

Part II Rate Increase Justification

Montana Health CO-OP
Preliminary Rate Increase Justification for 2018
Individual Market

Scope and Range of Rate Increase

Montana Health CO-OP (MHC) has 20,127 insureds enrolled who will be affected by 2018 Individual Market rate changes if they continue their coverage. Before federal subsidies, the average change in premium for these individuals will be 12%. The requested rate change varies by product with the smallest average change of -9% for Access Care Gold and the largest average change of 25% for Connected Care Silver.

Financial Experience of Product

The Individual market financial experience for calendar year 2016 was as follows:

• Premiums Earned before Risk Adjustment:	\$71.2 million
• Incurred Claims after CSR:	\$65.7 million
• Member Months:	167,117

The rate increases will increase premiums to levels that are expected to be adequate to cover incurred claims and expenses.

Changes in Medical Service Costs

Medical service costs are constantly changing. MHC is assuming an overall allowed cost trend of 8%. This number has been calculated based on proprietary Milliman data and research and is broken out into the various contributing components of inflation and utilization. Inflation represents a direct increase in the cost of particular services due to any number of causes. The utilization represents an increase in the use of services and is independent of change in utilization for changes in the risk pool or plan designs.

Changes in Benefits

Benefits offered have not changed significantly from the prior year, with the exception of having the assumed benefits of silver plans increase due to CSR not being funded in 2018.

Administrative Cost and Anticipated Margins

The 2018 rates are made up of the following components, which are similar to the prior year:

• Claims:	81.1%
• Risk Adjuster Paid:	3.5%
• Administrative Costs:	8.2%
• Federal Taxes and Fees:	3.8%
• Commissions:	0.4%
• Surplus, Profit, and Risk Margin:	3.0%