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:	
Marketplace:	
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

Line Description	SHCE	1 Health Insurance INDIVIDUAL Total as of 12/31/16	2 Health Insurance INDIVIDUAL Total as of 3/31/17	3 Health Insurance INDIVIDUAL Dual Contracts (Included in Total as of 3/31/17)	4 Health Insurance INDIVIDUAL Deferred PY1 (Add)	5 Health Insurance INDIVIDUAL Deferred CY (Subtract)	2A Health Insurance INDIVIDUAL [Risk Corridors] Total as of 3/31/17	6 Health Insurance SMALL GROUP Total as of 12/31/16	7 Health Insurance SMALL GROUP Total as of 3/31/17	8 Health Insurance SMALL GROUP Dual Contracts (Included in Total as of 3/31/17)	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 3/31/17	11 Health Insurance LARGE GROUP Total as of 12/31/16	12 Health Insurance LARGE GROUP Total as of 3/31/17	13 Health Insurance LARGE GROUP Dual Contracts (Included in Total as of 3/31/17)	14 Health Insurance LARGE GROUP Deferred PY1 (Add)	15 Health Insurance LARGE GROUP Deferred CY (Subtract)	16 Mini-Med INDIVIDUAL Total as of 12/31/16	17 Mini-Med INDIVIDUAL Total as of 3/31/17	18 Mini-Med INDIVIDUAL Dual Contracts (Included in Total as of 3/31/17)	19 Mini-Med SMALL GROUP Total as of 12/31/16	20 Mini-Med SMALL GROUP Total as of 3/31/17	21 Mini-Med SMALL GROUP Dual Contracts (Included in Total as of 3/31/17)
1. Premium																								
1.1 Total direct premium earned																								
1.2 Federal high risk pools	Pt 1, Ln 1.2																							
1.3 State high risk pools	Pt 1, Ln 1.3																							
1.4 Net assumed less ceded reinsurance premium earned (exclude amounts already reported in Line 1.1)	Pt 1, Ln 1.9																							
1.5 Other adjustments due to MLR calculations - premium	Pt 1, Ln 1.10																							
1.6 Risk revenue	Pt 1, Ln 1.11																							
2. Claims																								
2.1 Total incurred claims (MLR Form Part 2, Line 2.16)																								
2.2 Prescription drugs (informational only; already included in total incurred claims above)	Pt 1, Ln 2.2																							
2.3 Pharmaceutical rebates (informational only; already excluded from total incurred claims above)	Pt 1, Ln 2.3																							
2.4 State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from total incurred claims above)	Pt 1, Ln 2.4																							
2.5 Net assumed less ceded claims incurred (exclude amounts already reported in Line 2.1)	Pt 1, Ln 5.1																							
2.6 Other adjustments due to MLR calculations – claims incurred	Pt 1, Ln 5.2																							
2.7 Rebates paid	Pt 1, Ln 5.3																							
2.8 Estimated rebates unpaid at the end of the previous MLR reporting year	Pt 1, Ln 5.4																							
2.9 Estimated rebates unpaid at the end of the MLR reporting year	Pt 1, Ln 5.5																							
2.10 Fee-for-service and co-pay revenue (net of expenses)	Pt 1, Ln 5.6																							
2.11 Allowable claims recovered through fraud reduction efforts (MLR Form Part 2, Line 2.17)	Pt 1, Ln 4																							
3. Federal and State Taxes and Licensing or Regulatory Fees																								
3.1 Federal taxes and assessments incurred by the reporting issuer during the MLR reporting year	Pt 1, Ln 1.5																							
3.1a Federal income taxes deductible from premium in MLR calculations																								
3.1b Patient Centered Outcomes Research Institute (PCORI) Fee																								
3.1c Affordable Care Act section 9010 Fee																								
3.1d Other Federal Taxes and assessments deductible from premium																								
3.2 State insurance, premium and other taxes incurred by the reporting issuer during the MLR reporting year (deductible from premium in MLR calculation)	Pt 1, Ln 1.6																							
3.2a State income, excise, business, and other taxes																								
3.2b State premium taxes																								
3.2c Community benefit expenditures deductible from premium in MLR calculations	Pt 1, Ln 1.6a																							
3.3 Regulatory authority licenses and fees	Pt 1, Ln 1.7																							
3.3a Federal Transitional Reinsurance Program contributions																								
3.3b Other Federal and State regulatory authority licenses and fees																								
4. Health Care Quality Improvement Expenses Incurred																								
4.1 Improve health outcomes	Pt 1, Ln 6.1																							
4.2 Activities to prevent hospital readmission	Pt 1, Ln 6.2																							
4.3 Improve patient safety and reduce medical errors	Pt 1, Ln 6.3																							
4.4 Wellness and health promotion activities	Pt 1, Ln 6.4																							
4.5 Health information technology expenses related to improving health care	Pt 1, Ln 6.5																							
5. Non-Claims Costs																								
5.1 Cost containment expenses not included in quality improvement expenses in Section 4	Pt 1, Ln 8.1																							
5.2 All other claims adjustment expenses	Pt 1, Ln 8.2																							
5.3 Direct sales salaries and benefits	Pt 1, Ln 10.1																							
5.4 Agents and brokers fees and commissions	Pt 1, Ln 10.2																							
5.5 Other taxes																								
5.5a Taxes and assessments (exclude amounts reported in Section 3 or Line 9)																								
5.5b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)																								
5.6 Other general and administrative expenses																								
5.7 Community benefit expenditures (informational only; include amounts reported in Lines 3.2c and 5.6)	Pt 1, Ln 10.4a																							
6. Income from fees of uninsured plans	Pt 1, Ln 12																							
7. Other Indicators or Information																								
7.1 Number of policies/certificates	Pt 1 Other, Ln 1																							
7.2 Number of covered lives	Pt 1 Other, Ln 2																							
7.3 Number of groups	Pt 1 Other, Ln 3																							
7.4 Member months	Pt 1 Other, Ln 4																							
7.5 Number of life-years																								
8. Net investment income and other gain / (loss)	Pt 1, Ln 13																							
9. Other Federal income taxes (exclude taxes on Lines 3.1a-d)	Pt 1, Ln 14																							

Line Description	SHCE	22 Mini-Med LARGE GROUP Total as of 12/31/16	23 Mini-Med LARGE GROUP Total as of 3/31/17	24 Mini-Med LARGE GROUP Dual Contracts (Included in Total as of 3/31/17)	25 Expat SMALL GROUP Total as of 12/31/16	26 Expat SMALL GROUP Total as of 3/31/17	27 Expat SMALL GROUP Dual Contracts (Included in Total as of 3/31/17)	28 Expat SMALL GROUP Deferred PY1 (Add)	29 Expat SMALL GROUP Deferred CY (Subtract)	30 Expat LARGE GROUP Total as of 12/31/16	31 Expat LARGE GROUP Total as of 3/31/17	32 Expat LARGE GROUP Dual Contracts (Included in Total as of 3/31/17)	33 Expat LARGE GROUP Deferred PY1 (Add)	34 Expat LARGE GROUP Deferred CY (Subtract)	35 Student Health INDIVIDUAL Total as of 12/31/16	36 Student Health INDIVIDUAL Total as of 3/31/17	37 Student Health INDIVIDUAL Dual Contracts (Included in Total as of 3/31/17)	38 Student Health INDIVIDUAL Deferred PY1 (Add)	39 Student Health INDIVIDUAL Deferred CY (Subtract)	40 Government Program Plans Total as of 12/31/16	41 Other Health Business Total as of 12/31/16	42 Medicare MLR Business Total as of 12/31/16	43 Uninsured Plans Total as of 12/31/16
1. Premium																							
1.1 Total direct premium earned																							
1.2 Federal high risk pools	Pt 1, Ln 1.2																						
1.3 State high risk pools	Pt 1, Ln 1.3																						
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1.5 Other adjustments due to MLR calculations - premium	Pt 1, Ln 1.10																						
1.6 Risk revenue	Pt 1, Ln 1.11																						
2. Claims																							
2.1 Total incurred claims (MLR Form Part 2, Line 2.16)																							
2.2 Prescription drugs (informational only; already included in total incurred claims above)	Pt 1, Ln 2.2																						
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2.4 State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from total incurred claims above)	Pt 1, Ln 2.4																						
2.5 Net assumed less ceded claims incurred (exclude amounts already reported in Line 2.1)	Pt 1, Ln 5.1																						
2.6 Other adjustments due to MLR calculations – claims incurred	Pt 1, Ln 5.2																						
2.7 Rebates paid	Pt 1, Ln 5.3																						
2.8 Estimated rebates unpaid at the end of the previous MLR reporting year	Pt 1, Ln 5.4																						
2.9 Estimated rebates unpaid at the end of the MLR reporting year	Pt 1, Ln 5.5																						
2.10 Fee-for-service and co-pay revenue (net of expenses)	Pt 1, Ln 5.6																						
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3.1b Patient Centered Outcomes Research Institute (PCORI) Fee																							
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3.1d Other Federal Taxes and assessments deductible from premium																							
3.2 State insurance, premium and other taxes incurred by the reporting issuer during the MLR reporting year (deductible from premium in MLR calculation)	Pt 1, Ln 1.6																						
3.2a State income, excise, business, and other taxes																							
3.2b State premium taxes																							
3.2c Community benefit expenditures deductible from premium in MLR calculations	Pt 1, Ln 1.6a																						
3.3 Regulatory authority licenses and fees	Pt 1, Ln 1.7																						
3.3a Federal Transitional Reinsurance Program contributions																							
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4.1 Improve health outcomes	Pt 1, Ln 6.1																						
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5. Non-Claims Costs																							
5.1 Cost containment expenses not included in quality improvement expenses in Section 4	Pt 1, Ln 8.1																						
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5.5 Other taxes																							
5.5a Taxes and assessments (exclude amounts reported in Section 3 or Line 9)																							
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5.6 Other general and administrative expenses																							
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6. Income from fees of uninsured plans	Pt 1, Ln 12																						
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7.2 Number of covered lives	Pt 1 Other, Ln 2																						
7.3 Number of groups	Pt 1 Other, Ln 3																						
7.4 Member months	Pt 1 Other, Ln 4																						
7.5 Number of life-years																							
8. Net investment income and other gain / (loss)	Pt 1, Ln 13																						
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1. Premium																									
1.1 Direct premium written																									
1.2 Unearned premium prior year	Pt 2, Ln 1.2																								
1.3 Unearned premium MLR Reporting year	Pt 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	Pt 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	Pt 2, Ln 1.6																								
1.6 Reserve for experience rating refunds (rate credits) prior year	Pt 2, Ln 1.7																								
1.7 Premium balances written off	Pt 2, Ln 1.9																								
1.8 Group conversion charges	Pt 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 1.1-1.11)																									
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	Pt 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	Pt 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	Pt 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	Pt 2, Ln 2.5																								
2.6 Direct contract reserves																									
2.6a Direct contract reserves 12/31 column	Pt 2, Ln 2.6																								
2.6b Direct contract reserves 3/31, dual contract, deferred columns																									
2.7 Direct contract reserves prior year	Pt 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	Pt 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	Pt 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	Pt 2, Ln 2.10																								
2.11 Incurred medical incentive pool and bonuses																									
2.11a Paid medical incentive pools and bonuses MLR Reporting year	Pt 2, Ln 2.11a																								
2.11b Accrued medical incentive pools and bonuses MLR Reporting year	Pt 2, Ln 2.11b																								
2.11c Accrued medical incentive pools and bonuses prior year	Pt 2, Ln 2.11c																								
2.12 Net healthcare receivables																									
2.12a Healthcare receivables MLR Reporting year	Pt 2, Ln 2.12a																								
2.12b Healthcare receivables prior year	Pt 2, Ln 2.12b																								
2.13 Contingent benefit and lawsuit reserves																									
2.14 Group conversion charges	Pt 2, Ln 2.13																								
2.15 Blended rate adjustment	Pt 2, Ln 2.14																								
2.16 Total incurred claims	**Pt 2, Ln 2.15**																								
2.17 Allowable claims recovered through fraud reduction efforts (the smaller of Lines 2.17a or 2.17b)	Pt 1, Ln 4																								
2.17a Total fraud reduction expense	Pt 3, Col 7, Ln																								
2.17b Total fraud recoveries that reduced paid claims in Line 2.1	Pt 2, Ln 3																								
2.18 Reconciled payments of cost-sharing reductions																									

Line Description	SHCE	22 Mini-Med LARGE GROUP Total as of 12/31/16	23 Mini-Med LARGE GROUP Total as of 3/31/17	24 Mini-Med LARGE GROUP Dual Contracts (Included in Total as of 3/31/17)	25 Expat SMALL GROUP Total as of 12/31/16	26 Expat SMALL GROUP Total as of 3/31/17	27 Expat SMALL GROUP Dual Contracts (Included in Total as of 3/31/17)	28 Expat SMALL GROUP Deferred PY1 (Add)	29 Expat SMALL GROUP Deferred CY (Subtract)	30 Expat LARGE GROUP Total as of 12/31/16	31 Expat LARGE GROUP Total as of 3/31/17	32 Expat LARGE GROUP Dual Contracts (Included in Total as of 3/31/17)	33 Expat LARGE GROUP Deferred PY1 (Add)	34 Expat LARGE GROUP Deferred CY (Subtract)	35 Student Health INDIVIDUAL Total as of 12/31/16	36 Student Health INDIVIDUAL Total as of 3/31/17	37 Student Health INDIVIDUAL Dual Contracts (Included in Total as of 3/31/17)	38 Student Health INDIVIDUAL Deferred PY1 (Add)	39 Student Health INDIVIDUAL Deferred CY (Subtract)	40 Government Program Plans Total as of 12/31/16	41 Other Health Business Total as of 12/31/16	42 Medicare MLR Business Total as of 12/31/16	43 Uninsured Plans Total as of 12/31/16
1. Premium																							
1.1 Direct premium written																							
1.2 Unearned premium prior year	Pt 2, Ln 1.2																						
1.3 Unearned premium MLR Reporting year	Pt 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	Pt 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	Pt 2, Ln 1.6																						
1.6 Reserve for experience rating refunds (rate credits) prior year	Pt 2, Ln 1.7																						
1.7 Premium balances written off	Pt 2, Ln 1.9																						
1.8 Group conversion charges	Pt 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 1.1-1.11)																							
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	Pt 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	Pt 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	Pt 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	Pt 2, Ln 2.5																						
2.6 Direct contract reserves																							
2.6a Direct contract reserves 12/31 column	Pt 2, Ln 2.6																						
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2.7 Direct contract reserves prior year	Pt 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	Pt 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	Pt 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	Pt 2, Ln 2.10																						
2.11 Incurred medical incentive pool and bonuses																							
2.11a Paid medical incentive pools and bonuses MLR Reporting year	Pt 2, Ln 2.11a																						
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2.11c Accrued medical incentive pools and bonuses prior year	Pt 2, Ln 2.11c																						
2.12 Net healthcare receivables																							
2.12a Healthcare receivables MLR Reporting year	Pt 2, Ln 2.12a																						
2.12b Healthcare receivables prior year	Pt 2, Ln 2.12b																						
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2.14 Group conversion charges	Pt 2, Ln 2.13																						
2.15 Blended rate adjustment	Pt 2, Ln 2.14																						
2.16 Total incurred claims	**Pt 2, Ln 2.15**																						
2.17 Allowable claims recovered through fraud reduction efforts (the smaller of Lines 2.17a or 2.17b)	Pt 1, Ln 4																						
2.17a Total fraud reduction expense	Pt 3, Col 7, Ln																						
2.17b Total fraud recoveries that reduced paid claims in Line 2.1	Pt 2, Ln 3																						
2.18 Reconciled 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 Reconciled 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																			
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 + 7.2)																			
3.2 Administrative costs excluding taxes (Part 1 Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6)																			
3.3 Profit for risk corridors calculation (the greater of Lines 3.3a or 3.3b)																			
3.3a Earned profit (Lines 2.1 - 3.1 - 2.2 - 3.2)																			
3.3b Capped profit (3% x (Lines 2.1 - 2.2))																			
3.4 Allowable administrative costs (the lesser of Lines 3.4a or 3.4b)																			
3.4a Profit and administrative costs (Lines 3.2 + 3.3 + 2.2)																			
3.4b Capped administrative costs (20% x (Lines 2.1 - 2.2) + Line 2.2)																			
3.5 Risk corridors target amount (Lines 2.1 - 3.4)																			
3.6 Risk corridors aggregate amount by market (from Risk Corridors Plan-Level Data Form, Part 3 Line 5)																			
3.7 Risk corridors payment expected from HHS or charge payable to HHS (from Risk Corridors Plan-Level Data Form, Part 3 Line 6)																			
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)																			
6.5 Optional: single-year rebate liability (Line 2.3 x [Line 6.1 - (Lines 5.1a or 5.1b + 5.2)])																			
6.6 Optional: paid rebate liability (see instructions)																			
6.7 Optional: unpaid rebate liability (Lines 6.5 - 6.6)																			
6.8 Limited payable rebate amount (see instructions)																			
7. Temporary Adjustments																			
7.1 ACA assessments on non-calendar year policies (not applicable to 2016)																			
7.1a Does not apply for the 2016 MLR reporting year																			
7.1b Does not apply for the 2016 MLR reporting year																			
7.2 Risk Corridors claims liabilities/reserves true-up (Lines 7.2b - 7.2a)																			
7.2a Adjusted incurred claims as reported on MLR Form for the prior benefit year																			
7.2b Adjusted incurred claims from the prior year, restated as of 3/31 of the year following the benefit year																			
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 Reconciled 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																			
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 + 7.2)																			
3.2 Administrative costs excluding taxes (Part 1 Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6)																			
3.3 Profit for risk corridors calculation (the greater of Lines 3.3a or 3.3b)																			
3.3a Earned profit (Lines 2.1 - 3.1 - 2.2 - 3.2)																			
3.3b Capped profit (3% x (Lines 2.1 - 2.2))																			
3.4 Allowable administrative costs (the lesser of Lines 3.4a or 3.4b)																			
3.4a Profit and administrative costs (Lines 3.2 + 3.3 + 2.2)																			
3.4b Capped administrative costs (20% x (Lines 2.1 - 2.2) + Line 2.2)																			
3.5 Risk corridors target amount (Lines 2.1 - 3.4)																			
3.6 Risk corridors aggregate amount by market (from Risk Corridors Plan-Level Data Form, Part 3 Line 5)																			
3.7 Risk corridors payment expected from HHS or charge payable to HHS (from Risk Corridors Plan-Level Data Form, Part 3 Line 6)																			
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)																			
6.5 Optional: single-year rebate liability (Line 2.3 x [Line 6.1 - (Lines 5.1a or 5.1b + 5.2)])																			
6.6 Optional: paid rebate liability (see instructions)																			
6.7 Optional: unpaid rebate liability (Lines 6.5 - 6.6)																			
6.8 Limited payable rebate amount (see instructions)																			
7. Temporary Adjustments																			
7.1 ACA assessments on non-calendar year policies (not applicable to 2016)																			
7.1a Does not apply for the 2016 MLR reporting year																			
7.1b Does not apply for the 2016 MLR reporting year																			
7.2 Risk Corridors claims liabilities/reserves true-up (Lines 7.2b - 7.2a)																			
7.2a Adjusted incurred claims as reported on MLR Form for the prior benefit year																			
7.2b Adjusted incurred claims from the prior year, restated as of 3/31 of the year following the benefit year																			
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:									

	Tax Rate
1. If an amount is reported in Part 1 Line 3.2c, Community benefit expenditures, provide the state premium tax rate used to determine the reported amount:	

2. If the issuer reported amounts in Part 2 Line 2.15 Blended rate adjustment provide the affiliate(s) name(s) with whom blended rate adjustments were made.
Name of Affiliate

3. If the issuer reported amounts in the Dual Contract 3/31 Columns provide the affiliate(s) name(s) with whom experience is being reported.
Name of Affiliate

4. If the issuer entered into any 100% assumptive reinsurance agreements with a novation during the MLR reporting year, provide the name(s) of the entity(ies) with whom the agreement was (were) made and the effective date of the novation.	
Name of Entity with whom Agreement was made	Effective Date of Novation

5. If the Issuer novated any business in the MLR reporting year effective during the reporting year provide the name of the entity to whom the business was sold or transferred and the date of the sale or transfer.	
Name of Entity to whom business was sold or transferred	Effective Date of sale or transfer

6. If the issuer has any 100% indemnity reinsurance and administrative agreements effective prior to March 23, 2010, for which the assuming entity is responsible for 100% of the ceding entity's financial risk and takes on all of the administration of the block, report the name(s) of the entity(ies) that is (are) reporting the experience related to such business.

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
3.c Improve patient safety and reduce medical errors		
3.d Wellness and health promotion activities		
3.e Health Information Technology expenses related to healthcare quality		
4. Non-Claims costs		
4.a Cost containment expenses not included in quality improvement expenses		
4.b All other claims adjustment expenses		

1 Description of Expense Element (by Type)	2 NEW	3 Detailed Description of Expense Allocation Methods
4.c Direct sales salaries and benefits		
4.d Agents and brokers fees and commissions		
4.e Other taxes		
4.f Other general and administrative expenses		
4.g Community benefit expenditures		

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, 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 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
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Table 5 - Yes/No
Yes
No