

Company Information

	Value
Company Name:	
Group Affiliation:	
Federal EIN:	
A.M. Best Number:	
NAIC Group Code:	
NAIC Company Code:	
DBA / Marketing Name:	
HIOS Issuer ID:	
Business in the State of:	
Domiciliary State:	
Address:	
Federal Tax Exempt:	
Merge Markets - Ind/SmGrp:	
Not-For-Profit:	
MLR Reporting Year:	

Cell Keys for Parts 1 - 6:

White cells accept input from the issuer

Grey cells require no data input – input will result in an upload failure

Green cells require a calculation by the issuer

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Line Description	SHCE	1 Health Insurance INDIVIDUAL Total as of 12/31/14	2 Health Insurance INDIVIDUAL Total as of 3/31/15	3 Health Insurance INDIVIDUAL Dual Contracts (Included in Total as of 3/31/15)	4 Health Insurance INDIVIDUAL Deferred PY1 (Add)	5 Health Insurance INDIVIDUAL Deferred CY (Subtract)	2A Health Insurance INDIVIDUAL [Risk Corridors] Total as of 3/31/15	6 Health Insurance SMALL GROUP Total as of 12/31/14	7 Health Insurance SMALL GROUP Total as of 3/31/15	8 Health Insurance SMALL GROUP Dual Contracts (Included in Total as of 3/31/15)	9 Health Insurance SMALL GROUP Deferred PY1 (Add)	10 Health Insurance SMALL GROUP Deferred CY (Subtract)	7A Health Insurance SMALL GROUP [Risk Corridors] Total as of 3/31/15	11 Health Insurance LARGE GROUP Total as of 12/31/14	12 Health Insurance LARGE GROUP Total as of 3/31/15	13 Health Insurance LARGE GROUP Dual Contracts (Included in Total as of 3/31/15)	14 Health Insurance LARGE GROUP Deferred PY1 (Add)	15 Health Insurance LARGE GROUP Deferred CY (Subtract)	16 Mini-Med INDIVIDUAL Total as of 12/31/14	17 Mini-Med INDIVIDUAL Total as of 3/31/15	18 Mini-Med INDIVIDUAL Dual Contracts (Included in Total as of 3/31/15)	19 Mini-Med SMALL GROUP Total as of 12/31/14	20 Mini-Med SMALL GROUP Total as of 3/31/15	21 Mini-Med SMALL GROUP Dual Contracts (Included in Total as of 3/31/15)
1. Premium																								
1.1 Direct premium written																								
1.2 Unearned premium prior year	Pr 2, Ln 1.2																							
1.3 Unearned premium MLR Reporting year	Pr 2, Ln 1.3																							
1.4 Experience rating refunds (rate credits) paid																								
1.4a Experience rating refunds, with all incurred dates, paid in the MLR reporting year	Pr 2, Ln 1.5																							
1.4b Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																								
1.5 Reserve for experience rating refunds (rate credits) MLR Reporting year	Pr 2, Ln 1.6																							
1.6 Reserve for experience rating refunds (rate credits) prior year	Pr 2, Ln 1.7																							
1.7 Premium balances written off	Pr 2, Ln 1.9																							
1.8 Group conversion charges	Pr 2, Ln 1.10																							
1.9 Federal Transitional Reinsurance Program payments expected from HHS (as indicated by HHS as of 6/30)																								
1.10 Federal Risk Adjustment Program net payments expected from HHS / (charges payable to HHS) (as indicated by HHS as of 6/30)																								
1.11 Federal Risk Corridors Program net payments / (charges)																								
1.12 Premium ceded under 100% reinsurance (informational only, already excluded from Lines 1.1-1.11)																								
1.13 Premium assumed under 100% reinsurance (informational only, already included in Lines 1.1-1.11)																								
1.14 Advance payments of the premium tax credit received from HHS (informational only, already included in Lines 1.1-1.13)																								
2. Claims																								
2.1 Claims Paid																								
2.1a Claims paid during the MLR reporting year regardless of incurred date																								
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year																								
2.2 Direct claim liability																								
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	Pr 2, Ln 2.2																							
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year																								
2.3 Direct claim liability prior year	Pr 2, Ln 2.3																							
2.4 Direct claim reserves																								
2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date	Pr 2, Ln 2.4																							
2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year																								
2.5 Direct claim reserves prior year	Pr 2, Ln 2.5																							
2.6 Direct contract reserves																								
2.6a Direct contract reserves 12/31 column	Pr 2, Ln 2.6																							
2.6b Direct contract reserves 3/31, dual contract, deferred columns																								
2.7 Direct contract reserves prior year	Pr 2, Ln 2.7																							
2.8 Experience rating refunds (rate credits) paid																								
2.8a Experience rating refunds, with all incurred dates, paid in the MLR reporting year	Pr 2, Ln 2.8																							
2.8b Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																								
2.9 Reserve for experience rating refunds (rate credits)																								
2.9a Reserved in MLR reporting year regardless of incurred date	Pr 2, Ln 2.9																							
2.9b Reserves specific to the MLR reporting year through 3/31 of the following year																								
2.10 Reserve for experience rating refunds (rate credits) prior year	Pr 2, Ln 2.10																							
2.11 Incurred medical incentive pool and bonuses																								
2.11a Paid medical incentive pools and bonuses MLR Reporting year	Pr 2, Ln 2.11a																							
2.11b Accrued medical incentive pools and bonuses MLR Reporting year	Pr 2, Ln 2.11b																							
2.11c Accrued medical incentive pools and bonuses prior year	Pr 2, Ln 2.11c																							
2.12 Net healthcare receivables																								
2.12a Healthcare receivables MLR Reporting year	Pr 2, Ln 2.12a																							
2.12b Healthcare receivables prior year	Pr 2, Ln 2.12b																							
2.13 Contingent benefit and lawsuit reserves																								
2.14 Group conversion charges	Pr 2, Ln 2.13																							
2.15 Blended rate adjustment	Pr 2, Ln 2.14																							
2.16 Total incurred claims	Pr 2, Ln 2.15																							
2.17 Allowable fraud reduction expense (the smaller of Lines 2.17a or 2.17b)	Pr 1, Ln 4																							
2.17a Total fraud reduction expense	Pr 3, Col 7, Ln																							
2.17b Total fraud recoveries that reduced paid claims in Line 2.1	Pr 2, Ln 3																							
2.18 Advance payments of cost-sharing reductions																								

Line Description	SHCE	22 Mini-Med LARGE GROUP Total as of 12/31/14	23 Mini-Med LARGE GROUP Total as of 3/31/15	24 Mini-Med LARGE GROUP Dual Contracts (Included in Total as of 3/31/15)	25 Expat SMALL GROUP Total as of 12/31/14	26 Expat SMALL GROUP Total as of 3/31/15	27 Expat SMALL GROUP Dual Contracts (Included in Total as of 3/31/15)	28 Expat SMALL GROUP Deferred PY1 (Add)	29 Expat SMALL GROUP Deferred CY (Subtract)	30 Expat LARGE GROUP Total as of 12/31/14	31 Expat LARGE GROUP Total as of 3/31/15	32 Expat LARGE GROUP Dual Contracts (Included in Total as of 3/31/15)	33 Expat LARGE GROUP Deferred PY1 (Add)	34 Expat LARGE GROUP Deferred CY (Subtract)	35 Student Health INDIVIDUAL Total as of 12/31/14	36 Student Health INDIVIDUAL Total as of 3/31/15	37 Student Health INDIVIDUAL Dual Contracts (Included in Total as of 3/31/15)	38 Student Health INDIVIDUAL Deferred PY1 (Add)	39 Student Health INDIVIDUAL Deferred CY (Subtract)	40 Government Program Plans Total as of 12/31/14	41 Other Health Business Total as of 12/31/14	42 Aggregate 2% Rule Total as of 12/31/14	43 Uninsured Plans Total as of 12/31/14
1. Premium																							
1.1 Direct premium written																							
1.2 Unearned premium prior year	Pr 2, Ln 1.2																						
1.3 Unearned premium MLR Reporting year	Pr 2, Ln 1.3																						
1.4 Experience rating refunds (rate credits) paid																							
1.4a Experience rating refunds, with all incurred dates, paid in the MLR reporting year	Pr 2, Ln 1.5																						
1.4b Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																							
1.5 Reserve for experience rating refunds (rate credits) MLR Reporting year	Pr 2, Ln 1.6																						
1.6 Reserve for experience rating refunds (rate credits) prior year	Pr 2, Ln 1.7																						
1.7 Premium balances written off	Pr 2, Ln 1.9																						
1.8 Group conversion charges	Pr 2, Ln 1.10																						
1.9 Federal Transitional Reinsurance Program payments expected from HHS (as indicated by HHS as of 6/30)																							
1.10 Federal Risk Adjustment Program net payments expected from HHS / (charges payable to HHS) (as indicated by HHS as of 6/30)																							
1.11 Federal Risk Corridor Program net payments / (charges)																							
1.12 Premium ceded under 100% reinsurance (informational only; already excluded from Lines 1.1-1.11)																							
1.13 Premium assumed under 100% reinsurance (informational only; already included in Lines 1.1-1.11)																							
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2. Claims																							
2.1 Claims Paid																							
2.1a Claims paid during the MLR reporting year regardless of incurred date																							
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year																							
2.2 Direct claim liability																							
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	Pr 2, Ln 2.2																						
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year																							
2.3 Direct claim liability prior year	Pr 2, Ln 2.3																						
2.4 Direct claim reserves																							
2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date	Pr 2, Ln 2.4																						
2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year																							
2.5 Direct claim reserves prior year	Pr 2, Ln 2.5																						
2.6 Direct contract reserves																							
2.6a Direct contract reserves 12/31 column	Pr 2, Ln 2.6																						
2.6b Direct contract reserves 3/31, dual contract, deferred columns																							
2.7 Direct contract reserves prior year	Pr 2, Ln 2.7																						
2.8 Experience rating refunds (rate credits) paid																							
2.8a Experience rating refunds, with all incurred dates, paid in the MLR reporting year	Pr 2, Ln 2.8																						
2.8b Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																							
2.9 Reserve for experience rating refunds (rate credits)																							
2.9a Reserved in MLR reporting year regardless of incurred date	Pr 2, Ln 2.9																						
2.9b Reserves specific to the MLR reporting year through 3/31 of the following year																							
2.10 Reserve for experience rating refunds (rate credits) prior year	Pr 2, Ln 2.10																						
2.11 Incurred medical incentive pool and bonuses																							
2.11a Paid medical incentive pools and bonuses MLR Reporting year	Pr 2, Ln 2.11a																						
2.11b Accrued medical incentive pools and bonuses MLR Reporting year	Pr 2, Ln 2.11b																						
2.11c Accrued medical incentive pools and bonuses prior year	Pr 2, Ln 2.11c																						
2.12 Net healthcare receivables																							
2.12a Healthcare receivables MLR Reporting year	Pr 2, Ln 2.12a																						
2.12b Healthcare receivables prior year	Pr 2, Ln 2.12b																						
2.13 Contingent benefit and lawsuit reserves																							
2.14 Group conversion charges	Pr 2, Ln 2.13																						
2.15 Blended rate adjustment	Pr 2, Ln 2.14																						
2.16 Total incurred claims	Pr 2, Ln 2.15																						
2.17 Allowable fraud reduction expense (the smaller of Lines 2.17a or 2.17b)	Pr 1, Ln 4																						
2.17a Total fraud reduction expense	Pr 3, Col 7, Ln																						
2.17b Total fraud recoveries that reduced paid claims in Line 2.1	Pr 2, Ln 3																						
2.18 Advance payments of cost-sharing reductions																							

Line Description	1 Health Insurance Coverage INDIVIDUAL PY2	2 Health Insurance Coverage INDIVIDUAL PY1	3 Health Insurance Coverage INDIVIDUAL CY	4 Health Insurance Coverage INDIVIDUAL Total	4A Health Insurance Coverage INDIVIDUAL RC	5 Health Insurance Coverage SMALL GROUP PY2	6 Health Insurance Coverage SMALL GROUP PY1	7 Health Insurance Coverage SMALL GROUP CY	8 Health Insurance Coverage SMALL GROUP Total	8A Health Insurance Coverage SMALL GROUP RC	9 Health Insurance Coverage LARGE GROUP PY2	10 Health Insurance Coverage LARGE GROUP PY1	11 Health Insurance Coverage LARGE GROUP CY	12 Health Insurance Coverage LARGE GROUP Total	13 Mini-Med Plans INDIVIDUAL PY2	14 Mini-Med Plans INDIVIDUAL PY1	15 Mini-Med Plans INDIVIDUAL CY	16 Mini-Med Plans INDIVIDUAL Total	17 Mini-Med Plans SMALL GROUP PY2	
1. Medical Loss Ratio Numerator																				
1.1 Adjusted incurred claims as reported on MLR Form for prior year(s)																				
1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year																				
1.3 Improving Health Care Quality Expenses																				
1.4 Advance payments of cost-sharing reductions																				
1.5 Federal Transitional Reinsurance Program payments expected from HHS (as indicated by HHS as of 6/30)																				
1.6 Federal Risk Adjustment Program net payments expected from HHS / (charges payable to HHS) (as indicated by HHS as of 6/30)																				
1.7 Federal Risk Corridors Program net payments / (charges)																				
1.8 MLR numerator																				
1.9 MLR numerator Mini-Med and Student Health (using adjustment factor)																				
2. Medical Loss Ratio Denominator																				
2.1 Premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments / (charges)																				
2.2 Federal and State taxes and licensing or regulatory fees																				
2.3 MLR Denominator (Lines 2.1 - 2.2)																				
3. Risk Corridors Calculation																				
3.1 Allowable costs (Lines 1.2 + 1.3 - 1.4 - 1.5 - 1.6)																				
3.2 Administrative costs excluding taxes (MLR Form Part 1 Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6)																				
3.3 Ratio of allowable costs to after-tax premium (Lines 3.1 / (2.1 - 2.2))																				
3.4 Transitional Adjustment Percentage (if Line 3.3 ≥ 80%)																				
3.5 Profit for risk corridors calculation (the greater of Lines 3.5a or 3.5b)																				
3.5a Earned profit (Lines 2.1 - 3.1 - 2.2 - 3.2)																				
3.5b Capped profit ((3% + Line 3.4) x (Lines 2.1 - 2.2))																				
3.6 Allowable administrative costs (the lesser of Lines 3.6a or 3.6b)																				
3.6a Profit and administrative costs excluding taxes (Lines 3.2 + 3.5)																				
3.6b Capped administrative costs ((20% + Line 3.4) x (Lines 2.1 - 2.2) + Line 2.2)																				
3.6c Capped administrative costs without adjustment (20% x (Lines 2.1 - 2.2) + Line 2.2)																				
3.7 Risk corridors adjusted target amount (Lines 2.1 - 3.6)																				
3.8 Allowable administrative costs without adjustment (the lesser of Lines 3.6a or 3.6c)																				
3.9 Risk corridors unadjusted target amount (Lines 2.1 - 3.8)																				
3.10 Unadjusted risk corridors ratio (Lines 3.1 / 3.9)																				
3.11 Risk corridors aggregate amount by market without adjustment (from Risk Corridors Plan Data Form, Part 3 Line 9)																				
3.12 Risk corridors total payment or charge amount used for MLR calculation (from Risk Corridors Plan Data Form, Part 3 Line 10)																				
4. Credibility Adjustment																				
4.1 Life-years																				
4.2 Base credibility factor																				
4.3 Average deductible																				
4.4 Deductible factor																				
4.5 Credibility adjustment (Lines 4.2 x 4.4 (do not round))																				
5. MLR Calculation (for issuers with at least 1,000 life years in the Total column of Line 4.1)																				
5.1 Preliminary MLR																				
5.1a Preliminary MLR (Lines 1.8 / 2.3)																				
5.1b Preliminary MLR: Mini-Med and Student Health (Lines 1.9 / 2.3)																				
5.2 Credibility adjustment (Line 4.5, if applicable)																				
5.3 Credibility-adjusted MLR (Lines 5.1a or 5.1b + 5.2)																				
6. Rebate Calculation																				
6.1 MLR standard																				
6.2 Credibility-adjusted MLR (Line 5.3)																				
6.3 Adjusted earned premium (Lines 2.1 - 2.2 CY)																				
6.4 Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (6.1 - 6.2) x 6.3)																				
7. Optional temporary adjustments																				
7.1 ACA assessments on non-calendar year policies (2013 only)																				
7.1a Deferred portion of 2013 premium collected for 2014 ACA assessments or fees.																				
7.1b Total Federal and State taxes associated with the deferred premium on Line 7.1a.																				
7.2 Reserved for future use																				
7.2a Reserved for future use																				
7.2b Reserved for future use																				
7.2c Reserved for future use																				
7.2d Reserved for future use																				
7.2e Reserved for future use																				
7.2f Reserved for future use																				

Line Description	18 Mini-Med Plans SMALL GROUP PY1	19 Mini-Med Plans SMALL GROUP CY	20 Mini-Med Plans SMALL GROUP Total	21 Mini-Med Plans LARGE GROUP PY2	22 Mini-Med Plans LARGE GROUP PY1	23 Mini-Med Plans LARGE GROUP CY	24 Mini-Med Plans LARGE GROUP Total	25 Expatriate Plans SMALL GROUP PY2	26 Expatriate Plans SMALL GROUP PY1	27 Expatriate Plans SMALL GROUP CY	28 Expatriate Plans SMALL GROUP Total	29 Expatriate Plans LARGE GROUP PY2	30 Expatriate Plans LARGE GROUP PY1	31 Expatriate Plans LARGE GROUP CY	32 Expatriate Plans LARGE GROUP Total	33 Student Health Plans INDIVIDUAL PY2	34 Student Health Plans INDIVIDUAL PY1	35 Student Health Plans INDIVIDUAL CY	36 Student Health Plans INDIVIDUAL Total
1. Medical Loss Ratio Numerator																			
1.1 Adjusted incurred claims as reported on MLR Form for prior year(s)																			
1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year																			
1.3 Improving Health Care Quality Expenses																			
1.4 Advance payments of cost-sharing reductions																			
1.5 Federal Transitional Reinsurance Program payments expected from HHS (as indicated by HHS as of 6/30)																			
1.6 Federal Risk Adjustment Program net payments expected from HHS / (charges payable to HHS) (as indicated by HHS as of 6/30)																			
1.7 Federal Risk Corridors Program net payments / (charges)																			
1.8 MLR numerator																			
1.9 MLR numerator Mini-Med and Student Health (using adjustment factor)																			
2. Medical Loss Ratio Denominator																			
2.1 Premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments / (charges)																			
2.2 Federal and State taxes and licensing or regulatory fees																			
2.3 MLR Denominator (Lines 2.1 - 2.2)																			
3. Risk Corridors Calculation																			
3.1 Allowable costs (Lines 1.2 + 1.3 - 1.4 - 1.5 - 1.6)																			
3.2 Administrative costs excluding taxes (MLR Form Part 1 Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6)																			
3.3 Ratio of allowable costs to after-tax premium (Lines 3.1 / (2.1 - 2.2))																			
3.4 Transitional Adjustment Percentage (if Line 3.3 ≥ 90%)																			
3.5 Profit for risk corridors calculation (the greater of Lines 3.5a or 3.5b)																			
3.5a Earned profit (Lines 2.1 - 3.1 - 2.2 - 3.2)																			
3.5b Capped profit ((3% + Line 3.4) x (Lines 2.1 - 2.2))																			
3.6 Allowable administrative costs (the lesser of Lines 3.6a or 3.6b)																			
3.6a Profit and administrative costs excluding taxes (Lines 3.2 + 3.5)																			
3.6b Capped administrative costs ((20% + Line 3.4) x (Lines 2.1 - 2.2) + Line 2.2)																			
3.6c Capped administrative costs without adjustment (20% x (Lines 2.1 - 2.2) + Line 2.2)																			
3.7 Risk corridors adjusted target amount (Lines 2.1 - 3.6)																			
3.8 Allowable administrative costs without adjustment (the lesser of Lines 3.6a or 3.6c)																			
3.9 Risk corridors unadjusted target amount (Lines 2.1 - 3.8)																			
3.10 Unadjusted risk corridors ratio (Lines 3.1 / 3.9)																			
3.11 Risk corridors aggregate amount by market without adjustment (from Risk Corridors Plan Data Form, Part 3 Line 9)																			
3.12 Risk corridors total payment or charge amount used for MLR calculation (from Risk Corridors Plan Data Form, Part 3 Line 10)																			
4. Credibility Adjustment																			
4.1 Life-years																			
4.2 Base credibility factor																			
4.3 Average deductible																			
4.4 Deductible factor																			
4.5 Credibility adjustment (Lines 4.2 x 4.4 (do not round))																			
5. MLR Calculation (for issuers with at least 1,000 life years in the Total column of Line 4.1)																			
5.1 Preliminary MLR																			
5.1a Preliminary MLR (Lines 1.8 / 2.3)																			
5.1b Preliminary MLR: Mini-Med and Student Health (Lines 1.9 / 2.3)																			
5.2 Credibility adjustment (Line 4.5, if applicable)																			
5.3 Credibility-adjusted MLR (Lines 5.1a or 5.1b + 5.2)																			
6. Rebate Calculation																			
6.1 MLR standard																			
6.2 Credibility-adjusted MLR (Line 5.3)																			
6.3 Adjusted earned premium (Lines 2.1 - 2.2 CY)																			
6.4 Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (6.1 - 6.2) x 6.3)																			
7. Optional temporary adjustments																			
7.1 ACA assessments on non-calendar year policies (2013 only)																			
7.1a Deferred portion of 2013 premium collected for 2014 ACA assessments or fees.																			
7.1b Total Federal and State taxes associated with the deferred premium on Line 7.1a.																			
7.2 Reserved for future use																			
7.2a Reserved for future use																			
7.2b Reserved for future use																			
7.2c Reserved for future use																			
7.2d Reserved for future use																			
7.2e Reserved for future use																			
7.2f Reserved for future use																			

Line Description	1 Health Insurance Coverage INDIVIDUAL	2 Health Insurance Coverage SMALL GROUP	3 Health Insurance Coverage LARGE GROUP	4 Mini-Med Plans INDIVIDUAL	5 Mini-Med Plans SMALL GROUP	6 Mini-Med Plans LARGE GROUP	7 Expatriate Plans SMALL GROUP	8 Expatriate Plans LARGE GROUP	9 Student Health Plans INDIVIDUAL
1. Number of policies / certificates (from Part 1, Line 7.1)									
2. Number of policyholders/subscribers owed rebates									
2.a Number of group policyholders being paid a rebate									
2.b Number of subscribers being paid a rebate									
2.c Number of group policyholders whose rebate is de minimis									
2.d Number of subscribers whose rebate is de minimis									
3. Total amount of rebates									
3.a Total amount of rebates (from Part 3, Line 6.4)									
3.b Amount of de minimis rebates									
3.c Amount of rebates being paid by premium credit									
3.d Amount of rebates being paid by lump-sum reimbursement									
4. Prior MLR year rebates									
4.a Total amount of rebates paid for the previous MLR reporting year									
4.b Total amount of rebates still owed for the previous MLR reporting year									
4.c Percentage of notices sent timely to individual policy subscribers or group policyholders owed a rebate									
4.d Percentage of notices sent timely to subscribers of group policies owed a rebate									
4.e Percentage of rebates paid timely to individual policy subscribers or group policyholders owed a rebate									
4.f Percentage of rebates paid timely to subscribers of group policies owed a rebate									
4.g Amount of unclaimed rebates from prior MLR reporting years									
4.h Describe methods used to locate policyholders/subscribers for prior MLR reporting year's unclaimed rebates:									
4.i Describe disbursement of prior MLR reporting year's unclaimed rebates:									

1 Description of Expense Element (by Type)	2 NEW	3 Detailed Description of Expense Allocation Methods
1. Incurred Claims		
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
2.b State insurance, premium and other taxes		
2.c Community benefit expenditures		
2.d Regulatory authority licenses and fees		
3. Quality Improvement Expenses		
3.a Improve health outcomes		
3.b Activities to prevent hospital readmission		

1 Description of Expense Element (by Type)	2 NEW	3 Detailed Description of Expense Allocation Methods
4.c Direct sales salaries and benefits		

Attestation Statement

The officers of this reporting issuer being duly sworn, each attest that he/she is the described officer of the reporting issuer, and that this MLR Reporting Form, the Company/Issuer Associations, and any supplemental submission that the issuer includes are full and true statements of all the elements included therein for the MLR reporting year stated above, and that the MLR Reporting Form has been completed in accordance with the Department of Health and Human Services' reporting instructions, according to the best of his/her information, knowledge and belief. Furthermore, the scope of this attestation by the described officer includes any related electronic filings and postings for the MLR reporting year stated above and which are required by Department of Health and Human Services under section 2718 of the Public Health Service Act and implementing regulation.

Chief Executive Officer/President

Chief Financial Officer

Table 1 - Base Credibility Adjustment Factors	
Life Years	Base credibility factor
-	0.0%
1,000	8.3%
2,500	5.2%
5,000	3.7%
10,000	2.6%
25,000	1.6%
50,000	1.2%
75,000	0.0%

Table 2 - Deductible Factors	
Average Health Plan Deductible	Deductible factor
\$0	1.000
\$2,500	1.164
\$5,000	1.402
\$10,000	1.736

Table 3 - State and Territory Names
Alaska
Alabama
Arkansas
American Samoa
Arizona
California
Canada
Colorado
Connecticut
District of Columbia
Delaware
Florida
Georgia
Guam
Hawaii
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Louisiana
Massachusetts
Maryland
Maine
Michigan
Minnesota
Missouri
MP
Mississippi
Montana
North Carolina
North Dakota
Nebraska
New Hampshire
New Jersey
New Mexico
Nevada
New York
Ohio
Oklahoma
Oregon
Other Territories
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Virgin Islands
Vermont
Washington
Wisconsin
West Virginia
Wyoming
Grand Total

Table 4 - Reporting Years
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
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2060

Table 5 - Yes/No
Yes
No