

CLINTON COMMUNITY SCHOOL DISTRICT (#1AOQOE)

Dean Health Plan

Rate Sheet

Rates Effective: July 1, 2017 - June 30, 2018

Rates for HMO Plan

			HMO	HMO HDHP	
			\$3000 Ded 0% Coins \$3000 / \$6000 0% / 0% / 0% Rx <u>Current Rates</u>	\$3000 Ded 0% Coins \$3000 / \$6000 Limit 0% / 0% / 0% Rx <u>Renewal Rates</u>	Increase Over Current
Enrollment	Subscribers	Members	HMO03385	Plan 1 - 0	
Subscriber Only	24	24	\$460.77	\$524.82	13.9%
Subscriber + Family	57	194	\$1,198.00	\$1,364.53	13.9%
Subtotal Active	81	218			
Medicare Eligible Enrollment					
Subscriber Only, Medicare	0	0	\$437.73	\$498.58	13.9%
Subscriber + One, 2 w/ Medicare	0	0	\$875.46	\$997.16	13.9%
Subscriber + One, 1 w/ Medicare	0	0	\$898.50	\$1,023.40	13.9%
Subscriber + Family, 1 w/ Medicare	0	0	\$1,198.00	\$1,364.53	13.9%
Subscriber + Family, 2 or more w/ Medicare	0	0	\$1,174.96	\$1,338.29	13.9%
Subtotal Medicare Eligible	0	0			
Total	81	218			
Monthly Premium			\$79,344.48	\$90,373.89	
Annual Premium			\$952,134	\$1,084,487	
Change from Current Rates				13.9%	

RENEWAL ACCEPTANCE

Please select one of the following:

- Renew with renewing plan indicated above
- Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title: Business Manager

Signature: Tom McLean

Date: 4/4/17

Medical code
Pharmacy code

HMO03976
PHA01393

Please return this page to:
JOHN CASHMAN
Account Manager
Dean Health Plan
Direct: 608-827-4174
Fax: 608-252-0834
E-Mail: john.cashman@deancare.com

To ensure a correct July billing statement and correct SBC information is mailed to your insured employees, return this renewal acceptance no later than Saturday, May 20, 2017

Only products noted as "HRA" are auto-linked to a HRA plan administrator. "HDHP" products cannot be linked to an "HRA".

All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Rock & Sauk counties.

To view your SBC information please visit our website at <http://www.deancare.com/sbc-employergroup>

CLINTON COMMUNITY SCHOOL DISTRICT (#1AOQOE)

Dean Health Plan

Rate Sheet

Rates Effective: July 1, 2017 - June 30, 2018

Rates for HMO Plan

			HMO	HMO HDHP	
			\$3000 Ded	\$3000 Ded	
			0% Coins	0% Coins	
			\$3000 / \$6000	\$3000 / \$6000 Limit	
			0% / 0% / 0% Rx	0% / 0% / 0% Rx	
			Current Rates	Renewal Rates	Increase
			HMO03385	Plan 2 - 0	Over Current
Enrollment	Subscribers	Members			
Subscriber Only	0	0	\$0.00	\$0.00	0.0%
Subscriber + Family	0	0	\$0.00	\$0.00	0.0%
Subtotal Active	0	0			
Medicare Eligible Enrollment					
Subscriber Only, Medicare	0	0	\$0.00	\$0.00	0.0%
Subscriber + One, 2 w/ Medicare	0	0	\$0.00	\$0.00	0.0%
Subscriber + One, 1 w/ Medicare	0	0	\$0.00	\$0.00	0.0%
Subscriber + Family, 1 w/ Medicare	0	0	\$0.00	\$0.00	0.0%
Subscriber + Family, 2 or more w/ Medicare	0	0	\$0.00	\$0.00	0.0%
Subtotal Medicare Eligible	0	0			
Total	0	0			
Monthly Premium					
Annual Premium			\$0	\$0	
Change from Current Rates				0.0%	

RENEWAL ACCEPTANCE

Please select one of the following:

Renew with renewing plan indicated above

Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title: Business Manager

Signature: Don Mehea

Date: 4/4/17

Medical code
Pharmacy code

HMO03976
PHA01393

Please return this page to:
 JOHN CASHMAN
 Account Manager
 Dean Health Plan
 Direct: 608-827-4174
 Fax: 608-252-0834
 E-Mail: john.cashman@deancare.com

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CLINTON COMMUNITY SCHOOL DISTRICT (#1AOQOE)

Dean Health Plan

Rate Sheet

Rates Effective: July 1, 2017 - June 30, 2018

Rates for POS Plan

	Subscribers	Members	POS	POS HDHP	Increase Over Current
			\$3000 Ded 0% Coins \$3000 / \$6000 0% /0% /0% Rx Current Rates POS02880	\$3000 Ded 0% Coins \$3000 / \$6000 Limit 0% /0% /0% Rx Renewal Rates Plan 3 - 0	
Enrollment					
Subscriber Only	3	3	\$487.37	\$555.12	13.9%
Subscriber + Family	3	15	\$1,267.16	\$1,443.31	13.9%
Subtotal Active	6	18			
Medicare Eligible Enrollment					
Subscriber Only, Medicare	0	0	\$463.00	\$527.36	13.9%
Subscriber + One, 2 w/ Medicare	0	0	\$926.00	\$1,054.73	13.9%
Subscriber + One, 1 w/ Medicare	1	2	\$950.37	\$1,082.48	13.9%
Subscriber + Family, 1 w/ Medicare	0	0	\$1,267.16	\$1,443.31	13.9%
Subscriber + Family, 2 or more w/ Medicare	0	0	\$1,242.79	\$1,415.56	13.9%
Subtotal Medicare Eligible	1	2			
Total	7	20			
Monthly Premium			\$6,213.96	\$7,077.77	
Annual Premium			\$74,568	\$84,933	

Change from Current Rates

13.9%

RENEWAL ACCEPTANCE

Please select one of the following:

Renew with renewing plan indicated above

Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title: Business Manager

Signature: DM McHale

Date: 4/4/17

Medical code
Pharmacy code

POS03322
PHA01465

Please return this page to:

JOHN CASHMAN

Account Manager

Dean Health Plan

Direct: 608-827-4174

Fax: 608-252-0834

E-Mail: john.cashman@deancare.com

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CLINTON COMMUNITY SCHOOL DISTRICT (#1AOQOE)

Dean Health Plan

Rate Sheet

Rates Effective: July 1, 2017 - June 30, 2018

Rates for PPO Plan

Enrollment	Subscribers	Members	PPO	PPO HDHP	Increase Over Current
			\$3000 Ded 0% Coins \$3000 / \$6000 0% /0% /0% Rx Current Rates PPO02594	\$3000 Ded 0% Coins \$3000 / \$6000 Limit 0% /0% /0% Rx Renewal Rates Plan 4 - 0	
Subscriber Only	1	1	\$487.37	\$555.12	13.9%
Subscriber + Family	4	10	\$1,267.16	\$1,443.31	13.9%
Subtotal Active	5	11			
Medicare Eligible Enrollment					
Subscriber Only, Medicare	0	0	\$463.00	\$527.36	13.9%
Subscriber + One, 2 w/ Medicare	0	0	\$926.00	\$1,054.73	13.9%
Subscriber + One, 1 w/ Medicare	0	0	\$950.37	\$1,082.48	13.9%
Subscriber + Family, 1 w/ Medicare	0	0	\$1,267.16	\$1,443.31	13.9%
Subscriber + Family, 2 or more w/ Medicare	0	0	\$1,242.79	\$1,415.56	13.9%
Subtotal Medicare Eligible	0	0			
Total	5	11			
Monthly Premium			\$5,556.01	\$6,328.36	
Annual Premium			\$66,672	\$75,940	
Change from Current Rates				13.9%	

RENEWAL ACCEPTANCE

Please select one of the following:

- Renew with renewing plan indicated above
- Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title: Business Manager

Signature: Dan Melton

Date: 4/4/17

Medical code
Pharmacy code

PPO02954
PHA01465

Please return this page to:
 JOHN CASHMAN
 Account Manager
 Dean Health Plan
 Direct: 608-827-4174
 Fax: 608-252-0834
 E-Mail: john.cashman@deancare.com

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CLINTON COMMUNITY SCHOOL DISTRICT (#1AQOE)

Dean Health Plan

Rate Sheet

Rates Effective: July 1, 2017 - June 30, 2018

DHP reserves the right to adjust the rates if multiple plans in a product type are offered.

Total

Renewal Annual Premium	\$1,245,360
Current Annual Premium	\$1,093,373
Overall Change	13.9%

Dean Health Plan

CLINTON COMMUNITY SCHOOL DISTRICT

Product Type: HMO HDHP

Effective Date: 07/01/2017

Plan Code: HMO03976/PHA01393

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any pharmacy.	
Tier 1	0% coinsurance after deductible	Not Covered
Tier 2	0% coinsurance after deductible	Not Covered
Tier 3	0% coinsurance after deductible	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	0% coinsurance after deductible	0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
Mental Services		
Mental Health Inpatient	0% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	0% coinsurance after deductible	Not Covered
Mental Health Outpatient	0% coinsurance after deductible	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	Not Covered
Plan Special Features	HSA Qualified High Deductible Health Plan with Aggregate Deductible. E-Visits	

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year.
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

Dean Health Plan

CLINTON COMMUNITY SCHOOL DISTRICT

Plan 3 - 0

Product Type: POS HDHP

Effective Date: 07/01/2017

Plan Code: POS03322/PHA01465

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	\$6000 single / \$12000 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	20% coinsurance after deductible / 20% coinsurance after deductible
Office Visit and Related Services	0% coinsurance after deductible	20% coinsurance after deductible
Preventive Services	\$0 copay	20% coinsurance after deductible
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	\$12000 single / \$24000 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	\$12000 single / \$24000 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs will be found in any formulary tier.	
Tier 1	0% coinsurance after deductible	20% coinsurance after deductible
Tier 2	0% coinsurance after deductible	20% coinsurance after deductible
Tier 3	0% coinsurance after deductible	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Emergency Services		
Urgent Care	0% coinsurance after deductible	0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	0% coinsurance after deductible	0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	20% coinsurance after deductible
Mental Health Day Treatment Programs	0% coinsurance after deductible	20% coinsurance after deductible
Mental Health Outpatient	0% coinsurance after deductible	20% coinsurance after deductible
Durable Medical Equipment	0% coinsurance after deductible	20% coinsurance after deductible
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	20% coinsurance after deductible
Plan Special Features	HSA Qualified High Deductible Health Plan with Aggregate Deductible. E-Visits	

This plan is NOT auto-linked to an HRA administrator

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Date Prepared: 02/20/17

Dean Health Plan

CLINTON COMMUNITY SCHOOL DISTRICT

Plan 4 - 0

Product Type: PPO HDHP

Effective Date: 07/01/2017

Plan Code: PPO02954/PHA01465

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	\$6000 single / \$12000 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	20% coinsurance after deductible / 20% coinsurance after deductible
Office Visit and Related Services	0% coinsurance after deductible	20% coinsurance after deductible
Preventive Services	\$0 copay	20% coinsurance after deductible
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	\$12000 single / \$24000 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	\$12000 single / \$24000 family
Prescription Drugs, Insulin & Disposable Diagnostic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier.	
Tier 1	0% coinsurance after deductible	20% coinsurance after deductible
Tier 2	0% coinsurance after deductible	20% coinsurance after deductible
Tier 3	0% coinsurance after deductible	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Emergency Services		
Urgent Care	0% coinsurance after deductible	0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	0% coinsurance after deductible	0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	20% coinsurance after deductible
Mental Health Day Treatment Programs	0% coinsurance after deductible	20% coinsurance after deductible
Mental Health Outpatient	0% coinsurance after deductible	20% coinsurance after deductible
Durable Medical Equipment	0% coinsurance after deductible	20% coinsurance after deductible
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	20% coinsurance after deductible
Plan Special Features	HSA Qualified High Deductible Health Plan with Aggregate Deductible. E-Visits	

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 This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
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Date Prepared: 02/20/17

GROUP INFORMATION FORM

Please confirm the following information

1AOQOE

CLINTON COMMUNITY SCHOOL DISTRICT

Anniversary

July 1, 2017

Please complete all questions. If a question does not apply, mark N/A.

Average number of full and part-time employees over the prior calendar year (include all locations and subsidiaries)

180

If the average number of employees listed above is less than 110, what is the average number who worked at least 50% of business days during the prior calendar year.

Total number of current employees eligible for Dean Health Plan insurance

120

Total waiving for other creditable coverage not offered by the employer (such as spousal coverage or Medicare)

30

List Employer monthly premium contribution

Employee

8890 / 6896

Employee + child(ren)

8890 / na

Employee + spouse

8890 / 6890 na

Family

8890 / na

If you have more than one carrier, do you contribute the same for each plan offered? If no, please explain your contribution strategy.

(yes/no) 0

If you offer your employees a choice of other carriers, have the other carriers changed?

(yes/no)

List all health insurance plans offered to employees eligible for Dean Health Plan

Name of Health Insurance Carrier	# of Insured Employees	Single Rate	Emp/Sp Rate	Emp/Ch Rate	Family Rate	Pre-ex	Deductible, Copay, Rx
		\$	\$	\$	\$	Yes/No	
		\$	\$	\$	\$	Yes/No	
		\$	\$	\$	\$	Yes/No	
		\$	\$	\$	\$	Yes/No	

Contact Person

Dan Melin

Title

Business Manager

Phone

608 676 5482 x2424

Please return this page to:

JOHN CASHMAN
Account Manager
Dean Health Plan
Direct: 608-827-4174

Fax: 608-252-0834

E-Mail: john.cashman@deancare.com



April 15, 2017

CLINTON COMMUNITY SCHOOL DISTRICT
PO BOX 566
CLINTON, WI 53525

Re: July Renewal

Dear RANDY REFSLAND :

Thank you for your continued partnership with Dean Health Plan. As you know, the Affordable Care Act (ACA) may mean some changes to your health insurance in 2017. Our goal is to help you understand what it means for you and your employees. While there may be small changes to your plan, your partnership with us will remain the same. As always, if you have questions, we are here to help.

Please review the enclosed documents pertaining to your 2017 renewal.

1. Explanation of Renewal Increase
2. Rate Sheet
3. Community Wide Benefit Changes for 2017
4. Dean Health Plan Brochure
5. Group Information Form

If you are planning to make benefit changes, please contact your agent or our office, and we can assist you with this process. You have the right to cancel according to the terms of the Policy by notifying Dean Health Plan in writing.

Once you have made your renewal decision, please sign the bottom of the Rate Sheet, complete the Group Information Form, and return these documents to my attention.

Benefit information, including the Group Member Certificate Summary of Benefits, Member Guide, and Provider Directory, is available online at www.deancare.com. You can also find more information about how the ACA affects you at www.deancare.com/reform.

Please contact me or my associate if you have any questions or concerns about your group's renewal. Dean Health Plan values our continued business relationship with your organization and your employees.

Sincerely,

JOHN CASHMAN
Account Manager
Direct: 608-827-4174
Fax: 608-252-0834
Email: john.cashman@deancare.com

Note: Please return the signature page of your renewal no later than Saturday, May 20, 2017, to ensure a correct July billing statement and to assure correct SBC information is mailed to your insured employees. If this form is not returned by the above date, we will renew your group with the current or closest available plan design as indicated in this renewal packet, and the July billing will reflect the 2017 renewal rates.

Encl.

cc: ALLEN JAEGER

P.O. Box 56099 • Madison, WI 53705 » (800) 356.7344 » fax (608) 827.4212 » 1277 Deming Way • Madison, WI 53717
Medicare questions (608) 827.4372 » (888) 422.3326 » TTY users dial 711
www.deancare.com

Dean Health Plan
Explanation of Renewal Change

CLINTON COMMUNITY SCHOOL DISTRICT (#1AOQOE)
Effective: July 1, 2017 - June 30, 2018

Experience (Actual Mix of all Benefit Plans)

	Prior	Current
	12/01/2014 - 11/30/2015	12/01/2015 - 11/30/2016
(1) Experience Periods		
(2) Unpooled Medical Loss Ratio (Completed)	108%	116%
(3) Pooled Medical Loss Ratio (Completed)	115%	113%
(4) Annual Trend used in line (13)	7.0%	7.0%
(5) Midpoint Experience to Midpoint Rating Period # of months	31.0	19.0
(6) Group Specific Claims Experience	\$1,307,013	\$1,377,291
(7) Member Months	2,904	2,896

Experience PMPM (Per Member Per Month)

(8) Claims Experience PMPM (6) / (7)	\$450.07	\$475.58
(9) Catastrophic Claims (Amount > \$75,000)	<u>(\$26.59)</u>	<u>(\$70.66)</u>
(10) Claims with Catastrophic Removed (8) + (9)	\$423.48	\$404.92
(11) Claims Lag Factor	1.0000	1.0214
(12) Benefits & Age/Gender Adjustment Factors	0.7658	0.8572
(13) Effective Trend Factor	1.1910	1.1131
(14) Trended Claims (10) x (11) x (12) x (13)	\$386.27	\$394.62
(15) Pooling Charge	<u>\$55.51</u>	<u>\$55.51</u>
(16) SubTotal After Pooling Charge = (14) + (15)	\$441.78	\$450.13
(17) Experience Weights	25%	75%
(18) Experience Expected Claims Weighted PMPM ((Prior (16) x (17)) + ((Current (16) x (17)))		\$448.04

Manual Rates PMPM (Per Member Per Month)

(19) Manual Base Expected Claims (with Geographic Adjustment) PMPM	\$366.65
(20) Age/Gender Adjustment Factor	0.9708
(21) Adjusted Manual Rate = (19) x (20)	\$355.95

Blending Experience with Manual Expected Claims

		PMPM	Annual Total
(22) Member Count	249		
(23) Credibility of Group's Experience	57%		
(24) Blended Expected Claims 57% x 448.04 + 43% x 355.95		\$408.44	\$1,220,419
(25) Administrative Expense		\$48.70	\$145,516
(26) PCORI Fee	\$0.20		\$598
(27) Reinsurance Fee	\$0.00		\$0
(28) Health Insurer Tax (1.80%)	<u>\$8.23</u>		<u>\$24,591</u>
(29) Subtotal ACA Fees & Tax (2.02%)		\$8.43	\$25,189
(30) Risk Margin (2.00%)		<u>\$9.50</u>	<u>\$28,386</u>
(31) Subtotal Premium Rate PMPM (24) + (25) + (29) + (30)		\$475.07	\$1,419,509
(32) Business Adjustment (-12.27%)		<u>(\$58.28)</u>	<u>(\$174,149)</u>
(33) Final Premium Rate PMPM = (31) + (32)		\$416.79	\$1,245,360

	% Increase	PMPM	Annual Total	Projected Loss Ratio
Current Premium Rate		\$365.92	\$1,093,373	112%
Subtotal Premium Rate	29.8%	\$475.07	\$1,419,509	86%
Final Premium Rate	13.9%	\$416.79	\$1,245,360	98%