

Company Information

	Value
Company Name:	
Group Affiliation:	
Federal EIN:	
A.M. Best Number:	
NAIC Group Code:	
NAIC Company Code:	
DBA / Marketing Name:	
HIOS Issuer ID:	
Business in the State of:	
Domiciliary State:	
Address:	
Federal Tax Exempt:	
Not-For-Profit:	
Benefit Year:	

Cell Keys for Parts 1 - 3:

White cells accept input from the issuer

Grey cells require no data input – input will result in an upload failure

Green cells require no data input – fields will be auto-calculated for the user

Asterisk (*) denotes a field that will be auto-populated for the user

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1164. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1- RC Plan Level Data - Ind

Risk Corridors Plan Level Data - Individual

1. Non-Grandfathered ACA-compliant plans

A.
Individual B.

Line Description Blank Column Total Premium Individual Proportion of Market Premium

All non-Grandfathered ACA-compliant plans 1

2. Exchange QHPs

3. Off-Exchange QHPs

Exchange Q	Exchange Q	E.	Exchange Q	Off Exchange	Off Exchange	I.
C.	D.	Individual	F.	G.	H.	Individual
Plan Name*	HIOS Plan ID	Total Premium	Individual P	Plan Name*	HIOS Plan ID	Total Premium

Off Exchang
J.
Individual Pi

2 - RC Plan Level Data-Sm Group

Risk Corridors Plan Level Data - Small Group

1. Non-Grandfathered ACA-compliant plans

A.
Small Group B.

Line Description Blank Column Total Premium Small Group Proportion of Market Premium

All non-Grandfathered ACA-compliant plans: 1

2. Exchange QHPs

3. Off-Exchange QHPs

		Exchange Q		Off Exchange
Exchange Q	Exchange Q	E.	Exchange Q	Off Exchange
C.	D.	Small Group	F.	G.
Plan Name*	HIOS Plan I	Total Premium	Small Group	Plan Name*
				HIOS Plan I
				Total Premium

Off Exchang
J.
Small Group

3 - RC Payment or Charge Calc

Risk Corridors Payment or Charge Calculation

Line Descripti A. Individual B. Small Group

1 - Total perce

For Ind (Tab 1

For SmGrp (T: 0 0

2 - Risk corridors allowable costs

(MLR Reporting Form, Part 3, Line 3.1)

3 - Risk corridors target amount

(MLR Reporting Form, Part 3, Line 3.5)

4 - Risk corrid

(Line 2 / Line 3

Attestation Statement

The party submitting this form attests as follows: (1) he or she is a duly authorized officer of the reporting issuer, and (2) this Risk Corridors Plan-level Data form, the Company/Issuer Associations, and any supplemental submission or related filings for the Risk Corridors benefit year are true, complete, and accurate statements, to the best of his or her knowledge, information and belief, of all the elements therein.

Chief Executive Officer/President

Chief Financial Officer