

## 2017 Health Insurance Premium Rate Review Process Large Employer Group Submission Summary

The following table provides information on the rate components and key assumptions behind premium development for the large group market filed by Blue Cross Blue Shield of Rhode Island (BCBSRI), Tufts Health Plan (Tufts), and UnitedHealthcare (United) as part of the Office of the Health Insurance Commissioner's (OHIC) 2017 rate review process (for rates effective in 2018). These rate increases are comprised of the following rate components: (1) medical expenses, (2) administrative costs, and (3) contributions to reserves and/or profit. Rate components affect the rates that are charged to large employers and the resulting average increase represents a maximum average increase that, if approved, the insurers are committed not to exceed. Please see our 2017 Rate Review Process Public Comment Solicitation for more information about the rates and this process. OHIC is currently reviewing these assumptions. This review process will culminate in a final decision by the Health Insurance Commissioner approving, modifying, or rejecting the requested rates. For more information on the rate review process or information about rates filed in the individual or small group markets, please visit <http://www.ohic.ri.gov/ohic-formandratereview.php>.

There are 114,945 consumers enrolled in large group market plans (data as of March 2017). This represents 53.4% of the fully-insured market (individual, small group, and large group markets).

- The **Average Expected Premium Increase** represents the average expected percentage change in premiums from one year to the next, holding benefits constant, across all employers that are up for renewal within a given market. It is weighted by employer size. This average expected premium increase is comprised of rate factors that are applied to the employer's existing experience.
- The **Medical Expense Trend Assumption** is the annualized rate of increase due to increases in the unit cost of services and in the utilization of services. Because rates are generally based on the calendar year 2016 experience adjusted for trend, the expected experience underlying the 2018 rates is projected using two years of medical expense trend.
- The **Non-Medical Portion of Premium** represents the percent of overall premium that is required to cover administrative expense, contribution to reserves and required taxes and fees, including premium taxes and ACA fees.

**Large Group Requested Rate Components – Requested Amount (Data as of July 6, 2017)**

	<b>BCBSRI</b>	<b>Tufts HMO</b>	<b>Tufts PPO</b>	<b>United</b>
Average Expected Premium Increase	11.90%	9.80%	10.40%	10.30%
Range of Average Expected Premium Increase	6.3% to 17.5%	9.6% to 10.3%	9.9% to 10.5%	10.3% to 10.3%

**Large Group Requested Rate Components – Medical Expense Trend Assumptions (Data as of July 6, 2017)**

	<b>BCBSRI</b>	<b>Tufts HMO</b>	<b>Tufts PPO</b>	<b>United</b>
Hospital Inpatient	4.3%	4.9%	4.9%	6.9%
Hospital Outpatient	9.9%	7.0%	7.0%	8.0%
Primary Care	8.5%	6.1%	6.1%	6.4%
Other Medical/Surgical	6.4%	4.7%	4.7%	7.4%
Prescription Drug	10.2%	13.7%	13.7%	11.8%
Capitation	0.0%	3.0%	3.0%	1.9%
Other			6.0%	
Total Weighted Medical Expense Increase	7.7%	7.10%	7.10%	7.6%

**Large Employer Requested Rate Components – Non-Medical Portion of Premium (Data as of July 6, 2017)**

	<b>BCBSRI</b>	<b>Tufts HMO</b>	<b>Tufts PPO</b>	<b>United</b>
Administrative Expense	10.80%	9.70%	9.70%	8.89%
Affordable Care Act (ACA) Fees <sup>1</sup>	2.20%	1.50%	1.50%	3.25%
Contribution to Reserves as a Percent of Premium	3.50%	1.00%	1.00%	3.00%

<sup>1</sup> Represents costs associated with ACA's taxes and fees.