

State: Washington **Filing Company:** Molina Healthcare of Washington, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

Filing at a Glance

Company: Molina Healthcare of Washington, Inc.
Product Name: MHW01012014Rates
State: Washington
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005C Individual - Other
Filing Type: Rate
Date Submitted: 04/26/2013
SERFF Tr Num: MLWA-129003875
SERFF Status: Closed-Disapproved
State Tr Num: 254629
State Status: Disapproved
Co Tr Num: MHW01012014 RATES

Implementation: 01/01/2014
Date Requested:
Author(s): Kay Marsh, Gretchen Gillis
Reviewer(s): Lichiou Lee (primary)
Disposition Date: 05/07/2013
Disposition Status: Disapproved
Implementation Date:

State Filing Description:

State: Washington **Filing Company:** Molina Healthcare of Washington, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

General Information

| | |
|--|--|
| Project Name: Individual Rates | Status of Filing in Domicile: |
| Project Number: 002 | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: |
| Explanation for Combination/Other: | Market Type: Individual |
| Submission Type: New Submission | Individual Market Type: Individual |
| Overall Rate Impact: | Filing Status Changed: 05/07/2013 |
| | State Status Changed: 05/07/2013 |
| Deemer Date: | Created By: Kay Marsh |
| Submitted By: Gretchen Gillis | Corresponding Filing Tracking Number: |
| | PPACA: Non-Grandfathered Immed Mkt Reforms |
| PPACA Notes: null | |
| Exchange Intentions: | Exchange only |

Filing Description:
For Public Rate Filing

Molina Gold Plan - AV .0781
 Molina Silver 100 Plan - AV 0.942
 Molina Silver 150 Plan - AV 0.877
 Molina Silver 200 Plan - AV 0.739
 Molina Silver 250 Plan - AV 0.688
 Molina Bronze Plan - AV 0.613

New product = 0% benefit changes

Company and Contact

Filing Contact Information

| | |
|------------------------|-----------------------------------|
| Kay Marsh, | kay.marsh@molinahealthcare.com |
| PO Box 4004 | 800-869-7175 [Phone] 144205 [Ext] |
| Bothell, WA 98041-4004 | 425-424-1182 [FAX] |

Filing Company Information

| | | |
|---------------------------------------|-------------------------|-------------------------------|
| Molina Healthcare of Washington, Inc. | CoCode: 96270 | State of Domicile: Washington |
| PO Box 4004 | Group Code: 96270 | Company Type: HMO |
| Bothell, WA 98041-4004 | Group Name: | State ID Number: 91-1284790 |
| (800) 869-7175 ext. | FEIN Number: 91-1284790 | |
| 144205[Phone] | | |

Filing Fees

| | |
|---------------|----|
| Fee Required? | No |
| Retaliatory? | No |

State: Washington **Filing Company:** Molina Healthcare of Washington, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

Fee Explanation:

State Specific

If you are filing a Healthcare or Disability filing, is the Co Tracking # field populated on the General Information Tab? If no, your filing will be rejected. (yes/no): Yes

Form Tab Only - Are the Form # and Form Description fields populated corresponding to the attached form? (yes/no): Yes

If you are submitting a File and Use product, have you populated the Implementation Date field? (yes/no): Yes

SERFF Tracking #:

MLWA-129003875

State Tracking #:

254629

Company Tracking #:

MHW01012014 RATES

State:

Washington

Filing Company:

Molina Healthcare of Washington, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name:

MHW01012014Rates

Project Name/Number:

Individual Rates/002

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------|-------------|------------|----------------|
| Disapproved | Lichiou Lee | 05/07/2013 | 05/07/2013 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|-----------------------|---------------|----------------|------------|----------------|
| Rate Request Summary | Reviewer Note | Kelli Armfield | 05/13/2013 | |
| Rate Request Decision | Reviewer Note | Kelli Armfield | 05/13/2013 | |
| Control Sheet | Reviewer Note | Katie Goring | 05/07/2013 | |

| | | | |
|-----------------------------|--|------------------------|---------------------------------------|
| State: | Washington | Filing Company: | Molina Healthcare of Washington, Inc. |
| TOI/Sub-TOI: | HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other | | |
| Product Name: | MHW01012014Rates | | |
| Project Name/Number: | Individual Rates/002 | | |

Disposition

Disposition Date: 05/07/2013

Implementation Date:

Status: Disapproved

HHS Status: HHS Denied

State Review:

Comment: This rate filing is disapproved and closed because the form filing has been disapproved and closed. When you refile, you must respond to the following questions:

1. You did not submit the documentation and justification for the Tobacco Use factor and Geographic Rating Area factor. You must provide the detailed calculations and justification for these factors. If you cannot produce the justification, all Tobacco Use factor and Geographic Rating Area factor must be set at 1.00.
2. Per WAC 284-43-930, please provide the methodology, justification, and calculations used to determine the contribution to surplus, contingency charges, or risk charges included in the proposed base rates. Please note that in current individual and small group markets, most carriers have the contribution to surplus, contingency charges, or risk charges less than 2.5% of the premiums. Despite that you have not provided the justification, your 5% of contribution to surplus appear to be high. You must provide the calculations and justification of the contribution to surplus.
3. The following questions are related to the Credibility Manual Rate Development referred in Part I: Unified Rate Review Template (URRT) and in your actuarial memorandum. You must provide your experience period claims data, and the calculation, documentation, and justification for each item listed in your adjustments made to the experience data:
 - (a) Incurred But Not Reported (IBNR),
 - (b) Trend,
 - (c) Population age adjustment,
 - (d) Health status adjustment,
 - (e) Utilization Adjustment,
 - (f) Network Reimbursement Change,
 - (g) Essential Health Benefits and Benefit Expansion,
 - (h) Uncompensated Care and Benefit Solution.
4. You used the Actuarial Value (AV) from the AV Calculator to estimate the paid to allowed ratio. As you know, the AV Calculator is based on the standard population and is primarily used to classify the plan into different level of metal plan. You have not explained or justified why you believe using the AV calculator is appropriate for estimating the paid to allowed ratio for your business.
5. You must provide a detailed calculation for the \$13.46 PMPM net reinsurance adjustment.
6. You must provide a detailed explanation and justification for the 8.6% "administrative load" including fixed and variable expenses, commission expenses, etc.
7. The following questions are related to the 7.8% taxes and fees used in your rate development. You must provide calculations and justification for each of the following items. If your number is based on the ACA requirements, provide the citation also.

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- (a) The 2.3% health insurer fee,
 (b) The \$1.00 per member per year (PMPY) and \$2.00 PMPY in risk adjustment and patient centered outcome fees.
 (c) A breakout of how these fees add up to 7.8% of the premium.

As a note, you stated that Washington HealthPlanFinder will charge a \$14.00 PMPM fee for each of Molina's members enrolled in Washington HealthPlanFinder. Please note that the Legislature has not approved the Washington HealthPlanFinder to charge a fee yet. We are watching HB 1947 and its effective date and will deal with this issue when we have the outcome of this bill. You may have to remove any Exchange user fee from your rate projection as an outcome of the legislation.

8. You did not explain in detail how you come up with an 89.2% projected loss ratio (MLR) for 2014 using the federally prescribed MLR methodology.

9. Per 45 CFR §156.80, the premium rate for any non-grandfathered individual or small group plan can vary from the market wide index rate only for certain actuarially justified plan-specific factors, and "Induced Demand" is not one of the allowable plan specific adjustment factors. Please remove the "Induced Demand" factor from the market wide index rate adjustment.

10. In your actuarial memorandum, you mentioned that Molina has proposed non-emergency transportation and elective pregnancy termination benefits as additional covered benefits for the Molina Silver product. The additional benefits are expected to increase premiums 0.7%. You must provide the calculations and justification of this. Also, as a note, Molina has filed all these plans under one "product." This means that all plans within the same product should all have benefits in addition to essential health benefits (except for cost sharing difference). This issue is addressed through the form filing review also.

11. Section III of Part I Unified Rate Review Data Template shows 47981.00% increase over experience period and 2092.74% increase annualized. Since these are new plans, you must set the increase as 0%.

12. You have not provided calculations and justification for each of the following items listed in your Exhibit I:

- (a) The 1.574 adjustment from average plan to reference plan.
 (b) The 0.751 adjustment from PMPM to base rate.
 (c) The 0.944 adjustment form single risk pool to King County.

13. The IRS has released guidance that the maximum out of pocket allowed for 2014 is \$6350. See link <http://www.irs.gov/pub/irs-drop/rp-13-25.pdf>. You have filed \$6400 as your 2014 maximum out-of-pocket, please modify your rate (AV calculator, actuarial memorandum, description of benefit components, etc.), form, and binder filings related to this issue.

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Actuarial Memorandum and Certifications | | Yes |

SERFF Tracking #:

MLWA-129003875

State Tracking #:

254629

Company Tracking #:

MHW01012014 RATES

State:

Washington

Filing Company:

Molina Healthcare of Washington, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name:

MHW01012014Rates

Project Name/Number:

Individual Rates/002

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Consumer Disclosure Form Descriptions | | Yes |
| Supporting Document | Unified Rate Review Template | | Yes |
| Supporting Document | WAC 284-43-945 | | Yes |
| Supporting Document | WAC 284-43-930 | | Yes |
| Supporting Document | Calculation Successful | | Yes |
| Supporting Document | Acturial Certification | | Yes |
| Supporting Document | Individual Non Grandfathered Health Plan (Pool) Rate Filing Checklist | | Yes |
| Supporting Document | Summary Documents | | Yes |
| Supporting Document | Rate Schedule Duplicate | | Yes |
| Rate | Rate Schedule | | Yes |

State: Washington **Filing Company:** Molina Healthcare of Washington, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

Reviewer Note

Created By:

Kelli Armfield on 05/13/2013 03:39 PM

Subject:

Rate Request Summary

Comments:

See Attached

Molina Healthcare of Washington, Inc – Individual plans

Rate request filing ID #254629 - This information is supplied by the company. It has not been verified by the Office of the Insurance Commissioner and may change.

Overview

Requested effective date: January 1, 2014

Plans impacted: Molina Healthcare of Washington, Inc is introducing 3 new individual plans.

Molina intends to sell plans only in Washington’s new marketplace, the Healthplanfinder.*

Deductibles for these plans range from \$250 to \$4,000.

* Before a health plan can be sold in the new [Healthplanfinder](#), it must first be certified as a Qualified Health Plan by the [Washington Health Benefit Exchange](#).

Need Help?

Call our Insurance Consumer Hotline at
1-800-562-6900 8 a.m. to 5 p.m.,
Monday – Friday.

GLOSSARY

Actuarial value: The average share or percentage of essential health benefits that are paid by the plan compared to what you pay out-of-pocket. For example, in a plan with a 70% actuarial value, it pays for 70% of your covered expenses for essential health benefits and you pay the rest through deductibles, copays and coinsurance.

Administrative expenses: Any expenses not related to medical claims, including: employee and executive salaries, the cost of the company's offices and equipment, agent commissions, and taxes.

Annual rate change: Companies normally file a rate change each year due to their medical claims experience. The annual rate request may or may not include benefit changes.

Average rate change: The average amount rates will change for all plan members.

Catastrophic health plan: A health plan that covers the essential health benefits, but only after you've met your out-of-pocket maximum (in 2014, it's \$6,400 for individual coverage and \$12,800 for family coverage). These plans are only available to people under age 30 and to people the Healthplanfinder has determined can't afford the other plans.

Essential health benefits: As of Jan. 1, 2014, all individual and small employer health plans must cover these 10 benefits: Ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services - including oral and vision care.

Health Benefit Exchange (HBE): Under health reform, states are required to set up new health insurance marketplaces, called Exchanges. Washington state's Exchange (<http://wabhexchange.org/>) is a public/private partnership overseen by an 11-member board. It's charged with creating and running a new online marketplace, the Healthplanfinder.

Healthplanfinder: A new online marketplace, run by Washington's Health Benefit Exchange, where you can shop for individual and small employer health plans. Here, you can compare plans, get free unbiased help understanding your options, and depending on your income, get help paying for coverage.

For individual health plans: Your premium may vary based on your age and the age and number of family members covered, where you live, whether or not you or your family members smoke and which benefits you choose.

For small employer plans: The employer's premium may vary based on the enrollees' age and the age and number of covered dependents, where they live, and the benefits they choose.

Metal levels: Individual and small employer health plans can have four levels of coverage – bronze, silver, gold, and platinum - based on the level of coverage they provide for essential health benefits ("actuarial value"). For example: Bronze plans cover 60% of the cost of medical services, silver plans cover 70%, gold plans cover 80% and platinum plans cover 90%.

Medical costs: What the health plan spends on direct medical services including hospital stays, providers, and prescription drugs.

Profit: The amount of money remaining after claims and administrative expenses are paid.

Qualified Health Plan (QHP): A health plan that is certified to be sold in the Healthplanfinder and that provides the essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements.

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TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

Reviewer Note

Created By:

Kelli Armfield on 05/13/2013 03:39 PM

Subject:

Rate Request Decision

Comments:

See Attached

Molina Healthcare of Washington, Inc. – Individual plans

Rate request filing ID # 254629 - This document is a consumer tool to help explain the rate filing and decision made by the Office of the Insurance Commissioner. It is not intended to describe or include all factors or information considered in our review process. For more information, see the Complete Request.

Overview

Requested effective date: January 1, 2014
Plans impacted: Molina Healthcare of Washington, Inc planned to introduce 3 new individual plans.

Our decision:

The company's forms for these new individual plans did not meet federal and state regulations. Therefore, the forms have been disapproved. Because the company is not able to charge rates without approved forms, we are also disapproving the rates.

Need Help?

Call our Insurance Consumer Hotline at 1-800-562-6900: 8 a.m. to 5 p.m., Monday – Friday.

GLOSSARY

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For individual health plans: Your premium may vary based on your age and the age and number of family members covered, where you live, whether or not you or your family members smoke and which benefits you choose.

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State: Washington **Filing Company:** Molina Healthcare of Washington, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other
Product Name: MHW01012014Rates
Project Name/Number: Individual Rates/002

Reviewer Note

Created By:

Katie Goring on 05/07/2013 06:42 PM

Subject:

Control Sheet

Comments:

See attached

Binder Control Sheet

Carrier: Molina of Washington

Market: Individual Market—Inside Exchange Only

| | State ID# | Control Person | Objection Ready? Y/N | SERFF Status | Control Sheet Last Updated on | Received Date | Respond by Date (AS) | Business Days Since Status Updated (RR, RP) |
|---------|-----------|----------------|----------------------|------------------------|-------------------------------|---------------|----------------------|---|
| Binder | | Katie | | | | | | |
| Form(s) | 253700 | Linda | N | Disapproved/closed | 5/6/2013 | 04/01/2013 | | 25 |
| Rate | 254629 | Lichiou | N | Disapproved and closed | 5/7/2013 | 4/26/2013 | | 7 |
| Network | | Linda | | | | | | |

| | |
|--|---------------------|
| | Binder Analyst Only |
|--|---------------------|

Binder Analyst:

| Check | Status | Last Updated On |
|--------------------------------|--------|-----------------|
| Standard Age Curve | | |
| Market Rule /AV | | |
| Rating Area /Service Area | | |
| Benefit Consistency | | |
| Tobacco Rates/Wellness Program | | |

SERFF Tracking #:

MLWA-129003875

State Tracking #:

254629

Company Tracking #:

MHW01012014 RATES

State:

Washington

Filing Company:

Molina Healthcare of Washington, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name:

MHW01012014Rates

Project Name/Number:

Individual Rates/002

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|---------------|---|-------------|-------------------------|--------------------|
| 1 | | Rate Schedule | MHW01012014 | New | | Rate Schedule.pdf, |

Exhibit I - Product-Plan Data and Rating Factors

| | | | |
|-----------------------------------|--|---------|-------------------|
| Company Legal Name: | Molina Healthcare of Washington, Inc. | State: | Washington |
| HIOS Issuer ID: | 84481 | Market: | Individual |
| Effective Date of Rate Change(s): | 1/1/2014 | | |

Section 1: Market-wide Rating Data and Factors

| | | |
|--|----|--------|
| Index Rate PMPM | \$ | 566.68 |
| Paid to Allowed Average Factor in Projection Period | \$ | 0.687 |
| Paid Index Rate PMPM | \$ | 389.41 |
| Risk Adjustment PMPM | \$ | - |
| Net Reinsurance Recoveries PMPM | \$ | 13.46 |
| Exchange User Fees PMPM | \$ | 14.00 |
| Adjusted Paid Index Rate | \$ | 389.94 |
| Adjustment from Average Plan to Reference Plan | \$ | 1.574 |
| Adjustment from PMPM to Base Rate | \$ | 0.751 |
| Adjustment from Single Risk Pool to King County (1.0 County) | | 0.944 |
| Market Level Base Rate For Reference Plan | \$ | 435.12 |

Section 2: Plan Level Rating Data and Factors

| | | | |
|--|-----------------------------------|----------------|----------------|
| Product | Molina Marketplace Individual HMO | | |
| Product ID | 84481WA001 | | |
| Metal Tier | Gold | Silver | Bronze |
| Plan ID | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| Market Level Base Rate For Reference Plan | \$ 435.12 | \$ 435.12 | \$ 435.12 |
| Actuarial value and cost-sharing design of the plan management practices | 0.711 | 0.643 | 0.517 |
| Plan benefits in addition to EHB | 1.000 | 1.006 | 1.000 |
| Administration costs, excluding exchange fees catastrophic plans) | 1.225 | 1.225 | 1.225 |
| AV Pricing Value | 0.872 | 0.793 | 0.633 |
| Plan Specific Base Rate as King County Area Factor at 1.0 | \$ 379.31 | \$ 345.00 | \$ 275.61 |

Section 3: Plans Offered by Region

| | | | |
|------|----------------|----------------|----------------|
| Area | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| 1 | Yes | Yes | Yes |
| 2 | Yes | Yes | Yes |
| 3 | No | No | No |
| 4 | Yes | Yes | Yes |
| 5 | No | No | No |

Section 4: Tobacco Use Rating Factor

| | | |
|-----------|----------------|-------------|
| | No Tobacco Use | Tobacco Use |
| Age 0-20 | 1.00 | 1.00 |
| Age 21-64 | 1.00 | 1.50 |

Section 5: Age Rating Factor

Please see "Rates" and "Rates Tobacco" exhibits, Column B for age rating factor. The age rating factor slope is the HHS prescribed age factor slope.

Section 6: Region Rating Factor

| | |
|------|---------------|
| Area | Rating Factor |
| 1 | 1.00 |
| 2 | 1.15 |
| 3 | |
| 4 | 1.15 |
| 5 | |

Exhibit II (1)

Rate Summary - Non Tobacco Use

Company Legal Name: Molina Healthcare of Washington, Inc.

HIOS Issuer ID: 84481

Effective Date of Rate Change(s): 1/1/2014

Non Tobacco Rates

| Region | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | |
|---------------------|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Plan | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | |
| Product | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | |
| Metal Tier | Gold | Silver | Bronze | Gold | Silver | Bronze | Gold | Silver | Bronze | |
| Plan/Region Offered | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No | |
| Age | Age Factors | Plan 84481WA0010001/ Region 1 | Plan 84481WA0010002/ Region 1 | Plan 84481WA0010003/ Region 1 | Plan 84481WA0010001/ Region 2 | Plan 84481WA0010002/ Region 2 | Plan 84481WA0010003/ Region 2 | Plan 84481WA0010001/ Region 3 | Plan 84481WA0010002/ Region 3 | Plan 84481WA0010003/ Region 3 |
| 0-20 | 0.635 | 240.86 | 219.08 | 175.01 | 276.99 | 251.94 | 201.27 | - | - | - |
| 21 | 1.000 | 379.31 | 345.00 | 275.61 | 436.21 | 396.75 | 316.95 | - | - | - |
| 22 | 1.000 | 379.31 | 345.00 | 275.61 | 436.21 | 396.75 | 316.95 | - | - | - |
| 23 | 1.000 | 379.31 | 345.00 | 275.61 | 436.21 | 396.75 | 316.95 | - | - | - |
| 24 | 1.000 | 379.31 | 345.00 | 275.61 | 436.21 | 396.75 | 316.95 | - | - | - |
| 25 | 1.004 | 380.83 | 346.38 | 276.71 | 437.95 | 398.34 | 318.22 | - | - | - |
| 26 | 1.024 | 388.41 | 353.28 | 282.23 | 446.68 | 406.27 | 324.56 | - | - | - |
| 27 | 1.048 | 397.52 | 361.56 | 288.84 | 457.15 | 415.80 | 332.17 | - | - | - |
| 28 | 1.087 | 412.31 | 375.02 | 299.59 | 474.16 | 431.27 | 344.53 | - | - | - |
| 29 | 1.119 | 424.45 | 386.06 | 308.41 | 488.12 | 443.97 | 354.67 | - | - | - |
| 30 | 1.135 | 430.52 | 391.58 | 312.82 | 495.10 | 450.31 | 359.74 | - | - | - |
| 31 | 1.159 | 439.62 | 399.86 | 319.43 | 505.56 | 459.84 | 367.35 | - | - | - |
| 32 | 1.183 | 448.73 | 408.14 | 326.05 | 516.03 | 469.36 | 374.96 | - | - | - |
| 33 | 1.198 | 454.41 | 413.31 | 330.18 | 522.58 | 475.31 | 379.71 | - | - | - |
| 34 | 1.214 | 460.48 | 418.83 | 334.59 | 529.56 | 481.66 | 384.78 | - | - | - |
| 35 | 1.222 | 463.52 | 421.59 | 336.80 | 533.05 | 484.83 | 387.32 | - | - | - |
| 36 | 1.230 | 466.55 | 424.35 | 339.00 | 536.54 | 488.00 | 389.85 | - | - | - |
| 37 | 1.238 | 469.59 | 427.11 | 341.21 | 540.03 | 491.18 | 392.39 | - | - | - |
| 38 | 1.246 | 472.62 | 429.87 | 343.41 | 543.51 | 494.35 | 394.92 | - | - | - |
| 39 | 1.262 | 478.69 | 435.39 | 347.82 | 550.49 | 500.70 | 399.99 | - | - | - |
| 40 | 1.278 | 484.76 | 440.91 | 352.23 | 557.47 | 507.05 | 405.07 | - | - | - |
| 41 | 1.302 | 493.86 | 449.19 | 358.85 | 567.94 | 516.57 | 412.67 | - | - | - |
| 42 | 1.325 | 502.59 | 457.13 | 365.18 | 577.98 | 525.70 | 419.96 | - | - | - |
| 43 | 1.357 | 514.73 | 468.17 | 374.00 | 591.93 | 538.39 | 430.10 | - | - | - |
| 44 | 1.397 | 529.90 | 481.97 | 385.03 | 609.38 | 554.26 | 442.78 | - | - | - |
| 45 | 1.444 | 547.73 | 498.18 | 397.98 | 629.88 | 572.91 | 457.68 | - | - | - |
| 46 | 1.500 | 568.97 | 517.50 | 413.42 | 654.31 | 595.13 | 475.43 | - | - | - |
| 47 | 1.563 | 592.86 | 539.24 | 430.78 | 681.79 | 620.12 | 495.40 | - | - | - |
| 48 | 1.635 | 620.17 | 564.08 | 450.62 | 713.20 | 648.69 | 518.22 | - | - | - |
| 49 | 1.706 | 647.10 | 588.57 | 470.19 | 744.17 | 676.86 | 540.72 | - | - | - |
| 50 | 1.786 | 677.45 | 616.17 | 492.24 | 779.07 | 708.60 | 566.08 | - | - | - |
| 51 | 1.865 | 707.42 | 643.43 | 514.01 | 813.53 | 739.94 | 591.12 | - | - | - |
| 52 | 1.952 | 740.42 | 673.44 | 537.99 | 851.48 | 774.46 | 618.69 | - | - | - |
| 53 | 2.040 | 773.79 | 703.80 | 562.25 | 889.86 | 809.37 | 646.58 | - | - | - |
| 54 | 2.135 | 809.83 | 736.58 | 588.43 | 931.30 | 847.06 | 676.69 | - | - | - |
| 55 | 2.230 | 845.86 | 769.35 | 614.61 | 972.74 | 884.76 | 706.80 | - | - | - |
| 56 | 2.333 | 884.93 | 804.89 | 643.00 | 1,017.67 | 925.62 | 739.45 | - | - | - |
| 57 | 2.437 | 924.38 | 840.77 | 671.66 | 1,063.04 | 966.88 | 772.41 | - | - | - |
| 58 | 2.548 | 966.48 | 879.06 | 702.26 | 1,111.46 | 1,010.92 | 807.60 | - | - | - |
| 59 | 2.603 | 987.35 | 898.04 | 717.42 | 1,135.45 | 1,032.74 | 825.03 | - | - | - |
| 60 | 2.714 | 1,029.45 | 936.33 | 748.01 | 1,183.87 | 1,076.78 | 860.21 | - | - | - |
| 61 | 2.810 | 1,065.86 | 969.45 | 774.47 | 1,225.74 | 1,114.87 | 890.64 | - | - | - |
| 62 | 2.873 | 1,089.76 | 991.19 | 791.83 | 1,253.23 | 1,139.87 | 910.61 | - | - | - |
| 63 | 2.952 | 1,119.73 | 1,018.44 | 813.60 | 1,287.69 | 1,171.21 | 935.64 | - | - | - |
| 64+ | 3.000 | 1,137.93 | 1,035.00 | 826.83 | 1,308.62 | 1,190.25 | 950.86 | - | - | - |

Exhibit II (1)

Non Tobacco Rates

| Region | | 4 | 4 | 4 | 5 | 5 | 5 |
|---------------------|-------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Plan | | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| Product | | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace |
| Metal Tier | | Gold | Silver | Bronze | Gold | Silver | Bronze |
| Plan/Region Offered | | Yes | Yes | Yes | No | No | No |
| Age | Age Factors | Plan 84481WA0010001/ Region 4 | Plan 84481WA0010002/ Region 4 | Plan 84481WA0010003/ Region 4 | Plan 84481WA0010001/ Region 5 | Plan 84481WA0010002/ Region 5 | Plan 84481WA0010003/ Region 5 |
| 0-20 | 0.635 | 276.99 | 251.94 | 201.27 | - | - | - |
| 21 | 1.000 | 436.21 | 396.75 | 316.95 | - | - | - |
| 22 | 1.000 | 436.21 | 396.75 | 316.95 | - | - | - |
| 23 | 1.000 | 436.21 | 396.75 | 316.95 | - | - | - |
| 24 | 1.000 | 436.21 | 396.75 | 316.95 | - | - | - |
| 25 | 1.004 | 437.95 | 398.34 | 318.22 | - | - | - |
| 26 | 1.024 | 446.68 | 406.27 | 324.56 | - | - | - |
| 27 | 1.048 | 457.15 | 415.80 | 332.17 | - | - | - |
| 28 | 1.087 | 474.16 | 431.27 | 344.53 | - | - | - |
| 29 | 1.119 | 488.12 | 443.97 | 354.67 | - | - | - |
| 30 | 1.135 | 495.10 | 450.31 | 359.74 | - | - | - |
| 31 | 1.159 | 505.56 | 459.84 | 367.35 | - | - | - |
| 32 | 1.183 | 516.03 | 469.36 | 374.96 | - | - | - |
| 33 | 1.198 | 522.58 | 475.31 | 379.71 | - | - | - |
| 34 | 1.214 | 529.56 | 481.66 | 384.78 | - | - | - |
| 35 | 1.222 | 533.05 | 484.83 | 387.32 | - | - | - |
| 36 | 1.230 | 536.54 | 488.00 | 389.85 | - | - | - |
| 37 | 1.238 | 540.03 | 491.18 | 392.39 | - | - | - |
| 38 | 1.246 | 543.51 | 494.35 | 394.92 | - | - | - |
| 39 | 1.262 | 550.49 | 500.70 | 399.99 | - | - | - |
| 40 | 1.278 | 557.47 | 507.05 | 405.07 | - | - | - |
| 41 | 1.302 | 567.94 | 516.57 | 412.67 | - | - | - |
| 42 | 1.325 | 577.98 | 525.70 | 419.96 | - | - | - |
| 43 | 1.357 | 591.93 | 538.39 | 430.10 | - | - | - |
| 44 | 1.397 | 609.38 | 554.26 | 442.78 | - | - | - |
| 45 | 1.444 | 629.88 | 572.91 | 457.68 | - | - | - |
| 46 | 1.500 | 654.31 | 595.13 | 475.43 | - | - | - |
| 47 | 1.563 | 681.79 | 620.12 | 495.40 | - | - | - |
| 48 | 1.635 | 713.20 | 648.69 | 518.22 | - | - | - |
| 49 | 1.706 | 744.17 | 676.86 | 540.72 | - | - | - |
| 50 | 1.786 | 779.07 | 708.60 | 566.08 | - | - | - |
| 51 | 1.865 | 813.53 | 739.94 | 591.12 | - | - | - |
| 52 | 1.952 | 851.48 | 774.46 | 618.69 | - | - | - |
| 53 | 2.040 | 889.86 | 809.37 | 646.58 | - | - | - |
| 54 | 2.135 | 931.30 | 847.06 | 676.69 | - | - | - |
| 55 | 2.230 | 972.74 | 884.76 | 706.80 | - | - | - |
| 56 | 2.333 | 1,017.67 | 925.62 | 739.45 | - | - | - |
| 57 | 2.437 | 1,063.04 | 966.88 | 772.41 | - | - | - |
| 58 | 2.548 | 1,111.46 | 1,010.92 | 807.60 | - | - | - |
| 59 | 2.603 | 1,135.45 | 1,032.74 | 825.03 | - | - | - |
| 60 | 2.714 | 1,183.87 | 1,076.78 | 860.21 | - | - | - |
| 61 | 2.810 | 1,225.74 | 1,114.87 | 890.64 | - | - | - |
| 62 | 2.873 | 1,253.23 | 1,139.87 | 910.61 | - | - | - |
| 63 | 2.952 | 1,287.69 | 1,171.21 | 935.64 | - | - | - |
| 64+ | 3.000 | 1,308.62 | 1,190.25 | 950.86 | - | - | - |

Exhibit II (2)

Rate Summary - Tobacco Use

Company Legal Name: Molina Healthcare of Washington, Inc.

HIOS Issuer ID: 84481

Effective Date of Rate Change(s): 1/1/2014

Tobacco Use Rates

| Region | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | |
|---------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|----------|
| Plan | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | |
| Product | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | |
| Metal Tier | Gold | Silver | Bronze | Gold | Silver | Bronze | Gold | Silver | Bronze | |
| Plan/Region Offered | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No | |
| | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | |
| | <u>84481WA0010001/</u> | <u>84481WA0010002/</u> | <u>84481WA0010003/</u> | <u>84481WA0010001/</u> | <u>84481WA0010002/</u> | <u>84481WA0010003/</u> | <u>84481WA0010001/</u> | <u>84481WA0010002/</u> | <u>84481WA0010003/</u> | |
| Age | Age Factors | Region 1 | Region 1 | Region 1 | Region 2 | Region 2 | Region 2 | Region 3 | Region 3 | Region 3 |
| 0-20 | 0.635 | 240.86 | 219.08 | 175.01 | 276.99 | 251.94 | 201.27 | - | - | - |
| 21 | 1.000 | 568.97 | 517.50 | 413.42 | 654.32 | 595.13 | 475.43 | - | - | - |
| 22 | 1.000 | 568.97 | 517.50 | 413.42 | 654.32 | 595.13 | 475.43 | - | - | - |
| 23 | 1.000 | 568.97 | 517.50 | 413.42 | 654.32 | 595.13 | 475.43 | - | - | - |
| 24 | 1.000 | 568.97 | 517.50 | 413.42 | 654.32 | 595.13 | 475.43 | - | - | - |
| 25 | 1.004 | 571.25 | 519.57 | 415.07 | 656.93 | 597.51 | 477.33 | - | - | - |
| 26 | 1.024 | 582.62 | 529.92 | 423.35 | 670.02 | 609.41 | 486.84 | - | - | - |
| 27 | 1.048 | 596.28 | 542.34 | 433.26 | 685.73 | 623.70 | 498.26 | - | - | - |
| 28 | 1.087 | 618.47 | 562.53 | 449.39 | 711.24 | 646.91 | 516.80 | - | - | - |
| 29 | 1.119 | 636.68 | 579.09 | 462.62 | 732.18 | 665.96 | 532.01 | - | - | - |
| 30 | 1.135 | 645.78 | 587.37 | 469.23 | 742.65 | 675.47 | 539.61 | - | - | - |
| 31 | 1.159 | 659.43 | 599.79 | 479.15 | 758.34 | 689.76 | 551.03 | - | - | - |
| 32 | 1.183 | 673.10 | 612.21 | 489.08 | 774.05 | 704.04 | 562.44 | - | - | - |
| 33 | 1.198 | 681.62 | 619.97 | 495.27 | 783.87 | 712.97 | 569.57 | - | - | - |
| 34 | 1.214 | 690.72 | 628.25 | 501.89 | 794.34 | 722.49 | 577.17 | - | - | - |
| 35 | 1.222 | 695.28 | 632.39 | 505.20 | 799.58 | 727.25 | 580.98 | - | - | - |
| 36 | 1.230 | 699.83 | 636.53 | 508.50 | 804.81 | 732.00 | 584.78 | - | - | - |
| 37 | 1.238 | 704.39 | 640.67 | 511.82 | 810.05 | 736.77 | 588.59 | - | - | - |
| 38 | 1.246 | 708.93 | 644.81 | 515.12 | 815.27 | 741.53 | 592.38 | - | - | - |
| 39 | 1.262 | 718.04 | 653.09 | 521.73 | 825.74 | 751.05 | 599.99 | - | - | - |
| 40 | 1.278 | 727.14 | 661.37 | 528.35 | 836.21 | 760.58 | 607.61 | - | - | - |
| 41 | 1.302 | 740.79 | 673.79 | 538.28 | 851.91 | 774.86 | 619.01 | - | - | - |
| 42 | 1.325 | 753.89 | 685.70 | 547.77 | 866.97 | 788.55 | 629.94 | - | - | - |
| 43 | 1.357 | 772.10 | 702.26 | 561.00 | 887.90 | 807.59 | 645.15 | - | - | - |
| 44 | 1.397 | 794.85 | 722.96 | 577.55 | 914.07 | 831.39 | 664.17 | - | - | - |
| 45 | 1.444 | 821.60 | 747.27 | 596.97 | 944.82 | 859.37 | 686.52 | - | - | - |
| 46 | 1.500 | 853.46 | 776.25 | 620.13 | 981.47 | 892.70 | 713.15 | - | - | - |
| 47 | 1.563 | 889.29 | 808.86 | 646.17 | 1,022.69 | 930.18 | 743.10 | - | - | - |
| 48 | 1.635 | 930.26 | 846.12 | 675.93 | 1,069.80 | 973.04 | 777.33 | - | - | - |
| 49 | 1.706 | 970.65 | 882.86 | 705.29 | 1,116.26 | 1,015.29 | 811.08 | - | - | - |
| 50 | 1.786 | 1,016.18 | 924.26 | 738.36 | 1,168.61 | 1,062.90 | 849.12 | - | - | - |
| 51 | 1.865 | 1,061.13 | 965.15 | 771.02 | 1,220.30 | 1,109.91 | 886.68 | - | - | - |
| 52 | 1.952 | 1,110.63 | 1,010.16 | 806.99 | 1,277.22 | 1,161.69 | 928.04 | - | - | - |
| 53 | 2.040 | 1,160.69 | 1,055.70 | 843.38 | 1,334.79 | 1,214.06 | 969.87 | - | - | - |
| 54 | 2.135 | 1,214.75 | 1,104.87 | 882.65 | 1,396.95 | 1,270.59 | 1,015.04 | - | - | - |
| 55 | 2.230 | 1,268.79 | 1,154.03 | 921.92 | 1,459.11 | 1,327.14 | 1,060.20 | - | - | - |
| 56 | 2.333 | 1,327.40 | 1,207.34 | 964.50 | 1,526.51 | 1,388.43 | 1,109.18 | - | - | - |
| 57 | 2.437 | 1,386.57 | 1,261.16 | 1,007.49 | 1,594.56 | 1,450.32 | 1,158.62 | - | - | - |
| 58 | 2.548 | 1,449.72 | 1,318.59 | 1,053.39 | 1,667.19 | 1,516.38 | 1,211.40 | - | - | - |
| 59 | 2.603 | 1,481.03 | 1,347.06 | 1,076.13 | 1,703.18 | 1,549.11 | 1,237.55 | - | - | - |
| 60 | 2.714 | 1,544.18 | 1,404.50 | 1,122.02 | 1,775.81 | 1,615.17 | 1,290.32 | - | - | - |
| 61 | 2.810 | 1,598.79 | 1,454.18 | 1,161.71 | 1,838.61 | 1,672.31 | 1,335.96 | - | - | - |
| 62 | 2.873 | 1,634.64 | 1,486.79 | 1,187.75 | 1,879.85 | 1,709.81 | 1,365.92 | - | - | - |
| 63 | 2.952 | 1,679.60 | 1,527.66 | 1,220.40 | 1,931.54 | 1,756.82 | 1,403.46 | - | - | - |
| 64+ | 3.000 | 1,706.90 | 1,552.50 | 1,240.25 | 1,962.93 | 1,785.38 | 1,426.29 | - | - | - |

Exhibit II (2)

Tobacco Use Rates

| Region | | 4 | 4 | 4 | 5 | 5 | 5 |
|---------------------|-------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Plan | | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| Product | | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace | Molina Marketplace |
| Metal Tier | | Gold | Silver | Bronze | Gold | Silver | Bronze |
| Plan/Region Offered | | Yes | Yes | Yes | No | No | No |
| | | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> | <u>Plan</u> |
| | | <u>84481WA0010001/</u> | <u>84481WA0010002/</u> | <u>84481WA0010003/</u> | <u>84481WA0010001/</u> | <u>84481WA0010002/</u> | <u>84481WA0010003/</u> |
| Age | Age Factors | Region 4 | Region 4 | Region 4 | Region 5 | Region 5 | Region 5 |
| 0-20 | 0.635 | 276.99 | 251.94 | 201.27 | - | - | - |
| 21 | 1.000 | 654.32 | 595.13 | 475.43 | - | - | - |
| 22 | 1.000 | 654.32 | 595.13 | 475.43 | - | - | - |
| 23 | 1.000 | 654.32 | 595.13 | 475.43 | - | - | - |
| 24 | 1.000 | 654.32 | 595.13 | 475.43 | - | - | - |
| 25 | 1.004 | 656.93 | 597.51 | 477.33 | - | - | - |
| 26 | 1.024 | 670.02 | 609.41 | 486.84 | - | - | - |
| 27 | 1.048 | 685.73 | 623.70 | 498.26 | - | - | - |
| 28 | 1.087 | 711.24 | 646.91 | 516.80 | - | - | - |
| 29 | 1.119 | 732.18 | 665.96 | 532.01 | - | - | - |
| 30 | 1.135 | 742.65 | 675.47 | 539.61 | - | - | - |
| 31 | 1.159 | 758.34 | 689.76 | 551.03 | - | - | - |
| 32 | 1.183 | 774.05 | 704.04 | 562.44 | - | - | - |
| 33 | 1.198 | 783.87 | 712.97 | 569.57 | - | - | - |
| 34 | 1.214 | 794.34 | 722.49 | 577.17 | - | - | - |
| 35 | 1.222 | 799.58 | 727.25 | 580.98 | - | - | - |
| 36 | 1.230 | 804.81 | 732.00 | 584.78 | - | - | - |
| 37 | 1.238 | 810.05 | 736.77 | 588.59 | - | - | - |
| 38 | 1.246 | 815.27 | 741.53 | 592.38 | - | - | - |
| 39 | 1.262 | 825.74 | 751.05 | 599.99 | - | - | - |
| 40 | 1.278 | 836.21 | 760.58 | 607.61 | - | - | - |
| 41 | 1.302 | 851.91 | 774.86 | 619.01 | - | - | - |
| 42 | 1.325 | 866.97 | 788.55 | 629.94 | - | - | - |
| 43 | 1.357 | 887.90 | 807.59 | 645.15 | - | - | - |
| 44 | 1.397 | 914.07 | 831.39 | 664.17 | - | - | - |
| 45 | 1.444 | 944.82 | 859.37 | 686.52 | - | - | - |
| 46 | 1.500 | 981.47 | 892.70 | 713.15 | - | - | - |
| 47 | 1.563 | 1,022.69 | 930.18 | 743.10 | - | - | - |
| 48 | 1.635 | 1,069.80 | 973.04 | 777.33 | - | - | - |
| 49 | 1.706 | 1,116.26 | 1,015.29 | 811.08 | - | - | - |
| 50 | 1.786 | 1,168.61 | 1,062.90 | 849.12 | - | - | - |
| 51 | 1.865 | 1,220.30 | 1,109.91 | 886.68 | - | - | - |
| 52 | 1.952 | 1,277.22 | 1,161.69 | 928.04 | - | - | - |
| 53 | 2.040 | 1,334.79 | 1,214.06 | 969.87 | - | - | - |
| 54 | 2.135 | 1,396.95 | 1,270.59 | 1,015.04 | - | - | - |
| 55 | 2.230 | 1,459.11 | 1,327.14 | 1,060.20 | - | - | - |
| 56 | 2.333 | 1,526.51 | 1,388.43 | 1,109.18 | - | - | - |
| 57 | 2.437 | 1,594.56 | 1,450.32 | 1,158.62 | - | - | - |
| 58 | 2.548 | 1,667.19 | 1,516.38 | 1,211.40 | - | - | - |
| 59 | 2.603 | 1,703.18 | 1,549.11 | 1,237.55 | - | - | - |
| 60 | 2.714 | 1,775.81 | 1,615.17 | 1,290.32 | - | - | - |
| 61 | 2.810 | 1,838.61 | 1,672.31 | 1,335.96 | - | - | - |
| 62 | 2.873 | 1,879.85 | 1,709.81 | 1,365.92 | - | - | - |
| 63 | 2.952 | 1,931.54 | 1,756.82 | 1,403.46 | - | - | - |
| 64+ | 3.000 | 1,962.93 | 1,785.38 | 1,426.29 | - | - | - |

Exhibit III

Illustrative Example of Family Premium Rate Build-up

| Applicant | Age/ Gender | Location/ County | Tobacco Use | Plan | Base Rate (21 yrs old) | Age Factor | Tobacco Factor | Area Factor | Index Rate | Family Premium |
|----------------------------------|------------------------|-----------------------------|------------------------|-------------|-----------------------------------|-------------------|---------------------------|--------------------|-------------------|---------------------------|
| Primary Subscriber | 50M | King | Yes | Silver | \$345.00 | 1.786 | 1.50 | 1.00 | \$924.26 | \$924.26 |
| Spouse Applicant | 47F | King | No | Silver | \$345.00 | 1.563 | 1.00 | 1.00 | \$539.24 | \$539.24 |
| Dependent Applicant 1 | 20M | Pierce | Yes | Silver | \$345.00 | 0.635 | 1.00 | 1.00 | \$219.08 | \$219.08 |
| Dependent Applicant 2 | 17F | King | No | Silver | \$345.00 | 0.635 | 1.00 | 1.00 | \$219.08 | \$219.08 |
| Dependent Applicant 3 | 14M | King | No | Silver | \$345.00 | 0.635 | 1.00 | 1.00 | \$219.08 | \$219.08 |
| <u>Dependent Applicant 4</u> | 10F | King | No | Silver | \$345.00 | 0.635 | 1.00 | 1.00 | <u>\$219.08</u> | <u>\$0.00</u> |
| Family Policy and Premium | | | | | | | | | | \$2,120.72 |

Notes:

Area factor is determined by the primary subscriber geographic region for all applicants.

Tobacco use factor does not apply to applicants under the age of 21.

Only the three oldest children premium's contribute to the family premium.

State: Washington

Filing Company: Molina Healthcare of Washington, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name: MHW01012014Rates

Project Name/Number: Individual Rates/002

Supporting Document Schedules

| | |
|--------------------------|---|
| Satisfied - Item: | Actuarial Memorandum and Certifications |
| Comments: | |
| Attachment(s): | Part III Rate Filing Documentation and Actuarial Memorandum.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Consumer Disclosure Form Descriptions |
| Comments: | |
| Attachment(s): | Part II Written Explanation of the Rate Increase.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Unified Rate Review Template |
| Comments: | |
| Attachment(s): | Part I Unified Rate Review Data Template.pdf Part I Unified Rate Review Data Template Duplicate.xlsm |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--------------------|
| Satisfied - Item: | WAC 284-43-945 |
| Comments: | |
| Attachment(s): | WAC 284-43-945.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--------------------|
| Satisfied - Item: | WAC 284-43-930 |
| Comments: | |
| Attachment(s): | WAC 284-43-930.pdf |
| Item Status: | |
| Status Date: | |

SERFF Tracking #:

MLWA-129003875

State Tracking #:

254629

Company Tracking #:

MHW01012014 RATES

State: Washington

Filing Company: Molina Healthcare of Washington, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name: MHW01012014Rates

Project Name/Number: Individual Rates/002

| | |
|--------------------------|-----------------------------------|
| Satisfied - Item: | Calculation Successful |
| Comments: | |
| Attachment(s): | Molina Calculation Successful.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Actuarial Certification |
| Comments: | |
| Attachment(s): | WA Supplemental Actuarial Certification.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Individual Non Grandfathered Health Plan (Pool) Rate Filing Checklist |
| Comments: | |
| Attachment(s): | Individual NG Rate Filing Checklist_Responses.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|----------------------------------|
| Satisfied - Item: | Summary Documents |
| Comments: | |
| Attachment(s): | Molina Summary Documentation.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|------------------------------|
| Satisfied - Item: | Rate Schedule Duplicate |
| Comments: | |
| Attachment(s): | Rate Schedule Duplicate.xlsx |
| Item Status: | |
| Status Date: | |

Molina Healthcare of Washington, Inc.
Washington HealthPlanFinder Individual Marketplace Rate Submission

Actuarial Memorandum and Certification
Effective January 1, 2014

The purpose of this actuarial memorandum and certification is to provide information related to Molina Healthcare of Washington, Inc.'s (Molina) Part I Unified Rate Review Template submission to the Washington HealthPlanFinder Individual Marketplace (Washington HealthPlanFinder).

The actuarial memorandum and certification describe Molina's rating methodology used to develop rates for Individual products offered on Washington HealthPlanFinder effective January 1, 2014.

GENERAL INFORMATION

Molina Healthcare of Washington, Inc. is a managed care organization that provides healthcare services for individuals eligible for Medicaid and Medicare throughout the state of Washington. Molina Healthcare of Washington, Inc. provides service to over 347,000 members.

Molina Healthcare of Washington, Inc. is one of ten licensed state health plans managed by its parent corporation, Molina Healthcare, Inc. The nine other Molina health plans are located in California, Florida, Michigan, Missouri, New Mexico, Ohio, Texas, Utah, and Wisconsin. Molina Medicaid Solutions, another subsidiary of Molina Healthcare, Inc., provides business processing and information technology administrative services to Medicaid agencies in Idaho, Louisiana, Maine, New Jersey and West Virginia and drug rebate administration services in Florida. The combined services of Molina Healthcare's state health plans and Molina Medicaid Solutions touch approximately 4.3 million Medicaid beneficiaries and 189,000 providers in 15 states nationally, making Molina Healthcare one of the country's largest Medicaid healthcare services vendors. Molina Healthcare, Inc. was founded in 1980 and is headquartered in Long Beach, California.

Identifying Information:

Company's Legal Name: Molina Healthcare of Washington, Inc.
State: Washington
HIOS Issuer ID: 84481
Market: Washington HealthPlanFinder Individual Marketplace
Effective Date: January 1, 2014

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Contact Information:

Primary Contact: Ben Lynam

Primary Contact Telephone Number: 1-562-506-9071

Primary Contact Email Address: benjamin.lynam@molinahealthcare.com

PROPOSED RATE INCREASE

Not Applicable.

RATE DEVELOPMENT METHODOLOGY AND ASSUMPTIONS

Molina's Part I Unified Rate Review Template (URRT) submission to Washington HealthPlanFinder represents Molina's first rate filing in the Individual Commercial market. As such, Molina's responses to experience related fields in the URRT are not applicable. Molina utilized the Credibility Manual Rate Development based upon Molina's Medicaid experience in the URRT to develop Washington HealthPlanFinder projected claims costs.

CREDIBILITY MANUAL RATE DEVELOPMENT

Since Molina does not have commercial health insurance business in Washington or any other state, Molina developed a manual rate using Molina's claims experience from Medicaid, Washington's Medicaid Healthy Options program.

Source and Appropriateness of Experience Data Used: Molina believes the use of Medicaid data is an appropriate source to develop a manual rate for Washington HealthPlanFinder pricing. Members enrolling in Washington HealthPlanFinder will not be medically underwritten and are likely to be low-income taking advantage of the Federal premium and cost-sharing subsidies. Many Washington HealthPlanFinder members will be former Medicaid members transitioning into Washington HealthPlanFinder as they gain employment and exceed Medicaid income requirements. All of these characteristics are very similar to Molina's Medicaid population and support Medicaid data as reasonable and appropriate for use in the development of a manual rate for Washington HealthPlanFinder.

Experience Period Claims: Molina Medicaid incurred claims, including medical and pharmacy, from January 2012 through December 2012 and paid through January 2012 were used as the basis of the claims experience.

Adjustments Made to the Data: Molina applied the following adjustments to reflect the population, region, provider network, and benefits anticipated for Washington HealthPlanFinder.

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- **Incurred But Not Reported (IBNR):** Molina applied a factor to the experience claims to reflect IBNR claims.
- **Trend:** Molina trended the experience period claims forward 24 months from the midpoint of the base period, July 2012, to the midpoint of the projection period, July 2014 at a 4.0% annualized trend rate.
- **Population Age Adjustment:** Molina applied a factor to the experience period claims to reflect a change in age mix from a Medicaid population distribution, which is skewed toward children, to the expected Washington HealthPlanFinder population, which is more uniformly distributed among the ages. Molina reviewed population studies from published studies in Washington and other states prior to estimating the age distribution in Washington HealthPlanFinder.
- **Health Status Adjustment:** Molina applied a factor to the experience period claims to reflect a change in health status from a Medicaid population to the expected Washington HealthPlanFinder population. Molina based the health status adjustment factor by estimating Washington HealthPlanFinder enrollment by member's insurance status prior to enrolling into Washington HealthPlanFinder. Insurance status categories included Commercial, Medicaid, Uninsured, and High Risk Pool. Each insurance status category had an associated health status adjustment. Molina included a pent-up demand adjustment to reflect members who were previously uninsured or underinsured that will increase utilization as they will be more likely to afford non-emergent healthcare services they previously avoided.
- **Utilization Adjustment:** Molina applied a factor to the experience period claims to reflect that emergency room and maternity utilization is over-represented in the Medicaid population compared to what is expected in the Washington HealthPlanFinder population. Molina reviewed data in other Molina markets and lines of business as well as publicly available Commercial data to determine projected maternity and emergency room utilization.
- **Network Reimbursement Change:** Molina applied a factor to the experience period claims in consideration of the change in network reimbursement. Molina's estimate is based on a provider comparison of Molina's Medicaid reimbursement and projected Washington HealthPlanFinder reimbursement.
- **Essential Health Benefits and Benefit Expansion:** Molina applied a factor to the experience period claims to account for essential health benefit in Washington HealthPlanFinder that are not covered by Medicaid.

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- **Uncompensated Care and Benefit Selection:** Molina applied a factor to the experience period claims to reflect uncompensated care and benefit selection. Rates of no more than the three oldest family members under the age of 21 can be taken into account in computing the family premium which creates circumstances where Molina will be uncompensated for care provided to children. Since Molina's metallic premiums do not consider the impact of adverse selection where healthier members choose higher cost-sharing benefits and unhealthier members choose lower cost-sharing benefits, a benefit selection load was applied to the base claims experience.

CREDIBILITY OF EXPERIENCE

Molina does not have any credible claims experience and therefore relied 100% on the manual rate development.

PAID TO ALLOWED RATIO

The Paid to Allowed ratio reflects the estimated cost-sharing in the projected period. In absence of prior experience, Molina used a hypothetical plan of no cost-sharing as its reference plan. The actuarial value (AV) for each product was based on output from the AV Calculator provided by CMS. The Paid to Allowed ratio is the average of AVs weighted by projected members. The table below documents the Paid to Allowed ratio factor entered into the URRT, Worksheet I, Section III.

Paid to Allowed Ratio

| Product | Members % | Actuarial Value |
|------------------------------|---------------|-----------------|
| Reference Plan | NA | 1.000 |
| Gold | 7.2% | 0.781 |
| Silver | 83.4% | 0.688 |
| Bronze | 9.4% | 0.613 |
| Paid to Allowed Ratio | 100.0% | 0.687 |

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustments PMPM: Molina entered \$0.00 per member per month (PMPM) in projected risk adjustments in the URRT Worksheet I, Section III. Molina's estimate implies that Molina's market level risk scores will be similar to the entire market. If Molina's risk scores are lower than the market average, Molina would expect claims costs to be lower than anticipated but would be offset by a payment to the risk adjustment program. If Molina's risk scores are higher than the market average, Molina would expect claims costs to be higher than anticipated but would be offset by receiving funds from the risk adjustment program.

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Projected ACA Reinsurance Recoveries Net of Reinsurance Premium: Molina's net reinsurance adjustment is \$13.46 PMPM, where Molina expects \$18.71 PMPM in reinsurance recoveries reduced by \$5.25 PMPM in reinsurance premiums. Molina calculated the expected recoveries by accumulating Medicaid members claims across all of Molina, adjusted for demographic and reimbursement differences, and calculating the value of the reinsurance benefit -- 80% of costs between \$60,000 and \$250,000. Molina applied the expected reinsurance recoveries as a percentage of claims costs to the experience period claims. Molina applied the 5.25 PMPM reinsurance premiums to all plans in the risk pool.

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load: Molina assumed the administrative costs required to manage the Washington HealthPlanFinder population will be similar to the administrative cost required to manage Medicaid on a percentage of premium basis. Molina used an internal administrative cost budget on a PMPM basis and converted the costs to an overall percentage of premium to apply to the Washington HealthPlanFinder rates. Molina added amounts to be paid as commissions to the administrative costs. The expected administrative expense load is 8.6%.

Profit & Risk Margin: Molina's target margin, including risk margin, is 5.0%.

Taxes and Fees: Molina's 7.8% estimate of taxes and fees is comprised of the following:

- **Washington HealthPlanFinder Exchange Fee:** Washington HealthPlanFinder will charge a \$14.00 PMPM fee for each of Molina's members enrolled in Washington HealthPlanFinder.
- **Health Insurer Fee:** Molina estimates it will pay 2.3% of Washington HealthPlanFinder related premium to the Federal Government for the health insurer fee.
- **Risk Adjustment & Other Fees:** Molina expects to pay \$1.00 per member per year PMPY and \$2.00 PMPY in risk adjustment and patient centered outcome fees.
- **Premium Taxes and Assessments:** Molina expects to pay 2.0% in premium taxes and a small amount in health risk pool assessments and regulatory surcharges.

PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) for 2014 using the Federally prescribed MLR methodology is 89.2%.

INDEX RATE

The index rate for the projection period is estimated to be \$570.19. The index rate represents the estimated total combined allowed claims experience for the essential health benefits within

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Washington HealthPlanFinder. The index rate does not include adjustment for the risk adjustment and reinsurance programs or an adjustment for the Washington HealthPlanFinder user fee. Molina estimated the index rate by developing a manual rate based on Molina's Medicaid data with adjustments described under the Credibility Manual Rate Development section of this Memorandum. Overall, Molina applied a population risk adjustment factor of 1.777, a cost adjustment factor of 2.062, and an annualized trend factor of 4% to all benefit categories excluding capitation to the Medicaid experience period claims in the development of the index rate.

Molina calculated the plan level rate by applying plan specific level adjustments for cost-sharing, induced demand, additional benefits, and administrative costs to the index rate.

AV METAL VALUES

All benefit plans Molina proposes to offer in Washington HealthPlanFinder meet ACA essential health benefit (EHB) requirements. Their AV values were calculated exclusively by using HHS's AV Calculator. No outside AV calculator adjustments were made to any of the plan AV metal values. All benefit plans meet the AV metal value requirement under ACA and other regulations under ACA.

Actuarial Values

| Type | Product | Base | CSR 200-250 | CSR 150-200 | CSR 100-150 |
|--------|---------|-------|-------------|-------------|-------------|
| Molina | Gold | 0.781 | NA | NA | NA |
| Molina | Silver | 0.688 | 0.739 | 0.877 | 0.942 |
| Molina | Bronze | 0.613 | NA | NA | NA |

AV PRICING VALUES

AV pricing value of each plan only includes the allowable modifiers to the index rate, as described in 45 CFR Part 156, §156.80(d)(2). The modifiers applied to the index rate are as follows:

- **AV and Cost-Sharing Design of the Plan:** AV of the benefit plan is equal to AV metal value calculated from AV Calculator. The utilization adjustment factors are independent of health status and only based on the cost-sharing of the plan.
- **Induced Utilization Adjustment:** Members will utilize services less frequently when their responsibility of cost-sharing increases. Molina applied an induced utilization factor as a modifier to the index rate to account for utilization differences between plans due to cost-sharing. The induced utilization factors are less than 1.00 because the reference plan Molina used in the development of the index rate was a zero-cost sharing plan. Molina calculated the induced utilization factor by estimating the

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members by metal tier and cost-sharing subsidy. Molina assigned each metal tier and cost-sharing subsidy tier an induced utilization factor. The induced utilization factors were based on factors published by the Centers for Medicare and Medicaid Services (CMS) for the state of Massachusetts. Induced utilization factors do not include any adjustment for health status.

- **Provider Network, Delivery System Characteristics, and Utilization Management Practices:** No variation of plan adjustment is used.
- **Plan benefits in addition to EHB:** Molina has proposed non-emergency transportation and elective pregnancy termination benefits as additional covered benefits for the Molina Silver product. The additional benefits are expected to increase premiums 0.7%.
- **Administrative costs, excluding Exchange user fees:** Molina converted all administrative costs, excluding the Washington HealthPlanFinder Fee, to a multiplicative factor and applied the same factor to all products.
- **Catastrophic plans:** Not applicable. Molina will not offer a catastrophic plan.

Summary of Index Rate Modifiers

| Type | Product | AV | Induced Demand | Provider Network | Additional Benefits | Admin | Cat Adj. |
|--------|---------|-------|----------------|------------------|---------------------|-------|----------|
| Molina | Gold | 0.781 | 0.911 | 1.000 | 1.000 | 1.225 | NA |
| Molina | Silver | 0.688 | 0.935 | 1.000 | 1.000 | 1.225 | NA |
| Molina | Bronze | 0.613 | 0.844 | 1.000 | 1.007 | 1.225 | NA |

MEMBERSHIP PROJECTIONS

Molina is filing Washington HealthPlanFinder rates in the counties of King, Pierce, and Spokane. Molina used various sources in determining the projected membership including US Census Bureau and a Milliman report titled, "Planning Washington's Health Benefit Exchange" dated June 13, 2011. Molina estimated the number of members likely to purchase a product in the Washington HealthPlanFinder by assuming distinct "take-up rates" for each type of insurance coverage population (uninsured, small group, large group, high risk pool, etc.) indicated in Milliman's report. A take-up rate is the percentage of members on a particular insurance coverage that will likely purchase a product on the exchange. Molina reviewed US Census Bureau data by county to estimate the eligible exchange population in King, Pierce, and Spokane counties. Molina applied a market share adjustment, an estimate of what percentage of the Washington HealthPlanFinder population would likely select a Molina offering. The market share adjustment took into consideration that Molina members were likely to be lower

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income and more dependent on subsidies and that many potential members will likely have transitioned from Molina's Medicaid line of business.

Membership Projections

| Product | Members | County | Members |
|---------------------|--------------|----------------|--------------|
| Gold | 2,106 | King | 17,737 |
| Silver 100-150% FPL | 7,629 | Pierce | 7,304 |
| Silver 151-200% FPL | 6,577 | <u>Spokane</u> | <u>4,328</u> |
| Silver 200-250% FPL | 8,965 | Total | 29,369 |
| Silver 250%+ FPL | 1,319 | | |
| <u>Bronze</u> | <u>2,773</u> | | |
| Total | 29,369 | | |

AREA FACTORS

Molina applied geographic factors to the index rate in the calculation of county specific rates. The geographic factors are based solely on the provider reimbursement expectations in each of the counties. Health status and experience were not used to calculate the geographic factors. Molina adjusted the area factors to index the King County geographic factor to equal 1.000. The geographic factors were adjusted to comply with the state requirement that geographic factors may not vary by more than 15% from the lowest geographic factor to the highest geographic factor.

Geographic Factors

| Geographic Region | County | Factor |
|-------------------|---------|--------|
| Region 1 | King | 1.00 |
| Region 2 | Pierce | 1.15 |
| Region 3 | NA | NA |
| Region 4 | Spokane | 1.15 |
| Region 5 | NA | NA |

TERMINATED PRODUCTS

Not Applicable.

PLAN TYPE

Not Applicable.

WARNING ALERTS

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Differences between the sum of the plan level projections in Worksheet 2 and the projected amounts found on Worksheet 1 produced "Warning Alerts" for Total Premium (TP) and Total Allowed Costs (TAC). The TP difference is less than 0.01%. The TAC difference is 2.4%.

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ACTUARIAL CERTIFICATION

I, Benjamin E. Lynam, as a member in good standing with the American Academy of Actuaries, hereby certify, to the best of my knowledge and judgment, the following:

The projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered,
- d. Neither excessive nor deficient.

The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

The essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based is appropriate.



Benjamin E. Lynam, FSA, MAAA
Associate Vice President -- Rating
Molina Healthcare Inc.



Date

Company Legal Name: Molina Healthcare of Washington, Inc.

HIOS Issuer ID: 84481

Effective Date of Rate Change(s): 1/1/2014

State: WA

Market: Individual

Part II Written Explanation of the Rate Increase:

Since this is Molina's initial rate filing, the written explanation of the Rate Increase is not applicable.

Data Collection Template

Company Legal Name: **Molina Healthcare of Washington** State: **WA**
 HIOS Issuer ID: **84481** Market: **Individual**
 Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: **1/1/2012** to **12/31/2012**

| | Experience Period | Aggregate Amount | PMPM | % of Prem |
|--|-------------------|------------------|--------|-----------|
| Premiums (net of MLR Rebate) in Experience Period: | | \$1 | \$1.00 | 100.00% |
| Incurred Claims in Experience Period | | \$1 | 1.00 | 100.00% |
| Allowed Claims: | | \$1 | 1.00 | 100.00% |
| Index Rate of Experience Period | | | \$0.00 | |
| Experience Period Member Months | | | 1 | |

Section II: Allowed Claims, PMPM basis

Experience Period: **1/1/2014** to **12/31/2014** Mid-point to Mid-point, Experience to Projection: **24** months

| Benefit Category | Utilization Description | on Actual Experience Allowed | | | Adj't. from Experience to Projection Period | | | | Annualized Trend Factors | | | Projections, before credibility Adjustment | | | Credibility Manual | | |
|---------------------|-------------------------|------------------------------|----------------------|--------|---|-------|-------|-------|--------------------------|----------------------|--------|--|----------------------|----------|--------------------|--|--|
| | | Utilization per 1,000 | Average Cost/Service | PMPM | Pop'l risk Morbidity | Other | Cost | Util | Utilization per 1,000 | Average Cost/Service | PMPM | Utilization per 1,000 | Average Cost/Service | PMPM | | | |
| Inpatient Hospital | Days | 12,000.00 | \$0.17 | \$0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | \$0.17 | \$0.17 | 497.79 | \$4,506.53 | \$186.94 | | | |
| Outpatient Hospital | Services | 12,000.00 | 0.17 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | 0.17 | 0.17 | 4044.85 | \$327.45 | 110.37 | | | |
| Professional | Services | 12,000.00 | 0.17 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | 0.17 | 0.17 | 20594.85 | \$105.47 | 181.01 | | | |
| Other Medical | Services | 12,000.00 | 0.17 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | 0.17 | 0.17 | 6789.66 | \$24.55 | 13.89 | | | |
| Capitation | Benefit Period | 12,000.00 | 0.15 | 0.15 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | 0.15 | 0.15 | 12000.00 | 1.83 | 1.83 | | | |
| Prescription Drug | Prescriptions | 12,000.00 | 0.17 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 12,000.00 | 0.17 | 0.17 | 10523.12 | \$86.82 | 76.14 | | | |
| Total | | | | \$1.00 | | | | | | | \$1.00 | | | \$570.19 | | | |

Section III: Projected Experience:

| | Projected Allowed Experience Claims PMPM (w/applied credibility if applicable) | 0.00% | 100.00% | After Credibility | Projected Period Totals |
|--|--|-------|---------|-------------------|-------------------------|
| | Paid to Allowed Average Factor in Projection Period | | | \$570.19 | \$200,951,350 |
| | Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM | | | 0.687 | |
| | Projected Risk Adjustments PMPM | | | \$391.82 | \$138,087,545 |
| | Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM | | | 0.00 | 0 |
| | Projected ACA reinsurance recoveries, net of rein prem, PMPM | | | \$391.82 | \$138,087,544 |
| | Projected Incurred Claims | | | 13.46 | 4,743,871 |
| | Administrative Expense Load | | | \$378.36 | \$133,343,673 |
| | Profit & Risk Load | | 8.55% | 41.13 | 14,494,709 |
| | Taxes & Fees | | 5.00% | 24.04 | 8,472,545 |
| | Single Risk Pool Gross Premium Avg. Rate, PMPM | | 7.75% | 37.28 | 13,139,977 |
| | Index Rate for Projection Period | | | \$480.81 | \$169,450,904 |
| | % increase over Experience Period | | | 566.68 | |
| | % Increase, annualized: | | | 47981.00% | |
| | Projected Member Months | | | 2092.74% | |
| | | | | | 352,428 |

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Molina Healthcare of Washington, Inc.
84481
1/1/2014

State: **WA**
 Market: **Individual**

Product/Plan Level Calculations

Section I: General Product and Plan Information

| Product | Molina Marketplace Individual | Marketplace Individual | Marketplace Individual HMO |
|---|-------------------------------|--------------------------------|--------------------------------|
| Product ID: | 84481WA001 | 84481WA001 | 84481WA001 |
| Metal: | Gold | Silver | Bronze |
| AV Metal Value | 0.781 | 0.688 | 0.613 |
| AV Pricing Value | 0.872 | 0.793 | 0.633 |
| Plan Type: | HMO | HMO | HMO |
| Plan Name | Molina Marketplace Gold Plan | Molina Marketplace Silver Plan | Molina Marketplace Bronze Plan |
| Plan ID (Standard Component ID): | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| Exchange Plan? | Yes | Yes | Yes |
| Historical Rate Increase - Calendar Year - 2 | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | 0.00% | 0.00% | 0.00% |
| Effective Date of Proposed Rates | 1/1/2014 | 1/1/2014 | 1/1/2014 |
| Rate Change % (over prior filing) | 0.00% | 0.00% | 0.00% |
| Cum'tive Rate Change % (over 12 mos prior) | 0.00% | 0.00% | 0.00% |
| Proj'd Per Rate Change % (over Exper. Period) | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | 0.00% | 0.00% | 0.00% |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

| Plan ID (Standard Component ID): | Total | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
|----------------------------------|---------|----------------|----------------|----------------|
| Inpatient | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Outpatient | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Professional | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Prescription Drug | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Other | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Capitation | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Administration | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Taxes & Fees | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Risk & Profit Charge | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Total Rate Increase | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Member Cost Share Increase | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |

| | | | | |
|---------------------------|----------|----------|----------|----------|
| Average Current Rate PMPM | \$480.81 | \$534.96 | \$486.58 | \$388.70 |
| Projected Member Months | 352,428 | 25,271 | 293,878 | 33,279 |

Section III: Experience Period Information

| Plan ID (Standard Component ID): | Total | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
|----------------------------------|-------|----------------|----------------|----------------|
| | | | | |

| | | | | |
|---|---------|---------|---------|---------|
| Average Rate PMPM | #DIV/0! | \$0.00 | \$0.00 | \$0.00 |
| Member Months | 0 | 0 | 0 | 0 |
| Total Premium (TP) | \$0 | \$0 | \$0 | \$0 |
| EHB basis or full portion of TP, [see instructions] | #DIV/0! | 0.00% | 0.00% | 0.00% |
| state mandated benefits portion of TP that are other than EHB | #DIV/0! | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | #DIV/0! | 100.00% | 100.00% | 100.00% |
| Total Allowed Claims (TAC) | \$0 | \$0 | \$0 | \$0 |
| EHB basis or full portion of TAC, [see instructions] | #DIV/0! | 0.00% | 0.00% | 0.00% |
| state mandated benefits portion of TAC that are other than EHB | #DIV/0! | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | #DIV/0! | 100.00% | 100.00% | 100.00% |
| Allowed Claims which are not the issuer's obligation: | \$0 | \$0 | \$0 | \$0 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | \$0 | \$0 | \$0 |
| Portion of above payable by HHS on behalf of insured person, as % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Total Incurred claims, payable with issuer funds | \$0 | \$0 | \$0 | \$0 |
| | | | | |
| Net Amt of Rein | \$0.00 | \$0 | \$0 | \$0 |
| Net Amt of Risk Adj | \$0.00 | \$0 | \$0 | \$0 |

| | | | | |
|-------------------------------------|---------|---------|---------|---------|
| Incurred Claims PMPM | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Allowed Claims PMPM | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| EHB portion of Allowed Claims, PMPM | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

ation IV: Projected (12 months following effective date)

| | | | | |
|---|---------------|----------------|-----------------|----------------|
| Plan ID (Standard Component ID): | Total | 84481WA0010001 | 84481WA0010002 | 84481WA0010003 |
| Average Rate PMPM | \$480.81 | \$534.96 | \$486.58 | \$388.70 |
| Member Months | 352,428 | 25,271 | 293,878 | 33,279 |
| Total Premium (TP) | \$169,450,681 | \$13,518,868 | \$142,996,132 | \$12,935,681 |
| EHB basis or full portion of TP, [see instructions] | 99.43% | 100.00% | 99.32% | 100.00% |
| state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.57% | 0.00% | 0.68% | 0.00% |
| Total Allowed Claims (TAC) | \$200,962,219 | \$16,035,010 | \$169,590,752 | \$15,336,456 |
| EHB basis or full portion of TAC, [see instructions] | 99.43% | 100.00% | 99.32% | 100.00% |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.57% | 0.00% | 0.68% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$67,610,882 | \$5,356,393.56 | \$57,008,831.37 | \$5,245,656.96 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$25,587,498 | \$0 | \$25,587,498 | \$0 |
| insured person, as % | 37.85% | 0.00% | 44.88% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$133,351,337 | \$10,678,617 | \$112,581,920 | \$10,090,799 |
| | | | | |
| Net Amt of Rein | \$4,743,871 | \$340,161 | \$3,955,756 | \$447,953 |
| Net Amt of Risk Adj | \$0 | \$0 | \$0 | \$0 |



WAC 284-43-945

Summary for individual and small group contract filings.

INDIVIDUAL AND SMALL GROUP FILING SUMMARY

| | |
|-------------------------------|--|
| Carrier Name | Molina Healthcare of Washington, Inc. |
| Address | 21540 30th Dr SE Ste #400 |
| | Bothell, WA 98021 |
| | |
| Carrier Identification Number | FEIN: 91-1284790 NAIC: 96270 HIOS Issuer ID: 84481 |
| | |

| | | |
|----------------------|--|----------|
| Rate Renewal Period: | From _____ | To _____ |
| Date Submitted: | 4/25/2013 | |
| | This is Molina's initial rate filing for effective dates beginning 1/1/2014. | |

Proposed Rate Summary

| | | |
|---|----------|-----------|
| Current community rate | N/A | per month |
| Proposed community rate | \$480.81 | per month |
| Percentage change | N/A | % |
| Portion of carrier's total enrollment affected | N/A | % |
| Portion of carrier's total premium revenue affected | N/A | % |
| | | |

Components of Proposed Community Rate

| | Dollars Per Month | % of Total |
|--|-------------------|------------|
| a) Claims | \$378.36 | 78.7% |
| b) Expenses | \$78.41 | 16.3% |
| c) Contribution to surplus, contingency charges, or risk charges | \$24.04 | 5.0% |
| d) Investment earnings | \$0 | 0.0% |
| e) Total (a + b + c - d) | \$480.81 | 100% |

Summary of Pooled Experience

| | Experience Period | First Prior Period | Second Prior Period |
|-------------------------|-------------------|--------------------|---------------------|
| | From To | From To | From To |
| Member Months | N/A | | |
| Earned Premium | N/A | | |
| Paid Claims | N/A | | |
| Beginning Claim Reserve | N/A | | |
| Ending Claim Reserve | N/A | | |
| Incurred Claims | N/A | | |
| Expenses | N/A | | |
| Gain/Loss | N/A | | |
| Loss Ratio Percentage | N/A | | |

General Information

1. Trend Factor Summary

| Type of Service | Annual Trend Assumed | Portion of Claim Dollars |
|--------------------|----------------------|--------------------------|
| Hospital | 4.0% | % |
| Professional | 4.0% | % |
| Prescription Drugs | 4.0% | % |
| Dental | N/A | % |
| Other | 4.0% | % |

2. List the effective date and the rate of increase for all rate changes in the past three rate periods.

1) N/A 2) N/A 3) N/A
 Date % Date % Date %

3. Since the previous filing, have any changes been made to the factors or methodology for adjusting base rates?

N/A

Geographic Area Yes No
Family Size Yes No
Age Yes No
Wellness Activities Yes No
Other (specify) Yes No

4. Attach a table showing the base rate for each plan affected by this filing.

| Plan Name | Base Rate* |
|--------------------------------|-------------------|
| Molina Marketplace Gold Plan | \$379.31 |
| Molina Marketplace Silver Plan | \$345.00 |
| Molina Marketplace Bronze Plan | \$275.61 |

*Base Rate represents non-tobacco premium rate for 21 year-old subscriber living in King County.

5. Attach comments or additional information.

N/A

6. Preparer's Information

Name: Benjamin E. Lynam, FSA, MAA

Title: Associate Vice President -
Rating

Telephone Number: 1-888-562-5442 Ext. 119071

Requirements of WAC 284-43-930

WAC 284-43-930 Contents of individual filings.

Under RCW 48.44.022 and 48.46.064 the experience of all individual products must be pooled. Each individual filing must include the following information and documents:

- 1) An actuarially sound estimate of incurred claims. Experience data, assumptions, and justifications of the carrier's projected incurred claims must be provided in a manner consistent with the carrier's rate-making methodology and incorporate the following elements:
 - a) A brief description of the carrier's rate-making methodology, including identification of the data used and the kinds of assumptions and projections made.

Molina Healthcare of Washington, Inc. (Molina) is a managed care organization that provides healthcare services for individuals eligible for Medicaid and Medicare in Washington. Molina does not currently have any commercial health insurance business in Washington or any other states under Molina Healthcare, Inc. in which Molina is a subsidiary. However, Molina plans to participate in Washington HealthPlanFinder in 2014. This filing represents Molina's first commercial rate filing in the state of Washington.

Molina's rate-making methodology relied upon the development of a manual rate based on Molina's Medicaid Healthy Options experience in the state of Washington. Molina believes the use of Medicaid data is an appropriate source to develop a manual rate for Washington HealthPlanFinder pricing. Members enrolling in Washington HealthPlanFinder will not be medically underwritten and are likely to be low-income families taking advantage of the Federal premium and cost-sharing subsidies. Many Washington HealthPlanFinder members will be former Medicaid members transitioning into Washington HealthPlanFinder as they gain employment and exceed Medicaid income requirements. All of these characteristics are very similar to Molina's Medicaid population and thus support Medicaid data as reasonable and appropriate for use in the development of a manual rate for Washington HealthPlanFinder.

Molina's Medicaid incurred claims, including medical and pharmacy, from January 2012 through December 2012 and paid through January 2013 were used as the basis of the claims experience in the rate development.

"Part III Rate Filing Documentation and Actuarial Memorandum" is provided as an attachment for more details.

- b) The number of subscribers by family size, or covered persons for the plans included in the filing. These figures must be shown for each month or quarter of the experience period and the prior two periods if not included in previous filings. This data must be presented in aggregate for the plans included in the filing and in aggregate for all of the carrier's plans.

Not Applicable (N/A). This filing represents Molina's first commercial rate filing in the state of Washington. As such, Molina's responses to experience related requests will be not applicable (N/A).

c) Earned premium for each month or quarter of the experience period and the prior two periods if not included in previous filings, for the plans included in the filing.

N/A.

d) An estimate of the adjusted earned premium for each month or quarter of the experience period and prior two periods for the plans included in the filing.

N/A.

e) Claims data for each month or quarter of the experience period and the prior two periods. Examples of claims data are incurred claims, capitation payments, utilization data, unit cost data, and staffing data. The specific data elements included in the filing must be consistent with the carrier's rate-making methodology.

N/A.

f) Documentation and justification of any adjustments made to the experience data.

Molina has applied a factor to the experience claims to reflect incurred but not reported (IBNR) claims.

g) Documentation and justification of the factors and methods used to forecast incurred claims.

Please see the section Credibility Manual Rate Development in the attachment, "Part III Rate Filing Documentation and Actuarial Memorandum" regarding documentation and justification of the factors applied to forecast incurred claims.

2) An actuarially sound estimate of prudently incurred expenses. Experience data, assumptions, and justifications must be provided by the carrier as follows:

a) A breakdown of the carrier's expenses allocated or assigned to the plans included in the filing for the experience period or for the period corresponding to the most recent "annual statement";

i) An expense breakdown at least as detailed as the annual statement schedule "Underwriting and Investment Exhibit, Part 3, Analysis of Expenses" as revised from time to time;

The expense breakdown and proposed expense pmpm for 2014 is developed from Molina's 2012 annual statement schedule "Underwriting and Investment Exhibit, Part 3, Analysis of Expenses":

| Items | Total |
|--|---------------|
| 1 Total Expenses Incurred (Page 14 Line 26) | \$124,122,077 |
| 2 Taxes, licenses and fees - Premium Taxes (Page 14 Line 23.2) | \$18,669,003 |
| 3 Operating Expense =(1) - (2) | \$105,453,074 |
| 4 Member Months (Page 4, Line 1, Column 2) | 4,599,718 |
| 5 Average Operating Expense PMPM =(3) / (4) | \$22.93 |
| 6 New or increased expenses expected to occur in 2014 | \$18.20 |
| 7 Operating Expense PMPM Charged in 2014 | \$41.13 |

ii) The allocation and assignment methodology used in (a)(i) of this subsection may be based on readily available data and easily applied calculations;

Please see response to i).

b) Identification of any extraordinary experience period expenses; and

There were no known extraordinary administrative expenses.

c) Documentation and justification of the assignment or allocation of expenses to the plans included in the filing; and

Please see the responses for a) i) above and d) below.

d) Documentation and justification of forecasted changes in expenses.

Molina expects expense pmpm in 2014 individual marketplace product to be higher than Molina's current Medicaid and Medicare products. Major components contributing to the higher proposed expense pmpm in 2014 include

- Taxes and fees including the Exchange User Fee, Health Insurance Fee, and fees associated with risk adjustment;
- Broker commissions;
- Additional resources required to manage a new line of business; and
- General inflation increase of annual expenses.

3) An actuarially sound provision for contribution to surplus, contingency charges, or risk charges. Assumptions and justifications must be provided by the carrier as follows:

a) The methodology, justification, and calculations used to determine the contribution to surplus, contingency charges, or risk charges included in the proposed base rates; and

Molina's margin for profit, contribution to surplus, and risk and contingency is 5.0%. No additional amounts were included to increase the contribution to surplus.

b) The carrier's net worth or reserves and unassigned surplus at the beginning and end of the experience period. (Note: Taken from statutory financial statements, page 3, line titled "Total Capital and Surplus")

| Date | Total Capital and Surplus |
|------------|---------------------------|
| 12/31/2009 | \$80,991,089 |
| 12/31/2010 | \$92,163,071 |
| 12/31/2011 | \$99,543,699 |
| 12/31/2012 | \$113,774,075 |

4) An actuarially sound estimate of forecasted investment earnings on assets related to claim reserves or other similar liabilities. The carrier must include documentation and justification of forecasted investment earnings identified in dollars, and as a percentage of total premiums and the amount credited to the plans included in the filing.

Molina did not credit investment earnings to the plans included in the filing. Molina projects investment earnings to be effectively \$0, representing 0% of total premiums. Molina's investment earnings projection reflects low yields currently available in the asset market as well as the overall uncertainty of the member and premium estimates of the new products effective in 2014.

5) Adjustment of the base rate. Experience data, assumptions, justifications, and methodology descriptions must be provided and must include:

Adjustments to the base rate are provided in the attachment, "Rate Schedule" and includes the following:

Exhibit I – Product-Plan Data and Rating Factors

Section 1 – Market Level Rates

Section 2 – Plan Level Adjustment Factors

Section 3 – Regions Molina proposes to participate in Washington HealthPlanFinder

Section 4 - Tobacco Use Factor

Section 5 – Age Factor – Molina is using HHS prescribed age factor slope

Section 6 - Geographic Rating Area Factor of Molina's targeted regions, in which King County is indexed as 1.0 area factor and the variation of area factors does not exceed 15%.

Exhibit II (1) - Rates for Non Tobacco Use Members

Exhibit II (2) - Rates for Tobacco Use Members

Exhibit III – Illustrative Example of Family Premium Rate Build-up

a) Justifications for adjustments to the base rate, supported by data if appropriate, attributable to geographic region, age, family size and wellness activities;

Molina will apply the following rating factors in the calculation of member premiums.

- Geographic Rating Area -- Due to differentials in provider reimbursement among the geographic regions of Washington, Molina will apply area factors based on where the primary subscriber resides. Region 1, King County, is indexed to a 1.00 area factor in the rating methodology. All area factors comply with the state regulation that the variance between the lowest and highest area factors cannot exceed 15% and that health status was not considered in the determination of the area factors. The area factors are as follows:

Geographic Rating Area Factors

| Geographic Region | Factor |
|-------------------|--------|
| Region 1 | 1.00 |
| Region 2 | 1.15 |
| Region 3 | NA |
| Region 4 | 1.15 |
| Region 5 | NA |

- Age – Molina will apply age factors in the calculation of member premium to reflect differences in expected claims costs by age. Molina will use the HHS defined age factors that are within a ratio of 3:1 for adults.
- Tobacco Use – Molina will apply a factor of 1.50 to adults age 21 and older to reflect the increased claims costs associated with tobacco use. Molina will not apply a tobacco use factor to members under the age of 21. Molina’s tobacco use factor is within the ratio of 1.5:1.
- Family premium rates are derived by adding all individual premium rates together, however the premium rates are charged to no more than 3 children under the age of 21 for family coverage. Please see Exhibit III – Illustrative Example of Family Premium Rate Build-up in the attachment, “Rate Schedule”.

Molina provides wellness programs with no additional costs to the customers.

b) Justifications, supported by data if appropriate, of any other factors or circumstances used to adjust the base rates; and

- Tobacco Use – Molina will apply a factor of 1.50 to adults age 21 and older to reflect the increased claims costs associated with tobacco use. Molina will not apply a tobacco use factor to members under the age of 21. Molina’s tobacco use factor is within the ratio of 1.5:1.

c) Description of the methodology used to adjust the base rate to obtain the premium rate for a specific individual or group, which is detailed enough to allow the commissioner to replicate the calculation of premium rates if given the necessary data.

Please see the attached spreadsheet titled, "Rate Schedule Duplicate". Formulas are kept in the submitted spreadsheet to allow replication of the premium calculation.

6) Actuarial certification. Certification by an actuary, as required by RCW 48.44.023(3) and 48.46.066(3).

Please see attached "WA Supplemental Actuarial Certification".

7) The requirements of subsections (1) through (6) of this section may be waived or modified upon the finding by the commissioner that a plan contains or involves unique provisions or circumstances and that the requirements represent an extraordinary administrative burden on the carrier.

Molina is not requesting a waiver for this rate filing.

Molina Marketplace Bronze Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR Standard?
 Desired Metal Tier: Bronze

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|----------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$4,000.00 | \$300.00 | |
| Coinsurance (% , Insurer's Cost Share) | 70.00% | 70.00% | |
| OOP Maximum (\$) | \$6,400.00 | | |
| OOP Maximum if Separate (\$) | | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|-----------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/> | Specialty Rx Coinsurance Maximum: |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/> | # Days (1-10): |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/> | # Visits (1-10): |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input checked="" type="checkbox"/> | # Copays (1-10): 3 |

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.3%

Bronze

Molina Marketplace Silver 100 Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Platinum

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: |
| | 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|--------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 90.00% | 90.00% | |
| OOP Maximum (\$) | \$2,250.00 | | |
| OOP Maximum if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | | | |
| Coinsurance (% , Insurer's Cost Share) | | | |
| OOP Maximum (\$) | | | |
| OOP Maximum if Separate (\$) | | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|------------------------------|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$3.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$8.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|--|-----------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/> | Specialty Rx Coinsurance Maximum: |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/> | # Days (1-10): |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/> | # Visits (1-10): |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> | # Copays (1-10): |

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.2%

Platinum

Molina Marketplace Silver 150 Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: |
| | 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|--------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 75.00% | 75.00% | |
| OOP Maximum (\$) | \$2,250.00 | | |
| OOP Maximum if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | | | |
| Coinsurance (% , Insurer's Cost Share) | | | |
| OOP Maximum (\$) | | | |
| OOP Maximum if Separate (\$) | | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|------------------------------|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$8.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/> |
| # Days (1-10): |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/> |
| # Visits (1-10): |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10): |

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.7%

Platinum

Molina Marketplace Silver 200 Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR Standard?
 Desired Metal Tier: Silver

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|--------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 70.00% | 70.00% | |
| OOP Maximum (\$) | \$5,200.00 | | |
| OOP Maximum if Separate (\$) | | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.9%

Silver

Molina Marketplace Silver 250 Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR Standard?
 Desired Metal Tier: Silver

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|----------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$1,700.00 | \$200.00 | |
| Coinsurance (% , Insurer's Cost Share) | 70.00% | 70.00% | |
| OOP Maximum (\$) | \$6,400.00 | | |
| OOP Maximum if Separate (\$) | | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$65.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | \$65.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$65.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$55.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.8%

Metal Tier:

Silver

Molina Marketplace Gold Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR Standard?
 Desired Metal Tier: Gold

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|--------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$250.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 80.00% | |
| OOP Maximum (\$) | \$6,400.00 | | |
| OOP Maximum if Separate (\$) | | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

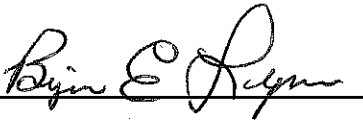
78.1%

Gold

Molina Healthcare of Washington, Inc.
Washington HealthPlanFinder Individual Marketplace Rate Submission

Supplemental Actuarial Memorandum
Effective January 1, 2014

I, Benjamin E. Lynam, am a member of the American Academy of Actuaries. I hereby certify that to the best of my knowledge and judgment, Molina's Individual Marketplace rate filing is in compliance with the applicable federal laws and regulations of the state of Washington. The benefits and services to be provided are reasonable in relation to the amount charged and the expected loss ratio will meet or exceed applicable standards. Molina will comply with all requirements under 45 CFR Subpart E (§156.400 through §156.470) related to Health Insurance Issuer Responsibilities With Respect to Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions.



Benjamin E. Lynam, FSA, MAAA
Associate Vice President -- Rating
Molina Healthcare Inc.



Date

Individual Nongrandfathered Health Plan (Pool) Rate Filing Checklist

I. Market Rule (Plans Required to Be Sold)

A. Inside the Exchange:

1. You must offer at least one qualified health plan (QHP) in the silver coverage level and at least one QHP in the gold coverage level. See 45 CFR §156.200(c).
2. A health benefit plan meeting the definition of a catastrophic plan may only be sold through the Exchange. See RCW 48.43.700 (2).

B. Outside the Exchange:

3. If you offer a bronze plan, you must offer silver and gold plans. See RCW 48.43.700(1).

II. Documentation Required

- 1. Parts I, II, and III of HHS Forms. (Requirements per RCW 48.02.120 (5) and 45 CFR §154.215)
- 2. WAC 284-43-945.
- 3. For HCSCs and HMOs, the requirements under WAC 284-43-930.
- 4. A description of benefit components used for the development of the Metal Plan and its Actuarial Value (AV).
- 5. If HHS AV Calculator is used, a one-page printout in pdf format showing “Calculation Successful.”
- 6. If HHS AV Calculator is not used, provide all required actuarial certification, documentation, and justification under 45 CFR §156.135.
- 7. A description of the additional non-essential health benefits used for pricing and rate development.
- 8. Documentation and justification of all allowable rating factors under 45 CFR §147.102, including the Tobacco Use factor and Geographic Rating Area Factor.
- 9. An illustrative example and rule of how the rating factors are applied. Provide a statement that rates are charged to no more than the three oldest covered children under 21 for a family coverage.
- 10. For each plan, explain in detail and provide justification whether the premium rate for the plan vary from the market wide index rate for the following factors:
 - (a) The actuarial value (AV) and cost-sharing design of the plan.
 - (b) The plan’s provider network and delivery system characteristics, and utilization management practices.
 - (c) Plan benefits in addition to the essential health benefits.
 - (d) Administrative costs, excluding Exchange user fees.
 - (e) With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.
- 11. Provide a separate document for the actuarial value and actuarial certification requirements specifically related to QHPs under 45 CFR Subpart E (§156.400 through §156.470).

Molina's Rate Filing Responses

I. Market Rule (Plans Required to Be Sold)

Molina Healthcare of Washington, Inc. (Molina) will offer products only on the exchange marketplace (Washington HealthPlanFinder). Molina will offer one Gold plan, one Silver plan with the associated cost-sharing reduction variations, and one Bronze plan for the targeted regions in Washington.

Molina will not offer a catastrophic plan.

Molina will not offer products outside the exchange.

II. Documentation Required

1. Parts I, II, and III of HHS Forms. (Requirements per RCW 48.02.120 (5) and 45 CFR §154.215)

The following documents are attached:

Part I Unified Rate Review Template

Part II Written Explanation of the Rate Increase

Part III Rate Filing Documentation and Actuarial Memorandum

Since this is the initial rate filing and there is no rate increase, the responses in Part II Written Explanation of the Rate Increase is not applicable.

2. WAC 284-43-945

Responses relate to WAC 284-43-945 are attached as WAC 284-43-945.

3. For HCSCs and HMOs, the requirements under WAC 284-43-930

Responses relate to WAC 284-43-930 are attached as WAC 284-43-930.

4. A description of benefit components used for the development of the Metal Plan and its Actuarial Value (AV).

Attachment "Molina WA AV PDFs" provides benefit coverage summaries for each Molina Metal Plan. All benefit plans meet ACA essential health benefit (EHB) requirements. Each metal plan's actuarial values were calculated exclusively using HHS's AV Calculator. No outside AV calculator adjustments were made to any of the plan AV metal values. All benefit plans meet the AV metal value requirement under ACA and other regulations under ACA. Below is a summary of the benefit plan actuarial values.

Actuarial Value

| Product | Base | CSR 200-250 | CSR 150-200 | CSR 100-150 |
|---------|-------|-------------|-------------|-------------|
| Gold | 0.781 | NA | NA | NA |
| Silver | 0.688 | 0.739 | 0.877 | 0.942 |
| Bronze | 0.613 | NA | NA | NA |

5. If HHS AV Calculator is used, a one-page printout in pdf format showing “Calculation Successful.”

The following document is attached demonstrating “Calculation Successful” for each benefit plan:
Molina WA AV PDFs

6. If HHS AV Calculator is not used, provide all required actuarial certification, documentation, and justification under 45 CFR §156.135.

Not applicable. Molina used the HHS AV Calculator exclusively.

7. A description of the additional non-essential health benefits used for pricing and rate development.

Molina included non-emergency transportation and elective pregnancy termination benefits as additional covered benefits for the Molina Silver plan and associated cost-sharing reduction variations. The additional benefits are expected to increase premiums 0.7%.

8. Documentation and justification of all allowable rating factors under 45 CFR §147.102, including the Tobacco Use factor and Geographic Rating Area Factor.

Molina will apply the following rating factors in the calculation of member premiums.

- Geographic Rating Area -- Due to differentials in provider reimbursement among the geographic regions of Washington, Molina will apply area factors based on where the primary subscriber resides. Region 1, King County, is indexed to a 1.00 area factor in the rating methodology. All area factors comply with the state regulation that the variance between the lowest and highest area factors cannot exceed 15% and that health status was not considered in the determination of the area factors. The area factors are as follows:

Geographic Rating Area Factors

| Geographic Region | Factor |
|-------------------|--------|
| Region 1 | 1.00 |
| Region 2 | 1.15 |
| Region 3 | NA |
| Region 4 | 1.15 |
| Region 5 | NA |

- Age – Molina will apply age factors in the calculation of member premium to reflect differences in expected claims costs by age. Molina will use the HHS defined age factors that are within a ratio of 3:1 for adults.
- Tobacco Use – Molina will apply a factor of 1.50 to adults age 21 and older to reflect the increased claims costs associated with tobacco use. Molina will not apply a tobacco use factor to members under the age of 21. Molina’s tobacco use factor is within the ratio of 1.5:1.

See Attachment “Rate Schedule”, Exhibit I – Product-Plan Data and Rating Factors for more detail on the rating factors. All Rating factors are in compliance with 45 CFR §147.102 and state regulations.

9. An illustrative example and rule of how the rating factors are applied. Provide a statement that rates are charged to no more than the three oldest covered children under 21 for a family coverage.

An illustrative example and rule depicting the application of the rating factors are provided in the Attachment “Rate Schedule”, Exhibit III – Illustrative Example of Family Premium Rate Build-up. Molina’s rates are charged to no more than the three oldest covered children under 21 for a family coverage.

10. For each plan, explain in detail and provide justification whether the premium rate for the plan vary from the market wide index rate for the following factors:

A summary of factors applied to the market wide index rate to determine the premium rates by plan is given below. In Part III Rate Filing Documentation and Actuarial Memorandum, Molina defines a “reference plan” used in the development of the market level rate as a zero-cost sharing plan which is used as the basis for the actuarial value and induced demand adjustments. More information regarding the plan variances from the index rate are provided in sections (a) through (e) and also available in Part III Rate Filing Documentation and Actuarial Memorandum.

Summary of Index Rate Modifiers

| Product | Actuarial Value | Induced Utilization Adj. | Provider Network | Add'l Benefits | Admin | Cat Adj. | AV Pricing Value |
|---------|-----------------|--------------------------|------------------|----------------|-------|----------|------------------|
| Gold | 0.781 | 0.911 | 1.000 | 1.000 | 1.225 | NA | 0.872 |
| Silver | 0.688 | 0.953 | 1.000 | 1.007 | 1.225 | NA | 0.793 |
| Bronze | 0.613 | 0.844 | 1.000 | 1.000 | 1.225 | NA | 0.633 |

(a) The actuarial value (AV) and cost-sharing design of the plan.

The AV metal values derived from the HHS AV Calculator are applied to the index rate in the calculation of the plan specific premium rates.

Based on the cost-sharing design of the plan, Members will utilize services less frequently when their responsibility of cost-sharing increases. Molina applied an induced utilization factor as a modifier to the index rate to account for utilization differences between products due to cost-sharing. The induced utilization factors are less than 1.00 because the reference plan is a zero-cost sharing plan. Molina calculated the induced utilization factor by estimating the members by metal tier and cost-sharing subsidy. Molina assigned each metal tier and cost-sharing subsidy tier an induced utilization factor. The induced utilization factors were based on factors published by the Centers for Medicare and Medicaid Services (CMS) in HHS Benefits and Payment Parameters for 2014. The utilization adjustment factors are independent of health status and only based on cost-sharing of the plan.

(b) The plan’s provider network and delivery system characteristics, and utilization management practices.

Molina’s plan rates do not vary by provider network and delivery system characteristics.

(c) Plan benefits in addition to the essential health benefits.

Molina included non-emergency transportation and elective pregnancy termination benefits as additional covered benefits for the Molina Silver plan and associated cost-sharing reduction variations. The additional benefits are expected to increase premiums 0.7%.

(d) Administrative costs, excluding Exchange user fees.

Although administrative costs excluding Exchange user fees are applied at the plan level, Molina did not vary the administrative expenses at the plan level. Molina converted all administrative costs, excluding the Washington HealthPlanFinder Fee, to a multiplicative factor and applied the same factor to all plans. The administrative costs, excluding Exchange user fees, are 18.4% of the premium and the converted administrative factor is 1.225.

(e) With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

Not applicable. Molina will not offer a catastrophic plan.

11. Provide a separate document for the actuarial value and actuarial certification requirements specifically related to QHPs under 45 CFR Subpart E (§156.400 through §156.470).

Molina will comply with all requirements under 45 CFR Subpart E (§156.400 through §156.470). A separate document titled, "WA Supplemental Actuarial Certification" provides the actuarial value and actuarial certification requirements related to QHPs under 45 CFR Subpart E (§156.400 through §156.470).

Molina Healthcare of Washington, Inc

Summary of Actuarial Values

| Type | Product | Base | CSR 200-250 | CSR 150-200 | CSR 100-150 |
|--------|---------|-------|-------------|-------------|-------------|
| Molina | Gold | 0.781 | NA | NA | NA |
| Molina | Silver | 0.688 | 0.739 | 0.877 | 0.942 |
| Molina | Bronze | 0.613 | NA | NA | NA |

Molina Marketplace Individual HMO - Washington

| Benchmark Plans | Bronze Plan | | Silver 100-150 FPL | | Silver 150-200 FPL | | Silver 200-250 FPL | | Silver Base Plan +250 FPL | | Gold Plan | |
|---|--|---------------------|------------------------------------|-------------------------------|------------------------------------|-------------------------------|---|-------------------------------|---|-------------------------------|---|---------------------|
| Plan Names | Molina Marketplace Bronze Plan | | Molina Marketplace Silver 100 Plan | | Molina Marketplace Silver 150 Plan | | Molina Marketplace Silver 200 Plan | | Molina Marketplace Silver 250 Plan | | Molina Marketplace Gold Plan | |
| Metal Tiers | Bronze | | Platinum | | Platinum | | Silver | | Silver | | Gold | |
| Target AV | 60% | | 94% | | 87% | | 73% | | 70% | | 80% | |
| AV Modeled | 61.3% | | 94.2% | | 87.7% | | 73.9% | | 68.8% | | 78.1% | |
| Deductible Type | | | | | | | | | | | | |
| Deductible | | | | | | | | | | | | |
| Individual | \$4,000 (Deductible waived for Preventive and first three Office visits) | | \$0 | | \$0 | | \$1,500 (Applies to OP Facility and IP services only) | | \$1,700 (Applies to OP Facility and IP services only) | | \$250 (Applies to OP Facility and IP services only) | |
| Entire Family of 2 or more | \$8,000 (Deductible waived for Preventive and first three Office visits per family) | | \$0 | | \$0 | | \$3,000 (Applies to OP Facility and IP services only per family) | | \$3,400 (Applies to OP Facility and IP services only per family) | | \$500 (Applies to OP Facility and IP services only per family) | |
| Other Deductibles | | | | | | | | | | | | |
| Facility Related Services | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | |
| Prescription Drugs | \$300 (Deductible waived for Generic Drugs) | | \$0 | | \$0 | | \$0 | | \$200 (Applies to non-preferred brand and specialty drugs) | | \$0 | |
| Annual Out of Pocket Maximum | | | | | | | | | | | | |
| Individual | \$6,400 | | \$2,250 | | \$2,250 | | \$5,200 | | \$6,400 | | \$6,400 | |
| Entire Family of 2 or more | \$12,800 | | \$4,500 | | \$4,500 | | \$10,400 | | \$12,800 | | \$12,800 | |
| Emergency Room / Urgent Care Services | | | | | | | | | | | | |
| Emergency Room ¹ | \$300 | Copayment per visit | \$100 | Copayment per visit | \$150 | Copayment per visit | \$250 | Copayment per visit | \$250 | Copayment per visit | \$250 | Copayment per visit |
| Outpatient Professional Services² | | | | | | | | | | | | |
| Office Visits | | | | | | | | | | | | |
| Preventive (Includes prenatal and first postpartum exam) | No Charge | | No Charge | | No Charge | | No Charge | | No Charge | | No Charge | |
| Primary Care | \$45 | Copayment per visit | \$0 | Copayment per visit | \$15 | Copayment per visit | \$30 | Copayment per visit | \$40 | Copayment per visit | \$20 | Copayment per visit |
| Specialty Care | \$75 | Copayment per visit | \$10 | Copayment per visit | \$40 | Copayment per visit | \$60 | Copayment per visit | \$65 | Copayment per visit | \$50 | Copayment per visit |
| Other Practitioner Care | \$75 | Copayment per visit | \$10 | Copayment per visit | \$40 | Copayment per visit | \$60 | Copayment per visit | \$65 | Copayment per visit | \$50 | Copayment per visit |
| Habilitative Services | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Rehabilitative Services | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Mental Health Services | \$75 | Copayment per visit | \$10 | Copayment per visit | \$40 | Copayment per visit | \$60 | Copayment per visit | \$65 | Copayment per visit | \$50 | Copayment per visit |
| Substance Abuse Services | \$75 | Copayment per visit | \$10 | Copayment per visit | \$40 | Copayment per visit | \$60 | Copayment per visit | \$65 | Copayment per visit | \$50 | Copayment per visit |
| Outpatient Hospital / Facility Services | | | | | | | | | | | | |
| Outpatient Surgery and Other Procedures | | | | | | | | | | | | |
| Prof | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Facility | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Specialized Scanning Services | | | | | | | | | | | | |
| CT Scan | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| PET Scan | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| MRI | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Mental Health | | | | | | | | | | | | |
| Outpatient Intensive Psychiatric Treatment Programs | \$75 | Copayment per visit | \$10 | Copayment per visit | \$40 | Copayment per visit | \$60 | Copayment per visit | \$65 | Copayment per visit | \$50 | Copayment per visit |
| Laboratory Tests | | | | | | | | | | | | |
| | \$45 | Copayment | \$0 | Copayment | \$15 | Copayment | \$30 | Copayment | \$40 | Copayment | \$20 | Copayment |
| Radiology Professional Services | | | | | | | | | | | | |
| | \$75 | Copayment | \$10 | Copayment | \$40 | Copayment | \$60 | Copayment | \$65 | Copayment | \$50 | Copayment |
| Inpatient Hospital Services | | | | | | | | | | | | |
| Medical / Surgical | | | | | | | | | | | | |
| Professional | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Facility | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Maternity Care | | | | | | | | | | | | |
| Professional | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Facility | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Mental Health | | | | | | | | | | | | |
| (Inpatient Psychiatric Hospitalization) | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Substance Abuse | | | | | | | | | | | | |
| Inpatient detoxification | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Transitional Residential Recovery Srvs | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Skilled Nursing Facility (limited to 100 days per calendar year) | | | | | | | | | | | | |
| | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Prescription Drug Coverage | | | | | | | | | | | | |
| Formulary Generic Drugs | \$20 | Copayment | \$3 | Copayment | \$5 | Copayment | \$15 | Copayment | \$20 | Copayment | \$20 | Copayment |
| Formulary Preferred Brand Drugs | \$75 | Copayment | \$8 | Copayment | \$20 | Copayment | \$40 | Copayment | \$55 | Copayment | \$50 | Copayment |
| Formulary Non-Preferred Brand Drugs | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Specialty Drugs (Oral & Injectable) | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Ancillary Services | | | | | | | | | | | | |
| Durable Medical Equipment | 30% | Coinsurance | 10% | Coinsurance | 25% | Coinsurance | 30% | Coinsurance | 30% | Coinsurance | 20% | Coinsurance |
| Home Healthcare | \$75 | Copayment | \$10 | Copayment | \$40 | Copayment | \$60 | Copayment | \$65 | Copayment | \$50 | Copayment |
| Emergency Medical Transport (Ambulance) | \$100 | Copayment per trip | \$100 | Copayment per trip | \$150 | Copayment per trip | \$250 | Copayment per trip | \$250 | Copayment per trip | \$250 | Copayment per trip |
| Non-Emergency Medical Transport (Combined limit 4 round trips per month) | Not Covered | | \$5 | Copayment (Per Round Trip) | \$10 | Copayment (Per Round Trip) | \$10 | Copayment (Per Round Trip) | \$10 | Copayment (Per Round Trip) | Not Covered | |

Notes:

- This cost does not apply, if admitted directly to the hospital for inpatient services (refer to Inpatient Hospital Services, for applicable Cost sharing to you)
- General Medical care provided by a Participating Provider