

- ► Differences in the standard "Development" Method
 - Monthly incurrals instead of yearly incurrals
 - Exposure base is typically member or employee counts by month instead of annual premium
 - This gives us a per member per month (PMPM) or per employee per month (PEPM) historical cost view as opposed to an historical loss ratio
 - ➤ Eliminates impact of premium increases, but results in an upward trend in costs instead of a relatively level target
 - Very short tailed liabilities with 90% of runout paid within three months of incurral for regular medical claims and up to 99% of runout paid within 1 month of incurral for pharmacy.
 - Results in the significant majority of the reserve in months where we are estimating the expected incurral instead of relying on the completion factor estimate.

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- Adjustments to model that may affect incurred claims calculated by the Development Method
 - Removal of excess "large" claims payments from an anomalous cell
 - EY Internal Guideline: more than 1% of claims incurred and paid for that incurral month AND more than 2.5 standard deviations for claims paid in the same duration across all incurral months
 - Process is judgmental trying to eliminate aberrations but not repetitive infrequent occurrences.
 - ▶ Backlog adjustment due to changes in claims processing
 - Claims processed via settlement / AP and not in triangle (not a reserve impact in months where Development Method is used exclusively)
 - Known large claims pending
 - Adjustments for other aberrations such as no claims payments for a month due to system conversion or claims processing issues

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- Adjustments to model that may affect incurred claims calculated by the PMPM method
 - Removal of excess claims causing development factor or base period changes
 - ▶ Backlog adjustments due to changes in claims processing
 - Benefit changes either new benefit offered or plan design change by a large portion of a block of business
 - ▶ Benefit Contract and Provider Reimbursement Contract changes
 - ► Census and morbidity changes
 - Seasonality patterns
 - Work Days / Calendar Days / Residual (plan design features)
 - ▶ Pre-Authorizations/Certifications for hospital admissions
 - ► Medical Cost/Utilization Trends
 - Known large claims pending

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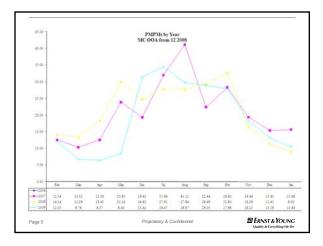
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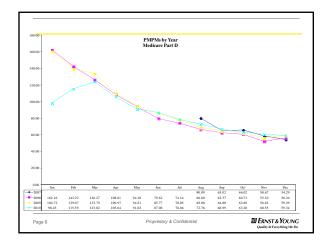
- ► Credibility of development method in most recent months
 - We will typically do a weighted average between the development method and a modified B-F method using standard weights but this requires frequent review as standard weights may not provide a reasonable result and therefore adjustments are made
- ► Other Statistics considered during our analysis
 - ► Base period (3mos, 6mos, 12mos, 6 of 8, other)
 - Number of months equivalent to UCL
 - Average duration (date of service to date of payment
 - ► Differences in completion factors methods
 - ► Rolling medical cost trends
 - ► Completeness of oldest month
 - Negative claims run-outs (completion factors > 1.00)
- ► Provision for Adverse Deviation (or explicit margin)

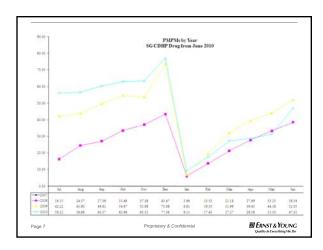
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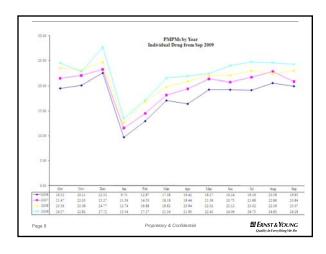
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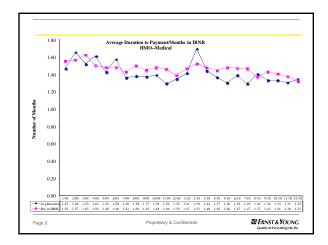
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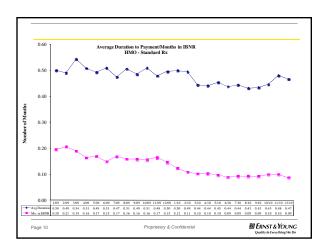


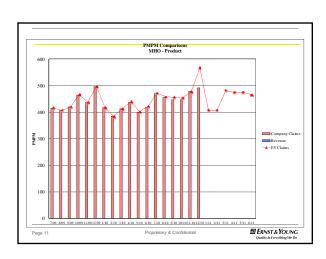












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