Filing at a Glance

Company:	MVP Health Plan, Inc.
Product Name:	2015 Healthy NY Off Exchange Rates
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004F Small Group Only - HMO
Filing Type:	Prior Approval Off Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	MVPH-129572989
SERFF Status:	Assigned
State Tr Num:	2014060266
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2015
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *2015 Healthy NY Off Exchange Rates*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/16/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
This is the 2015 rate submission for prior approval.

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305
[redacted]

CoCode: 95521
Group Code: 1198
Group Name:
FEIN Number: 14-1640868

State of Domicile: New York
Company Type: Health Maintenance Organization
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes, on 6/13/2014 for MVP Health Plan, Inc.: MVPH-129573019, MVPH-129573000, MVPH-129572901. MVP Health Services Corp.: MVPH-129572995
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Healthy NY

4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefiling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes. SERFF ID = MVPH-129569107. State tracking = 2014060076

State: *New York* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *2015 Healthy NY Off Exchange Rates*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	%	%				%	%

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2015 Healthy NY Off Exchange Rates
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2015 Small HNY Rate Filing 2014-06-10.pdf		New		2015 Small HNY Rate Filing 2014-06-10.pdf,

MVP Health Plan, Inc.

Effective January 1, 2015

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for
Small Group Off Exchange

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MVP Health Plan, Inc.

Exhibit A

Benefit Descriptions
Effective January 1, 2015
Version 6/5/2014

MVP Form ID	Form Description	Plan Type	Small vs Individual	Standard vs Non-Standard	Metal Level	Form Applies to: On vs Off Exchange
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	HMO	Small	Standard	Gold	Off

NOTE:
All cost sharing after Deductible unless otherwise noted by "no DD"

MVP Health Plan, Inc.

Exhibit A

Benefit Descriptions
Effective January 1, 2015
Version 6/5/2014

MVP Form ID	Availble to "Child Only"	Marketing Name	Single Deductible Medical	Family Deductible Medical	Single OOP Maximum	Family OOP Maximum	Emergency Room	Inpatient Stay/SNF
NY-HNY-SG-001-S (2015)	No	MVP Healthy NY	$600	$1,200	$4,000	$8,000	$150	$1,000

NOTE:
All cost sharing after Deductible

MVP Health Plan, Inc.
Benefit Descriptions
Effective January 1, 2015
Version 6/5/2014

Exhibit A

MVP Form ID	Outpatient Facility	Physician Surgery	Primary Care Office	Specialist Office	Mental Heath Office	High Tech Imaging	Diagnostic Imaging	PT/OT/ST	Lab
NY-HNY-SG-001-S (2015)	$100	$100	$25	$40	$25	$40	$40	$30	$40

NOTE:
All cost sharing after Deductible

MVP Health Plan, Inc.

Exhibit A

Benefit Descriptions
Effective January 1, 2015
Version 6/5/2014

MVP Form ID	Dep Thru 29 Coverage	Pediatric Dental Available Via	Tier 1 Prescription	Tier 2 Prescription	Tier 3 Prescription	Prescription Deductible	IRS Qualified Plan
NY-HNY-SG-001-S (2015)	Optional Rider	Stand Alone Dental Carrier	$10	$35	$70	$0	No

NOTE:
All cost sharing after Deductible

MVP Health Plan, Inc. **Exhibit A**
Benefit Descriptions
Effective January 1, 2015
Version 6/5/2014

	Out of Network				
MVP Form ID	**Single Deductible**	**Family Deductible**	**Coinsurrance**	**Single Out of Pocket Max**	**Family Out of Pocket Max**
NY-HNY-SG-001-S (2015)	N/A	N/A	N/A	N/A	N/A

NOTE:
All cost sharing after Deductible

MVP Health Plan, Inc.
Rider Descriptions
Effective January 1, 2015
Version 6/5/2014

Exhibit A.1

MVP Form ID	MVP Form for Rate Distinction	Benefit Description	Small vs Individual	Standard vs Non-Standard	Metal Level	Available to Child Only Policies	Form Applies to: On vs Off Exchange
NY-HNY-399	NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	No	Off
NY-HNY-700	NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	No	Off
NY-HNY-100	NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	No	Off

MVP Health Plan, Inc. **Exhibit B**
Area Factor
Effective January 1, 2015
Version 6/5/2014

County	2014 Rate Region by DFS	Standard HNY (AR44)	2015 MVP Rate Relativites - GROUP
ALBANY	1 Albany	X	0.9534
COLUMBIA	1 Albany	X	0.9534
FULTON	1 Albany	X	0.9534
GREENE	1 Albany	X	0.9534
MONTGOMERY	1 Albany	X	0.9534
RENSSELAER	1 Albany	X	0.9534
SARATOGA	1 Albany	X	0.9534
SCHENECTADY	1 Albany	X	0.9534
SCHOHARIE	1 Albany	X	0.9534
WARREN	1 Albany	X	0.9534
WASHINGTON	1 Albany	X	0.9534
ALLEGANY	2 Buffalo	No	0.7885
CATTARAUGUS	2 Buffalo	No	0.7885
CHAUTAUQUA	2 Buffalo	No	0.7885
ERIE	2 Buffalo	No	0.7885
GENESEE	2 Buffalo	X	0.7885
NIAGARA	2 Buffalo	No	0.7885
ORLEANS	2 Buffalo	X	0.7885
WYOMING	2 Buffalo	X	0.7885
DELAWARE	3 Mid-Hudson	X	1.0725
DUTCHESS	3 Mid-Hudson	X	1.0725
ORANGE	3 Mid-Hudson	X	1.0725
PUTNAM	3 Mid-Hudson	X	1.0725
SULLIVAN	3 Mid-Hudson	X	1.0725
ULSTER	3 Mid-Hudson	X	1.0725
BRONX	4 NYC	No	1.2572
KINGS	4 NYC	No	1.2572
NEW YORK	4 NYC	No	1.2572
QUEENS	4 NYC	No	1.2572
RICHMOND	4 NYC	No	1.2572
ROCKLAND	4 NYC	X	1.2572
WESTCHESTER	4 NYC	Pending	1.2572
LIVINGSTON	5 Rochester	X	0.7975
MONROE	5 Rochester	X	0.7975
ONTARIO	5 Rochester	X	0.7975
SENECA	5 Rochester	X	0.7975
WAYNE	5 Rochester	X	0.7975
YATES	5 Rochester	X	0.7975
BROOME	6 Syracuse	X	1.0358
CAYUGA	6 Syracuse	X	1.0358
CHEMUNG	6 Syracuse	No	1.0358
CORTLAND	6 Syracuse	X	1.0358
ONONDAGA	6 Syracuse	X	1.0358
SCHUYLER	6 Syracuse	No	1.0358
STEUBEN	6 Syracuse	X	1.0358
TIOGA	6 Syracuse	X	1.0358
TOMPKINS	6 Syracuse	X	1.0358
CHENANGO	7 Utica/Watertown	X	0.9722
CLINTON	7 Utica/Watertown	X	0.9722
ESSEX	7 Utica/Watertown	X	0.9722
FRANKLIN	7 Utica/Watertown	X	0.9722
HAMILTON	7 Utica/Watertown	X	0.9722
HERKIMER	7 Utica/Watertown	X	0.9722
JEFFERSON	7 Utica/Watertown	X	0.9722
LEWIS	7 Utica/Watertown	X	0.9722

MVP Health Plan, Inc. **Exhibit B**

Area Factor
Effective January 1, 2015
Version 6/5/2014

County	2014 Rate Region by DFS	Standard HNY (AR44)	2015 MVP Rate Relativites - GROUP
MADISON	7 Utica/Watertown	X	0.9722
ONEIDA	7 Utica/Watertown	X	0.9722
OSWEGO	7 Utica/Watertown	X	0.9722
OTSEGO	7 Utica/Watertown	X	0.9722
SAINT LAWRENCE	7 Utica/Watertown	X	0.9722
NASSAU	8 Long Island	No	1.2294
SUFFOLK	8 Long Island	No	1.2294

MVP Health Plan, Inc.
Premiums
Effective January 1, 2015
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Exhibit C

						First Quarter 2015				
MVP Form ID	**Benefit Description**	**Small vs Individual**	**Standard vs Non-Standard**	**Metal Level**	**Rate Region**	**Single**	**Single + Spouse**	**Single + Child(ren)**	**Single + Spouse + Child(ren)**	**Child Only**
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	1 Albany	$450.92	$901.84	$766.56	$1,285.12	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	2 Buffalo	$372.93	$745.86	$633.98	$1,062.85	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	3 Mid-Hudson	$507.25	$1,014.50	$862.33	$1,445.66	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	4 NYC	$594.60	$1,189.20	$1,010.82	$1,694.61	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	5 Rochester	$377.18	$754.36	$641.21	$1,074.96	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	6 Syracuse	$489.89	$979.78	$832.81	$1,396.19	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	7 Utica/ Watertown	$459.81	$919.62	$781.68	$1,310.46	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	1 Albany	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	2 Buffalo	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	3 Mid-Hudson	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	4 NYC	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	5 Rochester	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	6 Syracuse	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	7 Utica/ Watertown	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	1 Albany	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	2 Buffalo	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	3 Mid-Hudson	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	4 NYC	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	5 Rochester	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	6 Syracuse	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	7 Utica/ Watertown	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	1 Albany	-$2.43	-$4.86	-$4.13	-$6.93	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	2 Buffalo	-$2.01	-$4.02	-$3.42	-$5.73	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	3 Mid-Hudson	-$2.74	-$5.48	-$4.66	-$7.81	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	4 NYC	-$3.21	-$6.42	-$5.46	-$9.15	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	5 Rochester	-$2.03	-$4.06	-$3.45	-$5.79	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	6 Syracuse	-$2.64	-$5.28	-$4.49	-$7.52	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	7 Utica/ Watertown	-$2.48	-$4.96	-$4.22	-$7.07	N/A

MVP Health Plan, Inc.

Exhibit C

Premiums
Effective January 1, 2015
Version 6/5/2014

						Second Quarter 2015				
MVP Form ID	**Benefit Description**	**Small vs Individual**	**Standard vs Non-Standard**	**Metal Level**	**Rate Region**	**Single**	**Single + Spouse**	**Single + Child(ren)**	**Single + Spouse + Child(ren)**	**Child Only**
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	1 Albany	$458.13	$916.26	$778.82	$1,305.67	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	2 Buffalo	$378.90	$757.80	$644.13	$1,079.87	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	3 Mid-Hudson	$515.37	$1,030.74	$876.13	$1,468.80	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	4 NYC	$604.11	$1,208.22	$1,026.99	$1,721.71	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	5 Rochester	$383.21	$766.42	$651.46	$1,092.15	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	6 Syracuse	$497.73	$995.46	$846.14	$1,418.53	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	7 Utica/ Watertown	$467.17	$934.34	$794.19	$1,331.43	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	1 Albany	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	2 Buffalo	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	3 Mid-Hudson	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	4 NYC	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	5 Rochester	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	6 Syracuse	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	7 Utica/ Watertown	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	1 Albany	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	2 Buffalo	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	3 Mid-Hudson	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	4 NYC	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	5 Rochester	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	6 Syracuse	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	7 Utica/ Watertown	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	1 Albany	-$2.47	-$4.94	-$4.20	-$7.04	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	2 Buffalo	-$2.04	-$4.08	-$3.47	-$5.81	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	3 Mid-Hudson	-$2.78	-$5.56	-$4.73	-$7.92	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	4 NYC	-$3.26	-$6.52	-$5.54	-$9.29	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	5 Rochester	-$2.06	-$4.12	-$3.50	-$5.87	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	6 Syracuse	-$2.68	-$5.36	-$4.56	-$7.64	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	7 Utica/ Watertown	-$2.52	-$5.04	-$4.28	-$7.18	N/A

MVP Health Plan, Inc.
Premiums
Effective January 1, 2015
Version 6/5/2014

Exhibit C

						Third Quarter 2015				
MVP Form ID	**Benefit Description**	**Small vs Individual**	**Standard vs Non-Standard**	**Metal Level**	**Rate Region**	**Single**	**Single + Spouse**	**Single + Child(ren)**	**Single + Spouse + Child(ren)**	**Child Only**
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	1 Albany	$465.46	$930.92	$791.28	$1,326.56	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	2 Buffalo	$384.96	$769.92	$654.43	$1,097.14	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	3 Mid-Hudson	$523.62	$1,047.24	$890.15	$1,492.32	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	4 NYC	$613.78	$1,227.56	$1,043.43	$1,749.27	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	5 Rochester	$389.34	$778.68	$661.88	$1,109.62	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	6 Syracuse	$505.69	$1,011.38	$859.67	$1,441.22	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	7 Utica/ Watertown	$474.64	$949.28	$806.89	$1,352.72	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	1 Albany	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	2 Buffalo	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	3 Mid-Hudson	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	4 NYC	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	5 Rochester	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	6 Syracuse	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	7 Utica/ Watertown	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	1 Albany	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	2 Buffalo	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	3 Mid-Hudson	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	4 NYC	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	5 Rochester	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	6 Syracuse	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	7 Utica/ Watertown	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	1 Albany	-$2.51	-$5.02	-$4.27	-$7.15	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	2 Buffalo	-$2.07	-$4.14	-$3.52	-$5.90	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	3 Mid-Hudson	-$2.82	-$5.64	-$4.79	-$8.04	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	4 NYC	-$3.31	-$6.62	-$5.63	-$9.43	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	5 Rochester	-$2.09	-$4.18	-$3.55	-$5.96	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	6 Syracuse	-$2.72	-$5.44	-$4.62	-$7.75	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	7 Utica/ Watertown	-$2.56	-$5.12	-$4.35	-$7.30	N/A

MVP Health Plan, Inc.
Premiums
Effective January 1, 2015
Version 6/5/2014

Exhibit C

						Fourth Quarter 2015				
MVP Form ID	**Benefit Description**	**Small vs Individual**	**Standard vs Non-Standard**	**Metal Level**	**Rate Region**	**Single**	**Single + Spouse**	**Single + Child(ren)**	**Single + Spouse + Child(ren)**	**Child Only**
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	1 Albany	$472.91	$945.82	$803.95	$1,347.79	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	2 Buffalo	$391.12	$782.24	$664.90	$1,114.69	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	3 Mid-Hudson	$532.00	$1,064.00	$904.40	$1,516.20	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	4 NYC	$623.60	$1,247.20	$1,060.12	$1,777.26	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	5 Rochester	$395.57	$791.14	$672.47	$1,127.37	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	6 Syracuse	$513.78	$1,027.56	$873.43	$1,464.27	N/A
NY-HNY-SG-001-S (2015)	Standard Healthy NY Gold 1 Off	Small	Standard	Gold	7 Utica/ Watertown	$482.23	$964.46	$819.79	$1,374.36	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	1 Albany	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	2 Buffalo	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	3 Mid-Hudson	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	4 NYC	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	5 Rochester	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	6 Syracuse	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-100	Dependent Through Age 29 HNY	Small	Standard	Gold	7 Utica/ Watertown	0.49%	0.49%	0.49%	0.49%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	1 Albany	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	2 Buffalo	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	3 Mid-Hudson	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	4 NYC	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	5 Rochester	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	6 Syracuse	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-700	Domestic Partner HNY	Small	Standard	Gold	7 Utica/ Watertown	0.00%	0.00%	0.00%	0.00%	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	1 Albany	-$2.55	-$5.10	-$4.34	-$7.27	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	2 Buffalo	-$2.10	-$4.20	-$3.57	-$5.99	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	3 Mid-Hudson	-$2.87	-$5.74	-$4.88	-$8.18	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	4 NYC	-$3.36	-$6.72	-$5.71	-$9.58	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	5 Rochester	-$2.12	-$4.24	-$3.60	-$6.04	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	6 Syracuse	-$2.76	-$5.52	-$4.69	-$7.87	N/A
NY-HNY-399-G	Family Planning Exclusion HNY Gold	Small	Standard	Gold	7 Utica/ Watertown	-$2.60	-$5.20	-$4.42	-$7.41	N/A

MVP Health Plan, Inc. **Exhibit D**

Example of Premium Calculation with Rider
Effective January 1, 2015
Version: 6/5/2014

NYS Target Loss Ratio for Overall Book of Business 82.8%

MVP Form ID	**NY-HNY-SG-001-S (2015)**	**NY-HNY-SG-001-S (2015)**	**NY-HNY-SG-001-S (2015)**	**NY-HNY-SG-001-S (2015)**
Rate Region	1 Albany	1 Albany	1 Albany	1 Albany
Benefit Description	Standard Healthy NY Gold 1 Off	Standard Healthy NY Gold 1 Off	Standard Healthy NY Gold 1 Off	Standard Healthy NY Gold 1 Off
Small vs Individual	Small	Small	Small	Small
Metal Level	Gold	Gold	Gold	Gold
Contract Type	Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
Family Planning Exclusion Rider?	No	No	Yes: NY-HNY-399-G	Yes: NY-HNY-399-G
Domestic Partner Rider?	No	Yes: NY-HNY-700	No	Yes: NY-HNY-700
Dependent Through Age 29 Rider?	No	No	Yes: NY-HNY-100	No
A) First Quarter 2015 Coplan Premium	$450.92	$901.84	$766.56	$1,285.12
B) Family Planning Exclusion Rider			-$4.13	-$6.93
C) Domestic Partner Rider		$0.00		$0.00
D) Dependent Through Age 29 Rider			0.49%	
2015 Gross Premium, after Rider(s) ***= [A + B] * [1 + C] * [1 + D]***	$450.92	$901.84	$766.17	$1,278.19

2014 Broker Commission Schedule
Effective January 1, 2014

NY OFF-EXCHANGE BASE COMMISSION PROGRAM

SMALL GROUP (2-50)	**4% of paid premium**
INDIVIDUAL/FAMILY MARKETPLACE	**3% of paid premium**

NOTE**:** Pediatric Dental commission is paid by Delta Dental.

LARGE GROUP (51+)

EPO/PPO

4% of paid premium for the first $1 million in premiums for all products
2.5% of paid premium thereafter
Unless otherwise negotiated at the time of the quote

HDHP

5% of paid premium for the first $1 million in premiums for all products
2.5% of paid premium thereafter
Unless otherwise negotiated at the time of the quote

HMO/POS

4% of paid premium for the first $1 million in premiums for all products
2.5% of paid premium thereafter

GROUP MEDICARE ADVANTAGE (3 CONTRACT MINIMUM)

Gold HMO/Gold Anywhere PPO/USA Care PPO	$12.50 per contract per month
RXCare Stand Alone PDP	$3.50 per contract per month

NOTE: Contract must be in force for 3 months before payment is made, i.e. commission for contracts written in January will be paid in April. Pursuant to the CMS Medicare Guidelines, in the event that a Medicare enrollee disenrolls within less than ninety (90) days after enrollment, any payment paid or accrued to broker will be returned to or withheld by MVP. Brokers must be MVP Medicare certified.

MVP DENTAL (FULLY INSURED)

Small Group (2-50)	10%
Large Group (51+)	10%

General provisions regarding MVP's base and bonus compensation program are outlined under the GENERAL PROVISIONS section of this document, located on the back page.

MVP® HEALTH CARE

NY OFF-EXCHANGE BASE PROGRAM

GENERAL PROVISIONS

- All groups must meet MVP's eligibility and participation requirement.
- Large group commissions will be paid according to the Schedule unless negotiated.
- Once the annual premiums accumulated for all large group medical products (EPO/PPO, HDHP, HMO/POS) combined reach $1 million for the calendar year, the commissions will drop to the lower payout amount the first of the next month.
- Any group with annualized premium over $30 million will pay at $5.00 per contract per month from first dollar.
- Brokers are paid commission based on the amount of monthly premium paid by each of the broker's group/individual/family contracts.
- Commissions are paid monthly, with the exception of the Bonus Program.
- Negotiated commissions (EPO/PPO, HDHP products only) can range from 0-8% of paid premium. The in-force Broker of Record (BOR) sets the commission rate for the contract year for renewals. For new MVP business, the first broker to quote sets the commission rate for the initial contract year.
- MVP reserves the right, in its sole discretion, to alter or void the compensation programs at any time in response to issues and conditions that affect the corporation, business, marketplace or economy. Entitlement to commission and bonuses is subject to terms and conditions contained in the Broker Agreement. MVP reserves the right to make the final determination of eligibility for case (group/member) credit, premium credit and commission/bonus payments. The forgoing commission rates may be changed at MVP's option on thirty (30) days notice to brokers.

MVP®
HEALTH CARE

2014 Broker Commission Schedule
Effective January 1, 2014

NEW YORK BROKER BONUS PROGRAM

BONUS ON NET GROWTH

200 member net growth:	$4,000
500 member net growth:	$10,000
1,000 member net growth:	$25,000
1,500 member net growth:	$40,000
2,000 member net growth:	$75,000
2,500 member net growth:	$100,000
3,000+ member net growth:	$150,000

TO QUALIFY FOR NET GROWTH BONUS

1. An agency with a book of business of 200 or more MVP members (large group HMO/EPO/PPO/HDHP membership) as of 1/1/2014 must maintain 75% retention with existing business. Retention will be based on a membership comparison of book of business on 12/31/2013 (large group HMO/EPO/PPO/HDHP membership) compared to 12/31/2014 book of business (large group HMO/EPO/PPO/HDHP).

   OR

2. Agencies with less than 200 MVP members (large group HMO/EPO/PPO/HDHP membership) as of 1/1/2014 can become eligible for net growth bonus after they meet the 200 MVP membership (large group HMO/EPO/PPO/HDHP membership) minimum. Minimum membership requirement must be met by 12/31/14.

BONUS PROVISIONS:

1. Net growth bonus payment will be based on a membership comparison of book of business on 12/31/2013 (large group EPO/PPO/HDHP membership) compared to 12/31/2014 book of business (large group EPO/PPO/HDHP and new small group Off-Exchange). MVP's HMO, Medicare Advantage, HNY Group, Chamber, Association, ASO, NY State of Health™ SHOP and individual On-Exchange and individual Off-Exchange membership are excluded from this bonus program.
2. If a broker looses a group due to a BOR transfer and the group remains enrolled until December 31, the group will be removed entirely from the bonus calculation of the original broker. Neither broker will lose or gain from a midyear Broker of Record change as long as group remains active with MVP as of 12/31/14.
3. Business transfer from non-applicable product lines (ASO, HMO, etc.) is excluded from net growth calculation.

GROUP MEDICARE ADVANTAGE BONUS

51-99 enrolled contracts	$5,000 per group
100-249 enrolled contracts	$10,000 per group
250-499 enrolled contracts	$25,000 per group
500+ enrolled contracts	$50,000 per group

NOTES:

1. Bonus is based on enrolled contracts for groups with effective dates through 7/1/14.

GENERAL PROVISIONS

- Commissions are paid monthly, with the exception of the Bonus Program.
- Annual bonus payments will be made by April 30, 2015.
- MVP reserves the right, in its sole discretion, to alter or void the compensation programs at any time in response to issues and conditions that affect the corporation, business, marketplace or economy. Entitlement to commission and bonuses is subject to terms and conditions contained in the Broker Agreement. MVP reserves the right to make the final determination of eligibility for case (group/ member) credit, premium credit and commission/ bonus payments.
  The forgoing commission rates may be changed at MVP's option on thirty (30) days notice to brokers.

Underwriting guidelines are currently pending with DFS.

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Please see attached.
Attachment(s):	Actuarial Memorandum - 2015 MVP Health Plan Off Exchange.pdf Appendix B - MVP NY EHB Benefit Substitutions.pdf Appendix C - Detail description of QI expense SHOP.pdf Appendix F - Dev of Index Small AR44 Market.pdf Appendix G - HNY SMALL Gross PMPM Plan Level Index.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please attached.
Attachment(s):	MVPHP_NY_Small_Group_Market_2015_Federal_Actuarial_Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	Please see attached.
Attachment(s):	2015 AVCs Healthy New York_2014-06-10.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	Please see attached.
Attachment(s):	Exhibit 13 Part I _ HNY Market_OFF_v2.1.pdf Exh 13_Small_HNY_2014-06-13.pdf Exh 13_Small_HNY_2014-06-13.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	Please see attached.
Attachment(s):	Exh 14B_Small_HNY_2014-06-10.pdf Exh 14B_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2015 Healthy NY Off Exchange Rates
Project Name/Number: /

Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	Please see attached.
Attachment(s):	Exh 15B_Small_HNY_2014-06-10.pdf Exh 15B_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	Please see attached.
Attachment(s):	Exh 16_Small_HNY_2014-06-11.pdf Exh 16_Small_HNY_2014-06-11.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	Please see attached.
Attachment(s):	Exh 17_Small_HNY_2014-06-11.pdf Exh 17_Small_HNY_2014-06-11.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	Please see attached.
Attachment(s):	Exh 18_Small_HNY_2014-06-13.pdf Exh 18_Small_HNY_2014-06-13.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	Please see attached.
Attachment(s):	Exh 19_Small_HNY_2014-06-10.pdf Exh 19_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	Please see attached.

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2015 Healthy NY Off Exchange Rates
Project Name/Number: /

Attachment(s):	Exh 20_Small_HNY_2014-06-10.pdf Exh 20_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	Please see attached.
Attachment(s):	Exh 22_Small_HNY_2014-06-10.pdf Exh 22_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	Please see attached.
Attachment(s):	Exh 23_Small_HNY_2014-06-10.pdf Exh 23_Small_HNY_2014-06-10.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	Please see attached.
Attachment(s):	MVPHP Group Certificate Holder Template - Rate adjustment notice - initial_v7.pdf MVPHP Group Policyholder Template - Rate adjustment notice - initial_v7.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	Please see attached.
Attachment(s):	REDACTED Exh 11_Small_HNY_2014-06-13.pdf REDACTED Exh 21A_Small_HNY_2014-06-10.pdf REDACTED Exh 21B_Small_HNY_2014-06-10.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	Please see attached.
Attachment(s):	Small Group URRT Template - Small Group On and Off - NO LINKS.pdf Small Group URRT Template - Small Group On and Off - NO LINKS.xlsm UnifiedRateReviewSubmission_NY_SMAL_AR44_20140613_20140613172742.xml

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2015 Healthy NY Off Exchange Rates
Project Name/Number: /

Item Status:	
Status Date:	

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Attachment Exh 20_Small_HNY_2014-06-10.xlsx is not a PDF document and cannot be reproduced here.

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Attachment Exh 23_Small_HNY_2014-06-10.xlsx is not a PDF document and cannot be reproduced here.

Attachment Small Group URRT Template - Small Group On and Off - NO LINKS.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_NY_SMAL_AR44_20140613_20140613172742.xml is not a PDF document and cannot be reproduced here.

Actuarial Memorandum
MVP Health Plan, Inc.
2015 New York Small Group OFF Exchange Rate Filing
(With Appendices B, C, F, G, H)

Scope and Purpose

This memorandum details the methods and assumptions underlying the proposed 2015 premium rates for the Small Employer Group New York State sponsored Healthy New York product. This is the only product included in this rate filing and the only product issued to small employers outside the SHOP Exchange by MVP Health Plan, Inc., a subsidiary of MVP Health Care, Inc. The premium rates proposed comply with the requirements of the Federal ACA and were derived using the same small employer single risk pool Index rate used to rate the SHOP products offered by MVP Health Plan, Inc.. This rate filing is submitted under Section 4308(c) as a Prior Approval Rate Adjustment filing. The Healthy New York Product is the same benefit plan as the SHOP Standard Gold product but the premium rates are reduced to reflect the stop loss subsidy provided by New York State. MVP's wellness benefit will replace the State benchmark Gym membership benefit. Mental Health and Substance Abuse benefits were modified in all products to comply with New York State and Federal Mental Health Parity mandates.

The proposed premium rates are quarterly rolling rates and guaranteed for 12 months. The first quarter rates are effective for renewals beginning on 1/1/15. The proposed rates reflect a premium weighted average 13.75% increase over current rates for small employer groups enrolled in MVP Health Plans products offered both on and off exchange as of May 15, 2014.

Market/Benefits

A summary description of benefit plans and riders being offered is included in Exhibits A and A1 respectively of the Rate Manual. All Essential Health Benefits (EHB) are covered. One actuarially equivalent benefit substitution was made for the State benchmark Standard Plan Gym reimbursement benefit. MVP substituted its own wellness benefit. MVP contracted Milliman, Inc. to determine the actuarial equivalence of the benefit substitution. The supporting memorandum is included as Appendix B. There are no additional benefits included in these proposed plans in excess of the EHB.

Experience Period Claims

MVP Health Plan, Inc. and MVP Health Insurance Company's existing small employer group market historical claim data was the starting basis of the premium rate development. MVP Health Plan, Inc. data comprised the commercial employer group market as well as the Healthy New York employer group market. All Sole Proprietor data was removed and excluded from this experience basis. All grandfathered and non-grandfathered membership was included. There were no products excluded. No adjustments were made to the experience period claims for the impact of Regulation 146 or for Stop Loss reimbursement pools.

MVP combined the experience of these two companies to form a more credible experience base. The claim data is assumed to be fully credible. The experience period for the historical claims includes incurred dates of service beginning 1/1/13 through 12/31/13, paid through 3/31/14. The experience period data complies with the single risk pool requirement of the Federal ACA.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period claims. The IBNR factors were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates. New York specific data for the experience period was used to develop the factors and they are consistent with the IBNR factors used in MVP's monthly financial statements.

The experience period claim data includes claims from our fee for service claim warehouse along with additional medical expenses like capitations and other non fee for service medical expenses like medical home, physician incentive payments, wellness incentives, New York State HCRA and Covered lives assessments and net reinsurance expenses.

The experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

Appendix F illustrates the development of the "Index" PMPM claim rate starting with the experience period claim data shown separately for the MVP Health Plan, Inc. and MVP Health Insurance Company small group membership so to illustrate the market wide adjustments made to each pool prior to combining for the single risk pool Index Rate. The market wide adjustments are discussed below.

High Cost Claim / Pooling Charge adjustment

High Cost claims in excess of $100,000 were removed from the experience period medical fee for service data and replaced with a pooling charge that reflects more typical high cost claim amounts. The pooling charge assumed was 8.6% which was the amount of high cost claims in excess of $100,000 during the experience period used in the 2014 premium rate development.

Trend Factors to adjust Experience Period Claims to Rating Period

Trend factors were applied to the experience period incurred claims to project costs to the first quarter 2015 rolling rate period. Annual unit cost and utilization trends were estimated for medical and pharmacy claim expenses for 2014 and 2015. The total projection period was 25 months from the midpoint of the experience period to the midpoint of the rating period (7/1/13 to 8/1/15) assuming the average effective month for 1st quarter renewals is 2/1/15.

For medical expenses, unit cost trends reflect known and anticipated changes to contracted provider reimbursement rates. The unit cost trend factors vary by region but have been weighted together based on the experience period membership mix across MVP's service area. Utilization trend did not vary by region and was assumed to be 0% for the projection period.

For Pharmacy expenses, the assumed unit cost and utilization trend factors used in the projection reflect trend factors provided by MVP's new Pharmacy vendor, CVS Caremark. Projected increases in MVP's non fee for service medical expenses (i.e. Capitations, HCRA charges, Medical home, etc.) reflect the anticipated increases for each of these items separately. Total trend rates were adjusted for leveraging impact that fixed member copay and deductible amounts have on the actual increase passed on to MVP as claim liability.

The total combined trend projection factor used to project the experience period claims to the rating period was 13.2% or 6.13% annualized.

The average annual unit cost trend was 4.9% for the fee for service medical claims and 4.8% for pharmacy claims. The average annual utilization trend was 0% for fee for service medical and 2.2% for pharmacy. The combined unit cost and utilization increases represents the expected increase in the Allowed claim cost but not the final trend realized by

the Health Insurer due to the impact that fixed deductibles and copayments have on the Health Plan's liability. Therefore, an additional trend factor is applied to reflect the impact of cost share leveraging on realized trends. The average annual leverage factor added was 0.50% for the medical claims and 1.6 % for the pharmacy claims.

These factors were computed by trending the allowed claims from the experience period by the total trend, the copay cost sharing by only the utilization trends and the deductible cost sharing by the utilization trend and only a portion of the unit cost trend to reflect that some members have not yet met their deductible. The net paid claim trend is then computed by subtracting the projected cost sharing amounts from the projected allowed amounts. The excess trend above the allowed trend is the leveraging component of trend.

An additional savings factor applicable only to the Rx claims was applied to the trend projection factor to reflect expected contract savings due to MVP's pharmacy vendor change. This reduced the total average annualized trend factor by 0.21%.

After claims were projected to the experience period an adjustment was made to reflect anticipated pharmacy rebates.

Market Wide Adjustments

Several adjustments to the projected incurred claim cost were necessary to adjust for the benefit changes included in the EHB Benchmark plan for New York State as well as for current benefit mandates not yet reflected in the experience period. The adjustments are explained below.

Benefit costs removed
The following benefits were covered in one of more of the products included in the experience period risk pool either as a standard covered benefit or as an optional rider: pediatric dental, vision exams and hardware, acupuncture and wellness rewards.

Benefit costs added
The following benefits were not standard covered benefits in one or more of the products included in the experience period risk pool but are New York State EHB benchmark requirements: Mental Health and Substance Abuse, Chiropractic care and full Pharmacy coverage and Skilled Nursing.

Several other brand new covered benefits need to be accounted for: Pediatric Vision, Disposable Medical Supplies, Hearing Aids, Wigs and the benchmark Gym membership benefit or an actuarially equivalent one. The cost estimates for most of these additional benefits were provided by Milliman, Inc. No adjustments to these estimates have been made for 2015. For the other adjustments, MVP used its own historical claim data to estimate the necessary adjustments.

In addition to new benefit cost adjustments, the cost sharing associated with preventative services covered under the Grandfathered Healthy New York products were added to the experience period as well as the cost sharing associated with the Federal mandate to cover contraceptive drugs in full under the woman's preventative mandate. The costs associated with this mandate are not yet reflected in the experience period.

The net impact of the claim cost adjustments to the projected incurred claim costs are illustrated on Line 10 of Appendix F for medical benefits and line 11 for Rx benefits.

Network Changes
MVP Health Insurance Company small employer group data, which is part of the single risk pool experience base used as the basis for this rate setting, reflects a national network product portfolio. MVP partners with CIGNA to offer this national network on this product portfolio. The products rated in this filing are HMO products with a network limited to MVP Health Plan Inc.'s service area. A 2% reduction to the MVP Health Insurance Company small employer group data was applied to reflect the anticipated cost of this national network on the experience claim base. This factor was derived based on an analysis of claims covered by CIGNA providers outside of MVP's service area compared to

claims covered by MVP providers. The analysis was done on a regional basis taking into consideration case mix intensity of services and aggregated across all the regions. The 2% reduction is reflected on line 13 of Appendix F.

Fee Schedule Changes
No adjustments needed.

Utilization Management Changes
No adjustments needed.

Impact on risk pool for changes in expected covered membership risk characteristics
Page 4 of Deloitte's published paper titled, Impact of the Affordable Care Act on the New York Small Group and Non Group Markets references the Urban Institute and SOA studies suggesting an estimated reduction of approximately 4% in the morbidity of the small employer group insured market post ACA. MVP analyzed our own emerging pharmacy claim data for the first 4 months of 2014 compared to the same period in 2013 as a leading indicator of market morbidity changes. In addition, MVP looked at the average risk score of MVP's small group block as of May 2013 relative to 2013. Both of these leading indicators supported this assumption and therefore a market wide 4% morbidity savings factor was applied to the projected claim cost. This adjustment to the Index rate is reflected in line 16 of Appendix F.

Federal Risk Adjustment
MVP has two years of resulting data from the DFS commissioned Transfer Payment Risk Simulation project conducted by Deloitte using membership and claim detail from all of the current health insurers operating in the small group market in New York. Unfortunately for MVP, the results of the simulation were very different between the first study and the second study resulting in a large adjustment to MVP's assumption for the anticipated results from the payment transfer formula.

The 2014 premium rates on file for MVP assumed a large receipt from the payment transfer formula based on the first simulation. As a result, premium rates were approximately 13.4% lower than they would have been if no payment or receipt was assumed. The updated simulation, based on MVPs 2013 membership and claims, does not suggest any receipt would be due MVP. Therefore, a reasonable assumption for 2015 premium rate setting is to assume $0 receipts/payments. However, to minimize market disruption and to maintain a reasonable market premium relative to our competitors, we will only make a partial correction to this assumption for 2015 rate setting. The partial correction reflects removing half of the assumed receipts (6.94% of projected claims). As more information becomes available about 2014 results, this assumption will be revisited again when 2016 premium rates are being determined. This adjustment to the Index rate is reflected in line 21 of Appendix F.

Exchange User Fees
No adjustment was applied per DFS instructions.

Impact of anticipated changes in membership distribution by standard rating regions
No adjustment was made for anticipated membership changes.

Actuarial Values

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Benefit Plans with copay cost sharing for Outpatient Facility and Outpatient Surgery services were valued consistently with the methodology employed by DFS for the Standard plans. No adjustments were made to the calculator results.

The AV Pricing Value for each plan was determined using MVP's in house benefit pricing tools. 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. MVP did not reflect any induced demand in the projection of the net paid amounts for each unique benefit plan. The induced

demand factors used to develop the Final AV Pricing Values are equal to those included in the HHS Notice of Benefits and Payment Parameters for 2014 (Platinum = 1.15, Gold = 1.08, Silver = 1.03, Bronze = 1.0).

The AV Metal Level and the AV Pricing Value were determined for all of the in force benefit plans reflected in the experience period data. Using the AV Metal level values and the prescribed mapping by DFS, MVP mapped all of the in force membership by Metal level and then computed the weighted average Induced Demand factor using the factors prescribed in Notice of Benefits and Payment Parameters and the member months by plan as weights. The computed average induced demand factor for the experience period in force block is 1.091. The weighted average AV Pricing Value for the experience period in force block was also computed using the member months as weights. The computed average AV Pricing Value was 0.801.

The product of the average Induced Demand factor and the average AV Pricing value equals the Total AV Pricing Value reflected in the Index PMPM claim rate and used as the basis for the Plan level adjustments and resulting premium rates.

No adjustments were made to the calculated AV from the HHS Calculator for the in force block of business. Given the large range for mapping the plans to metal levels it was determined to be immaterial to the final distribution of plans by metal level.

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

The Final Index PMPM rate from Appendix F is the starting basis for the development of the Plan Specific Final Net and Gross Index PMPM rates calculated in Appendix G. The Plan Specific Index PMPM rate for each plan is computed as follows:

Final Index PMPM rate / (Avg Inforce Pricing AV x Avg Inforce Induced Demand Factor)
Multiplied by
The plan specific AV Pricing Value x Metal Level Induced Demand Factor)
Multiplied by
The product of all of the plan specific adjustment factors
Plus
The plan specific PMPM adjustments

These collective adjustments arrive at the Final Plan Specific Net Index PMPM claim rate before non claim expense loads get added to the rate.

Next the Final Plan Specific Gross Index PMPM rate for each plan is derived based on adding the plan level adjustments for PMPM expense loads and percent of premium expense loads to the Plan Specific Net Index PMPM claim rate for each plan.

Each plan level adjustment is explained below:

Claim expense plan level adjustments

Impact of provider network characteristics
No plan specific adjustments were made.

Impact of delivery system characteristics
No plan specific adjustments were made.

Impact of utilization management practices
No plan specific adjustments were made.

Benefits in additional to EHB (greater than 1.00)
No plan specific adjustments were made. There are no benefits added in addition to the EHBs

Impact of Adjustment for Stop Loss reimbursements on SG HNY
A specific plan level adjustment is applied to the index rate for this Healthy New York state subsidized product. The current statute indicates that the stop loss amount is computed based on 90% all members claims between $5000 and $75000. However, the statute allows for the Superintendent to adjust the level of the stop loss reimbursement which is what has happened in recent years due to the limitation on the funding amount appropriated to this. The current funding level has been frozen for several years and will continue to be frozen for 2015. The impact of this funding cap has been a steady reduction in the amount reimbursed to insurers since 2008. Most recently, MVP received only 78% of the stop loss amounts due in 2010, 62% of the amounts due in 2011 and 51% of the amounts due in 2012. At this time we do not have any information regarding the 2013 plan year reimbursements. Given this trend line, for 2014 premium rate setting, MVP assumed only 30% of the calculated amounts will be funded by New York State. Because we have no new information at this time, the plan level adjustment to reflect expected recoveries by New York State for the Healthy New York product was left essentially the same as last year. The plan specific adjustment is a reduction factor equal to 0.889.

Other (enhanced wellness benefit)
For the 2014 benefit plan year, the Department of Financial Regulation required the benchmark plan gym benefit to be offered for the Standard Plans but allowed insurers to substitute their own actuarially equivalent wellness benefit for the Non Standard Plans. The cost of this benchmark plan was included in the Market Index Rate. MVPs substitute wellness benefit on the Non Standard plans was an enhanced benefit and therefore only Non Standard Plans had the plan level cost adjustment for the excess portion.

For the 2015 benefit plan year, insurers are now allowed to substitute their wellness benefits for the Standard Plans as well and MVP chose to do that. The cost of the benchmark equivalent benefit is still included in the Market Index Rate but now the plan level cost adjustment for the excess portion of that equivalent benefit is added to every plan as a plan level adjustment.

MVP contracted Milliman, Inc. to determine the dollar amount of an actuarially equivalent EHB substitution for this benchmark Gym benefit reflecting MVP's desired Wellness Reward benefit. The actuarially equivalent benefit is a $100 per contract reimbursement allowance for subscribers based on a choice of three wellness activities: gym membership, youth sports/fitness or healthy weight support. The actuarial certification is included as Appendix B to this Memorandum. MVP's actual Wellness Reward benefit included in these plans is for a reimbursement amount equal to $125 per contract. The additional cost associated with the extra $25 dollars above the actuarially equivalent benefit is the plan level adjustment to all of the plans.

New York Market Stabilization Pool (5th amendment to Regulation 126)
Per regulation 126, receipts from the MSP must be accounted for in one of three ways: 1) rebated directly to the policyholders in force during that policy year 2) demonstrated to have been assumed to be received in that plan years premium rates or 3) applied as reductions to future plan year premium rates.

This market stabilization pool has been discontinued beginning with 2014 since the Federal Accountable Care Act introduced a new risk transfer mechanism for the small group and individual market. For plan years 2013 and prior collectively, MVP has an outstanding liability (i.e. monies received that need to be returned) to small group policyholders equal to $694,874. This reflects $392,217 of outstanding liability on MVP Health Insurance Company from years prior to 2013 and $302,657 from MVP Health Plan for the 2013 plan year.

MVPs total small group membership for 2015 for MVP Health Plan SHOP market and off Exchange Healthy New York Market and MVP Health Service Corp. off exchange small group market collectively is projected to be 37,370. Therefore, a $1.55 PMPM [$694,874/(37,370*12)] credit was made as a plan level adjustment for each small group product offered in 2015. The amounts due and the total projected membership was combined in keeping with the combined historical claim experience as the basis for the rate setting.

Non Claim Expense plan level adjustments

Non claim expenses include both percent 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.

Federal Taxes PMPM based
A total of $3.92 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: $3.67 reinsurance contribution rate, $0.08 HHS risk adjustment user fee and $0.17 Patient Centered Outcome Research Fee.

Federal Taxes Premium based
This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with $8 billion in 2014, $11.3 billion in 2015 and 2016, $13.9 billion in 2017 and $14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2015. This is unchanged from 2014.

State Taxes Premium based – Premium Tax
MVP Health Plan, Inc. is a tax exempt company and therefore exempt from State Premium Taxes.

State Taxes Premium based – 332 Assessment
New York State funds its insurance department budget with an industry assessment attributable to premium market share. The 332 assessment reflected in MVP Health Care's combined companies 2013 statutory filings is 0.9% of assessable premium. The assessment lags a quarter and therefore slightly overstates relative to premium in periods of declining membership which is the case for MVP in 2013. As a result, this assessment was left unchanged from last year at 0.7% of assessable premium. This amount was added as a plan level adjustment.

General Administrative Expense Load (Including QI component)
The total administrative expense load included as a plan level adjustment is equal to 9% of premium. This is consistent with the administrative load included in the 2014 small group filings. Included in this load is 1% allocated to Quality Improvement/Cost Containment Programs. Appendix C provides a summary of these programs.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses to align with pricing loads and assuming membership growth in 2015. The following table summarizes the administrative expenses for small group and individual lines of business from the 2013 Statutory SHCE's. The actual filing for MVP HIC will not match exactly the numbers below as there was an internal allocation error relating to premium taxes which resulted in administrative expenses being slightly overstated in the actual filing submission.

Administrative Cost Summary from Part 1 of SHCE's for 2013 Statutory Filings

HIC New York	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Comprehensive Small Group col 2	$149,038,394	$1,558,253	$16,810,708	1.0%	11.3%	12.3%

HMO New York	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Comprehensive Individual col 1	$14,703,987	$59,769	$873,670	0.4%	5.9%	6.3%
Comprehensive Small Group col 2	$47,351,337	$440,198	$6,178,151	0.9%	13.0%	14.0%
Individual and Small Group Combined	$62,055,324	$499,967	$7,051,821	0.8%	11.4%	12.2%

Combined NY HMO and HIC	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Individual and Small Group	$211,093,718	$2,058,220	$23,862,529	1.0%	11.3%	12.3%

Broker Expense
MVP's broker distribution channel continues to have a strong presence in today's small group market. The 2015 Broker commission rate for all of MVPs Small Employer Group products will be 4% of premium, unchanged from the 2014 schedule. The plan level adjustment for the broker load is equal to 2.5% based on the actual broker penetration rate in the first quarter of 2014 for these new products. This is a slight reduction from the 2.8% assumed in the 2014 premium rates.

Profit/Risk Charge
A 2% profit/risk charge is added to premium rates as an expected contribution to reserves or protection against adverse experience relative to pricing assumptions. Surplus for MVP Health Plan, Inc. was 22.7% of premium for the year ending December 31, 2013. We have assumed a 2% profit margin which translates to a targeted 8.8% return on surplus.

Bad Debt Expense
A plan level adjustment equal to 0.15% of premium was added to account for non payment of premium risk. This is in line with the actual cost of bad debt for MVP's 2013 book of business.

Per Contract Premium Rates

The Plan Specific Gross PMPM Index Claim Rates computed in the Appendix G are converted to per contract premium rates in the Rate Manual using the computed single conversion factor and the prescribed standard load ratios.

The Rate Manual includes the Base Rate for each plan as well as the regional rate for each plan along with the rates for the mandatory make available riders.

The single conversion factor (SCF) was calculated using subscriber and member exposure months by contract type from the experience period used to develop the Index rate. The SCF = weighted average contract size/ weighted average load ratio. The table below illustrates the data used to compute the SCF.

Contract Type	Actual Contract Mix	Average Contract Size	Weighted Contract Size	Standard Load Factors	Weighted Loading Factors
4T-Single	57.80%	1	0.578	1	0.578
4T-Double	13.40%	2	0.268	2	0.268
4T-Parent (1 Child)	2.60%	2	0.052	1.7	0.044
4T-Parent (2+ Children)	2.20%	3.354	0.074	1.7	0.037
4T-Family (1 Children)	6.80%	3	0.204	2.85	0.194
4T-Family (2+ Children)	17.10%	4.534	0.775	2.85	0.487
Total	100%		1.951		1.608

Single Conversion Factor (SCF)	1.213

Mandatory Make Available Riders

Dependent Thru Age 29 Add on Rider
This is a mandated optional add on rider. The premium rate for the rider is a 0.49% load to each contract rate. This is unchanged from 2014.

Family Planning Add on Rider
This is a mandatory optional rider only for Religious organizations. The rider removes coverage for contraceptive drugs and elective abortion. The starting cost for this rider rate development was the experience period allowed cost equal to $2.24 PMPM. To derive an estimated net rider cost by Metal Level, factors equal to 0.90, 0.80, 0.70 and 0.60 for each Metal Level Platinum, Gold, Silver and Bronze respectively were applied. The cost to cover abortion is immaterial and therefore was not included in the rider rate. The per contract rider rates were derived by loading the same percent of premium retention loads included in the base rate development and the same single conversion factors and load ratios.

Domestic Partner Add on Rider
This rider is no cost.

Quarterly Trend Factor

Second, third, and fourth quarter rolling rate tables were derived using a quarterly trend factor of 1.6%. This reflects one quarter of the annual trend factor used in the projection period adjusted for the new Rx vendor pricing savings.

Standardized Rating Regions and Area Factors

MVP has established area factors for the 7 rate regions in which we are licensed to service. The original area factors used to set 2014 premium rates were derived based an analysis of the relative cost differences of providing care across our service area due to varying provider reimbursement rates and practice patterns. Cost differences were evaluated separately for Facility costs and Physician costs in each of the regions and then blended together to derive the total relative cost differences. Book of business claim weightings for Facility spend, Physician spend, Pharmacy Spend and other non fee for service expense were used to generate the total relative spend for each region. Pharmacy spend and non fee for service medical spend was assumed to not vary by rating region. The area factors were derived without regard to differences in health status, age, sex, occupation among enrollees in each rating region and are in compliance with HHS regulations on rate review. All of that being said, it is a difficult exercise to measure the relative provider costs by service area and any method chosen will have inherent flaws however, we believe this method is a reasonable one

A similar exercise was completed again with updated claim data and projected trends by rate region. The results did not suggest changes are necessary at this time however after more review it was determined that the derived NYC factor is not well aligned with the actual relative cost differences of NYC compared with the state average. As mentioned above, any method to derive regional factors will have inherent flaws. The NYC regional factor was reduced by a factor of 0.92 for 2015 effective dates. Both the current 2014 and the adjusted 2015 factors were normalized to a statewide average 1.0 using 2013 experience period member months and compared below. The 8% reduction to the NYC factor is offset by a 0.9% increase to other regional rates in order to be revenue neutral in aggregate.

Rating Region Premium Factors	2014 MVP Area Rating Factors - Small Group	2015 MVP Area Rating Factors - Small Group	Change in Area Factor due to NYC adjustment
1 Albany	0.9452	0.9534	0.9%
2 Buffalo	0.7818	0.7885	0.9%
3 Mid-Hudson	1.0634	1.0725	0.9%
4 NYC	1.3548	1.2572	-7.2%
5 Rochester	0.7906	0.7975	0.9%
6 Syracuse	1.0270	1.0358	0.9%
7 Utica/Watertown	0.9639	0.9722	0.9%
Total	1.0000	1.0000	

This 2015 relativity for NYC region aligns more closely with the actual PMPM relativity of NYC to the State average for the 2013 experience period. This adjustment also aligns the NYC regional factor more closely to what it was for the 2013 small group MVP Health Insurance Company Rockland and Westchester county premium rates.

Loss Ratios

The target pricing loss ratios included in these proposed premium rates comply with Federal and State requirements. The projected Traditional MLR and Federal MLR for each plan rider combination are illustrated at the bottom of Appendix G. The expected book of business average loss ratios are illustrated in the shaded column of Appendix G.

Required Standard Exhibit 17

Exhibit 17 includes historical paid claims, incurred claims, earned premiums and standardized premiums for the prior 3 12 month experience periods. MVP Health Plan as well as MVP Health Insurance Company's pre ACA employer group policy forms are listed here. For the small employer group policy forms the data was shown separately for sole proprietor versus non sole proprietor per DFS request. Incurred and Paid claims reported in this exhibit were extracted from MVP's claim warehouse. Earned premium data was extracted from MVP's premium warehouse. Incurred claims for the most recent experience period included claim run out through 3/31/14. Claim run out for the prior 2 experience periods was also through 3/31/14.

Note the experience period incurred claims shown on line 2 of Appendix F are not net of Rx rebates while the incurred claims reported in Exhibit 17 are net of Rx rebates.

Standardized Premiums were developed for each reported earned premium in Exhibit 17. The Standardized Premiums were computed using a database of membership and earned premium data for every benefit plan in force in each of the 3 historical periods. The data was grouped by benefit plan, renewal month and rate region in order to apply the appropriate standardized premium adjustment factors to the earned premium. The premium data was split between pre renewal months and post renewal months. Standardized premium factors by benefit plan by rate region were calculated for every possible cumulative projection period and applied to the earned premium detail. The earned and computed standardized premiums were rolled up to the policy form level for reporting in Exhibit 17. A numerical example is included as Appendix H.

Reliance

I relied upon the Actuarial Certifications from Milliman, Inc. for the EHB substitutions included in the Non Standard Plan offerings as well as the benefit pricing for the new benefit expansions included in the EHB benchmark plan for New York.

Actuarial Certification

I, [redacted] am a Member of the American Academy of Actuaries. The projected Index Rate 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 neither excessive, inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Index Rate 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 New York state rating 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. The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York.

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.

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, and ASOP#41.

[redacted]

6/13/2014

[redacted]

MVP Health Care, Inc.

Milliman

MEMO

April 26, 2013

To [redacted]
From [redacted]
Subject NY EHB Actuarial Equivalent Benefit Substitutions

MVP Health Care (MVP) would like to substitute actuarial equivalent benefits for the current gym reimbursement and the outpatient physical, occupational and speech therapy benefits in the New York State Essential Health Benefits (EHB) package:

- The NY EHB includes a gym reimbursement benefit equal to up to $400 per year for subscribers and up to $200 per year for spouses/partners. The benefit is reimbursable for every 6 month period in which the member completes 50 visits to the gym.

  MVP would like to replace this benefit with their Non Standard Plan Wellness Benefit, which includes the same benefits from three existing wellness riders:

  - Lifestyle Riders 361 (Gym/Fitness Club)
  - Lifestyle Rider 362 (Youth Sports and Fitness)
  - Lifestyle Rider 363 (Healthy Weight Support)

- The NY EHB covers up to 60 outpatient physical therapy (PT)/ occupational therapy (OT)/speech therapy (ST) visits per condition per lifetime per member for both rehabilitation and habilitation.

  MVP would like to cover 12 acupuncture visits per member per year. It wishes to do this by reducing the PT/OT/ST visit limit by an actuarially equivalent amount.

This memo presents our actuarial equivalent estimates for these substitutions.

Results

Exhibit 1 shows our pricing development of the EHB gym benefit and MVP's Non Standard Plan Wellness Benefit.. Under MVP's proposal, any contract that takes advantage of the wellness benefit will receive a lump sum of money to spend on any of the wellness covered services. We estimate that a $100 wellness benefit per contract per year would cost $0.49 per member per month (PMPM), the same cost of the EHB gym benefit, resulting in an actuarially equivalent benefit. In addition, at the request of MVP, we show the PMPM cost of offering a $125 benefit.

Exhibit 2 shows our pricing for the development for the 12 visit per year acupuncture benefit. Our estimate of the gross claims costs for the acupuncture benefit suggests a reduction of the PT/OT/ST maximum to 54 visits per condition per lifetime.

Milliman

Methodology

EHB Gym Benefit Substitution

Using Milliman's Health Cost Guidelines (HCGs)[1] standard demographics, we estimated the cost of NY's EHB gym benefit and MVP's Non Standard Plan Wellness Benefit.

For the EHB gym reimbursement benefit we assumed a maximum annual benefit per contract of $400 ($200 limit per 6 months) for the Employee only and Employee & Child(ren) tiers. We assumed a $600 per contract per year max for the Employee & Spouse and Family tiers, due to the presence of a spouse/partner (an additional $100 limit per 6 months).

We assume a low uptake rate of 2.5% for this benefit because the member must document each gym visit and go up to 50 times every 6 months in order to be reimbursed.

For MVP's current Healthy Lifestyle Riders and proposed Non Standard Plan Wellness Benefit, there is no requirement for reimbursement and we assume higher starting uptake rates which were used in the development of the premium rates for the Healthy Lifestyle Riders that are currently on file with the New York Department of Financial Services (DFS):

- 26% for Riders 361 and 362 (Rider 362 covers children only)
- 5% for Rider 363

However, the reimbursement levels with the filed wellness riders are higher than the proposed Non Standard Plan Wellness Benefit; therefore, we adjust the above uptake rates downward to reflect that members are less likely to submit for reimbursement.

PT/OT/ST Substitution

We estimated, using online resources as described in the data reliance section, the estimated gross claim cost PMPM of adding a 12 visit per year acupuncture benefit.

We estimated the utilization rates for outpatient facility and office PT/OT/ST services under different visit limits using utilization from Milliman's 2013 HCGs (representing a standard large group), adjusted for each region, and MVP's 2011 member distribution:

- 13% Central NY
- 26% East NY
- 25% Mid-Hudson
- 36% Rochester

[1] The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The HCGs are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

MVP provided us with estimates of PT/OT/ST reimbursement separately for their East and West NY regions. We calculated a member-weighted average reimbursement rate of $53.81 per case using the above distribution.

Using both the utilization rates and averaged allowed charge for MVP's service area, we estimate that the visits limit would need to be reduced to 54 visits from the current 60 visit limit in order to add an actuarially equivalent acupuncture benefit.

Data Reliance

We relied on the following files provided by MVP:

- DOC001.PDF
- 361 Gym rider legal approved.pdf
- 362 Youth Sport rider legal approved.pdf
- 363 Weight Support legal approved.pdf
- Actuarial Memo Lifestyle Riders v1.doc
- Attachment A - Essential Health Benefits.xls
- 3/29/13 email titled "Contracted Rates for PT/OT/ST" from [redacted]

Sources for acupuncture utilization and cost assumptions:

- http://www.sciencebasedmedicine.org/index.php/how-popular-is-acupuncture/. Accessed on March 29, 2013.
- http://health.costhelper.com/acupuncture.html. Accessed on March 29, 2013.

Milliman

Additional Notes and Caveats

Our models are based on the assumptions listed above and the data you have provided to us. If you believe any of our assumptions are incorrect, please let us know and we will amend our models accordingly.

This memorandum was prepared for the internal use of MVP Health Care and statutory provisions in the State of New York protect its confidentiality. This report may be provided to insurance regulators in New York for their internal use in accordance with established regulatory procedures. This memorandum may not be shown or distributed to any other party without the prior written consent of Milliman, Inc. Furthermore, any distribution of this report must be in its entirety.

I, [redacted] I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion in this report.

[redacted]
April 26, 2013

Exhibit 1
NYS EHB Gym Benefit Substitution

Standard Demographics from Milliman's HCGs			NYS EHB Gym Benefit Pricing		MVP - Non Standard Plan Wellness Benefit *Lump Sum - Per Contract*	
Four Tier	Total Contracts	Total Members	Modeled Benefit	Total Cost	Benefit	Total Cost
Single	5,325	5,325	$400.00	$2,130,000	$100.00	$532,500
Individual & Spouse	1,276	2,552	$600.00	$765,600	$100.00	$127,600
Individual & Child(ren)	916	2,428	$400.00	$366,400	$100.00	$91,600
Family	2,483	10,008	$600.00	$1,489,800	$100.00	$248,300
Total	10,000	20,313	$475.18	$4,751,800	$100.00	$1,000,000
Assumed Uptake Rate (Single and Individual & Spouse):				2.5%		10.0%
Assumed Uptake Rate (Individual & Child(ren) and Family):				2.5%		15.0%
Estimated PMPM:			EHB Gym PMPM	$0.49	MVP Total PMPM	$0.48

Assuming $125 Benefit

Standard Demographics from Milliman's HCGs			MVP - Non Standard Plan Wellness Benefit *Lump Sum - Per Contract*	
Four Tier	Total Contracts	Total Members	Benefit	Total Cost
Single	5,325	5,325	$125.00	$665,625
Individual & Spouse	1,276	2,552	$125.00	$159,500
Individual & Child(ren)	916	2,428	$125.00	$114,500
Family	2,483	10,008	$125.00	$310,375
Total	10,000	20,313	$125.00	$1,250,000
Assumed Uptake Rate (Single and Individual & Spouse):				11.0%
Assumed Uptake Rate (Individual & Child(ren) and Family):				20.0%
Estimated PMPM:			MVP Total PMPM	$0.72

Exhibit 2
PT/OT/ST Substitution

PT/OT/ST

	2014 Cases per 1,000 Members	2014 Avg. Allowed Charge	2014 Allowed PMPM
60 visit limit			
Outpatient Facility	220	$53.81	$0.99
Office Setting	1,053	$53.81	$4.72
Total			$5.71
54 visit limit			
Outpatient Facility	211	$53.81	$0.95
Office Setting	1,009	$53.81	$4.52
Total			$5.47
2014 PMPM Differential			**$0.24**

Acupuncture

% of Population	Number of Annual Visits	Average Annual Vists	2014 Allowed Charge per Visit	2014 Allowed PMPM
98.57%	0	0.0	$0.00	$0.00
0.4%	1	1.0	$70.00	$0.02
1.0%	2-5	3.5	$70.00	$0.20
0.1%	6-12	9.0	$70.00	$0.04
Estimated 2014 PMPM				**$0.26**

ACTUARIAL CERTIFICATION
for
MVP HEALTH CARE
NEW YORK STATE

ACTUARIAL EQUIVALENT EHB SUBSTITUTIONS FOR GYM REIMBURSEMENT BENEFIT AND OUTPATIENT PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY BENEFIT EFFECTIVE JANUARY 1, 2014

I, [redacted] am a Member of the American Academy of Actuaries, and meet its qualification standards to provide this certification. I am associated with the firm of Milliman, Inc. My firm has been retained, and I have reviewed MVP Health Care's Non Standard Plan Wellness Benefit and MVP Health Care's Non Standard PT/OT/ST Benefit that will be effective January 1, 2014.

I certify, that to the best of my knowledge, MVP Health Care's Non Standard Plan Wellness and Non Standard PT/OT/ST Essential Health Benefits (EHB) substitutions are actuarially equivalent and are:

- Made only within the same EHB category,
- Based on a standardized plan population,
- Determined regardless of cost-sharing,
- In accordance with generally accepted actuarial principles and methodologies, and
- In compliance with the Department of Health and Human Services (HHS) and New York State Insurance Law.

[redacted]

[redacted] MAAA
Consulting Actuary
April 26, 2013

Appendix C- Detailed Description of QI Progam Expense

Improve Health Outcomes

1.0001	All	Effective Case Management, Disease Management, Care Coordination. Oversight of these activities
1.0002	All	Quality activities such as physician profiling, performance review, clinical reporting, chart review, member and provider focused outreach. Oversight of these activities
1.0003	All	Behavioral Health vendor fees; Case Management, clinical reporting, referrals
1.0004	All	Medical Management support on case review to prevent avoidable hospital admissions, encourage evidence based medicine. Oversight of medical home model.
1.0005	All	ICD-10 Implementation
1.0006		Medical Affairs admin allocation, support of QI activities.
1.0007	All	Medical Informatics allocation, support of QI activities.
1.0008	All	Chiro & Acupuncture vendor fees; outreach encouraging appropriate patient treatment

Improve Patient

3.0001	All	Prospective Utilization Management; Medical & Pharmacy
3.0002	All	Radiology vendor fees; prospective utilization review
3.0003		Medical Affairs admin allocation, support of QI activities.
3.0004	All	Medical Informatics allocation, support of QI activities.

Wellness & Health Promotion

4.0001	All	Worksite Health Promotions that support the deployment of the "Work Well Live Well" program to employer groups and Wellness Assessments
4.0002	All	Health Promotional Communications
4.0003		Medical Affairs admin allocation, support of QI activities.
4.0004	All	Medical Informatics allocation, support of QI activities.

HIT Expenses for Health Care Quality Improvements

5.0001	All	Amortization & Maintenance of Medical Management Software & Hardware; Technology that improve quality of care and provide the infrastructure to enhance current QI or make new QI initiatives possible.
5.0002	All	Quality department costs associated with reporting & analysis to maintain HEDIS & NCQA accreditation. Oversight of these activities
5.0003	All	Lab vendor fees; quality reporting
5.0004		Medical Affairs admin allocation, support of QI activities.
5.0005	All	Medical Informatics allocation, support of QI activities.

Appendix F - Development of "Index" PMPM Claim Rate Small Group Market

		Info Only	Info only	
		MVP Health Plan Group	MVP Health Insurance Company Group	Total Combined Single Risk Pool Group Data
1	Member Months	103,358	359,555	462,913
2	Experience Period Incurred Claims	$38,290,292	$127,904,004	$166,194,296
3	Experience Period Incurred Claims PMPM before Pooling	$370.46	$355.73	$359.02
4	High Cost Medical Claims PMPM	($24.81)	($30.39)	($29.15)
5	Pooling Charge (applied to medical only portion of claim expense)	$25.45	$23.88	$24.23
6	Adjusted Experience Period Incurred Claims PMPM	$371.10	$349.22	$354.11
7	Claim trend projection factor (midpoint of experience period to midpoint of rating period)	1.113	1.138	1.132
8	Projection Period Incurred Claims PMPM	$412.95	$397.33	$400.82
9	Projection Period Rx Rebates	($5.48)	($7.88)	($7.34)
10	Medical Benefit Modifications to Meet EHB Requirements	$2.00	$0.96	$1.20
11	Rx Benefit Modifications to Meet EHB Requirements	$8.85	$4.72	$5.65
12	Projected Incurred Claims after EHB adjustments [8+9+10+11]	$418.32	$395.13	$400.32
13	Market wide adjustment for changes in provider network (Adjust for no CIGNA)	$0.00	($7.90)	($6.14)
14	Market wide adjustment for fee schedule changes	$0.00	$0.00	$0.00
15	Market wide adjustment for utilization management changes	$0.00	$0.00	$0.00
16	Impact on risk pool for changes in expected covered membership risk characteristics	($16.73)	($15.81)	($16.01)
17	Impact on claim costs due to Quality Improvements and Cost Containment Initiatives	$0.00	$0.00	$0.00
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	n/a	n/a	n/a
19	Total Projected Incurred Claims after Network and Risk Pool adjustments [12+13+14+15+16+17] * [18]	$401.59	$371.42	$378.17
20	Adjustment for changes in distribution of risk pool membership by rating regions			$0.00
21	Federal Risk Adjustment Program Impact			($26.25)
22	Federal Transitional Reinsurance Program Recovery [Individual Only]			$0.00
23	Impact of adjustments due to experience period claim data not being sufficiently credible			$0.00
24	Final Index PMPM Claim Rate [19+20+21+22+23]			**$351.92**

Appendix G - Development of Gross PMPM by Plan Small Market

		Avg Loss Ratio for Inforce Mix	
Plan ID*			56184NY0230001
Exchange Plan?*			No
MVP Form ID (Off Exchange)			NY-HNY-SG-001-S (2015)
Final Index PMPM claim rate (Appendix F, Line 18)		$351.92	$351.92
Book of Business Experience Period Actuarial Pricing Value		0.801	0.801
Book of Business Experience Period Induced Demand Factor		1.091	1.091
Experience Period Total Actuarial Pricing Value		0.874	0.874
Adjusted Starting Claim Cost for Pricing		$402.66	**$402.66**
Plan Level Adjustments			
Pricing Actuarial Value (without induced demand factor)		0.801	0.837
Induced Demand Factor		1.091	1.080
Impact of Provider Network Characteristics		1.000	1.000
Impact of Delivery System Characteristics		1.000	1.000
Impact of Utilization Management Practices		1.000	1.000
Impact on Claim Costs due to QI and Cost Containment Initiatives		1.000	1.000
Impact of Adjustment for Stop Loss reimbursements on SG HNY		1.000	0.889
Impact of Out-of-Network Benefit Option		1.000	1.000
Benefits in Addition to EHB (enhanced wellness benefit)		1.000	1.000
Other (Enhanced Wellness Benefit)		$0.24	$0.24
Other (Prior Year SMC Disbursements)		($1.55)	($1.55)
Net Claim Cost PMPM		$350.57	**$322.24**
Non Claim Expenses for Taxes/Administration/Risk Charge			
Federal Taxes PMPM	$3.92	$3.92	$3.92
Federal Taxes (Premium Based)	2.0%	$8.48	$7.80
State Premium Taxes (Premium Based)	0.0%	$0.00	$0.00
State 332 Assessment Taxes (Premium Based)	0.7%	$2.97	$2.73
General Plan Administration (Premium Based)	8.0%	$33.90	$31.19
Administration Expense due to Quality Improvement (Premium Based)	1.0%	$4.24	$3.90
Broker Expense (Premium Based)	2.5%	$10.59	$9.75
Bad Debt Expense	0.15%	$0.64	$0.58
Contribution to Reserves (Premium Based)	2.0%	$8.48	$7.80
Final Plan Specific Gross Index PMPM claim rate		$423.78	$389.91
Expected Earned Gross PMPM Premium net bad debt expense		$423.14	$389.32
NYS Target Loss Ratio		82.8%	82.8%
Federal Target Loss Ratio		87.0%	87.0%

General Information - Contact Information

Company Information

Company Legal Name:	MVP Health Plan, Inc.
State:	New York
Market:	Small Group
HIOS Issuer ID:	56184

Primary Contact Information

Contact Name:	[redacted]
Contact Title:	[redacted]
Primary Contact Phone #:	[redacted]
Primary Contact Address:	[redacted]
	[redacted]
Primary Contact E-mail:	[redacted]

ACTUARIAL MEMORANDUM – FEDERAL SUBMISSION

2015 NY Small Group Rate Filing
MVP Health Plan, Inc.

Scope and Purpose

This memorandum details the methods and assumptions underlying the proposed 2015 premium rates for the Small Employer Group Market. These products will be issued by MVP Health Plan, Inc. a subsidiary of MVP Health Care, Inc. All of the products and premium rates proposed comply with the requirements of the Federal ACA. This filing is submitted under Insurance Law 4308(c) as a prior approval rate adjustment filing. There are no new products included in this rate filing. The MVP wellness benefit will now be part of the Standard products in place of the benchmark Gym membership benefit. Mental Health and Substance Abuse benefits were modified in all products to comply with New York State and Federal Mental Health Parity mandates.

The Small Employer Group Market premium rates are quarterly rolling rates and guaranteed for 12 months. The first quarter rates are effective for renewals beginning on 1/1/15. The proposed rates reflect a premium weighted average 13.75% increase over current rates for small employer groups enrolled in MVP Health Plans products offered both on and off exchange as of May 15, 2014.

Market/Benefits

All Essential Health Benefits (EHB) are covered in the products being offered in this filing. For the Non Standard Plan offerings two actuarial equivalent EHB substitutions were made, one for the Standard Gym reimbursement benefit and the other for the PT/OT/ST benefit. MVP contracted Milliman, Inc. to determine the actuarial equivalence of the benefit substitutions. The supporting memorandum was included in Appendix B of the Actuarial Memorandum submitted with the rate filing to the New York Department of Financial Services via SERFF. There are no additional benefits included in these proposed plans in excess of the EHB.

Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group HMO and Small Group Healthy NY Data for members over the time period 1/1/2013 – 12/31/2013, paid through 3/31/2014. MVP's loss ratio over the experience period exceeds minimum loss ratio requirements, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups over the experience period.

The experience period claim data includes claims from our fee for service claim warehouse along with additional medical expenses like capitations and other non fee for service medical expenses like medical home, physician incentive payments, wellness incentives, New York State HCRA and Covered lives assessments and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period claims. The IBNR factors were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor

method to develop IBNR estimates. New York specific data for the experience period was used to develop the factors and they are consistent with the IBNR factors used in MVP's monthly financial statements.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below.

	Allowed	Incurred
Claims Processed Through Claim System	38,013,182	34,391,885
Experience Period Costs Not Processed Through Claims System	3,257,096	3,257,096
IBNR	693,394	641,311
Total	41,963,672	38,290,292

Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

Credibility Manual and Adjustments from Experience Period to Rating Period (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP Health Plan, Inc. and MVP Health Insurance Company's existing small employer group market claim data was the starting basis of the premium rate development, and the combined data of these two cohorts is reflected in the Credibility Manual portion of Worksheet 1. The products offered by MVP Health Plan, Inc. and MVP Health Insurance Company include HMO, POS, EPO, PPO, and HDHP products. The data from these cohorts was used in premium rate development. All Sole Proprietor data was removed and excluded from this experience basis. Per New York State requirements, these covered members were required to purchase in the Individual Market upon renewal in 2014. All grandfathered and non grandfathered membership was included. There were no products excluded. No adjustments were made to the experience period claims for the impact of Regulation 146 or for Stop Loss reimbursement pools.

The experience of these two cohorts was combined to form a more credible experience base and is assumed to be fully credible. MVP assigned 0% credibility to the experience period claims shown in Section 1, Worksheet 1 of the Unified Rate Review Template which only reflected MVP Health Plan, Inc. group data, and assigned 100% credibility to the Credibility Manual portion of claims which reflected the combined experience of the two cohorts. The experience period for the historical claims has incurred dates of service beginning 1/1/2013 – 12/31/2013, paid through 3/31/2014. The experience period data complies with the single risk pool requirement of the Federal ACA.

Capitation Payments

A portion of benefits covered in the projection period will be provided through capitation arrangements with third-party vendors. MVP includes the projected payments made to the vendors in its premium rate development for these benefits.

Market Wide Adjustments to Credibility Manual Claims

Several adjustments to the projected incurred claim cost were necessary to adjust for the benefit changes included in the EHB Benchmark plan for New York State as well as for current benefit mandates not yet reflected in the experience period. The adjustments are explained below.

Benefit costs removed

The following benefits were covered in one of more of the products included in the experience period risk pool either as a standard covered benefit or as an optional rider: pediatric dental, vision exams and hardware, acupuncture and wellness rewards.

Benefit costs added
The following benefits were not standard covered benefits in one or more of the products included in the experience period risk pool but are New York State EHB benchmark requirements: Mental Health and Substance Abuse, Chiropractic care and full Pharmacy coverage and Skilled Nursing.

Several other brand new covered benefits need to be accounted for: Pediatric Vision, Disposable Medical Supplies, Hearing Aids, Wigs and the benchmark Gym membership benefit or an actuarially equivalent one. The cost estimates for most of these additional benefits were provided by Milliman, Inc.. No adjustments to these estimates have been made for 2015. For the other adjustments, MVP used its own historical claim data to estimate the necessary adjustments.

In addition to new benefit cost adjustments, the cost sharing associated with preventative services covered under the Grandfathered Healthy New York products were added to the experience period as well as the cost sharing associated with the Federal mandate to cover contraceptive drugs in full under the woman's preventative mandate. The costs associated with this mandate are not yet reflected in the experience period.

The net impact of the claim cost adjustments to the projected incurred claim costs are equal to $3.42 PMPM.

Network Changes
MVP Health Insurance Company small employer group data, which is part of the single risk pool experience base used as the basis for this rate setting, reflects a national network product portfolio. MVP partners with CIGNA to offer this national network on this product portfolio. The products rated in this filing are HMO products with a network limited to MVP Health Plan Inc.'s service area. A 2% reduction to the MVP Health Insurance Company small employer group data was applied to reflect the anticipated cost of this national network on the experience claim base. This factor was derived based on an analysis of claims covered by CIGNA providers outside of MVP's service area compared to claims covered by MVP providers. The analysis was done on a regional basis taking into consideration case mix intensity of services and aggregated across all the regions. The 2% reduction is reflected on line 13 of Appendix F.
Fee Schedule Changes
No adjustments needed.

Utilization Management Changes
No adjustments needed.

Impact on risk pool for changes in expected covered membership risk characteristics
Page 4 of Deloitte's published paper titled, Impact of the Affordable Care Act on the New York Small Group and Non Group Markets references the Urban Institute and SOA studies suggesting an estimated reduction of approximately 4% in the morbidity of the small employer group insured market post ACA. MVP analyzed our own emerging pharmacy claim data for the first 4 months of 2014 compared to the same period in 2013 as a leading indicator of market morbidity changes. In addition, MVP looked at the average risk score of MVP's small group block as of May 2013 relative to 2013. Both of these leading indicators supported this assumption and therefore a market wide 4% morbidity savings factor was applied to the projected claim cost. This adjustment to the Index rate is reflected in line 16 of Appendix F.

Federal Risk Adjustment
MVP has two years of resulting data from the DFS commissioned Transfer Payment Risk Simulation project conducted by Deloitte using membership and claim detail from all of the current health insurers operating in the small group market in New York. Unfortunately for MVP, the results of the simulation were very different between the first study and the second study resulting in a large adjustment to MVP's assumption for the anticipated results from the payment transfer formula.

The 2014 premium rates on file for MVP assumed a large receipt from the payment transfer formula based on the first simulation. As a result, premium rates were approximately 13.4% lower than they would have been if no payment or receipt was assumed. The updated simulation, based on MVPs 2013 membership and claims, does not suggest any receipt would be due MVP. Therefore, a reasonable assumption for 2015 premium rate setting is to assume $0 receipts/payments. However, to minimize market disruption and to maintain a reasonable market premium relative to our competitors, we will only make a partial correction to this assumption for 2015 rate setting. The partial correction reflects removing half of the assumed receipts (6.94% of projected claims). As more information becomes available about 2014 results, this assumption will be revisited again when 2016 premium rates are being determined. This adjustment to the Index rate is reflected in line 21 of Appendix F.

Exchange User Fees
No adjustment was applied per DFS instructions.

Impact of anticipated changes in membership distribution by standard rating regions
No adjustment was made for anticipated membership changes.

Paid-to-Allowed Ratio (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)

The projected paid-to-allowed ratio prior to the application of ACA net reinsurance is 82.6%. This is based on the in force product mix for the experience period. Projected membership by product for 2015 is based on actual membership by product as of May 2014., Based on MVP's projection of membership by product on Worksheet 2, MVP is projecting a paid-to-allowed ratio (prior to the application of ACA net reinsurance and risk adjustment payments) of 82% for 2015.

The variance in these two paid to allowed ratios are due simply to the fact that the product portfolio in the experience period and the projection period are different.

Index Rate and Premium Rate Development

The experience period index rate shown on Worksheet 1, Section 1 of the Unified Rate Review template of $406 is equal to the small group HMO and small group HNY allowed claim data for the time period, 1/1/2013 – 12/31/2013, paid through 3/31/2014.

The projection period index rate of $457.98 equals the projected allowed small group claim cost adjusted to reflect the essential health benefits covered in the Exchange. A summary of the adjustments made to the experience period data to arrive at the index rate are described above. The projection period index rate does not reflect expected risk adjustment payments/charges or the impact of the federal reinsurance program.

Plan Specific Net Claim Costs PMPM for each plan is computed as follows:

Final Index PMPM rate
Multiplied by
The Average Paid-to-Allowed Ratio in the Projection Period
Net
The impact of risk adjuster payments
Divided by
(The Avg Inforce Pricing AV x Avg Inforce Induced Demand Factor)
Times
The plan specific AV Pricing Value x Metal Level Induced Demand Factor
Multiplied by
The product of all of the plan specific adjustment factors
Plus
The plan specific PMPM adjustments

These collective adjustments arrive at the Final Plan Specific Net Index PMPM claim rate before non claim expense loads get added to the rate.

Next, the Final Plan Specific Gross Index PMPM rate for each plan is derived based on adding the plan level adjustments for PMPM expense loads and percent of premium expense loads to the Plan Specific Net Index PMPM claim rate for each plan.

Each plan level adjustment is explained below:

Claim expense plan level adjustments

Impact of provider network characteristics
No plan specific adjustments were made.

Impact of delivery system characteristics
No plan specific adjustments were made.

Impact of utilization management practices
No plan specific adjustments were made.

Benefits in additional to EHB (greater than 1.00)
No plan specific adjustments were made. There are no benefits added in addition to the EHBs

Impact of Adjustment for Stop Loss reimbursements on SG HNY
A specific plan level adjustment is applied to the index rate for this Healthy New York state subsidized product. The current statute indicates that the stop loss amount is computed based on 90% all members claims between $5000 and $75000. However, the statute allows for the Superintendent to adjust the level of the stop loss reimbursement which is what has happened in recent years due to the limitation on the funding amount appropriated to this. The current funding level has been frozen for several years and will continue to be frozen for 2015. The impact of this funding cap has been a steady reduction in the amount reimbursed to insurers since 2008. Most recently, MVP received only 78% of the stop loss amounts due in 2010, 62% of the amounts due in 2011 and 51% of the amounts due in 2012. At this time we do not have any information regarding the 2013 plan year reimbursements. Given this trend line, for 2014 premium rate setting, MVP assumed only 30% of the calculated amounts will be funded by New York State. Because we have no new information at this time, the plan level adjustment to reflect expected recoveries by New York State for the Healthy New York product was left essentially the same as last year. The plan specific adjustment is a reduction factor equal to 0.889

Other (enhanced wellness benefit)
For the 2014 benefit plan year, the Department of Financial Regulation required the benchmark plan gym benefit to be offered for the Standard Plans but allowed insurers to substitute their own actuarially equivalent wellness benefit for the Non Standard Plans. The cost of this benchmark plan was included in the Market Index Rate. MVPs substitute wellness benefit on the Non Standard plans was an enhanced benefit and therefore only Non Standard Plans had the plan level cost adjustment for the excess portion.

For the 2015 benefit plan year, insurers are now allowed to substitute their wellness benefits for the Standard Plans as well and MVP chose to do that. The cost of the benchmark equivalent benefit is still included in the Market Index Rate but now the plan level cost adjustment for the excess portion of that equivalent benefit is added to every plan as a plan level adjustment.

MVP contracted Milliman, Inc. to determine the dollar amount of an actuarially equivalent EHB substitution for this benchmark Gym benefit reflecting MVP's desired Wellness Reward benefit. The actuarially equivalent benefit is a $100 per contract reimbursement allowance for subscribers based on a choice of three wellness activities: gym membership, youth sports/fitness or healthy weight support. The actuarial certification is included as Appendix B to this Memorandum. MVP's actual Wellness Reward benefit included in these plans is for a reimbursement amount

equal to $125 per contract. The additional cost associated with the extra $25 dollars above the actuarially equivalent benefit is the plan level adjustment to all of the plans.

New York Market Stabilization Pool (5th amendment to Regulation 126)
Per regulation 126, receipts from the MSP must be accounted for in one of three ways: 1) rebated directly to the policyholders in force during that policy year 2) demonstrated to have been assumed to be received in that plan years premium rates or 3) applied as reductions to future plan year premium rates.

This market stabilization pool has been discontinued beginning with 2014 since the Federal Accountable Care Act introduced a new risk transfer mechanism for the small group and individual market. For plan years 2013 and prior collectively, MVP has an outstanding liability (i.e. monies received that need to be returned) to small group policyholders equal to $694,874. This reflects $392,217 of outstanding liability on MVP Health Insurance Company from years prior to 2013 and $302,657 from MVP Health Plan for the 2013 plan year.

MVPs total small group membership for 2015 for MVP Health Plan SHOP market and off Exchange Healthy New York Market and MVP Health Service Corp. off exchange small group market collectively is projected to be 37,370. Therefore, a $1.55 PMPM [$694,874/(37,370*12)] credit was made as a plan level adjustment for each small group product offered in 2015. The amounts due and the total projected membership was combined in keeping with the combined historical claim experience as the basis for the rate setting.

Non-Benefit Expenses and Risk Margin

Non claim expenses include both percent 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.

Federal Taxes PMPM based
A total of $3.92 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: $3.67 reinsurance contribution rate, $0.08 HHS risk adjustment user fee and $0.17 Patient Centered Outcome Research Fee.

Federal Taxes Premium based
This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with $8 billion in 2014, $11.3 billion in 2015 and 2016, $13.9 billion in 2017 and $14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2015. This is unchanged from 2014.

State Taxes Premium based – Premium Tax
MVP Health Plan, Inc. is a tax exempt company and therefore exempt from State Premium Taxes.

State Taxes Premium based – 332 Assessment
New York State funds its insurance department budget with an industry assessment attributable to premium market share. The 332 assessment reflected in MVP Health Care's combined companies 2013 statutory filings is 0.9% of assessable premium. The assessment lags a quarter and therefore slightly overstates relative to premium in periods of declining membership which is the case for MVP in 2013. As a result, this assessment was left unchanged from last year at 0.7% of assessable premium. This amount was added as a plan level adjustment.

General Administrative Expense Load (Including QI component)
The total administrative expense load included as a plan level adjustment is equal to 9% of premium. This is consistent with the administrative load included in the 2014 small group filings. Included in this load is 1% allocated to Quality Improvement/Cost Containment Programs.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses to align with pricing loads and assuming membership growth in 2015. The following table summarizes the administrative expenses

for small group and individual lines of business from the 2013 Statutory SHCE's. The actual filing for MVP HIC will not match exactly the numbers below as there was an internal allocation error relating to premium taxes which resulted in administrative expenses being slightly overstated in the actual filing submission.

Administrative Cost Summary from Part 1 of SHCE's for 2013 Statutory Filings

HIC New York	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Comprehensive Small Group col 2	$149,038,394	$1,558,253	$16,810,708	1.0%	11.3%	12.3%

HMO New York	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Comprehensive Individual col 1	$14,703,987	$59,769	$873,670	0.4%	5.9%	6.3%
Comprehensive Small Group col 2	$47,351,337	$440,198	$6,178,151	0.9%	13.0%	14.0%
Individual and Small Group Combined	$62,055,324	$499,967	$7,051,821	0.8%	11.4%	12.2%

Combined NY HMO and HIC	Premium	SHCE QI expenses	SHCE All Other Admin Expenses	SHCE QI expenses /Prem	All other Admin /Prem	Total Admin/ Prem
Individual and Small Group	$211,093,718	$2,058,220	$23,862,529	1.0%	11.3%	12.3%

Broker Expense
MVP's broker distribution channel continues to have a strong presence in today's small group market. The 2015 Broker commission rate for all of MVPs Small Employer Group products will be 4% of premium, unchanged from the 2014 schedule. The plan level adjustment for the broker load is equal to 2.5% based on the actual broker penetration rate in the first quarter of 2014 for these new products. This is a slight reduction from the 2.8% assumed in the 2014 premium rates.

Profit/Risk Charge
A 2% profit/risk charge is added to premium rates as an expected contribution to reserves or protection against adverse experience relative to pricing assumptions. Surplus for MVP Health Plan, Inc. was 22.7% of premium for the year ending December 31, 2013. We have assumed a 2% profit margin which translates to a targeted 8.8% return on surplus.

Bad Debt Expense
A plan level adjustment equal to 0.15% of premium was added to account for non payment of premium risk. This is in line with the actual cost of bad debt for MVP's 2013 book of business.

Per Contract Premium Rates

The Plan Specific Gross PMPM Index Claim Rates computed in the Appendix G are converted to per contract premium rates in the Rate Manual using the computed single conversion factor and the prescribed standard load ratios.

The Rate Manual includes the Base Rate for each plan as well as the regional rate for each plan along with the rates for the mandatory make available riders.

The single conversion factor (SCF) was calculated using subscriber and member exposure months by contract type from the experience period used to develop the Index rate. The SCF = weighted average contract size/ weighted average load ratio. The table below illustrates the data used to compute the SCF.

Contract Type	Actual Contract Mix	Average Contract Size	Weighted Contract Size	Standard Load Factors	Weighted Loading Factors
4T-Single	57.80%	1	0.578	1	0.578
4T-Double	13.40%	2	0.268	2	0.268
4T-Parent (1 Child)	2.60%	2	0.052	1.7	0.044
4T-Parent (2+ Children)	2.20%	3.354	0.074	1.7	0.037
4T-Family (1 Children)	6.80%	3	0.204	2.85	0.194
4T-Family (2+ Children)	17.10%	4.534	0.775	2.85	0.487
Total	100%		1.951		1.608

Single Conversion Factor (SCF)	1.213

Mandatory Make Available Riders

Dependent Thru Age 29 Add on Rider
This is a mandated optional add on rider. The premium rate for the rider is a 0.49% load to each contract rate. This is unchanged from 2014.

Family Planning Add on Rider
This is a mandatory optional rider only for Religious organizations. The rider removes coverage for contraceptive drugs and elective abortion. The starting cost for this rider rate development was the experience period allowed cost equal to $2.24 PMPM. To derive an estimated net rider cost by Metal Level, factors equal to 0.90, 0.80, 0.70 and 0.60 for each Metal Level Platinum, Gold, Silver and Bronze respectively were applied. The cost to cover abortion is immaterial and therefore was not included in the rider rate. The per contract rider rates were derived by loading the same percent of premium retention loads included in the base rate development and the same single conversion factors and load ratios.

Domestic Partner Add on Rider
This rider is no cost.

Quarterly Trend Factor

Second, third, and fourth quarter rolling rate tables were derived using a quarterly trend factor of 1.6%. This reflects one quarter of the annual trend factor used in the projection period adjusted for the new Rx vendor pricing savings.

Standardized Rating Regions and Area Factors

MVP has established area factors for the 7 rate regions in which we are licensed to service. The original area factors used to set 2014 premium rates were derived based an analysis of the relative cost differences of providing care across our service area due to varying provider reimbursement rates and practice patterns. Cost differences were evaluated separately for Facility costs and Physician costs in each of the regions and then blended together to derive the total relative cost differences. Book of business claim weightings for Facility spend, Physician spend, Pharmacy Spend and other non fee for service expense were used to generate the total relative spend for each region. Pharmacy spend and

non fee for service medical spend was assumed to not vary by rating region. The area factors were derived without regard to differences in health status, age, sex, occupation among enrollees in each rating region and are in compliance with HHS regulations on rate review. All of that being said, it is a difficult exercise to measure the relative provider costs by service area and any method chosen will have inherent flaws however, we believe this method is a reasonable one

A similar exercise was completed again with updated claim data and projected trends by rate region. The results did not suggest changes are necessary at this time however after more review it was determined that the derived NYC factor is not well aligned with the actual relative cost differences of NYC compared with the state average. As mentioned above, any method to derive regional factors will have inherent flaws. The NYC regional factor was reduced by a factor of 0.92 for 2015 effective dates. Both the current 2014 and the adjusted 2015 factors were normalized to a statewide average 1.0 using 2013 experience period member months and compared below. The 8% reduction to the NYC factor is offset by a 0.9% increase to other regional rates in order to be revenue neutral in aggregate.

Rating Region Premium Factors	2014 MVP Area Rating Factors - Small Group	2015 MVP Area Rating Factors - Small Group	Change in Area Factor due to NYC adjustment
1 Albany	0.9452	0.9534	0.9%
2 Buffalo	0.7818	0.7885	0.9%
3 Mid-Hudson	1.0634	1.0725	0.9%
4 NYC	1.3548	1.2572	-7.2%
5 Rochester	0.7906	0.7975	0.9%
6 Syracuse	1.0270	1.0358	0.9%
7 Utica/Watertown	0.9639	0.9722	0.9%
Total	1.0000	1.0000	

This 2015 relativity for NYC region aligns more closely with the actual PMPM relativity of NYC to the State average for the 2013 experience period. This adjustment also aligns the NYC regional factor more closely to what it was for the 2013 small group MVP Health Insurance Company Rockland and Westchester county premium rates.

Loss Ratios

The target pricing loss ratios included in these proposed premium rates comply with Federal and State requirements. The projected Traditional MLR and Federal MLR for each plan rider combination are illustrated in Appendix G of the rate filing which was submitted to NYS via SERFF. The targeted Federal MLR for this block of business is 87%.

Actuarial Values

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. No adjustments were made to the calculator results.

The AV Pricing Value for each plan was determined using MVP's in house benefit pricing tools. 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. MVP did not reflect any induced demand in the projection of the net paid amounts for each unique benefit plan. The Final AV pricing value is the product of the model produced AV pricing value and the Induced Demand Factor. The induced demand factors used to develop the Final AV Pricing Values are equal to those included in the HHS Notice of Benefits and Payment Parameters for 2014 (Platinum = 1.15, Gold = 1.08, Silver = 1.03, Bronze = 1.0).

The reference plan for the pricing of the 2015 portfolio is the total AV pricing value for the in force book of business.

Membership Projection

MVPHP has assumed 2015 Small group membership will equal the current MVPHP small group membership enrolled as of 5/15/14.

Terminated Products

MVP is terminating its existing small group New York portfolio of products in 2014. The following is a list of the HIOS Product IDs reflected in the "Terminated Products" field of Worksheet 2: 56184NY001, 56184NY012.

Warning Alerts

There are warning alerts on Worksheet 2, Section 4 for both premium and incurred claims. The reason projected premium and projected incurred claims from Worksheet 1 and Worksheet 2 don't match is because they reflect different product portfolios. Worksheet 1 is based on the average premium and claims relative to our existing 2013 product portfolio mix and Worksheet 2 is based on the average premium and claims relative to our projected product portfolio mix.

Reliance

I relied upon the Actuarial Certifications from Milliman, Inc. for the EHB substitutions included in the Non Standard Plan offerings as well as the benefit pricing for the new benefit expansions included in the EHB benchmark plan for New York. These certifications were provided in the SERFF filing submitted to NYS, but are not included in this submission.

Actuarial Certification

I, [redacted] am a Member of the American Academy of Actuaries. The projected Index Rate 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 neither excessive, inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Index Rate 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 New York state rating 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. The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York.

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.

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, and ASOP#41.

[redacted]

6/13/2014

[redacted]

Standard Gold

Healthy New York

NY-HNY-SG-001-S

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 OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Exhibit 13 Part I – Narrative Summary

Company Name: MVP Health Plan, Inc.

NAIC Code: 95521

SERFF Tracking #: MVPH-129572989

Market Segment: Small Groups Off Exchange

Generally, once a year MVP Health Care files for a change to the current premium rates on file for their products based on a review of the adequacy of the rate level. Premiums need to be sufficient to cover all medical and pharmacy claims submitted from the covered members, as well as cover the cost of operations and New York state statutory reserve requirements. We are requesting rate increases due to various factors, including: rising prices for medical services and prescription drugs, rising usage of medical services and prescription drugs, advances in medical technology, new state and federal benefit coverage mandates and a generally aging insured population. In addition to these factors, proposed premium rate changes will reflect expected pricing corrections needed to current rates.

Some assumptions that MVP made in setting premium rates for 2014 need significant modification, including the cost of care in the NYC rate region, the value of certain benefit plans and the expected impact of the Federal Risk Transfer Program between carriers. Another much less significant driver of premium rate increases for 2015 is the new benefit mandates for Mental Health and Substance Abuse coverage.

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Trac MVPH-129572989
Market Segment: Small Groups Off Exchange

1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
6) The company should submit the these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
9) Links should be provided on key pages of the company's website so that the information may be easily located.
10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
11) This exhibit must be submitted as an Excel file and as a PDF file.

A. Average 2014 and 2015 Premium Rates:

1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$552.69	$445.79	$384.15	$304.80	N/A
2015 Premium Rates	$617.01	$497.64	$435.48	$357.65	N/A

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Trac MVPH-129572989
Market Segment: Small Groups Off Exchange

B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans and Exhibit 14B for Small Group Plans]*:

	2014 to 2015
Requested Rate Adjustment	13.75%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	N/A	N/A	N/A

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	N/A	N/A	N/A

E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]*:

	2013	2014	2015
Annual Claim Trend Rates	N/A	6.53%	6.13%
Expense Ratios	N/A	15.93%	15.15%
Pre Tax Profit Ratios	N/A	2.00%	2.00%

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Small Group Medical Plans

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-129572989
Market Segment: Small Groups Off Exchange
Small Group: Small Groups Off Groups

1) Use this Exhibit for Small Group Medical Plans.
2) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
3) Market segment refers to the Small Group Plans.
4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each
5) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with the DFS). A
6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
7) If the percentage change (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions"
8) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
9) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that rating period, metal level and rating region,
10) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that rating period, metal level and rating region, including
11) The weighted average percentage should be developed based on annualized premium volume or membership for that rating period, metal level and rating region, including any
12) This exhibit must be submitted as an Excel file and as a PDF file.

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Bronze	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.25%	20.00%
Small Group	1/1/2015	Bronze	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	19.00%
Small Group	1/1/2015	Bronze	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	20.00%
Small Group	1/1/2015	Bronze	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	8.27%	11.55%	11.00%
Small Group	1/1/2015	Bronze	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.70%	21.26%	20.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	20.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	19.00%
Small Group	1/1/2015	Gold	1 - Albany Area	MVP Healthy NY	MVP Healthy NY	13.32%	13.51%	14.00%
Small Group	1/1/2015	Gold	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	13.00%
Small Group	1/1/2015	Gold	2 - Buffalo Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	14.00%
Small Group	1/1/2015	Gold	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	14.00%
Small Group	1/1/2015	Gold	3 - Mid-Hudson Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	14.00%
Small Group	1/1/2015	Gold	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.98%	14.00%
Small Group	1/1/2015	Gold	4 - NYC Area	MVP Healthy NY	MVP Healthy NY	4.25%	4.43%	4.00%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Gold	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	3.70%	4.87%	No Membership
Small Group	1/1/2015	Gold	5 Rochester	MVP Healthy NY	MVP Healthy NY	13.32%	13.51%	14.00%
Small Group	1/1/2015	Gold	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	13.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	14.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.98%	14.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	MVP Healthy NY	MVP Healthy NY	13.30%	13.50%	14.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.98%	13.00%
Small Group	1/1/2015	Platinum	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.67%	14.00%
Small Group	1/1/2015	Platinum	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	14.00%
Small Group	1/1/2015	Platinum	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	14.00%
Small Group	1/1/2015	Platinum	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.02%	4.57%	4.00%
Small Group	1/1/2015	Platinum	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.67%	13.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	14.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	14.00%
Small Group	1/1/2015	Silver	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.57%	15.00%
Small Group	1/1/2015	Silver	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	14.00%
Small Group	1/1/2015	Silver	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	15.00%
Small Group	1/1/2015	Silver	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.75%	9.09%	No Membership
Small Group	1/1/2015	Silver	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.58%	15.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	17.00%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	14.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.25%	19.00%
Small Group	4/1/2015	Bronze	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	No Membership
Small Group	4/1/2015	Bronze	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	20.00%
Small Group	4/1/2015	Bronze	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	8.27%	11.55%	No Membership
Small Group	4/1/2015	Bronze	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.26%	21.00%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Bronze	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.25%	21.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	20.00%
Small Group	4/1/2015	Gold	1 - Albany Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	14.00%
Small Group	4/1/2015	Gold	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	14.00%
Small Group	4/1/2015	Gold	2 - Buffalo Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.50%	No Membership
Small Group	4/1/2015	Gold	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.99%	14.00%
Small Group	4/1/2015	Gold	3 - Mid-Hudson Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	14.00%
Small Group	4/1/2015	Gold	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	14.00%
Small Group	4/1/2015	Gold	4 - NYC Area	MVP Healthy NY	MVP Healthy NY	4.25%	4.43%	No Membership
Small Group	4/1/2015	Gold	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	3.71%	4.87%	4.00%
Small Group	4/1/2015	Gold	5 Rochester	MVP Healthy NY	MVP Healthy NY	13.32%	13.51%	14.00%
Small Group	4/1/2015	Gold	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	4/1/2015	Gold	6 - Syracuse Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	4/1/2015	Gold	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	14.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	MVP Healthy NY	MVP Healthy NY	13.30%	13.50%	No Membership
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	No Membership
Small Group	4/1/2015	Platinum	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.66%	14.00%
Small Group	4/1/2015	Platinum	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	13.00%
Small Group	4/1/2015	Platinum	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	13.00%
Small Group	4/1/2015	Platinum	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.02%	4.57%	No Membership
Small Group	4/1/2015	Platinum	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.67%	14.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	14.00%
Small Group	4/1/2015	Silver	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	15.00%
Small Group	4/1/2015	Silver	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	14.00%
Small Group	4/1/2015	Silver	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	14.00%
Small Group	4/1/2015	Silver	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.75%	9.09%	No Membership

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Silver	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.59%	14.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	No Membership
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	14.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.25%	No Membership
Small Group	7/1/2015	Bronze	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	No Membership
Small Group	7/1/2015	Bronze	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	No Membership
Small Group	7/1/2015	Bronze	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	8.27%	11.55%	No Membership
Small Group	7/1/2015	Bronze	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.26%	No Membership
Small Group	7/1/2015	Bronze	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	No Membership
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	No Membership
Small Group	7/1/2015	Gold	1 - Albany Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	7/1/2015	Gold	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	7/1/2015	Gold	2 - Buffalo Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	7/1/2015	Gold	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	7/1/2015	Gold	3 - Mid-Hudson Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	7/1/2015	Gold	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	No Membership
Small Group	7/1/2015	Gold	4 - NYC Area	MVP Healthy NY	MVP Healthy NY	4.24%	4.43%	No Membership
Small Group	7/1/2015	Gold	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	3.71%	4.87%	No Membership
Small Group	7/1/2015	Gold	5 Rochester	MVP Healthy NY	MVP Healthy NY	13.32%	13.51%	No Membership
Small Group	7/1/2015	Gold	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	7/1/2015	Gold	6 - Syracuse Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	7/1/2015	Gold	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	MVP Healthy NY	MVP Healthy NY	13.30%	13.50%	No Membership
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.98%	No Membership
Small Group	7/1/2015	Platinum	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	7/1/2015	Platinum	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	7/1/2015	Platinum	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	7/1/2015	Platinum	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.02%	4.57%	No Membership
Small Group	7/1/2015	Platinum	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.67%	No Membership
Small Group	7/1/2015	Platinum	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	7/1/2015	Silver	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	No Membership
Small Group	7/1/2015	Silver	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	No Membership
Small Group	7/1/2015	Silver	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	No Membership
Small Group	7/1/2015	Silver	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.75%	9.09%	No Membership
Small Group	7/1/2015	Silver	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.59%	No Membership
Small Group	7/1/2015	Silver	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	No Membership
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	No Membership
Small Group	10/1/2015	Bronze	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.26%	No Membership
Small Group	10/1/2015	Bronze	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.24%	No Membership
Small Group	10/1/2015	Bronze	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	No Membership
Small Group	10/1/2015	Bronze	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	8.27%	11.55%	No Membership
Small Group	10/1/2015	Bronze	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.69%	21.25%	No Membership
Small Group	10/1/2015	Bronze	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	No Membership
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	17.68%	21.25%	No Membership
Small Group	10/1/2015	Gold	1 - Albany Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership
Small Group	10/1/2015	Gold	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	10/1/2015	Gold	2 - Buffalo Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.50%	No Membership
Small Group	10/1/2015	Gold	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.99%	No Membership
Small Group	10/1/2015	Gold	3 - Mid-Hudson Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.51%	No Membership

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	10/1/2015	Gold	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	No Membership
Small Group	10/1/2015	Gold	4 - NYC Area	MVP Healthy NY	MVP Healthy NY	4.24%	4.43%	No Membership
Small Group	10/1/2015	Gold	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	3.71%	4.87%	No Membership
Small Group	10/1/2015	Gold	5 Rochester	MVP Healthy NY	MVP Healthy NY	13.32%	13.51%	No Membership
Small Group	10/1/2015	Gold	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	10/1/2015	Gold	6 - Syracuse Area	MVP Healthy NY	MVP Healthy NY	13.31%	13.50%	No Membership
Small Group	10/1/2015	Gold	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.72%	13.99%	No Membership
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	MVP Healthy NY	MVP Healthy NY	13.30%	13.50%	No Membership
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	12.71%	13.98%	No Membership
Small Group	10/1/2015	Platinum	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	10/1/2015	Platinum	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	10/1/2015	Platinum	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	10/1/2015	Platinum	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.02%	4.57%	No Membership
Small Group	10/1/2015	Platinum	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.07%	13.67%	No Membership
Small Group	10/1/2015	Platinum	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.66%	No Membership
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.06%	13.65%	No Membership
Small Group	10/1/2015	Silver	1 - Albany Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	No Membership
Small Group	10/1/2015	Silver	2 - Buffalo Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.58%	No Membership
Small Group	10/1/2015	Silver	3 - Mid-Hudson Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.57%	No Membership
Small Group	10/1/2015	Silver	4 - NYC Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	4.75%	9.09%	No Membership
Small Group	10/1/2015	Silver	5 Rochester	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.59%	No Membership
Small Group	10/1/2015	Silver	6 - Syracuse Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.86%	18.58%	No Membership
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	MVP Premier	MVP Premier, MVP Premier Plus, MVP Premier Plus HDHP	13.85%	18.56%	No Membership
Small Group								
Small Group								

EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-129572989
Market Segment: Small Groups Off Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of 5/15/2014	Total # of Members as of 5/15/2014	Total # of Contracts as of 5/15/2014	Number of (*) with Requested Percentage Rate Change at Renewal: Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	1/1/2015	Bronze	1 - Albany Area	20.4%	187,257	52	31						12	19				
Small Group	1/1/2015	Bronze	2 - Buffalo Area	18.5%	22,990	8	4						4					
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	20.4%	107,881	26	17						7	10				
Small Group	1/1/2015	Bronze	4 - New York City Area	11.5%	26,466	8	3					3						
Small Group	1/1/2015	Bronze	5 - Rochester Area	19.5%	48,049	14	13						9	4				
Small Group	1/1/2015	Bronze	6 - Syracuse Area	19.5%	9,311	2	2						2					
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	19.2%	98,324	24	16						13	3				
Small Group	1/1/2015	Gold	1 - Albany Area	13.5%	2,421,754	514	312					312						
Small Group	1/1/2015	Gold	2 - Buffalo Area	13.6%	326,041	78	46					46						
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	13.5%	6,153,846	1,195	664					664						
Small Group	1/1/2015	Gold	4 - New York City Area	4.4%	130,217	27	10			10								
Small Group	1/1/2015	Gold	5 - Rochester Area	13.5%	570,755	132	100					100						
Small Group	1/1/2015	Gold	6 - Syracuse Area	13.5%	1,709,232	348	213					213						
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	13.5%	2,647,661	550	331					331						
Small Group	1/1/2015	Platinum	1 - Albany Area	13.5%	132,654	23	11					11						
Small Group	1/1/2015	Platinum	2 - Buffalo Area	13.6%	833,877	183	85					85						
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	13.5%	298,448	39	31					31						
Small Group	1/1/2015	Platinum	4 - New York City Area	4.5%	28,586	3	3			3								
Small Group	1/1/2015	Platinum	5 - Rochester Area	13.4%	28,215	5	3					3						
Small Group	1/1/2015	Platinum	6 - Syracuse Area	13.7%	22,236	3	1					1						
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	13.6%	190,662	26	26					26						
Small Group	1/1/2015	Silver	1 - Albany Area	14.8%	154,089	32	23					18	5					
Small Group	1/1/2015	Silver	2 - Buffalo Area	14.0%	384,771	103	59					58	1					
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	14.6%	228,797	47	26					23	3					
Small Group	1/1/2015	Silver	5 - Rochester Area	14.9%	146,946	38	23					19	4					
Small Group	1/1/2015	Silver	6 - Syracuse Area	17.0%	66,145	12	11					4	7					
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	14.1%	125,342	29	17					16	1					

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of 5/15/2014	Total # of Members as of 5/15/2014	Total # of Contracts as of 5/15/2014	Number of (*) with Requested Percentage Rate Change at Renewal: Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Market Segment Total:			13.7%	17,100,550	3,521	2,081	0	0	13	0	1,964	68	36	0	0	0	0
Small Group	4/1/2015	Bronze	1 - Albany Area	19.3%	101,935	29	19						15	4				
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	19.8%	36,739	11	6						4	2				
Small Group	4/1/2015	Bronze	5 - Rochester Area	20.6%	34,506	12	6						1	5				
Small Group	4/1/2015	Bronze	6 - Syracuse Area	21.1%	4,568	1	1							1				
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	20.4%	58,405	15	12						4	8				
Small Group	4/1/2015	Gold	1 - Albany Area	13.5%	46,026	8	8					8						
Small Group	4/1/2015	Gold	2 - Buffalo Area	13.9%	28,159	7	4					4						
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	13.8%	49,687	8	5					5						
Small Group	4/1/2015	Gold	4 - New York City Area	4.4%	8,148	1	1			1								
Small Group	4/1/2015	Gold	5 - Rochester Area	13.5%	22,303	6	3					3						
Small Group	4/1/2015	Gold	6 - Syracuse Area	13.9%	12,646	2	1					1						
Small Group	4/1/2015	Platinum	1 - Albany Area	13.6%	63,599	14	4					4						
Small Group	4/1/2015	Platinum	2 - Buffalo Area	13.5%	41,276	9	5					5						
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	13.5%	32,790	4	3					3						
Small Group	4/1/2015	Platinum	5 - Rochester Area	13.6%	71,852	13	7					7						
Small Group	4/1/2015	Platinum	7 Utica/Watertown	13.6%	14,878	2	2					2						
Small Group	4/1/2015	Silver	1 - Albany Area	14.9%	74,926	17	10					9	1					
Small Group	4/1/2015	Silver	2 - Buffalo Area	13.9%	21,285	5	5					5						
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	14.2%	137,347	28	17					16	1					
Small Group	4/1/2015	Silver	5 - Rochester Area	14.0%	55,378	14	10					10						
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	14.1%	10,526	2	2					2						
	Market Segment Total:			15.4%	926,979	208	131	0	0	1	0	84	26	20	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: MVP Health Plan, Inc.

NAIC Code: 95521

SERFF Number: MVPH-129572989

Market Segment: Small Groups Off Exchange

Instructions:

1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
2) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS).
3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
5) This form must be submitted as an Excel file and as a PDF file.

List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
	None						

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
   - Information requested applies to New York State business only and for all rating regions combined.
   - Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
   - Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups, Small Group Sole Proprietors and Small Group HNY Business.
   - Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).
2) **In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.**
3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.
4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS.
5) Paid claims in Columns 14.6, 15.6 and 16.6 are all claims paid during experience period regardless of incurred dates.
6) Note that many cells include a drop down list. Use the drop down list for entries.
7) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
8) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
ECOC 2008	Preferred EPO	MVP Preferred EPO, TriVantage EPO, Bridgewell	EPO	01/01/15	SG-All Others	EPO	Yes	Closed	823	6,366	XX	01/01/13	12/31/13	91,281	$43,223,168	$46,227,113	$37,119,748	$36,164,855	$215,544	$0	$7,505,104	XX
PCOC 2008	Preferred PPO	MVP Preferred PPO	PPO	01/01/15	SG-All Others	PPO	Yes	Closed	144	1,385	XX	01/01/13	12/31/13	18,337	$10,280,564	$10,987,394	$10,434,167	$10,696,020	$63,749	$0	$1,834,254	XX
42-CERT-HDHP-EPO (6/05)	Preferred High Deductible EPO	MVP Preferred High Deductible EPO, LocalNet Capital District	Consumer Health Plans	01/01/15	SG-All Others	Consumer Health Plans	Yes	Closed	1,342	17,167	XX	01/01/13	12/31/13	232,210	$73,378,975	$80,121,934	$74,633,784	$72,239,081	$430,549	$0	$16,098,980	XX
42-CERT-HDHP-PPO (6/05)	Preferred High Deductible PPO	MVP Preferred High Deductible PPO	Consumer Health Plans	01/01/15	SG-All Others	Consumer Health Plans	Yes	Closed	135	1,351	XX	01/01/13	12/31/13	17,373	$6,285,909	$6,858,906	$6,754,450	$7,117,459	$42,420	$0	$1,204,460	XX
42-CERT-EPO	EPO	EPO	EPO	01/01/15	SG-All Others	EPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	0	$0	$0	($100)	$0	$0	$0	$0	XX
42-CERT-PPO	PPO	PPO	PPO	01/01/15	SG-All Others	PPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	0	$0	$0	$0	$0	$0	$0	$0	XX
YECOC2012	EPO	EPO	EPO	01/01/15	SG-All Others	EPO	Yes	Closed	14	58		01/01/13	12/31/13	354	$100,687	$104,710	$52,163	$68,201	$406	$0	$29,106	
ECOC 2008	Preferred EPO	MVP Preferred EPO, TriVantage EPO, Bridgewell	EPO	01/01/15	SG-Sole P	EPO	Yes	Closed	687	1,062	XX	01/01/13	12/31/13	13,511	$6,977,163	$7,458,341	$7,389,419	$7,366,113	$43,902	$0	$1,110,871	XX
PCOC 2008	Preferred PPO	MVP Preferred PPO	PPO	01/01/15	SG-Sole P	PPO	Yes	Closed	308	590	XX	01/01/13	12/31/13	7,168	$4,726,256	$5,092,374	$5,424,591	$5,228,907	$31,165	$0	$717,017	XX
42-CERT-HDHP-EPO (6/05)	Preferred High Deductible EPO	MVP Preferred High Deductible EPO, LocalNet Capital District	Consumer Health Plans	01/01/15	SG-Sole P	Consumer Health Plans	Yes	Closed	535	886	XX	01/01/13	12/31/13	10,993	$3,793,349	$4,069,670	$3,807,786	$3,553,764	$21,181	$0	$762,138	XX
42-CERT-HDHP-PPO (6/05)	Preferred High Deductible PPO	MVP Preferred High Deductible PPO	Consumer Health Plans	01/01/15	SG-Sole P	Consumer Health Plans	Yes	Closed	0	0	XX	01/01/13	12/31/13	12	$2,735	$2,924	$495	$502	$3	$0	$832	XX
		Small Group HIC Subtotal		**01/01/15**							XX			**391,239**	##############	##############	##############	##############	**$848,919.40**	**$0.00**	**$29,262,761.86**	XX
											XX											XX
44-CERT-HMO (7/05)	HMO	HMO	HMO	01/01/15	SG-All Others	HMO	Yes	Closed	919		XX	01/01/13	12/31/13	42,261	$20,028,407	$21,083,152	$17,754,051	$17,937,638	(302,657)	0	$2,962,720	XX
44-CERT-HMO (7/05)	HMO	HMO	HMO	01/01/15	SG-Sole P	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	0	$0	$0	($254)	$0	0	0	$0	XX
		Small Group HMO Subtotal		**01/01/15**							XX			**42,261**	**$20,028,407.39**	**$21,083,151.61**	**$17,753,797.08**	**$17,937,637.99**	**($302,656.71)**	**$0.00**	**$2,962,720.43**	XX
											XX											XX
HNY-GR-CNTR9/2000	HNY w Rx, HNY without Rx, HD HNY w Rx, HD HNY without Rx	Healthy NY with Rx, Healthy NY without Rx, High Deductible Healthy NY with Rx, High Deductible Healthy NY without Rx	HMO	01/01/15	SG-HNY	HMO	Yes	Closed	1,129	4,643	XX	01/01/13	12/31/13	61,097	$18,593,976	$20,202,170	$19,325,567	$19,345,609	0	5,189,265	$4,994,169	XX
HNY-GR-CNTR9/2000	HNY w Rx, HNY without Rx, HD HNY w Rx, HD HNY without Rx	Healthy NY with Rx, Healthy NY without Rx, High Deductible Healthy NY with Rx, High Deductible Healthy NY without Rx	HMO	01/01/15	SG-HNY	HMO	Yes	Closed	1,375	2,164	XX	01/01/13	12/31/13	31,395	$8,825,810	$9,653,980	$12,099,803	$12,316,618	0	0	$0	XX

EXHIBIT 17: HISTORICAL CLAIM DATA

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
HNY-I-SUB-CTR9/2000	HNY w Rx, HNY without Rx, HD HNY w Rx, HD HNY without Rx	Healthy NY with Rx, Healthy NY without Rx, High Deductible Healthy NY with Rx, High Deductible Healthy NY without Rx	HMO	01/01/15	SG-HNY	HMO	Yes	Closed	1,937	2,545	XX	01/01/13	12/31/13	37,012	$0	$0	$15,303,662	$15,360,430	0	2,815,891	$891,911	XX
		HNY Subtotal		**01/01/15**							XX			**129,504**	**$27,419,786.00**	**$29,856,150.09**	**$46,729,031.77**	**$47,022,657.85**	**$0.00**	**###########**	**$5,886,079.59**	XX
											XX											XX
											XX											XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

	First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)									
	15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
XX	01/01/12	12/31/12	178,172	$75,927,987	$88,565,397	$65,238,676	$62,082,351	($107,237)	$0	$12,962,474	XX	01/01/11	12/31/11	308,126	$132,037,029	$181,798,639	$106,538,814	$99,193,147	($348,415)	$0	$21,715,485	XX
XX	01/01/12	12/31/12	25,072	$12,988,139	$15,150,524	$12,528,734	$11,845,951	($20,462)	$0	$2,328,506	XX	01/01/11	12/31/11	32,568	$16,182,712	$21,480,331	$14,849,230	$14,878,580	($52,261)	$0	$3,065,862	XX
XX	01/01/12	12/31/12	331,231	$96,309,005	$118,541,336	$100,620,689	$99,463,258	($171,806)	$0	$21,480,952	XX	01/01/11	12/31/11	401,680	$0	$141,345,421	$98,040,593	$101,056,622	($354,960)	$0	$24,808,494	XX
XX	01/01/12	12/31/12	20,518	$6,778,290	$8,283,744	$7,432,391	$7,726,656	($13,347)	$0	$1,330,631	XX	01/01/11	12/31/11	19,412	$4,913,221	$6,974,939	$6,251,069	$6,358,645	($22,335)	$0	$1,198,921	XX
XX	01/01/12	12/31/12	0	$0	$0	$14	$0	$0	$0	$0	XX	01/01/11	12/31/11	92	$148,070	$181,672	$342,293	$289,900	($1,018)	$0	$6,484	XX
XX	01/01/12	12/31/12	0	$0	$0	$0	$0	$0	$0	$0	XX	01/01/11	12/31/11	3	$2,862	$3,320	$6,473	$6,314	($22)	$0	$0	XX
	01/01/12	12/31/12	0	$0	$0	$0	$0	$0	$0	$0		01/01/11	12/31/11	0	$0	$0	$0	$0	$0	$0	$0	
XX	01/01/12	12/31/12	23,184	$11,327,872	$13,083,148	$12,531,312	$11,995,924	($20,721)	$0	$1,686,696	XX	01/01/11	12/31/11	33,169	$16,091,411	$22,124,657	$14,705,698	$14,182,576	($49,816)	$0	$2,337,618	XX
XX	01/01/12	12/31/12	8,401	$5,166,323	$6,092,505	$6,036,262	$5,975,260	($10,321)	$0	$780,224	XX	01/01/11	12/31/11	10,042	$5,627,708	$7,745,122	$6,469,297	$6,544,845	($22,989)	$0	$945,326	XX
XX	01/01/12	12/31/12	15,076	$5,015,002	$5,878,784	$4,560,222	$4,663,756	($8,056)	$0	$977,707	XX	01/01/11	12/31/11	14,373	$3,495,314	$4,827,632	$2,946,158	$3,274,364	($11,501)	$0	$887,703	XX
XX	01/01/12	12/31/12	226	$63,181	$71,759	$9,020	$9,020	($16)	$0	$14,657	XX	01/01/11	12/31/11	8	$44,298	$69,521	$1,027	$212	($1)	$0	$494	XX
XX			**601,880**	##############	##############	##############	##############	**($351,965.00)**	**$0.00**	**$41,561,846.08**	XX			**819,473**	##############	##############	##############	**$245,785,205.84**	**($863,317.00)**	**$0.00**	**$54,966,386.39**	XX
XX											XX											XX
XX	01/01/12	12/31/12	47,233	$21,903,178	$25,136,241	$19,144,856	$18,388,661	$303,671	$0	$2,840,422	XX	01/01/11	12/31/11	81,155	$44,763,803	$59,016,605	$33,141,256	$29,519,919	$1,278,413	$0	$5,569,440	XX
XX	01/01/12	12/31/12	0	$0	$0	($1,324)	$0	$0	$0	$0	XX	01/01/11	12/31/11	14	$513,765	$720,191	$442,212	$112,218	$4,860	$0	$0	XX
XX			**47,233**	**$21,903,177.97**	**$25,136,241.07**	**$19,143,531.62**	**$18,388,660.79**	**$303,671.00**	**$0.00**	**$2,840,422.03**	XX			**81,169**	**$45,277,568.44**	**$59,736,796.32**	**$33,583,467.51**	**$29,632,137.62**	**$1,283,273.00**	**$0.00**	**$5,569,440.22**	XX
XX											XX											XX
XX	01/01/12	12/31/12	68,801	$19,777,173	$23,557,120	$20,493,665	$20,562,749	$0	$6,417,707	$6,118,032	XX	01/01/11	12/31/11	70,232	$18,463,293	$24,239,442	$18,869,324	$18,763,946	$0	$6,692,432	$5,730,679	XX
XX	01/01/12	12/31/12	31,177	$8,423,086	$10,100,204	$11,127,145	$11,096,204	$0	$0	$0	XX	01/01/11	12/31/11	29,832	$7,281,590	$9,731,321	$10,082,391	$10,143,767	$0	$0	$0	XX

EXHIBIT 17: HISTORICAL CLAIM DATA

First Prior Experience Period
(NY statewide experience, base medical policy form + associated riders)

	15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)
XX	01/01/12	12/31/12	40,491	$0	$0	$16,853,408	$16,273,392	$0	$3,738,551	$1,673,615
XX			**140,469**	**$28,200,259.71**	**$33,657,323.23**	**$48,474,217.74**	**$47,932,344.26**	**$0.00**	**############**	**$7,791,646.89**
XX										
XX										

Second Prior Experience Period
(NY statewide experience, base medical policy form + associated riders)

	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)
XX	01/01/11	12/31/11	44,801	$12,111,250	$15,958,937	$17,365,485	$17,366,905	$0	$4,410,905	$1,404,387
XX			**144,865**	**$37,856,132.71**	**$49,929,699.37**	**$46,317,199.28**	**$46,274,618.32**	**$0.00**	**$11,103,337.00**	**$7,135,065.33**
XX										
XX										

Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment : Small Groups Off Exchange

Separate column for each plan design (on or off Exchange)

Line #	General	
1	Product*	Exchange Healthy NY
2	Product ID*	56184NY023
3	Metal Level (or catastrophic)*	Gold
4	AV Metal Value (HHS Calculator)*	0.790
5	AV Pricing Value (total, risk pool experience based)*	0.837
6	Plan Type*	HMO
7	Plan Name*	Standard HNY Gold 1
8	HIOS Plan ID*	56184NY0230001
9	Exchange Plan?*	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	163,920,353
10B	Member-Months for Latest Experience Period	462,913
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	354.11
11	Average Pricing Actuarial Value reflected in experience period	0.874
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**405.16**

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.017
14	Market wide adjustment for changes in provider network **	0.985
15	Market wide adjustment for fee schedule changes **	1.000
16	Market wide adjustment for utilization management changes **	1.000
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000

18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics ****	0.959
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1.000
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	0.931
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.132
26	Other 2 (Adjustment for Rx rebates)	0.982
27	Other 3 (specify)	1.000
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.994**

** Not Included in Claim Trend Adjustment

Index Rate Before Plan level Adjustments **351.92**

Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.837
30	Pricing actuarial value (only the induced demand factor) #	1.080
31	Impact of provider network characteristics ##	1.000
32	Impact of delivery system characteristics ##	1.000
33	Impact of utilization management practices ##	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.186
37	Profit/Contribution to surplus margins	1.020
38	Impact of eligibility categories (catastrophic plans only)	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	0.889
41	Other 1 (Prior Year SMC Credit)	0.995
42	Other 2 (enhanced wellness benefit)	1.001
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.968**

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**389.91**

EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) Complete a separate ROW for Metal Level/Product
- Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
- Enter in column 1 the Metal Tier level. Use the drop down menu.
- Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
- Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyy; enter the date in column heading.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.

4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense compone the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, ente rate and form filing.

5) **ACA Fees** are to be entered in columns 6.5 and 16.5.

6) This exhibit must be submitted as an Excel file and as a PDF file.

				For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6
Platinum	On Std	187	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	2.76%	8.00%	14.96%
Gold	On Std	153	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	2.89%	8.00%	15.09%
Silver	On Std	63	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	3.07%	8.00%	15.27%
Bronze	On Std	73	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	3.34%	8.00%	15.54%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

nts in the requested rates submitted for
er the data from the initial

				For the rate period included in this rate adjustment filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	On Std	187	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.96%	XX
Gold	On Std	153	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.09%	XX
Silver	On Std	63	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.27%	XX
Bronze	On Std	73	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.54%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing								
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium
Platinum	On Std	187	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.17%	7.80%
Gold	On Std	153	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.38%	7.80%
Silver	On Std	63	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.66%	7.80%
Bronze	On Std	73	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	4.16%	7.80%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Platinum	On Std	187	XX	15.67%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.67%
Gold	On Std	153	XX	15.88%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.88%
Silver	On Std	63	XX	16.16%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.16%
Bronze	On Std	73	XX	16.66%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.66%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014	
Platinum	On Std	187	XX
Gold	On Std	153	XX
Silver	On Std	63	XX
Bronze	On Std	73	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6
Gold	Off Std	2620	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	3.01%	8.00%	15.21%
Platinum	On Non Std	137	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	2.76%	8.00%	14.96%
Gold	On Non Std	103	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	2.91%	8.00%	15.11%
Silver	On Non Std	264	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	3.07%	8.00%	15.27%
Bronze	On Non Std	129	XX	01/01/15	12/31/15	6.13%	0.70%	1.00%	2.50%	0.00%	3.30%	8.00%	15.50%
			XX										0.00%
			XX										0.00%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in this rate adjustment filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Gold	Off Std	2620	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.21%	XX
Platinum	On Non Std	137	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.96%	XX
Gold	On Non Std	103	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.11%	XX
Silver	On Non Std	264	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.27%	XX
Bronze	On Non Std	129	XX	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.50%	XX
			XX							0.00%	XX
			XX							0.00%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing								
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium
Gold	Off Std	2620	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.38%	7.80%
Platinum	On Non Std	137	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.17%	7.80%
Gold	On Non Std	103	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.40%	7.80%
Silver	On Non Std	264	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	3.72%	7.80%
Bronze	On Non Std	129	XX	01/01/14	12/31/14	6.53%	0.70%	1.20%	2.80%	0.00%	4.08%	7.80%
			XX									
			XX									

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014		16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Gold	Off Std	2620	XX	15.88%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.88%
Platinum	On Non Std	137	XX	15.67%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.67%
Gold	On Non Std	103	XX	15.90%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.90%
Silver	On Non Std	264	XX	3.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.72%
Bronze	On Non Std	129	XX	16.58%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.58%
			XX	0.00%							0.00%
			XX	0.00%							0.00%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/15/2014	
Gold	Off Std	2620	XX
Platinum	On Non Std	137	XX
Gold	On Non Std	103	XX
Silver	On Non Std	264	XX
Bronze	On Non Std	129	XX
			XX
			XX

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
2) The HIOS IDs should be without the variants after the hyphen.
3) Column 3: Enter Metal Level. Use drop down menu.
4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)
56184NY0230001	Standard Healthy NY Gold 1 Off + Domestic Partner HNY	Gold	OFF	YES	26	YES	INCLUDED	NO	NO
56184NY0230002	Standard Healthy NY Gold 1 Off + Dependent Through Age 29 HNY + Domestic Partner HNY	Gold	OFF	YES	29	YES	INCLUDED	NO	NO
56184NY0230003	Standard Healthy NY Gold 1 Off	Gold	OFF	YES	26	NO	INCLUDED	NO	NO
56184NY0230004	Standard Healthy NY Gold 1 Off + Dependent Through Age 29 HNY	Gold	OFF	YES	29	NO	INCLUDED	NO	NO
56184NY0230005	Standard Healthy NY Gold 1 Off + Domestic Partner HNY + Family Planning Exclusion HNY Gold	Gold	OFF	YES	26	YES	EXCLUDED	NO	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)
56184NY0230006	Standard Healthy NY Gold 1 Off + Dependent Through Age 29 HNY + Domestic Partner HNY + Family Planning Exclusion HNY Gold	Gold	OFF	YES	29	YES	EXCLUDED	NO	NO
56184NY0230007	Standard Healthy NY Gold 1 Off + Family Planning Exclusion HNY Gold	Gold	OFF	YES	26	NO	EXCLUDED	NO	NO
56184NY0230008	Standard Healthy NY Gold 1 Off + Dependent Through Age 29 HNY + Family Planning Exclusion HNY Gold	Gold	OFF	YES	29	NO	EXCLUDED	NO	NO

11 Include Benefits in Addition to EHB? (yes, no)
NO
NO
NO
NO
NO

EXHIBIT 20

11 Include Benefits in Addition to EHB? (yes, no)
NO
NO
NO

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Groups Off Exchange

1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans (
2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	**1/1/13 - 12/31/13**					
1. Medical and Hospital	**2. Number of Services**	**3. Amounts of Allowed Charges**	**4. Average Membership**	**5. Average Allowed Charge [=3/2]**	**6. Utilization per Member [=2/4]**	**7. Allowed Charge per Member [=3/4]**
Inpatient Hospital	10623.00	33892538.67	38576.08	3190.49	0.28	878.59
Inpatient Mental Health	19.00	68386.11	38576.08	3599.27	0.00	1.77
Inpatient Alcohol and Sub. Abuse	17.00	36130.06	38576.08	2125.30	0.00	0.94
Newborn Birth Services	1173.00	1584576.47	38576.08	1350.88	0.03	41.08
Primary Care	104226.00	15260609.94	38576.08	146.42	2.70	395.60
Physician Specialty Services	102308.00	36150276.39	38576.08	353.35	2.65	937.12
Ambulatory Surgery	14060.00	24950702.41	38576.08	1774.59	0.36	646.79
Other Professional Services	11899.00	399577.10	38576.08	33.58	0.31	10.36
Special Therapies	19474.00	1589132.83	38576.08	81.60	0.50	41.19
Out-of-Area Other	0.00	0.00	38576.08	0.00	0.00	0.00
Emergency Room	6514.00	4780376.56	38576.08	733.86	0.17	123.92
Outpatient Mental Health	135.00	24880.92	38576.08	184.30	0.00	0.64
Outpatient Drug & Alcohol Treatment	119.00	16587.68	38576.08	139.39	0.00	0.43
Dental (excluding Orthodontia)	10.00	6046.60	3685.92	604.66	0.00	1.64

Experience Period:	1/1/13 - 12/31/13					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Pharmacy (Prescription Drugs)	712855.00	31600954.11	37190.75	44.33	19.17	849.70
Durable Medical Equipment	24297.00	4691994.34	38576.08	193.11	0.63	121.63
Home Health Care	1727.00	637453.60	38576.08	369.11	0.04	16.52
Transportation -Emergency	874.00	1061735.61	38576.08	1214.80	0.02	27.52
Diagnostic Testing, Lab & X-Ray	106451.00	22055284.43	38576.08	207.19	2.76	571.73
Family Planning	23905.00	1062468.65	38576.08	44.45	0.62	27.54
Vision Care (incl. eyeglasses)	1689.00	224633.22	38576.08	133.00	0.04	5.82
Pharmacy((Non Prescription Drugs)	279.00	4421.39	38576.08	15.85	0.01	0.11
Speech & Hearing	1950.00	183040.60	38576.08	93.87	0.05	4.74
Other Medical	0.00	0.00	38576.08	0.00	0.00	0.00
Total Medical & Hospital	1144604.00	180281807.69	38576.08	157.51	29.67	4673.41

EXHIBIT 22: MEDICAL AND HOSPIT

Company Name:
NAIC Code:
SERFF Number:
Market Segment:

Information requested applies to New York Stat Small Group Sole Proprietor plans to be excluded).
Include riders that may be available with policy
If members, covered lives or member months a
This exhibit must be submitted as an Excel file

Experience Period:	1/1/12 - 12/31/12					
1. Medical and Hospital	**2. Number of Services**	**3. Amounts of Allowed Charges**	**4. Average Membership**	**5. Average Allowed Charge [=3/2]**	**6. Utilization per Member [=2/4]**	**7. Allowed Charge per Member [=3/4]**
Inpatient Hospital	15179.00	42830389.54	55918.92	2821.69	0.27	765.94
Inpatient Mental Health	9.00	12308.00	55918.92	1367.56	0.00	0.22
Inpatient Alcohol and Sub. Abuse	105.00	141786.73	55918.92	1350.35	0.00	2.54
Newborn Birth Services	2400.00	3246226.92	55918.92	1352.59	0.04	58.05
Primary Care	153322.00	21485867.54	55918.92	140.14	2.74	384.23
Physician Specialty Services	147409.00	52224538.89	55918.92	354.28	2.64	933.93
Ambulatory Surgery	20971.00	33941430.71	55918.92	1618.49	0.38	606.98
Other Professional Services	18198.00	617776.02	55918.92	33.95	0.33	11.05
Special Therapies	27617.00	2089740.11	55918.92	75.67	0.49	37.37
Out-of-Area Other	0.00	0.00	55918.92	0.00	0.00	0.00
Emergency Room	9654.00	6781322.05	55918.92	702.44	0.17	121.27
Outpatient Mental Health	181.00	46714.82	55918.92	258.09	0.00	0.84
Outpatient Drug & Alcohol Treatment	149.00	15984.68	55918.92	107.28	0.00	0.29
Dental (excluding Orthodontia)	25.00	8937.20	4615.25	357.49	0.01	1.94

Experience Period:	1/1/12 - 12/31/12					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Pharmacy (Prescription Drugs)	1006955.00	46633541.35	54243.58	46.31	18.56	859.71
Durable Medical Equipment	33079.00	6122641.57	55918.92	185.09	0.59	109.49
Home Health Care	2132.00	374748.11	55918.92	175.77	0.04	6.70
Transportation -Emergency	1367.00	1494699.15	55918.92	1093.42	0.02	26.73
Diagnostic Testing, Lab & X-Ray	155117.00	29207518.58	55918.92	188.29	2.77	522.32
Family Planning	31701.00	1692618.72	55918.92	53.39	0.57	30.27
Vision Care (incl. eyeglasses)	3276.00	461449.97	55918.92	140.86	0.06	8.25
Pharmacy((Non Prescription Drugs)	399.00	6806.39	55918.92	17.06	0.01	0.12
Speech & Hearing	2184.00	187778.35	55918.92	85.98	0.04	3.36
Other Medical	0.00	0.00	55918.92	0.00	0.00	0.00
Total Medical & Hospital	1631429.00	249624825.40	55918.92	153.01	29.17	4464.05

EXHIBIT 22: MEDICAL AND HOSPIT

Company Name:
NAIC Code:
SERFF Number:
Market Segment:

Information requested applies to New York Stat
Include riders that may be available with policy
If members, covered lives or member months a
This exhibit must be submitted as an Excel file

Experience Period:	**1/1/11 - 12/31/11**					
1. Medical and Hospital	**2. Number of Services**	**3. Amounts of Allowed Charges**	**4. Average Membership**	**5. Average Allowed Charge [=3/2]**	**6. Utilization per Member [=2/4]**	**7. Allowed Charge per Member [=3/4]**
Inpatient Hospital	21348.00	55026845.44	76105.67	2577.61	0.28	723.03
Inpatient Mental Health	16.00	12198.00	76105.67	762.38	0.00	0.16
Inpatient Alcohol and Sub. Abuse	107.00	131807.30	76105.67	1231.84	0.00	1.73
Newborn Birth Services	2784.00	3628519.36	76105.67	1303.35	0.04	47.68
Primary Care	210146.00	27599024.93	76105.67	131.33	2.76	362.64
Physician Specialty Services	191503.00	60456757.02	76105.67	315.70	2.52	794.38
Ambulatory Surgery	29086.00	40231981.59	76105.67	1383.21	0.38	528.63
Other Professional Services	21654.00	824930.41	76105.67	38.10	0.28	10.84
Special Therapies	35316.00	2674239.31	76105.67	75.72	0.46	35.14
Out-of-Area Other	0.00	0.00	76105.67	0.00	0.00	0.00
Emergency Room	13192.00	8245257.64	76105.67	625.02	0.17	108.34
Outpatient Mental Health	277.00	57450.91	76105.67	207.40	0.00	0.75
Outpatient Drug & Alcohol Treatment	73.00	11068.37	76105.67	151.62	0.00	0.15
Dental (excluding Orthodontia)	32.00	14401.96	7034.50	450.06	0.00	2.05

Experience Period:	1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Pharmacy (Prescription Drugs)	1334734.00	61700130.65	74098.17	46.23	18.01	832.68
Durable Medical Equipment	42819.00	7798403.71	76105.67	182.12	0.56	102.47
Home Health Care	2730.00	514414.27	76105.67	188.43	0.04	6.76
Transportation -Emergency	1952.00	1840231.44	76105.67	942.74	0.03	24.18
Diagnostic Testing, Lab & X-Ray	208247.00	37095171.00	76105.67	178.13	2.74	487.42
Family Planning	43104.00	2272357.65	76105.67	52.72	0.57	29.86
Vision Care (incl. eyeglasses)	5336.00	746557.68	76105.67	139.91	0.07	9.81
Pharmacy((Non Prescription Drugs)	375.00	4389.92	76105.67	11.71	0.00	0.06
Speech & Hearing	2441.00	185203.41	76105.67	75.87	0.03	2.43
Other Medical	0.00	0.00	76105.67	0.00	0.00	0.00
Total Medical & Hospital	2167272.00	311071341.97	76105.67	143.53	28.48	4087.36

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premi
3) Premium rates are only for plans with the following benefit provisions:
(a) Through Age 29; **and**
(b) With Domestic Partner; **and**
(c) With Family Planning.
4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RA							
						Region 1	Region 2
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Albany	Buffalo
56184NY0230002	Gold	SG	Off	Standard	No	451	373

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regio
Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans aum rates for Employee Only on Small Grou
Premium rates are only for plans with the following benefit provisions:
(a) Through Age 29; **and**
(b) With Domestic Partner; **and**
(c) With Family Planning.
This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF RE\TES								
						Region 3	Region 4	Region 5
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Mid-Hudson	New York	Rochester
56184NY0230002	Gold	SG	Off	Standard	No	507	595	377

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regio
Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans aup Plans.
Premium rates are only for plans with the following benefit provisions:
(a) Through Age 29; **and**
(b) With Domestic Partner; **and**
(c) With Family Planning.
This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF RE								
						Region 6	Region 7	Region 8
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Syracuse	Utica	Long Island
56184NY0230002	Gold	SG	Off	Standard	No	490	460	N/A

625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

[Date]

[Contact Name]
[Group Name]
[Address]
[City State Zip]

RE: Notice of Proposed Premium Rate Change
[Insert Product Name]
[Insert HIOS Identification Number]

Dear [Name]:

MVP Health Plan, Inc. is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is [___]%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Generally, once a year MVP Health Care files for a change to the current premium rates on file for their products based on a review of the adequacy of the rate level. Premiums need to be sufficient to cover all medical and pharmacy claims submitted from the covered members, as well as cover the cost of operations and New York state statutory reserve requirements. We are requesting rate increases due to various factors, including: rising prices for medical services and prescription drugs, rising usage of medical services and prescription drugs, advances in medical technology, new state and federal benefit coverage mandates and a generally aging insured population. In addition to these factors, proposed premium rate changes will reflect expected pricing corrections needed to current rates.

Some assumptions that MVP made in setting premium rates for 2014 need significant modification, including the cost of care in the NYC rate region, the value of certain benefit plans and the expected impact of the Federal Risk Transfer Program between carriers. Another much less significant driver of premium rate increases for 2015 is the new benefit mandates for Mental Health and Substance Abuse coverage.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact MVP Health Plan, Inc. for additional information at:

Contact information for employers:
Please contact your MVP Account Representative or broker
www.mvphealthcare.com

Contact information for members:
MVP Health Plan, Inc.
625 State Street, P.O. Box 2207
Schenectady, NY 12301-2207
1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: **premiumrateincreases@dfs.ny.gov**
DFS Website: **www.dfs.ny.gov/healthinsurancepremiums**

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is MVP Health Plan, Inc.
2. The name of your plan, which is [Insert Plan Name]
3. Indicate that you have group coverage
4. Your HIOS identification number, which is [Insert the HIOS ID#]

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

MVP Health Plan, Inc. website: **www.mvphealthcare.com**
Click *Privacy and Compliance* at the bottom of the homepage

DFS website: **www.dfs.ny.gov/healthinsurancepremiums**

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

ACTION REQUIRED

All certificate holders (covered employees/retirees) must receive written notice of the proposed rate change described above. It could be confusing for certificate holders to receive the proposed rate adjustment without additional information. For example, the above information

does not explain how the rate adjustment could affect employee contribution levels. Because employers determine the employee contribution levels, MVP is delegating the sending of the proposed change notice to you. When sending the notice, you agree to include the proposed rate change as listed above, along with the above contact information for both the New York State Department of Financial Services and the member contact information for MVP.

If you do not agree to this delegation, please notify us within three (3) business days by emailing us at **nysratefilingnotice@mvphealthcare.com** so that we may notify your employees directly. Please be sure to include your group name, MVP group billing number and contact information within the email message so that we may do so.

We appreciate your business and look forward to serving you in the future.

Sincerely,

[redacted]

625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

[Date]

[Contact Name]
[Group Name]
[Address]
[City State Zip]

RE: Notice of Proposed Premium Rate Change
[Insert Product Name]
[Insert HIOS Identification Number]

Dear [Name],

MVP Health Plan, Inc. is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your premium is ___%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Generally, once a year MVP Health Care files for a change to the current premium rates on file for their products based on a review of the adequacy of the rate level. Premiums need to be sufficient to cover all medical and pharmacy claims submitted from the covered members, as well as cover the cost of operations and New York state statutory reserve requirements. We are requesting rate increases due to various factors, including: rising prices for medical services and prescription drugs, rising usage of medical services and prescription drugs, advances in medical technology, new state and federal benefit coverage mandates and a generally aging insured population. In addition to these factors, proposed premium rate changes will reflect expected pricing corrections needed to current rates.

Some assumptions that MVP made in setting premium rates for 2014 need significant modification, including the cost of care in the NYC rate region, the value of certain benefit plans and the expected impact of the Federal Risk Transfer Program between carriers. Another much less significant driver of premium rate increases for 2015 is the new benefit mandates for Mental Health and Substance Abuse coverage.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact MVP Health Plan, Inc. for additional information at:

MVP Health Plan, Inc.
625 State Street, P.O. Box 2207
Schenectady, NY 12301-2207
1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: **premiumrateincreases@dfs.ny.gov**
DFS Website: **www.dfs.ny.gov/healthinsurancepremiums**

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is MVP Health Plan, Inc.
2. The name of your plan, which is [Insert Plan Name]
3. Indicate that you have group coverage
4. Your HIOS identification number, which is [Insert the HIOS ID #]

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

MVP Health Plan, Inc. website: **www.mvphealthcare.com**
Click *Privacy and Compliance*
at the bottom of the homepage

DFS website: **www.dfs.ny.gov/healthinsurancepremiums**

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

[redacted]

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-129572989
Market Segment: Small Groups Off Exchange

A. Insurer Information:

MVP Health Plan, Inc.	HMO - 44	Not-for-Profit	95521
Company submitting the rate filing request	Company Type	Org. Type	Company NAIC Code

625 State Street, Schenectady, NY 12305
Company mailing address

B. Contact Person:

[redacted]	[redacted]	[redacted]
Rate filing contact person name, title	Contact phone number	Contact Email address

C. Actuarial Contact (If different from above):

[redacted]	[redacted]	[redacted]
Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information:

Jan 1 - Dec 31, 2015	1/1/2015	MVPH-129572989
New rate applicability period	New rate effective date	SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Small group Healthy NY only

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	This filing includes changes in the model language, changes to the standard plan designs. MVP's wellness benefit will replace the State benchmark Gym membership benefit. Mental Health and Substance Abuse benefits were modified in all products to comply with New York State and Federal Mental Health Parity mandates.
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	No.
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	MVP was granted an extension. The notices will be mailed by 6/18/2014.
4. Have all the required exhibits been submitted with this rate filing? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary and numerical summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of	Yes. The SERFF ID is MVPH-129569107.

Notes:

(1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).

(2) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment filing is submitted to the Department of Financial Services.

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1376577247, 1811917461		Albany Medical Center	1,628,855			
1801837539		Albany Memorial	72,089			
1013234723		Burdett Care Center	12,340			
1528024718		Columbia Memorial	72,734			
1487644993		Ellis Bellevue St. Clares	367,117			
1871606764		Glens Falls	344,682			
1336145168		Nathan Littauer	29,945			
1043267727		Samaritan Hospital-Troy	2,493			
1073569331		Saratoga Hospital	81,375			
1811982911		Seton Health	2,493			
1811977796		St. Mary's	38,079			
1497701106		St. Peter's	400,450			
1043455199, 1790727543		Catholic HS - Sisters Of Charity	116,178			
1497961205		Erie County Medical Center	20,195			
1639209596		Kaleida - Buffalo General Hospital	116,844			
1053441907		Kaleida - Millard Fillmore Suburban	4,923			
1245365196		Kaleida - Womens & Childrens Buffalo	1,580			
1609873520		Medina Memorial Hospital	30,005			
1285717298		Niagara Falls Memorial Med Ctr	4,579			
1548315401		Roswell Park Cancer Institute	98,132			
1902800352		United Memorial Medical Center	323,297			

EXHIBIT 21A

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1316924913		Wyoming County Community Hospital	110,550			
1932182599		Benedictine	266,483			
1659360709		Bon Secours	167,164			
1649251554, 1710977012		Catskill Reg Med Ctr	249,700			
1265484489		Kingston Hospital	381,914			
1124072715, 1659468833		Northern Dutchess	990,810			
1609875772		Orange Reg Med Ctr	1,639,397			
1972557379		Putnam	413,888			
1235131442		Sharon Hospital	170,058			
1598755324		St. Anthony	196,435			
1083693519		St. Francis	694,394			
1003923434		St. Luke's-Cornwall	965,233			
1740233899		Vassar	4,434,235			
1679573083		Blythedale's Childrens	48,660			
1346213469		Good Samaritan	499,313			
1881659274		Hudson Valley Hospital	143,255			
1134131030		Lawrence Hospital	24,430			
1912992215		Northern Westchester Hospital	725,026			
1104808062		Nyack	16,218			
1720185267		Phelps Memorial Hospital	73,499			
1720414154		Sound Shore	12,137			
1578526695		St. John's Riverside	36,419			
1932280666		Westchester Med Ctr	1,112,044			
1447255153		White Plain Hospital	166,541			
1366505463, 1891850152		Clifton Springs Hospital	76,306			
1194776351		Frederick Ferris Thompson Hospital	63,705			
1952418352		Geneva General Hospital	100,538			
1972548568		Highland Hospital	850,668			
1770671182		Newark Wayne Community Hospital	85,608			
1912175621, 1982625661		Nicholas Noyes Memorial Hospital	54,965			
1255360517		Rochester General Hospital	986,281			
1215044516, 1376686162		Soldiers & Sailors Memorial Hospital	3,123			
1346285657		Strong Memorial Hospital	2,436,261			
1700934668, 1760421713		The Unity Hospital Of Rochester	390,484			
1083605661		Arnot Ogden Medical	96,958			
1093712911		Auburn Mem'l	66,259			
1346241973		Corning	62,606			
1740287531		Cortland Memorial Hospital	9,810			
1033107743		Crouse	335,160			
1306930318		Ira Davenport Memorial Hospital	18,914			

EXHIBIT 21A

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1629087580		Lourdes Hospital	284,646			
1013985399		St James Mercy Hospital	11,289			
1508815333		St. Joseph's Hospital	598,518			
1578554630		SUNYCGS	537,827			
1518998699, 1699976613		UHS	404,111			
1699709576		Adirondack Med Center	10,500			
1114954682		Alice Hyde Medical Center	15,489			
1578529954		AO Fox	39,362			
1780600577		Bassett Hospital	62,735			
1053497388		Carthage Area	9,359			
1770593956		Chenango Memorial	24,431			
1891753034		Claxton Hepburn	15,244			
1033270699		CVPH	9,089			
1205877172		Faxton-St. Luke's	191,240			
1487689402		Lewis County	18,201			
1972604460		Massena Memorial Hospital	10,992			
1962408203		Oneida	16,646			
1871678458		Oswego Hospital	38,832			
1376546440		Rome Memorial	41,224			
1598713745		Samaritan Medical Center	89,819			
1821093402		St. Elizabeth	196,583			

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129572989
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter in Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital outpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1376577247, 1811917461		Albany Medical Center	478,283			
1801837539		Albany Memorial	104,078			
1467407833		Albany Regional Eye Surg Ctr	15,200			
1013234723		Burdett Care Center	4,950			
1942292545		Capital Region ASC	73,325			
1689741985, 1891862579		Cobleskill Regional Hospital	53,538			
1528024718		Columbia Memorial	176,941			
1487644993		Ellis Bellevue St. Clares	367,055			
1265495451		Exec Woods ASC	17,498			
1932248762		Gastro Assn of North NY	10,890			
1871606764		Glens Falls	471,970			
1336145168		Nathan Littauer	328,612			
1053303826		New England Laser&Cosm	1,505			
1043267727		Samaritan Hospital-Troy	70,795			
1073569331		Saratoga Hospital	272,105			
1629175062		Saratoga-SY Endoscopy	31,502			
1811982911		Seton Health	51,113			
1811977796		St. Mary's	146,303			
1497701106		St. Peter's	355,300			
1750376836		St. Peters ASC	58,371			
1578664470		Sunnyview	7,409			

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1770598104		Catholic HS - Kenmore Mercy	9,485			
1164464921		Catholic HS - Mercy Hosp Of Buffalo	5,588			
1043455199, 1790727543		Catholic HS - Sisters Of Charity	11,339			
1063400539		Eastern Niagara Hospital Inc	17,618			
1497961205		Erie County Medical Center	32,167			
1104842178		Genesee Valley Group Health Asc	13,898			
1639209596		Kaleida - Buffalo General Hospital	37,326			
1053441907		Kaleida - Millard Fillmore Suburban	53,498			
1245365196		Kaleida - Womens & Childrens Buffalo	14,018			
1609873520		Medina Memorial Hospital	104,336			
1043394745		Mount Saint Marys Hospital	6,224			
1285717298		Niagara Falls Memorial Med Ctr	175			
1548315401		Roswell Park Cancer Institute	189,197			
1902800352		United Memorial Medical Center	1,209,287			
1316924913		Wyoming County Community Hospital	271,329			
1932182599		Benedictine	428,677			
1659360709		Bon Secours	314,653			
1649251554, 1710977012		Catskill Reg Med Ctr	444,374			
1568433142		Central New York Eye	15,525			
1922230853		Crystal Run ASC	233,639			
1417940719		Delaware Valley Hospital	23,516			
1043246077		Dutchess Amb Surgical	61,463			
1568583896		Eastern Orange Ambulatory Surgery Center	100,177			
1073525341		Ellenville	40,664			
1831259795		Grand Street Gastroenterology	26,950			
1801944343		Hudson Valley Amb Surg Ctr	91,728			
1881639318		Hudson Valley Ctr at St. Francis	43,707			
1396825386		Hudson Valley Endo	138,935			
1568471852		Kingston Amb Surg Ctr	32,246			
1265484489		Kingston Hospital	338,929			
1164473039		Margaretville Memorial	14,302			
1124072715, 1659468833		Northern Dutchess	935,345			
1891728192		O'Connor Hospital	19,261			
1609875772		Orange Reg Med Ctr	1,696,095			
1972557379		Putnam	701,905			
1235131442		Sharon Hospital	242,209			
1598755324		St. Anthony	386,618			
1083693519		St. Francis	474,278			
1003923434		St. Luke's-Cornwall	585,807			
1225226962		Tri Town	17,889			
1740233899		Vassar	2,566,061			
1679573083		Blythedale's Childrens	754			
1346213469		Good Samaritan	282,791			

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1881659274		Hudson Valley Hospital	168,809			
1134131030		Lawrence Hospital	62,814			
1912992215		Northern Westchester Hospital	626,594			
1104808062		Nyack	333,913			
1720185267		Phelps Memorial Hospital	267,712			
1720414154		Sound Shore	6,125			
1578526695		St. John's Riverside	53,235			
1477640258		St. Joseph's - Yonkers	1,042			
1932280666		Westchester Med Ctr	662,712			
1447255153		White Plain Hospital	425,281			
1265442537		Brighton Surgery Center	36,229			
1366505463, 1891850152		Clifton Springs Hospital	100,076			
1194776351		Frederick Ferris Thompson Hospital	334,317			
1952418352		Geneva General Hospital	192,454			
1972548568		Highland Hospital	427,106			
1770671182		Newark Wayne Community Hospital	216,204			
1912175621, 1982625661		Nicholas Noyes Memorial Hospital	321,029			
1265753446, 1649391244, 1780788554		NY Dialysis	138,704			
1255360517		Rochester General Hospital	1,178,806			
1215044516, 1376686162		Soldiers & Sailors Memorial Hospital	36,530			
1346285657		Strong Memorial Hospital	3,430,545			
1700934668, 1760421713		The Unity Hospital Of Rochester	418,154			
1194091801		Unity Linden Oaks ASC	73,821			
1639172828		Westfall Surgery	42,574			
1083605661		Arnot Ogden Medical	187,493			
1093712911		Auburn Mem'l	75,346			
1720388465		Camillus ASC	11,241			
1962422733		Cayuga Medical Center	69,145			
1346241973		Corning	485,249			
1740287531		Cortland Memorial Hospital	43,545			
1033107743		Crouse	315,549			
1053505511		DDC of CNY	26,110			
1811080963		EPC Center	12,058			
1295002806		Heritage One Day Surgery	39,045			
1306930318		Ira Davenport Memorial Hospital	71,734			
1629087580		Lourdes Hospital	322,065			
1639150477		Schuyler Hospital	7,956			
1639261365		Specialist 1 day Surg	37,195			
1265488563		Specialty Surg Ctr of CNY	14,556			
1013985399		St James Mercy Hospital	90,570			

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
1295731123		St. Joseph's - Elmira	19,239			
1508815333		St. Joseph's Hospital	513,884			
1578554630		SUNYCGS	568,784			
1073587416		Syracuse Endo SEA	8,340			
1518998699, 1699976613		UHS	359,302			
1427282771		Upstate Orthopedics ASC	19,613			
1699709576		Adirondack Med Center	53,765			
1114954682		Alice Hyde Medical Center	34,141			
1578529954		AO Fox	63,274			
1780600577		Bassett Hospital	561,251			
1568548782		Canton-Potsdam	41,916			
1053497388		Carthage Area	46,724			
1770593956		Chenango Memorial	40,548			
1891753034		Claxton Hepburn	51,177			
1235184649		Clifton Fine	1,027			
1992707608		Community Memorial	42,060			
1033270699		CVPH	121,982			
1316940745		EJ Noble	5,636			
1891785184		Elizabethtown	53			
1205877172		Faxton-St. Luke's	429,801			
1487689402		Lewis County	69,329			
1558321919		Little Falls Hospital	41,679			
1972604460		Massena Memorial Hospital	20,823			
1972894962		Mohawk Valley Endo	26,871			
1083607915		Moses-Ludington	759			
1962408203		Oneida	87,202			
1871678458		Oswego Hospital	62,370			
1003814641		River Hospital	15,610			
1376546440		Rome Memorial	147,691			
1598713745		Samaritan Medical Center	504,347			
1821093402		St. Elizabeth	121,455			

Unified Rate Review v2.0.2

Company Legal Name: **MVP Health Plan, Inc.** State: **NY**
HIOS Issuer ID: **56184** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$38,622,383	$373.68	100.00%
Incurred Claims in Experience Period	$38,290,292	370.46	99.14%
Allowed Claims:	$41,963,672	406.00	108.65%
Index Rate of Experience Period		$406.00	
Experience Period Member Months	103,358		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	208.98	4,189.12	$72.95	1.000	1.000	1.077	1.000	208.98	$4,855.05	$84.55	216.22	$4,557.11	$82.11
Outpatient Hospital	Visits	1,263.76	854.96	90.04	1.000	1.000	1.065	1.000	1,263.76	970.12	102.17	1409.89	830.52	97.58
Professional	Visits	6,399.62	268.12	142.99	1.000	1.000	1.021	1.000	6,399.62	279.38	148.99	6807.04	264.68	150.14
Other Medical	Other	1,350.84	126.64	14.26	1.000	1.000	1.067	1.000	1,350.84	144.26	16.24	1452.25	326.72	39.54
Capitation	Benefit Period	12,000.00	31.51	31.51	1.000	1.000	1.080	1.000	12,000.00	36.75	36.75	12000.00	8.23	8.23
Prescription Drug	Prescriptions	9,656.26	67.42	54.25	1.000	1.000	1.071	1.000	9,656.26	77.36	62.25	11117.20	86.77	80.38
Total				$406.00							$450.95			$457.98

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$457.98	$91,719,729
Paid to Allowed Average Factor in Projection Period			0.826	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$378.17	$75,737,034
Projected Risk Adjustments PMPM			26.25	5,256,816
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$351.92	$70,480,218
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$351.92	$70,480,218
Administrative Expense Load		11.61%	49.37	9,887,392
Profit & Risk Load		1.99%	8.48	1,697,406
Taxes & Fees		3.61%	15.36	3,076,561
Single Risk Pool Gross Premium Avg. Rate, PMPM			$425.13	$85,141,578
Index Rate for Projection Period			$457.98	
% increase over Experience Period			13.77%	
% Increase, annualized:			6.66%	
Projected Member Months				200,271

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.

Product-Plan Data Collection

Company Legal Name:	**MVP Health Plan, Inc.**	State:	**NY**
HIOS Issuer ID:	**56184**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Exchange Standard Group				Exchange Non-Standard Group							Exchange Non-Standard HD Group			Exchange Health NY	Terminated Products
Product ID:	56184NY016				56184NY017							56184NY021			56184NY023	56184NY001
Metal:	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Platinum	Bronze	Silver	Gold	Gold	Catastrophic
AV Metal Value	0.620	0.707	0.790	0.881	0.618	0.684	0.785	0.884	0.611	0.694	0.882	0.587	0.683	0.782	0.790	0.600
AV Pricing Value	0.601	0.732	0.837	0.929	0.635	0.729	0.820	0.925	0.619	0.732	0.935	0.613	0.730	0.788	0.837	0.500
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Standard Bronze	Standard Silver	Standard Gold	Standard Platinum	Non-Standard Bronze 2	Non-Standard Silver 2	Non-Standard Gold 1	Non-Standard Platinum 1	Non-Standard Bronze 1	Non-Standard Silver 1	Non-Standard Platinum 2	Non-Standard Gold 3	Non-Standard Gold 4	Non-Standard Gold 5	Standard HNY Gold 1	Catastrophic
Plan ID (Standard Component ID):	56184NY0160025	56184NY0160027	56184NY0160029	56184NY0160031	56184NY0170044	56184NY0170052	56184NY0170056	56184NY0170061	56184NY0170068	56184NY0170048	56184NY0170062	56184NY0210022	56184NY0210023	56184NY0210024	56184NY0230001	56184NY0010001
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Historical Rate Increase - Calendar Year - 2	0.00%				0.00%							0.00%			0.00%	9.31%
Historical Rate Increase - Calendar Year - 1	0.00%				0.00%							0.00%			0.00%	7.47%
Historical Rate Increase - Calendar Year 0	0.00%				0.00%							0.00%			0.00%	0.00%
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	14.58%	10.30%	9.71%	9.83%	15.53%	10.51%	8.96%	9.30%	13.76%	14.55%	9.77%	17.11%	10.06%	10.14%	9.72%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	14.58%	10.30%	9.71%	9.83%	15.53%	10.51%	8.96%	9.30%	13.76%	14.55%	9.77%	17.11%	10.06%	10.14%	9.72%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%
Product Threshold Rate Increase %	9.84%				9.96%							10.59%			9.72%	#DIV/0!

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

Plan ID (Standard Component ID):	Total	56184NY0160025	56184NY0160027	56184NY0160029	56184NY0160031	56184NY0170044	56184NY0170052	56184NY0170056	56184NY0170061	56184NY0170068	56184NY0170048	56184NY0170062	56184NY0210022	56184NY0210023	56184NY0210024	56184NY0230001	56184NY0010001
Inpatient	$0.00	$5.83	$5.13	$5.62	$6.55	$6.45	$5.21	$5.11	$6.17	$5.68	$7.04	$6.54	$6.80	$5.01	$5.58	$5.11	$0.00
Outpatient	$0.00	$11.54	$10.16	$11.13	$12.96	$12.76	$10.31	$10.12	$12.21	$11.24	$13.94	$12.95	$13.46	$9.91	$11.04	$10.12	$0.00
Professional	$0.00	$4.18	$3.68	$4.03	$4.69	$4.62	$3.73	$3.66	$4.42	$4.07	$5.05	$4.69	$4.87	$3.59	$4.00	$3.67	$0.00
Prescription Drug	$0.00	$8.16	$7.18	$7.87	$9.17	$9.02	$7.29	$7.15	$8.63	$7.95	$9.86	$9.16	$9.52	$7.01	$7.81	$7.16	$0.00
Other	$0.00	$2.27	$2.00	$2.19	$2.55	$2.51	$2.03	$1.99	$2.40	$2.21	$2.74	$2.55	$2.65	$1.95	$2.17	$1.99	$0.00
Capitation	$0.00	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$1.89	$0.00
Administration	$0.00	$3.57	$2.99	$3.32	$3.98	$4.03	$3.05	$2.93	$3.69	$3.45	$4.46	$3.98	$4.31	$2.89	$3.30	$2.96	$0.00
Taxes & Fees	$0.00	-$0.58	-$0.66	-$0.53	-$0.33	-$0.46	-$0.64	-$0.63	-$0.40	-$0.60	-$0.32	-$0.33	-$0.40	-$0.68	-$0.55	-$0.65	$0.00
Risk & Profit Charge	$0.00	$0.35	$1.82	$3.27	$4.85	$0.68	$1.79	$3.09	$4.80	$0.52	$1.82	$4.91	$0.46	$1.80	$2.76	$2.30	$0.00
Total Rate Increase	$0.00	$37.21	$34.20	$38.80	$46.32	$41.51	$34.67	$35.32	$43.82	$36.43	$46.49	$46.34	$43.57	$33.37	$38.00	$34.56	$0.00
Member Cost Share Increase	$0.00	$3.47	$7.32	$5.45	$1.84	-$0.45	$6.59	$8.05	$3.67	$3.75	-$3.27	$1.56	-$2.23	$7.68	$5.79	$4.90	$0.00
Average Current Rate PMPM	$384.41	$255.21	$331.85	$399.46	$471.06	$267.27	$329.89	$394.09	$471.35	$264.66	$319.56	$474.36	$254.63	$331.69	$374.78	$355.35	$0.00
Projected Member Months	200,271	1	756	1,836	2,244	4,836	12,732	12,204	67,596	1	11,616	1,488	8,088	58,164	18,708	1	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	56184NY0160025	56184NY0160027	56184NY0160029	56184NY0160031	56184NY0170044	56184NY0170052	56184NY0170056	56184NY0170061	56184NY0170068	56184NY0170048	56184NY0170062	56184NY0210022	56184NY0210023	56184NY0210024	56184NY0230001	56184NY0010001
Average Rate PMPM	$373.68																$373.68
Member Months	103,358																103,358
Total Premium (TP)	$38,622,383	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$38,622,383
EHB Percent of TP, [see instructions]	100.00%																100.00%
state mandated benefits portion of TP that are other than EHB	0.00%																0.00%
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Total Allowed Claims (TAC)	$41,963,672																$41,963,672
EHB Percent of TAC, [see instructions]	100.00%																100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%																0.00%
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$3,673,379																$3,673,379
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
Total Incurred claims, payable with issuer funds	$38,290,292	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$38,290,292
Net Amt of Rein	$0.00																$0.00
Net Amt of Risk Adj	$0.00																$0.00
Incurred Claims PMPM	$370.46	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$370.46
Allowed Claims PMPM	$406.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$406.00
EHB portion of Allowed Claims, PMPM	$406.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$406.00

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

Plan ID (Standard Component ID):	Total	56184NY0160025	56184NY0160027	56184NY0160029	56184NY0160031	56184NY0170044	56184NY0170052	56184NY0170056	56184NY0170061	56184NY0170068	56184NY0170048	56184NY0170062	56184NY0210022	56184NY0210023	56184NY0210024	56184NY0230001	56184NY0010001
Plan Adjusted Index Rate	$423.61	$292.42	$366.05	$438.25	$517.38	$308.78	$364.56	$429.41	$515.17	$301.08	$366.05	$520.70	$298.19	$365.06	$412.78	$389.91	
Member Months	200,271	1	756	1,836	2,244	4,836	12,732	12,204	67,596	1	11,616	1,488	8,088	58,164	18,708	1	-
Total Premium (TP)	$84,836,030	$292	$276,732	$804,630	$1,161,006	$1,493,281	$4,641,575	$5,240,564	$34,823,315	$301	$4,252,004	$774,807	$2,411,796	$21,233,090	$7,722,246	$390	$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Total Allowed Claims (TAC)	$91,913,046	$418	$329,234	$845,215	$1,107,717	$2,029,033	$5,543,438	$5,611,069	$33,358,005	$419	$5,058,702	$734,851	$3,387,526	$25,326,209	$8,580,800	$409	
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Allowed Claims which are not the issuer's obligation	$16,498,325	$160	$83,667	$129,675	$73,552	$707,107	$1,424,801	$951,781	$2,340,383	$153	$1,285,546	$44,651	$1,253,654	$6,484,985	$1,718,148	$63	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!

Total Incurred claims, payable with issuer funds	$75,414,721	$259	$245,567	$715,540	$1,034,166	$1,321,926	$4,118,637	$4,659,288	$31,017,622	$266	$3,773,157	$690,199	$2,133,872	$18,841,224	$6,862,652	$346	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Net Amt of Risk Adj	$5,234,445	$18	$17,045	$49,665	$71,780	$91,753	$285,870	$323,396	$2,152,896	$18	$261,890	$47,906	$148,109	$1,307,747	$476,328	$24	