

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](#)

 [Play Audio Code](#)

\*

## HIOS Main Page Menu

The screenshot shows the main page of the Health Insurance Oversight System (HIOS). At the top, there is a green header with the text "Health Insurance Oversight System". Below the header, a navigation bar contains the date "Thursday, July 21, 2011" on the left and four buttons: "HIOS MAIN PAGE", "FAQ", "CONTACT US", and "SIGN OUT" on the right. A personalized greeting "Welcome Beverly" is displayed below the navigation bar. The main content area is titled "HIOS Portal Home Page" and features three large green buttons: "Manage Account", "HIOS Plan Finder Product Data Collection", and "Rate Review System". At the bottom of the page, there is a footer with links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", followed by the address "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

# Health Insurance Oversight System

Thursday, July 21, 2011

[HIOS MAIN PAGE](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Beverly

## HIOS Portal Home Page

Manage Account

HIOS Plan Finder  
Product Data  
Collection

Rate Review  
System

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## Rate Review System Module Selected

# Health Insurance Oversight System Rate Review System

Monday, July 25, 2011

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

[Rate Review Submission](#) [Review Rate Data](#) [Submission Status Report](#)

## Announcements

Here is a placeholder for announcements.

### Related Links

- [Link 1](#)
- [Link 2](#)
- [Link 3](#)
- [Link 4](#)
- [Link 5](#)

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Rate Review Submission Tab Selected

# Health Insurance Oversight System Rate Review System

Thursday, July 14, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Lauren Jones

<b>Rate Review Submission</b>	Review Rate Data	Submission Status Report	HHS Rate Review	Submission Type Administrator
Download Rate Increase Summary Template	Upload Preliminary Justification	Upload Supplemental Materials	Upload Modification Materials	Enter Unreasonable Rate Increase Justification

## Issuer Tools

Here is a place to add some instructional text.

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**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)

## Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jason Lunsford

### Upload Preliminary Justification

(\*) Indicates a required field

#### Issuer Information

**\*Issuer/State:**

**\*Product(s):**

One or more products can be selected to be added or removed. To add a product, please select the product from the list on the left and then select the 'Add Product(s)' button. To remove a product, please select the product from the list on the right and then select the 'Remove Product(s)' button. Please use the shift or control key to select multiple products.

Available Product(s):

Selected Product(s):

Number of Products = 0

**\*Effective Date: (MM/DD/YYYY)**

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**\*Policy Form ID(s):** (on record with applicable State)

To add a policy form ID, please enter the policy form ID in the textbox on the left and select the Add Policy button. To remove a policy form ID, select the policy form ID from the table below and select the Remove Policy button.

Enter Policy Form ID(s):

Number of Policy Form IDs = 0

---

**Filing Tracking Number** (SERFF or State ID, if no SERFF ID exists for this filing):

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

# Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011

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[SIGN OUT](#)

Welcome Jason Lunsford

## Upload Preliminary Justification

### Issuer Data Entered

You are about to upload the following Rate Review Record:

#### abcd-OR

**Product(s):** 743300R001-skifdskl-Individual-POS  
**Total Number of Products:** 1  
**Effective Date:** 09/15/2011  
**Filing Tracking Number:** 12345  
**Policy Form ID(s):** 12345  
**Total number of Policy Form IDs:** 1

[Edit Data on Previous Page](#)

Based on the Issuer/State and Product(s) you have entered, this submission will be reviewed by HHS. To complete this Rate Review submission, you must upload: the Rate Summary Form, the Written Description Justifying the Rate Increase, and the Rate Filing Documentation (for Public and HHS Review only).

For all parts below, select the 'Browse...' button to select the file to be uploaded. Where applicable select the 'Add' button to include additional files. Files included in each part are required to have a unique name. Please select the 'Upload' button at the bottom of the page to complete the submission.

(\*) Indicates a required field

### \*Part 1: Upload Part 1 of the Preliminary Justification, the Rate Summary Form

Please note that the file must be in .xls format and cannot exceed 10MB.

### \*Part 2: Upload Part 2 of the Preliminary Justification, the Written Description Justifying the Rate Increase

### \*Part 3: Upload Part 3 of the Preliminary Justification, the Rate Filing Documentation

The Public Rate Filing and HHS Review 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.

#### \*HHS Review Only Documentation

Please note that more than one file is accepted, file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format, and cannot exceed 20MB.

Please select the Upload button to submit. Click the Reset button to clear all the files that are selected in the fields above.

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# Health Insurance Oversight System Rate Review System

Monday, June 27, 2011

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Tiffany Kavanaugh

## Process Pending

The following Case has been uploaded to the system and is pending further validation:

**State Ins. Co.-KY**

<b>Product(s):</b>	28281KY001-Basic Hosp/Surgical-Individual-Indemnity
<b>Total Number of Products:</b>	1
<b>Effective Date:</b>	09/01/2011
<b>Filing Tracking Number:</b>	ABC
<b>Policy Form ID(s):</b>	123
<b>Total Number of Policy Form IDs:</b>	1
<b>Date/Time Submitted for Review:</b>	6/27/2011 6:50:18 PM
<b>Submission ID:</b>	000002

**Documents Uploaded for this Case:**

<b>Rate Summary Form:</b>	RateSummaryTemplateNewEdition.xls
<b>Written Description Justifying the Rate Increase:</b>	RR Test.docx
<b>Public Rate Filing Documentation:</b>	RR Test.pdf
<b>HHS Review Only Documentation:</b>	RR Test.doc

**You will receive an email notification with the validation details.**

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# Submission of Supplemental Information Function

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jason Lunsford

### Upload Supplemental Materials

(\*) Indicates a required field

\*Issuer/State:    
\*Product:    
\*Effective Date:    
\*Date/Time Submitted for Review:

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### Submission Summary

Date/Time Submitted for Review:	7/22/2011 10:08:34 AM
Status:	Pending Supplemental Submission
HHS Request Date:	7/22/2011
Submission Deadline:	8/5/2011

**HHS Comments:**

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### Upload Supplemental Materials

Please note that file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 20MB.

[View Review Rate Data](#)

Please select the Upload button to submit. Click the Reset button to clear all the files that have been selected in the fields above.

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## Submission of Supplemental Information Function (continued)

# Health Insurance Oversight System Rate Review System

Friday, July 22, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jason Lunsford

### Upload Supplemental Materials

(\*) Indicates a required field

\*Issuer/State:    
\*Product:    
\*Effective Date:    
\*Date/Time Submitted for Review:

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### Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Status:</b>	Pending Supplemental Submission
<b>HHS Request Date:</b>	7/22/2011
<b>Submission Deadline:</b>	8/5/2011

**HHS Comments:**

This is an example of text for requesting Supplemental Materials

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### Upload Supplemental Materials

Please note that file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 20MB.

[View Review Rate Data](#)

Please select the Upload button to submit. Click the Reset button to clear all the files that have been selected in the fields above.

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## Modify Function

# Health Insurance Oversight System Rate Review System

Tuesday, June 28, 2011 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Tiffany Kavanaugh

### Upload Modification Materials

(\*) Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

**Date/Time Submitted for Review:** 6/28/2011 9:41:51 AM  
**Status:** Record Attested

**Previously Uploaded Materials**

There are no previously uploaded materials.

**\*Explanation of Modification**  
Enter comments to explain the modification. There is a 2000 character limit.

Rate increase modified to 15%

**Upload Modification Materials**

Please note that file(s) must be in .xls, .xlsx, .doc, .docx, .pdf, or .txt format and cannot exceed 20MB.

[View Review Rate Data](#)

Click the Upload button to submit Explanation of Modification, and Modification Materials (when included). Click the Reset button to clear all the files that have been selected in the fields above.

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