State: *New York* ***Filing Company:*** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO*
Product Name: *MVP Health Plan, Inc*
Project Name/Number: */*

Filing at a Glance

Company:	MVP Health Plan, Inc.
Product Name:	MVP Health Plan, Inc
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.003C Large Group Only - HMO
Filing Type:	Rate Adjustment pursuant to Section 4308(c)
Date Submitted:	07/25/2013
SERFF Tr Num:	MVPH-129014891
SERFF Status:	Submitted to State
State Tr Num:	2013070125
State Status:	
Co Tr Num:	ANNUAL SUBMISSION HMO LARGE
Implementation Date Requested:	01/01/2014
Author(s):	[redacted]
Reviewer(s):	
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.003C Large Group Only - HMO*
Product Name: *MVP Health Plan, Inc*
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: 07/25/2013
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: Large
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
MVP's 2014 annual rate submission for community rated large group HMO portfolio.

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

State: *New York* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO*
Product Name: *MVP Health Plan, Inc*
Project Name/Number: */*

1. Is a parallel product being submitted for another 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.): No
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.): Group Remittance
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 an out-of-state 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-129057425. NYS tracking ID: 2013070021

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO
Product Name: MVP Health Plan, Inc
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)
Comments:	Please see attached.
Attachment(s):	PA Rate Adjustment Filing Checklist-04182013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	Please see attached.
Attachment(s):	Consumer Disclosure for HMO 2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	Please see attached.
Attachment(s):	HMO renewal letter NY LARGE final version 7-25-2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	Please see attached.
Attachment(s):	2014 Approved Large Group HMO Employer Iniitial Notice.pdf 2014 Approved Large Group HMO Subscriber Iniital Notice.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	Please see attached.

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO
Product Name: MVP Health Plan, Inc
Project Name/Number: /

Attachment(s):	2014 MVPHP HMO Rate Filing Actuarial Memo Redacted.pdf Lg HMO Standard_Exhibit_1 (4-8-13) redacted.pdf Lg HMO Standard_Exhibit_1 (4-8-13) redacted.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses
Comments:	Please see attached.
Attachment(s):	Lg HMO Standard_Exhibit_2 (4-8-13).pdf Lg HMO Standard_Exhibit_2 (4-8-13) valued.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 3 - Narrative Summary
Comments:	Please attached.
Attachment(s):	2014 Approved Large Group Narrative Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 4 - Part B - Summary of Proposed Percentage Rate Changes
Comments:	Please see attached.
Attachment(s):	Lg HMO Standard_Exhibit_4B (4-8-13).pdf Lg HMO Standard_Exhibit_4B (4-8-13) valued.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 4 - Part D - Summary of Proposed Percentage Rate Changes
Comments:	Please see attached.
Attachment(s):	Lg HMO Standard_Exhibit_4D (4-8-13).pdf Lg HMO Standard_Exhibit_4D (4-8-13) valued.xls
Item Status:	

State: New York **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO
Product Name: MVP Health Plan, Inc
Project Name/Number: /

Status Date:	

Satisfied - Item:	Standard Exhibit 5 - Part B - Distribution of Contracts Affected by Proposed Rate Adjustments
Comments:	Please see attached.
Attachment(s):	Lg HMO Standard_Exhibit_5B (4-8-13).pdf Lg HMO Standard_Exhibit_5B (4-8-13) valued.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 7 - Historical Data
Comments:	Please see attached.
Attachment(s):	Lg HMO Standard_Exhibit_7 (4-8-13).pdf Lg HMO Standard_Exhibit_7 (4-8-13) valued.xls
Item Status:	
Status Date:	

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 4/8/2013

The changes are summarized below:

1. For exhibits 4 and 5 the weighted averages should be based on annualized premiums (not by members or contracts). In Exhibit 5, the distribution of the size of rate change is still shown by members or contracts.
2. A draft copy of the Narrative and Initial Notice should be submitted to the Department for prior review using the "Prior Approval Prefiling" filing type code. Previously only the initial notice was mentioned in the material below.

This checklist applies to rate adjustment filings for GRANDFATHERED products and policyholders as that term is defined by HHS in their regulations. A different checklist and different filing type codes will be developed for future non-grandfathered rate adjustment filings.

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates. "Community rating" means a rating methodology in which the premium for all persons covered by a policy or contract form is the same, based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status or occupation. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type

code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing (a new form or a revision to an existing form) must be a separate filing from the rate adjustment filing. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c).

The "Normal Pre-Approval" SERFF filing type code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A "Normal Pre-Approval" SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recently approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2012; a benefit revision is submitted January 2012 to be effective July 1, 2012; this form and rate filing can include rolling rate tables for third and fourth quarter 2012, but not beyond fourth quarter 2012).

The filing type codes "Exchange Form & Rate Filing" and "Off Exchange NG Form & Rate Filing" are to be used to submit form and rating filings for new non-grandfathered products/plan designs to be sold on the Exchange, and off the Exchange, respectively.

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a "Normal Pre-Approval" SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2010, Microsoft Excel 2010, or Adobe Acrobat 9.

When an attachment is submitted via SERFF as other than an Adobe Acrobat PDF file, another copy of that attachment is to also be included in Adobe Acrobat PDF file format. This can occur when one of the standard exhibits is required to be submitted as an Excel workbook, or when an appendix/attachment to the actuarial memorandum is submitted in other than PDF format. Failure to include a PDF version of each attachment will result in an objection letter being sent for the missing material and the rate submission will be tolled while waiting for the missing material to be submitted.

The rate manual and the year over year exhibit (if distinct versions are used) are to be attached to the Rate Schedule tab of an initial SERFF filing. All other attachments are to be attached to the Supporting Documentation tab of the initial SERFF filing.

An "amendment" to a SERFF filing, as described beginning on page 183 of the SERFF Industry Manual (available online via SERFF), is used when the amendment is not in response to an objection letter. For example: the filer has decided to add a schedule item; the filer has noticed an error in one of the originally submitted schedule items and is submitting a correction before the error is raised in an objection letter. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be amended, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be corrected.

A revision to a previously submitted schedule item made in response to an objection letter is to use the "Revising Schedule Items" process described beginning page 170 of the SERFF Industry Manual. This is the method that is to be used when any schedule item needs to be revised in response to an objection letter, including a revised rate manual to be submitted in response to the Department's decision. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be revised in response to an objection letter, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be revised.

NOTE: A "Public Disclosure of the Rate Application" section has been added at the end of the checklist. If the applicant chooses to submit a redacted version of the rate application for posting on the Department's website, see the guidance there.

NOTE: Parts I and II of the HHS Preliminary Justification are now required for all market segments and for all section 3231(e)(1) or 4308(c) rate submissions. See the section "HHS Preliminary Justification Parts I and II" below for guidance. (This refers to the material that an insurer is required to submit to HHS for a rate adjustment filing on "grandfathered" business, or what would be submitted to HHS if the "subject to review" threshold was exceeded by this filing.)

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS	a.	**Company** refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing. b. A company's **commercial book of business** includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. **Loss ratio** refers to incurred claims divided by earned premiums for a given period	

		of time. Incurred claims includes the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses, including "quality improvement expenses" or "community benefit expenses". Earned premiums do not include any adjustment for assessments or taxes. d. **Market segment** refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc. Small group is as defined in New York Insurance Law and Regulation. e. **Product street name** refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department. f. **Rate applicability period** refers to the length of time in which the rates in a rate table are assumed to remain in effect. (i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012. (ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013. g. **Standardized earned premium** is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective). Refunds payable pursuant to Regulation 146 or pursuant to a loss ratio report have no impact on the earned premiums or standardized earned premiums shown in Exhibit 7 or in the rate development analysis. (i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2012 and 1st and 2nd quarters 2013. The 2nd quarter 2012 rates have already been approved. Therefore, the 2nd quarter 2012 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2012 rate level. If the 2nd quarter 2012 rate table included a 2% increase due to the addition of a new	

		benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2012 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit. (ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2011 rate for plan design A is $100, the first quarter 2012 rate is $116.99, and the second quarter 2012 rate is $121.67. These increases reflect no revision to the underlying covered benefits. The second quarter 2012 rate table is the standard rate level. Contract X was paying $100 per month for January-December 2011. At renewal January 1, 2012, the premium was scheduled to increase to $116.99 but a change to plan design B occurred that reduced the premium by 5% to $111.14 for January 2012 and later. The second quarter 2012 rate for plan design A is $121.67 and the second quarter 2012 rate for plan design B is $115.58 ($121.67 x 0.95). The earned premium for this contract for each month from January through December 2011 is standardized to the second quarter 2012 level by adjusting by 121.67/100.00, and the January 2012 earned premium is standardized to the second quarter 2012 level by adjusting by 115.58/111.14.	
ROLLING RATE STRUCTURE	a.	Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates). b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period. c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).	
CHANGES TO PREVIOUSLY APPROVED RATE TABLES	a.	Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. b. A company can revise a previously approved non-rolling rate table provided that: (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or	

		(ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing. c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year's worth of rates as discussed in the "Rolling Rate Structure" section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2012. The company can not revise the 1st and 2nd quarter 2012 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2012 and 1st and 2nd quarter 2013.) The Department may waive these requirements if the company can demonstrate to the Superintendent's satisfaction that the solvency of the corporation is threatened.	
STANDARD EXHIBITS 1 - 7	Introduction	Exhibits 1 through 7 must be submitted as part of each rate adjustment application. All exhibits, except Exhibit 3, must be submitted as a Microsoft Excel file and as an Adobe PDF file. For Exhibits 1-2 and 4-7 the supplied workbook must be used. Only use the first tab of each Excel workbook for data entry.	
Exhibit 1		**General information about the rate adjustment submission.** a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit. b. Indicate the company type using the drop down list: Article 42 Accident and Health company (A&H – 42), HMO (HMO – 44), Article 42 Life company (Life – 42), Article 41 property/casualty company (P&C – 41), and Article 43 Non-Profit Medical and Dental Indemnity or Health and Hospital Service Corporations (Not for Profit – 43). c. Indicate the organization type (Org Type), for profit or not for profit, by using the drop down list. d. Item D – the "new rate effective date" must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would	Lg HMO Standard_Exhibit_1 (4-8-13)

		affect renewing policyholders. So a 1/1/2013 effective date would imply that the first renewal cohort affected by the rate submission would be January 2013. e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected. f. This exhibit must be submitted as an Excel file and as an Adobe PDF file.	
Exhibit 2		**Summary of Average Claim Trend and Administrative Expenses Included in Current and Prior Rate Adjustment Filings.** a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; insert more rows as needed. Only use the first tab for data entry. b. Use a separate row to enter information for each combination of market segment/rating pool included in this rate adjustment application. Use the drop down list to enter the market segment. Enter a description of the rating pool in the column indicated; if the rating pools vary by rating region, the rating pool identifier should include a region identifier. All market segments of Healthy New York are usually combined into one rating pool and in that case choose as market segment HNY-IND or HNY-SG based on which subpopulation has the most membership. c. Information is for medical base plans and all associated riders combined. d. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rate applicability period. e. The administrative expense components incorporated into the proposed rates are to be entered as a percentage of gross premium and as a per member per month amount. f. Enter the data for the rate period included in this rate adjustment filing. This refers to the various non-claim expense components included in the proposed rates and the average annualized claim trend assumed. g. Enter the data for the rate period included in the immediately prior rate adjustment filing (i.e., a section 3231(e)(1) or 4308(c) rate adjustment filing). This refers to the various non-claim expense components included in the proposed rates submitted with this prior filing and the average annualized claim trend assumed in this prior filing. If there is no immediately prior rate adjustment filing, enter the data assumed in the initial or prior form and rate filing.	Lg HMO Standard_Exhibit_2 (4-8-13)
Exhibit 3	Circular Letter No. 12 (2011)	**Narrative Summary.** a. As indicated in Circular Letter No. 12 (2011), a draft of the narrative summary should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the "Prior Approval	2014 Approved Large Group Narrative Summary

		Prefiling" filing type code. b. The format of the exhibit is illustrative, but must include the required material. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. If submitted as a Word or Excel file, also submit another version in PDF format. c. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company's policyholders and subscribers to help them understand why a rate increase is needed. d. The narrative summary will be a public document. e. It is suggested that once reviewed by the Department, the company post the narrative summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for entering a user ID and password. Links should be provided on key pages of the company's website so that the information may be easily located. Any change(s) to the narrative summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified. Narrative summaries should remain on the company's website for at least 12 months past the proposed effective date of the rate submission. f. The narrative summary should include, but not be limited to, the following information: (i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application. (ii) A summary of the proposed rate adjustments. (iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy). (iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples: i. Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy. ii. A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy. (v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission. (vi) An explanation, in plan language, as to why it is necessary to request such rate	

		change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type. Each page of the narrative summary should be numbered (i.e., [page] of [pages]).	
Exhibit 4		**Summary of Proposed Percentage Rate Change to Existing Rate.** a. There are four different versions of this exhibit as indicated below. Not all versions may be required for a given rate filing. (i) Part A – Base Medical Plan information when a Non-Rolling Rate Structure is used. (ii) Part B – Base Medical Plan information when a Rolling Rate Structure is used. (iii) Part C – Drug Rider information when a Non Rolling Rate Structure is used. (iv) Part D – Drug Rider information when a Rolling Rate Structure is used. b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment filing. Use the drop down list to enter the market segment. c. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for data entry. d. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber's next rate change date according to the new rate application. Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2013 issues and renewals. The rate change would be the percentage change from the second quarter 2012 rates to proposed second quarter 2013 rates. Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2013. The prior rate application included quarterly rolling rates for each quarter of 2012. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2012 before all the third and fourth quarter 2012 renewals have taken place. The proposed percentage change for fourth quarter 2013 would be the change from the fourth quarter 2012 rates to the proposed fourth quarter 2013 rates. e. If the subscriber will need to change to a different plan design at renewal (i.e., a	Lg HMO Standard_Exhibit_4B (4-8-13) Lg HMO Standard_Exhibit_4D (4-8-13)

		required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file; if submitted as a Word or Excel file, also submit another version in PDF format. f. The weighted averages are to be based on annualized premium as of a specific date. For simplicity, the weighted averages in Parts A and B can use the same annualized premium as used in the corresponding Exhibit 5. For Parts C and D, if drug annualized premium cannot be used, the insurer should use a reasonable alternative method to develop the weighted averages. g. The values entered should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Part A and/or Part B. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Part A and/or Part B and the drug rider changes are shown in Part C and/or Part D. h. Parts A and B summarize the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of annualized premium by plan design and rating tier. i. Parts C and D summarize the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The	

		proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of annualized premiums (or other reasonable basis) by plan design and rating tier. Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders. j. A separate row should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported. k. Where rate changes differ by rating region within a market segment, separate rows are to be used by market segment/rating region combination. l. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2013, separate information should be entered in Parts B and D for the impact of the first quarter 2013 rate changes, the impact of the second quarter 2013 rate changes, the impact of the third quarter 2013 rate changes, and the impact of the fourth quarter 2013 rate changes.	
Exhibit 5		**Distribution of Contracts Affected by the Proposed Rate Adjustments.** a. There are two different versions of this exhibit as indicated below. Not all versions may be required for a given rate submission. (i) Part A – for use with Non-Rolling Rate Structures. (ii) Part B – for use with Rolling Rate Structures. b. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for data entry. c. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. Use the drop down list to enter the market segment. d. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined.	Lg HMO Standard_Exhibit_5B (4-8-13)

		e. The distribution basis can be by number of contracts or by number of members – fill in the applicable column. The same basis is to be used for all products within a given rate adjustment submission. Enter the applicable counts in the appropriate column (members column or contracts column), and replace the "mm/dd/yyyy" placeholder with the applicable "as of" date for the counts entered. f. The Weighted Average % is to be developed based on the distribution of annualized premium as of the same "mm/dd/yy" date for that market segment/rating region/product. g. At the end of each market segment enter a Market Segment Total row indicating the member/contract counts in total and by rate change column, the total annualized premium, and the Weighted Average % for all rating regions/products in that market segment combined. h. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application The rate change reflects the impact of the base medical plans and all riders applicable to that contract. i. Enter in Part A the information for the various products that use a <u>non-rolling</u> rate structure. j. Enter in Part B the information for the various products that use a <u>rolling</u> rate structure. Separate rows are to be used for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2013, then separate rows would be used to enter information for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter.	
Exhibit 6		**Summary of Policy Form and Product Changes.** a. This exhibit summarizes all rate changes filed pursuant to sections of the New York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment filing and which affect the percentage changes shown on Exhibits 4 or 5. b. The format of the exhibit is fixed. Insert additional rows as needed. Only use the first tab for data entry. Use the drop down list to enter the filing status. Leave the Approval Date column blank for any filing that has not yet been approved. This	Not Applicable. No changes.

		exhibit must be submitted as an Excel file and also as an Adobe PDF file. c. List all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment filing. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5. d. List all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.	
Exhibit 7		**Historical Data by Each Policy Form Included in the Rate Adjustment Filing.** a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; insert additional rows as needed. Only use the first tab for data entry. b. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated. c. Use a separate row for each base medical policy form belonging to a rating pool (i.e., a permitted aggregation of base medical policy forms). Data is to be shown for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form. Then add another row for the rating pool total and indicate an appropriate rating pool identifier in the first column. Skip a line and then enter similar data for the next rating pool. d. Indicate the form number for each base medical policy form, the product name as in the rate manual, the street product name, and the rating pool identifier (the rating pool identifier should include a region identifier if rating pools vary by region). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar policy forms for small group policy forms and for individual policy forms. e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form. f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the earliest rolling rate period of a rolling rate structure. g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate	Lg HMO Standard_Exhibit_7 (4-8-13)

		structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.) h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be consistent with how the average changes were calculated in Standard Exhibit 5 (i.e., based on members or contracts). For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1st, 2nd, 3rd, and 4th quarters of 2013. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2012 rate tables to the 1st quarter 2013 rate tables.) i. For the number of policyholders affected and the number of covered lives affected by this rate filing, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, "policyholders" is referring to the number of groups, not the number of subscribers or contracts. j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure. k. The experience entered for the three indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders. (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2013. The recent experience period cannot have an ending date earlier than June 30, 2012, i.e., 12 months prior to July 1, 2013.). (iii) The first prior period is the immediately prior 12 month experience period (or shorter period if a new form). The second prior period is the immediately prior 12 month experience period (or shorter if a new form) prior to the first prior	

		period. (iv) The incurred claims for each of the three experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims. (v) Loss ratio report refunds or refunds pursuant to Regulation 146 are to have no impact on the earned premiums or standardized premiums shown. Such refunds do not reduce the earned premiums or resultant standardized earned premiums. l. Enter the average annual composite medical trend assumption used in the proposed rate development for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown, as well as any other component such as for case mix or intensity (identify and discuss and justify any such other component in the actuarial memorandum along with the utilization component and unit cost component). m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology for one non-rolling rate product and one rolling rate product included in the rate filing is to be included as part of the actuarial memorandum, as applicable. The same standard rate level is used for all of the experience periods. n. If the rating differential between the New York rating regions is being revised with this rate filing, separate rows are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined, and the rating pool identifier is to include a rating region identifier.	
ACTUARIAL MEMORANDUM	11NYCRR 52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	2014 MVPHP HMO Rate Filing Actuarial Memo Appendix I Derivation of Required Qtrly Inc
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42	a. Description of proposed changes in rates, including the following: (i) The member (or contract) weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to	

	(HMOs) 11NYCRR 52.45 11NYCRR 59.5(b) 11NYCRR 360.11	that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Standard Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months. (ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2013. The change from each of the 2nd quarter 2013 rolling rate tables to the corresponding 3rd quarter 2013 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated. (iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment filing, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables). (iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio. (v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes. (vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate	

		filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes. (vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed. (viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition. b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department's approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table. c. Include the following (year over year exhibit): (i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2013 and first and second quarter 2014. Rates are for 12 month periods. Show the rates for the third quarter 2012, the proposed rates for the third quarter 2013, and the dollar and percentage change from third quarter 2012 to the proposed third quarter 2013 rates. Show a similar table for the proposed fourth quarter 2013, and first and second quarter 2014 rates as well.) d. Discuss the standard premium development used in Standard Exhibit 7. See	

		discussion above on Standard Exhibit 7. e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period. (i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period. (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool). (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission. (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for	

		a rolling rate structure, how the percentage change from the existing 2nd quarter 2013 rate table to the proposed 3rd quarter 2013 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed. (ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2013 rate table to the 4th quarter 2013 rate table). Provide justification for these changes between the rolling rate tables. (iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed. (iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g). (v) Discuss if the source data includes any very large claims on an individual, how such large claims have been handled, and any internal mechanism to pool large claims across more than the rating pool that contained the large claim. Clearly show how the rate development, if applicable, reflects this internal mechanism for pooling large claims. h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options. i. If the percentage rate change by policy form differs within a permitted aggregation	

		of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms. j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions. k. Discuss any significant change in the non claim expense components indicated on Standard Exhibit 2 between the prior rate adjustment filing and this rate adjustment filing, including any item where the $pmpm value exceeds $1and where the $pmpm value changed by more than 10% between the prior filing and the current filing. Discuss the source for the non-claim expense components indicated on Standard Exhibit 2 for the current rate filing and, for the percentage of gross premium values, how the proposed rate change was reflected in the development of those percentage of gross premium factors (e.g., as premiums increase the percentage of premium should decrease for an expense that is not directly tied to premium). Discuss any revision to the expense allocation basis that has occurred since the last rate adjustment filing.	
Minimum Loss Ratio Requirements	§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)	a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010. b. The minimum loss ratio for the official Medicare Supplemental products is: (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance Law, as amended by Chapter 107 of the Laws of 2010; and (ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).	83.22% as found in the actuarial memorandum

Actuarial Certification	11NYCRR 52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	See actuarial memorandum
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	**Rate Manual.** a. Table of contents. b. Rate pages, including a page indicating the composition of each rating region. c. Insurer/corporation name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts, as applicable. g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual, to the extent applicable. j. Expected loss ratio(s).	2014 HMO Large Rate Template v1
NOTICES TO POLICYHOLDERS Initial & Final	§3231(e)(1)(A) §4308(c)(2) Circular Letter No. 12 (2011)	a. As indicated in Circular Letter No. 12 (2011), a draft of the initial notice should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the "Prior Approval Prefiling" filing type code. b. Include with the rate adjustment filing a sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Department of Financial Services. (i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Department. (ii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region.	2014 Approved Large Group HMO Employer Iniitial Notice 2014 Approved Large Group HMO Subscriber Iniital Notice HMO renewal letter NY LARGE final version 7-25-2013

		c. Include with the rate adjustment filing a sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
HHS PRELIMINARY JUSTIFICATION PARTS I AND II	PPACA §1003	a. This refers to the material that an insurer is required to submit to HHS for a rate adjustment filing on "grandfathered" business, or what would be submitted to HHS if the "subject to review" threshold was exceeded by this filing. b. For every rate submission pursuant to section 3231(e)(1) or section 4308(c) of the New York Insurance Law, the insurer is to submit Parts I and II of the U.S. Department of Health and Human Services (HHS) Preliminary Justification, whether or not such justification material is required to be submitted to HHS. c. This requirement applies to large group community rated products as well as to small group and individual products, and to non-grandfathered and grandfathered products, but this requirement does not apply to a product type that would never require such justification material to be submitted to HHS (for example: Medicare Supplemental products, stand-alone dental products). d. The justification material is to be prepared using the template and instructions provided by HHS.	N/A - Large group submission
PUBLIC DISCLOSURE OF THE RATE APPLICATION		**Posting a Redacted Version of the Rate Adjustment Application to the Department's Website.** a. A redacted version of this rate application will be posted to the Department's website to aid consumers' understanding of the reason(s) for the requested rate change(s). b. The Department will accept redaction of only the following information in the rate application: (i) personally identifiable information, including names and contact information of actuaries or other individuals, including those who work for the health plan, a consulting firm, or the Department, that are contained in the application; and (ii) information that identifies in reasonably precise terms specific provider reimbursement rates contained in contracts between the health plan and a particular provider or formally affiliated provider group. Information that discloses trend, even specific trend, will *not* qualify for redaction. For example, if an insurer has a single pharmacy benefit manager (PBM), information about generic, brand and specialty drug costs per member will be disclosed. However, information about per unit dispensing fees paid to the PBM, or the level of rebates received, may be redacted. c. In order to expedite the posting of the redacted application to the Department's website, the company is to attach within SERFF as a PDF file the redacted version of each document submitted with the application, including the completed	

		checklist, all of the standard exhibits, the actuarial memorandum plus any attachments or appendices, the rate manuals and year over year exhibits, as well as any other documentation submitted. A redacted attachment/file should be clearly labeled as a redacted version. d. The redacted version of the application that will be posted to the Department's website will be constructed by the Department and will not be submitted to the insurer for prior review. *Where a document is attached to SERFF without a clearly labeled redacted version in PDF format, it will be assumed that no redactions are requested and the unredacted version of the document will be posted to the website as filed.*	

Consumer Disclosure about Proposed Health Insurance Rate Increase

2014 MVP Health Plan, Inc. HMO Community Rated Filing

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

MVP must submit premium rates to New York State Department of Financial Services. The Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. MVP files quarterly premium rates which are guaranteed for 12 months. This rate filing seeks approval of MVP's 1st – 4th quarter 2014 premium rates.

MVP has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary is posted on the MVP website at **www.mvphealthcare.com** (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at **https://myportal.dfs.ny.gov/web/prior-approval/welcome**.

MVP HEALTH CARE
625 State Street
Schenectady, NY 12305
mvphealthcare.com

<<date>>

<<HBA Name>>
<<Group Name>>
<<Street>>
<<City, State, Zip>>

Re: Notice of Premium Rates for <<year>> for <<Group Number>>

Dear<< HBA Name>>:

In accordance with requirements set forth by the New York State Department of Financial Services (DFS), MVP Health Care must, upon approval from the DFS, provide written notification of any applicable premium rate changes within 60 days of a group's renewal.

This letter is to inform you that the new premium rates listed below have been approved by DFS, and will be effective beginning <<anniversary date>>.

CoPlan: COC <<plan>> Riders <<riders>>				
	Single	Double	Parent/Child(ren)	Family
Current Rates	$	n/a	n/a	$
New Rates Beginning 06/01/2013	$	n/a	n/a	$

Please communicate this information to the individual subscribers who receive coverage through this group policy. If you wish to have MVP notify your subscribers directly, you must notify your account representative within three (3) days of receipt of this notice.

If you have any questions about your benefits, please call (Account Manager name, number).

Sincerely,

Tracy Tadaro-Ott
Vice President, Account Management
MVP Health Plan, Inc.

625 State Street
Schenectady, NY 12305
mvphealthcare.com

Additional Information Regarding your Upcoming Renewal

Thank you for choosing MVP Health Care to serve you and your employees. Your health benefit plan is up for renewal, and we want you to know that we're working hard to make sure we continue to give you the most for your health care dollar.

These rates replace Exhibit E of your contract for the period noted in your letter. If your group has other MVP products, you will receive those rates in a separate letter and they will be in addition to the above.

Your plan is just one of the many available from MVP Health Care. MVP offers a full range of plans – from high deductible options to EPO and PPO solution. Please feel free to contact me to discuss your options further.

New York State Insurance Law requires that all subscribers must receive written notice of annual premium rate increases, at least 60 days prior to the coverage effective date. Because you decide your employee's contribution levels, MVP is delegating this responsibility to you. This notice must include the specific amount that subscribers will be required to contribute for coverage for the rate period specified.

The Patient Protection and Affordable Care Act ("PPACA") includes provisions for the grandfathering of existing health insurance plans which allows groups the opportunity to maintain their existing coverage without being subject to certain provisions of PPACA. A grandfathered plan generally is an existing group health plan or health insurance coverage which was in effect on March 23, 2010, as long as the plan has not been changed since that date. Your group health benefit plan might be considered a grandfathered plan. If your plan is a grandfathered plan, changes to the plan could cause it to lose its grandfather status. Please consult your broker or professional counsel (for example attorney or tax advisor) for additional information on whether your health benefit plan is a grandfathered plan, and if so, how changes to your plan could affect your grandfather status.

Thank you for your continued confidence in MVP Health Care. We appreciate the opportunity to help you and your employees take on life and live well! I look forwarding to hearing from you.

<<DATE>>

<<Employer Contact First Name>> <<Employer contact last Name>>
<<Employer Group Name>>
<<Street Address>>
<<Street Address #2>>
<<City>>, <<State>> <<ZIP>>

RE: Notice of Rate Filing

Dear <<Employer Contact First Name>> <<Employer Contact Last Name>>:

At MVP Health Care® we strive to provide you with the best customer service and the highest quality benefit plans.

New York Insurance Law requires that all community-rated health plans receive prior approval of premium rate adjustments by the New York State Department of Financial Services ("Department"). Enclosed with this letter is a formal notice of the proposed premium rate adjustment that we will be filing with the Department for your MVP Health Plan, Inc. (MVP) plan(s).

The Department will review and approve them, or advise MVP of changes to our proposed rates later this year.

When the Department issues approved rates later this year, we will send you a renewal letter 60 days in advance of your **2014** rate renewal date, including the approved rate for your plan(s). That letter also will include suggestions for other, more cost-effective MVP plans you might wish to consider.

We appreciate the commitment you have made to provide your employees with high-quality health benefits, and we stand ready to assist you in continuing to keep that commitment through the most innovative health benefit plans available.

Notice of Premium Rate Change Filing

To comply with the prior approval notification requirements for community-rated plans pursuant to the New York State Insurance Law, MVP Health Plan, Inc. (MVP) is sending you notification of our proposed premium rate change for 2014. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. This letter is giving you notice that MVP is filing proposed rate adjustments with the Department.

The premium rate change being filed for approval varies depending on the effective date of your coverage only and does not vary based on the particular product or rating region applicable to you. The rate adjustments being filed are as illustrated in the following table:

Policy Effective Date	Filed Premium Rate Adjustment
January 1 - March 31	3.1%
April 1 - June 30	2.7%
July 1 - September 30	2.3%
October 1 - December 31	1.9%

Please note that the premium rate change listed above is for your current benefit plan and does not include any potential increases that may occur due to regulatory benefit mandates.

The largest drivers of premium rate increases are due to the rise in the cost and use of health care services. The prices we pay to providers/facilities for the care they render are rising each year. In addition, the use of health care services by our covered members generally rises over time due to advances in medical technology, aging of the covered population and the exit of healthier individuals from the marketplace due to affordability issues.

If your group's rate anniversary date is during October, November or December 2014, please note that the proposed increases shown in this letter are for October, November and December **2014**. Groups with renewal dates in October, November and December 2013 will receive a separate notification for your 2013 renewal rate shortly.

Another notice will be sent to you with approved rates. The notice will be sent to you at least 60 days prior to the effective date of the premium change.

MVP Health Care has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary will be posted on the MVP website at **www.mvphealthcare.com** (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at **https://myportal.dfs.ny.gov/web/prior-approval/welcome.**

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Department of Financial Services or MVP within 30 days of the date on which MVP submits the rate adjustment application. You may contact MVP to confirm the start and end of this 30-day comment period. MVP expects the rate filing to be submitted no earlier than July 15 and no later than July 25.

If you choose to submit written comments to the Department, please include in your comments that your insurer is MVP Health Plan, Inc. and indicate your coverage. Written comments submitted to the Department will be posted to the Department's website with all personal identifying information removed. Comments may be submitted to the Department of Financial Services online at **https://myportal.dfs.ny.gov/web/prior-approval/welcome** or by contacting:

Health Bureau-Premium Rate Adjustments
Department of Financial Services
One State Street, 2nd Floor
New York, NY 10004 - 1511
Email: PremiumRateIncreases@dfs.ny.gov

MVP Health Care contact information for employers:
Please contact your MVP Account Representative
www.mvphealthcare.com

MVP Health Care contact information for members:
1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

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,

Tracy Tadaro-Ott
Vice President of Account Management
MVP Health Plan, Inc.

<<Date>>

«First Name» «Last Name»
«Street Address»
«Street Address #2»
«City», «State» «Zip»

RE: Notice of Rate Filing

Dear «First Name» «Last Name»,

At MVP Health Care® we strive to provide you with the best customer service and the highest quality benefit plans.

New York Insurance Law requires that all community-rated health insurance plans receive prior approval of premium rate adjustments by the New York State Department of Financial Services ("Department"). Enclosed with this letter is a formal notice of the proposed rate adjustment that we will be filing with the Department for your MVP Health Plan, Inc. (MVP) plan. We are required to send you this notice.

The Department will review and approve the MVP rate filing, or advise us of changes to our proposed rates. When the Department issues approved rates later this year, we will send your employer a renewal letter 60 days in advance of your group's **2014** rate renewal date. This letter will include the approved rate for your group health plan and alternative coverage options for your employer to consider.

Notice of Premium Rate Change Filing

To comply with the prior approval notification requirements for community-rated products pursuant to the New York State Insurance Law, MVP Health Plan, Inc. (MVP) is sending you notification of our proposed premium rate change for 2014. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. This letter is giving you notice that MVP is filing proposed rate adjustments with the Department.

The premium rate change being filed for approval varies depending on the effective date of your coverage only and does not vary based on the particular product or rating region applicable to you. The rate adjustments being filed are as illustrated in the following table:

Policy Effective Date	Filed Premium Rate Adjustment
January 1 - March 31	3.1%
April 1 - June 30	2.7%
July 1 - September 30	2.3%
October 1 - December 31	1.9%

Please note that the premium rate change listed above is for your current benefit plan and does not include any potential increases that may occur due to regulatory benefit mandates.

The largest drivers of premium rate increases are due to the rise in the cost and use of health care services. The prices we pay to providers/facilities for the care they render are rising each year. In addition, the use of health care services by our covered members generally rises over time due to advances in medical technology, aging of the covered population and the exit of healthier individuals from the marketplace due to affordability issues.

MVP Health Care has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary is posted on the MVP website at **www.mvphealthcare.com** (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at **https://myportal.dfs.ny.gov/web/prior-approval/welcome**.

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Department of Financial Services or MVP within 30 days of the date on which MVP submits the rate adjustment application. You may contact MVP to confirm the start and end of this 30-day comment period. MVP expects the rate filing to be submitted no earlier than July 15 and no later than July 25.

If you choose to submit written comments to the Department, please include that your insurer is MVP Health Plan, Inc. and indicate your coverage. Written comments submitted to the Department will be posted to the Department's website with all personal identifying information removed. Comments may be submitted to the Department of Financial Services online at **https://myportal.dfs.ny.gov/web/prior-approval/welcome** or by contacting:

Health Bureau-Premium Rate Adjustments
Department of Financial Services
One State Street, 2nd Floor
New York, NY 10004 - 1511
Email: PremiumRateIncreases@dfs.ny.gov

MVP Health Care Customer Care Center
contact information:
1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

We appreciate the opportunity to serve you and look forward to serving you in the future. If you have any questions about this notice, please contact our Customer Care Center at the number listed above. Representatives are available Monday – Friday from 8am – 8pm and Saturday from 8am – 4pm Eastern Time.

Sincerely,

Sue Ann Brown
Vice President, Service Operations
MVP Health Plan, Inc.

MVP Health Plan, Inc.
Actuarial Memorandum
Large Group HMO
Policy Forms: 44-CERT-HMO (7/05), CERT-NYSHIP(09/03)

Purpose

The purpose of this rate filing is to request premium rate adjustments to the current premium rates on file for MVP Health Plan's (MVP) HMO product portfolio offered to large employer groups throughout MVPs New York service area. The requested rate adjustments will take affect beginning on January 1, 2014 for new business and upon renewal on or after this date for renewal business.

The requested premium rate adjustments included here in represent rate adjustment to current benefits and do not reflect the additional expense associated with the Federal Affordable Care Act's OOP Max mandate for non grandfathered large groups effective 1/1/14. This mandate requires all large group products to begin accumulating all member cost share towards the plan OOP maximum and requires at most a $6 350 OOP Max on every benefit plan. The rate adjustments for these provisions will be addressed in a separate pre approval filing to be submitted following this filing.

Summary of weighted average proposed rate changes

Market Segment/ Renewal cohort	Avg. 2014 annual change	Avg. 2013 annual change (from 2013 prior approval)	Avg. 2012 annual change (from 2012 prior approval))
Large 1Q14	3.1%	5.9%	6.2%
Large 2Q14	2.7%	5.7%	5.5%
Large 3Q14	2.3%	6.7%	3.8%
Large 4Q14	1.9%	5.5%	4.7%

Market Segment	Avg. quarterly change	Min. quarterly change	Max. quarterly change
Large 1Q14/4Q13	-1.7%	-1.7%	-1.7%
Large 2Q14/1Q14	1.2%	1.2%	1.2%
Large 3Q14/2Q14	1.2%	1.2%	1.2%
Large 4Q14/3Q14	1.2%	1.2%	1.2%

Historical Quarterly rate changes from prior 24 month period

Market Segment	Quarterly Rate Changes
Large 1Q12/4Q11	-0.3%
Large 2Q12/1Q12	2.0%
Large 3Q12/2Q12	2.0%
Large 4Q12/3Q12	2.0%
Large 1Q13/4Q12	0.0%
Large 2Q13/1Q13	1.6%
Large 3Q13/2Q13	1.6%
Large 4Q13/3Q13	1.6%

Reasons for Rate Changes

Target Loss Ratio

The assumed target loss ratio is one component in the derivation of the premium rates. The target loss ratio reflects the expected percentage of the premium dollar used to pay member's medical and prescription drug claims. The remainder of the premium dollar is used to cover the cost of selling and administering health insurance products as well applicable state and federal taxes and assessments and a risk charge to fund statutory minimum reserve requirements.

The target loss ratio assumed in the premium rate development for the proposed 2014 rates as well as the implied target loss ratio in the previously approved 2013 rates are:

	2013 approved by DFS-Large HMO	Proposed 2014-Large HMO
General Administration/Broker Expense	11.00%	11.00%
Risk Charge	2.00%	2.00%
NYS 332 Assessment	0.00%	0.70%
Federal Taxes/Fees	0.00%	3.08%
Total	13.00%	16.78%
Target Loss Ratio- Traditional definition	87.00%	83.22%

The impact on the requested rate adjustments as a result of this change in the target loss ratio is equal to +4.5%.

Premium Rate Tier Structure and Single Conversion Factor

No changes were made to MVP's premium tier structure.

Variance in projected claim costs from prior rates

Included in the proposed rate adjustment is a component that reflects the adequacy of the current (2013) approved rates relative to the most current projection of 2013 claim expenses for the experience period insured population. Each year premium rates are established based on best estimate projections of future claim costs. Because these are estimates, they will change over time as more information becomes available. Claim costs are difficult to predict with certainty due to the changing composition of the insured population and the uncertainty of how the utilization of health care services will change from year to year. The following table illustrates the estimated impact these variances have on the rate adjustment filing.

2013 approved target loss ratio	87.00%
2013 projected claim expense	445,173,841
2013 Required Revenue based on approved target loss ratio	511,694,071
2012 Earned Premium Standardized to 1Q13	543,190,467
Rating Variance in 2013 Rates contributing to 2014 Rate Increase	-5.8%

Rating Region Changes

MVP is not changing the defined rating regions for large group nor are we changing the regional premium relativities.

Derivation of Required Rate Adjustments

Standardized Premium Development

Standardized Premiums were developed for the reported earned premium as required to by DFS to derive the required rate increase. In addition, Standardized Premiums were computed for the prior 2 experience periods as required for Standard Exhibit 7. The Standardized Premiums were computed using a database of membership and earned premium data for every benefit plan inforce 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. For example, for the 2011 recorded earned premium for January renewals the standardized premium factor to adjust this premium is equal to the product of all of the filed quarterly increases beginning with 2Q2011 through 4Q2013. For April renewals, the 2011 pre renewal earned premium (Jan - Mar) was multiplied by the cumulative quarterly rate increases beginning with 3Q2010 through 4Q2013. The 2011 post renewal earned premium (April-Dec) was multiplied by the cumulative quarterly rate increases beginning with 3Q2011 through 4Q2013. The earned and computed standardized premiums were rolled up to the policy form level for reporting in

Exhibit 7 as well as for the rate development shown in Appendix I. An example of this calculation is illustrated in Appendix II.

Source Data for Claim Projections

Large Group community rated HMO calendar year 2012 fee for service incurred claims paid through April 2013 and completed using IBNR estimates as of April 2012 was the basis for the premium rate development. In addition, medical expenses such as capitation payments, New York State claim based taxes and covered life assessments, member based wellness incentives, provider based incentives and other miscellaneous medical expenses associated with calendar year 2012 dates of service for this block of business were included.

The source data for this large group rating pool was considered fully credible with 1,097,265 member months of claim data. The only adjustment made to the experience period claim data was to reflect the PPACA mandate to cover contraceptive drugs in full effective 10/1/12. The rate adjustment for this mandate has already been implemented and is reflected in the 2013 approved rates but the cost of the mandate is not fully reflected in the experience period data.

Appendix I illustrates the derivation of the proposed quarterly rate action for this block of business based on a projection of these historical claims to the 1Q 2014 rolling rate period. The projected claim expense was converted to a required premium amount based on the 2014 target loss ratio illustrated above. Comparing this required premium to the computed 4Q 2013 standardized premium amount derives the proposed 1Q2014/4Q2013 quarterly rate increase.

Annual Claim Trend Assumptions

Total composite trend factors used to project historical claim date to the rating period of the first quarter rolling rate table are illustrated in Appendix I. Prescription pharmacy rider expense was trended separately from the base policy and associated medical benefit rider claim expense. Medical Benefit trend rates reflect both actual and expected increases in hospital and provider reimbursement rates across MVP's entire service area as well as projected increases in the utilization of medical services. Pharmacy trend rates are based on projections from our pharmacy vendor, Express.

Rolling Rate Table adjustments for 2Q2014 - 4Q2014

The 1.2% quarterly rate increases assumed for the derivation of the 2Q, 3Q and 4Q rate tables reflect one quarter of the annual medical trend assumed in the claim projection.

Non Claim Expense Components

Standard Exhibit 2 illustrates the current year and prior year non claim expense assumptions included in MVP's <u>proposed</u> rate filings. In the 2013 rate filing there was no expense load for section 6.5 (Other state and federal taxes and assessments (other than income taxes and covered lives assessment). These are new expenses associated with the Federal ACA. In addition, while Exhibit 2 illustrated a 0.90% expense load for section 21.1 (Regulatory authority licenses and fees, including New York State 332 assessment expenses), there really was no load in the rates for that expense as the amount was falsely netted out of the general administrative load for purposes of Exhibit 2. This is not a new expense for MVP but is explicitly included in the rates for the first time this year. The source for the expense loads in both sections 6.1 and 6.2 are MVP's filed statutory statements for 2012.

Broker expense assumptions are based on MVPs broker modeling projections. It should be noted that for large HMO premium rate development, the assumed broker expense included in the filed community rates reflects the fact that MVP is not permitted to charge the Federal Employee Health Benefit Plan (FEHBP) for this socialized broker expense. As a result, the portion of premium anticipated to be collected the FEHBP group is excluded from the computation of the required broker rate load.

While it appears that the 'all other administrative expense' assumption as a percentage of premium increased from that assumed in the 2013 rate filing this is in fact not the case and simply as result of the 332 assessment being inappropriately carved out of the 2013 general administrative load as explain above.

Rate Tables

The current year, prior year and percentage change impact for all active products by rate region are illustrated in the separately included rate manual.

Standard Exhibit 7

This exhibit reports on the membership, premium and claim data for the current experience period as well as for the prior 2 experience periods. The source data for the current experience period is based on the same data used in Appendix I to determine the proposed rate adjustment. The source data for the prior 2 experience periods is based on membership, premium and claims as reported in the prior rate adjustment filing Standard Exhibit 7 with updated calculated Standardized Premiums based on current rates on file.

Benefit Schedules Retired Since 2013 Prior approval rate filing
There are no schedules being retired however several of the prescription pharmacy riders are being retired. The riders being retired have no membership enrolled in them and include RX514L, RX601L, RX603L and RX610L.

Actuarial Certification
This filing is in compliance with all applicable laws and regulations of the State of New York. It is in compliance with ASOP No. 8. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. The benefits are reasonable in relation to the premiums charged and the rates are not unfairly discriminatory. The expected loss ratio incorporated into these rate tables is 83.22%.

If you have any questions regarding this filing please contact [redacted] at ([redacted] or [redacted] at [redacted]. Thank you.

July 25, 2013
Date

[redacted], FSA, MAAA
Director of Actuarial
MVP Health Care, Inc.

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

MVP Health Plan, Inc.	HMO - 44	Not-for-Profit	95521
Company submitting the rate adjustment 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 (See Note #1):

Jan 1 - Dec 31, 2014	1/1/2014	MVPH-129014891
New rate applicability period	New rate effective date	SERFF Tracking Number

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): Large Group

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 (2).	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	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 (3).	Initial notices were sent to groups on 7/22/2013.
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes unless it is not applicable. An explanation is provided in SERFF for any exhibits marked as not applicable.
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	Yes. The SERFF number is MVPH-129057425.

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §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 application is submitted to the Insurance Department.

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129014891

A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:
- Information should be for medical base plans and associated riders combined.
- Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group.
- Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
- Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components included in the proposed rates and the average annual claim trend assumed.

D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.

E. This form must be submitted as an Excel file and as a PDF file.

			Data Item for Specified Rating Pool																											
			For the period included in this rate adjustment filing																											
1. Market Segment	2. Description of rating pool within the market segment		3. Period assumed - beginning date (MM/DD/YY)	4. 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	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health	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	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	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	12.3 Commissions and broker fees - as $pmpm	12.4 Premium Taxes - as $pmpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as $pmpm	14. State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
LG	Large Group HMO	XX	01/01/14	12/31/14	4.62%	0.70%	0.70%	2.00%	0.00%	3.08%	8.30%	14.78%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.78%	3.57	3.57	10.21	0.00	15.71	42.38	75.45	10.21	0.00	0.00	0.00	85.66
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				
		XX										0.00%							0.00%							0.00	0.00				

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Nam
NAIC Cod
SERFF Numb

A. Complete a separa
• Information shoul
• Indicate the mark
IND), Small Group
change for Sole Pr
• Enter a descriptio
Upstate).
• Use a separate rc
• Append additiona
B. The average claim
filing to project t
C. Enter the required i
included in the p
D. Enter the correspo
included in the p
immediately pric
E. This form must be s

			Data Item for Specified Rating Pool																											
			For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)																											
1. Market Segment	2. Description of rating pool within the market segment		18. Period assumed - beginning date (MM/DD/YY)	19. Period assumed - ending date (MM/DD/YY)	20. Average annual claim trend assumed	21.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	21.6 Other administrative expenses - as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	23. State income tax component - as a % of gross premium	23.1 State income tax rate assumed (eg 3%)	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	27.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	27.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	27.3 Commissions and broker fees - as $pmpm	27.4 Premium Taxes - as $pmpm	27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	27.6 Other administrative expenses - as $pmpm	27.7 Subtotal lines 27.1 through 27.6	28. After tax underwriting margin (profit/ contribution to surplus) - as $pmpm	29. State income tax component - as $pmpm	30. Federal income tax component - as $pmpm	31. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	32. Subtotal columns 27.7 through 31
LG	Large Group HMO	XX	01/01/13	12/31/13	6.70%	0.90%	1.00%	2.00%	0.00%	0.00%	7.10%	11.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.00%	4.46	4.95	9.90	0.00 0	00		35.15	54.45	9.90	0.00	0.00	0.00	64.36
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				
		XX										0.00%							0.00%								0.00	0.00				

Exhibit #3
Narrative Summary

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-129057425

MVP Health Plan will continue to offer a full range of HMO products to large employer groups in 2014. MVP has filed with the New York State Department of Financial Services a request to change the current premium rates it charges for these products for policy effective dates between 1/1/2014 and 12/31/14. The requested annual renewal rate increases are 3.1%, 2.7%, 2.3% and 1.9% for the First, Second, Third and Fourth Quarter renewals respectively.

The total number of covered members affected by this rate adjustment filing is approximately 85,820.

The premium rate increases being requested are necessary due to the rising cost of providing health insurance. As a provider of health insurance policies, MVP must charge premiums that are sufficient to cover the cost of all of the following: care provided to our members, plan administration, New York State and Federal Government assessments and fees, distribution costs and a contribution to the company reserves to maintain minimum statutory required reserve levels.

The premium rates filed each year are determined based on three main factors:

- Projected Claim Expenses for covered members for the policy effective dates
- Expected Insurance Carrier costs of marketing, selling and administering policies
- Expected Assessments and Fees payable to New York State and the Federal Government

The total of these claim and non claim expenses is compared to the most recently approved premium rates on file to determine the necessary premium rate adjustment to file.

To project the expected claim expense for the 2014 policy effective dates MVP starts with calendar year 2012 historical claim data and make assumptions regarding the anticipated rise in the unit cost and use of medical services. The expected increase in the unit cost of services is generally known and based on MVP's contract negotiations with the Hospitals and Providers in our network. MVP expects an average annual increase in the unit cost of services equal to approximately 3.7%. For the anticipated increase in the use and intensity of services, MVP assumed an average annual increase of approximately 1.2%.

In addition to the medical inflation that is driving up premium rates, MVP is subject to new Federal fees as a result of the Affordable Care Act. These new fees increased the non claim expense component of our filed premium rates approximately 3.1%.

The combination of higher anticipated medical expenses and higher Federal fees is being partially offset by anticipated favorable current premium rate levels. As a result, the annual renewal increases are less than the combined trend and fee increases.

EXHIBIT 4 - PART B: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with ROLLING Rate Structure

MVP Health Plan, Inc.	95521	MVPH-129014891
Company submitting the rate adjustment request	**Company NAIC Code**	**SERFF tracking number**

=> Use this Exhibit for the base medical plan type policy forms/products with ROLLING rate structure that are included in the rate adjustment submission.

=> This form must be submitted as an Excel file and as a PDF file.

=> The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.

=> Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.

=> The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.

=> The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure.)

=> 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 the Department).

=> Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.

=> The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average percentage should be developed based on annualized premium volume for that market segment/rating region/base medical product; the impact of riders is not included.

Base Medical Plan Rolling Rate Products **SERFF#** MVPH-129014891

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Central I	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Central II	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Central III	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	East I	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	East II	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%

Base Medical Plan Rolling Rate Products **SERFF#** MVPH-129014891

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	NY Metro	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	North Country	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Rochester	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central I	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central II	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central III	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	East I	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	East II	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	NY Metro	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	North Country	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Rochester	HMO	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Central I	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Central II	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Central III	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	East I	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	East II	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	NY Metro	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	North Country	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%

Base Medical Plan Rolling Rate Products **SERFF#** MVPH-129014891

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Rochester	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central I	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central II	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central III	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	East I	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	East II	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	NY Metro	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	North Country	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Rochester	HMO	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Central I	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central II	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central III	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	East I	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	East II	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	NY Metro	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	North Country	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Rochester	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Central I	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Central II	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Central III	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%

Base Medical Plan Rolling Rate Products **SERFF#** MVPH-129014891

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	East I	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	East II	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	NY Metro	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	North Country	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Rochester	HMO	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central I	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Central II	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Central III	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	East I	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	East II	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	NY Metro	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	North Country	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Rochester	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Central I	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Central II	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Central III	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	East I	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	East II	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

Base Medical Plan Rolling Rate Products **SERFF#** MVPH-129014891

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	NY Metro	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	North Country	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Rochester	HMO	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

EXHIBIT 4 - PART D: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- for Drug Riders Available with Base Medical Products (ROLLING Rate Structure)

MVP Health Plan, Inc.	95521	MVPH-129014891
Company submitting the rate adjustment request	**Company NAIC Code**	**SERFF tracking number**

=> Use this Exhibit for the Drug Riders that are available for the base medical plan type policy forms/products with a ROLLING rate structure included in the rate adjustment submission.

=> The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.

=> This form must be submitted as an Excel file and as a PDF file.

=> Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.

=> The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan. The effective date is the earliest date that proposed rate change will become effective. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure).

=> 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 the Department).

=> Provide a list of proposed rate changes for drug riders available with rolling rate base medical products. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.

=> The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.

The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as the inclusion of oral contraceptives.

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
CERT-NYSHIP(09/03)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	1/1/2014	1Q 2014	3.1%	3.1%	3.1%
44-CERT-HMO (7/05)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
CERT-NYSHIP(09/03)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	4/1/2014	2Q 2014	2.7%	2.7%	2.7%
44-CERT-HMO (7/05)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
CERT-NYSHIP(09/03)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	7/1/2014	3Q 2014	2.3%	2.3%	2.3%
44-CERT-HMO (7/05)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
44-CERT-HMO (7/05)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
44-CERT-HMO (7/05)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Central I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	Central II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Central III	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	East I	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	East II	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson East	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Mid-Hudson West	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	NY Metro	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

Drug Riders Available With Rolling Rate Base Medical Products SERFF: MVPH-129014891

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CERT-NYSHIP(09/03)	Lg	North Country	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%
CERT-NYSHIP(09/03)	Lg	Rochester	RX502L, RX504L, RX505L, RX502L w/ rider RX507L, RX504L w/ rider RX507L, RX512L, RX516L, RX602L, RX604L, RX605L, RX606L, RX609L, RX612L	HMO	10/1/2014	4Q 2014	1.9%	1.9%	1.9%

EXHIBIT 5 - PART B: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS for ROLLING Rate Structured Products

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-129014891

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 next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure)
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 should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/Product and for the market segment in total.
5) Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported;otherwise, use small group. Use the drop down list to enter the market segment.
6) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
7) Provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
8) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
9) After each effective period/market segment combination there should be a market segment total row. Enter Total in the "Product" column, the sum of the counts in the various columns, and the market segment weighted avg %.
10) This exhibit must be submitted as an Excel file and a PDF file.

FOR ROLLING RATE STRUCTURE PRODUCTS - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort **SERFF#: MVPH-129014891**

Q		Reg				Mbrs	Contracts											
Effective Date	Effective Period	Market Segment	Rating Region	Product	Weighted Avg %	Annualized Premiums as of 6/15/2013	Total # of Members as of 6/15/2013	Total # of Contracts as of 6/15/2013	Number of Members with Proposed 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
1/1/2014	1Q 2014	LG	Central I	HMO	3.1%	13.67%	10732	5649			10,732								
1/1/2014	1Q 2014	LG	Central II	HMO	3.1%	1.45%	1178	709			1,178								
1/1/2014	1Q 2014	LG	Central III	HMO	3.1%	0.86%	770	329			770								
1/1/2014	1Q 2014	LG	East I	HMO	3.1%	19.31%	16527	7906			16,527								
1/1/2014	1Q 2014	LG	East II	HMO	3.1%	7.23%	6469	3280			6,469								
1/1/2014	1Q 2014	LG	Mid-Hudson East	HMO	3.1%	12.54%	9535	4626			9,535								
1/1/2014	1Q 2014	LG	Mid-Hudson West	HMO	3.1%	4.62%	4017	2043			4,017								
1/1/2014	1Q 2014	LG	NY Metro	HMO	3.1%	0.33%	269	137			269								
1/1/2014	1Q 2014	LG	North Country	HMO	3.1%	0.09%	74	41			74								
1/1/2014	1Q 2014	LG	Rochester	HMO	3.1%	23.75%	23216	11800			23,216								
4/1/2014	2Q 2014	LG	Central I	HMO	2.7%	0.05%	46	20			46								
4/1/2014	2Q 2014	LG	Central II	HMO	2.7%	0.00%	0	0			0								
4/1/2014	2Q 2014	LG	Central III	HMO	2.7%	0.03%	29	13			29								
4/1/2014	2Q 2014	LG	East I	HMO	2.7%	0.32%	268	134			268								
4/1/2014	2Q 2014	LG	East II	HMO	2.7%	0.22%	181	92			181								
4/1/2014	2Q 2014	LG	Mid-Hudson East	HMO	2.7%	0.03%	23	17			23								
4/1/2014	2Q 2014	LG	Mid-Hudson West	HMO	2.7%	0.07%	52	42			52								
4/1/2014	2Q 2014	LG	NY Metro	HMO	2.7%	0.00%	0	0			0								
4/1/2014	2Q 2014	LG	North Country	HMO	2.7%	0.06%	53	22			53								
4/1/2014	2Q 2014	LG	Rochester	HMO	2.7%	0.86%	929	462			929								
7/1/2014	3Q 2014	LG	Central I	HMO	2.3%	0.76%	603	344			603								
7/1/2014	3Q 2014	LG	Central II	HMO	2.3%	0.66%	483	274			483								
7/1/2014	3Q 2014	LG	Central III	HMO	2.3%	0.00%	0	0			0								
7/1/2014	3Q 2014	LG	East I	HMO	2.3%	2.37%	2072	838			2,072								
7/1/2014	3Q 2014	LG	East II	HMO	2.3%	1.31%	1115	423			1,115								
7/1/2014	3Q 2014	LG	Mid-Hudson East	HMO	2.3%	6.37%	4584	2201			4,584								
7/1/2014	3Q 2014	LG	Mid-Hudson West	HMO	2.3%	2.33%	1819	842			1,819								
7/1/2014	3Q 2014	LG	NY Metro	HMO	2.3%	0.00%	0	0			0								
7/1/2014	3Q 2014	LG	North Country	HMO	2.3%	0.00%	0	0			0								
7/1/2014	3Q 2014	LG	Rochester	HMO	2.3%	0.01%	5	4			5								
10/1/2014	4Q 2014	LG	Central I	HMO	1.9%	0.01%	11	6			11								
10/1/2014	4Q 2014	LG	Central II	HMO	1.9%	0.01%	1	1			1								
10/1/2014	4Q 2014	LG	Central III	HMO	1.9%	0.11%	78	61			78								
10/1/2014	4Q 2014	LG	East I	HMO	1.9%	0.09%	70	54			70								
10/1/2014	4Q 2014	LG	East II	HMO	1.9%	0.00%	0	0			0								
10/1/2014	4Q 2014	LG	Mid-Hudson East	HMO	1.9%	0.24%	177	80			177								
10/1/2014	4Q 2014	LG	Mid-Hudson West	HMO	1.9%	0.24%	190	101			190								
10/1/2014	4Q 2014	LG	NY Metro	HMO	1.9%	0.00%	0	0			0								
10/1/2014	4Q 2014	LG	North Country	HMO	1.9%	0.00%	0	0			0								
10/1/2014	4Q 2014	LG	Rochester	HMO	1.9%	0.00%	0	0			0								

FOR ROLLING RATE STRUCTURE PRODUCTS - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort **SERFF#:** **MVPH-129014891**

Q	Reg					Mbrs	Contracts											
Effective Date	**Effective Period**	**Market Segment**	**Rating Region**	**Product**	**Weighted Avg %**	**Annualized Premiums as of 6/15/2013**	**Total # of Members as of 6/15/2013**	**Total # of Contracts as of 6/15/2013**	**Number of Members with Proposed 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:			3.0%	100.00%	85576	42551			85576								

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Number: MVPH-129014891

A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
- Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.

B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.

C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.

D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.

E. 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 the Department). Include a region identifier in this column if needed.

F. Note that many cells include a drop down list. Use the drop down list for entries.

G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

H. This form 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

1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	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]	Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down	Has base medical policy form aggregation changed from previous filing?	Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down	Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate	Weighted average rate change % proposed across base medical policy form from current	Number of policyholders affected by rate change. (For group	12. Number of covered lives affected by rate change	Expected NY statewide loss ratio for base medical policy form including
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	HMO	LG HMO	01/01/14	LG	HMO	Yes	No	Open	12	3.10%	291	85,576	83.2%

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C

A. Complete a separa
- Information re
- Include riders
- Insert addition
- Add a row with

B. In Column 2 enter

C. Market segment
Supplement (MS-
the market segme

D. Product type is HM
Medicare Supplem

E. The product street

F. Note that many ce

G. If members, cover

H. This form must be

			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		Beginning Date of the experience period (MM/DD/YY)	Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts	Incurred claims for experience period - before any adjustment for amounts	Adjustment to the incurred claims for the period due to receipts from	Adjustment to the incurred claims for the period due to receipts from	Administrative expenses for experience period (including	Earned premiums for experience period	Standardized premiums for experienc	Paid claims for experience period - before any adjustment for amounts	Incurred claims for experience period - before any adjustment for amounts	Adjustment to the incurred claims for the period due to receipts from the	Adjustment to the incurred claims for the period due to receipts from	Administrative expenses for experience period	Ratio: Col 14.7/ Col 14.4 (Incurred Claims /	Ratio: Col 14.7/ Col 14.5 (Incurred Claims /	Ratio:Col 14.10/ Col 14.4 (Administration	Ratio: (Col 14.7 + Col 14.8 + Col 14.9 + Col 14.10) /
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	XX	01/01/12	12/31/212	1,097,265	509,747,406	569,683,005	432,274,581 422	622,175	0	0	49,495,356	464.56	519.18	393.96	385.16	0.00	0.00	45.11	0.829	0.742	0.097	0.926
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C

A. Complete a separa
- Information re
- Include riders
- Insert addition
- Add a row with

B. In Column 2 enter

C. Market segment
Supplement (MS-
the market segme

D. Product type is HM
Medicare Supplem

E. The product street

F. Note that many ce

G. If members, cover

H. This form must be

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																				
1a. Base medical policy form number	1b. Product Name as in Rate Manual		Beginning date of the experience period (MM/DD/YY)	Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts	claims for experience period - before any adjustment for amounts	Adjustment to the incurred claims for the period due to receipts from	Adjustment to the incurred claims for the period due to receipts from	Administrative expenses for experience period	Earned premiums for experience period	Standardized premiums for experienc	Paid claims for experience period - before any adjustment for amounts received	Incurred claims for experience period - before any adjustment for amounts received	Adjustment to the incurred claims for the period due to receipts from	Adjustment to the incurred claims for the period due to receipts from or	Administrative expenses for experience period (including	Ratio: Col 15.7/ Col 15.4 (Incurred Claims /	Ratio: Col 15.7/ Col 15.5 (Incurred Claims /	Ratio: Col 15.10/ Col 15.4 (Administration Expenses	Ratio: (Col 15.7 + Col 15.8 + Col 15.9 + Col 15.10) / Col
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	XX	01/01/11	12/31/11	1,063,919	474,099,333	564,793,563	412,454,828	400,953,932	0	0	45,345,796	445.62	530.86	387.68	376.87	0.00	0.00	42.62	0.846	0.710	0.096	0.941
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C

A. Complete a separa
- Information re
- Include riders
- Insert addition
- Add a row with

B. In Column 2 enter

C. Market segment
Supplement (MS-
the market segme

D. Product type is HM
Medicare Supplem

E. The product street

F. Note that many ce

G. If members, cover

H. This form must be

			Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																			
1a. Base medical policy form number	1b. Product Name as in Rate Manual		Beginning date of the experience period (MM/DD/Y	Ending Date of the experience period	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts	Incurred claims for experience period - before any adjustment for amounts received from the standard	Adjustment to the incurred claims for the period due to receipts from the standard direct	Adjustment to the incurred claims for the period due to receipts from or	Administrative expenses for experience period	Earned premiums for experience period	Standardized premiums for experienc	Paid claims for experience period - before any adjustment for amounts received	Incurred claims for experience period - before any adjustment for amounts received	Adjustment to the incurred claims for the period due to receipts from the standard direct pay	Adjustment to the incurred claims for the period due to receipts from or	Administrative expenses for experience period (including commissions	Ratio: Col 16.7/ Col 16.4 (Incurred Claims /	Ratio: Col 16.7/ Col16.5 (Incurred Claims /	Ratio:Col 16.10/ Col16.4 (Administration
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	XX	01/01/10	12/31/10	1,007,305.00	444,090,045	571,929,913	392,176,602	372,606,916	0	0	45,533,306	440.87	567.78	389.33	369.90	0.00	0.00	45.20	0.839	0.651	0.103
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000
		XX											0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C

A. Complete a separa
- Information re
- Include riders
- Insert addition
- Add a row with

B. In Column 2 enter

C. Market segment
Supplement (MS-
the market segme

D. Product type is HM
Medicare Supplem

E. The product street

F. Note that many ce

G. If members, cover

H. This form must be

1a. Base medical policy form number	1b. Product Name as in Rate Manual	Ratio: (Col 16.7 + Col 16.8 + Col 16.9 +Col 16.10)
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	0.942
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000
		0.000

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C

A. Complete a separa
- Information re
- Include riders
- Insert addition
- Add a row with

B. In Column 2 enter

C. Market segment
Supplement (MS-
the market segme

D. Product type is HM
Medicare Supplem

E. The product street

F. Note that many ce

G. If members, cover

H. This form must be

			Annualized Medical Trend Factors Assumed in Rate Development (%)					Ratios: Most Recent Experience Period to First Prior Period							Ratios: First Prior Period to Second Prior Period							Ratio: Standard Premium to Earned Premium		
1a. Base medical policy form number	1b. Product Name as in Rate Manual		17.1 All benefits combined, composite	17.2 Due to utilization	17.3 Due to unit cost	17.4 Due to case mix/intensity/other		18.1 Member months	18.2 Earned premiums ($pmpm)	18.3 Standardized premiums ($pmpm)	Paid claims for experience period - before any adjustment for amounts received	Incurred claims for experience period - before any adjustment for amounts received	Administrative expenses (including commissio		19.1 Member months	19.2 Earned premiums ($pmpm)	19.3 Standardized premiums ($pmpm)	Paid claims for experience period - before any adjustment for amounts received	Incurred claims for experience period - before any adjustment for amounts	Administrative expenses (including commissio		20.1 Most Recent Experience Period	20.2 First Prior Experience Period	20.3 Second Prior Experience Period
44-CERT-HMO (7/05), CERT-NYSHIP(09/03)	HMO	XX	5.00%	1.20%	3.70%	0.00%	XX	1.031	1.043	0.978	1.016	1.022	1.058	XX	1.056	1.011	0.935	0.996	1.019	0.943	XX	1.118	1.191	1.288
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000