

Medica Insurance Company

Preliminary Justification Part II – Consumer Justification Narrative

1) Scope and Range of Rate Increase

Medica Insurance Company (MIC) is requesting a rate change for its Affordable Care Act (ACA) individual market business in Iowa. The rate change will take effect on January 1, 2026 and will impact an estimated 10,013 members. The average rate change will be 26.8% and will result in rate changes that vary across plan designs. This includes changes to the costs of care.

MIC uses 2024 data from Iowa to develop premium rates. This data includes estimates of changes to the below through 2026:

- Population Medica expects to insure
- Cost of medical services
- Cost of pharmacy services
- Taxes and fees

The significant factors that impact the rate change include those listed above. Claim costs per member per month are expected to change from \$629.18 in 2024 to \$740.46 in 2026.

2) Financial Experience of the Product

In 2024, 83.3% of premium dollars went towards medical services after taxes and fees were removed. Under the ACA, individual products are required to pay at least 80% of premium dollars, after taxes and fees are removed, toward medical services.

For 2026, MIC is expecting that 87.5% of premium dollars will be spent on medical services.

3) Changes in Medical Service Costs

Medical cost changes, in both number of services and costs of services, make up the largest increase to MIC's premium rates. Additionally, impacts due to better rates with hospitals and doctors and reviewing recent experience also aid in determining premium changes. Finally, relationships with providers are helping to improve premium rates through a lower overall cost for care.

4) Changes in Benefits

MIC updates the plan designs offered each year, which impacts each plan's cost-sharing (e.g. deductibles, copayments, etc.). These updates follow federal rules for how much of costs the insurance company will cover under that plan. Because these updates will be different for each plan, the rate changes will also be different by plan.

5) Administrative Costs and Anticipated Margins

MIC expects the cost to administer coverage per member per month (PMPM) for 2026 to be \$76.66, which is higher than the 2025 value of \$65.03. The main drivers of MIC's administrative expenses are employee salaries and benefits, agent commissions, claim processing/IT, and clinical/network services.

Actuarial Memorandum

1. Purpose and Limitations

The purpose of this document, which is submitted in conjunction with the Part I Unified Rate Review Template (URRT), is to comply with the requirements of the Part III Actuarial Memorandum and to support the premium rates developed for Medica Insurance Company's (Medica's) individual Affordable Care Act (ACA) products, with an effective date of January 1, 2026. These products will be offered both on and off the individual insurance exchange in Iowa. This rate filing is not intended to be used for other purposes.

This memorandum reflects Medica's current assumptions and working knowledge of the ACA's regulatory framework as of May 30, 2025, which assumes both non-funding of the cost sharing reduction (CSR) program and expiration of enhanced premium subsidies initiated by the American Rescue Plan Act in 2021, later extended by the Inflation Reduction Act in 2022, which are scheduled to expire on December 31, 2025 without federal Congressional action. If further information is shared that puts these assumptions at risk, Medica reserves the right to modify components of the rate filing submission.

Per Health and Human Services (HHS) instruction, issuers must upload two versions of the Part III Actuarial Memorandum. This version is the [REDACTED] version intended for CMS review. For reference to the redacted version of the Part III, please see the corresponding supporting document.

Medica designates the information submitted by Medica through HIOS as exempt from disclosure under Exemption 4 of the HHS's Freedom of Information Act (FOIA).

2. General Information

Company Identifying Information

- Company Legal Name: Medica Insurance Company
- State: IA
- HIOS Issuer ID: 93078
- Market: Individual
- Effective Date: January 1, 2026

Company Contact Information

- Primary Contact Name: [REDACTED]
- Primary Contact Telephone Number: [REDACTED]
- Primary Contact Email Address: [REDACTED]

Policy Form Numbers

The following policies will be offered both on and off the individual insurance exchange:

IA-PC-26-01

3. Proposed Rate Change

The proposed rate change for Medica's individual business rates effective January 1, 2026 is 26.8% over rates effective January 1, 2025. This rate increase reflects an estimate of the average increase that will be offered to current members based on March 2025 in-force business absent of rate changes due to attained age.

The current date for current enrollee and current premium PMPM on URRT WS2 is March 31, 2025.

The proposed annual rate changes by product in this filing range from 22.1% to 29.3%.

Reason for Rate Change(s)

The significant factors driving the proposed rate change primarily include:

- Anticipated medical trend, in both utilization and the cost of services [REDACTED]
- Changes to administrative expenses and margin load [REDACTED]
- Changes to plan designs [REDACTED]
- Expiration of ARPA Subsidies [REDACTED]
- Updated claim experience and Other adjustments, such as provider reimbursement changes and pharmacy rebate adjustments [REDACTED]

Additional Information

- Preventive services are covered at the \$0 cost share level.
- Select plans include cost sharing modifications due to actuarial value compliance.
- The proposed benefit factor changes will result in rate changes that vary across plan designs.
- Medica's rate change history is documented in Exhibit B.
- Medica is modifying its plan portfolio and the corresponding plan mapping is summarized in Exhibit J.

4. Market Experience

4.1 Experience Period Premium and Claims

Paid Through Date

The experience period for this filing is calendar year 2024. The paid through date is March 31, 2025.

Premiums in Experience Period

As shown in Worksheet 1, Section I of the URRT, the calendar year 2024 experience period includes \$78,152,614 of earned premium. This does not include any adjustment for expected MLR Rebates.

Allowed and Incurred Claims Incurred During the Experience Period

As shown in Worksheet 1, Section I of the URRT, the calendar year 2024 experience period includes \$76,427,202 of incurred claims and \$95,949,646 of allowed claims.

All incurred and allowed claims are reported through Medica's claim system. [REDACTED]

The Corporate Actuarial team calculates the IBNP and has provided the following summary:

Medica uses internal data sources to identify adjudicated claims paid in the current year and the two most recent historical years. This data contains claims reimbursed on a fee-for-service basis. A lag factor is applied to adjudicated claim amounts to arrive at a "best estimate" of incurred claims for each of the aforementioned years.

Standard methodologies have been used to develop the lag factors. For older lags (duration 5+), a pure completion method is used. This method derives a factor by selecting an appropriate averaging method using the most current claim triangles. For more recent durations (durations 1-4), both the completion and projection methods are used, along with a blending of these methods using the Bornhuetter-Ferguson (BF) technique. The projection method calculates a

baseline PMPM using the average of historical, fully-credible incurred data. This baseline PMPM is then normalized for working days in the month, seasonality, and other adjustments that may affect incurred costs. PMPMs are trended to current costs using factors that vary by product. The lag factor is derived by selecting one of these three methods. The projection method is given greater weight in earlier development periods, while the lag factor and BF methods are given greater weight in later periods.

4.2 Benefit Categories

Utilization and cost information are categorized by benefit using Milliman's *Health Cost Guidelines*™ (HCGs) categories. Milliman's categories are assigned based on place and type of service using a detailed claims mapping algorithm summarized as follows:

- Inpatient Hospital (facility charges with an overnight stay)
- Outpatient Hospital (facility charges without an overnight stay)
- Professional (with units measured as a mix of visits, cases, procedures, etc.)
- Other Medical (with units measured as a mix of visits, cases, procedures, etc.)
 - This includes categories such as Home Health, Transportation, DME, Hearing Aids, etc.
- Capitation
- Prescription Drug (prescriptions not billed by a facility or professional)

4.3 Projection Factors

4.3.1 Trend Factors (Cost/Utilization)

The trend used to get from the experience period to the projection period is based on an un-leveraged prospective annual trend of 5.1%. The trend assumptions used in the projection are based on Medica's standard trend projection process. The trend assumptions do not include the impact of changes in demographics, benefit design, or morbidity.

4.3.2 Credibility Manual Rate Development

Not applicable. The projected experience described in Section 4 is assumed to be fully credible for rate development, so no credibility manual is needed.

Inclusion of Capitation Payments

Not applicable. There are no capitation payments assumed in the projection period.

4.3.3 Credibility of Experience

In accordance with *Actuarial Standards of Practice (ASOP) #25 – Credibility Procedures*, Medica's Iowa experience includes 121,471 member months and is assumed to be fully credible for purposes of developing claim projections.

The methodology used determines the credibility factor as the square root of the ratio of the total number of member months over the 12-month experience period divided by 50,000. Within the context of this methodology, Medica considers experience with at least 50,000 member months to be fully credible.

4.3.4 Development of Projected Index Rate

Changes in Morbidity of the Population Insured

Medica is assuming no change in the population risk morbidity from the experience period to the projection period. This is displayed in the Morbidity Adjustment in Worksheet 1, Section II of the URRT.

[REDACTED]

Changes in Benefits

Medica applied an adjustment to the experience period claims to account for projected changes in the average utilization of services due to differences in average cost sharing. A value of 0.969 is included in the Plan Design Changes in Worksheet 1, Section II of the URRT.

Changes in Demographics

A demographic adjustment of 1.006 was applied to the experience period claims to account for the projected changes in the age, geographic region, and network mix of the underlying experience data. This is included in the Demographic Shift in Worksheet 1, Section II of the URRT.

Other Adjustments

An adjustment of 1.076 is included Other in Worksheet 1, Section II of the URRT.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4.3.5 Development of Market-wide Adjusted Index Rate

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

Medica’s estimated risk adjustment transfer for the experience period was a net receivable of \$119.56 PMPM. This amount is included in Worksheet 2, Section I of the URRT.

Medica’s net reinsurance recoveries attributable to the experience period are \$0.00 PMPM.

Projected Risk Adjustment PMPM

Medica assumes that it will enroll a higher morbidity than the market average risk in the projection period. A risk adjustment receivable of \$123.37 PMPM is projected. The material assumptions that impacted this estimate include the level of Medica’s morbidity, the level of market morbidity, and the state average premium. Any resulting risk adjustment transfer payments would be allocated proportionally across all plans in Medica’s individual market single risk pool. No adjustments are made for RADV.

The risk adjustment user fee of \$0.20 PMPM is reflected in the Taxes and Fees of Worksheet 2, Section III of the URRT.

Exchange User Fees

The exchange user fee is 2.50% of anticipated on-exchange premiums. [REDACTED]

4.4 Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The components of the administrative expense load as shown in Worksheet 1, Section III of the URRT are summarized in the table below.

Table 4.4a - Summary of Administrative Expenses		
Description	PMPM	% of Premium
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Total	\$76.66	10.34%

[REDACTED]

[REDACTED]

Contribution to Surplus and Risk Margin

The targeted risk margin after federal income taxes is 1.58% applied proportionally to all plans.

Taxes and Fees

The table below summarizes the components of the taxes and fees shown in Worksheet 2, Section III of the URRT.

Table 4.4b - Summary of Taxes and Fees		
Description	PMPM	% of Premium
State Premium Tax	\$14.83	2.00%
Health Insurer Fee	\$0.00	0.00%
PCORI Fee	████	████
Exchange User Fee	████	████
Risk Adjustment Fee	\$0.20	0.03%
Federal Income Tax	████	████
Total	\$36.10	4.87%

The Exchange User Fee is reflected in the above table, but is not included in the Taxes and Fees total in the URRT as it is already built into the Market Adjusted Index Rate per Section 6.3.

The reinsurance contributions are not reflected here, as documented in Section 4.3.5.

4.5 Paid-to-Allowed Ratio

Exhibit C details the paid-to-allowed ratio by plan design and is consistent with the membership projections in Worksheet 2, Section IV of the URRT. The silver metal level plan values display the total paid-to-allowed ratio, reflecting the expected non-funding of CSR amounts on non-standard variant plans.

5. Projected Loss Ratio

The projected MLR for Medica based on the federally prescribed methodology is █████. The numerator of the projected MLR contains projected claim costs and HCQI expenses net of receipts from the risk adjustment program. The denominator consists of total premiums net of premium taxes, income tax, and regulatory fees. Please note that the MLR presented here does not capture all adjustments, including multi-year averaging, credibility, and deductible.

Exhibit D provides a summary of the components included in the MLR projection.

6. Application of Market Reform Rating Rules

6.1 Single Risk Pool

This filing, including the URRT, complies with the single risk pool requirements documented in 45 CFR Part 156, §156.80(d). The experience period data is based on all Medica individual market policies in Iowa. The projection period reflects all projected covered lives for every non-grandfathered product/plan combination for Medica in the Iowa individual market.

6.2 Index Rate

Experience Period

As shown in Worksheet 1, Section I of the URRT, the index rate for the experience period is \$789.90. The experience period index rate reflects the estimated total combined allowed EHB claims experience PMPM in the single risk pool, and is not adjusted for payments and charges under the risk adjustment and reinsurance programs, nor for marketplace user fees.

Medica does not cover any benefits in addition to the EHBs in the experience period, therefore the experience period allowed charges and experience period index rate are equal.

Projection Period

The index rate, defined as the anticipated EHB portion of projected allowed claims with respect to trend, benefit, and demographics, divided by all projected single risk pool lives, is \$916.31.

6.3 Market-Adjusted Index Rate

The market-adjusted index rate is calculated as the sum of the projection period index rate, the net impact of the risk adjustment program, and the exchange user fees. The table below details the projection period index rate, allowable market-wide modifiers as defined in 45 CFR Part 156, §156.80(d)(1), and the resulting market-adjusted index rate.

Table 6.3 - Market-Adjusted Index Rate	
Description	PMPM
Projection Period Index Rate	\$916.31
Net Impact of the Risk Adjustment Program	(\$152.55)
Net Impact of State Reinsurance Program	\$0.00
Exchange User Fee Adjustment	\$21.84
Market-Adjusted Index Rate	\$785.60

The adjustments in the table reflect all of the market-wide modifiers allowed in federal regulation and the average demographic characteristics of the single risk pool. Please note the allowable market-wide modifiers were adjusted to an allowed basis in the development of the market-adjusted index rate which is consistent with the basis of the projected index rate.

6.4 Plan-Adjusted Index Rates

Exhibit E summarizes the plan-adjusted index rates, developed as the market-adjusted index rate further adjusted for all the allowable plan-level modifiers defined in 45 CFR Part 156, §156.80(d)(2).

The allowable modifiers as described in 45 CFR Part 156, §156.80(d)(2) are the following:

- Actuarial value and cost-sharing design of the plan,
- Plan’s provider network and delivery system characteristics, as well as utilization management practices,
- Plan benefits in addition to the EHBs,
- Administrative costs, excluding exchange user fees, and
- With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans

AV and Cost-Sharing Adjustment

Each plan’s AV and cost-sharing adjustment includes a benefit factor adjustment and an adjustment to account for the expected impact of each plan’s cost sharing amounts on the member’s utilization of services.

[REDACTED]

[REDACTED]

Adjustment for Benefits in Addition to the EHBs

Plans in the 93078IA013 Product ID include adult eye exams, which are benefits in addition to EHBs. These plans include a 1.006 plan-level adjustment for benefits in addition to EHBs.

Plan's Provider Network and Delivery System Characteristics

Network adjustments are developed based on an analysis of variation in cost by provider network

Exhibit F provides a summary of the proposed provider network adjustments applied to the plan-adjusted index rates.

Expected Impact of the Specific Eligibility Categories for the Catastrophic Plan

Not Applicable. Medica does not offer Catastrophic plans in Iowa.

6.5 Calibration

A single calibration adjustment is applied uniformly to all plans. The market-wide calibration factor is 0.5798. Detailed support of the calibration factor is provided in Exhibit H.

Age Curve Calibration

The average age factor used in the calibration process is 1.7194, resulting in an age calibration factor of 0.5816 as displayed in Worksheet 2, Section III of the URRT. This was determined by applying the standard age curve established by HHS to the projected member distribution by age, with an adjustment for the maximum of three child dependents under the age of 21.

Under this methodology, the approximate average age rounded to a whole number associated to the single risk pool average age factor is 49.

Geographic Factor Calibration

The average geographic rating factor is 0.9989, resulting in a geographic calibration factor of 1.0011 as displayed in Worksheet 2, Section III of the URRT.

Exhibit G provides a summary of the proposed geographic rating factors applied to the plan-adjusted index rates.

The geographic rating factors were developed based on an analysis of variation in cost by geographic region. Using Medica's individual market data, the membership and allowed claims were distributed into the rating areas based on the location of the member as well as adjusted for high claimants, demographics, and network. Data was then credibility weighted and adjusted for any expected future cost changes. To smooth changes from year to year, Medica makes business decisions on the materiality of the proposed rating factor change for each geographic region.

Tobacco Factor Calibration

The average tobacco rating factor used in the calibration process is 1.0042, resulting in a tobacco calibration factor of 0.9958 as displayed in Worksheet 2, Section III of the URRT. A tobacco load is applied to adult tobacco users age 21 and older.

6.6 Consumer-Adjusted Premium Rate Development

Medica derives consumer-adjusted premium rates by calibrating the plan-adjusted index rate and applying the rating factors specified by 45 CFR Part 147, §147.102. See Exhibit A for the proposed rate manual and sample rate calculation.

7. Plan Product Information

7.1 AV Metal Values

For all plans described below, the AV metal levels were developed using only the federal AV calculator. Medica does not believe any of these plans requires an alternative methodology.

AV Pricing Values

Exhibit I provides a summary of the AV pricing values by plan as developed in Worksheet 2, Section III of the URRT and a breakdown of the components attributable to each of the allowable modifiers to the index rate as described in 45 CFR Part 156, §156.80(d)(2).

7.2 Membership Projections

Medica projected membership as displayed in Worksheet 2, Section IV of the URRT by considering the size of the projected Iowa individual market and an assumed penetration rate of this market.

For silver level plans in the individual market, an estimate was made for the portion of projected enrollment that will be eligible for cost sharing reduction (CSR) subsidies at each subsidy level. The table below displays the distribution and projected members for all the silver plans, including the alternative silver plans which CSR eligible consumers can purchase.

Table 7.2 - Distribution of Membership Across Silver Metal Tier		
Silver Metal Tier	Membership Distribution	Membership
Standard		
94% AV Level Silver Plan		
87% AV Level Silver Plan		
73% AV Level Silver Plan		
Limited Cost Sharing		
Zero Cost Sharing		
Total	100.00%	1,471

7.3 Terminated Products

Exhibit J summarizes any discontinued plans that were included in the single risk pool during the experience period or made available thereafter and the corresponding mapped plans.

7.4 Plan Type

Not Applicable. The plan types listed in Worksheet 2, Section I of the URRT appropriately describe Medica's plans.

7.5 Warning Alerts

No warning alerts appear in the URRT beyond notices indicating that there are renewing and terminating plans that show zero current enrollment.

8. Miscellaneous Instructions

8.1 Effective Rate Review Information

CSR Claim Payments Paid for Enrollees in PY2024

Per the CMS Bulletin with subject line “Plan Year 2026 Individual Market Rate Filing Instructions”, dated May 2, 2025, issuers are requested to “specify the actual CSRs the issuer paid for enrollees for PY 2024 in the Actuarial Memorandum submitted with its PY 2026 rate filing.” [REDACTED]

Exhibit O provides a calculation summary of the development of CSR claims paid during 2024.

8.2 Reliance

Below contains processes, assumptions and models I have relied upon in the development of premium pricing and filing assumptions. I have reviewed results for reasonableness but have not performed data audits.

Actuarial Services staff not under my direct supervision:

- Compilation of experience data and development of IBNP
- Trend projections
- Risk adjustment projection analysis

Corporate Finance staff not under my direct supervision:

- Administrative cost assumptions
- Applicable federal and state income tax rates
- HCQI expense expectation as used in the MLR calculation

Product staff not under my direct supervision:

- Development and implementation of plan-specific cost sharing levers

Network Management staff not under my direct supervision:

- Assumed provider network reimbursement contracts will be finalized at the levels projected

Consultant and other public data sources:

- Experience period risk adjustment estimates
- CMS Open Enrollment Public Use Files

8.3 Actuarial Certification

I, [REDACTED], am a Director of Actuarial Services for Medica, a Fellow of the Society of Actuaries, a member of the American Academy of Actuaries (Academy) in good standing, have the education and experience necessary to perform the work, and meet the Academy qualification standards for rendering this opinion.

Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice,
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- Neither excessive nor deficient.

I further certify that:

- 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,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area, and
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I URRT for all plans except as noted in Section 7.

The Part I URRT does not demonstrate the process used to develop proposed premium rates. It is representative of 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.

Name of Actuary	
Credentials	Fellow, Society of Actuaries (FSA) Member, American Academy of Actuaries (MAAA)
Organization	Medica
Title	Director Actuarial Services – ACA Pricing
Date	June 5, 2025

Exhibit A

Rate Manual

Sample Rate Calculation			
<u>Rate Formula:</u>			
= Plan-Adjusted Index Rate x Age Factor x Geographic Factor x Tobacco Factor / Calibration Factor			
<u>Sample Member Information:</u>	<u>Description</u>	<u>Factor</u>	<u>Source</u>
	Medica Insure Bronze \$0 Copay PCP Visits	\$785.97	Table 1
	27-year-old	1.048	Table 2
	Rating Area 1	1.029	Table 3
	Smoker		Table 4
	Calibration Factor	0.580	Table 5
<u>Sample Rate Calculation:</u>			
= \$785.97 x 1.048 x 1.029 x x 0.580 =			

Exhibit A (continued)

Rate Manual

Table 1 - Plan-Adjusted Index Rates and Actuarial Values				
Plan Name	HIOS Plan ID	Metal Level	Actuarial Value	Plan-Adjusted Index Rate
Elevate by Medica Bronze Share	93078IA0050029	Bronze	0.609	\$582.82
Elevate by Medica Bronze \$0 Copay PCP Visits	93078IA0050041	Bronze	0.635	\$633.66
Elevate by Medica Gold \$0 Copay PCP Visits	93078IA0050045	Gold	0.760	\$827.99
Elevate by Medica Silver \$0 Copay PCP Visits	93078IA0050047	Silver	0.680	\$867.74
Elevate by Medica Gold Standard	93078IA0050055	Gold	0.780	\$936.06
Elevate by Medica Silver Standard	93078IA0050057	Silver	0.700	\$942.91
Elevate by Medica Expanded Bronze Standard	93078IA0050073	Bronze	0.641	\$641.36
Elevate by Medica Gold Share	93078IA0050074	Gold	0.760	\$861.76
Elevate by Medica Silver Share	93078IA0050075	Silver	0.660	\$839.85
Medica Insure Silver Share	93078IA0060027	Silver	0.660	\$1,041.74
Medica Insure Bronze Share	93078IA0060029	Bronze	0.609	\$722.92
Medica Insure Bronze \$0 Copay PCP Visits	93078IA0060041	Bronze	0.635	\$785.97
Medica Insure Gold \$0 Copay PCP Visits	93078IA0060045	Gold	0.760	\$1,027.02
Medica Insure Silver \$0 Copay PCP Visits	93078IA0060047	Silver	0.680	\$1,076.32
Medica Insure Gold Standard	93078IA0060055	Gold	0.780	\$1,161.08
Medica Insure Silver Standard	93078IA0060057	Silver	0.700	\$1,169.56
Medica Insure Expanded Bronze Standard	93078IA0060073	Bronze	0.641	\$795.53
Medica Insure Gold Share	93078IA0060074	Gold	0.760	\$1,068.91
Inspire by Medica Silver Share	93078IA0070027	Silver	0.660	\$803.62
Inspire by Medica Bronze Share	93078IA0070029	Bronze	0.609	\$557.68
Inspire by Medica Gold \$0 Copay PCP Visits	93078IA0070045	Gold	0.760	\$792.27
Inspire by Medica Silver \$0 Copay PCP Visits	93078IA0070047	Silver	0.680	\$830.30
Inspire by Medica Gold Standard	93078IA0070055	Gold	0.780	\$895.69
Inspire by Medica Silver Standard	93078IA0070057	Silver	0.700	\$902.23
Inspire by Medica Expanded Bronze Standard	93078IA0070073	Bronze	0.641	\$613.70
Inspire by Medica Bronze \$0 Copay PCP Visits	93078IA0070074	Bronze	0.635	\$606.32
Inspire by Medica Gold Share	93078IA0070075	Gold	0.760	\$824.59
Medica with CHI Health Bronze Share	93078IA0080029	Bronze	0.609	\$597.09
Medica with CHI Health Bronze \$0 Copay PCP Visits	93078IA0080041	Bronze	0.635	\$649.17
Medica with CHI Health Gold \$0 Copay PCP Visits	93078IA0080045	Gold	0.760	\$848.26
Medica with CHI Health Silver \$0 Copay PCP Visits	93078IA0080047	Silver	0.680	\$888.98
Medica with CHI Health Gold Standard	93078IA0080055	Gold	0.780	\$958.98
Medica with CHI Health Silver Standard	93078IA0080057	Silver	0.700	\$965.99
Medica with CHI Health Expanded Bronze Standard	93078IA0080073	Bronze	0.641	\$657.07
Medica with CHI Health Gold Share	93078IA0080074	Gold	0.760	\$882.86
Medica with CHI Health Silver Share	93078IA0080075	Silver	0.660	\$860.41

Exhibit A (continued)

Rate Manual

Table 1 - Plan-Adjusted Index Rates and Actuarial Values (continued)				
Plan Name	HIOS Plan ID	Metal Level	Actuarial Value	Plan-Adjusted Index Rate
Medica with CHI Health Gold \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130001	Gold	0.760	\$853.35
Medica with CHI Health Silver \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130002	Silver	0.680	\$894.32
Medica with CHI Health Bronze \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130003	Bronze	0.635	\$653.06
Medica with CHI Health Gold Share + Adult Eye Exam	93078IA0130004	Gold	0.760	\$888.16
Medica with CHI Health Silver Share + Adult Eye Exam	93078IA0130005	Silver	0.660	\$865.58
Medica with CHI Health Bronze Share + Adult Eye Exam	93078IA0130006	Bronze	0.609	\$600.67
Medica with CHI Health Gold Standard + Adult Eye Exam	93078IA0130007	Gold	0.780	\$964.74
Medica with CHI Health Silver Standard + Adult Eye Exam	93078IA0130008	Silver	0.700	\$971.79
Medica with CHI Health Expanded Bronze Standard + Adult Eye Exam	93078IA0130009	Bronze	0.641	\$661.01

Table 2 - Age			
Age	Factor	Age	Factor
0-14	0.765	40	1.278
15	0.833	41	1.302
16	0.859	42	1.325
17	0.885	43	1.357
18	0.913	44	1.397
19	0.941	45	1.444
20	0.970	46	1.500
21	1.000	47	1.563
22	1.000	48	1.635
23	1.000	49	1.706
24	1.000	50	1.786
25	1.004	51	1.865
26	1.024	52	1.952
27	1.048	53	2.040
28	1.087	54	2.135
29	1.119	55	2.230
30	1.135	56	2.333
31	1.159	57	2.437
32	1.183	58	2.548
33	1.198	59	2.603
34	1.214	60	2.714
35	1.222	61	2.810
36	1.230	62	2.873
37	1.238	63	2.952
38	1.246	64+	3.000
39	1.262		

Table 3 - Geographic	
Rating Area	Area Factor
Rating Area 1	1.029
Rating Area 2	0.870
Rating Area 3	1.078
Rating Area 4	1.042
Rating Area 5	0.974
Rating Area 6	1.031
Rating Area 7	1.243

Table 4 - Tobacco
Tobacco Factor

Table 5 - Calibration
Calibration Factor
0.5798

Exhibit B

Rate Change, Membership, and Loss Ratio History

State			
Plan Year	Rate Change	Member Months	Loss Ratio ^[1]
2019			
2020			
2021			
2022			
2023			
2024			

[1] Loss ratio is defined as incurred claims over premium.

Nationwide			
Plan Year	Rate Change	Member Months	Loss Ratio ^[1]
2019			
2020			
2021			
2022			
2023			
2024			

[1] Loss ratio is defined as incurred claims over premium.

Exhibit C

Paid-to-Allowed Ratio

Paid-to-Allowed Average Factor				
Plan	Projected Member Months	Allowed Claims PMPM ⁽¹⁾	Paid Claims PMPM ⁽¹⁾	Paid / Allowed
Elevate by Medica Bronze Share	408	\$791.37	\$581.38	0.735
Elevate by Medica Bronze \$0 Copay PCP Visits	924	\$836.61	\$632.11	0.756
Elevate by Medica Gold \$0 Copay PCP Visits	144	\$995.99	\$825.92	0.829
Elevate by Medica Silver \$0 Copay PCP Visits	96	\$898.74	\$865.57	0.963
Elevate by Medica Gold Standard	156	\$1,077.23	\$933.74	0.867
Elevate by Medica Silver Standard	324	\$952.17	\$940.55	0.988
Elevate by Medica Expanded Bronze Standard	972	\$843.32	\$639.80	0.759
Elevate by Medica Gold Share	12	\$1,021.90	\$859.64	0.841
Elevate by Medica Silver Share	72	\$878.44	\$837.78	0.954
Medica Insure Silver Share	528	\$1,089.65	\$1,039.21	0.954
Medica Insure Bronze Share	4,932	\$981.65	\$721.16	0.735
Medica Insure Bronze \$0 Copay PCP Visits	2,712	\$1,037.76	\$784.09	0.756
Medica Insure Gold \$0 Copay PCP Visits	1,020	\$1,235.46	\$1,024.50	0.829
Medica Insure Silver \$0 Copay PCP Visits	492	\$1,114.83	\$1,073.68	0.963
Medica Insure Gold Standard	1,452	\$1,336.23	\$1,158.25	0.867
Medica Insure Silver Standard	3,900	\$1,181.11	\$1,166.69	0.988
Medica Insure Expanded Bronze Standard	14,736	\$1,046.08	\$793.62	0.759
Medica Insure Gold Share	96	\$1,267.59	\$1,066.33	0.841
Inspire by Medica Silver Share	1,788	\$840.54	\$801.63	0.954
Inspire by Medica Bronze Share	9,804	\$757.23	\$556.30	0.735
Inspire by Medica Gold \$0 Copay PCP Visits	2,484	\$953.02	\$790.29	0.829
Inspire by Medica Silver \$0 Copay PCP Visits	2,580	\$859.96	\$828.23	0.963
Inspire by Medica Gold Standard	720	\$1,030.75	\$893.46	0.867
Inspire by Medica Silver Standard	6,720	\$911.09	\$899.97	0.988
Inspire by Medica Expanded Bronze Standard	8,532	\$806.93	\$612.19	0.759
Inspire by Medica Bronze \$0 Copay PCP Visits	16,092	\$800.52	\$604.84	0.756
Inspire by Medica Gold Share	420	\$977.80	\$822.55	0.841
Medica with CHI Health Bronze Share	180	\$810.75	\$595.62	0.735
Medica with CHI Health Bronze \$0 Copay PCP Visits	252	\$857.10	\$647.59	0.756
Medica with CHI Health Gold \$0 Copay PCP Visits	60	\$1,020.38	\$846.15	0.829
Medica with CHI Health Silver \$0 Copay PCP Visits	24	\$920.75	\$886.77	0.963
Medica with CHI Health Gold Standard	12	\$1,103.61	\$956.61	0.867
Medica with CHI Health Silver Standard	204	\$975.49	\$963.59	0.988
Medica with CHI Health Expanded Bronze Standard	408	\$863.97	\$655.46	0.759
Medica with CHI Health Gold Share	12	\$1,046.92	\$880.69	0.841
Medica with CHI Health Silver Share	48	\$899.95	\$858.29	0.954

Exhibit C (continued)

Paid-to-Allowed Ratio

Paid-to-Allowed Average Factor (continued)				
Plan	Projected Member Months	Allowed Claims PMPM ^[1]	Paid Claims PMPM ^[1]	Paid / Allowed
Medica with CHI Health Gold \$0 Copay PCP Visits + Adult Eye Exam	144	\$1,020.38	\$846.15	0.829
Medica with CHI Health Silver \$0 Copay PCP Visits + Adult Eye Exam	96	\$920.75	\$886.77	0.963
Medica with CHI Health Bronze \$0 Copay PCP Visits + Adult Eye Exam	756	\$857.10	\$647.59	0.756
Medica with CHI Health Gold Share + Adult Eye Exam	48	\$1,046.92	\$880.69	0.841
Medica with CHI Health Silver Share + Adult Eye Exam	108	\$899.95	\$858.29	0.954
Medica with CHI Health Bronze Share + Adult Eye Exam	1,056	\$810.75	\$595.62	0.735
Medica with CHI Health Gold Standard + Adult Eye Exam	12	\$1,103.61	\$956.61	0.867
Medica with CHI Health Silver Standard + Adult Eye Exam	420	\$975.49	\$963.59	0.988
Medica with CHI Health Expanded Bronze Standard + Adult Eye Exam	936	\$863.97	\$655.46	0.759
Total	86,892	\$915.62	\$740.46	0.809

[1] Before risk adjustment.

Exhibit D

Medical Loss Ratio (MLR)

Projected MLR for 2025		
Incurred Claims	\$740.46	A
Risk Adjustment	-\$123.37	B
State-Based Reinsurance	\$0.00	C
HCQI	████	D
MLR Numerator	████	$E = A + B + C + D$
Revenue	\$741.51	F
Exchange Fees	████	G
ACA Health Insurer Fees	\$0.00	H
Federal PCORI Fees	\$0.28	I
Risk Adjustment Fees	\$0.20	J
State Premium Tax	\$14.83	K
Federal Income Tax	████	L
MLR Denominator	████	$M = F - G - H - I - J - K - L$
Projected MLR	████	$N = E / M$

Exhibit E

Plan-Adjusted Index Rates

Market-Adjusted Index Rates, AV Pricing Values, and Plan-Adjusted Index Rates					
Plan Name	HIOS Plan ID	Metal Level	Market-Adjusted Index Rate	Proposed AV Pricing Value	Plan-Adjusted Index Rate
Elevate by Medica Bronze Share	93078IA0050029	Bronze	\$785.60	0.742	\$582.82
Elevate by Medica Bronze \$0 Copay PCP Visits	93078IA0050041	Bronze	\$785.60	0.807	\$633.66
Elevate by Medica Gold \$0 Copay PCP Visits	93078IA0050045	Gold	\$785.60	1.054	\$827.99
Elevate by Medica Silver \$0 Copay PCP Visits	93078IA0050047	Silver	\$785.60	1.105	\$867.74
Elevate by Medica Gold Standard	93078IA0050055	Gold	\$785.60	1.192	\$936.06
Elevate by Medica Silver Standard	93078IA0050057	Silver	\$785.60	1.200	\$942.91
Elevate by Medica Expanded Bronze Standard	93078IA0050073	Bronze	\$785.60	0.816	\$641.36
Elevate by Medica Gold Share	93078IA0050074	Gold	\$785.60	1.097	\$861.76
Elevate by Medica Silver Share	93078IA0050075	Silver	\$785.60	1.069	\$839.85
Medica Insure Silver Share	93078IA0060027	Silver	\$785.60	1.326	\$1,041.74
Medica Insure Bronze Share	93078IA0060029	Bronze	\$785.60	0.920	\$722.92
Medica Insure Bronze \$0 Copay PCP Visits	93078IA0060041	Bronze	\$785.60	1.000	\$785.97
Medica Insure Gold \$0 Copay PCP Visits	93078IA0060045	Gold	\$785.60	1.307	\$1,027.02
Medica Insure Silver \$0 Copay PCP Visits	93078IA0060047	Silver	\$785.60	1.370	\$1,076.32
Medica Insure Gold Standard	93078IA0060055	Gold	\$785.60	1.478	\$1,161.08
Medica Insure Silver Standard	93078IA0060057	Silver	\$785.60	1.489	\$1,169.56
Medica Insure Expanded Bronze Standard	93078IA0060073	Bronze	\$785.60	1.013	\$795.53
Medica Insure Gold Share	93078IA0060074	Gold	\$785.60	1.361	\$1,068.91
Inspire by Medica Silver Share	93078IA0070027	Silver	\$785.60	1.023	\$803.62
Inspire by Medica Bronze Share	93078IA0070029	Bronze	\$785.60	0.710	\$557.68
Inspire by Medica Gold \$0 Copay PCP Visits	93078IA0070045	Gold	\$785.60	1.008	\$792.27
Inspire by Medica Silver \$0 Copay PCP Visits	93078IA0070047	Silver	\$785.60	1.057	\$830.30
Inspire by Medica Gold Standard	93078IA0070055	Gold	\$785.60	1.140	\$895.69
Inspire by Medica Silver Standard	93078IA0070057	Silver	\$785.60	1.148	\$902.23
Inspire by Medica Expanded Bronze Standard	93078IA0070073	Bronze	\$785.60	0.781	\$613.70
Inspire by Medica Bronze \$0 Copay PCP Visits	93078IA0070074	Bronze	\$785.60	0.772	\$606.32
Inspire by Medica Gold Share	93078IA0070075	Gold	\$785.60	1.050	\$824.59
Medica with CHI Health Bronze Share	93078IA0080029	Bronze	\$785.60	0.760	\$597.09
Medica with CHI Health Bronze \$0 Copay PCP Visits	93078IA0080041	Bronze	\$785.60	0.826	\$649.17
Medica with CHI Health Gold \$0 Copay PCP Visits	93078IA0080045	Gold	\$785.60	1.080	\$848.26
Medica with CHI Health Silver \$0 Copay PCP Visits	93078IA0080047	Silver	\$785.60	1.132	\$888.98
Medica with CHI Health Gold Standard	93078IA0080055	Gold	\$785.60	1.221	\$958.98
Medica with CHI Health Silver Standard	93078IA0080057	Silver	\$785.60	1.230	\$965.99
Medica with CHI Health Expanded Bronze Standard	93078IA0080073	Bronze	\$785.60	0.836	\$657.07
Medica with CHI Health Gold Share	93078IA0080074	Gold	\$785.60	1.124	\$882.86
Medica with CHI Health Silver Share	93078IA0080075	Silver	\$785.60	1.095	\$860.41

Exhibit E (continued)

Plan-Adjusted Index Rates

Market-Adjusted Index Rates, AV Pricing Values, and Plan-Adjusted Index Rates (continued)					
Plan Name	HIOS Plan ID	Metal Level	Market-Adjusted Index Rate	Proposed AV Pricing Value	Plan-Adjusted Index Rate
Medica with CHI Health Gold \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130001	Gold	\$785.60	1.086	\$853.35
Medica with CHI Health Silver \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130002	Silver	\$785.60	1.138	\$894.32
Medica with CHI Health Bronze \$0 Copay PCP Visits + Adult Eye Exam	93078IA0130003	Bronze	\$785.60	0.831	\$653.06
Medica with CHI Health Gold Share + Adult Eye Exam	93078IA0130004	Gold	\$785.60	1.131	\$888.16
Medica with CHI Health Silver Share + Adult Eye Exam	93078IA0130005	Silver	\$785.60	1.102	\$865.58
Medica with CHI Health Bronze Share + Adult Eye Exam	93078IA0130006	Bronze	\$785.60	0.765	\$600.67
Medica with CHI Health Gold Standard + Adult Eye Exam	93078IA0130007	Gold	\$785.60	1.228	\$964.74
Medica with CHI Health Silver Standard + Adult Eye Exam	93078IA0130008	Silver	\$785.60	1.237	\$971.79
Medica with CHI Health Expanded Bronze Standard + Adult Eye Exam	93078IA0130009	Bronze	\$785.60	0.841	\$661.01

Exhibit F

Provider Network Adjustments

Network	Member Distribution	Current Adjustment	Proposed Adjustment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Proposed values are the same as the Provider Network values in Exhibit I except that Exhibit I is renormalized to a 1.000 aggregate value.

Exhibit G

Geographic Rating Factors

Rating Area	Member Distribution	Current Adjustment	Proposed Adjustment
Rating Area 1	[REDACTED]	[REDACTED]	1.029
Rating Area 2	[REDACTED]	[REDACTED]	0.870
Rating Area 3	[REDACTED]	[REDACTED]	1.078
Rating Area 4	[REDACTED]	[REDACTED]	1.042
Rating Area 5	[REDACTED]	[REDACTED]	0.974
Rating Area 6	[REDACTED]	[REDACTED]	1.031
Rating Area 7	[REDACTED]	[REDACTED]	1.243
Total	100.0%	[REDACTED]	0.999

Exhibit H

Calibration Development

Age Calibration		
Age	Member Distribution	Age Factor
0-14		0.765
15		0.833
16		0.859
17		0.885
18		0.913
19		0.941
20		0.970
21		1.000
22		1.000
23		1.000
24		1.000
25		1.004
26		1.024
27		1.048
28		1.087
29		1.119
30		1.135
31		1.159
32		1.183
33		1.198
34		1.214
35		1.222
36		1.230
37		1.238
38		1.246
39		1.262
40		1.278
41		1.302
42		1.325
43		1.357
44		1.397
45		1.444
46		1.500
47		1.563
48		1.635
49		1.706
50		1.786
51		1.865
52		1.952
53		2.040
54		2.135
55		2.230
56		2.333
57		2.437
58		2.548
59		2.603
60		2.714
61		2.810
62		2.873
63		2.952
64+		3.000
Average	100.0%	1.719

Geographic Calibration		
Rating Area	Member Distribution	Area Factor
1		1.029
2		0.870
3		1.078
4		1.042
5		0.974
6		1.031
7		1.243
Average	100.0%	0.999

Tobacco Factor Calibration		
Smoking Status	Member Distribution	Tobacco Factor
Yes		
No		
Average	100.0%	1.0042

Exhibit I

AV Pricing Values

Exhibit I (continued)
AV Pricing Values

[illegible]
$$H = A \times B \times C \times D \times E \times F \times G$$

Exhibit I (cont.)

CSR Load

		$[h] = [g]$ in below table
		$[i] = \text{sum}([h] \times [b] \times [c] \times [ff])$, Silver plans
		$[j] = [h] / [i]$

**Allowed Plan Factor includes Induced Utilization and Network Factor, with allowances for IU of CSR plans*

[illegible]

Exhibit J

Terminated Plan Cross-Walk

Terminated Plan Name	Terminated HIOS ID	Mapped Plan Name	Mapped HIOS ID
<i>Plans offered during the 2024 plan year and terminated prior to the 2025 plan year.</i>			
Elevate by Medica Silver Enhanced	93078IA0050053	Elevate by Medica Silver \$0 Copay PCP Visits	93078IA0050047
Elevate by Medica Bronze Standard	93078IA0050059	Elevate by Medica Expanded Bronze Standard	93078IA0050073
Medica Insure Bronze Copay	93078IA0060005	Medica Insure Expanded Bronze Standard	93078IA0060073
Medica Insure Silver Enhanced	93078IA0060053	Medica Insure Silver \$0 Copay PCP Visits	93078IA0060047
Medica Insure Bronze Standard	93078IA0060059	Medica Insure Expanded Bronze Standard	93078IA0060073
Inspire by Medica Bronze Copay \$5 Preferred Primary Care	93078IA0070037	Inspire by Medica Bronze \$0 Copay PCP Visits	93078IA0070074
Inspire by Medica Silver Enhanced	93078IA0070053	Inspire by Medica Silver \$0 Copay PCP Visits	93078IA0070047
Inspire by Medica Bronze Standard	93078IA0070059	Inspire by Medica Expanded Bronze Standard	93078IA0070073
Medica with CHI Health Silver Enhanced	93078IA0080053	Medica with CHI Health Silver \$0 Copay PCP Visits	93078IA0080047
Medica with CHI Health Bronze Standard	93078IA0080059	Medica with CHI Health Expanded Bronze Standard	93078IA0080073
Empower by Medica Bronze Copay \$0 PCP	93078IA0120041	Medica Insure Bronze \$0 Copay PCP Visits	93078IA0060041
Empower by Medica Gold Copay \$0 PCP	93078IA0120045	Medica Insure Gold \$0 Copay PCP Visits	93078IA0060045
Empower by Medica Silver Copay \$0 PCP	93078IA0120047	Medica Insure Silver \$0 Copay PCP Visits	93078IA0060047
Empower by Medica Silver Enhanced	93078IA0120053	Medica Insure Silver \$0 Copay PCP Visits	93078IA0060047
Empower by Medica Gold Standard	93078IA0120055	Medica Insure Gold Standard	93078IA0060055
Empower by Medica Silver Standard	93078IA0120057	Medica Insure Silver Standard	93078IA0060057
Empower by Medica Bronze Standard	93078IA0120059	Medica Insure Expanded Bronze Standard	93078IA0060073
Empower by Medica Expanded Bronze Standard	93078IA0120073	Medica Insure Expanded Bronze Standard	93078IA0060073
<i>Plans offered during the 2025 plan year and terminated prior to the 2026 plan year.</i>			
N/A	N/A	N/A	N/A

The Plan ID Crosswalk Template contains detailed mapping rules, including by geography.

Exhibit O

CSR Claims Paid in the Experience Period

Allowed Claims	C_01	B_01	B_02	B_03	S_01	S_02	S_04	S_05	S_06	G_01	TOTAL
\$0-\$500	\$0	\$384,716	\$1,812	\$453	\$22,615	\$91	\$14,788	\$53,355	\$71,333	\$34,016	\$583,179
\$500-\$2,000	\$0	\$2,066,822	\$6,704	\$1,904	\$122,310	\$0	\$97,821	\$329,438	\$323,944	\$266,172	\$3,215,121
\$2,000-\$10,000	\$0	\$7,195,069	\$12,516	\$0	\$431,975	\$13,679	\$355,249	\$1,418,947	\$1,353,435	\$1,038,539	\$11,819,409
\$10,000-\$20,000	\$0	\$5,282,936	\$30,715	\$0	\$381,548	\$0	\$417,629	\$1,779,580	\$1,122,430	\$1,196,508	\$10,211,348
\$20,000-\$10,000,000	\$0	\$32,527,317	\$203,435	\$87,912	\$3,935,084	\$42,371	\$2,915,022	\$9,905,956	\$9,454,656	\$13,105,575	\$72,177,328
TOTAL	\$0	\$47,456,865	\$255,182	\$90,270	\$4,893,532	\$56,141	\$3,800,509	\$13,487,277	\$12,325,799	\$15,640,809	\$98,006,384

Net-to-Allowed	C_01	B_01	B_02	B_03	S_01	S_02	S_04	S_05	S_06	G_01	TOTAL
\$0-\$500		42%	100%	53%	59%	100%	56%	65%	95%	73%	54%
\$500-\$2,000		42%	100%	100%	57%	1	56%	65%	91%	65%	52%
\$2,000-\$10,000		34%	100%	1	55%	100%	51%	74%	88%	68%	49%
\$10,000-\$20,000		45%	99%	1	70%	1	61%	83%	89%	74%	61%
\$20,000-\$10,000,000		85%	100%	78%	71%	100%	92%	95%	98%	90%	90%
TOTAL		71%	100%	79%	85%	100%	84%	90%	96%	87%	81%

CSR Payments	C_01	B_01	B_02	B_03	S_01	S_02	S_04	S_05	S_06	G_01	TOTAL
\$0-\$500	\$0	\$0	\$1,050	\$52	\$0	\$37	\$0	\$3,314	\$25,596	\$0	\$30,048
\$500-\$2,000	\$0	\$0	\$3,904	\$1,110	\$0	\$0	\$0	\$25,784	\$109,572	\$0	\$140,371
\$2,000-\$10,000	\$0	\$0	\$8,258	\$0	\$0	\$6,081	\$0	\$259,953	\$441,895	\$0	\$716,188
\$10,000-\$20,000	\$0	\$0	\$16,671	\$0	\$0	\$0	\$0	\$231,619	\$220,322	\$0	\$468,619
\$20,000-\$10,000,000	\$0	\$0	\$29,608	\$0	\$0	\$3,945	\$31,197	\$436,923	\$675,809	\$0	\$1,177,483
TOTAL	\$0	\$0	\$59,492	\$1,162	\$0	\$10,064	\$31,197	\$957,593	\$1,473,194	\$0	\$2,532,702