, we requested that they review the appropriateness of this adjustment for the 2024 plan design cycle. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range to account for this increased benefit.

- Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

Wakely did not make a specific adjustment for this requirement but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP, the three free PCP and MH/SA office visits, and Vermont’s prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

Table 1: Adjusted Acceptable Federal Actuarial Values

	Plan	Acceptable Range	Final Adjusted AV
Deductible Plans⁸	Platinum	88.0%-92.0%	92.0%
	Gold	78.0%-82.0%	81.7%
	Silver	68.0%-72.0%	72.0%
	Bronze (with drug limit)	58.0%-64.9%	62.7%
	Bronze (without drug limit)	58.0%-64.9%	63.5%
HDHPs	Silver - Embedded OOPM ⁹	68.0%-71.5%	71.4%
	Bronze - Embedded OOPM	58.0%-64.4%	62.9%
Cost Sharing Reduction Plan Designs - Deductible Plans	250-300% FPL (73% AV)	73.0%-74.0%	74.0%
	200-250% FPL (77% AV)	77.0%-78.0%	78.0%
	150-200% FPL (87% AV)	87.0%-88.0%	88.0%
	133-150% FPL (94% AV)	94.0%-95.0%	95.0%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	73.0%-73.5%	73.5%
	200-250% FPL (77% AV)	77.0%-77.5%	77.4%
	150-200% FPL (87% AV)	87.0%-87.5%	87.4%
	133-150% FPL (94% AV)	94.0%-94.5%	94.4%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

⁸ Note that as of the passing of the 2025 Budget Bill the two bronze deductible plans are now also eligible as HDHPs

⁹ Out of pocket maximum (OOPM) and Maximum out of Pocket (MOOP) are used interchangeably in this report

If a plan has substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to “fit” it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus, for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the model that Wakely developed and the process used to adjust the actuarial values from the AVC.

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont’s unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated during the 2024 plan design cycle and includes Vermont-specific ACA data incurred in 2019. While 2020 data was available at the time of the update, given the COVID impact on claims for that year, it was decided that 2019 data would be a better dataset to use. This model will be updated for next year’s plan design cycle with 2024 data.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the number of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2019
- Product types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

Table 2: Model Structures

Options	Deductible	Costs that Accumulate		Deductible / MOOP Type
		Maximum Out-of-Pocket (MOOP) Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does

not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.

2. The model was used to determine the revised AV.
3. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays and/or different coinsurance amounts, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
4. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
5. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$12,000.
6. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit¹⁰ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.

¹⁰ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
 - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.

3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing

The 2027 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2027 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. The table below reflects the adjustment made to each of the standard plan designs.

Table 3: Estimated Impact of 3 Free PCP and/or MH/SA Visits

Metal	Increase to AV
Silver Deductible	1.001
Bronze Deductible w/o Pharmacy Limit	1.001
Silver Deductible CSR – 73%	1.001
Silver Deductible CSR – 77%	1.001

The impact was also calculated for the Platinum, Gold, 87% Silver CSR, and 94% Silver CSR plans but given the lower copays, the impact determined to be negligible. The following methodology was used to develop the impacts.

- Wakely developed a continuance table based on the number of office visits a member incurred in the year. Wakely utilized similar VHCURES data as described above, except

the data reflects claims incurred in the 2018 calendar year. The same filters were applied as described above and the summary reflects the experience of almost 900,000 member months.

- Wakely identified PCP and MH/SA office visits based primarily on a list of CPT codes. It was assumed that only the PCP and MH/SA office visit payments would be subject to the first 3 free visits. Specifically, we assumed that for any other services that may have the same cost sharing as PCP and MH/SA office visits, the reduced cost sharing would not apply (i.e., no changes for cost sharing for these services). Consistent with the AV Calculator, we also did not include other services that may happen in conjunction with an office visit (e.g. lab work) in our AV adjustment. It is our understanding that only the office visit copay would be waived and any copays for additional services incurred at the same time may still apply (e.g. copay stacking) based on the carrier's adjudication practices.
- Two separate continuance tables were developed. The first reflects only claims identified as a PCP office visit and is consistent with the methodology of the AVC. The second is a combination of both PCP and MH/SA visits.
- Based on the continuance tables, the cost share and paid claim amounts were calculated, assuming no member cost sharing applies for the first 3 visits. The difference between the paid amounts calculated utilizing the PCP only continuance table and PCP and MH/SA combined tables reflects the adjustment made to the AVC outputs.
- Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. The AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled

in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

Table 4: Estimated Impact of Insulin Out-of-Pocket Limit

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

- Both carriers, BCBS VT and MVP, provided claim-level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing. Each carrier also provided high-level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.
- Based on the claim-level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30-day supply. The difference between the cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
- Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range.

Disclosures and Limitations

Responsible Actuary. Julie Peper and Darren Johnson are the actuaries responsible for this communication. Julie and Darren are both Members of the American Academy of Actuaries and a Fellows of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report. Jared Asprer also contributed significantly to this report.

Intended Users. This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties

should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the state of Vermont.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- The final 2027 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

- Mercer's projections of the likely federal HDHP minimum deductible and MOOP limits.¹¹

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report, other than those discussed in the report and below.

- The Final 2027 NBPP has not been released. Should it differ materially from the draft 2027 NBPP with relation to de minimis ranges or any of factors pursuant to standard plan designs, it could impact the accuracy of this report.
- Other changes to regulations passed subsequent to this report.

Contents of Actuarial Report. This document and the supporting exhibits constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

¹¹ [Mercer projects 2027 HSA, HDHP and excepted-benefit HRA figures](#)

Appendix A: Actuarial Certification

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2027

I, Darren Johnson, am associated with the firm of Wakely Consulting Group, LLC (Wakely), an HMA company, am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2027, on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The 2027 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2027 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System

(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Darren Johnson

Darren Johnson, FSA, MAAA
March 26, 2026

Appendix B: Summary of Plan Design Changes from 2026 Designs

Deductible Plans	
Platinum	Gold
Increase medical deductible from \$500 to \$700	Increase medical deductible from \$1,500 to \$1,700
Increase medical OOPM from \$1,600 to \$2,650	Increase pharmacy deductible from \$250 to \$400
Increase pharmacy OOPM from \$1,600 to \$1,750	Increase medical OOPM from \$5,700 to \$6,000
	Increase pharmacy OOPM from \$1,650 to \$1,750
	Increase inpatient coinsurance from 30% to 35%
	Increase outpatient coinsurance from 30% to 35%
	Increase radiology coinsurance from 30% to 35%
Silver	Bronze w/ Rx Limit
Increase pharmacy deductible from \$500 to \$550	Increase medical OOPM from \$10,150 to \$11,100
Increase pharmacy OOPM from \$1,650 to \$1,750	Increase pharmacy OOPM from \$1,650 to \$1,750
Increase medical OOPM from \$10,150 to \$11,300	
Bronze w/o Rx Limit	
Increase medical deductible from \$10,150 to \$12,000	
Increase medical OOPM from \$10,150 to \$12,000	
HDHPs	
Silver - Embedded MOOP	Bronze - Embedded MOOP
Increase embedded single OOPM from \$10,150 to \$12,000	Increase embedded single OOPM from \$10,150 to \$12,000
Increase medical deductible from \$2,300 to \$2,500	Increase medical deductible from \$6,000 to \$6,300
Increase medical OOPM from \$7,250 to \$7,500	Increase medical OOPM from \$7,600 to \$7,800
Increase pharmacy deductible from \$1,650 to \$1,750	Increase pharmacy deductible from \$1,650 to \$1,750
Increase pharmacy OOPM from \$1,650 to \$1,750	Increase pharmacy OOPM from \$1,650 to \$1,750

Appendix C: On and Off-Exchange Reflective Silver Standard Plan Designs

Deductible/OOP Max	2027 Plan Designs – Silver Deductible Plan		2027 Plan Designs – Silver HDHP	
	On the Exchange	Off the Exchange	On the Exchange	Off the Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$3,500	\$3,500	\$2,500	\$2,500
Pharmacy Ded	\$550	\$550	\$1,750	\$1,750
Integrated Ded	No	No	Yes	Yes
Medical OOPM	\$11,300	\$11,300	\$7,500	\$7,500
Pharmacy OOPM	\$1,750	\$1,750	\$1,750	\$1,750
Integrated OOPM	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	35%	35%
Outpatient	50%	50%	35%	35%
ER	\$250	\$250	35%	35%
Radiology (MRI, CT, PET)	50%	50%	35%	35%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%
Specialist Office Visit	\$90	\$90	35%	35%
Physical Therapy/Chiropractic	\$50	\$50	35%	35%
Urgent Care	\$100	\$100	35%	35%
Ambulance	\$100	\$105	35%	40%
Pharmacy Generic	\$15	\$15	\$10	\$10
Pharmacy Preferred Brand	\$70	\$70	\$40	\$40
Pharmacy Non-Preferred Brand	50%	50%	50%	50%
Pharmacy Specialty	50%	50%	50%	50%
Actuarial Value				
2027 DRAFT Federal AVC, Adjusted if Necessary	72.0%	72.0%	71.4%	71.4%

Appendix D: Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

ASOP 23: DATA QUALITY

3.1 Overview – VHCURES data was used as the basis for the HDHP model and Vermont-specific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current.
 2. Data was reasonable and comprehensive of the necessary data elements.
 3. There were no known, material limitations of the data.
 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 5. Alternative data sets were not deemed necessary to complete the analysis.
 6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: CREDIBILITY PROCEDURES

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

ASOP 41: ACTUARIAL COMMUNICATIONS

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report lists the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

ASOP 50: DETERMINING MINIMUM VALUE AND ACTUARIAL VALUE UNDER THE AFFORDABLE CARE ACT

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

Appendix E: Standard Plan Designs

Deductible Plan Designs¹²

Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Pharmacy Limit	Bronze w/o Pharmacy Limit
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$700	\$1,700	\$3,500	\$6,450	\$12,000
Pharmacy Ded	\$0	\$400	\$550	\$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$2,650	\$6,000	\$11,300	\$11,100	\$12,000
Pharmacy OOPM	\$1,750	\$1,750	\$1,750	\$1,750	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	35%	50%	50%	0%
Outpatient	10%	35%	50%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	35%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
MH/SA Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$30	\$55	\$90	\$90	\$100
Physical Therapy/Chiropractic	\$20	\$35	\$50	\$45	\$50
Urgent Care	\$40	\$65	\$100	\$100	0%
Ambulance	\$60	\$75	\$100	\$100	0%
Pharmacy Generic	\$10	\$15	\$15	\$15	\$25
Pharmacy Preferred Brand	\$50	\$60	\$70	\$85	0%
Pharmacy Non-Preferred Brand	50%	50%	50%	60%	0%
Pharmacy Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2027 Federal AVC, Adjusted if Necessary	92.0%	81.7%	72.0%	62.7%	63.5%

¹² Note that as of the passing of the 2025 Budget Bill the two bronze deductible plans are now also eligible as HDHPs

Deductible Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver 2027 Plan Design	250-300% FPL (73% AV) 2027 Plan Design	200-250% FPL (77% AV) 2027 Plan Design	150-200% FPL (87% AV) 2027 Plan Design	133-150% FPL (94% AV) 2027 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,500	\$3,500	\$3,200	\$1,350	\$500
Pharmacy Ded	\$550	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$11,300	\$9,050	\$7,850	\$2,950	\$2,100
Pharmacy OOPM	\$1,750	\$1,650	\$1,450	\$550	\$350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$200	\$125	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Physical Therapy/Chiropractic	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Pharmacy Generic	\$15	\$15	\$15	\$10	\$5
Pharmacy Preferred Brand	\$70	\$70	\$60	\$50	\$20
Pharmacy Non-Preferred Brand	50%	50%	50%	50%	30%
Pharmacy Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2027 DRAFT Federal AVC, Adjusted if Necessary	72.0%	74.0%	78.0%	88.0%	95.0%

HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,500	\$6,300
Pharmacy Ded	\$1,750	\$1,750
Integrated Ded	Yes	Yes
Medical OOPM	\$7,500	\$7,800
Pharmacy OOPM	\$1,750	\$1,750
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	35%	50%
Outpatient	35%	50%
ER	35%	50%
Radiology (MRI, CT, PET)	35%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	35%	50%
Physical Therapy/Chiropractic	35%	50%
Urgent Care	35%	50%
Ambulance	35%	50%
Pharmacy Generic	\$10	\$12
Pharmacy Preferred Brand	\$40	40%
Pharmacy Non-Preferred Brand	50%	60%
Pharmacy Specialty	50%	60%
Actuarial Value		
2027 DRAFT Federal AVC, Adjusted if Necessary	71.4%	62.9%

HDHP Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver 2027 Plan Design	250-300% FPL (73% AV) 2027 Plan Design	200-250% FPL (77% AV) 2027 Plan Design	150-200% FPL (87% AV) 2027 Plan Design	133-150% FPL (94% AV) 2027 Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,500	\$2,200	\$2,200	\$1,850	\$1,150
Pharmacy Ded	\$1,750	\$1,750	\$1,750	\$1,750	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$7,500	\$6,800	\$5,250	\$1,850	\$1,150
Pharmacy OOPM	\$1,750	\$1,750	\$1,750	\$1,750	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$12,000 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	35%	30%	30%	0%	0%
Outpatient	35%	30%	30%	0%	0%
ER	35%	30%	30%	0%	0%
Radiology (MRI, CT, PET)	35%	30%	30%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Physical Therapy/Chiropractic	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	0%	0%
Ambulance	35%	30%	30%	0%	0%
Pharmacy Generic	\$10	\$10	\$10	\$0	\$0
Pharmacy Preferred Brand	\$40	\$40	\$40	\$0	\$0
Pharmacy Non-Preferred Brand	50%	50%	50%	0%	0%
Pharmacy Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2027 DRAFT Federal AVC, Adjusted if Necessary	71.4%	73.5%	77.4%	87.4%	94.4%

Appendix F: Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$12,000	Stacked MOOP	Drug Regulation	Preventive Drugs	Insulin Cost Sharing Limit	\$0 Cost Share on PCP/MHSA Visits	AV from AVC	Final Adjusted AV
Bronze Deductible (without pharmacy limit)	No	No	No	No	No	Yes	Yes	63.5%	63.5%
Silver HDHP	Yes	Yes	No	Yes	Yes	No	No	73.7%	71.4%
Bronze HDHP	Yes	Yes	No	Yes	Yes	Yes	No	65.3%	62.9%
Silver Deductible	No	No	Yes	Yes	No	No	Yes	70.9%	72.0%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	No	61.6%	62.7%
Silver HDHP - CSR 73%	Yes	Yes	No	Yes	Yes	No	No	75.7%	73.5%
Silver HDHP - CSR 77%	Yes	No	No	Yes	Yes	No	No	79.3%	77.4%
Silver HDHP - CSR 87%	Yes	No	No	No	Yes	No	No	87.8%	87.4%
Silver HDHP - CSR 94%	Yes	No	No	No	Yes	No	No	94.4%	94.4%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	No	Yes	73.1%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	No	Yes	77.2%	78.0%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	No	Yes	87.7%	88.0%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	No	Yes	94.7%	95.0%

Appendix G: Screen Shots and AV Development

1. Bronze Deductible Plan (without pharmacy limit)
2. Silver HDHP – Embedded MOOP
3. Bronze HDHP – Embedded MOOP
4. Silver Deductible Plan
5. Bronze Deductible Plan (with pharmacy limit)
6. Silver HDHP – Embedded MOOP CSR – 73%
7. Silver HDHP – Embedded MOOP CSR – 77%
8. Silver HDHP – Embedded MOOP CSR – 87%
9. Silver HDHP – Embedded MOOP CSR – 94%
10. Silver Deductible CSR – 73%
11. Silver Deductible CSR – 77%
12. Silver Deductible CSR – 87%
13. Silver Deductible CSR – 94%

BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 63.5%

Adjusted AV = 63.5% * 1.001(MH/SA Copay Adj) = 63.5%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$12,000.00			\$6,500.00
		100.00%			60.00%
		\$12,000.00			\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2027 Bronze No RX Limit Option 4
 Plan HIOS ID: 2027 Bronze No RX Limit Option 4
 Issuer HIOS ID: 2027
 AVC Version: 2027_1b

Output Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 63.45%

Metal Tier: Bronze

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: 0.2656 seconds

Final 2027 AV Calculator

SILVER HDHP – EMBEDDED MOOP

AV from AVC = 73.7%

Adjusted AV = 71.4%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)			\$2,500.00			\$6,500.00	
Coinsurance (%; Insurer's Cost Share)			65.00%			60.00%	
MOOP (\$)			\$7,500.00			\$8,700.00	
MOOP if Separate (\$)							

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2027 Silver HDHP Option 3
 Plan HIOS ID: 2027 Silver HDHP Option 3
 Issuer HIOS ID: 2027
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-2, +2] percent de minimis variation.
73.72%

Actuarial Value:

Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

*Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.*

	Medical	Rx		
Individual Deductible	2,500	2,500		
Family Deductible	5,000	5,000		
Individual Out-of-Pocket	7,500	7,500		
Family Out-of-Pocket	15,000	15,000		
Coinsurance (50% or Less)	30%	34%		
Costs that Accumulate				
	OOB		Deductible /	
	Deductible	Medical	Rx	OOB Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				Normalization Factor
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; cursor: pointer;">Calculate</div>				

				73.72%
			73.72%	1.205

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

*Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.*

	Medical	Rx		
Individual Deductible	2,500	1,750		
Family Deductible	5,000	3,500		
Individual Out-of-Pocket	7,500	1,750		
Family Out-of-Pocket	15,000	3,500		
Coinsurance (50% or Less)	30%	34%		
Costs that Accumulate				
	OOP		Deductible /	
	Deductib	Medical	Rx	OOP Type
Settings	Medical €	Medical €	Rx Only	Aggregat
				Normalization Factor

Calculate

			71.40%	1.205

BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 65.3%

Adjusted AV = 62.9%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,300.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			50.00%			60.00%
MOOP (\$)			\$7,800.00			\$8,700.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2027 Bronze HDHP Option 6
 Plan HIOS ID: 2027 Bronze HDHP Option 6
 Issuer HIOS ID: 2027
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +5] percent de minimis variation for Expanded Bronze.
 65.30%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible year.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0781 seconds

SILVER DEDUCTIBLE

AV from AVC = 70.9%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $68.42\%/67.53\% = 1.0132 \times .7094 = 71.9\% * 1.001 \text{ (MH/SA Copay Adj)} = 72.0\%$

Adjusted AV = 72.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$550.00			\$6,500.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$11,300.00				\$8,700.00
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2027 Silver Option 3
 Plan HIOS ID: 2027 Silver Option 3
 Issuer HIOS ID: 2027
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.94%
 Metal Tier: Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0781 seconds
 Final 2027 AV Calculator

Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

*Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.*

	Medical	Rx		
Individual Deductible	3,500	550		
Family Deductible	7,000	1,100		
Individual Out-of-Pocket	11,300	11,300		
Family Out-of-Pocket	22,600	22,600		
Coinsurance (50% or Less)	39%	37%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical & Rx	Stacked
				5
				1.202328
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 5px; display: inline-block; margin: 10px 0;">Calculate</div>				
<hr/>				
			67.53%	1.202328

BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 61.6%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $62.30\%/61.22\% = 1.018 \times .6160 = 62.7\%$

Adjusted AV = 62.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,450.00	\$1,100.00			\$6,500.00
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%			60.00%
MOOP (\$)	\$11,100.00				\$8,700.00
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$0	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
# Days (1-10):	0	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):	0	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):	0	

Plan Description:

Name: 2027 Bronze RX Limit Option 3
 Plan HIOS ID: 2027 Bronze RX Limit Option 3
 Issuer HIOS ID: 2027
 AVC Version: 2027_1b

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 61.60%
 Metal Tier: Bronze

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0742 seconds
 Final 2027 AV Calculator

Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	6,450	1,100		
Family Deductible	12,900	2,200		
Individual Out-of-Pocket	11,100	1,750		
Family Out-of-Pocket	22,200	3,500		
Coinsurance (50% or Less)	42%	48%		
Costs that Accumulate				
	OOP		Deductible /	
	Deductib	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Stacked
				2
				1.1463
			62.30%	1.1463

SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.5%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,200.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)			70.00%			60.00%
MOOP (\$)			\$6,800.00			\$8,700.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2026 Silver HDHP 73
 Plan HIOS ID: 2026 Silver HDHP 73
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
75.71%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0664 seconds

Final 2027 AV Calculator

SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.3%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,200.00			\$6,500.00
		70.00%			60.00%
		\$5,250.00			\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2026 Silver HDHP 77
 Plan HIOS ID: 2026 Silver HDHP 77
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

Actuarial Value:

79.34%

Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1328 seconds

Final 2027 AV Calculator

SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.8%

Adjusted AV = 87.4%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,850.00			\$6,500.00
		100.00%			60.00%
		\$1,850.00			\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2026 Silver HDHP 87
 Plan HIOS ID: 2026 Silver HDHP 87
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.83%
 Metal Tier: Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: 0.2422 seconds
 Final 2027 AV Calculator

Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,850	1,850		
Family Deductible	3,700	3,700		
Individual Out-of-Pocket	1,850	1,850		
Family Out-of-Pocket	3,700	3,700		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				87.84%
			87.84%	1.332328

SILVER HDHP – EMBEDDED MOOP CSR – 94%

AV from AVC = 94.4%

Adjusted AV = 94.4%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Platinum**

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,150.00			\$6,500.00
		100.00%			60.00%
		\$1,150.00			\$8,700.00

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2026 Silver HDHP 94
 Plan HIOS ID: 2026 Silver HDHP 94
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.39%
 Metal Tier: Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: 0.2305 seconds
 Final 2027 AV Calculator

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,100	1,100		
Family Deductible	2,200	2,200		
Individual Out-of-Pocket	1,100	1,100		
Family Out-of-Pocket	2,200	2,200		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP Deductible /	
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				94.39%
			94.39%	1.992328

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,100	1,100		
Family Deductible	2,200	2,200		
Individual Out-of-Pocket	1,100	1,100		
Family Out-of-Pocket	2,200	2,200		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Aggregate
				6
			94.36%	1.992328

SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 69.74%/68.97% = 1.011 x 73.1% = 73.9% * 1.001 (MH/SA Copay Adj) = 74.0%

Adjusted AV = 74.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$450.00			\$6,500.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$9,050.00				\$8,700.00
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
Name: 2026 Silver Deduct 73
Plan HIOS ID: 2026 Silver Deduct 73
Issuer HIOS ID: 2026
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.11%
 Metal Tier: Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1602 seconds
 Final 2027 AV Calculator

Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	3,500	450		
Family Deductible	7,000	900		
Individual Out-of-Pocket	9,050	9,050		
Family Out-of-Pocket	18,100	18,100		
Coinsurance (50% or Less)	39%	37%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				1.184828009
			68.97%	1.184828

SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 77.2%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $74.11\%/73.50\% = 1.01 \times 77.2\% = 77.9\% * 1.001 \text{ (MH/SA Copay Adj)} = 78.0\%$

Adjusted AV = 78.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,200.00	\$350.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$7,850.00				\$8,700.00
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>	# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:
 Name: 2026 Silver Deduct 77
 Plan HIOS ID: 2026 Silver Deduct 77
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
 77.24%

Actuarial Value: 77.24%

Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1641 seconds

Final 2027 AV Calculator

Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		7,850	1,450		
Family Out-of-Pocket		15,700	2,900		
Coinsurance (50% or Less)		36%	36%		
Costs that Accumulate					
				OOP Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical &	Medical &	Rx Only	Stacked	2
					1.392328009
<hr/>					
<hr/>					
			74.11%		1.392328

SILVER DEDUCTIBLE CSR – 87%

AV from AVC = 87.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.48\%/85.18\% = 1.003 \times 87.7\% = 88.0\%$

Adjusted AV = 88.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,350.00	\$250.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			60.00%
MOOP (\$)	\$2,950.00				\$8,700.00
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MRI/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2026 Silver Deduct 87
 Plan HIOS ID: 2026 Silver Deduct 87
 Issuer HIOS ID: 2026
 AVC Version: 2027_1b

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.68%
 Metal Tier: Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1562 seconds
 Final 2027 AV Calculator

Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,350	250		
Family Deductible	2,700	500		
Individual Out-of-Pocket	2,950	2,950		
Family Out-of-Pocket	5,900	5,900		
Coinsurance (50% or Less)	27%	34%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				1.332328009
			85.18%	1.332328

Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		1,350	250		
Family Deductible		2,700	500		
Individual Out-of-Pocket		2,950	550		
Family Out-of-Pocket		5,900	1,100		
Coinsurance (50% or Less)		27%	34%		
Costs that Accumulate					
				OOP Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical &	Medical &	Rx Only	Stacked	2
					1.332328009
<hr/>					
<hr/>					
			85.48%		1.332328

SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $94.59\%/94.35\% = 1.003 \times 94.8\% = 95.0\%$

Adjusted AV = 95.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00			\$6,500.00
Coinsurance (% , Insurer's Cost Share)	90.00%	70.00%			60.00%
MOOP (\$)	\$2,100.00				\$8,700.00
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

[Click Here for Important Instructions](#)

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
Name: 2026 Silver Deduct 94
Plan HIOS ID: 2026 Silver Deduct 94
Issuer HIOS ID: 2026
AVC Version: 2027_1b

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.74%
 Metal Tier: Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1211 seconds
 Final 2027 AV Calculator

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	500	0		
Family Deductible	1,000	0		
Individual Out-of-Pocket	2,100	2,100		
Family Out-of-Pocket	4,200	4,200		
Coinsurance (50% or Less)	8%	19%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				1.992328009
<div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>				
			94.35%	1.992328

Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	500	0		
Family Deductible	1,000	0		
Individual Out-of-Pocket	2,100	350		
Family Out-of-Pocket	4,200	700		
Coinsurance (50% or Less)	8%	19%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Stacked
				2
				1.992328009
<div style="border: 1px solid blue; background-color: #4a86e8; color: white; padding: 5px; display: inline-block; border-radius: 10px;">Calculate</div>				
			94.59%	1.992328

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen **Title:** Chief Financial Officer & Executive Vice President

Signature: 

Date: 05/11/2026