

Exhibit A

HARVARD PILGRIM HEALTH CARE, INC.
 THE HARVARD PILGRIM Individual RATE FILING - MAINE
 EFFECTIVE January 1, 2017
 TABLE 1 - HMO EHB PORTFOLIO

Plan Name	Tier	Exchange	Deductible	OOP Max	Office Visit (PCP/Sp)	ER	Inpatient	Day Surgery	Rx
Maine's Choice Gold HMO	Gold	On/Off	Tier 1: \$750 Tier 2: \$2,000	Tier 1: \$3,500 Tier 2: \$6,450	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	\$250 Copay after Ded	Tier 1: 10% Coin after Ded Tier 2: 40% Coin after Ded	Tier 1: 10% Coin after Ded Tier 2: 40% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Gold HMO 1000	Gold	On/Off	\$ 1,000.00 Tier 1: \$1,700 Tier 2: \$4,750	\$ 5,000.00 Tier 1: \$6,500 Tier 2: \$7,150	\$30/\$70 Copay Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	20% Coin after Ded Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	20% Coin after Ded Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Casco Silver HMO	Silver	On/Off	Tier 1: \$1,700 Tier 2: \$4,750	Tier 1: \$5,150 Tier 2: \$5,700	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Casco Silver HMO - Subsidy	CSR-Silver	On	Tier 1: \$1,700 Tier 2: \$4,750	Tier 1: \$5,150 Tier 2: \$5,700	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Casco Silver HMO - Subsidy	CSR-Gold	On	Tier 1: \$500 Tier 2: \$1,200	Tier 1: \$1,200 Tier 2: \$2,350	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 30% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Casco Silver HMO - Subsidy	CSR-Platinum	On	Tier 1: \$200 Tier 2: \$500	Tier 1: \$500 Tier 2: \$1,000	Tier 1: \$15/\$45 Copay Tier 2: 40% Coin after Ded	\$150 Copay after Ded	Tier 1: 15% Coin after Ded Tier 2: 40% Coin after Ded	Tier 1: 15% Coin after Ded Tier 2: 40% Coin after Ded	\$5/\$20/20%/20%; Med DED applies to Tier 3&4
Maine's Choice Sebago Silver HMO	Silver	On/Off	Tier 1: \$2,500 Tier 2: \$5,400	Tier 1: \$6,700 Tier 2: \$7,150	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Sebago Silver HMO - Subsidy	CSR-Silver	On	Tier 1: \$2,500 Tier 2: \$5,400	Tier 1: \$6,700 Tier 2: \$7,150	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Sebago Silver HMO - Subsidy	CSR-Gold	On	Tier 1: \$600 Tier 2: \$1,200	Tier 1: \$1,200 Tier 2: \$2,350	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Sebago Silver HMO - Subsidy	CSR-Platinum	On	Tier 1: \$250 Tier 2: \$500	Tier 1: \$500 Tier 2: \$1,000	Tier 1: \$20/\$45 Copay Tier 2: 40% Coin after Ded	\$150 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 40% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 40% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Pemaquid Silver HMO	Silver	On/Off	Tier 1: \$4,000 Tier 2: \$6,250	Tier 1: \$6,700 Tier 2: \$7,150	Tier 1: \$30/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Pemaquid Silver HMO - Subsidy	CSR-Silver	On	Tier 1: \$3,500 Tier 2: \$5,000	Tier 1: \$5,000 Tier 2: \$5,700	Tier 1: \$30/\$60 Copay Tier 2: 50% Coin after Ded	\$200 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Pemaquid Silver HMO - Subsidy	CSR-Gold	On	Tier 1: \$1,500 Tier 2: \$2,500	Tier 1: \$1,400 Tier 2: \$2,350	Tier 1: \$30/\$60 Copay Tier 2: 50% Coin after Ded	\$200 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Pemaquid Silver HMO - Subsidy	CSR-Platinum	On	Tier 1: \$250 Tier 2: \$500	Tier 1: \$500 Tier 2: \$1,000	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	\$150 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 40% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 40% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Silver HMO Copayment	Silver	On/Off	\$ 2,000.00	\$ 7,150.00	\$35/\$70 Copay	\$500 Copay after Ded	30% Coin after Ded	\$750 Copay after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Silver HMO Copayment - Subsidy	CSR-Silver	On	\$ 2,000.00	\$ 5,700.00	\$35/\$70 Copay	\$500 Copay after Ded	30% Coin after Ded	\$750 Copay after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Silver HMO Copayment - Subsidy	CSR-Gold	On	\$ 600.00	\$ 2,000.00	\$25/\$50 Copay	\$250 Copay after Ded	20% Coin after Ded	\$250 Copay after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Silver HMO Copayment - Subsidy	CSR-Platinum	On	\$ 300.00	\$ 750.00	\$15/\$30 Copay	\$150 Copay after Ded	10% Coin after Ded	\$250 Copay after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Best Buy HMO HSA 5400	Bronze	On/Off	\$ 5,400.00	\$ 6,550.00	30% Coin after ded	30% Coin after ded	30% Coin after ded	30% Coin after ded	\$15/40%/40%/40% \$15/\$50/30%/30%; Med DED applies to Tiers 2, 3, & 4
Harvard Pilgrim Best Buy HMO 6000	Bronze	On/Off	\$ 6,000.00	\$ 7,150.00	30% Coin after ded	30% Coin after ded	30% Coin after ded	30% Coin after ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Gold HMO with Dental	Gold	Off	Tier 1: \$750 Tier 2: \$2,000	Tier 1: \$3,500 Tier 2: \$6,450	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	Tier 1: \$15/\$50 Copay Tier 2: 40% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Gold HMO 1000 with Dental	Gold	Off	\$ 1,000.00 Tier 1: \$1,700 Tier 2: \$4,750	\$ 5,000.00 Tier 1: \$6,500 Tier 2: \$7,150	\$30/\$70 Copay Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$30/\$70 Copay Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$30/\$70 Copay Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$30/\$70 Copay Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Casco Silver HMO with Dental	Silver	Off	Tier 1: \$1,700 Tier 2: \$4,750	Tier 1: \$5,150 Tier 2: \$5,700	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Sebago Silver HMO with Dental	Silver	Off	Tier 1: \$2,500 Tier 2: \$5,400	Tier 1: \$6,700 Tier 2: \$7,150	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	Tier 1: \$25/\$60 Copay Tier 2: 50% Coin after Ded	\$10/\$50/30%/30%; Med DED applies to Tier 3&4
Maine's Choice Pemaquid Silver HMO with Dental	Silver	Off	Tier 1: \$4,000 Tier 2: \$6,250	Tier 1: \$6,700 Tier 2: \$7,150	Tier 1: \$30/\$60 Copay Tier 2: 50% Coin after Ded	\$250 Copay after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	Tier 1: 20% Coin after Ded Tier 2: 50% Coin after Ded	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Silver HMO Copayment with Dental	Silver	Off	\$ 2,000.00	\$ 7,150.00	\$35/\$70 Copay	\$35/\$70 Copay	\$35/\$70 Copay	\$35/\$70 Copay	\$15/\$50/30%/30%; Med DED applies to Tier 3&4
Harvard Pilgrim Best Buy HMO HSA 5400 with Dental	Bronze	Off	\$ 5,400.00	\$ 6,550.00	30% Coin after ded	30% Coin after ded	30% Coin after ded	30% Coin after ded	\$15/40%/40%/40% \$15/\$50/30%/30%; Med DED applies to Tiers 2, 3, & 4
Harvard Pilgrim Best Buy HMO 6000 with Dental	Bronze	Off	\$ 6,000.00	\$ 7,150.00	30% Coin after ded	30% Coin after Ded	30% Coin after ded	30% Coin after ded	\$10/\$50/30%/30%; Med DED applies to Tiers 2, 3, & 4

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM INDIVIDUAL RATE FILING - MAINE
EFFECTIVE January 1, 2017

TABLE 2 - Age, Area and Tobacco Use Rating Factors

Age Factor

MEMBER AGE	FACTOR
0-20	0.635
21	1
22	1
23	1
24	1
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.23
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.5
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.04
54	2.135
55	2.23
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.81
62	2.873
63	2.952
64 and older	3

Area Factor

COUNTY	RATING AREA	FACTOR
Cumberland	1	0.945
Sagadahoc	1	0.945
York	1	0.945
Kennebec	2	1.02
Knox	2	1.02
Lincoln	2	1.02
Oxford	2	1.02
Androscoggin	3	1.07
Franklin	3	1.07
Penobscot	3	1.07
Piscataquis	3	1.07
Somerset	3	1.07
Waldo	3	1.07
Aroostook	4	1.35
Hancock	4	1.35
Washington	4	1.35

Tobacco Use Rating Factor

Tobacco Use	1.207
Non-Tobacco Use	1

Note that tobacco factor is applied to members aged 21 and older.

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM NON-GROUP RATE FILING - MAINE
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Table 3 Development of Area Factors

Area	Membership	2016 Area Factors	2017 Area Factors
1	48%	0.950	0.945
2	17%	1.035	1.020
3	30%	1.055	1.070
4	5%	1.350	1.350
Wtd Avg		1.016	1.015

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM NON-GROUP RATE FILING - MAINE
EFFECTIVE January 1, 2017
Table 4 Non-Benefit Expenses and Contribution to Surplus

Administrative Expense	Applied As a PMPM Cost	Applied as a % of Premium	Expressed as a % of Premium
General Expense	\$ 56.97		
Selling Expense	\$ 4.80		
Quality Improvement	\$ 3.94		
Total Administrative Expenses	\$ 65.72		14.08%
Contribution to Surplus		1.00%	1.00%
Taxes, Fees, Mandates			
Exchange Fee		3.11%	
ACA Insurer Fee		0.00%	
State PPO Premium Tax		0.00%	
ME Vaccine Assessment	\$ 1.15		
Pediatric Immunization Surcharge Payment	\$ 0.05		
PCORI	\$ 0.14		
3R Risk Adj	\$ 0.13		
Total Taxes, Fees, Mandates	\$ 1.47	3.11%	3.43%
Total Administrative cost	\$ 67.19	4.11%	18.50%

HARVARD PILGRIM HEALTH CARE, INC.
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Table 5 Paid to Allowed Ratio

Plan ID (Standard Component ID):	HIOS Plan Name	Projected	Paid to Allowed
		Member Months	Factor
96667ME0240009	Harvard Pilgrim Gold HMO 1000	808	0.975
96667ME0240010	Harvard Pilgrim Gold HMO 1000	3231	0.975
96667ME0240013	Harvard Pilgrim Silver HMO	2592	0.737
96667ME0240014	Harvard Pilgrim Silver HMO	10368	0.737
96667ME0240015	Best Buy HSA HMO 5400	3240	0.535
96667ME0240016	Best Buy HSA HMO 5400	12960	0.535
96667ME0240011	Harvard Pilgrim Bronze HMO 6000	5346	0.524
96667ME0240012	Harvard Pilgrim Bronze HMO 6000	21384	0.524
96667ME0260009	Maine's ChoiceSM Gold HMO	1620	0.838
96667ME0260010	Maine's ChoiceSM Gold HMO	6480	0.838
96667ME0260011	Maine's ChoiceSM Casco Silver HMO	1620	0.67
96667ME0260012	Maine's ChoiceSM Casco Silver HMO	6480	0.67
96667ME0260013	Maine's ChoiceSM Sebago Silver HMO	2592	0.648
96667ME0260014	Maine's ChoiceSM Sebago Silver HMO	10368	0.648
96667ME0260015	Maine's ChoiceSM Pemaquid Silver HMO	13610	0.612
96667ME0260016	Maine's ChoiceSM Pemaquid Silver HMO	54441	0.612
Paid to Allowed Average Factor in Projection Period			0.626

HARVARD PILGRIM HEALTH CARE, INC.
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TABLE 6 - Rate Development Calculation by Component

	SG Experience	Individual Experience
Total Normalized Base Claims	\$ 252.60	\$ 393.00
Rx Benefit Changes	0.974	0.992
Trend (Cost/Util)	1.200	1.200
Individual Increased Morbidity Over Small Group	1.134	1.000
Induced Utilization (via subsidized premiums)	1.027	1.000
HMO/PPO Load	0.984	1.000
Age Differential Over Small Group	1.088	1.000
Area Differential Over Small Group	0.979	1.000
Tobacco Normalization Factor	0.989	1.000
Projected Base Claims	\$ 356.42	\$ 467.60
Final Projected Base Claims	\$ 365.32	
Capitation Benefits	\$ 13.41	
Mandates & Other Claims Items	\$ 1.74	
Projected Base Claims plus other claims items	\$ 380.46	
HCQ Expense	\$ 3.94	
Assessments	\$ 1.47	
Risk Adjustment PMPM	\$ -	
Taxes and Fees	\$ 14.52	
Administrative Expense and Contribution to Surplus	\$ 66.44	
Final Required Premium	\$ 466.84	
Index Rate calculation		
Projected Base Claims + Other claims items	\$ 380.46	
Paid to allowed ratio	0.626	
Allowed claims PMPM	\$ 607.77	
EHB adjustment	0.9989	
Index Rate PMPM	\$ 607.11	

HARVARD PILGRIM HEALTH CARE, INC.
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TABLE 7 - History of Average Rate Changes

Year	Average Increase
CY 2015	2.2%
CY 2016	-6.4%
CY 2017	21.1%

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM INDIVIDUAL RATE FILING - MAINE
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TABLE 8 - Breakdown of Mandates and Other Claims Items

Item	PMPM	
HPHC Fitness Benefit	\$	0.66
Commercial Reinsurance	\$	0.26
Acupuncture Benefits	\$	0.18
Maine Autism Mandate	\$	0.64
Total	\$	1.74

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM INDIVIDUAL RATE FILING - MAINE
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TABLE 9 - Breakdown of Mandates and Other Claims Items

Item	PMPM
Fraud/Abuse Detection Recovery Expenses	\$ 1.31
Health Care Quality Expenses	\$ 2.64
Total	\$ 3.94

HARVARD PILGRIM HEALTH CARE, INC.
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Table 10 Market Adjusted Index Rate and Plan Adjusted Index Rate

Plan ID (Standard)	HIOS Plan Name	(1) Average Index Rate	(2) Risk Adj, Reins, Exch user fees	(3)=(1)/(2) Market Adjusted Index Rate	(4) AV and cost sharing	(5) Induced Utilization	(6) Benefits In Addition to EHBs	(7) Tobacco Surcharge Adjustment	(8) Taxes, Administrati ve costs and Profit	(9)= (3)x(4)x(5)x(6)x (7)x(8)	(10) Calibratio n Factor	(11)=(9)x(10) Consumer Adjusted Premium	Dental?
										Plan Adjusted index rate			
96667ME0240009	Harvard Pilgrim Gold HMO 1000	\$ 607.11	0.969	\$626.77	0.982	1.027	1.001	0.989	1.151	\$720.85	1.578	\$456.81	Yes
96667ME0240010	Harvard Pilgrim Gold HMO 1000	\$ 607.11	0.969	\$626.77	0.979	1.027	1.001	0.989	1.151	\$718.26	1.578	\$455.17	No
96667ME0240013	Harvard Pilgrim Silver HMO	\$ 607.11	0.969	\$626.77	0.743	1.027	1.001	0.989	1.151	\$545.52	1.578	\$345.70	Yes
96667ME0240014	Harvard Pilgrim Silver HMO	\$ 607.11	0.969	\$626.77	0.740	1.027	1.001	0.989	1.151	\$542.93	1.578	\$344.06	No
96667ME0240015	Best Buy HSA HMO 5400	\$ 607.11	0.969	\$626.77	0.541	1.027	1.001	0.989	1.151	\$396.71	1.578	\$251.40	Yes
96667ME0240016	Best Buy HSA HMO 5400	\$ 607.11	0.969	\$626.77	0.537	1.027	1.001	0.989	1.151	\$394.12	1.578	\$249.76	No
96667ME0240011	Harvard Pilgrim Bronze HMO 6000	\$ 607.11	0.969	\$626.77	0.530	1.027	1.001	0.989	1.151	\$388.61	1.578	\$246.27	Yes
96667ME0240012	Harvard Pilgrim Bronze HMO 6000	\$ 607.11	0.969	\$626.77	0.526	1.027	1.001	0.989	1.151	\$386.02	1.578	\$244.62	No
96667ME0260009	Maine's ChoiceSM Gold HMO	\$ 607.11	0.969	\$626.77	0.845	1.027	1.001	0.989	1.151	\$619.93	1.578	\$392.85	Yes
96667ME0260010	Maine's ChoiceSM Gold HMO	\$ 607.11	0.969	\$626.77	0.841	1.027	1.001	0.989	1.151	\$617.33	1.578	\$391.21	No
96667ME0260011	Maine's ChoiceSM Casco Silver HMO	\$ 607.11	0.969	\$626.77	0.676	1.027	1.001	0.989	1.151	\$496.17	1.578	\$314.42	Yes
96667ME0260012	Maine's ChoiceSM Casco Silver HMO	\$ 607.11	0.969	\$626.77	0.673	1.027	1.001	0.989	1.151	\$493.57	1.578	\$312.78	No
96667ME0260013	Maine's ChoiceSM Sebago Silver HMO	\$ 607.11	0.969	\$626.77	0.654	1.027	1.001	0.989	1.151	\$479.96	1.578	\$304.15	Yes
96667ME0260014	Maine's ChoiceSM Sebago Silver HMO	\$ 607.11	0.969	\$626.77	0.651	1.027	1.001	0.989	1.151	\$477.37	1.578	\$302.51	No
96667ME0260015	Maine's ChoiceSM Pemaquid Silver HMO	\$ 607.11	0.969	\$626.77	0.618	1.027	1.001	0.989	1.151	\$453.44	1.578	\$287.35	Yes
96667ME0260016	Maine's ChoiceSM Pemaquid Silver HMO	\$ 607.11	0.969	\$626.77	0.614	1.027	1.001	0.989	1.151	\$450.85	1.578	\$285.70	No

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Table 11 Federal MLR Calculation

Claims including with HCQ	\$	384.41
<hr/>		
Numerator for Federal MLR	\$	384.41
Premium	\$	466.84
Premium Tax		0.00%
Reinsurance Contributions	\$	-
Other Assessments	\$	15.99
<hr/>		
Denominator for Federal MLR	\$	450.85
Risk adjustment		1.00
Federal MLR:		85.3%

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Table 12 Trend and Trend Calculation Updated 6/22/16

Trend in 2017 Rates

Category	Cost	Utilization	Trend		Approx*
			Allowed	Net	Weight PMPM
Inpatient Hospital	1.036	1.004	1.040	1.049	21.5%
Outpatient Hospital	1.031	1.064	1.097	1.106	20.5%
Professional	1.031	1.064	1.097	1.106	20.5%
Other Medical	1.031	1.064	1.097	1.106	20.5%
Capitation	1.000	1.000	1.000	1.008	0.0%
Prescription Drug	1.068	1.036	1.106	1.115	17.0%
Total			1.086	1.095	100.0%

Trend Calculation

Net Trend	1.095	(1)
Trend Months	24	(2)
Trend (Cost/Util)	1.200	(3)=(1)^((2)/12)

Trend used in 2016 Rates

Category	Cost	Utilization	Trend	
			Allowed	Net
Inpatient Hospital	1.036	0.981	1.016	1.018
Outpatient Hospital	1.031	1.052	1.084	1.095
Professional	1.031	1.052	1.084	1.095
Other Medical	1.031	1.052	1.084	1.095
Capitation	1.000	1.000	1.000	1.000
Prescription Drug	1.067	1.066	1.137	1.154
Total			1.074	1.085

HARVARD PILGRIM HEALTH CARE, INC.
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Table 13 Experienced Data

	Earned Premium Incurred Claims		MLR
January 1 2016 to March 31 2016	\$ 9,182,908	\$ 7,621,124	83.0%
January 1 2015 to December 31 2015	\$ 4,986,035	\$ 5,608,426	79.2%
January 1 2014 to December 31 2014	\$ 477,059	\$ 397,120	87.9%

Note: Risk adjustment and reinsurance have been updated for 2015. Risk adjustment and reinsurance are not reflected in 2016

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Table 14 MINOR MODIFICATIONS COMPLIANCE

Modifications made to Harvard Pilgrim Gold HMO 1000

Category	Specific Benefit Changes	Range of Impact	5% Rule
Out-of-Pocket Max	Out-of-Pocket Maximum changed from \$4,300 to \$5,000	-0.3%	
Office Visits	Specialist Copay changed from \$75 to \$70	0.2%	
	Overall Benefit Decrease Impact	-0.3%	✓
	Overall Benefit Increase Impact	0.2%	✓
	Overall Change	-0.2%	✓

Modifications made to Harvard Pilgrim Silver HMO

Category	Specific Benefit Changes	Range of Impact	5% Rule
Out-of-Pocket Max	Out-of-Pocket Maximum changed from \$6,850 to \$7,150	-0.2%	
Office Visits	Specialist Copay changed from \$100 to \$70	1.4%	
	Overall Benefit Decrease Impact	-0.2%	✓
	Overall Benefit Increase Impact	1.4%	✓
	Overall Change	1.2%	✓

Modifications made to Maine's ChoiceSM Casco Silver HMO

Category	Specific Benefit Changes	Range of Impact	5% Rule
Deductible	Deductible changed from T1:\$1,500 to \$1,700, T2 \$4,000 to \$4,750	-1.6%	
Out-of-Pocket Max	Out-of-Pocket Maximum changed from T1: \$5,900 to \$6,500, T2: \$6,850 to \$7,150	-0.2%	
	Overall Benefit Decrease Impact	-1.8%	✓
	Overall Benefit Increase Impact	0.0%	✓
	Overall Change	-1.8%	✓

Modifications made to Maine's ChoiceSM Sebago Silver HMO

Category	Specific Benefit Changes	Range of Impact	5% Rule
Deductible	Deductible changed from T2 \$5,000 to \$5,400	-0.4%	
Out-of-Pocket Max	Out-of-Pocket Maximum changed from T1: \$6,000 to \$6,700, T2: \$6,850 to \$7,150	-0.4%	
	Overall Benefit Decrease Impact	-0.8%	✓
	Overall Benefit Increase Impact	0.0%	✓
	Overall Change	-0.8%	✓

Modifications made to Maine's ChoiceSM Pemaquid Silver HMO

Category	Specific Benefit Changes	Range of Impact	5% Rule
Out-of-Pocket Max	Out-of-Pocket Maximum changed from T1: \$6,000 to \$6,700, T2: \$6,850 to \$7,150	-0.5%	
Prescription Drug	Generic tier changed from \$15 to \$10	1.4%	
	Overall Benefit Decrease Impact	-0.5%	✓
	Overall Benefit Increase Impact	1.4%	✓
	Overall Change	0.9%	✓

Modifications made to Best Buy HSA HMO 5400

Category	Specific Benefit Changes	Range of Impact	5% Rule
Deductible	Deductible changed from \$5,000 to \$5,400	-1.7%	
Out-of-Pocket Max	Out-of-Pocket Maximum changed from \$6,450 to \$6,550	-0.2%	
Coinsurance	Coinsurance changed from 20% to 30%	-2.2%	
	Overall Benefit Decrease Impact	-4.9%	✓
	Overall Benefit Increase Impact	0.0%	✓
	Overall Change	-4.9%	✓

Modifications made to Harvard Pilgrim Bronze HMO 6000

Category	Specific Benefit Changes	Range of Impact	5% Rule
Out-of-Pocket Max	Out-of-Pocket Maximum changed from \$6,850 to \$7,150	-0.5%	
	Overall Benefit Decrease Impact	-0.5%	✓
	Overall Benefit Increase Impact	0.0%	✓
	Overall Change	-0.5%	✓

HARVARD PILGRIM HEALTH CARE, INC.
THE HARVARD PILGRIM Individual RATE FILING - MAINE
EFFECTIVE January 1, 2017
Table 15 Morbidity Factor

	Average Claims PMPM	Ratio to All groups
Groups of 1	\$426.40	1.124
Groups of 1-2	\$432.57	1.140
All groups	\$379.29	

Morbidity factor	1.134
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Average claims PMPM is a 60/40 blend of the normalized claims for 2015 and 2014