

## 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:	
Not-For-Profit:	
Benefit Year:	

### Cell Keys for Parts 1 - 3:

White cells accept input from the issuer

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

Green cells require no data input – fields will be auto-calculated for the user

Asterisk (\*) denotes a field that will be auto-populated for the user

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1164. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Risk Corridors Plan Level Data - Individual**

**1. Non-Grandfathered ACA-compliant plans**

	A. Individual Total Premium Earned	B. Individual Proportion of Market Premium
All non-Grandfathered ACA-compliant plans		100.0%

**2. Exchange QHPs**

C. Plan Name*	D. HIOS Plan ID*	E. Individual Total Premium Earned	F. Individual Proportion of Market Premium in Table 1

**3. Off-Exchange QHPs**

G. Plan Name*	H. HIOS Plan ID*	I. Individual Total Premium Earned	J. Individual Proportion of Market Premium in Table 1

**Risk Corridors Plan Level Data - Small Group**

**1. Non-Grandfathered ACA-compliant plans**

	A. Small Group Total Premium Earned	B. Small Group Proportion of Market Premium
All non-Grandfathered ACA-compliant plans		100.0%

**2. Exchange QHPs**

C. Plan Name*	D. HIOS Plan ID*	E. Small Group Total Premium Earned	F. Small Group Proportion of Market Premium in Table 1

**3. Off-Exchange QHPs**

G. Plan Name*	H. HIOS Plan ID*	I. Small Group Total Premium Earned	J. Small Group Proportion of Market Premium in Table 1

## Risk Corridors Payment or Charge Calculation

	A. Individual	B. Small Group
1 - Total percentage of market premium in QHPs For Ind (Tab 1, Column F + Column J + Column N), or For SmGrp (Tab 2, Column F + Column J + Column N)	0.0%	0.0%
2 - Risk corridors allowable costs (MLR Reporting Form, Part 3, Line 3.1)		
3 - Risk corridors target amount (MLR Reporting Form, Part 3, Line 3.5)		
4 - Risk corridors ratio (Line 2 / Line 3)		
5 - Risk corridors aggregate payment or charge calculation by market	\$0	\$0
6 - <b>Risk corridors payment expected from HHS or charge payable to HHS</b> (Line 1 x Line 5)	\$0	\$0

**Attestation Statement**

The party submitting this form attests as follows: (1) he or she is a duly authorized officer of the reporting issuer, and (2) this Risk Corridors Plan-level Data form, the Company/Issuer Associations, and any supplemental submission or related filings for the Risk Corridors benefit year are true, complete, and accurate statements, to the best of his or her knowledge, information and belief, of all the elements therein.

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Chief Executive Officer/President

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Chief Financial Officer