

State: California **Filing Company:** Health Net Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IFP EPO and PPO Rates eff 1/2017
Project Name/Number: /

Filing at a Glance

Company: Health Net Life Insurance Company
Product Name: IFP EPO and PPO Rates eff 1/2017
State: California
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 05/02/2016
SERFF Tr Num: HNLI-130544448
SERFF Status: Assigned
State Tr Num: HAO-2016-0086
State Status:
Co Tr Num: 1/2017 IFP EPO AND PPO - RATES

Implementation: 01/01/2017
Date Requested:
Author(s): Jennifer Smith, Jennifer Craven
Reviewer(s): Maria Reyes (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: California **Filing Company:** Health Net Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IFP EPO and PPO Rates eff 1/2017
Project Name/Number: /

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	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:
Overall Rate Impact:	Filing Status Changed: 05/02/2016
	State Status Changed:
Deemer Date:	Created By: Jennifer Smith
Submitted By: Jennifer Smith	Corresponding Filing Tracking Number:
	PPACA: Not PPACA-Related
PPACA Notes: null	
Exchange Intentions:	Plan to sell the IFP EPO on and off the exchange. The IFP PPO will only be sold off exchange
Filing Description:	
IFP EPO and PPO Rate Filing Effective 1/1/2017	

Company and Contact

Filing Contact Information

Jennifer Smith,	jennifer.x.smith@healthnet.com
11931 Foundation Place, bldg D	916-935-8137 [Phone]
Rancho Cordova, CA 95670	

Filing Company Information

Health Net Life Insurance	CoCode: 66141	State of Domicile: California
Company	Group Code:	Company Type: L&H
11971 Foundation Place	Group Name:	State ID Number:
Rancho Cordova, CA 95670	FEIN Number: 73-0654885	
(818) 676-8709 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: California Filing Company: Health Net Life Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: IFP EPO and PPO Rates eff 1/2017
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Rate Information

Rate data applies to filing.

Filing Method: Electronic
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 14.600%
 Effective Date of Last Rate Revision: 01/01/2016
 Filing Method of Last Filing: Electronic

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Health Net Life Insurance Company	Increase	23.000%	%		11,582		28.300%	14.700%

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Rate Review Detail

COMPANY:

Company Name: Health Net Life Insurance Company
 HHS Issuer Id: 00000

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
IFP EPO			2294
IFP PPO			15990

Trend Factors:

FORMS:

New Policy Forms: P34401(CA1/17); P30601(CA1/17)
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 219,402
 Benefit Change: None
 Percent Change Requested: Min: 14.7 Max: 28.3 Avg: 23.0

PRIOR RATE:

Total Earned Premium: 117,480,743.00
 Total Incurred Claims: 101,894,750.00
 Annual \$: Min: 87.00 Max: 2,178.00 Avg: 535.00

REQUESTED RATE:

Projected Earned Premium: 144,502,441.00
 Projected Incurred Claims: 128,786,886.00
 Annual \$: Min: 106.00 Max: 2,787.00 Avg: 659.00

2017 Rates Table Template v6.0				
<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>				
<i>If you are a community rating state, select Family Option under Age and fill in all columns.</i>				
<i>If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.</i>				
<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*	99110			
Federal TIN*	73-0654885			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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99110CA0350062	Rating Area 15	No Preference	51	310.43
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99110CA0350062	Rating Area 15	No Preference	53	339.55
99110CA0350062	Rating Area 15	No Preference	54	355.37
99110CA0350062	Rating Area 15	No Preference	55	371.18
99110CA0350062	Rating Area 15	No Preference	56	388.32
99110CA0350062	Rating Area 15	No Preference	57	405.63
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99110CA0350062	Rating Area 15	No Preference	59	433.26
99110CA0350062	Rating Area 15	No Preference	60	451.74
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99110CA0350062	Rating Area 15	No Preference	62	478.20
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99110CA0350062	Rating Area 15	No Preference	65 and over	499.35
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99110CA0350063	Rating Area 17	No Preference	23	188.47
99110CA0350063	Rating Area 17	No Preference	24	188.47
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99110CA0350063	Rating Area 17	No Preference	26	192.99
99110CA0350063	Rating Area 17	No Preference	27	197.51
99110CA0350063	Rating Area 17	No Preference	28	204.86
99110CA0350063	Rating Area 17	No Preference	29	210.89
99110CA0350063	Rating Area 17	No Preference	30	213.91
99110CA0350063	Rating Area 17	No Preference	31	218.43
99110CA0350063	Rating Area 17	No Preference	32	222.95
99110CA0350063	Rating Area 17	No Preference	33	225.78
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99110CA0350063	Rating Area 17	No Preference	40	240.86
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99110CA0350063	Rating Area 17	No Preference	44	263.29
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99110CA0350064	Rating Area 18	No Preference	38	224.05
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99110CA0350064	Rating Area 18	No Preference	49	306.76
99110CA0350064	Rating Area 18	No Preference	50	321.14
99110CA0350064	Rating Area 18	No Preference	51	335.35
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99110CA0350064	Rating Area 18	No Preference	55	400.98
99110CA0350064	Rating Area 18	No Preference	56	419.50
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99110CA0350064	Rating Area 18	No Preference	58	458.16
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99110CA0350064	Rating Area 18	No Preference	64	539.43
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99110CA0350065	Rating Area 19	No Preference	24	181.63
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99110CA0350065	Rating Area 19	No Preference	33	217.60
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99110CA0350065	Rating Area 19	No Preference	35	221.96
99110CA0350065	Rating Area 19	No Preference	36	223.41
99110CA0350065	Rating Area 19	No Preference	37	224.86
99110CA0350065	Rating Area 19	No Preference	38	226.32
99110CA0350065	Rating Area 19	No Preference	39	229.22
99110CA0350065	Rating Area 19	No Preference	40	232.13
99110CA0350065	Rating Area 19	No Preference	41	236.49
99110CA0350065	Rating Area 19	No Preference	42	240.67
99110CA0350065	Rating Area 19	No Preference	43	246.48
99110CA0350065	Rating Area 19	No Preference	44	253.74
99110CA0350065	Rating Area 19	No Preference	45	262.28
99110CA0350065	Rating Area 19	No Preference	46	272.45
99110CA0350065	Rating Area 19	No Preference	47	283.89
99110CA0350065	Rating Area 19	No Preference	48	296.97
99110CA0350065	Rating Area 19	No Preference	49	309.87
99110CA0350065	Rating Area 19	No Preference	50	324.40
99110CA0350065	Rating Area 19	No Preference	51	338.75
99110CA0350065	Rating Area 19	No Preference	52	354.55
99110CA0350065	Rating Area 19	No Preference	53	370.53
99110CA0350065	Rating Area 19	No Preference	54	387.79
99110CA0350065	Rating Area 19	No Preference	55	405.05
99110CA0350065	Rating Area 19	No Preference	56	423.75
99110CA0350065	Rating Area 19	No Preference	57	442.64
99110CA0350065	Rating Area 19	No Preference	58	462.80
99110CA0350065	Rating Area 19	No Preference	59	472.79
99110CA0350065	Rating Area 19	No Preference	60	492.96
99110CA0350065	Rating Area 19	No Preference	61	510.39
99110CA0350065	Rating Area 19	No Preference	62	521.84
99110CA0350065	Rating Area 19	No Preference	63	536.19
99110CA0350065	Rating Area 19	No Preference	64	544.89
99110CA0350065	Rating Area 19	No Preference	65 and over	544.89

SERFF Tracking #:

HNLI-130544448

State Tracking #:

HAO-2016-0086

Company Tracking #:

1/2017 IFP EPO AND PPO - RATES

State:

California

Filing Company:

Health Net Life Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

IFP EPO and PPO Rates eff 1/2017

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates for IFP EPO/PPO Effective 1.1.2017	P34401(CA1/17), P30601(CA1/17)	New		2016-04-29 CA IFP EPO.PPO Rates Template.xls,

State: California **Filing Company:** Health Net Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IFP EPO and PPO Rates eff 1/2017
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Filing Cover Sheet
Comments:	
Attachment(s):	IFP EPO.PPO Rates eff 1.2017 - Filing Cover Sheet.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Justification.xlsx Actuarial Memo and Justification_CA_IFP_CDI_eff 01-01-2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Document Submission Form
Comments:	
Attachment(s):	IFP EPO.PPO Rates eff 1.2017 - DSF.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Health Rate Supplemental Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	

SERFF Tracking #:

HNLI-130544448

State Tracking #:

HAO-2016-0086

Company Tracking #:

1/2017 IFP EPO AND PPO - RATES

State: California **Filing Company:** Health Net Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IFP EPO and PPO Rates eff 1/2017
Project Name/Number: /

Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2016-04-29 CA IFP EPO.PPO URRT.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	Supplemental Rate Review Template
Comments:	
Attachment(s):	2016-04-29 CA IFP EPO.PPO SRRT.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	CA Plain Language Description and Spreadsheet
Comments:	
Attachment(s):	1.2017 IFP EPO.PPO PlainLangDes.pdf CA PLAIN LANGUAGE SPREADSHEET.pdf
Item Status:	
Status Date:	
Satisfied - Item:	CA Rate Filing Form and Spreadsheet
Comments:	
Attachment(s):	1.2017 IFP EPO PPO Existing Product Rate Filing Form.pdf CA RATE FILING SPREADSHEET.pdf
Item Status:	
Status Date:	

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET
for
FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Health Net Life Insurance Company
	Submitter and Complete Mailing Address: Health Net Life Insurance Company Jennifer Smith / Sr. Compliance Analyst 11931 Foundation Place, Building D Rancho Cordova, CA 95670
	Submission Date: 5/2/16

1. IDENTIFYING FORM NUMBER(S): Individual EPO & PPO Rates Eff. 1/1/2017, forms P34401, P30601
 [The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))

Generic Description and Definition Citation	Check Below	Generic Description and Definition Citation	Check Below
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>	Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]		Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]		Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]		Fraternal [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]		Unclassified [§2202(a)(11)]	

* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	<input type="checkbox"/>	Individual Only:	<input checked="" type="checkbox"/>	Group and Individual:	<input type="checkbox"/>
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:	<input type="checkbox"/>	Over 50 Employees:	<input type="checkbox"/>	All Employers:	<input type="checkbox"/>
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

N/A Rates Only

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

Document(s)	Document(s)
Rate Only	

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

Document Form Number	Document Class (from Item 2, above)
N/A	

8. Master Policy Form Number and Approval Date: N/A Rates Only

[Where a certificate is submitted for use with a previously approved “group” document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

Individual EPO and PPO Rates effective January 1, 2017 for On/Off Exchange.

SUBMITTER’S SIGNATURE AND TITLE: Jennifer Smith Digitally signed by Jennifer Smith
DN: cn=Jennifer Smith, o, ou,
email=jennifer.x.smith@healthnet.com, c=US
Date: 2016.05.02 09:06:14 -07'00'

Health Net of California
 IFP PPO/EPO Rate Filing Effective January 1, 2017
 Development of Rate Change or Base Rate

Development of the Index Rate

45 CFR Part 156, §156.80 sets the methodology to determine the Index Rate:

(d) Index rate —(1) In general. Each plan year or policy year, as applicable, a health insurance issuer must establish an index rate for a state market described in paragraphs (a) through (c) of this section based on the total combined claims costs for providing essential health benefits within the single risk pool of that state market. The index rate must be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in the state and Exchange user fees. The premium rate for all of the health insurance issuer's plans in the relevant state market must use the applicable market-wide adjusted index rate, subject only to the plan-level adjustments permitted in paragraph (d)(2) of this section.

Experience Period (from X to Y)	1/1/2015	12/31/2015
Paid Through		1/31/2015
Rating Period (from X to Y)	1/1/2017	12/31/2017

	Experience:	Total	PMPM	% of Risk Adj Revenue	% of Revenue
A	Experience Period Member Months	440,430	36,703		
B	Expected Member Months in the Rating Period	217,003	18,084		
C	Experience Period Premium	\$189,018,536	\$429.17		
D	System Experience Period Completed Incurred Claims	\$473,970,047	\$1,076.15		
E	Off System Adjustments to Claims (Pediatric Vision+Dental)	\$2,096,664	\$4.76		
F	Experience Period Completed Incurred Claims	\$476,066,711	\$1,080.91		

	Claims development:	Total	PMPM	% of Risk Adj Revenue	% of Revenue
H	Experience Incurred Claims (D)	\$473,970,047	\$1,080.91		
I	Claims without OON Substance Abuse Claims		\$619.44		
J	OON Substance Abuse Cost Adjustment ----80% reduction	0.658	\$711.73		
K	Reduction in Anti-Selection Exposure to Substance Abuse	0.923	\$656.86		
L	Morbidity - Reweighting Claims to Current	1.184	\$777.72		
M	Unlimited MOOP (PPO Specific)	0.974	\$757.18		
	Increase OON Ded Non-Emergency (PPO Specific)	0.988	\$747.90		
	Exclusion of infusion services/Specialty Rx from OON Coverage + Payment fixes for OON claims other than SA	0.997	\$745.42		
	Removal of Travel Benefit	0.998	\$744.15		
	OON Non-Emergent Allowed Amount Caps (PPO Specific)	0.991	\$737.59		
	2017 Initiatives	0.947	\$698.62		
N	Morbidity adjustment - Healthy lives entering the market (in Risk Adjustment)	1.000	\$698.62		
O	Morbidity adjustment - Guaranteed Issue for PPO	1.000	\$698.62		
P	CSR Receivables	0.998	\$697.13		
Q	Release of Pent-Up Demand	1.000	\$697.13		
R	2016 Carryover Initiatives	0.988	\$688.97		
T	Age Adjustment (Relative to Current Metal/Region Mix)	0.968	\$667.18		
U	Area Adjustment	1.000	\$667.42		
V	Plan Adjustment	1.008	\$672.77		
W	Benefit Adjustments	1.000	\$672.77		
X	Plan benefits in addition to EHB	1.000	\$672.77		
Y	Claims Adjustment: Hepatitis C	0.996	\$670.39		
Z	Adjustment for Grace Period	1.000	\$670.39		
AA	Pricing Trend	7.85%	7.85%		
AB	Months of Trend	24	24		
AC	Trend Factor	1.163	1.163		
AD	Projected Incurred Claims	\$169,228,737	\$779.84		

	Risk Adjustment/Reinsurance Recoveries	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AE	Reinsurance Recoveries	1.000	\$0.00		
AF	Risk Adjustment-Wakely Projected		(\$158.60)		
	Risk Adjustment-EDGE Server Submission		(\$19.40)		
	Risk Adjustment-EDGE Server Error Elimination		(\$4.06)		
AG	Risk Adjustment-Improvement due to Morbidity	0.986	(\$10.79)		
AH	Projected Incurred Claims (w/ ACA Adjustments)	\$127,378,812	\$586.99		

	Admin Development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AI	Administrative Expenses	\$7,562,391	\$34.85	4.1%	5.3%
AJ	Commissions	\$1,744,140	\$8.04	0.9%	1.2%
AK	Broker Bonus	\$0	\$0.00	0.0%	0.0%
AL	Total Administrative Costs	\$9,306,531	\$42.89	5.0%	6.5%

	Taxes and Fees	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AM	Premium tax	\$0	\$0.00	0.0%	0.0%
AN	Risk Adjustment Fee	\$32,550	\$0.15	0.0%	0.0%
AO	Reinsurer's Fee	\$0	\$0.00	0.0%	0.0%
AP	Exchange Fee	\$622,234	\$2.87	0.3%	0.4%
AQ	Insurer's Fee	\$0	\$0.00	0.0%	0.0%
AR	PCORI	\$39,241	\$0.18	0.0%	0.0%
AS	Income Tax	\$2,006,407	\$9.25	1.1%	1.4%
AS	Total Taxes and Fees	\$2,700,434	\$12.44	1.5%	1.9%

	Premium development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AU	Experience Period Premium (C)	\$5,368,317	\$429.17		
AV	Adjustments for Approved Rate Changes	\$10,114,399	\$106.29		
AW	Adjusted Earned Premium	\$20,228,798	\$535.46		

	Proposed Base Rate Development:	Total	PMPM	Risk Adj Rev	% of Revenue
AX	Projected Incurred Claims (w/ ACA Adjustments) (AH)	\$127,378,812	\$586.99		
AY	Total Administrative Costs	\$9,306,531	\$42.89		
AZ	Total Taxes and Fees	\$2,700,434	\$12.44		
BA	After-tax Profit/Margin	\$3,536,767	\$16.30		
	After-tax Profit/Margin %			1.9%	2.5%
BB	Required Revenue	\$142,922,544	\$658.62		
BC	Risk Adjusted Revenue		\$851.47		
BD	Requested Base Rate		\$658.62		
BE	Requested Renewal Increase		23.0%		
BF	Target Medical Loss Ratio				89.1%

	Federal MLR Calculation	Total	PMPM	Risk Adj Rev	% of Revenue
BG	Premium tax	\$0	\$0.00		0.0%
BH	Income Tax	\$2,006,407	\$9.25		1.4%
BI	Exchange Fee	\$622,234	\$2.87		0.4%
BJ	Insurer's Fee	\$0	\$0.00		0.0%
BK	PCORI	\$39,241	\$0.18		0.0%
BL	Risk Adjustment Fee	\$32,550	\$0.15		0.0%
BM	Reinsurer's Fee	\$0	\$0.00		0.0%
BN	Allowed Deductible Expenses	\$2,700,434	\$12.44		1.9%
BO	Quality Improvements	\$1,011,475	\$4.66		0.7%
BP	Federal MLR [= BF x (1 + BN) / (1 - BO)]				91.5%

	Index Rate Development	Total	PMPM	Risk Adj Rev	% of Revenue
BQ	Projected Incurred Claims (AD)		\$779.84		
BR	Paid to Allowed Ratio		0.707		
BS	Index Rate		\$1,102.93		

Development of the Market Adjusted Index Rate

BT	Index Rate PMPM	\$1,102.93
BU	Federal Reinsurance Program Adjustment	\$0.00
BV	Risk Adjustment	\$272.75
BW	Exchange User Fee Adjustment	\$4.06
BX	Market Adjusted Index Rate	\$834.23

Development of Plan Adjusted Index Rate

Allowable modifiers to the Index Rate are defined in 45 CFR Part 156, §156.80(d)(2)

BY	Market Adjusted Index Rate	\$834.23
BZ	Actuarial value and cost-sharing adjustment	varies by plan
CA	Provider network, delivery system and utilization management adjustment	varies by plan
CB	Adjustment for benefits in addition to the EHBs	1.000
CC	Impact of specific eligibility categories for the catastrophic plan	varies by plan
CD	Adjustment for distribution and administrative costs	1.117
CE	Plan Adjusted Index Rate	varies by plan

CF	Plan Adjusted Index Rate	varies by plan
CG	Age Curve Calibration	0.660
CH	Geographic Factor Calibration	0.876
CI	Network Factor Calibration	1.029
CJ	Calibrated Plan Adjusted Index Rate	varies by plan



Filing Information

1. Company Legal Name: Health Net Life Insurance Company
2. State: California
3. HIOS Issuer ID: 99110
4. Market: Individual
5. Effective Date: Individuals enrolling January 1, 2017 – December 31, 2017
6. Primary Contact: Name: Bryan Curley
7. Primary Contact Telephone Number: (818) 676-8358
8. Primary Contact Email Address: Bryan.J.Curley@healthnet.com
9. Product Names: Health Net PPO, Health Net EPO

Documentation Required for the Individual Non-Grandfathered Health Plan

- 1. Parts I, III of HHS Forms. (Requirements per 45 CFR §154.215)**
Part I Unified Rate Review Data Template
Part III Rate Filing Documentation and Actuarial Memorandum
Appendix C_Justification.xlsx (tables referenced in Part III in Excel format)
- 2. SERFF Rate Data Template**
- 3. Covered CA Forms**
Supplement Rate Review Template
- 4. SB1163 Filing Requirements**
Third Party Independent Actuarial Certification
California Rate Filing Form
California Rate Filing Spreadsheet
California Plain Language Form
California Plain Language Spreadsheet

Actuarial Memorandum and Certification

Introduction

Submitted for your review are Health Net's proposed premium rates for ten EPO and five PPO plan designs. Five of the EPO plans are to be offered through Covered California, all other plans are to be offered off-Exchange. All rates are guaranteed for a 12-month period.

Proposed Rate Increase(s)

This rate filing is for all Individuals on these plans, both those sold onto these plans and those renewing from the 2016 version of these plans. The rates are guaranteed until December 31, 2017.

The projected claims experience was developed using calendar year non-grandfathered 2015 experience.

If our rate request is approved, the expected premium for the entire risk pool is \$658.61 PMPM. This represents an average renewal increase of 23.0% in average premium. This increase does not include the impact of demographic shifts.

The overall renewal of 23.0% is the weighted average of the PPO and EPO plan increases, weighted on projected premium and January 2016 members.

Rate increases are primarily driven by the following items:

- Larger than expected substance abuse claims causing 2016 to be underpriced by 21.6%
- Sunset of reinsurance that represents \$117 PMPM in claims for 2016 (18.0% rate increase)
- Claims trend of 7.8%
- Initiatives reducing needed rate increase by -15.7%
- Reduction of taxes and fees (HIT and Premium Tax) reducing rates by -5.8%.

Note the rate increase of 23.0% assumes that we will be able to find \$9.6 million in claims reductions initiatives on top of the Substance Abuse and OON Initiatives that we've already implemented and/or conceptualized. Without this assumption, we are operating at a profit loss of -1.9%, rather than a profit gain as shown in this filing.

Impact of Rate Factor Changes

Plan premiums are calculated as Calibrated Plan Specific Base Rate x Area Factor x Age Factor (subject to the three child limit). The age factors are Federally mandated, and the area factors are included below.

Impact of Benefit Plan Changes

Plans are the 2017 standard plans designed by Covered CA. We relied on their AV calculations as a component of plan pricing.

Experience Period Premium and Claims

Experience Period:

January 1, 2015 – December 31, 2015.

Paid Through Date:

January 31, 2016.

Premiums (net of MLR Rebate) in Experience Period:

Premiums are actual member premiums collected during the experience period. As MLR rebates are not applicable during the experience period, rebates were not included.

Allowed and Incurred Claims Incurred During the Experience Period:

Incurred claims were pulled directly from Health Net's internal claims system.

	Experience:	Total	PMPM
A	Experience Period Member Months	440,430	36,703
B	Expected Member Months in the Rating Period	217,003	18,084
C	Experience Period Premium	\$189,018,536	\$429.17
D	System Experience Period Completed Incurred Claims	\$473,970,047	\$1,076.15
E	Off System Adjustments to Claims (Pediatric Vision+Dental)	\$2,096,664	\$4.76
F	Experience Period Completed Incurred Claims	\$476,066,711	\$1,080.91

- Incurred but not paid claims are based on historical claims payment patterns.
- The projected claims experience was developed using calendar year 2015 non-grandfathered experience.
- An off-system adjustment of \$4.76 was made to account for pediatric dental and vision. This benefit is currently not included in our internal systems, thus claims have to be adjusted for it. It is computed as the per child per month cap rate multiplied by the percentage of children age 0-18 on plans that include pediatric dental or vision coverage during the experience period, CY 2015.

	Rate per child per month	% of plans with coverage	% of children age 0-18	Experience Adjustment
Pediatric Dental	\$20.28	100.0%	21.8%	\$4.41
Pediatric Vision	\$1.60	100.0%	21.8%	\$0.35
Total Adjustment				\$4.76

Benefit Categories

Benefit categories are determined using a combination of diagnostic, procedural and other codes pulled from claims data. Similar to how claims are mapped in Milliman's Health Care Cost Guidelines, an industry wide standard. Health Net's algorithm is developed and maintained by our Health is internally developed by our Health Care Solutions department.

Projection Factors

1. Eligibility requirements and exclusions conform to ACA.
2. The Index Rate as of January 1, 2017 was developed based on CY 2015 costs for Individual non-grandfathered PPO and EPO business and adjusted to reflect anticipated Individual demographics for 2017. These costs were adjusted based on the following changes not reflected in CY 2015 experience.

	Claims development:	Total	PMPM
H	Experience Incurred Claims (D)	\$473,970,047	\$1,080.91
I	Claims without OON Substance Abuse Claims		\$619.44
J	OON Substance Abuse Cost Adjustment ---80% reduction	0.658	\$711.73
K	Reduction in Anti-Selection Exposure to Substance Abuse	0.923	\$656.86
L	Morbidity - Reweighting Claims to Current	1.184	\$777.72
M	Unlimited MOOP (PPO Specific)	0.974	\$757.18
	Increase OON Ded Non-Emergency (PPO Specific)	0.988	\$747.90
	Exclusion of infusion services/Specialty Rx from OON Coverage + Payment fixes for OON claims other than SA	0.997	\$745.42
	Removal of Travel Benefit	0.998	\$744.15
	OON Non-Emergent Allowed Amount Caps (PPO Specific)	0.991	\$737.59
	2017 Initiatives	0.947	\$698.62
N	Morbidity adjustment - Healthy lives entering the market (in Risk Adjustment)	1.000	\$698.62
O	Morbidity adjustment - Guaranteed Issue for PPO	1.000	\$698.62
P	CSR Receivables	0.998	\$697.13
Q	Release of Pent-Up Demand	1.000	\$697.13
R	2016 Carryover Initiatives	0.988	\$688.97
T	Age Adjustment (Relative to Current Metal/Region Mix)	0.968	\$667.18
U	Area Adjustment	1.000	\$667.42
V	Plan Adjustment	1.008	\$672.77
W	Benefit Adjustments	1.000	\$672.77
X	Plan benefits in addition to EHB	1.000	\$672.77
Y	Claims Adjustment: Hepatitis C	0.996	\$670.39
Z	Adjustment for Grace Period	1.000	\$670.39
AA	Pricing Trend	7.85%	7.85%
AB	Months of Trend	24	24
AC	Trend Factor	1.163	1.163
AD	Projected Incurred Claims	\$169,228,737	\$779.84

(I) Claims without OON Substance Abuse Claims

This is 2015 claims cost without Out-of-Network substance abuse claims. Of these claims, roughly

- (1) 20% is Inpatient Facility
- (2) 50% is Outpatient Facility
- (3) 30% is Toxicology Screens

(J) OON Substance Abuse Cost Adjustment ----80% reduction

In CY 2015, Out-of-Network substance abuse claims consumed 42.7% of the dollars spend for this block of business. Prior to 2016, Out of network substance abuse claims were paid as a % of billed, because a Medicare Allowable rate was not available for this claim category. For example, toxicology was paid based upon CPT. There was no Medicare fee schedule amount. We now crosswalk services to G-codes because Medicare has allowed amounts at the G-code level.

We have fixed this coding pitfall, which will allow us to establish a reasonable reimbursement rate. This drop in reimbursement rate is expected to reduce OON substance abuse claims by 80%.

(K) Reduction in anti-selection exposure to substance abuse

The number of claimants that incur OON substance abuse claims is expected to drop from a high of 6.4% of members as of January 2016 to an average of 0.9% of members in the 2017 rating period. This reduction in anti-selection exposure is expected to further reduce claims by -7.7%.

(L) Morbidity adjustment - Portfolio Migration

This adjustment ensures that claims cost reflects the actual ACA population that will be impacted by the proposed rates. It is calculated as the claims cost of the renewing ACA market weighted by the expected member months in the rating period, rather than the experience member months.

(M) 2017 Initiatives other than OON Substance Abuse

Unlimited OON MOOP (PPO Specific)

Our 2016 PPO plans have an Out-of-Network Maximum Out of Pocket that is twice In-Network. We are proposing that our 2017 PPO plans have an unlimited Out-of-Network Maximum Out of Pocket for non-emergent services. Note, this impacts only PPO plans, our EPO Plans (which are On-Exchange) are not impacted as they have no Out-of-Network benefits. Services such as Emergency Care are not subject to the change as they are always paid at the In-Network cost share. This benefit change will allow us to reduce claims cost by an average of -2.6%.

	Maximum Out of Pocket	
	Current OON	Revised OON
Platinum	8000	Unlimited
Gold	12400	Unlimited
Silver	12500	Unlimited
Bronze	13000	Unlimited
Catastrophic	13700	Unlimited

Increase OON Deductible (PPO Specific).

Our 2016 PPO plans have an Out-of-Network Deductible that is twice In-Network. For our Platinum and Gold plans, that results in a \$0 OON Deductible (as the INN Deductible was \$0). From an anti-selection standpoint for a broad network product, this is not a viable option.

We are proposing that our 2017 PPO plans have a non-zero OON Deductible for all metal tiers with Platinum, Gold and Silver having a \$5000 Deductible.

	Deductible	
	Current OON	Revised OON
Platinum	0	5000
Gold	0	5000
Silver	4500	5000
Bronze	12000	13600
Catastrophic	13700	14300

Note this impacts only PPO plans, our EPO Plans (which are On-Exchange) are not impacted as they have no Out-of-Network benefits. Services such as Emergency Care are not subject to the change as they are always paid at the In-Network cost share. This benefit change will allow us to reduce claims cost by an average of -1.2%.

Exclusion of infusion services/Specialty Rx from OON Coverage + Payment fixes for OON claims other than SA

We assess the (1) exclusion of infusion services and Specialty Rx from Out of Network coverage as well as (2) payment coding fixes (in addition to the Substance Abuse coding fix) will reduce claims by 0.3%.

Removal of Travel Benefit

We assess the removal of the In-Network Travel Benefit and the reclassification of it as an Out-of-Network benefit to reduce claims by 0.2%.

OON Non-Emergent Allowed Amount Caps (PPO Specific)

We assess the imposition of the following Out of Network non-emergent allowed amount caps to reduce claims by 0.9%.

IP: \$1500

OP: \$600

ASC: \$600

2017 Initiatives

Note the rate increase of 23.0% assumes that we will be able to find \$9.6 million in claims reductions initiatives on top of the Substance Abuse and OON Initiatives that we've already implemented and/or conceptualized. Without this assumption, we are operating at a profit loss of -1.9%, rather than a profit gain as shown in this filing.

(N) Morbidity adjustment - Healthy lives entering the market

We don't expect healthy lives entering the risk pool to impact our population materially. Instead, we build this assumption into the risk adjustment estimate. Please see (AG) Risk Adjustment-Improvement due to Morbidity for a description of this adjustment.

(O) Morbidity adjustment - Guaranteed Issue for PPO

We do not adjust for guaranteed issue for PPO.

(P) CSR Receivables

We are in the Exchange in CY 2015 and are expected to collect a receivable of \$654,025. Divided by the CY 2015 member months, we can reduce claims by \$1.48 PMPM.

(Q) Release of Pent-Up Demand

We believe that Pent-up demand has been fully realized, therefore the factor is 1.0.

(R) 2016 Carryover Initiatives

This reflects the expected reduction to health care costs as a result of our cost containment/quality improvement initiatives. In particular, we have undertaken initiatives to improve payment integrity and fix PPO Out-of-Network payment errors. We expect these initiatives, if 100% realized, will reduce costs by a factor of 0.988.

(T) Age Adjustment

We must adjust CY 2015 claims to reflect the average age factor of the population in the rating period.

- A. We pulled the census of every non-grandfathered member in California Individual PPO business in CY 2015. The average age factor was calculated based on this population and using the approved ACA age factors. The calculated value is 1.087.
- B. We pulled the census of every non-grandfathered member in California Individual PPO as of January 2016. The average age factor was calculated based on this population and using the approved ACA age factors. The calculated value is 1.123.

Hence the Age Adjustment (B) / (A) = $1.123 / 1.087 = 0.968$

(U) Area Adjustment

We must adjust CY 2015 claims to reflect the average area factor of the population in the rating period.

- A. We pulled the census of every non-grandfathered member in California Individual PPO business in CY 2015. The average area factor was calculated based on this population and using the approved 2016 ACA area factors. The calculated value is 1.132.
- B. We pulled the census of every non-grandfathered member in California Individual PPO as of January 2016. The average area factor was calculated based on this population and using the approved 2016 ACA area factors. The calculated value is 1.132.

Hence the Area Adjustment (B) / (A) = $1.132 / 1.132 = 1.000$

(V) Plan Adjustment

We must adjust CY 2015 claims to reflect the expected benefits to be paid in the rating period.

- A. The experience period has an average plan factor of 0.738, which is calculated as the average actuarial value of our California Individual non-grandfathered PPO business in 2015 using the standalone AV calculator.
- B. We expect the average plan factor for 2017 California Individual PPO business to be 0.732. This valuation was calculated as the average actuarial value of the proposed 2017 plans, using the standalone AV calculator and based on our January 2016 Individual PPO membership distribution. The calculated value is 0.732. The AVs were determined based on the standalone AV calculator which is a paid to allowed calculator.

Hence the Plan Adjustment is $(B) / (A) = 0.732 / 0.738 = 1.008$

(W) Benefit Adjustments

No benefit adjustments were made.

(X) Plan benefits in addition to EHB

There are no adjustments for plan benefits in addition to EHB.

(Y) Claims Adjustment: Hepatitis C

Because the morbidity of the population is ready quite high, we expect 2017 to be lower than the 2015 experience trended forward to 2017 by \$2.38 PMPM. The cost impact of these drugs to the 2017 book of business has been calculated as reducing claims cost by 0.4%.

(Z) Adjustment for Grace Period

Claims are not adjusted for the impact of the 90 Day Grace Period to pay plan premiums the majority of our business in this pool is Off-Exchange.

(AA) Pricing Trend

Trends are built from a “first principles” approach, calculating the expected unit cost change by hospital and medical group which is then weighted using the historic volume associated with each provider. Variables of trend such as anti-selection, underwriting wear-off, demographic changes, margin for trend, technology/intensity not included. There is no trend margin or fluctuation factor in trend development. Cost trends are supported by known and forecasted contractual increases based on our expectations of contracts in 2017.

The average medical and pharmacy trend is 7.85%. The components of trend are detailed below. All components are based on our Commercial book of business.

Benefit Category	Annualized Trend	
	Cost	Util
Inpatient Hospital	106.1%	101.7%
Outpatient Hospital	106.0%	101.7%
Professional	105.5%	101.7%
Other Medical	104.1%	101.7%
Capitation	100.0%	100.0%
Prescription Drug	111.0%	100.0%

Medical Unit Cost Trend is the increase in health care costs due to medical inflation. It is estimated by reviewing current and anticipated future provider reimbursement arrangements. Note deductible leveraging is not a component of trend, instead it is reflected in the change in AV from current year to the rating period as implicit in the change in the AV calculator.

Medical Utilization Trend is the increase in health care costs due to changes in service. It includes evolutionary changes in medical care practices, increase in the supply of services, and changes in the overall health and/or attitude of the population.

The utilization of services has been very volatile. We assume for the rating period that utilization is 1.7%. The utilization estimates used in the rate development were based on actuarial judgment.

Rx Trend is the increase in health care costs due to prescription drug inflation. We use 11.0% in rating which is 1% lower than internal forecast on pharmacy trends.

Risk Adjustment and Reinsurance

	Risk Adjustment/Reinsurance Recoveries	Total	PMPM
AE	Reinsurance Recoveries	1.000	\$0.00
AF	Risk Adjustment-Wakely Projected		(\$158.60)
	Risk Adjustment-EDGE Server Submission		(\$19.40)
	Risk Adjustment-EDGE Server Error Elimination		(\$4.06)
AG	Risk Adjustment-Improvement due to Morbidity	0.986	(\$10.79)
AH	Projected Incurred Claims (w/ ACA Adjustments)	\$127,378,812	\$586.99

(AE) Reinsurance Recoveries

The reinsurance program is no longer in effect for plans in 2017 and beyond.

(AF) Risk Adjustment-Wakely Projected

Wakely's Risk Adjustment simulation, performed on our CY 2015 Individual business, indicated that we were higher risk than the market, hence would be a net receiver in risk adjustment.

Our risk adjustment estimate for 2017 is a combined reduction to claims of -\$192.86

Of this amount, -\$158.60 is attributable to the 2017 risk adjustment as projected by the Wakely simulation. We arrived at this estimate by taking the CY 2015 risk adjustment from Wakely, trending it forward to 2017 at 5% a year and weighting by the rating period population mix, rather than the 2015 population mix.

Risk Adjustment-Wakely Projected We estimate that we will realize more risk adjustment funds for 2015 based upon better claims through April compared to Wakely's estimate as of December. We have assessed that this will allow us to improve our risk adjustment transfer in by -\$19.41 PMPM.

Risk Adjustment-EDGE Server Error Elimination

We have undertaken an initiative to improve coding that we believe will correct Edge Server risk adjustment errors. We have assessed that this initiative will allow us to improve our risk adjustment transfer in by -\$4.06 PMPM.

(AG) Risk Adjustment-Improvement due to Morbidity

We assume that newcomers to the market in 2016 will be 15% healthier than the 2015 average market. We assume growth of approximately 1.2 million member months, therefore we expect the 2016 pool to have an average morbidity of 0.993 which we assume will be the net impact on our block.

For 2017 newcomers, we once again assume that they will be 15% healthier than the 2016 market and assume that the market will grow by 1.2 million member months. Therefore we expect the total 2017 pool to have an average morbidity of 0.986.

	<u>Total</u>	<u>Morbidity Factor</u>
2015 Market	24,306,000	1.000
Newcomers	1,236,250	0.850
2016 Market	25,542,250	0.993
Newcomers	1,218,750	0.850
2017 Market	26,761,000	0.986

The size of the 2015 Individual market comes from Wakely’s risk adjustment analysis. The size of the Individual market comes from Covered CA estimates for 2016 and 2017.

Given that the market’s morbidity will improve by a factor of 0.986, we believe our own risk adjustment will be reduced by -\$10.79. This is calculated as follows:

	(A)	(B)	(C)	(D)
	Factors incl. risk score	Factors excl. risk score	(B)-(A)	(C)x Statewide Market Avg Prem
2015 Statewide vs HN	1.298	0.9872	0.3111	120.15
2017 Statewide vs HN	1.317	0.9872	0.3295	127.27
			(E)	5.93%
			(F)	(10.79)

(A) This is the ratio between the Statewide versus Health Net “Factors including Risk Score” from the Wakely Report for CY 2015 for Scenario #6. CY 2017 is calculated by taking the 2015 ratio and dividing by the improved morbidity factor of 0.986.

$$2015 \text{ Statewide vs HN} = 1.298 = 1.86 / 1.4327$$

$$2017 \text{ Statewide vs HN} = 1.317 = 2015 \text{ Statewide vs HN} / 0.986$$

Ver #	Version of Results	Data Used	Risk Score Completed?	Plan	Factors incl. risk score	Factors excl. risk score
6	Best Est. Transfer (ACA)	Jan-Dec	Completed-Runout	Statewide	1.4327	1.1321
6	Best Est. Transfer (ACA)	Jan-Dec	Completed-Runout	Issuer Total	1.8600	1.1176

(B) This is the ratio between the Statewide versus Health Net “Factors excluding Risk Score” from the Wakely Report for CY 2015 for Scenario #6. CY 2017 is the same as CY 2015.

$$2015 \text{ Statewide vs HN} = 0.9872 = 1.1176 / 1.1321$$

$$2017 \text{ Statewide vs HN} = 2015 \text{ Statewide vs HN}$$

(C) This is (B) minus (A). It represents the risk score improvement due to the improved morbidity from 2015 to 2017.

(D) This is (C) x the Statewide Market Average Premium for CY 2015 which is \$386.22.

(E) This is the ratio between the 2017 estimate of (D) and the 2015 estimate. It represents how much the average carrier's risk adjustment will improve due to the improvement in morbidity of the market.

(F) This represents how much Health Net's risk adjustment will improve due to the improvement in morbidity of the market. It is calculated as

$$(E) \times [\text{Risk Adjustment-Wakely Projected} \\ + \text{Risk Adjustment-Wakely Projected} \\ + \text{Risk Adjustment-EDGE Server Error Elimination}]$$

$$-\$10.79 = 5.93\% \times [-\$158.60 + -\$19.41 + \$4.06]$$

Non-Benefit Expenses and Profit & Risk

Total Premium Retention is the amount to be retained by the insurer to cover all of the insurer's non-claim costs including expected profit. Note we display profit on an after-tax basis per the methodology established by the Unified Rate Review template which specifies that taxes and fees should include income tax and profit should be reported on an after tax basis.

	Admin Development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AI	Administrative Expenses	\$7,562,391	\$34.85	4.1%	5.3%
AJ	Commissions	\$1,744,140	\$8.04	0.9%	1.2%
AK	Broker Bonus	\$0	\$0.00	0.0%	0.0%
AL	Total Administrative Costs	\$9,306,531	\$42.89	5.0%	6.5%
	Taxes and Fees	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AM	Premium tax	\$0	\$0.00	0.0%	0.0%
AN	Risk Adjustment Fee	\$32,550	\$0.15	0.0%	0.0%
AO	Reinsurer's Fee	\$0	\$0.00	0.0%	0.0%
AP	Exchange Fee	\$622,234	\$2.87	0.3%	0.4%
AQ	Insurer's Fee	\$0	\$0.00	0.0%	0.0%
AR	PCORI	\$39,241	\$0.18	0.0%	0.0%
AS	Income Tax	\$2,006,407	\$9.25	1.1%	1.4%
AS	Total Taxes and Fees	\$2,700,434	\$12.44	1.5%	1.9%
	Premium development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AU	Experience Period Premium (C)	\$5,368,317	\$429.17		
AV	Adjustments for Approved Rate Changes	\$10,114,399	\$106.29		
AW	Adjusted Earned Premium	\$20,228,798	\$535.46		
	Proposed Base Rate Development:	Total	PMPM	Risk Adj Rev	% of Revenue
AX	Projected Incurred Claims (w/ ACA Adjustments) (AH)	\$127,378,812	\$586.99		
AY	Total Administrative Costs	\$9,306,531	\$42.89		
AZ	Total Taxes and Fees	\$2,700,434	\$12.44		
BA	After-tax Profit/Margin	\$3,536,767	\$16.30		
	After-tax Profit/Margin %			1.9%	2.5%
BB	Required Revenue	\$142,922,544	\$658.62		
BC	Risk Adjusted Revenue		\$851.47		
BD	Requested Base Rate		\$658.62		
BE	Requested Renewal Increase		23.0%		
BF	Target Medical Loss Ratio				89.1%

(AI) Administrative Expenses

Projected operating expense is \$34.85.

(AJ) Commissions

Broker commissions are 1.2% of premium. This is based on our agreements with the brokers and is calculated using current membership distribution by product, metal tier and Exchange status.

(AK) Broker Bonus

We do not pay a broker bonus.

(AM) Premium Tax

There is no adjustment made for premium tax as the premium tax for this block was set at 0% as in order to mitigate the implementation of the tax on Managed Care Organizations.

(AN) Risk Adjustment Fee

Risk Adjustment is \$1.75 per member per year, or \$0.15 PMPM.

(AO) Reinsurer's Fee

We are not assessed the Reinsurer's Fee for 2017.

(AP) Exchange Fee

Based on January 2016 membership, 10% of our membership is in the Exchange. Business in the Exchange is assessed an Exchange Fee of 3.5% of premium. This fee must be spread to the entire book, both on and off Exchange, as rates off the Exchange for Qualified Health Plans must match rates on the Exchange. That implies that all plans must incur at charge of 0.3% of premium per member, per month to reflect the assessment of the Exchange Fee:

<u>Metal Tier</u>	<u>Exchange Status</u>	<u>Jan'16 Members</u>	<u>Exchange Fee</u>
Platinum	Exchange	98	3.5%
Gold	Exchange	75	3.5%
Silver	Exchange	709	3.5%
Bronze	Exchange	736	3.5%
Catastrophic	Exchange	140	3.5%
Platinum	Off-Exchange	3,209	0.0%
Gold	Off-Exchange	1,576	0.0%
Silver	Off-Exchange	3,188	0.0%
Bronze	Off-Exchange	7,189	0.0%
Catastrophic	Off-Exchange	1,362	0.0%
Total		18,283	0.3%

(AQ) Insurer's Fee

We are not assessed the Insurer's Fee for 2017.

(AR) PCORI

These are fees set by the Federal Government. PCORI is \$0.18 PMPM in 2017.

(AS) Income Tax

Income tax is calculated as:

$$\begin{aligned} \text{Income Tax} &= (\text{After-Tax Profit} + \text{Insurer's Fee}) / (1 - \text{Corporate Tax Rate}) \times \text{Corporate Tax Rate} \\ &= (1.9\% + 0.0\%) / (1 - 36.2\%) \times 36.2\% \\ &= 1.1\% \end{aligned}$$

Note the After-Tax Profit referenced is expressed as a % of Risk Adjusted Revenue (Premium Net of Risk Adjustment).

(AW) Adjusted Earned Premium

A renewal increase is calculated by comparing the proposed premium with an effective date of January 1, 2017 versus the adjusted earned premium one year prior or January 1, 2016.

The adjusted earned premium is the Individual PPO rates filed for CDI ACA plans with January 1, 2016 effective dates. It is computed by pulling a census of every non-grandfathered member in California Individual PPO as of January 2016. All members are rated as if they were on a January 2016 ACA plan using the rating formula:

$$\text{Member Premium} = \text{Plan Specific Base Rate} \times \text{Age Factor (with 3 child limit)} \times \text{Area Factor}$$

Book of Business Premium = Sum of all Member Premiums (subject to the 3 child limit)

The age factor of this population is determined by mapping every member to their ACA age factor, with the 3 child limit based on their age on January 1, 2017, the effective date of the rate filing.

The area factor of this population is determined by mapping every member to their ACA area factor based on their current zip code.

The average plan factor of this population is the plan actor of the ACA plan they are currently enrolled in.

We note that the average area and plan of current rates is consistent with the average area and plan in projected claims. The average age uses the same population but aging in claims uses the Milliman age factors (which do not advantage one cohort over another and reflect the true claims costs by age). While aging in premium uses the ACA age factors, the age factors mandated in premium setting.

Thus current premium and projected incurred claims use the same demographics basis and a comparison of Required Premium versus Adjusted Earned Premium is the Renewal Rate Increase, the annual increase from January 2016 to January 2017.

(BA) After Tax Margin/Profit

The 2017 target profit as a percent of Risk Adjusted Premium (Premium net of Risk Adjustment) is 1.9%. Target profit is necessary to cover expenses, maintain an adequate Capital base and to prevent excessive rate increases for the block in the future.

Note the URRT requires reporting profit as an after-tax % of Billed Premium. Under this methodology, the 2017 target profit is 2.5%.

(BE) Requested Renewal Increase

The comparison between required premium (which is projected incurred claims plus administrative expenses plus profit) and current premium determines the renewal increase.

The renewal increase by plan is shown below. The overall average renewal is 23.0% for our PPO and EPO plans. This increase does not include the impact of demographic shifts.

Plan Name	Product	Exchange	Renewal Increase
Health Net Platinum 90 PPO	PPO	Off	28.0%
Health Net Gold 80 PPO	PPO	Off	27.3%
Health Net Silver 70 PPO	PPO	Off	28.3%
Health Net Bronze 60 PPO	PPO	Off	14.7%
Health Net Minimum Coverage PPO	PPO	Off	14.7%
Health Net Platinum 90 EPO	EPO	On	23.7%
Health Net Gold 80 EPO	EPO	On	23.0%
Health Net Silver 70 EPO	EPO	On	24.0%
Health Net Bronze 60 EPO	EPO	On	22.0%
Health Net Minimum Coverage EPO	EPO	On	22.0%
Health Net Platinum 90 EPO	EPO	Off	23.7%
Health Net Gold 80 EPO	EPO	Off	23.0%
Health Net Silver 70 EPO	EPO	Off	24.0%
Health Net Bronze 60 EPO	EPO	Off	22.0%
Health Net Minimum Coverage EPO	EPO	Off	22.0%

Projected Loss Ratio

Using the Federally prescribed MLR methodology, the projected loss ratio is 91.5%.

	Federal MLR Calculation	Total	PMPM	% of Revenue
BG	Premium tax	\$0	\$0.00	0.0%
BH	Income Tax	\$2,006,407	\$9.25	1.4%
BI	Exchange Fee	\$622,234	\$2.87	0.4%
BJ	Insurer's Fee	\$0	\$0.00	0.0%
BK	PCORI	\$39,241	\$0.18	0.0%
BL	Risk Adjustment Fee	\$32,550	\$0.15	0.0%
BM	Reinsurer's Fee	\$0	\$0.00	0.0%
BN	Allowed Deductible Expenses	\$2,700,434	\$12.44	1.9%
BO	Quality Improvements	\$1,011,475	\$4.66	0.7%
BP	Federal MLR [= BF x (1 + BN) / (1 - BO)]			91.5%

Projected Index Rate

The Allowed Index Rate for the effective period is \$1,102.93. It is calculated by taking the Projected Incurred Claims (before ACA adjustments) and dividing it by the allowed modifiers to the Index Rate and the Paid to Allowed Ratio.

	Index Rate Development	PMPM
BQ	Projected Incurred Claims (AD)	\$779.84
BR	Paid to Allowed Ratio	0.707
BS	Index Rate	\$1,102.93

(BQ) Projected Incurred Claims

Assumptions that went into Projected Incurred Claims are discussed in detail in the following sections of this memorandum:

Experience Period Premium and Claims
Projection Factors

(BR) Paid to Allowed Ratio

We expect the paid to allowed ratio of future business to be 0.707. This valuation was calculated based on the member weighted average of the AVs of our 2017 portfolio as of January 1, 2016. The AVs were determined based on the standalone AV calculator which is a paid to allowed calculator.

Market Adjusted Index Rate

After developing the Index Rate, the Market Level Base Rate is calculated as:

BT	Index Rate PMPM	\$1,102.93
BU	Federal Reinsurance Program Adjustment	\$0.00
BV	Risk Adjustment	\$272.76
BW	Exchange User Fee Adjustment	\$4.06
BX	Market Adjusted Index Rate	\$834.22

(BU) Federal Reinsurance Program Adjustment

There is no Reinsurance Program Adjustment.

(BV) Risk Adjustment

This is the negative sum of (AF) Risk Adjustment –Wakely Projected, its sub-items, (AG) Risk Adjustment-Improvement due to Morbidity and (AN) Risk Adjustment Fee divided by (BR) Paid to Allowed Ratio.

(BW) Exchange User Fee Adjustment

This is (AP) Exchange Fee, divided by (BR) Paid to Allowed Ratio.

(BX) Market Adjusted Index Rate

This is calculated as:

(BT) Index Rate PMPM – (BU) Federal Reinsurance Program Adjustment - (BV) Risk Adjustment + (BW) Exchange User Fee Adjustment.

It is the Rate where all allowable modifiers to the Index Rate: Actuarial Value, Provider Network, Plan Benefits in addition to EHB, Administrative Costs excluding exchange fees are 1.00. It is also the Rate where age factor and area factor are 1.00.

Plan Adjusted Index Rate

After developing the Market Adjusted Index Rate, the Plan Adjusted Index Rate is calculated using the plan specific factors allowed by 45 CFR Part 156, §156.80(d)(2).

BY	Market Adjusted Index Rate	\$834.22
BZ	Actuarial value and cost-sharing adjustment	varies by plan
CA	Provider network, delivery system and utilization management adjustment	varies by plan
CB	Adjustment for benefits in addition to the EHBs	1.000
CC	Impact of specific eligibility categories for the catastrophic plan	varies by plan
CD	Adjustment for distribution and administrative costs	1.117
CE	Plan Adjusted Index Rate	varies by plan
CF	Plan Adjusted Index Rate	varies by plan
CG	Age Curve Calibration	0.660
CH	Geographic Factor Calibration	0.876
CI	Network Factor Calibration	1.029
CJ	Calibrated Plan Adjusted Index Rate	varies by plan

(BZ) Actuarial Value and Cost-Sharing Adjustment

The Actuarial Value and Cost-Sharing Adjustment is the product of the AV of the plan as computed by the Standalone calculator, the Induced Demand Factor, and the Normalization Adjustment.

Plan Name	Exchange Status	Actuarial Value	Induced Demand	Normalization	Actuarial value and cost-sharing adjustment
Health Net Platinum 90 PPO	OFF	0.897	1.561	0.908	1.271
Health Net Gold 80 PPO	OFF	0.809	1.349	0.908	0.990
Health Net Silver 70 PPO	OFF	0.715	1.180	0.908	0.766
Health Net Bronze 60 PPO	OFF	0.619	0.865	0.908	0.486
Health Net Minimum Coverage PPO	OFF	0.619	0.865	0.908	0.486
Health Net Platinum 90 EPO	OFF	0.897	1.348	0.924	1.118
Health Net Platinum 90 EPO	ON	0.897	1.348	0.924	1.118
Health Net Gold 80 EPO	OFF	0.809	1.266	0.924	0.946
Health Net Gold 80 EPO	ON	0.809	1.266	0.924	0.946
Health Net Silver 70 EPO	OFF	0.715	1.148	0.924	0.759
Health Net Silver 70 EPO	ON	0.715	1.148	0.924	0.759
Health Net Bronze 60 EPO	OFF	0.619	1.000	0.924	0.572
Health Net Bronze 60 EPO	ON	0.619	1.000	0.924	0.572
Health Net Minimum Coverage EPO	OFF	0.619	1.000	0.924	0.572
Health Net Minimum Coverage EPO	ON	0.619	1.000	0.924	0.572

With credible data on risk adjusted experience by metal tier, we are making changes to our “induced demand factors” that determine our plan pricing. Those changes in induced demand factors are to PPO Off-Exchange only. Because of concerns related to anti-selection Off-Exchange, we are only changing the relationship of Bronze/Catastrophic plans to other metal tiers for PPO Off-Exchange.

Plan Name	Exchange Status	2016			2017			Change
		Induced Demand Factor	Norm	IDF x Norm	Induced Demand Factor	Norm	IDF x Norm	
Health Net Platinum 90 PPO	OFF	1.491	0.915	1.364	1.561	0.908	1.417	3.8%
Health Net Gold 80 PPO	OFF	1.289	0.915	1.179	1.349	0.908	1.225	3.8%
Health Net Silver 70 PPO	OFF	1.127	0.915	1.031	1.180	0.908	1.071	3.8%
Health Net Bronze 60 PPO	OFF	0.910	0.915	0.832	0.865	0.908	0.785	-5.7%
Health Net Minimum Coverage PPO	OFF	0.910	0.915	0.832	0.865	0.908	0.785	-5.7%
Health Net Platinum 90 EPO	OFF	1.348	0.910	1.227	1.348	0.924	1.246	1.5%
Health Net Platinum 90 EPO	ON	1.348	0.910	1.227	1.348	0.924	1.246	1.5%
Health Net Gold 80 EPO	OFF	1.266	0.910	1.153	1.266	0.924	1.171	1.5%
Health Net Gold 80 EPO	ON	1.266	0.910	1.153	1.266	0.924	1.171	1.5%
Health Net Silver 70 EPO	OFF	1.148	0.910	1.045	1.148	0.924	1.062	1.5%
Health Net Silver 70 EPO	ON	1.148	0.910	1.045	1.148	0.924	1.062	1.5%
Health Net Bronze 60 EPO	OFF	1.000	0.910	0.910	1.000	0.924	0.924	1.5%
Health Net Bronze 60 EPO	ON	1.000	0.910	0.910	1.000	0.924	0.924	1.5%
Health Net Minimum Coverage EPO	OFF	1.000	0.910	0.910	1.000	0.924	0.924	1.5%
Health Net Minimum Coverage EPO	ON	1.000	0.910	0.910	1.000	0.924	0.924	1.5%

(CA) Provider network, delivery system and utilization management adjustment

This varies by network and rating region, and represents the cost relativity of the PPO and EPO networks, by region:

Product	Rating Region	Members	Current	Proposed	Change
			Network Factors	Network Factors	
PPO	ALL	15,962	1.000	1.000	0.0%
EPO	2	285	0.768	0.759	-1.2%
EPO	4	274	0.800	0.791	-1.2%
EPO	5	261	0.761	0.752	-1.2%
EPO	7	141	0.787	0.777	-1.2%
EPO	8	419	0.834	0.824	-1.2%
EPO	9	566	0.752	0.743	-1.2%
EPO	10	167	0.819	0.810	-1.2%
EPO	14	3	0.781	0.772	-1.2%
EPO	15	30	0.737	0.728	-1.2%
EPO	16	0	-	-	-1.2%
EPO	17	12	0.777	0.767	-1.2%
EPO	18	40	0.722	0.714	-1.2%
EPO	19	91	0.719	0.710	-1.2%
Total		18,252	0.973	0.971	-0.1%

As a result of CCHIO guidance regarding providing multiple networks as part of the same risk pool, we are showing our EPO products by region each as a separate network adjustment factor.

(CB) Adjustment for benefits in addition to the EHBs

There are no benefits in addition to the EHBs.

(CC) Impact of specific eligibility categories for the catastrophic plan

Catastrophic plans are their own single risk pool and this adjustment factor is meant to adjust the catastrophic rates so that they reflect their own experience. Our 2016 catastrophic factors were 0.815 for PPO plans and 0.788 for EPO plans and remain unchanged from the previous rate filing.

(CD) Adjustment for distribution and administrative costs

This is calculated as:

$$1 + \frac{\text{Total Administrative Costs} + \text{Total Taxes \& Fees} - \text{Exchange User Fees} + \text{Profit}}{\text{Projected Incurred Claims w/ ACA Adjustments} + \text{Exchange User Fees}}$$

The resulting adjustment is 1.117.

(CG) Age Curve Calibration

This is the inverse of the expected average age factor using the ACA age factors and the 3 child limit.

The age curve factor was calculated by pulling a census of every non-grandfathered member in California Individual PPO as of January 2016. The ACA age factor is based on the member's age in years (rounded down) as of January 1, 2017 - the age implicit in (AW) Adjusted Earned Premium. The 3 child limit was applied so that dependent children age 0-20 were not counted if they were the 4th or more child in a family contract. The result of this analysis demonstrated that the average age factor for this block is 1.516. Thus to calibrate the plan adjusted index rate so that the implied age factor is 1.00, we multiply by the inverse of the average age factor of the block. The inverse of 1.516 is 0.660.

(CH) Geographic Factor Calibration

This is the inverse of the weighted average of the proposed area factors, weighted by current ACA membership. To calculate average area factor, we pulled the census of every non-grandfathered member in California Individual PPO as of January 2016. The average area factor was calculated based on this population and using our proposed 2017 area factors. The calculated value is 1.117.

Note we adjust the calibration factor by 0.9799 in order to account for average differences between the renewal produced by the "Rating factors" tab and the renewal calculated by the Rate Development. Without the Geographic Calibration Adjustment found in the Rating's Factor tab, the result this factor would be 0.894 rather than 0.876.

Rating Region	Description	Members	Current	Proposed	Change w/o Norm
			Area Factors	Area Factors	
2	Wine Country	1,706	1.234	1.234	0.0%
4	San Francisco	1,094	1.278	1.278	0.0%
5	Contra Costa	679	1.210	1.210	0.0%
7	Santa Clara	2,459	1.158	1.158	0.0%
8	San Mateo	1,835	1.320	1.320	0.0%
9	Santa Cruz	1,288	1.276	1.276	0.0%
10	Central Valley	671	1.146	1.146	0.0%
14	Kern	143	0.943	0.943	0.0%
15	Los Angeles East	1,716	0.915	0.915	0.0%
16	Los Angeles West	0	1.287	1.287	0.0%
17	Inland Empire	1,557	0.983	0.983	0.0%
18	Orange County	3,038	1.008	1.008	0.0%
19	San Diego	2,066	1.024	1.024	0.0%
Total		18,252	1.1166	1.1166	0.0%

(CI) Network Factor Calibration

This is the inverse of the weighted average of the network factor, one of the four allowed modifiers to the Index Rate, weighted by current ACA membership. As this is multiplicative modifier to the index rate we must divide it out so that its impact on rates overall is revenue-neutral.

To calculate the average network factor, we pulled the census of every non-grandfathered member in California Individual PPO as of January 2016 by plan network. The average network factor was calculated based on this population and using our proposed 2017 network factors. The calculated value is 0.971. The inverse of this value is $1.029 = 1 / 0.971$.

AV Metal Values

All AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV Calculator.

AV Pricing Values

All plans filed are standard plans developed by Covered California. The AVs below are calculated by Covered California and we relied on them without comment.

Rating Factors

We do not rate for tobacco. Per member premium is calculated as:

Plan Specific Base Rate
x Age Factor with 3 child limit
x Area Factor

Age Factors and Tier Factors:

We use ACA age factors with the 3 child limit.

Area Factors:

Area factors reflect the regional differences in provider contracting and claims cost. Current members shown are those on ACA plans as of January 2016.

Rating Region	Description	Members	Current	Proposed	Change w/o Norm
			Area Factors	Area Factors	
2	Wine Country	1,706	1.234	1.234	0.0%
4	San Francisco	1,094	1.278	1.278	0.0%
5	Contra Costa	679	1.210	1.210	0.0%
7	Santa Clara	2,459	1.158	1.158	0.0%
8	San Mateo	1,835	1.320	1.320	0.0%
9	Santa Cruz	1,288	1.276	1.276	0.0%
10	Central Valley	671	1.146	1.146	0.0%
14	Kern	143	0.943	0.943	0.0%
15	Los Angeles East	1,716	0.915	0.915	0.0%
16	Los Angeles West	0	1.287	1.287	0.0%
17	Inland Empire	1,557	0.983	0.983	0.0%
18	Orange County	3,038	1.008	1.008	0.0%
19	San Diego	2,066	1.024	1.024	0.0%
Total		18,252	1.1166	1.1166	0.0%

Unified Rate Review Template

Section I: Experience period data:

Allowed and Incurred Claims Incurred During the Experience Period:

In order to supply the requested information for the URRT we have included all non-grandfathered California Individual business. Therefore the Single Risk Pool is comprised of our Non-Grandfathered Individual PPO business.

California Individual PPO incurred claims were pulled directly from Health Net's internal claims system. A completion factor of was applied to account for claims incurred but not reported.

Section II: Allowed Claims, PMPM basis

Other – This is the product of the following factors below. See above Projection Factors (J) – (Z), for further details regarding the quantitative development of these items.

	Claims development:	Total
J	OON Substance Abuse Cost Adjustment ----80% reduction	0.658
K	Reduction in Anti-Selection Exposure to Substance Abuse	0.923
M	Unlimited MOOP (PPO Specific)	0.974
	Increase OON Ded Non-Emergency (PPO Specific)	0.988
	Exclusion of infusion services/Specialty Rx from OON Coverage + Payment fixes for OON claims other than SA	0.997
	Removal of Travel Benefit	0.998
	OON Non-Emergent Allowed Amount Caps (PPO Specific)	0.991
	2017 Initiatives	0.947
P	CSR Receivables	0.998
Q	Release of Pent-Up Demand	1.000
R	2016 Carryover Initiatives	0.988
T	Age Adjustment (Relative to Current Metal/Region Mix)	0.968
U	Area Adjustment	1.000
W	Benefit Adjustments	1.000
X	Plan benefits in addition to EHB	1.000
Y	Claims Adjustment: Hepatitis C	0.996
Z	Adjustment for Grace Period	1.000
	<i>Equalize Paid to Allowed</i>	1.020
	<i>Equalize Months of Trend</i>	1.000
	<i>Total</i>	0.530

Note: Equalize Paid to Allowed is equal to the ratio of the Experience AV to Projected AV w/ Plan Adjustment. It represents benefit / leveraging changes due to the change in plan benefits as calculated by the AV calculator. It is calculated as the

$$\text{Plan Adjustment (V)} \times \text{Experience AV} / \text{Projected AV} = 1.008 \times 0.715 / 0.707 = 1.020$$

Administrative Expense Load – This is the sum of the following factors below. See above Non-Benefit Expenses and Profit & Risk (AI) – (AK), for further details regarding the quantitative development of these items.

	Admin Development	% of Revenue
AI	Administrative Expenses	5.3%
AJ	Commissions	1.2%
AK	Broker Bonus	0.0%
	<i>Total</i>	6.5%

Profit – Profit is 2.5%. See above Non-Benefit Expenses and Profit & Risk (BA) for further details regarding the quantitative development of this item.

Taxes and Fees – This is the sum of the following items below. See above Non-Benefit Expenses and Profit & Risk (AM)-(AR), for further details regarding the quantitative development of these items. Please note that the Taxes and Fees calculated below are included in the Administrative Load section, above, because the URRT does not allow for a negative value in the Taxes and Fees field.

	Taxes and Fees	% of Revenue
AM	Premium tax	0.0%
AS	Income Tax	1.4%
AP	Exchange Fee	0.4%
AQ	Insurer's Fee	0.0%
AR	PCORI	0.0%
	<i>Total</i>	1.9%

Credibility Manual Rate Development

Health Net did not employ the use of external claims experience.

Credibility of Experience

Our California Individual PPO non-grandfathered experience data includes over 36,700 lives and we considered it fully credible for the purpose of premium setting.

Paid to Allowed Ratio

We expect the paid to allowed ratio of future business to be 0.707. This valuation was calculated as the average of the AVs of our 2017 portfolio based on the census of every non-grandfathered member in California Individual PPO as of January 2016. The AVs were determined based on the standalone AV calculator which is a paid to allowed calculator.

Membership Projections

We project 18,084 members or 217,003 member months on 2017 Individual ACA PPO and EPO plans in California.

Warning Alerts

N/A

Effective Rate Review Information (optional)

N/A

Reliance

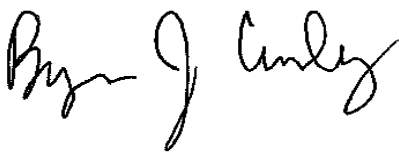
Health Net did not rely on any information or underlying assumptions provided by another individual.

Actuarial Certification

I, Bryan Curley, am an actuary for Health Net, Inc. and a member of the American Academy of Actuaries, in good standing.

I hereby certify the following:

1. The projected index rate, in conjunction with other ACA financial provisions, is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)), was developed in compliance with the applicable Actuarial Standards of Practice, is reasonable in relation to the benefits provided and the population anticipated to be covered, and is neither excessive nor deficient.
2. 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.
3. The percent of total health care costs that represents essential health benefits included in Worksheet 2, Section IV were calculated in accordance with actuarial standards of practice.
4. The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were distributed by Covered California. As directed by Covered California, we are submitting these plans based on Covered California's calculations.
5. Calculations are based on generally accepted actuarial rating principles for rating blocks of business.
6. The Part I Unified Rate Review Template does not demonstrate the process used by the Health Net to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Bryan Curley, FSA, MAAA
Health Net
21650 Oxnard Street
Woodland Hills, CA 91367
Phone #:(818) 676-8358
Fax #: (818) 676-8021

May 1, 2016

Date

Health Net of California
 IFP PPO/EPO Rate Filing Effective January 1, 2017
 Development of Rate Change or Base Rate

Development of the Index Rate

45 CFR Part 156, §156.80 sets the methodology to determine the Index Rate:

(d) Index rate —(1) In general. Each plan year or policy year, as applicable, a health insurance issuer must establish an index rate for a state market described in paragraphs (a) through (c) of this section based on the total combined claims costs for providing essential health benefits within the single risk pool of that state market. The index rate must be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in the state and Exchange user fees. The premium rate for all of the health insurance issuer's plans in the relevant state market must use the applicable market-wide adjusted index rate, subject only to the plan-level adjustments permitted in paragraph (d)(2) of this section.

Experience Period (from X to Y)	1/1/2015	12/31/2015
Paid Through		1/31/2015
Rating Period (from X to Y)	1/1/2017	12/31/2017

	Experience:	Total	PMPM	% of Risk Adj Revenue	% of Revenue
A	Experience Period Member Months	440,430	36,703		
B	Expected Member Months in the Rating Period	217,003	18,084		
C	Experience Period Premium	\$189,018,536	\$429.17		
D	System Experience Period Completed Incurred Claims	\$473,970,047	\$1,076.15		
E	Off System Adjustments to Claims (Pediatric Vision+Dental)	\$2,096,664	\$4.76		
F	Experience Period Completed Incurred Claims	\$476,066,711	\$1,080.91		

	Claims development:	Total	PMPM	% of Risk Adj Revenue	% of Revenue
H	Experience Incurred Claims (D)	\$473,970,047	\$1,080.91		
I	Claims without OON Substance Abuse Claims		\$619.44		
J	OON Substance Abuse Cost Adjustment ---80% reduction	0.658	\$711.73		
K	Reduction in Anti-Selection Exposure to Substance Abuse	0.923	\$656.86		
L	Morbidity - Reweighting Claims to Current	1.184	\$777.72		
M	Unlimited MOOP (PPO Specific)	0.974	\$757.18		
	Increase OON Ded Non-Emergency (PPO Specific)	0.988	\$747.90		
	Exclusion of infusion services/Specialty Rx from OON Coverage + Payment fixes for OON claims other than SA	0.997	\$745.42		
	Removal of Travel Benefit	0.998	\$744.15		
	OON Non-Emergent Allowed Amount Caps (PPO Specific)	0.991	\$737.59		
	2017 Initiatives	0.947	\$698.62		
N	Morbidity adjustment - Healthy lives entering the market (in Risk Adjustment)	1.000	\$698.62		
O	Morbidity adjustment - Guaranteed Issue for PPO	1.000	\$698.62		
P	CSR Receivables	0.998	\$697.13		
Q	Release of Pent-Up Demand	1.000	\$697.13		
R	2016 Carryover Initiatives	0.988	\$688.97		
T	Age Adjustment (Relative to Current Metal/Region Mix)	0.968	\$667.18		
U	Area Adjustment	1.000	\$667.42		
V	Plan Adjustment	1.008	\$672.77		
W	Benefit Adjustments	1.000	\$672.77		
X	Plan benefits in addition to EHB	1.000	\$672.77		
Y	Claims Adjustment: Hepatitis C	0.996	\$670.39		
Z	Adjustment for Grace Period	1.000	\$670.39		
AA	Pricing Trend	7.85%	7.85%		
AB	Months of Trend	24	24		
AC	Trend Factor	1.163	1.163		
AD	Projected Incurred Claims	\$169,228,737	\$779.84		

	Risk Adjustment/Reinsurance Recoveries	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AE	Reinsurance Recoveries	1.000	\$0.00		
AF	Risk Adjustment-Wakely Projected		(\$158.60)		
	Risk Adjustment-EDGE Server Submission		(\$19.40)		
	Risk Adjustment-EDGE Server Error Elimination		(\$4.06)		
AG	Risk Adjustment-Improvement due to Morbidity	0.986	(\$10.79)		
AH	Projected Incurred Claims (w/ ACA Adjustments)	\$127,378,812	\$586.99		

	Admin Development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AI	Administrative Expenses	\$7,562,391	\$34.85	4.1%	5.3%
AJ	Commissions	\$1,744,140	\$8.04	0.9%	1.2%
AK	Broker Bonus	\$0	\$0.00	0.0%	0.0%
AL	Total Administrative Costs	\$9,306,531	\$42.89	5.0%	6.5%

	Taxes and Fees	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AM	Premium tax	\$0	\$0.00	0.0%	0.0%
AN	Risk Adjustment Fee	\$32,550	\$0.15	0.0%	0.0%
AO	Reinsurer's Fee	\$0	\$0.00	0.0%	0.0%
AP	Exchange Fee	\$622,234	\$2.87	0.3%	0.4%
AQ	Insurer's Fee	\$0	\$0.00	0.0%	0.0%
AR	PCORI	\$39,241	\$0.18	0.0%	0.0%
AS	Income Tax	\$2,006,407	\$9.25	1.1%	1.4%
AS	Total Taxes and Fees	\$2,700,434	\$12.44	1.5%	1.9%

	Premium development	Total	PMPM	% of Risk Adj Revenue	% of Revenue
AU	Experience Period Premium (C)	\$5,368,317	\$429.17		
AV	Adjustments for Approved Rate Changes	\$10,114,399	\$106.29		
AW	Adjusted Earned Premium	\$20,228,798	\$535.46		

	Proposed Base Rate Development:	Total	PMPM	Risk Adj Rev	% of Revenue
AX	Projected Incurred Claims (w/ ACA Adjustments) (AH)	\$127,378,812	\$586.99		
AY	Total Administrative Costs	\$9,306,531	\$42.89		
AZ	Total Taxes and Fees	\$2,700,434	\$12.44		
BA	After-tax Profit/Margin	\$3,536,767	\$16.30		
	After-tax Profit/Margin %			1.9%	2.5%
BB	Required Revenue	\$142,922,544	\$658.62		
BC	Risk Adjusted Revenue		\$851.47		
BD	Requested Base Rate		\$658.62		
BE	Requested Renewal Increase		23.0%		
BF	Target Medical Loss Ratio				89.1%

	Federal MLR Calculation	Total	PMPM	Risk Adj Rev	% of Revenue
BG	Premium tax	\$0	\$0.00		0.0%
BH	Income Tax	\$2,006,407	\$9.25		1.4%
BI	Exchange Fee	\$622,234	\$2.87		0.4%
BJ	Insurer's Fee	\$0	\$0.00		0.0%
BK	PCORI	\$39,241	\$0.18		0.0%
BL	Risk Adjustment Fee	\$32,550	\$0.15		0.0%
BM	Reinsurer's Fee	\$0	\$0.00		0.0%
BN	Allowed Deductible Expenses	\$2,700,434	\$12.44		1.9%
BO	Quality Improvements	\$1,011,475	\$4.66		0.7%
BP	Federal MLR [= BF x (1 + BN) / (1 - BO)]				91.5%

	Index Rate Development	Total	PMPM	Risk Adj Rev	% of Revenue
BQ	Projected Incurred Claims (AD)		\$779.84		
BR	Paid to Allowed Ratio		0.707		
BS	Index Rate		\$1,102.93		

Development of the Market Adjusted Index Rate

BT	Index Rate PMPM	\$1,102.93
BU	Federal Reinsurance Program Adjustment	\$0.00
BV	Risk Adjustment	\$272.75
BW	Exchange User Fee Adjustment	\$4.06
BX	Market Adjusted Index Rate	\$834.23

Development of Plan Adjusted Index Rate

Allowable modifiers to the Index Rate are defined in 45 CFR Part 156, §156.80(d)(2)

BY	Market Adjusted Index Rate	\$834.23
BZ	Actuarial value and cost-sharing adjustment	varies by plan
CA	Provider network, delivery system and utilization management adjustment	varies by plan
CB	Adjustment for benefits in addition to the EHBs	1.000
CC	Impact of specific eligibility categories for the catastrophic plan	varies by plan
CD	Adjustment for distribution and administrative costs	1.117
CE	Plan Adjusted Index Rate	varies by plan

CF	Plan Adjusted Index Rate	varies by plan
CG	Age Curve Calibration	0.660
CH	Geographic Factor Calibration	0.876
CI	Network Factor Calibration	1.029
CJ	Calibrated Plan Adjusted Index Rate	varies by plan

California Department of Insurance Document Submission Form

California Insurer Number (Not NAIC Number): 3173-2		FOR DEPARTMENT USE ONLY			
Insurer Name: Health Net Life Insurance Company		CDI file number: <input type="checkbox"/> PAB <input type="checkbox"/> AO <input type="checkbox"/> HPAB <input type="checkbox"/> HAO			
Submitter email and US mail addresses: Jennifer Smith / Regulatory Compliance Health Net Life Insurance Company 11931 Foundation Place, Building D Rancho Cordova, CA 95670		Reviewer: 			
Initial Submission Date: 5/2/2016		Department Action Date:			
	Document Form Number	Document Type (e.g., Policy, Rider, etc.)	Subdivision(s) of Cal. Code Regs., tit. 10 § 2202(a)	Department Action	Fee
1.	IFP EPO & PPO Rates Eff Jan 1, 2017	Rates			
2.	In forms P34401, P30601				
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FILER INSTRUCTIONS: Make entries on the form to the left of the triple vertical line. For each document being submitted, enter the document number and a plain language description of the document type. Use additional Document Submission Forms as necessary.			TOTAL:	\$ 0.00	
			Page ____ of ____		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y						
1	Unified Rate Review v3.3																													
2																														
3	Company Legal Name:		Health Net Life Insurance Com State:												CA															
4	HIOS Issuer ID:		99110												Market:		Individual													
5	Effective Date of Rate Change(s):		1/1/2017																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2015		to		12/31/2015																							
13			<u>Experience Period</u>		<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$189,018,536		\$429.17		100.00%																							
15	Incurred Claims in Experience Period		\$476,066,711		1,080.91		251.86%																							
16	Allowed Claims:		\$665,655,090		1,511.38		352.16%																							
17	Index Rate of Experience Period		\$1,511.00																											
18	Experience Period Member Months		440,430																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			<u>Experience Period</u>		<u>Projection Period:</u>		1/1/2017		to		12/31/2017		Mid-point to Mid-point, Experience to Projection:										24		months					
22			<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Projection Period</u>				<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>													
23	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	
24	Inpatient Hospital		Admits		123.40		\$34,216.55		\$351.87		1.184		0.530		1.061		1.017		151.16		\$20,411.20		\$257.11		0.00		\$0.00		\$0.00	
25	Outpatient Hospital		Visits		327.29		5,323.52		145.19		1.184		0.530		1.060		1.017		400.90		3,167.04		105.80		0.00		0.00		0.00	
26	Professional		Visits		12,739.76		795.53		844.58		1.184		0.530		1.055		1.017		15,605.00		469.34		610.34		0.00		0.00		0.00	
27	Other Medical		Visits		242.75		1,076.76		21.78		1.184		0.530		1.041		1.017		297.35		618.11		15.32		0.00		0.00		0.00	
28	Capitation		Benefit Period		1,000.00		1.06		0.09		1.184		0.530		1.000		1.000		1,184.00		0.56		0.06		0.00		0.00		0.00	
29	Prescription Drug		Prescriptions		11,169.26		158.86		147.86		1.184		0.530		1.110		1.000		13,224.44		103.72		114.30		0.00		0.00		0.00	
30	Total								\$1,511.38																				\$0.00	
31																														
32	Section III: Projected Experience:																					After Credibility		Projected Period Totals						
33			Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)																			100.00%		0.00%		\$1,102.93		\$239,338,684		
34			Paid to Allowed Average Factor in Projection Period																							0.707				
35			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																							\$779.84		\$169,228,737		
36			Projected Risk Adjustments PMPM																							192.70		41,817,374		
37			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																							\$587.14		\$127,411,363		
38			Projected ACA reinsurance recoveries, net of rein prem, PMPM																							0.00		0		
39			Projected Incurred Claims																							\$587.14		\$127,411,363		
40			Administrative Expense Load																					6.51%		42.89		9,306,531		
41			Profit & Risk Load																					2.47%		16.30		3,536,767		
42			Taxes & Fees																					1.87%		12.29		2,667,883		
43			Single Risk Pool Gross Premium Avg. Rate, PMPM																							\$658.62		\$142,922,544		
44			Index Rate for Projection Period																							1,102.93				
45			% increase over Experience Period																							53.46%				
46			% Increase, annualized:																							23.88%				
47			Projected Member Months																									217,003		
48																														
49	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.																													
50																														

Product-Plan Data Collection

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

Health Net Life Insurance Company
99110
1/1/2017

State: CA
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Table with columns for Product ID, Plan Name, Plan Type, Plan Category, Plan Year, and various financial metrics like Historical Rate Increase, Effective Date, and Rate Change percentages across different plan categories.

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

Table showing PMPM Dollar Amount above Current Average Rate PMPM for various plan categories and years, including columns for Plan ID, Component, and Dollar Amount.

Section III: Experience Period Information

Table detailing experience period information, including Plan Adjusted Index Rate, Member Months, Total Premium, EHB Percent of TP, and various claim metrics.

Section IV: Projected (12 months following effective date)

Table showing projected data for 12 months following the effective date, including Plan Adjusted Index Rate, Member Months, Total Premium, EHB Percent of TP, and various claim metrics.

CalamityRate
0.604
0.010
Terminated
EPD
Health Net
Minimum
Coverage EPD
99110CA0350001
No
1/1/2015
0.00%
0.00%
-100.00%

99110CA0350001
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

99110CA0350001
\$175.21
776
\$135,981
100.00%
0.00%
0.00%
\$86,588
100.00%
0.00%
0.00%
\$24,633
0.00%
\$61,505
\$79.77
\$111.54
\$111.54

99110CA0350001
50
100.00%
100.00%
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California Manual Rate Development Template

Company Legal Name: **Health Net Life Insurance Company** State: **CA**
 HIOS Issuer ID: **99110** Market: **Individual**
 Effective Date: **1/1/2017**

Market Level Calculations (Same for all Plans)

Section I:
 Experience Period: **1/1/2015** to **12/31/2015**
 Paid through **1/31/2015**
 PMPM
 Incurred Claims in Experience Period **\$476,066,711** 1,080.91
 Allowed Claims: **\$665,655,090** 1,511.38
 Experience Period Member Months **440,430**

Section II: Manual Rate Allowed Claims, PMPM basis

Experience Period

Projection Period: **1/1/2017** to **12/31/2017**

Mid-point to Mid-point, Experience to Projection: 24 months

Benefit Category	Actual or Model Experience						Adjustments from Experience to Projection Period								Projected Manual Allowed					
	Utilization Description	Utilization per 1,000	Average Cost/Service	Allowed PMPM	Cost Sharing PMPM	Net Claims Cost PMPM	Population Risk Adjustment	Util Adj 1	Util Adj 2	Util Adj 3	Cost Adj 1	Cost Adj 2	Cost Adj 3	Cost	Util	Utilization per 1,000	Average Cost/Service	Allowed PMPM	Cost Sharing PMPM	Net Claims Cost PMPM
Inpatient Hospital	Admits	123.40	\$ 34,216.55	\$ 351.87	\$ 100.22	\$ 251.65	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.061	1.017	151.16	\$ 20,411.20	\$ 257.11	\$ 181.79	\$ 75.32
Outpatient Hospital	Visits	327.29	5,323.52	145.19	41.35	103.84	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.060	1.017	400.90	3,167.04	105.80	74.81	30.99
Professional	Visits	12,739.76	795.53	844.58	240.55	604.03	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.055	1.017	15,605.00	469.34	610.34	431.55	178.79
Other Medical	Visits	242.75	1,076.76	21.78	6.20	15.58	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.041	1.017	297.35	618.11	15.32	10.83	4.49
Capitation (Professional)	Benefit Period	1,000.00	-	-	-	-	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.000	1.000	1,184.00	-	-	-	-
Capitation (Institutional)	Benefit Period	1,000.00	-	-	-	-	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.000	1.000	1,184.00	-	-	-	-
Capitation (Other)	Benefit Period	1,000.00	1.06	0.09	0.03	0.06	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.000	1.000	1,184.00	0.56	0.06	0.04	0.02
Prescription Drug	Scripts	11,169.26	158.86	147.86	42.11	105.75	1.184	1.000	1.000	1.000	0.530	1.000	1.000	1.110	1.000	13,224.44	103.72	114.30	80.82	33.48
Total				\$ 1,511.38	\$ 430.46	\$ 1,080.91											\$ 1,102.93	\$ 779.84	\$ 323.08	

Description of Population Risk Adjustment Assumption for Enrollment in Bronze, Silver, Gold, and Platinum Plans

Description of Population Risk Adjustment Assumption for Enrollment in Catastrophic Plans

California Rating Factor Exhibit

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

Health Net Life Insurance Company
99110
1/1/2017

Market/Product/Plan Level Calculations

Market Adjusted Index Rate

Index Rate	\$ 1,102.93
Federal Reinsurance Program Adjustment	\$ -
Risk Adjustment	\$ 272.75
Exchange User Fee Adjustment	\$ 4.06
Market Adjusted Index Rate	\$ 834.23

Plan Adjusted Index Rate

Plan Name	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70
Plan ID (Standard Component ID):	9110CA021000	9110CA021000	9110CA021000	9110CA021001	9110CA021001	9110CA035000	9110CA035001	9110CA035002
Market Adjusted Index Rate	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
Actuarial value and cost-sharing adjustment	1.271	0.990	0.766	0.486	0.486	1.118	0.946	0.759
Provider network, delivery system and utilization management adjustment	1.000	1.000	1.000	1.000	1.000	0.759	0.759	0.759
Adjustment for benefits in addition to the EHBS	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Impact of specific eligibility categories for the catastrophic plan	1.000	1.000	1.000	1.000	0.815	1.000	1.000	1.000
Adjustment for distribution and administrative costs	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
Plan Adjusted Index Rate	1,184.009	922.332	713.661	452.719	368.966	790.730	669.266	536.967

Calibration

Plan Adjusted Index Rate	\$ 1,184.01	\$ 922.33	\$ 713.66	\$ 452.72	\$ 368.97	\$ 790.73	\$ 669.27	\$ 536.97
Age Curve Calibration	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
Geographic Factor Calibration	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
Network Factor Calibration	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Calibrated Plan Adjusted Index Rate	\$ 704.10	\$ 548.49	\$ 424.40	\$ 269.22	\$ 219.42	\$ 470.23	\$ 398.00	\$ 319.32

Rating Area Factors

Rating Area	1	2	3	4	5	6	7	8
Rating Area Factor		1.234		1.278	1.210		1.158	1.320

State: **CA**



h Net Bronze 6t	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	h Net Bronze 6t	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	h Net Bronze 6t	Minimum Cov	Net Platinum
9110CA035003	9110CA035003	9110CA034000	9110CA034001	9110CA034001	9110CA034002	9110CA034003	9110CA035000	9110CA035001	9110CA035002	9110CA035003	9110CA035003	9110CA034000
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118
0.759	0.759	0.759	0.759	0.759	0.759	0.759	0.791	0.791	0.791	0.791	0.791	0.791
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
404.652	318.907	790.730	669.266	536.967	404.652	318.907	823.744	697.208	559.386	421.547	332.222	823.744

\$ 404.65	\$ 318.91	\$ 790.73	\$ 669.27	\$ 536.97	\$ 404.65	\$ 318.91	\$ 823.74	\$ 697.21	\$ 559.39	\$ 421.55	\$ 332.22	\$ 823.74
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 240.64	\$ 189.65	\$ 470.23	\$ 398.00	\$ 319.32	\$ 240.64	\$ 189.65	\$ 489.86	\$ 414.61	\$ 332.65	\$ 250.68	\$ 197.57	\$ 489.86

9	10	11	12	13	14	15	16	17	18	19
1.276	1.146				0.943	0.915	1.287	0.983	1.008	1.024



th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6
9110CA034001	9110CA034001	9110CA034002	9110CA034003	9110CA035000	9110CA035001	9110CA035002	9110CA035003	9110CA035004	9110CA034000	9110CA034001	9110CA034002	9110CA034002
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572
0.791	0.791	0.791	0.791	0.752	0.752	0.752	0.752	0.752	0.752	0.752	0.752	0.752
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
697.208	559.386	421.547	332.222	783.439	663.095	532.016	400.921	315.967	783.439	663.095	532.016	400.921

\$ 697.21	\$ 559.39	\$ 421.55	\$ 332.22	\$ 783.44	\$ 663.09	\$ 532.02	\$ 400.92	\$ 315.97	\$ 783.44	\$ 663.09	\$ 532.02	\$ 400.92
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 414.61	\$ 332.65	\$ 250.68	\$ 197.57	\$ 465.89	\$ 394.33	\$ 316.38	\$ 238.42	\$ 187.90	\$ 465.89	\$ 394.33	\$ 316.38	\$ 238.42



Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80
9110CA034003	9110CA035000	9110CA035001	9110CA035002	9110CA035003	9110CA035004	9110CA035001	9110CA035001	9110CA035002	9110CA035003	9110CA035004	9110CA034000	9110CA034001
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946
0.752	0.777	0.777	0.777	0.777	0.777	0.824	0.824	0.824	0.824	0.824	0.824	0.824
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
315.967	809.542	685.188	549.742	414.279	326.494	857.875	726.097	582.563	439.013	345.987	857.875	726.097

\$ 315.97	\$ 809.54	\$ 685.19	\$ 549.74	\$ 414.28	\$ 326.49	\$ 857.88	\$ 726.10	\$ 582.56	\$ 439.01	\$ 345.99	\$ 857.88	\$ 726.10
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 187.90	\$ 481.42	\$ 407.47	\$ 326.92	\$ 246.36	\$ 194.16	\$ 510.16	\$ 431.79	\$ 346.44	\$ 261.07	\$ 205.75	\$ 510.16	\$ 431.79



th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	
9110CA034002	9110CA034002	9110CA034003	9110CA035001	9110CA035001	9110CA035002	9110CA035003	9110CA035004	9110CA034001	9110CA034001	9110CA034001	9110CA034002	9110CA034002	9110CA034003
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	0.572
0.824	0.824	0.824	0.743	0.743	0.743	0.743	0.743	0.743	0.743	0.743	0.743	0.743	0.743
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000	1.000	0.788
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
582.563	439.013	345.987	774.313	655.370	525.818	396.251	312.286	774.313	655.370	525.818	396.251	312.286	312.286

\$ 582.56	\$ 439.01	\$ 345.99	\$ 774.31	\$ 655.37	\$ 525.82	\$ 396.25	\$ 312.29	\$ 774.31	\$ 655.37	\$ 525.82	\$ 396.25	\$ 312.29
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 346.44	\$ 261.07	\$ 205.75	\$ 460.47	\$ 389.73	\$ 312.69	\$ 235.64	\$ 185.71	\$ 460.47	\$ 389.73	\$ 312.69	\$ 235.64	\$ 185.71



Net Platinum \$	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum \$	th Net Gold 80	th Net Silver 70	th Net Bronze 6	Minimum Cov	Net Platinum \$	th Net Gold 80	th Net Silver 70
9110CA035001	9110CA035002	9110CA035002	9110CA035003	9110CA035004	9110CA034001	9110CA034001	9110CA034002	9110CA034002	9110CA034003	9110CA035001	9110CA035002	9110CA035002
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759	0.572	0.572	1.118	0.946	0.759
0.810	0.810	0.810	0.810	0.810	0.810	0.810	0.810	0.810	0.810	0.772	0.772	0.772
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000	1.000	0.788	1.000	1.000	1.000
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
843.308	713.767	572.671	431.559	340.112	843.308	713.767	572.671	431.559	340.112	804.144	680.619	546.076

\$ 843.31	\$ 713.77	\$ 572.67	\$ 431.56	\$ 340.11	\$ 843.31	\$ 713.77	\$ 572.67	\$ 431.56	\$ 340.11	\$ 804.14	\$ 680.62	\$ 546.08
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 501.50	\$ 424.46	\$ 340.56	\$ 256.64	\$ 202.26	\$ 501.50	\$ 424.46	\$ 340.56	\$ 256.64	\$ 202.26	\$ 478.21	\$ 404.75	\$ 324.74



th Net Bronze 6t 9110CA035003	Minimum Cov 9110CA035004	Net Platinum \$ 9110CA035004	Net Platinum \$ 9110CA035004	Net Platinum \$ 9110CA035004	Net Platinum \$ 9110CA035004	th Net Gold 80 9110CA035005	th Net Gold 80 9110CA035005	th Net Gold 80 9110CA035005	th Net Gold 80 9110CA035005	th Net Silver 70 9110CA035005	th Net Silver 70 9110CA035005	th Net Silver 70 9110CA035005
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.572	0.572	1.118	1.118	1.118	1.118	0.946	0.946	0.946	0.946	0.759	0.759	0.759
0.772	0.772	0.728	0.767	0.714	0.710	0.728	0.767	0.714	0.710	0.728	0.767	0.714
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	0.788	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
411.517	324.317	758.121	799.174	743.459	739.737	641.666	676.412	629.256	626.106	514.823	542.701	504.866

\$ 411.52	\$ 324.32	\$ 758.12	\$ 799.17	\$ 743.46	\$ 739.74	\$ 641.67	\$ 676.41	\$ 629.26	\$ 626.11	\$ 514.82	\$ 542.70	\$ 504.87
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 244.72	\$ 192.86	\$ 450.84	\$ 475.25	\$ 442.12	\$ 439.91	\$ 381.58	\$ 402.25	\$ 374.21	\$ 372.33	\$ 306.15	\$ 322.73	\$ 300.23



th Net Silver 70	th Net Bronze 6	th Net Bronze 6	th Net Bronze 6	th Net Bronze 6	Minimum Cov	Minimum Cov	Minimum Cov	Minimum Coverage EPO
9110CA035005	9110CA035005	9110CA035005	9110CA035006	9110CA035006	9110CA035006	9110CA035006	9110CA035006	9110CA0350065
\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23	\$ 834.23
0.759	0.572	0.572	0.572	0.572	0.572	0.572	0.572	0.572
0.710	0.728	0.767	0.714	0.710	0.728	0.767	0.714	0.710
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	0.788	0.788	0.788	0.788
1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117	1.117
502.338	387.965	408.973	380.462	378.557	305.756	322.313	299.843	298.341

\$ 502.34	\$ 387.96	\$ 408.97	\$ 380.46	\$ 378.56	\$ 305.76	\$ 322.31	\$ 299.84	\$ 298.34
0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660	0.660
0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876	0.876
1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
\$ 298.73	\$ 230.71	\$ 243.21	\$ 226.25	\$ 225.12	\$ 181.83	\$ 191.67	\$ 178.31	\$ 177.42

Monthly Claims Supplement to Experience Development in Worksheet 1

Company Legal Name: **Health Net Life Insurance Con** State: **CA**
 HIOS Issuer ID: **99110** Market: **Individual**
 Effective Date: **1/1/2017**

Market Level Calculations (Same for all Plans)

Experience Period: **1/1/2015** to **12/31/2015**
 Experience Paid Through: **1/31/2015**

Experience Month	Members	Premium	Capitation	FFS Claims	Pharmacy Claims	IBNP	Premium PMPM	Incurred Claims PMPM	Loss Ratio
Jan-15	35,656	\$15,265,700	\$1,815	\$23,223,802	\$2,986,590	617,450	\$428.14	\$752.46	175.8%
Feb-15	35,930	15,415,327	2,101	23,726,278	2,965,343	386,587	429.04	\$753.70	175.7%
Mar-15	38,248	16,263,887	2,850	33,235,360	3,410,919	302,572	425.22	\$966.11	227.2%
Apr-15	37,551	16,057,865	2,853	29,815,326	3,694,088	647,538	427.63	\$909.69	212.7%
May-15	37,219	15,935,854	2,858	29,088,304	3,561,083	291,656	428.16	\$885.14	206.7%
Jun-15	37,007	15,870,627	2,918	30,194,885	3,974,238	307,277	428.85	\$931.70	217.3%
Jul-15	36,916	15,840,250	2,863	32,867,829	4,361,485	530,718	429.09	\$1,022.94	238.4%
Aug-15	36,935	15,846,847	2,869	33,937,109	4,052,195	657,657	429.05	\$1,046.43	243.9%
Sep-15	36,823	15,660,796	2,841	41,853,180	4,066,016	1,156,027	425.30	\$1,278.50	300.6%
Oct-15	36,522	15,651,862	2,790	56,210,068	3,960,797	1,040,530	428.56	\$1,676.09	391.1%
Nov-15	36,554	15,683,233	2,791	50,553,416	3,831,264	2,186,911	429.04	\$1,547.69	360.7%
Dec-15	36,190	15,380,859	2,747	36,974,947	4,316,647	4,073,692	425.00	\$1,253.61	295.0%
Jan-16							0.00	\$0.00	0.0%
Feb-16							0.00	\$0.00	0.0%
Mar-16							0.00	\$0.00	0.0%
Apr-16							0.00	\$0.00	0.0%
May-16							0.00	\$0.00	0.0%
Jun-16							0.00	\$0.00	0.0%
Jul-16							0.00	\$0.00	0.0%
Aug-16							0.00	\$0.00	0.0%
Sep-16							0.00	\$0.00	0.0%
Oct-16							0.00	\$0.00	0.0%
Nov-16							0.00	\$0.00	0.0%
Dec-16							0.00	\$0.00	0.0%
Jan-17							0.00	\$0.00	0.0%
Feb-17							0.00	\$0.00	0.0%
Mar-17							0.00	\$0.00	0.0%
Apr-17							0.00	\$0.00	0.0%
May-17							0.00	\$0.00	0.0%
Jun-17							0.00	\$0.00	0.0%
Jul-17							0.00	\$0.00	0.0%
Aug-17							0.00	\$0.00	0.0%
Sep-17							0.00	\$0.00	0.0%
Oct-17							0.00	\$0.00	0.0%
Nov-17							0.00	\$0.00	0.0%
Dec-17							0.00	\$0.00	0.0%
1/2015 - 12/2015	441,551	188,873,109	32,296	421,680,504	45,180,664	12,198,615	427.75	\$1,085.02	253.7%
1/2016 - 12/2016	0	0	0	0	0	0	0.00	\$0.00	0.0%
1/2017 - 12/2017	0	0	0	0	0	0	0.00	\$0.00	0.0%

Plan Paid Claims Distribution for 1/1/2015 to 12/31/2015 Experience, Including Estimates for Claims IBNP

Company Legal Name:
 HIOS Issuer ID:
 Effective Date:

Health Net Life Insurance Compa State:
 99110
 1/1/2017

CA
 Individual

Market Level Calculations (Same for all Plans)

Claim Range	Claim Frequency	Average Annual Paid Claim
< \$45,000	0.960	\$3,978.18
\$45,000 - \$59,999	0.007	\$51,884.82
\$60,000 - \$89,999	0.009	\$72,988.25
\$90,000 - \$149,999	0.010	\$116,085.59
\$150,000 - \$199,999	0.005	\$172,150.09
\$200,000 - \$249,999	0.003	\$221,689.75
\$250,000 - \$999,999	0.005	\$388,670.18
\$1,000,000+	0.000	\$1,927,599.27
Projected Paid PMPY	1.000	\$9,889.68
Projected Paid PMPM		\$824.14

Projected Specialty Rx Trends

Company Legal Name:
HIOS Issuer ID:
Effective Date:

Health Net Life Insurance Co State: CA
99110 Market: Combined
1/1/2017

Market Level Calculations (Same for all Plans)

Time Periods	Utilization Trend	Unit Cost Trend	PMPM Trend	Notes, including assumptions about any further impact on plan-paid PMPM trend due to specialty drug cost-sharing caps.
2015 to 2016	0.09	0.18	0.29	
2016 to 2017	0.09	0.09	0.19	
2017 to 2018	0.09	0.10	0.20	
2018 to 2019	0.09	0.10	0.20	

Explanation for Changes in Regional Pricing for 2017 Plans

Rating Area	Have you changed your Regional Pricing? If yes, please provide a detailed explanation of drivers of relative changes in premium levels by rating area from 2016 to 2017 (e.g. changes in provider contracting or provider networks)
1	No
2	No
3	No
4	No
5	No
6	No
7	No
8	No
9	No
10	No
11	No
12	No
13	No
14	No
15	No
16	No
17	No
18	No
19	No

Weighted % Premium Increase by Region and Plan Type for 2016 to 2017

Rating Area	2017 Projected Membership	Weighted % Premium Increase				Regional Total
		HMO	PPO	EPO	HSP	
1			22.3%	23.0%		22.4%
2	20,477					
3						
4	13,128		23.6%	22.8%		23.4%
5	8,079		23.3%	23.0%		23.2%
6						
7	29,508		22.4%	23.0%		22.5%
8	22,018		22.1%	23.1%		22.3%
9	15,452		21.2%	23.2%		22.0%
10	8,055		22.6%	23.1%		22.7%
11						
12						
13						
14	1,717		22.7%	22.0%		22.7%
15	20,324		23.0%	22.9%		23.0%
16	-					
17	18,532		26.4%	22.8%		26.4%
18	35,967		24.4%	22.8%		24.4%
19	23,748		21.2%	22.4%		21.2%
Total	217,003	0	23.0%	22.9%	0.0%	23.1%

DEPARTMENT OF INSURANCE

Legal Division

45 Fremont Street, 24th Floor
San Francisco CA 94105



**California Plain-Language
Rate Filing Description**
[for Web site posting, Health & Safety
Code 1385.07(d), Insurance Code 10181.7(d)]

Company Name:

Health Net Life Insurance Company

SERFF Tracking Number

HNLI-13054448

Department File Number: (will be completed by Department)

TBD

1. Justification for any unreasonable rate increases.

(Include all information as to why the rate increase is justified. Attach supporting documentation to this PDF file.)



2) Overall annual medical trend factor assumptions for all benefits

7.8%

3) Actual Costs by Aggregate Benefit Category

Hospital Inpatient	Dollar Cost: \$118.8 Million
	Cost as Percentage of Medicare: N/A
Hospital Outpatient (including ER)	Dollar Cost: \$42.8 Million
	Cost as Percentage of Medicare: N/A
Physician/other professional services	Dollar Cost: \$204.2 Million
	Cost as Percentage of Medicare: N/A
Prescription Drug	Dollar Cost: \$45.2 Million
	Cost as Percentage of Average Wholesale Price: N/A
Laboratory (other than inpatient)	Dollar Cost: \$44.9 Million
	Cost as Percentage of Medicare: N/A

Radiology (other than inpatient)	Dollar Cost: \$5.5 Million
	Cost as Percentage of Medicare: N/A
Other (describe)	Dollar Cost and Description: \$17.4 Million

4) Amount of Projected Trend, by Aggregate Benefit Category, Attributable to Use of Services, Price Inflation, Fees and Risk

Hospital Inpatient	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 6.1%
	Trend attributable to fees and risk: 0.0%
Hospital Outpatient (including ER)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 6.0%
	Trend attributable to fees and risk: 0%

Physician/other professional services	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 5.5%
	Trend attributable to fees and risk: 0.0%
Prescription Drug	Trend attributable to use of services: 0.0%
	Trend attributable to price inflation: 11.0%
	Trend attributable to fees and risk: 0.0%
Laboratory (other than inpatient)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 4.1%
	Trend attributable to fees and risk: 0.0%
Radiology (other than inpatient)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 4.1%
	Trend attributable to fees and risk: 0.0%
Other (describe)	Trend attributable to use of services: 1.7% Trend attributable to price inflation: 4.1% Trend attributable to fees and risk: 0.0%

5) Other Information

Complete and submit the CA Plain Language Spreadsheet.

#630302v7

CA PLAIN LANGUAGE SPREADSHEET v. 1

Company Name: Health Net Life Insurance Company

Company ID number for this filing:

SERFF ID number for this filing: HNLI-130544448

For the expense period on which the rates are based, premium attributed to:

Policy Form Numbers	Marketing Names	Medical Costs prior to rate increase ⁽¹⁾	Medical Costs after rate increase ⁽²⁾	Administrative costs prior to rate increase ⁽³⁾	Administrative costs after rate increase	Profit/margin projected prior to rate increase	Profit/margin projected after rate increase	Comments
P34401, P30601	Individual PPO, EPO	86.7%	89.1%	13.7%	8.4%	-0.5%	2.5%	

(1) "Prior to rate increase" refers to the projected experience period for 2016 filed rates

(2) "After rate increase" refers to the projected experience period for individuals renewing in 2017

(3) Included in the Administrative costs are the following taxes and fees:

Taxes and Fees	Prior to rate increase	After rate increase
Exchange Fee	0.2%	0.4%
Risk Adjustment Fee	N/A	0.0%
Reinsurer's Fee	N/A	0.0%
Premium Tax	2.4%	0.0%
Insurer's Fee	1.8%	0.0%
Income Tax	0.8%	1.4%
PCORI / Risk Adj	0.0%	0.0%
Total	5.2%	1.9%

DEPARTMENT OF INSURANCE

Legal Division

45 Fremont Street, 24th Floor
San Francisco CA 94105



California Rate Filing Form
For Individual and Small Group Health Insurance
Rate Filings for Existing Products, Version 2
(do not use this form for initial filings for new product rates)

The rate filing submission should include:

- 1) This form
- 2) A California Rate Filing Spreadsheet
- 3) An actuarial certification
- 4) A spreadsheet with rate information responsive to Questions 10 & 15, below
- 5) A California Plain-Language Filing Form
- 6) A California Plain-Language Spreadsheet

1) Company Name:

Health Net Life Insurance Company

2) Number of policy forms covered by the filing: 2

3) Policy form numbers covered by the filing:
List all of the policy form numbers covered by this filing in column "A" of the "California Rate Filing Spreadsheet". List all product names associated with each policy form number in column "B."

4) Product types covered by the filing. Selected from the following:

<input type="radio"/>	HMO (Health Maintenance Organization)
<input type="radio"/>	PPO (Preferred Provider Organization)
<input type="radio"/>	EPO (Exclusive Provider Organization)
<input type="radio"/>	POS (Point of Service)
<input type="radio"/>	FFS (Fee for Service)
<input checked="" type="radio"/>	Other (describe) <u>IFP EPO and PPO</u>

5) Segment type. One of the following:

<input type="radio"/>	Small Group (2-50 employees)
<input checked="" type="radio"/>	Individual

Note: Large Group, Small Group, and Individual filings should not be combined within a single filing.

6) Plan/Insurer Type. One of the following: for-profit company, not-for-profit company

<input checked="" type="radio"/>	For-profit company
<input type="radio"/>	Not-for-profit company

7) Whether the products are open or closed. List each open or closed product by policy form number.

For each policy form number, indicate in column "C" of the California Rate Filing Spreadsheet whether the products are open or closed.

If all policy forms listed are open, check here:

If all products listed are closed, check here:

If only some policy forms listed are closed, check here:

8) Enrollment:

In column "D" of the California Rate Filing Spreadsheet, state the number of lives, including dependents, covered by each product as of the end of the latest month for which the data has been compiled.

9) Insured months in each policy form

In column "E" of the California Rate Filing Spreadsheet, state the number of insured (or member) months for the experience period on which the rates were based. (Does not apply to rates for new products.)

10) Annual Rate

In a separate spreadsheet, for each product included in the filing, show the current and proposed annual premium rates for each rating cell.

11) Total earned premium

For each policy form list:

In column "F" of the California Rate Filing Spreadsheet, state the experience period on which rates are based,

In column "G" of the California Rate Filing Spreadsheet, state the period for which rates are to be effective,

In column "H" of the California Rate Filing Spreadsheet, state the total premium earned for the experience period on which the rates are based.

- 12) In column "I" of the California Rate Filing Spreadsheet, state the total dollar amount of incurred claims in each policy form for the experience period on which the rates are based.

If helpful to understanding the basis for the filed rate increases, the insurer may, but is not required to, disaggregate incurred claim data into the aggregate benefit categories listed in item 18 below.

- 13) In column "J" of the CA Rate Filing Spreadsheet, state the average rate increase initially requested

The weighted average of the proposed rate increases included in the filing, weighting the increases by the number of covered lives for each product (per item 8, above). Rates for new products are not included in this calculation, as they have a weight of zero. (Does not apply to rates for new products.)

- 14) Review category: One of the following:

<input type="radio"/>	Initial Filing for New Product
<input checked="" type="radio"/>	Filing for Existing Product
<input type="radio"/>	Resubmission

Resubmissions should be submitted through SERFF under the same state filing number and SERFF tracking number assigned to the original submission of this filing. Do not submit resubmissions as a new filing.

- 15) Average rate of increase

In those instances in which there is a revision to the rates requested after initial submission, the revision should be submitted as an amendment to the original submission of this filing under the rate/rule form tab. Submit a revised California Rate Filing Form, a revised spreadsheet responsive to Question 10, and a revised California Rate Filing Spreadsheet, completing columns A, B, and J. Also, in the case of a resubmission, update the information under the "company rate information" field under the "Rate/Rule Schedule" tab in SERFF. The average rate of increase is a weighted average, calculated as in item 13, above.

- 16) Effective date of rate increase: January 1, 2017

The earliest anticipated date that the proposed rate increase, or new product rate, will take effect for a policyholder.

- 17) Number of policyholders or insureds affected by each policy form

This information was provided in item 8, above, and need not be repeated.

- 18) Overall medical trend factor and trend factors by aggregate benefit category:

Overall Medical Trend Factor

“Overall” means the weighted average of trend factors used to determine rate increases included in the filing, weighting the factor for each aggregate benefit category by the amount of projected medical costs attributable to that category.

7.8%

Medical Trend Factor by Aggregate Benefit Category

The aggregate benefit categories are each of the following – hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than hospital inpatient), other (describe).

Hospital Inpatient	7.9%
Hospital Outpatient (including ER)	7.8%
Physician/other professional services	7.3%
Prescription Drug	11.0%
Laboratory (other than inpatient)	5.9%
Radiology (other than inpatient)	5.9%
Other (describe)	5.9%

Optional Medical Trend Factor by Aggregate Benefit Category by Geographic Region

The insurer may, but is not required to, aggregate additional data in major geographic regions of the state. If the insurer chooses to so aggregate, the major geographic regions of the state are: Northern California (consisting of Monterey, Kings, Tulare, and Inyo counties, and all counties to the north), and Southern California (consisting of San Luis Obispo, Kern, and San Bernardino counties, and all counties to the south).

	North	South
Hospital Inpatient		
Hospital Outpatient (including ER)		
Physician/other professional services		
Prescription Drug		
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Other (describe)		

19) Projected medical trend

Use the same aggregate benefit categories used in item 18 –hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than Hospital inpatient), other (describe). Furthermore, within each aggregate category quantify the sources of trend, i.e. use of services, price inflation, and fees and risk.

Projected Medical Trend by Aggregate Benefit Category

Hospital Inpatient	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 6.1%
	Trend attributable to fees and risk: 0.0%
Hospital Outpatient (including ER)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 6.0%
	Trend attributable to fees and risk: 0.0%
Physician/other professional services	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 5.5%
	Trend attributable to fees and risk: 0.0%

Prescription Drug	Trend attributable to use of services: 0.0%
	Trend attributable to price inflation: 11.0%
	Trend attributable to fees and risk: 0.0%
Laboratory (other than inpatient)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 4.1%
	Trend attributable to fees and risk: 0.0%
Radiology (other than inpatient)	Trend attributable to use of services: 1.7%
	Trend attributable to price inflation: 4.1%
	Trend attributable to fees and risk: 0.0%
Other (describe)	Use of Service: 1.7% Price Inflation: 4.1% Fees and Risk: 0.0%

20) Comparison of claims cost and rate of changes over time

For each proposed rate increase, provide the projected annualized incurred claims cost per insured for the period covered by the proposed rate, the historical incurred claims cost per insured for the most recent 12 months of the experience period on which the rates were based, and the historical incurred claims cost per insured for the next two most recent 12 month periods. Also, compare the rate of change of claims costs over all of the projected and historical periods for which information is provided. Show all claim costs according to aggregate benefit category.

See Appendix A

- 21) Describe any changes in enrollee/insured cost-sharing, compared to the prior year, associated with the submitted rate filing, including both the absolute amount of the change, and the percentage change, and quantify the impact of each change on each of the rates included in the filing. Also describe any changes in benefits exempted from cost-sharing, as well as any newly-imposed cost-sharing.

Plans are the 2017 standard plans designed by Covered CA. We relied on their AV calculations as a component of plan pricing.

- 22) Describe any changes in enrollee/insured benefits, including but not limited to hospital inpatient, hospital outpatient (including emergency services), physician and other professional services, laboratory services, radiology services, and other benefits (describe), compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing.

Plans are the 2017 standard plans designed by Covered CA. We relied on their AV calculations as a component of plan pricing.

- 23) Submit the required actuarial certification, described in Guidance 1163:2, under the "Supporting Documentation" tab in SERFF.

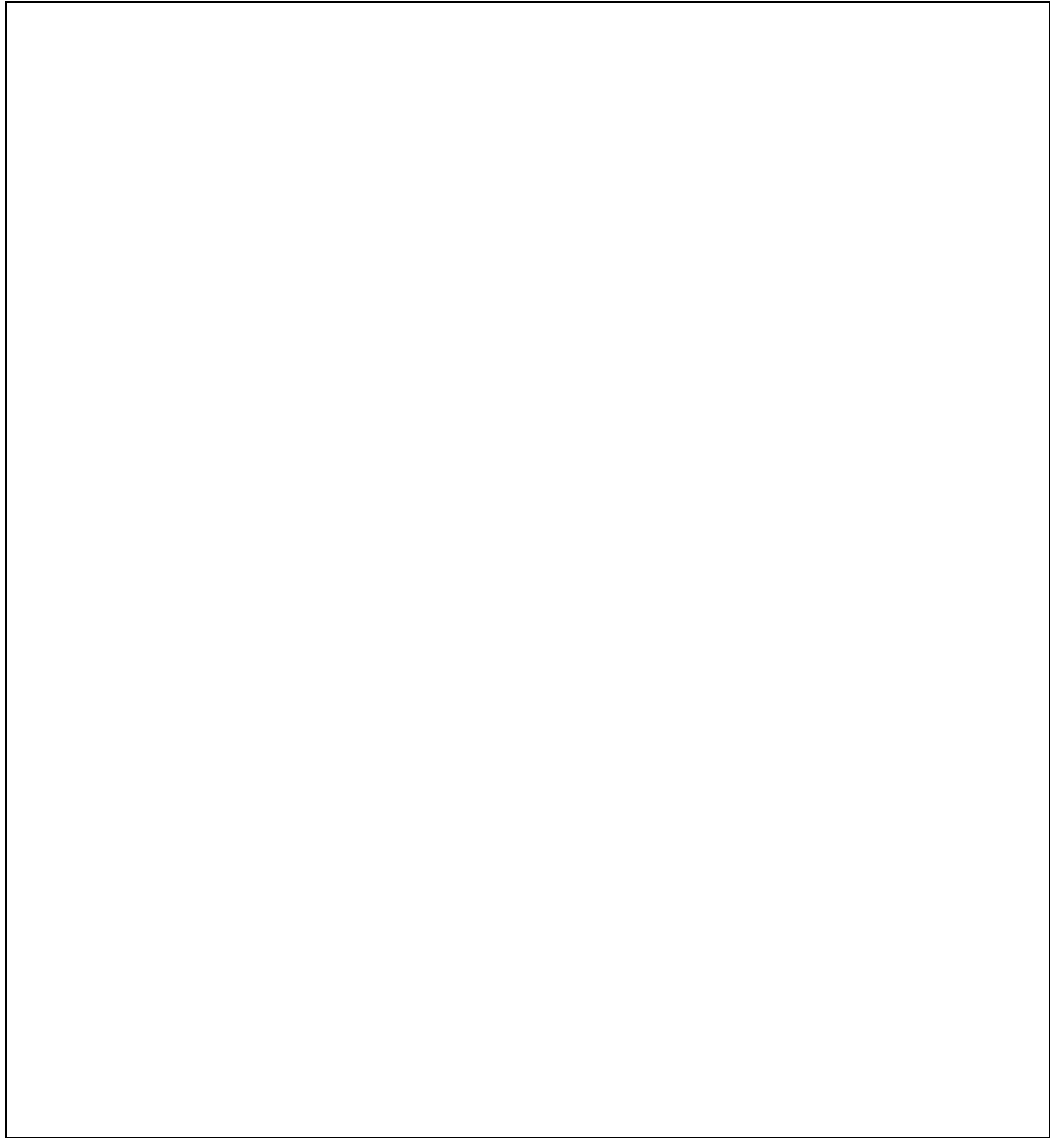
Submitted

24) Changes in administrative costs

Administrative costs are the costs defined in Sections 158.150, 158.151, 158.160, and 158.161 of 45 Code of Federal Regulations Subtitle A, Subchapter B, in the interim final rule issued by the Department of Health and Human Services on December 1, 2010 at 75 Federal Register 74924-74926. Using those definitions, describe the administrative costs for the policy forms included in this filing for the year prior to the requested rate increase, then also describe any changes in administrative costs, compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing. Changes should be shown separately for the costs defined by each of the sections of Code of Federal Regulations listed above in this item. (Does not apply to rates for new products.)

Administrative Fees	Current Filing		Jan 2016 Filing	
	PMPM	% of Revenue	PMPM	% of Revenue
Administrative Expenses	\$34.85	5.3%	\$34.10	6.9%
Commissions	\$8.04	1.2%	\$8.16	1.6%
Total Administrative Costs	\$42.89	6.5%	\$42.26	8.5%

26) Comments. Place any needed comments here.

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Appendix A

Number 20

Policy Form Number	Marketing Name	Aggregate Benefit Category	Projected health care costs	Ann. Rate of Change	12-month health care costs ending Dec'15	Ann. Rate of Change	12-month health care costs ending Dec'14	Ann. Rate of Change	12-month health care costs ending Dec'13
P34401, P30601	Individual PPO, EPO	Hospital Inpatient	\$194	-15.0%	\$269	68.4%	\$160		N/A
P34401, P30601	Individual PPO, EPO	Hospital Outpatient (including ER)	\$70	-15.1%	\$97	27.3%	\$76		N/A
P34401, P30601	Individual PPO, EPO	Physician/other prof services	\$330	-15.5%	\$462	148.5%	\$186		N/A
P34401, P30601	Individual PPO, EPO	Prescription Drug	\$78	-12.6%	\$102	84.7%	\$55		N/A
P34401, P30601	Individual PPO, EPO	Laboratory (other than inpatient)	\$71	-16.6%	\$102	592.3%	\$15		N/A
P34401, P30601	Individual PPO, EPO	Radiology (other than inpatient)	\$9	-16.6%	\$12	12.8%	\$11		N/A
P34401, P30601	Individual PPO, EPO	Other	\$27	-16.6%	\$39	139.6%	\$16		N/A

California Rate Filing Spreadsheet, v. 1

Company Name: Health Net Life Insurance Company

Company ID number:

SERFF ID number for this filing: HNLI-130544448

Policy Form Number	Product Name	Open or closed?	Enrollment	Insured months in each policy form	Experience Period on Which Rates are Based	Period for which rates are to be effective	Total premium earned during the experience period on which the rates are based	Total dollar amount of claims incurred during the experience period on which the rates are based	Average rate increase (weighted based on covered lives)	Average rate increase (weighted based on premium)	Comments
P34401, P30601	Individual PPO, EPO	Open	18,283	440,430	Jan'15 - Dec'15	Jan'17 - Dec'17	\$189,018,536	\$476,066,711	21.4%	23.0%	