Unified Rate Review v3.3

Company Legal Name:	**Harvard Pilgrim Health Care**	State:	**ME**
HIOS Issuer ID:	**96667**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2017**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$5,296,907	$493.47	100.00%
Incurred Claims in Experience Period	$5,846,043	544.63	110.37%
Allowed Claims:	$6,837,761	637.02	129.09%
Index Rate of Experience Period		$635.81	
Experience Period Member Months	10,734		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**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	251.54	$6,172.52	$129.38	1.000	1.030	1.036	1.004	253.46	$6,820.09	$144.05	158.14	$7,278.10	$95.92
Outpatient Hospital	Services	1,890.44	1,411.45	222.36	1.000	1.030	1.031	1.064	2,141.59	1,544.88	275.71	1913.96	1,231.26	196.38
Professional	Services	8,673.00	191.58	138.47	1.000	1.030	1.031	1.064	9,825.21	209.69	171.69	8915.99	208.35	154.80
Other Medical	Services	373.39	709.24	22.07	1.000	1.030	1.031	1.064	423.00	776.29	27.36	395.46	792.86	26.13
Capitation	Benefit Period	12,000.00	18.31	18.31	1.000	1.000	1.000	1.000	12,000.00	18.31	18.31	12000.00	18.31	18.31
Prescription Drug	Services	13,106.76	97.44	106.43	1.000	1.030	1.068	1.036	14,060.47	114.33	133.97	14492.31	84.48	102.02
Total				$637.02							$771.09			$593.56

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	8.00%	92.00%	$607.76	$95,504,158
Paid to Allowed Average Factor in Projection Period			0.626	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$380.46	$59,785,603
Projected Risk Adjustments PMPM			-0.13	(20,428)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$380.59	$59,806,031
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$380.59	$59,806,031
Administrative Expense Load		14.08%	65.71	10,326,404
Profit & Risk Load		1.00%	4.67	733,583
Taxes & Fees		3.40%	15.86	2,492,264
Single Risk Pool Gross Premium Avg. Rate, PMPM			$466.83	$73,358,282
Index Rate for Projection Period			$ 607.11	
% increase over Experience Period			-5.40%	
% Increase, annualized:			-2.74%	
Projected Member Months				157,140

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Exhibit D

Product-Plan Data Collection

Company Legal Name:	**Harvard Pilgrim Health Care**	State:	**ME**
HIOS Issuer ID:	**96667**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2017**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	HPHC HMO								HPHC Maine's Choice								Terminated	
Product ID:	96667ME024								96667ME026								96667ME021	
Metal	Gold	Gold	Bronze	Bronze	Silver	Silver	Bronze	Bronze	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.789	0.789	0.615	0.615	0.707	0.707	0.618	0.618	0.804	0.804	0.719	0.719	0.712	0.712	0.688	0.688	0.715	0.715
AV Pricing Value	0.975	0.975	0.524	0.524	0.737	0.737	0.535	0.535	0.838	0.838	0.670	0.670	0.648	0.648	0.612	0.612	0.816	0.822
Plan Category	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Terminated HMO	Terminated HMO
Plan Type:									Maine's ChoiceSM Gold HMO	Maine's ChoiceSM Gold HMO	Maine's ChoiceSM Casco Silver HMO	Maine's ChoiceSM Casco Silver HMO	Maine's ChoiceSM Sebago Silver HMO	Maine's ChoiceSM Sebago Silver HMO	ChoiceSM Pemaquid Silver HMO	ChoiceSM Pemaquid Silver HMO	Harvard Pilgrim Silver HMO Coinsurance Plan	Harvard Pilgrim Silver HMO Coinsurance Plan
Plan Name	Gold HMO 1000	Gold HMO 1000	Bronze HMO 6000	Bronze HMO 6000	Silver HMO	Silver HMO	Best Buy HSA HMO 5400	Best Buy HSA HMO 5400										
Plan ID (Standard Component ID):	96667ME0240009	96667ME0240010	96667ME0240011	96667ME0240012	96667ME0240013	96667ME0240014	96667ME0240015	96667ME0240016	96667ME0260009	96667ME0260010	96667ME0260011	96667ME0260012	96667ME0260013	96667ME0260014	96667ME0260015	96667ME0260016	96667ME0210001	96667ME0210002
Exchange Plan?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No
Historical Rate Increase - Calendar Year - 2	0.00%								0.00%								0.00%	
Historical Rate Increase - Calendar Year - 1	-1.82%								0.00%								0.00%	
Historical Rate Increase - Calendar Year 0	-6.40%								0.00%								0.00%	
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2015	1/1/2015
Rate Change % (over prior filing)	21.76%	21.76%	21.45%	21.45%	22.06%	22.06%	18.26%	18.26%	21.39%	21.39%	19.09%	19.09%	20.91%	20.91%	21.60%	21.60%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	21.76%	21.76%	21.45%	21.45%	22.06%	22.06%	18.26%	18.26%	21.39%	21.39%	19.09%	19.09%	20.91%	20.91%	21.60%	21.60%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	4.97%	5.16%	#DIV/0!	#DIV/0!	-5.26%	-5.10%	-8.37%	-8.18%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%	-100.00%
Product Rate Increase %	#DIV/0!								#DIV/0!								0.00%	

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

Plan ID (Standard Component ID):	Total	96667ME0240009	96667ME0240010	96667ME0240011	96667ME0240012	96667ME0240013	96667ME0240014	96667ME0240015	96667ME0240016	96667ME0260009	96667ME0260010	96667ME0260011	96667ME0260012	96667ME0260013	96667ME0260014	96667ME0260015	96667ME0260016	96667ME0210001	96667ME0210002
Inpatient	$15.72	$27.26	$27.16	$14.52	$14.43	$20.87	$20.77	$12.96	$12.88	$23.12	$23.02	$16.83	$16.74	$17.56	$17.47	$17.05	$16.95	$0.00	$0.00
Outpatient	$31.88	$55.30	$55.10	$29.46	$29.26	$42.32	$42.12	$26.29	$26.12	$46.90	$46.70	$34.14	$33.96	$35.63	$35.43	$34.58	$34.38	$0.00	$0.00
Professional	$16.66	$28.91	$28.80	$15.40	$15.30	$22.13	$22.02	$13.74	$13.65	$24.51	$24.41	$17.84	$17.75	$18.62	$18.52	$18.08	$17.97	$0.00	$0.00
Prescription Drug	$15.76	$27.33	$27.23	$14.56	$14.46	$20.92	$20.82	$12.99	$12.91	$23.18	$23.08	$16.87	$16.78	$17.61	$17.51	$17.09	$16.99	$0.00	$0.00
Other	$2.58	$4.48	$4.46	$2.39	$2.37	$3.43	$3.41	$2.13	$2.12	$3.80	$3.78	$2.77	$2.75	$2.89	$2.87	$2.80	$2.79	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	-$4.94	-$8.57	-$8.54	-$4.57	-$4.54	-$6.56	-$6.53	-$4.08	-$4.05	-$7.27	-$7.24	-$5.29	-$5.27	-$5.52	-$5.49	-$5.36	-$5.33	$0.00	$0.00
Taxes & Fees	-$3.39	-$5.88	-$5.86	-$3.13	-$3.11	-$4.50	-$4.48	-$2.80	-$2.78	-$4.99	-$4.97	-$3.63	-$3.61	-$3.79	-$3.77	-$3.68	-$3.66	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$74.26	$128.82	$128.35	$68.63	$68.17	$98.60	$98.13	$61.25	$60.85	$109.25	$108.79	$79.52	$79.11	$82.99	$82.54	$80.56	$80.10	$0.00	$0.00
Member Cost Share Increase	$3.25	$ -	$ -	$ 1.66	$ 1.65	$ (4.97)	$ (4.94)	$ 11.18	$ 11.11	$ -	$ -	$ 8.01	$ 7.97	$ 1.56	$ 1.55	$ (2.34)	$ (2.33)	$0.00	$0.00

Average Current Rate PMPM	$0.00																		
Projected Member Months	157,140	808	3,231	5,346	21,384	2,592	10,368	3,240	12,960	1,620	6,480	1,620	6,480	2,592	10,368	13,610	54,441		

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	96667ME0240009	96667ME0240010	96667ME0240011	96667ME0240012	96667ME0240013	96667ME0240014	96667ME0240015	96667ME0240016	96667ME0260009	96667ME0260010	96667ME0260011	96667ME0260012	96667ME0260013	96667ME0260014	96667ME0260015	96667ME0260016	96667ME0210001	96667ME0210002
OK	$ 493.47		Plan Adjusted Index Rate	$525.22	$686.71	$683.00	$0.00	$0.00	$575.81	$572.10	$432.96	$429.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$557.63	$561.34
OK	10,734		Member Months	10,749	299	1,197	0	0	662	2,649	922	3,688	0	0	0	0	0	0	0	0	1,066	266
WARNING	$5,296,907	Premium Information	Total Premium (TP)	$5,645,570	$205,326	$817,551	$0	$0	$381,186	$1,515,493	$399,189	$1,583,074	$0	$0	$0	$0	$0	$0	$0	$0	$594,434	$149,316
			EHB Percent of TP, [see instructions]	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%
OK	$6,837,761	Claims Information	Total Allowed Claims (TAC)	$6,682,587	$185,886	$744,167	$0	$0	$411,561	$1,646,867	$573,202	$2,292,807	$0	$0	$0	$0	$0	$0	$0	$0	$662,477	$165,619
			EHB Percent of TAC, [see instructions]	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%
			Allowed Claims which are not the issuer's obligation:	$1,029,671	$28,642	$114,663	$0	$0	$63,415	$253,754	$88,320	$353,282	$0	$0	$0	$0	$0	$0	$0	$0	$102,076	$25,519
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	$312,996		$544	$0	$0		$185,770	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$126,682	
			Portion of above payable by HHS on behalf of insured person, as %	30.40%	0.00%	0.47%	#DIV/0!	#DIV/0!	0.00%	73.21%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	124.10%	0.00%
OK	$5,846,043		Total Incurred claims, payable with issuer funds	$5,652,915	$157,245	$629,504	$0	$0	$348,147	$1,393,113	$484,881	$1,939,525	$0	$0	$0	$0	$0	$0	$0	$0	$560,401	$140,100
			Net Amt of Rein	$688,394.86	$19,148.76	$76,659.10	$0.00	$0.00	$42,396.26	$169,649.08	$59,047.36	$236,189.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$68,269.51	$17,035.36
			Net Amt of Risk Adj	$1,177,105.98	$37,374.40	$149,622.58	$0.00	$0.00	$82,748.66	$331,119.65	$115,248.14	$460,992.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		
OK	$ 544.63		Incurred Claims PMPM	$525.90	$525.90	$525.90	#DIV/0!	#DIV/0!	$525.90	$525.90	$525.90	$525.90	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$525.70	$526.69
OK	$ 637.02		Allowed Claims PMPM	$621.69	$621.69	$621.69	#DIV/0!	#DIV/0!	$621.69	$621.69	$621.69	$621.69	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$621.46	$622.63
			EHB portion of Allowed Claims, PMPM	$621.02	$621.02	$621.02	#DIV/0!	#DIV/0!	$621.02	$621.02	$621.02	$621.02	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$620.79	$621.95

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	96667ME0240009	96667ME0240010	96667ME0240011	96667ME0240012	96667ME0240013	96667ME0240014	96667ME0240015	96667ME0240016	96667ME0260009	96667ME0260010	96667ME0260011	96667ME0260012	96667ME0260013	96667ME0260014	96667ME0260015	96667ME0260016	96667ME0210001	96667ME0210002
OK	$ 466.83		Plan Adjusted Index Rate	$461.93	$720.85	$718.26	$388.61	$386.02	$545.52	$542.93	$396.71	$394.12	$619.93	$617.33	$496.17	$493.57	$479.96	$477.37	$453.44	$450.85		
OK	157,140		Member Months	157,140	808	3,231	5,346	21,384	2,592	10,368	3,240	12,960	1,620	6,480	1,620	6,480	2,592	10,368	13,610	54,441	-	-
OK	$73,358,282	Premium Information	Total Premium (TP)	$72,587,494	$582,449	$2,320,696	$2,077,517	$8,254,615	$1,413,997	$5,629,102	$1,285,357	$5,107,818	$1,004,283	$4,000,328	$803,789	$3,198,353	$1,244,055	$4,949,332	$6,171,306	$24,544,497	$0	$0
			EHB Percent of TP, [see instructions]	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%		
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	100.00%	100.00%
OK	95,504,158	Claims Information	Total Allowed Claims (TAC)	$95,846,173	$769,079	$3,064,299	$2,743,201	$10,899,582	$1,867,074	$7,432,793	$1,697,214	$6,744,478	$1,326,078	$5,282,124	$1,061,342	$4,223,178	$1,642,678	$6,535,211	$8,148,732	$32,409,110	$0	$0
			EHB Percent of TAC, [see instructions]	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%	99.89%		
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
			Other benefits portion of TAC	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	100.00%	100.00%
			Allowed Claims which are not the issuer's obligation:	$34,761,265	$19,227	$92,070	$1,305,764	$5,188,201	$491,040	$2,310,096	$789,204	$3,136,182	$214,825	$855,704	$350,243	$1,393,649	$578,223	$2,300,394	$3,161,708	$12,574,735		
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	$2,273,452	0	$15,463	0		0	$355,271	0		0		0	$69,479	0	$138,500	0	$1,694,740		
			Portion of above payable by HHS on behalf of insured person, as %	6.54%	0.00%	16.79%	0.00%	#VALUE!	0.00%	15.38%	0.00%	#VALUE!	0.00%	#VALUE!	0.00%	4.99%	0.00%	6.02%	0.00%	13.48%	#DIV/0!	#DIV/0!
OK	59,806,031		Total Incurred claims, payable with issuer funds	$61,084,908	$749,852	$2,972,229	$1,437,437	$5,711,381	$1,376,033	$5,122,698	$908,009	$3,608,296	$1,111,254	$4,426,420	$711,099	$2,829,529	$1,064,455	$4,234,816	$4,987,024	$19,834,375	$0	$0
#DIV/0!	-		Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		
			Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		
OK	$ 380.59		Incurred Claims PMPM	$388.73	$928.03	$919.91	$268.88	$267.09	$530.88	$494.09	$280.25	$278.42	$685.96	$683.09	$438.95	$436.66	$410.67	$408.45	$366.42	$364.33	#DIV/0!	#DIV/0!
OK	$ 607.76		Allowed Claims PMPM	$609.94	$951.83	$948.41	$513.13	$509.71	$720.32	$716.90	$523.83	$520.41	$818.57	$815.14	$655.15	$651.73	$633.75	$630.33	$598.73	$595.31	#DIV/0!	#DIV/0!
			EHB portion of Allowed Claims, PMPM	$609.28	$950.80	$947.38	$512.58	$509.15	$719.54	$716.12	$523.26	$519.84	$817.68	$814.26	$654.44	$651.02	$633.06	$629.64	$598.08	$594.66	#DIV/0!	#DIV/0!