

Nevada Division of Insurance

Appendix B

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| Issuer Name: | | Market: Individual <input type="checkbox"/> Small Group <input type="checkbox"/> Large Group <input type="checkbox"/> |
| | | Exchange-Certification Status: SADP <input type="checkbox"/> Certified Off Exchange <input type="checkbox"/> Not Exchange Certified <input type="checkbox"/> |
| Effective Date: | Initial Filing Date: | Updated Date(s): |

Checklist Instructions:

Please check the applicable boxes in the third column to indicate that the required worksheet ('R' box is checked by the Division) and supporting information have been provided. Specifically, carriers should check the 'P' box to indicate that the required information has been submitted and, **if the 'R' box is checked, enter an exhibit number** to indicate that a corresponding exhibit has been submitted.

| ACTUARIAL MEMORANDUM | | | |
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| Item | Description of Required Information | Carriers to Complete (See page 2) | NVDOI Use Only |
| General Information Section | At a minimum, include the following: Company name, state, HIOS ID, as applicable, Contact Information, summary of Benefits, Effective date of requested rate change, SERFF Tracking Number, Binder Number of Prior Filing, etc. | R: <input type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Scope and Purpose of Filing | Proposed change, Reason for Rate Change, Average Annual Premium, Number of Policyholders and covered Lives | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Rate Change by component | Provide a detailed explanation of the components of the rate change (trend, benefit design, etc.), along with an exhibit demonstrating the quantitative determination of the components of the rate increase. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Rate Change by Plan | Provide a detailed explanation, along with an exhibit showing how the rate change by plan, was determined. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |

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| Experience | | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input checked="" type="checkbox"/> |
| Experience and Current Period Premiums Claims and Enrollment | Describe the following: Paid through date, Current Date, historical Premiums, Allowed and Incurred Claims. Provide a detailed description and quantitative support for the calculation of the Incurred but Not Paid estimate ("IBNP"). | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Projected Experience | Provide detailed description of the methodology used to develop the best estimate projected claims and earned premiums both with and without the proposed rate change. | | |
| Membership Projections | Provide a detailed description of the methodology and assumptions used to develop membership projections, along with exhibits demonstrating the development of actuarial inputs. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Minimum Projected Loss Ratio | Provide a detailed description of any adjustment factors as well as an exhibit demonstrating the development of the projected loss ratio. Demonstrate compliance with NRS 686B.125. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Rate Development | Provide a detailed description used to develop the rates for the plans/products included in this filing. This should include details of the data used as well as any adjustments used to develop the projected claims experience. Also provide supporting exhibits demonstrating the rate development. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Assumptions | | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Trend Assumption | Provide a detailed description and quantitative demonstration (exhibit) of the trend calculation, including source claims data used and methodology used for developing the cost and utilization projection factors, including all adjustments made to the data. Demonstrate the tie-in between the trend information shown on the URRT and that shown on Worksheet 8 of the NVRFT. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Non-Benefit Expenses and Profit & Risk | Administrative Expense Load (Describe how expenses vary by product, the source data and its use. Provide support the following non-benefit expenses: Commissions and Brokers Fees, General Expenses, Reinsurance and Other Admin Costs. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |

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| Rating Factors | Provide quantitative and qualitative support for the rating factors used | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| AV Values | Provide support for the development of the AV for the pediatric EHB part of a standalone dental plan. Provide exhibits demonstrating the calculation of the AV pricing values, along with a detailed description of the methodology used.. In the derivation of the AV, show the claim cost used for each service classification such as basic services, prevention and diagnostic, etc. | R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Miscellaneous Instructions | | R: <input type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |
| Reliance Statement | If the certifying actuary relied on any information or underlying assumptions provided by another individual, the information relied upon and the name of the individual providing that information should be disclosed and a reliance statement should be included. In this event, the extent of any reliance and any adjustments made to the information being relied upon should also be explicitly described and supported. It is not expected that the certifying actuary's staff would be included under this section. | R: <input type="checkbox"/> P: <input type="checkbox"/> #: Click here to enter text. | <input type="checkbox"/> |