Exhibit A: Screenshot Illustration of the HIOS Rate Review Data Collection System:

Initial HIOS Sign-In screen.

Health Insurance Oversight System		
Tuesday, July 26, 2011		
Sign-In		
* Indicates required fields.		
User Name:*		
Password:*		
Forgot Password?		
Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please click the Play Audio Code link for audio verification		
Word Verification * Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.		
Can't read it? Generate New Image		
Plav Audio Code *		
Log In		



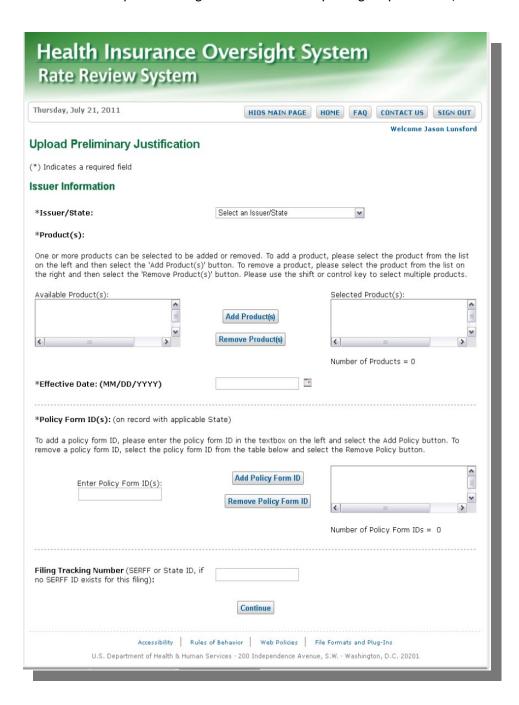
Rate Review System Module Selected



Rate Review Submission Tab Selected



First Preliminary Justification Upload Screen (Issuers will use this Screen to locate products already stored in the HIOS system through the Plan Finder Reporting Requirements)



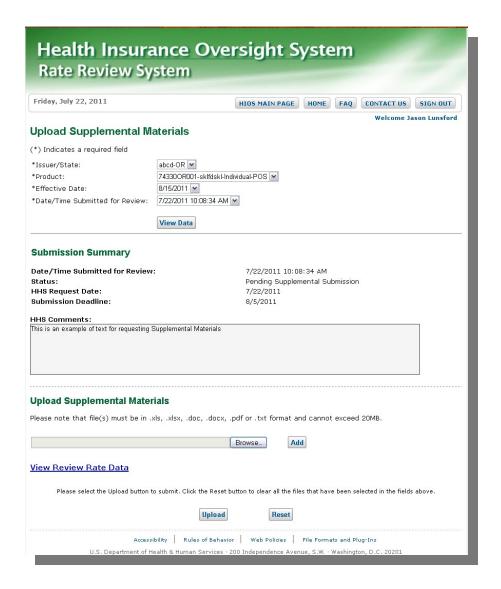
Second Preliminary Justification Upload Screen	(Issuers will use this	s screen to upload t	the three parts of
the Preliminary Justification.			



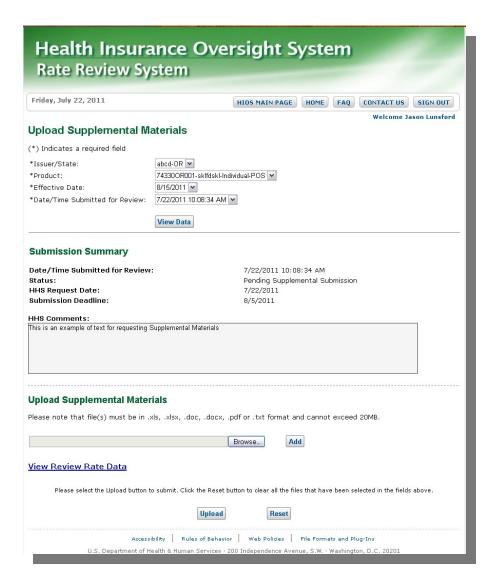
Part 3: Upload Part 3 of the I	Preliminary Justification, the Rate Filing Documentation
The Public Rate Filing and HHS Reviev	w Only Documentation are required.
Public Rate Filing Documentation	
Please note that file must be in .xls, .	.xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 10MB.
	Browse Add Rate Filing Document
HHS Review Only Documentation	
Please note that more than one file is	s accepted, file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format, and cannot
exceed 20MB.	
	Browse Add HHS Only Document
	Add HHS Only Document
Please select the Upload button to s	submit. Click the Reset button to clear all the files that are selected in the fields above.
Please select the Upload button to s	
Please select the Upload button to s	submit. Click the Reset button to clear all the files that are selected in the fields above. Upload Reset

Health Insurance Oversight System **Rate Review System** Monday, June 27, 2011 HOME CONTACT US SIGN OUT FAQ Tiffany Kavanaugh **Process Pending** The following Case has been uploaded to the system and is pending further validation: State Ins. Co.-KY Product(s): 28281KY001-Basic Hosp/Surgical-Individual-Indemnity **Total Number of Products: Effective Date:** 09/01/2011 Filing Tracking Number: ABC Policy Form ID(s): 123 Total Number of Policy Form IDs: Date/Time Submitted for Review: 6/27/2011 6:50:18 PM **Submission ID:** 000002 Documents Uploaded for this Case: Rate Summary Form: RateSummaryTemplateNewEdition.xls Written Description Justifying the Rate Increase: RR Test.docx **Public Rate Filing Documentation:** RR Test.pdf **HHS Review Only Documentation:** RR Test.doc You will receive an email notification with the validation details. Accessibility Rules of Behavior Web Policies File Formats and Plug-Ins U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Submission of Supplemental Information Function



Submission of Supplemental Information Function (continued)



Modify Function

