

**DEPARTMENT OF REGULATORY AGENCIES  
FY 2016-17 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Thursday, November 19, 2015  
1:30 pm – 3:00 pm**

**1:30-1:40 INTRODUCTIONS AND OPENING COMMENTS**

**(The following questions require both a written and verbal response.)**

**1:40-2:10 BROADBAND DEPLOYMENT BOARD**

- 1. Does this Broadband Deployment Board have the authority to oversee the other state agencies' (OIT and DOLA) broadband programs in order to coordinate and ensure beneficial outcomes? Do the various state agencies intend to do coordinate this effort? How will the Board integrate their efforts with the private sector and local government to determine areas of program overlap and programmatic holes?**

**Response:** The Broadband Deployment Board (the "Board") is an independent Board administratively housed within the Department of Regulatory Agencies ("DORA"). The Board's members, by law, include members of the public, representatives from several state agencies, representatives from local governments, and six members of the broadband industry (including private wireless providers, wireline providers, broadband satellite providers, and cable providers). The Board's authority is limited to specific grant making functions established in state statute, and thus, it is does not have authority to oversee other state agencies' broadband programs.

Section 40-15-509.5(4)(b), C.R.S., provides that the Board was "created to administer the deployment of broadband in unserved areas by granting moneys from the Broadband Fund." Section 40-15-509.5(5)(a), C.R.S., further provides that the "Board is an independent board created to implement and administer the deployment of broadband service in unserved areas from the fund," with specific "powers and duties specified in this section." Pursuant to section 40-10-102(6.7) and 40-15-509.5(8)(a), C.R.S., grants are to be provided to for-profit entities for construction of broadband infrastructure. In particular, section 40-15-509.5(8), C.R.S., provides the Board with authority to determine whether an application for funds has met statutory requirements and to determine which applications will receive funds based on specific criteria outlined in state statute.

The Board's staff regularly communicates with other state agencies regarding the Broadband Fund and other state broadband programs, and the Department believes that the Board intends to work cooperatively with other state agencies in coordinating efforts. Such coordination is enhanced by the fact that there is representation on the Board from the Governor's Office of Information Technology ("OIT"), the Department of Local Affairs ("DOLA") and the Governor's Office of Economic Development and International Trade ("OEDIT"). The extent of the Board's

coordination and impact on other state programs will not be fully known until it is determined how much funding is available for the grants to be provided by the Board.

Lastly, the Board is currently in the process of developing grant award criteria. It is anticipated that grant awards will be made, in part, by analyzing whether the proposed project furthers a regional or other local broadband plan. The Board is also required by section 40-15-509.5(8)(a), C.R.S., to provide a 60-day application review and comment period for local governments with jurisdiction over the area to be served. The Board also has a statutory requirement, pursuant to section 40-15-509.5(8)(c), C.R.S., to “[m]inimize conflicts with, or duplication of, federal sources of high cost support or federal broadband grants so as to maximize the total available state and federal support for rural broadband development.”

**2. Considering goals for broadband deployment set by the federal government, is the Board of the Department tracking progress toward those goals with any metrics? Who is responsible for monitoring and collecting these metrics? Does the Department have an implementation strategy for aligning these metrics with the Department’s SMART Act responsibilities?**

**Response:** The Board does not track the state’s progress toward meeting broadband deployment goals set by the federal government, as the Board’s role is limited by Section 40-15-509.5(5)(a), C.R.S. (which does not include the tracking of statewide metrics). However, the Board intends to share data on projects it funds with OIT for inclusion in their database and interactive online maps of broadband service in Colorado.

By way of background, and as stated above, pursuant to Section 40-15-509.5(5)(a), C.R.S., the Board was created as an independent board staffed by DORA. Thus, DORA itself does not have a direct role in determining state broadband policy or tracking statewide metrics. Due to both the Board’s narrow mandate and DORA’s limited administrative support role, Federal broadband goals do not factor directly into the Department’s Performance Plan or other SMART Act responsibilities.

Worth mentioning, however, Executive Order D 2012-037 formalized OIT’s role of “broadband oversight, coordination and accountability for State agencies.” Therefore, questions regarding the state’s overall broadband policy and metric tracking are better directed to OIT, which has broader responsibilities regarding broadband policy and strategy. DORA has notified OIT of the Joint Budget Committee’s (the “Committee”) questions above, and they will be prepared to provide the Committee with an answer during their hearing before the Committee.

**3. Has the federal government placed any broadband development and deployment requirements on states? If so, does the federal government provide any funding for states to meet those requirements? What is the role of states in ensuring universal access to broadband?**

**Response:** As stated above, Executive Order D 2012-037 formalized OIT's role of "broadband oversight, coordination and accountability for State agencies." Therefore, questions regarding the state's broadband policy are better directed to OIT, as well as to DOLA (which administers a broadband program) — both of which have broader responsibilities regarding broadband policy and strategy. DORA has notified both OIT and DOLA of the Committee's questions, and they will be prepared to provide the Committee with answers during their respective hearings before the Committee.

**4. What is the state's objective in implementing its broadband policies? Is the objective to increase bandwidth, develop infrastructure, or a combination of both? Does one take priority over the other?**

**Response:** With respect to the Board's activities, section 40-15-509.5(8)(a), C.R.S., requires the Broadband Deployment Board to provide grants that support the deployment of broadband infrastructure in previously unserved areas. As part of its due diligence, the Board will verify grantees provide broadband service with measurable speeds of at least 25 megabits per second downstream and 3 megabits per second upstream, and a sufficiently low latency to enable the use of real time communications pursuant to Section 40-15-102(3.7), C.R.S.

In terms of the Committee's broader questions concerning general state objectives and priorities in implementing broadband policies, the Department again refers the Committee to the agencies principally charged with administering such policies, OIT and DOLA. Both agencies have been notified by the Department of the Committee's questions and will be prepared to provide the Committee with answers during their respective hearings before the Committee.

**5. What is the impact of telecommunications legislation the General Assembly passed in the 2014 session? Please provide an update on whether the legislation is being implemented and the results of that implementation. What are the reasons for any delay in the progress of implementing the legislation?**

**Response:** As the Committee is aware, in 2014 the General Assembly passed four telecommunications bills, HB 14-1328 "Connect Colorado Broadband Act", 1329 "Deregulation of Internet Protocol", 1330 "Updating Telecommunications Technology Language" and 1331 "Regulation of Basic Local Exchange Service," which generally deregulated many services, including basic voice service, with limited exceptions, retained the High Cost Support Mechanism ("HCSM") fund, and established the Board. Since the adoption of these statutes, and during this statutory transition time, the Public Utilities Commission (the "Commission") has thoughtfully and systematically tackled the implementation while ensuring both due process of stakeholders and the protection of consumers. During the summer of 2014, the Commission telecom staff held

a workshop with telecom stakeholders to discuss the ramifications of the legislation and its implementation. As a result of these discussions, and at the direction of the Commissioners, PUC staff have since completed a number of proceedings, issued emergency rules, and been actively engaged in lengthy permanent rulemakings in the course of implementing all telecommunications bills. Additional details concerning completed and pending tasks and the results and impact of the implementation are provided in the response to question four on pages 21 and 22.

**6. What is the role of the Board in the implementation of the legislation and oversight of statewide broadband development and deployment? What is DORA’s role in overseeing the actual granting of funds and the scope of the grants?**

**Response:** As stated previously, section 40-15-509.5(4)(b), C.R.S., states that the Board was “created to administer the deployment of broadband in unserved areas by granting moneys from the Broadband Fund.” Pursuant to section 40-10-102(6.7) and 40-15-509.5(8)(a), C.R.S., these grants are to be provided to for-profit entities for construction of broadband infrastructure. Section 40-15-509.5(8), C.R.S., provides the Board with the authority to determine whether an application for funds has met statutory requirements and to determine which applications will receive funds based on criteria outlined in state statute. The Board’s authority is limited to the foregoing grant making functions established in statute, and thus, it does not have authority to oversee other state agencies’ broadband programs.

As required by Section 24-1-105(1) and 40-15-509.5(5)(a), C.R.S., DORA provides staff and administrative support to the Board, including budgeting, purchasing, planning and related management functions. DORA does not have a direct role in determining the grant criteria or which applicants should be awarded grant funds as that authority is vested in the Board by Section 40-15-509.5(5)(a), C.R.S. Rather, staff’s role is limited to ensuring that all grants awarded by the Board comply with all applicable statutes and fiscal rules prior to the distribution of funds.

**7. Given that several state agencies have their own broadband programs and the many interested parties, has the Board and DORA identified individuals who will function as lead points of contact to address programmatic questions?**

**Response:** Jordan Beezley, the Broadband Deployment Board’s administrator, is DORA’s lead point of contact for the Board and related broadband activities. Mr. Beezley works closely with Board members and staff at other state agencies to address questions as needed. Additionally the Board has designated industry, local government and state government members to serve as a resource for staff.

**8. Can High Cost Support Mechanism transfer to the Broadband Fund be considered collections for another government in order to exempt the State from the current TABOR restrictions associated with the aforementioned transfer?**

**Response:** The Department believes the question posed above is ultimately a legal one, and would, therefore, require a legal opinion in order to fully address the issue. In the event the Committee is interested in obtaining such an opinion, the Department is willing to request the same from the Department of Law or, alternatively, refer the request to the Office of Legislative Legal Services for further review.

**9. Will the Board provide recommendations as to the role and responsibilities of state government in the provision of broadband service to consumers?**

**Response:** As stated above, the Board's authority is limited to the grant making functions established in statute, and thus, it does not have express authority to provide recommendations as to the role and responsibilities of state government.

**2:10-2:15 BREAK**

**2:15-2:25 NEW LEASE FOR DEPARTMENT**

**10. How did the Department address the issue of timing in regards to signing a new lease without prior appropriations?**

**Response:** Because the Department's new lease does not officially commence until July of 2016, the earliest and first opportunity for the Department to formally address the lease as an action item was the current FY 2016-17 request. However, the Department proactively involved the Committee and Committee staff well in advance, beginning with discussion at DORA's FY 2015-16 Budget Hearing before the Committee on January 5, 2015. Additionally, the Department responded to questions posed in writing concerning the lease as part of the same Budget Hearing. After an offer regarding the lease was communicated to the Department two months later, in early March of 2015, the terms were relayed by the Department to Committee staff by March 4, 2015 (both verbally and via memorandum) and then presented to the Committee on March 10, 2015 during figure-setting (with notice that an FY 16-17 change request was being prepared). Finally, prior to signing the lease in July of 2015, the Department proactively contacted and met with Committee staff once more—again, prior to formal execution of the lease—to ensure full involvement in the process. Given the foregoing, the Department is proud of its collaborative approach with the Committee and its staff with respect to its FY 2016-17 request.

**11. Please provide an outline of the process that was followed in negotiating this lease and how the final outcome was balanced against any alternatives that existed.**

**Response:** The leasing process for the Department was followed pursuant to directives from the Governor’s Office of State Planning and Budgeting (“OSPB”) and the Department of Personnel and Administration’s (“DPA”) Division of State Buildings and Real Estate Programs. The State’s contracted broker carried out negotiations on the Department’s behalf beginning on July 20, 2014. Alternatives included potential space both inside and outside the Central Business District (specifically 101 W. Colfax, 1801 California, and 7800 East Union in the Denver Tech Center), and both site visits and “test fit” space planning activities were performed. Costs and space plans were compared, however the Department declined to pursue these other options, as some entailed much higher projected rent expenses (over \$30 per square foot) or relocations that would have entailed roughly \$3 million in moving expenses and space build-out alone. Thus, the Department determined that renewal at its current location, 1560 Broadway, was the most prudent approach, as it involved the least cost of all scenarios and was the most effective space fit.

**12. Please describe the limitations placed on the rent credit. Could the rent credit be spread over more than five years to make the out-year increases less drastic?**

**Response:** The lease limits the Department’s use of the rent credit to the first five (5) years of the lease. However, given the size of the rent credit negotiated by the Department—which is \$4.1 million and more than the annual cost of the lease itself—the Department is advised this type of condition is common in commercial real estate transactions (particularly if ownership ever intends to sell the building).

**13. Does the Department plan on creating a reserve fund to mitigate the out-year cost escalations?**

**Response:** Unfortunately, due to excess reserve limits for cash funds, there is no mechanism by which the Department can create such a reserve. However, the Department does not anticipate difficulties in managing out-year cost escalations, as its most recent 10-year lease included similar escalations that were managed appropriately.

**2:25-2:45 COLORADO HEALTH INSURANCE COOPERATIVE FAILURE**

**14. Are there any costs for which the State is liable due to the failure of HealthOP?**

**Response:** There are no direct costs for which the State will be liable. There are some indirect costs which are being absorbed by the Department’s Division of Insurance (“DOI”) in using its statutory authority to seize and wind down the operations of the HealthOP; however, the statutes provide for the bulk of costs associated with the wind down to be covered by the liquidation of the HealthOP or, if necessary, by triggering the Life and Health Insurance Protection Association under § 10-20-103 *et seq.*, C.R.S.

**15. What is the impact of the cooperative’s failure on market competition?**

**Response:** There is little to no impact on market competition. Colorado has, and continues to have, a competitive market for health coverage. For 2016, 20 carriers are offering 1,073 plans for individuals and small groups to select among. In 2016, three carriers will not be writing business in the state – the HealthOP, New Health Ventures, and Time Insurance Company. However, three new carriers are entering the Colorado market for 2016 – Golden Rule, Aetna Health and Aetna Life, and United Healthcare of Colorado is expanding beyond its existing small group business into the individual market. In addition, CIGNA and Kaiser Permanente expanded their service footprint to additional counties, while Rocky Mountain Health Plans is reducing theirs.

**16. What is the impact of the failure on insurance premiums and available tax credits?**

**Response:** Analysis conducted for DOI based upon the discontinuation of HealthOP and New Health Ventures plans shows that premium subsidies, for those eligible, will increase for more than 90% of enrollees in an area where HealthOP offered the second lowest cost silver plan. In addition, subsidy eligible enrollees in the HealthOP plans will experience an average rate decrease of 28% if they select the lowest cost plan offered in their area. Non-subsidy eligible enrollees in 2015 HealthOP plans will experience an average increase of 17% if they select the lowest cost plan in their current metal level, and a 7% increase if they select the lowest available cost plan.

Calculation of the amount of the advanced premium tax credit (“APTC”) is tied to the second-lowest cost silver plan available to a consumer. Thus, a change in the premium of the second-lowest cost plan will affect the APTC, and can be either up or down. In some areas of the state, the HealthOP would have been the second-lowest cost silver plan. However, because the HealthOP will not be available for 2016, the second lowest-silver designation will move up to the next plan on the list, increasing the APTC for those areas. In other words, even as people move to plans with higher premiums, those eligible for the APTC will receive more in tax credit to help them afford the higher premiums. Moreover, while the calculation of the tax credit amount is tied to the second-lowest silver plan, consumers qualifying for the APTC can use the credit to shop for any bronze, silver, gold or platinum plan in their area through Connect for Health Colorado (“Connect for Health”). The APTC is available only if the insurance is purchased through Connect for Health. Premiums for remaining plans will not change and are not impacted by the failure of the HealthOP.

**17. Please provide a regional breakdown of the impact of HealthOP’s failure on premium rates.**

**Response:** Individual insurance market premium rates for 2016 were filed by the carriers by May 29, 2015. DOI then conducted its review of the carriers’ premium submissions over the summer and finalized approval of the rates by the end of July of 2015. The Division’s subsequent action in disallowing the HealthOP from selling policies for 2016 in mid-October 2015 had no effect to change the 2016 premium rates, previously approved, for other carriers. Also worth noting,

HealthOp’s rates for 2016 plans would have been an increase of between 10.75% and 48.70% for the individual market and an average increase of 25.50% had they been allowed to go to market.

Across the state, premiums for 2016 will increase an average of 7.04% over 2015. For individual policies, this increase is an average of 9.84%, and 3.17% for small group plans (purchased by employers with 2 – 100 employees). However, premiums vary by carrier, age, geographic area and the tier, or type, of plan: bronze, silver, gold or platinum. Please see the chart below of the weighted average premium increases/decreases by geographic rating area for the 2016 medical plans.

<b>Weighted Average Increases / Decreases by Geographic Rating Area - 2016 Medical Plans</b>			
<b>2016 Geo Rating Area 1 (Boulder)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	5.8%	-17.3%	29.3%
<i>Small Group</i>	2.5%	-14.9%	22.9%
<b>2016 Geo Rating Area 2 (Colo. Springs)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	10.0%	-12.8%	57.0%
<i>Small Group</i>	5.8%	-15.1%	27.1%
<b>2016 Geo Rating Area 3 (Denver)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	6.2%	-11.2%	45.7%
<i>Small Group</i>	3.1%	-15.2%	38.0%
<b>2016 Geo Rating Area 4 (Fort Collins)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	10.0%	-11.7%	27.6%
<i>Small Group</i>	4.6%	-18.4%	22.9%
<b>2016 Geo Rating Area 5 (Gr. Junction)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	9.4%	-15.1%	19.7%
<i>Small Group</i>	3.8%	-12.3%	22.9%
<b>2016 Geo Rating Area 6 (Greeley)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	9.1%	-8.9%	25.2%
<i>Small Group</i>	2.8%	-18.4%	22.9%
<b>2016 Geo Rating Area 7 (Pueblo)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	6.2%	-11.2%	19.7%
<i>Small Group</i>	2.1%	-15.7%	22.9%
<b>2016 Geo Rating Area 8 (East)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	9.0%	-5.2%	19.7%
<i>Small Group</i>	3.7%	-24.6%	22.9%
<b>2016 Geo Rating Area 9 (West)</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	25.8%	-5.2%	39.4%
<i>Small Group</i>	-0.8%	-17.4%	22.9%



**2:45-3:00 GENERAL DEPARTMENTAL QUESTIONS**

**18. Given the impact of legal costs on the Department’s budget, please provide a detailed summary of the types of legal cases that drive workload?**

**Response:** Legal costs in the Department are largely related to disciplinary and/or cease-and-desist activity concerning licensed professionals and the subsequent need for litigation, the investigation of allegations of fraudulent conduct by professionals for potential restitution, and the administrative law processing of rate regulation in the Department. The Department has summarized the most frequent types of cases driving legal workload for licensure-related and fraudulent-conduct matters below.

In terms of licensure-related cases, the Department’s largest licensing Division, the Division of Professions and Occupations (“DPO”), incurs the greatest percentage of legal expenses. Legal cases in DPO derive from the nearly 5,000 consumer complaints received annually concerning licensed individuals and businesses across Colorado, and the fact that the Division licenses approximately one in seven workers in the State. In the past year, notable major legal cases concerned unsafe prescribing of painkillers by a physician, unauthorized cremation of a decedent’s remains, and unlicensed massage therapy linked to human trafficking, among many other important consumer protection cases.

The hourly rate for legal services increased by 18% in FY 2013-14, and then by another 9% in FY 2014-15. In order to pass on to licensees as little of this increase as possible, DPO adopted several process improvements that allowed for a modest reduction in the number of hours, as noted in the table below. Tools included expanded use of the Expedited Settlement Program, as well as increased collaboration among Division staff and legal counsel on case priorities. Worth mentioning, however, such modest savings to legal services expenses can be quickly replaced by a large litigious case.

<u>Fiscal Year</u>	<u>Total Expenditure</u>	<u>Hourly Rate</u>	<u>Total Hours Billed</u>
FY 2012-13	\$3,426,054	\$77.25	44,350
FY 2013-14	\$3,806,424	\$91.08	41,792
FY 2014-15	\$4,185,596	\$99.01	42,274

With respect to enforcement matters concerning allegations of fraudulent conduct, the Division of Securities’ statutory mission is to protect investors and maintain public confidence in securities markets while avoiding unreasonable burdens to participants. The Division accomplishes this mission, not only through the licensing of securities professionals, but also through the prevention and prosecution of securities fraud claims. Specifically, the Division seeks to protect the investing public from unethical and unlawful activities, including securities fraud, sales of

unregistered, non-exempt securities, sales of securities by unlicensed persons, and unethical conduct by licensed securities professionals. The Division's criminal investigators conduct complex criminal and civil investigations of securities fraud allegations by collecting and compiling evidence for use in various criminal, civil and administrative actions the Division may take against violators. These cases can involve hundreds of investors and millions of dollars of funds.

The Division controls spending in the area of legal services by prioritizing its investigative caseload to ensure that its enforcement program is run in an effective and efficient manner. These priorities include weighing the danger posed to the investing public by an individual or entity e.g., whether recidivism based on past securities law violations is an issue, the presence of any at-risk victims, amount of loss, and other factors. Implementation of this risk based strategy during FY 2014-15 resulted in the Division filing 41 administrative actions, 22 civil cases, and 7 criminal cases. In connection with these cases, 58 years of incarceration was ordered, in total, for various defendants who committed securities fraud, along with \$31,317,607 in victim restitution ordered. In total, 43 licenses were denied, revoked, suspended, or restricted, and 126 licenses were voluntarily withdrawn after Division review.

Some of the highlights of the Division's enforcement actions in the last fiscal year include:

- The Division filed a complaint in a case (which remains ongoing) alleging that a defendant was operating a Ponzi scheme, inducing investors to invest in insurance and financial companies while the money went to the defendant's personal use and to pay prior investors in a Ponzi like fashion. The Division obtained a temporary restraining order which prevented further dissipation of funds. Losses to investors are estimated at \$15 million with 255 investors, including about 95 investors over age 65.
- The Division brought a criminal case against a former licensed investment adviser, subsequent to an examination that revealed that he was operating a Ponzi scheme. The defendant, who particularly preyed on the elderly, was sentenced to 28 years in prison for bilking approximately \$5 million from investors.
- The Division pursued a case against a so-called "hard money lender" that specialized in making real estate loans to commercial borrowers who were not eligible for traditional loans. In order to fund these loans, the company obtained investments from individuals. Contrary to representations to investors, investment funds were loaned to companies owned by the defendants who allowed banks to have priority over the investor's liens. In the last year, the Division obtained a permanent injunction, a permanent bar from the securities industry for the defendants, and a judgment for \$10 million.

- Earlier this year, two individuals were indicted for securities fraud they allegedly committed. One of the defendants was an owner and operator of various businesses who allegedly committed securities fraud over a six year period, affecting upwards of 46 investors, while the other is alleged to have improperly solicited and misused around \$1.5 million from 35 investors over an 18 month period.

In sum, using this risk based approach has enabled the Division to continue carrying out its regulatory function of protecting investors in a way that reflects the reality that resources are not unlimited.

**19. Please provide a description of the efforts made by the Department to reduce the barriers to licensure for veterans. Are there specific professions that see a disproportionate amount of veterans applying for licenses?**

**Response:** The Department is very proud to have in recent years and legislative sessions proactively prioritized the reduction of barriers to licensure for our nation’s veterans. While some professions tend to have more activity from veterans seeking licensure than others and other professions must interface with national licensure requirements, the information below provides a brief summary of the Department’s efforts.

The Department’s largest licensing Division, DPO — which licenses roughly 1 in 7 workers in the state — conducts proactive outreach and education towards veterans, as described in the Department’s response to Question No. 21 below. In addition, DPO has specifically targeted improvements in the licensing of veterans and military personnel through its participation at employment events, such as the 2015 Veteran’s Employment Summit. Additionally, DPO has more recently established a Military Credentialing Liaison within DPO to ensure that military professions are promptly and consistently provided needed support. *See* DPO Military-licensing support page at [https://www.colorado.gov/pacific/dora/DPO\\_Military](https://www.colorado.gov/pacific/dora/DPO_Military).



With respect to the Committee's question concerning license volumes, it has been the Department's experience that military professionals are of varied backgrounds and interests. However, the profession with one of the highest rates of military/veteran interest in the Department is nursing.<sup>1</sup> The State Board of Nursing ("Nursing Board") adopted the following policies for military/veteran applicants, both of which are recommended as best practices by a national report published by The White House, entitled "The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses" as well as the National Governors' Association Interim Report entitled "Veterans' Licensing and Certification Demonstration." First, the Nursing Board adopted Board Policy 10-09, which allows all military medics to be eligible to take the Certified Nurse Aide ("CAN") exam without any additional training or education. And second, Board Policy 10-10 allows military/veteran applicants to show substantially equivalent military training and experience in lieu of an accredited nursing education program to obtain a license as a practical nurse. This policy also documents the practical nursing education gained in the military that is accepted as substantially equivalent to the practical nursing education required by the Board.

Other DORA licensing Divisions have not observed a disproportionate amount of veterans applying for licenses; however, each has made important strides to reduce barriers to licensure for veterans. For example, the Division of Insurance reduced a barrier to licensure for prospective insurance producers by utilizing a service offered by the Division's licensing contractor to permit military personnel to take required licensure examinations on approved U.S. military installations worldwide. This use of over 100 military facilities as approved testing locations permits military personnel and dependents more convenient access to meet a necessary licensing requirement. In addition to this testing facilitation, for those military members who are deployed and are unable to renew their licenses or complete their Continuing Education (C.E.), the Division of Insurance will extend exemptions in accordance with C.R.S. 10-2-408(7) upon written request with supporting documentation. Should their spouses need assistance, the Division staff will work with them and provide the assistance they require to make their licensing process as smooth as possible within the guidelines of the law.

The Division of Securities, for its part, has a waiver process in place for the licensure of investment advisers and investment adviser representatives. In an effort to assist military personnel in entering or re-entering the investment adviser community in Colorado, the Division

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<sup>1</sup> In 2014, the Department undertook a survey of all currently licensed professionals concerning their military background. The results of that survey show the following professions housed at DORA have the highest rates of individuals with a military background (ordered from most to least - note not all with a military background used military training and experience to obtain a civilian license):(1) Engineer; (2) Registered Nurse; (3) Real Estate Broker; (4) Physician; (5) Insurance Producer. In addition to these efforts, DPO undertook an audit of all applications submitted during a 14 month period from November 2012 to January 2014 to identify which professions veterans, military personnel and military spouses were accessing. Of the 27,000 applications submitted to DPO, 36 indicated they were a military spouse, 79 indicated they were military veterans (but did not use military education, training, or experience to obtain their license), and 17 indicated they were military veterans and cited military education, training, or experience on their licensure application.

takes the following steps: (1) upon any request for a waiver of the standard written examinations or other qualifications, either verbally or written, the staff will ascertain if the request for examination or qualification waiver is being sought by a person that is entering or re-entering the investment adviser community during or following military service; and (2) if it is determined that the requesting individual is entering or re-entering the investment adviser community during or immediately following military service, staff will request the Securities Commissioner to grant the waiver. Barring any significant issues raised or uncovered during the staff's due diligence process, the waiver will be granted.

**20. What is the average time it takes for a license to be renewed? What is the range if time it takes (shortest wait to longest wait) for a license to be renewed? What causes the longer wait times? Please provide this data across all licenses and for the Division of Real Estate, specifically.**

**Response:** The amount of time it takes to process and approve a license renewal varies depending on the type of profession and legislatively required elements for approval/verification. However, below is a general summary of such time-periods for professional license renewals administered by the Department—specifically, the Divisions of Real Estate, Insurance, and Securities, and DPO.

*Division of Real Estate:* For all license types within the Division of Real Estate (“DRE”) except appraisers—*i.e.*, real estate brokers, mortgage loan originators, community association managers, appraisal management companies, reciprocal appraisers, HOA registrations, and subdivisions—the renewal process is 100% online through DRE’s new ‘e-License’ system and averages an instantaneous turnaround. The process is extremely short and nearly completely automated. Licensees submit their renewal form online, attest to all relevant requirements and submit—thus, the renewal is instantaneous. There is no wait time for review, and the expiration date is immediately updated and the license is queued for printing. Appraisers must go through a Continuing Education (C.E.) audit prior to renewal, but if an appraiser has met those requirements and signs-on to their online account, their renewal process is just as easy and consists of Errors & Omissions attestation, C.E. attestation and payment of the renewal fee. Payment of the fee renews the appraisal license and queues it for printing, thereby providing an instantaneous renewal process (it takes roughly 5-10 minutes to complete the online form).

*Division of Insurance:* Insurance producer licenses are perpetual, and provided that license renewal fees are timely paid and C.E. is compliant, licenses are renewed automatically—thus, there is typically no wait time. Indeed, Colorado resident renewals currently take roughly .9 business days, and non-resident renewals .1 business days (99.9% of either type of renewals are done within 3 business days). An insurance producer’s failure to pay license renewal fees or complete continuing education in a timely manner will cause their license to fail to renew, and if that happens, the producer has one year in which to reinstate his or her license.

Division of Securities: Virtually all of Division of Securities license applicants (including sales representatives and investment firms) are approved instantaneously. This instantaneous average and the speed of the Division's licensing is a product of the Central Registration Depository (“CRD”) and the Investment Adviser Registration Depository (“IARD”), national licensing systems operated and maintained by the Financial Industry Regulatory Authority (“FINRA”). Provided that there are no disclosure items in an application, the license will be approved automatically upon filing. If there is a disclosure item, for example, being subject to a formal sanction by a securities division in another state, then a Division employee reviews the application and may request additional information in order to determine whether it is appropriate to place conditions on the issuance of the license, or deny the license application. If such conditions are deemed appropriate, then the license applicant is offered a stipulation and order, signed by the Commissioner, that places restrictions on the license (for example, requiring that the licensee not engage in effecting certain risky transactions such as private placements).

Division of Professions and Occupations: License renewals in DPO are available 100% online, and the process generally takes less than 15 minutes. The Division overhauled its renewal process two years ago via a Lean project that reduced the number of questions asked of licensees by nearly 70 percent, thereby making the process easier to navigate with fewer “clicks” and increasing customer/licensee satisfaction.

**21. Please provide a description of any special programs for veterans seeking professional licenses.**

As explained above, in response to Question No. 19, DORA is committed to ensuring military personnel, veterans, and their families receive the information and support they need when pursuing professional licensure in the State of Colorado. The Department has implemented several successful programs aimed at reducing barriers to licensure—including the Division of Insurance and Division of Securities licensure waiver and exemption tools described previously, and DPO’s multiple policies and tools as well. In addition, the Department and its professional licensing Divisions connect with leadership personnel at military facilities to ensure the resources available to military personnel and veterans are understood and communicated (for example, convening the first *Veterans’ Licensing, Credentialing, and Employment Workshop* at Buckley Air Force Base).

In addition to the foregoing, DORA directs substantial efforts to Colorado’s military professionals and veterans through the following activities:

- *Assisting Military Transition Programs:* Active duty military personnel can ask questions and learn about the requirements of professional licensing right on base, as DPO conducts regular outreach at Fort Carson as part of the Transition University and Transition Assistance Program (TAPS). These programs help military programs and personnel better understand the educational, credentialing and employment resources that are available to them in Colorado.

- *Making it easier to keep a license:* Active duty military personnel can receive a fee waiver, or exemption from completing Continued Competency requirements, while they are deployed. Licensees or their delegates may request such waivers by providing DPO with a copy of military orders or other documentation demonstrating that the licensee's military involvement meets the requirements in 12-70-102, C.R.S (HB 11-1013) -- deployed in an official war, emergency or military contingency. Staff then works with the licensee or their delegate such as a spouse, parent, or human resource agent to process waiver requests expeditiously so as to not delay the renewal of a license. If renewal does not occur during a period of service or for any other reason and a reinstatement is necessary, legislation passed in 2014 (HB14-1183) confirms that DPO shall reinstate the license if statutory requirements are satisfied.
- *Accepting Military Training and Education:* Veterans transitioning to civil employment can often get credit for their military training and education. DPO reviews each application for licensure, including military training and education submitted by an applicant. This includes applicants from the Armed Forces or Reserves of the United States, National Guard of any State, the Military Reserves of any State, or the Naval Militia of any State. The Division's professional staff and board members review military training and experience for equivalency and help determine how it can be applied toward licensure to be, for example, a nurse or an electrician.
- *Easing the path to work for military spouses:* Military spouses who have been relocated to Colorado by military orders and hold a valid credential in another state, can work at most professions in Colorado for up to one year without obtaining a Colorado license, so long as they meet the exemption requirements found in 12-71-102, C.R.S. (HB12-1059). Military spouses submit their applications to DPO within that first year to apply for Colorado licensure. To date, this benefit has been particularly popular in the cosmetology field, representing over 50% of the applications the Division has processed after the spouse's one-year exemption expires.

**22. Please provide an update on the Department’s efforts to review its rules and regulations for improvement and alignment with SMART Act provisions.**

**Response:** As explained below, consistent with its obligations under the SMART Act, DORA continues to pursue a number of successful efforts to systematically review rules and regulations with a watchful eye on reducing unnecessary regulatory burdens.

By way of background, Senate Bill 14-063, which concerns the mandatory review of existing rules, requires that each Principal Department, including DORA, conduct a review of all of its rules to assess the continuing need for, and the appropriateness and cost effectiveness of, its rules to determine if they should be continued in their current form, modified, or repealed. The law also directs each department, in consultation with DORA, to establish a schedule for the review of all of its rules. To support statewide compliance with SB 14-063, this year DORA developed and disseminated guidance with input and feedback from the Principal Departments. The guidance to Departments, entitled Retrospective Rules Review Schedule, included SB 14-063 background and considerations, as well as the public notification and posting requirements, and reporting expectations for Departments. Departments are now required to report on the results of these mandatory reviews as part of their Department’s Regulatory Agenda, beginning this month. In addition, DORA published a Senate Bill 14-063 Rules Review Schedule Summary that, by Department, included the rules promulgated by any part of the Department, the intended review schedule, and contact information.

DORA’s Regulatory Agenda, timely submitted on November 1, reflects DORA's aggressive commitment to continuously and measurably review rules, regulations and processes to identify opportunities to improve the services and functions the Department provides, and reduce regulatory burden. Indeed, in just the last several months DORA has implemented several successful regulatory changes that will reduce the regulatory burden on businesses and licensees. These include minor tweaks to improve process, major overhauls to reduce burden, and elimination of unnecessary rules. For example, rules regulating engineering interns and land surveyor interns that were amended reduce the procedural burden for some students (specifically Rule 4.3.4, codified at 4 CCR 730-1). In addition, the Board of Nursing recently amended its rules (Chapter 15, codified at 3 CCR 716-1) to reduce regulatory burden to obtain prescriptive authority, consistent with the legislative change the Department successfully sought last year to reduce practice hours for nurses to obtain full prescriptive authority.

In addition to the foregoing, DORA’s Executive Director launched a new “Industry Stakeholder” initiative in July 2015 concerning the reduction of “red-tape” within the Department. In short, each Division was tasked with empaneling industry and business stakeholder groups to partner with the Divisions on a periodic and ongoing basis, including participating in reviews of rules and regulations governing the agency’s activities and identifying impediments to business and workforce/occupational growth. In other words, the Divisions are charged with supplementing the existing rule review process with targeted outreach and engagement to businesses and external



customers to identify rules, regulations, and processes that are creating unnecessary regulatory or administrative burdens.

The initiative described above is now underway, and the Divisions have begun empaneling the foregoing groups and scheduling regular meetings to engage in the work described. These efforts, coupled with the Department's regulatory reviews and proactive activities, have culminated in tangible results in just the past several months – for example, the Division of Banking reduced unnecessary regulatory activity by ending the requirement that state-chartered banks file hard-copy Suspicious Activity Reports (“SAR’s”) with the Division. Similarly, the Division of Securities has begun the rule-making process to allow for the elimination of filings with the Division when registration of a securities offering is done by “coordination” with an SEC filing (as the Division will simply rely on the electronic filings provided to the SEC). And the Division of Professions and Occupations is working to streamline the licensing process to more quickly license qualified mental health providers in the community and to minimize regulatory burden, including improved inter-state mobility through streamlined endorsement.

**ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED**

- 1. Please provide a summary of what the Department has done to make the sunset review workload more consistent and evenly distributed. Is the Department able to balance the number of sunset reviews conducted year-over-year?**

**Response:** The sunset review schedules are established by statute, and the Department has not requested any adjustments in the review cycle of existing programs. In proposing future sunset review dates, the cumulative effect on the workload of the Department’s Office of Policy, Research, and Regulatory Reform (“OPRRR”) is one of the considerations taken into account by the Department.

The schedule of sunset reviews conducted under Title 24, C.R.S., which includes most of the state’s regulatory programs, is relatively consistent for the next several years, with 13 reports due in October 2016, 16 due in 2017, 20 due in 2018, and 16 due in 2019. The schedule for reviews conducted under Title 2, C.R.S., which generally includes Advisory Committees, is also fairly consistent with 9 reports due in 2016, 7 due in 2017, 10 due in 2018, and 4 due in 2019. Five to seven years out and sometimes longer, it is difficult to predict the issues, the intensity of interest, and thus the amount of work involved, of any single review until the review actually begins. However, OPRRR has successfully managed to keep up with the demanding and fluctuating workload within existing resources and staff. In fact, OPRRR is increasing its use of town hall meetings and surveys as part of research methodology. These review components allow OPRRR to use resources efficiently and contribute to its workflow management.

Sunset dates may be changed by the General Assembly at any time. Therefore, it is possible that in the future the Department may encounter a year with an inordinate number of sunset reviews. DORA monitors the sunset schedule closely and may seek a statutory change to the sunset schedule if appropriate.

- 2. Please provide a summary of the sunrise review process and any recommendations on how the process could be modified to improve workflow.**

**Response:** A sunrise review examines whether or not there is a need to regulate a previously unregulated occupation or profession. Anyone proposing to impose regulation on an unregulated occupation or profession must submit an application to DORA, which then conducts a comprehensive study and submits a written report to the General Assembly recommending if regulation is needed. Sunrise applications received by December 1st will have a review completed by October 15th of the following year.

Statutory criteria are used to evaluate all proposals for new regulatory programs. Pursuant to the Colorado Sunrise Act, §24-34-104.1, C.R.S., the determination of the need for new regulation is based upon the following criteria:

- Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety or welfare of the public, and whether the potential for harm is easily recognizable and not remote or dependent on tenuous argument;
- Whether the public needs, and can be reasonably expected to benefit from, an assurance of initial and continuing professional or occupational competence;
- Whether the public can be adequately protected by other means in a more cost-effective manner; and
- Whether the imposition of any disqualifications on applicants for licensure, certification, relicensure, or recertification based on criminal history serves public safety or commercial or consumer protection interests.

DORA may decline to conduct sunrise reviews in certain circumstances, such as in the case of a repeat application with no new information provided or in cases where a profession or occupation is posing an imminent threat to the public's health, safety or welfare. The applicant or some other party must seek legislation to create new regulation, regardless of the findings of the sunrise review. The General Assembly makes the final determination whether regulation should be imposed upon an occupation or profession.

DORA believes that the sunrise review process works efficiently in terms of workflow. At one point, applicants were able to file sunrise applications throughout the year and DORA was required to complete the sunrise review within 120 days. The current process enables DORA to complete sunrise reviews according to a schedule that culminates in publication of the review October 15th of each year. Thus, DORA presents to the General Assembly, at one time each year, all sunrise and sunset reviews completed that year.

**3. Please provide a detailed breakdown by division and major licensed professions of the length of time it takes for license approval.**

**Response:** The amount of time it takes to process and approve a completed application for licensure varies widely by type of profession and legislatively required elements for approval/verification. Below, however, is an overview of licensure approval times for the professional licenses administered by the Department—specifically the Divisions of Insurance, Securities, Real Estate, and DPO.

*Division of Insurance:* Colorado-resident producer licenses currently take roughly 1.9 days on average to process, while non-resident producer licenses take roughly 1.5 days on average—in either case, 99% of such licenses are processed within three (3) business days. Bail Bond licenses take roughly 1.0 business days to process and 100% are processed within three (3) business days.

*Division of Securities:* As noted in response to Question No. 20 regarding renewal timeframes, virtually all Division of Securities license applicants (including sales representatives and investment firms) are approved instantaneously upon filing of the application through the national registry administered by FINRA, the CRD, and IARD. These are national licensing systems not

operated by the State. In rare cases (roughly 360 of 190,000 applications), disclosure items in an application will require review by a Division employee with the potential for requesting additional information. When this occurs the Division must determine whether it is appropriate to place conditions on the issuance of the license, or deny the license application, a process that can take 30 days. For the handful of new applications for investment firms, however, these customarily take 30-45 days for necessary review of such items as the business models, brochures, and contractual arrangements of the applicant firm.

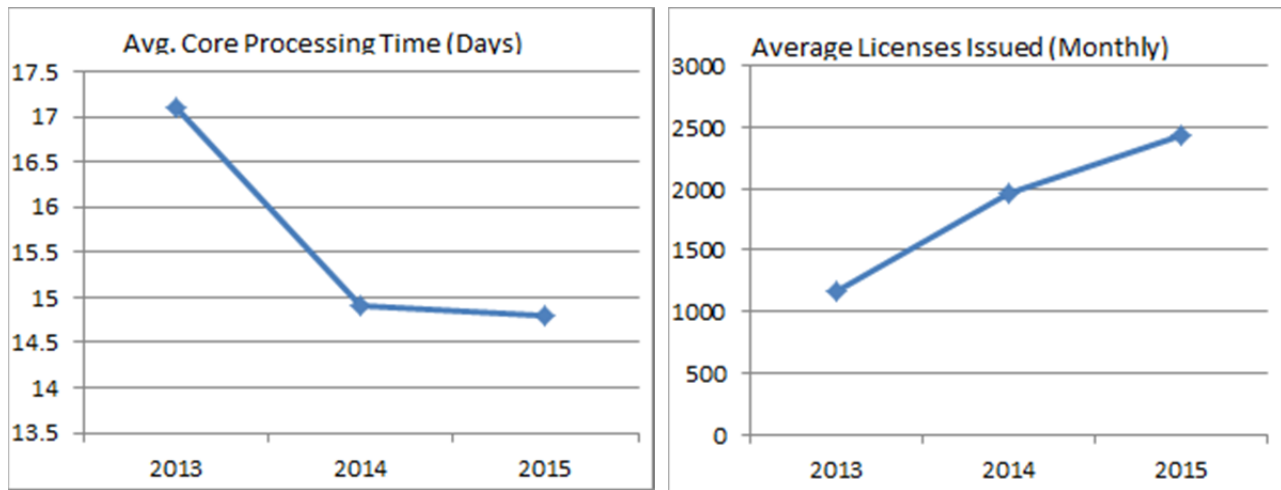
*Division of Real Estate:* Applicants who are seeking licensure as real estate brokers, mortgage loan originators, community association managers, appraisal management companies, and reciprocal appraisers, who submit complete applications with no background issues, are issued original licenses in approximately three (3) business days. For those with background issues, the timeframe can reach 30 days and varies depending on a variety of factors, including how long it takes for supporting law enforcement and court documents and when the next board meeting is scheduled at which a licensure decision can be made (all Division of Real Estate boards, with the exception of the Conservation Easement Oversight Commission, meet once every other month). For appraisers and subdivisions that require significant review, the time frame is closer to approximately 30 calendar days. Finally, processing time is instantaneous for HOA registrations and issued upon application submittal (as they do not require any review).

*Division of Professions & Occupations:* DPO licenses more than 50 professions (over 100 license types) for a wide variety of professions and businesses, many of which must be approved by the Division's 25 boards. Below are the programs administered by DPO (numerical value indicates the number of license types):

- Accountancy (2);
- Acupuncture (2);
- Addiction Counselors (4);
- Anesthesiologist Assistants;
- Architects;
- Athletic Trainers (in wind up);
- Audiologists;
- Barber/Cosmetology (6);
- Boxing (3);
- Chiropractors;
- Dental (4);
- Direct-Entry Midwives;
- Electrical (5);
- Funeral Homes and Crematories;
- Hearing Aid Providers (2);
- Landscape Architects;
- Marriage and Family Therapists (2);
- Massage Therapists;
- Physicians (3);
- Physician Assistants;
- Naturopathy;
- Nursing (11);
- Nursing Home Administrators (3);
- Occupational Therapy (2);
- Optometry (2);
- Outfitters;
- Passenger Tramway;
- Pharmacy (8);
- Physical Therapy (3)
- Plumbing (5);

- Podiatry (3);
- Private Investigators (2);
- Professional Counselors (2);
- Professional Engineers (2);
- Professional Land Surveyors (2);
- Psychologists (2);
- Registered Psychotherapy;
- Respiratory Therapy;
- Social Work (2);
- Speech-Language Pathology (2);
- Surgical Assistants/Surgical Technologist (2); and
- Veterinary (2).

For most applications, license approval takes 14-15 days, although as described in more detail below, there are a number of factors that can extend this timeframe. DPO's application processing time, as reflected in the graphs below, has decreased in recent years despite increases to the number of licenses issued, all while holding staffing levels relatively constant.



An individual's application processing time can well exceed the average due to a number of factors. Two key factors that extend the licensing times are as follows:

- Applications received incomplete
- Complex applications that require Board- or Director-review of prior experience, education, or criminal background<sup>2</sup>

For the applications that fall into these latter categories, and thereby exceed the average time for license approval, DPO recognizes the need to continually improve the process. As such, the Division is working to reduce the number of applications that require an extended review by the Board or Director, as well as to educate applicants on what is needed for a complete application, which varies by license type. The former improvement requires modifications to the delegations of authority from Boards and Director-model programs to the Division's shared Office of

<sup>2</sup>Should the Committee require more specific information concerning time periods for such applications, the Department stands ready to further research and compile such data.

Licensing, a step that must be considered carefully on a program by program basis so as not to compromise consumer protection. Additionally, the Division has transitioned roughly half of all applications online, which is helping to speed the process, and DPO will continue in that effort. DPO is, in fact, in the midst of a Lean project designed to improve the entire licensing process. Further, as part of the Executive Director's stakeholder initiative described above, the Division just recently engaged large employers in the State to advise on needed improvements. The Licensing Lean project has incorporated that stakeholder feedback, and is expected to produce significant improvements – including reducing the times associated with outlier applications where processing times can sometimes far exceed the average.

**4. Provide a list of any legislation that the Department has: (a) not implemented or (b) partially implemented. Explain why the Department has not implemented or has only partially implemented the legislation on this list.**

**Response:** The Department is not aware of any unimplemented or partially implemented legislation, with the exception of recently passed legislation from immediately prior legislative sessions which are routinely in progress at the Department, and the legislative items noted below.

*Division of Insurance:* SB 14-137 - Concerning Certification of Workers' Compensation Insurance Forms passed in 2014. The Division has partially implemented this law by providing procedures for industry to make policy form certification filings online. Regulation 5-3-6 which sets forth the formal filing procedures for industry to certify compliance of all workers' compensation policy forms went to hearing but was not signed by the Commissioner. By way of background, the National Council on Compensation Insurance ("NCCI"), a rating/advisory organization, testified against the regulation and the new filing process. In short, the NCCI would like to continue to file forms on the company's behalf, instead of each company filing certifications, attesting compliance themselves. Therefore, the Commissioner would like to further discuss the issue with the NCCI to find a solution that ensures compliance by the company and consumer protection.

*Public Utilities Commission:* As stated above, the General Assembly passed four telecommunications bills in 2014, HB14-1328 "Connect Colorado Broadband Act", 1329 "Deregulation of Internet Protocol", 1330 "Updating Telecommunications Technology Language" and 1331 "Regulation of Basic Local Exchange Service," which generally deregulated many services including basic voice service, with limited exceptions, retained the HCSM fund, and established the Broadband Board. Since the adoption of these statutes, and during this statutory transition time, the Commission has thoughtfully and systematically tackled the implementation while ensuring both due process of stakeholders and the protection of consumers. The following specific tasks have been completed:

- April 26, 2013 (13M-0422T) - Proceeding to determine initial areas of the state with effective competition pursuant to §40-15-207. The Commission decided that 56 of CenturyLink's wire center serving areas are effectively competitive. After the legislation was adopted, the Commission determined that support for these areas should be discontinued and support should be directed to the Broadband Board. CenturyLink

appealed this decision to District Court – this case is currently administratively closed pending the Commission’s decision on the overall settlement agreement. Once a wire center is determined to be effectively competitive, the Commission no longer regulates basic services provided in those areas.

- August 6, 2013 (13M-0877T) - A proceeding regarding Colorado HCSM rule amendments due to changes in laws was opened in August of 2013 and then held in abeyance until the changes in law were adopted. Many telecom companies participated and provided input into this pre-rulemaking proceeding. October 27, 2015 – Commission report issued.
- July 28, 2014 – (14R-0804T and 15R-0110T) Emergency Rules regarding Automatic Location Identification Service for 9-1-1 – issued to ensure the continued reliability and affordability of a critical component of 9-1-1 communications services. Reissued on February 23, 2015.
- July 31, 2014 (14AL-0816T) – Proceeding initiated by CenturyLink to withdraw its local exchange service tariffs in their entirety. The Commission found that the Commission retains full tariffing authority over CenturyLink’s services, products and pricing including the HCSM, basic service and enforcement of POLR obligations through July 1, 2016.
- August 15, 2014 (14A-0861T) – Proceeding initiated by CenturyLink to relinquish POLR obligations in 56 wire centers found to have effective competition. The Commission granted this request on December 8, 2014, requiring CenturyLink to provide notice when it selects the date of its relinquishment. CenturyLink has provided no such notice to date.
- September 23, 2014 (14M-0947T) – Proceeding to address whether 104 wire center serving areas in Colorado are subject to effective competition pursuant to §40-15-207, C.R.S. The Commission is currently hearing this proceeding in conjunction with an overall stipulation.
- March 16, 2015 (15M-0158T) – Proceeding to determine distributions from the Colorado HSCM in light of the changed statutes. In particular, changes to the language including “support provided in a particular geographic support area is not affected until the commission makes a finding applying the factors listed in section 40-15-207.” The Commission is currently hearing this proceeding in conjunction with an overall stipulation regarding distributions of support for the years 2015-2018 and the effective competition areas.
- May 13, 2015 and on-going (15R-0318T) – Permanent Rulemaking regarding Basic Emergency Service – issued to address a transitioning 9-1-1 network to a Next Generation 9-1-1 network; to address reliability and diversity issues; to address outage reporting issues; and to update requirements for routing and database functions. Workshops/hearings are scheduled through February 2016.

- Throughout 2014 and 2015 – The Commission has examined applications for Certificates for Public Convenience and Necessity and Letters of Authorization for new telecom providers. The Commission has rejected such applications stating that these services are ‘exempt from regulation and do not require Commission authorization.’ Likewise, the Commission has rejected tariff filings for services now deregulated.
- July 1, 2015 (15D-0575T) – Proceeding to determine the validity of certificates and letters of registration issued by the Commission for services now deregulated under §40-15-401.

**5. Please provide a detailed description of all program hotlines administered by the Department, including: compiling**

- The purpose of the hotline;**
- Number of FTE allocated to the hotline;**
- The line item through which the hotline is funded; and**
- All outcome data used to determine the effectiveness of the hotline.**

**Response:** DORA is very focused on delivering consumer engagement and complaint resolution with a timely and consistent, platinum level of customer service, thereby measurably enhancing each customer experience. While the Department does not have any contact numbers explicitly referred to as a “hotline”, the Department does administer a Department-wide Call Center designed to be the first stop on a consumer’s journey of obtaining information, licenses and protection from any of DORA’s nine divisions. This call center is accountable for all of DORA’s incoming calls on the main telephone line, and is currently staffed by three full time employees. This centralized call center reduces the burden on other DORA employees every time they are able to answer a question without having to redirect a caller to specific division personnel. This first-call resolution is integral to the Department operating at a platinum level of customer service. The call center is funded in the Executive Director’s Office personal services line item. From the standpoint of measuring effectiveness, reports are generated on a monthly basis (or more frequently if needed) to review the following: the number of incoming calls, number of incoming calls answered, number of dropped calls, number of first-call resolution inquiries, number of calls transferred, wait times for all calls, and duration of answered calls.

The EDO Call Center received 16,750 calls in Q1 of FY 2015-16. 12,418 of those calls were answered by EDO Call Center representatives for a 74.3% resolution rate. The EDO Call Center received 5,259 calls in October 2015 and answered 4,300 for a resolution rate of 82% and with a call duration average of 54 seconds. The following data shows this call center activity:

Month	Incoming Calls	Answered Calls	Resolution Rate
<i>July</i>	6,161	4,411	74.3%
<i>August</i>	5,104	3,709	74.3%
<i>September</i>	5,484	4,298	74.3%
<i>October</i>	5,259	4,300	82.0%



Additionally, on November 2, 2015, the EDO Call Center launched a three week pilot program to implement an innovative online “chat” feature which consumers can opt to use instead of the phone. The first two weeks of data for the chat feature are below:

Date	Chats	Date	Chats
11/2/2015	36	11/9/2015	36
11/3/2016	33	11/10/2015	45
11/4/2015	31	11/11/2015	Holiday
11/5/2015	28	11/12/2015	37
11/6/2015	40	11/13/2015	18
<b>Total</b>	<b>168</b>		<b>136</b>

The Department does have other various contact numbers that can be used by consumers to contact the Department with questions, ranging from insurance to professional licenses. These numbers are not necessarily “hotlines”, however, and do not have dedicated FTE staffing them in the same way as the Call Center described above. If necessary, further information can be made available for these contact numbers.

- 6. Please provide an inventory of the Department’s programs in order of effectiveness, including the following:**
- a. Name of the program;**
  - b. Performance metrics used to evaluate each program’s effectiveness; and**
  - c. Identification of metrics that are deemed evidence-base and by which means this determination has been established.**

**Response:** Respectfully, this question requires a significant amount of information gathering and policy deliberation. Pursuant to OSBP directives, the Department is now undertaking the task of assimilating the information needed to respond, and will be providing the Committee with the requested written response promptly and as soon as it is practicable to have while giving it as much due consideration and effort as is possible.

- 7. Describe the Department's experience with the implementation of the new CORE accounting system.**
- a. How has the implementation improved business processes in the Department?**

**Response:** Certain areas of the Department’s processes are improved, including, for instance, the automated approval of documents centrally by the State Controller.

- b. What challenges has the Department experienced since implementation and how have they been resolved (i.e. training, processes, reports, payroll)?**

**Response:** The implementation of such a substantial new system has driven short-term workload as employees adjust to new ways of doing business. Training employees to interface with the new system and to pull appropriate reports have required significant time and effort. Timely posting of payroll has been a statewide issue that has required significant central efforts to ensure accurate information prior to posting. However, ultimately these challenges are resolved on an ongoing basis via the collaborative efforts of personnel from DPA's Division of Accounts and Control and internal Department staff.

- c. What impact have these challenges had on the Department's access to funding streams?**

**Response:** While the implementation of such a substantial new system has driven short-term workload as employees adjust to new ways of doing business, and period closings have not always occurred quickly or routinely, ultimately the Department has not had any challenges accessing funding streams within a current fiscal year. Budget and revenue for the Department are accounted for properly on the new system.

- d. How has the implementation of CORE affected staff workload?**

**Response:** The implementation of such a substantial new system has driven short-term workload as employees adjust to new ways of doing business.

- e. Do you anticipate that CORE implementation will result in the need for a permanent increase in staff? If so, indicate whether the Department is requesting additional funding for FY 2016-17 to address it. If a permanent staff increase is needed and the Department is NOT requesting additional funding for FY 2016-17 for it, how will the Department pay for the new staff?**

**Response:** Any long-term staffing changes resulting from CORE – whether increases or decreases – will not be known before the system reaches a steady operational state. At this time the Executive Branch is not submitting any requests for FY 2016-17 to address the impact of CORE on normal Departmental financial services operations.

- 8. If the Department receives federal funds of any type, please provide a detailed description of any federal sanctions for state activities of which the Department is already aware. In addition, please provide a detailed description of any sanctions that MAY be issued against the Department by the federal government during FFY 2015-16.**

**Response:** The Department is not aware of any federal sanctions for any State activities that could impact federal grants administered by DORA for FY 2015-16.

**9. Does the Department have any outstanding high priority recommendations as identified in the "Annual Report of Audit Recommendations Not Fully Implemented" that was published by the State Auditor's Office and dated October 2015 (link below)? What is the Department doing to resolve the outstanding high priority recommendations?**

[http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8CA/\\$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Recommendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20October%202015.pdf](http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8CA/$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Recommendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20October%202015.pdf)

**Response:** The single item on this report for the Department is related to an excess cash balance from the HOA Information and Resource Cash Fund, which has since become compliant. Although the Department reduced fees in order to achieve compliance, an unexpected increase in the number of fee payers occurred in FY 2014-15, which caused the Department to expect delayed compliance in June 2016. However, the fund is now already compliant as of June 30, 2015, based on the revised statutes now set forth in section 24-75-402, C.R.S.

**SUPPLEMENTAL ADDENDUM: ADDITIONAL QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED**

**1. Based on the Department's most recent available record, what is the FTE vacancy rate by department and by division? What is the date of the report?**

**Response:** The Department is presently working with the Department of Personnel and Administration to obtain this information, and will provide this written information as quickly as possible to the Committee.

**2. For FY 2014-15, do any line items in your Department have reversions? If so, which line items, which programs within each line item, and for what amounts (by fund source)? What are the reasons for each reversion? Do you anticipate any reversions in FY 2015-16? If yes, in which programs and line items do you anticipate this reversions occurring? How much and in which fund sources do you anticipate the reversion being?**

**Response:** With respect to General Fund, in total the Department reverted only \$2,225 from an FY 2014-15 Long Bill appropriation of \$1,882,646, or one tenth of one percent of appropriations. With respect to Cash Funds budget line items across the Department, some level of reversion is routinely experienced each year in many lines, and the Department is compiling the individual explanations as requested and will forward this in writing to JBC once complete. The Department does anticipate that its budget line items will have reasonable levels of reversion during FY 2015-

16, as they do in most years; however, it is not possible to know in advance exactly which lines and precisely how much.

- 3. Are you expecting an increase in federal funding with the passage of the FFY 2015-16 federal budget? If yes, in which programs and what is the match requirement for each of the programs?**

**Response:** The Department does not expect an increase in federal funding with the passage of the FFY 2015-16 budget. Federal funding at DORA is primarily linked to caseload performance by the Division of Civil Rights pursuant to a cost-sharing arrangement with the federal government, and exact federal reimbursement depends on caseload performance. For the Senior Health Counseling Program within the Division of Insurance, no increases are planned and in fact a reduction in federal funds is a possibility.

- 4. For FY 2014-15, did your department exercise a transfer between lines that is allowable under state statute? If yes, between which line items and programs did this transfer occur? What is the amount of each transfer by fund source between programs and/or line items? Do you anticipate transfers between line items and programs for FY 2015-16? If yes, between which line items/programs and for how much (by fund source)?**

**Response:** No such transfers were exercised.

- 5. Is the department spending money on public awareness campaigns related to marijuana? How is the department working with other state departments to coordinate the campaigns?**

**Response:** The Department does not spend money on public awareness campaigns related to marijuana.

**DEPARTMENT OF REGULATORY AGENCIES  
FY 2016-17 JOINT BUDGET COMMITTEE HEARING  
SUPPLEMENTAL RESPONSES**

Submitted:  
December 11, 2015

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**SUPPLEMENTAL RESPONSES: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED**

**A. GENERAL DEPARTMENTAL QUESTIONS**

- 1. Based on the Department's most recent available record, what is the FTE vacancy rate by department and by division? What is the date of the report?**

**Response:** The statewide response to this question on behalf of executive branch agencies was provided by the Governor's Office of State Budget and Planning ("OSPB") to the Committee via correspondence dated November 30, 2015. If further specific information is requested, the Department stands ready to follow-up with further information. From the standpoint of average employee turnover, DPA publishes an annual turnover report and this information is forthcoming. In the meantime, please reference actual FTE reported in the FY 2016-17 Budget Request, specifically page 57 which shows a summary of actual FTE used by Division.

- 2. For FY 2014-15, do any line items in your Department have reversions? If so, which line items, which programs within each line item, and for what amounts (by fund source)? What are the reasons for each reversion? Do you anticipate any reversions in FY 2015-16? If yes, in which programs and line items do you anticipate this reversions occurring? How much and in which fund sources do you anticipate the reversion being?**

**Response:** The statewide response to this question on behalf of executive branch agencies was provided by OSBP to the Committee via correspondence dated November 30, 2015. Reversion amounts by line item are included in the Schedule 3 of the FY 2016-17 Budget Request beginning on page 59.

- 3. Does the Department require an exemption from the 16.5% excess fund balance limit to assist with managing escalations in its lease agreement?**

**Response:** The Department does not require an exemption from the excess fund balance limit at this time. While the Department does not anticipate difficulties in managing out-year cost escalations (as its most recent 10-year lease included similar escalations that were managed appropriately), the Department will certainly apprise the Committee in the event such conditions change.

## **B. HEALTHOP & HEALTH INSURANCE RATES**

### **4. What factors are responsible for the 25.8% individual weighted average increase for Geographic Rating Area 9?**

**Response:** Plan design takes into account the benefits provided, and the estimated cost of care. The most significant component of the cost of care and benefits provided are the discounts and reimbursement rates carriers negotiate with their contracted providers, which is what makes up the base premium rate.

Pursuant to federal statute, the only factors that carriers use to modify the base premium rate consist of family size, tobacco use, age, and geographic area. Further detail is explained in Section 7 of Colorado Insurance Regulation 4-2-39 (“Concerning Premium Rate Setting For Non-Grandfathered Individual, Small and Large Group Health Benefit Plans”). Consumers receive both an annual plan increase/decrease, plus an age increase, if they remain with the same plan upon renewal. The older a consumer gets, the higher their age factor becomes, and the greater their increase. The Division of Insurance (“DOI” or the “Division”) is only able to review submitted plan premium rates to determine if they are actuarially justified, and does not have statutory authority to regulate health care costs. Please see the attached FAQ on how premiums are calculated prepared by the DOI for a more detailed explanation.

### **5. Please explain the rationale for the current Geographic Rating System. More specifically: (1) how and when were the geographic regions determined; (2) what was the rationale for doing so; and (3) why are some communities included in the same geographic rating area when there are substantial economic differences between those communities (*i.e.* Aspen and Parachute, which are both in Geographic Rating Area 9)?**

**Response:** Geographic rating areas are geographical units made up of metropolitan statistical areas (MSAs), counties or three-digit zip codes, which are used by insurance carriers to price premiums. Federal regulations specify that the smallest unit that can be used to establish a geographic rating area is a county, which means that a county cannot be divided into multiple geographic rating areas based upon economic differences within that county.

Prior to 2014, the Division utilized 9 geographic rating areas for the small group market. In 2014, the Affordable Care Act (the “ACA”) required that geographic rating areas for the individual market be established, and the Division of Insurance proposed using the 9 small group rating areas (comprised of 7 MSAs and 2 non-MSAs, but subdividing the 2 non-MSAs into 2 areas each, for a total of 11 areas).

When reexamined in 2014, five geographic rating options emerged from an actuarial analysis performed by Miller & Newberg Consulting Actuaries, which produced the Colorado Total Health Cost and Geographic Study (attached to this response).



In addition to reviewing what drives health costs in each region, Miller & Newberg analyzed five options for the rating areas, and identified three that would minimize uncertainty and promote stability in the cost of health insurance premiums.

- 7MSAs + 4 non-MSAs - The proposed 11 rating areas. The four non-MSAs are Southeast, Northeast, West and Resort, and incorporate the counties in those regions of the state.
- 7 MSAs + 2 non-MSAs – This would combine the existing four non-MSAs into two, East and West, and is what the Division had used for the small group market prior to 2014.
- 7 MSAs + 1 non-MSA – This would combine the existing four non-MSAs into a single non-MSA geographic area.

Based on internal analysis and comments received after the April 2014 public stakeholder meeting where these options were presented, the 7 MSAs + 2 non-MSAs option, which would combine the Western Slope regions of West and Resort into one region, and the Eastern Plains regions Southeast and Northeast into another region, was selected and promulgated for 2015.

**6. What can be done regarding the higher premiums and rate increases in certain geographic areas of the State? Does the Division of Insurance have a plan for addressing these issues?**

**Response:** The Division currently has the statutory authority to review rate filings to determine if they are actuarially justified, but does not have the ability to regulate health care costs (as stated in DOI’s response to question #4 with respect to premium calculations).

Worth noting, however, under the ACA, carriers are required to provide refunds to consumers if the revenue they receive from premiums exceeds the minimum loss ratio. For individual health benefit plans, that minimum loss ratio is 80%. In other words, 80% of all revenue received must be spent on care, with the remaining 20% to be spent on administrative expenses and profit. If that minimum loss ratio is not met, refunds must be issued. Based on a recent Centers for Medicaid and Medicare Services (“CMS”) report, Colorado as a state had the 4th lowest refund amount per family in the individual market, and no refunds due in the small group market.

## **7. What was the rationale for the closure of the HealthOP?**

**Response:** The DOI took this action as the financial viability of the HealthOP came into question after learning it would receive considerably less money than expected from a federal, risk-based reimbursement program known as “risk corridor.” In October of 2015, CMS announced it would only reimburse the nation’s health insurers 12.6% of what they were entitled under the program - only \$362 million out of \$2.9 billion promised. Colorado HealthOP was expecting around \$16.2 million this year from the risk corridor payments, but instead will only receive about \$2 million.

Because of the shortfall in funds, the HealthOP did not meet the State’s minimum capital and surplus requirements. The State requires insurance companies to maintain a certain level of capital and surplus to act as a rainy day fund should the company have a number of very sick people with very high cost claims. Without enough money in that rainy day fund, a company would not be able to pay the claims for its members. The DOI had the HealthOP under supervision since February of 2015, during which time it continued to meet the capital and surplus requirements. However, not receiving the risk corridor payment meant the Colorado HealthOP’s rainy day fund would be completely wiped out, and is, in fact, expected to be in the negative by \$34 million by the end of the year.

The timing of the closure was also a consideration, especially around how to minimize the negative impact on consumers. It was important to inform HealthOP enrollees of this decision as quickly as possible so that they could take advantage of the annual open enrollment to purchase coverage for 2016. If this decision had been delayed, many HealthOP enrollees would have renewed their coverage for 2016, only to have that coverage terminated. Upon termination, they would need to enroll in a new health benefit plan outside of the open enrollment period, and would lose credit for any deductibles they had met and any payments they had made toward their annual out-of-pocket maximum. Thus, making this decision immediately prior to open enrollment ensured that HealthOP members could take advantage of open enrollment to obtain coverage for 2016.

## **8. Will there be added pressure on the Connect for Health Exchange as a result of HealthOP’s closure?**

**Response:** In DOI’s view, there is minimal additional pressure on Connect for Health Colorado’s system (as the workload is the same for Connect for Health if those consumers decided to change their plans for 2016, as many did between 2014 and 2015). Connect for Health has willingly implemented additional communications efforts to reach out to the HealthOP’s members to ensure they find coverage. In addition, Connect for Health Colorado has already increased staffing levels for the annual open enrollment period, and thus, we believe has the ability to process inquiries and enrollments from current HealthOP policyholders.

## **9. What financial impact will the HealthOP’s closure have on the State General Fund? For example, will there be increased Medicaid enrollments?**

**Response:** There are no direct costs for which the State will be liable, and no impact to the General Fund. As stated previously, there are some indirect costs which are being absorbed by the Division of Insurance in using its statutory authority to seize and wind down the operations of the HealthOP, but the statutes provide for the bulk of costs associated with the wind down to be covered by the liquidation of the HealthOP or, if necessary, by triggering the Life and Health Insurance Protection Association.

There will be no increase in Medicaid enrollments as a direct result of the HealthOP's closure, since consumers are evaluated for Medicaid eligibility when they enroll through the Exchange. By way of background, if a consumer is found eligible for Medicaid during the enrollment process, they are directed to enroll in Medicaid, as they will not be eligible for Advanced Premium Tax Credit (APTC). Thus, those HealthOP consumers who have enrolled through the exchange were determined to be ineligible for Medicaid when they initially enrolled in a HealthOP plan and would not be eligible for Medicaid now unless they've had a change in their financial circumstances independent of their relationship to the HealthOP.

**10. Please provide data concerning the cancellation of health insurance policies in Colorado for the last five years, and cost data for existing health insurance plans (specifically the average cost of premiums, deductibles, etc.).**

**Response:** The Division currently has discontinuance data for 2013, 2014, and 2015.

- In 2013 the Division reported 335,486 discontinuances.
- In 2014, the Division reported 28,911 discontinuances.
- In 2015, the Division reported 219,758 discontinuances, which includes the enrollees of the HealthOP.

The number of discontinuances for 2013 includes some carrier "double counting" of transition plans, as they reported those plans as discontinued, and then took advantage of the opportunity to keep those plans in place for an additional year.

The Division currently has average premium data for 2014, 2015, and 2016, which is attached to this response.

**11. In light of a recent pronouncement by a national insurance company, does the Department anticipate insurers exiting the Connect for Health exchange? If so, how does the Department intend to manage the impact of such activities on insurance rates?**

**Response:** Prior to exiting the Colorado market or discontinuing plans, pursuant to state statute, carriers are required to provide notice to the Division and to consumers, and the Division has not received any such notice to date. The national company in question currently has a small presence on the Colorado Exchange, and it is not anticipated that any exit from the Exchange by that company would have a significant impact on insurance rates of other carriers, though its enrollees would qualify for a special enrollment period if their plans were discontinued.

Further, the competitive and healthy Colorado insurance market means that companies frequently enter and exit, without a significant impact on insurance rates. By way of example, three new carriers are entering the Colorado individual market for 2016: Golden Rule, Aetna Health and Aetna Life, and United Healthcare of Colorado. Competition among carriers is what makes for a healthy market, and with twenty carriers offering individual and/or small group plans, the impact of a carrier with small on-Exchange enrollment departing from the Exchange should not adversely impact rates (though no impact can be estimated until after such an exit has occurred).

**12. Are health cooperatives in other states experiencing the same financial difficulties as the HealthOP?**

**Response:** To date, 12 Co-Ops have closed, including the following:

- Meritus Health Partners – Arizona
- CoOpportunity Health – Iowa/Nebraska
- Louisiana Health Cooperative
- Nevada Health Co-Op
- Health Republic Insurance of New York
- Kentucky Health Cooperative
- Community Health Alliance – Tennessee
- Health Republic Insurance Co. of Oregon
- Arches health Plan – Utah
- Consumers’ Choice Health Insurance Co. – South Carolina
- Consumers Mutual Insurance of Michigan
- Colorado HealthOp

As DOI understands it, several of the organizations closed due to a variety of factors, including receiving lower than anticipated Federal funding and higher than anticipated claims costs. Consumers Mutual Insurance of Michigan, Kentucky Health Cooperative, Consumers’ Choice Health Insurance Company of South Carolina, Health Republic Insurance of Oregon, Meritus Health Partners in Arizona, and Community Health Alliance in Tennessee, in particular, reportedly closed due to the announced reduced Federal risk corridor payment.

**13. What options do HealthOP enrollees have in light of the HealthOP’s closure, and what is the Division of Insurance’s role in assisting these consumers?**

**Response:** HealthOp enrollees have many options for purchasing insurance for the 2016 plan year. Colorado has, and continues to have, a competitive market for health coverage. For 2016, 20 carriers are offering 1,073 plans for individuals and small groups for consumers to select from. As part of these offerings, three new carriers are entering the Colorado market for 2016 – Golden Rule, Aetna Health and Aetna Life, and United Healthcare of Colorado is expanding beyond its existing small group business into the individual market. In addition, CIGNA and Kaiser Permanente expanded their service footprint to additional counties. HealthOp enrollees have been informed during open enrollment that they will not be able to continue their HealthOP

plan into 2016, so they know that they are able to shop for another plan offered in their service area.

Due to the increase in base premium in the second-lowest silver plan for 2016, consumers will actually receive more tax credit in 2016 than they did in 2015. Based on this, if 2015 HealthOP enrollees who receive tax credits shop and switch to the lowest silver plan being offered in their service area for 2016, it is likely that they will experience only a minimal premium increase, or may actually experience a net premium decrease over their 2015 rates. The Division consistently encourages consumers to shop each year to determine what plans best fit their budgets and health needs to realize any potential savings that may exist.

For example, if a 40 year old male from Glenwood Springs (who is at 200% of the Federal Poverty Level), had a silver plan in 2015, and then shopped on the exchange and purchased a silver plan from the lowest cost carrier in that geographic area for 2016, he would only experience a net premium increase of 1% after the corresponding increase in tax credit between 2015 and 2016.

The Division has served as a resource for HealthOP enrollee questions and complaints, and continues to encourage those enrollees to contact Connect for Health Colorado for assistance in purchasing a new plan that best fits their insurance needs. The highest volume of calls relating to the closure of the HealthOP were received immediately after the announcement was made, but the number of consumer questions and complaints about the HealthOP have been steadily decreasing as time has passed.

# **Appendix A: Factors Affecting Health Insurance Premiums for Plans Effective 1-1-14**



## **Factors Affecting Health Insurance Premiums Starting in 2014**

### **Factors Insurance Companies Review When Developing a Product's Base Rate**

Companies review factors that reflect changes in costs related to the delivery of health care services or the behavior of the overall population. These factors help insurers establish an average base rate. The "base rate" applies to an individual product for an entire market segment (individual, large group, small group.) ***This rate is established before an insurer calculates an individual's or an employer's final premium.*** The following factors may be reviewed to establish a product's base rate.

#### **1. Experience of an entire group of policyholders**

Definition: Number of claims made by all policyholders that have similar plans over a year

- a. Carriers adjust base rates if there is a difference between actual claims and the previous year's estimate of claims. If a carrier makes a bad estimate, it will increase the base rate to cover additional costs.

#### **2. Medical Trend**

Definition: Increase in the costs and number of health care services provided to policyholders

- a. Costs - estimated change in the price per health care service delivered, including:
  - i. Contracts with doctors
  - ii. Hospital charges
  - iii. Laboratory services
  - iv. Pharmacy – production and dispensing
  - v. Diagnostic imaging (x-rays, cat scans, MRI, etc...)
- b. Utilization – frequency with which individuals use the health care system. It can be affected by several factors.
  - i. Aging population
  - ii. Overall decrease of the population's health (i.e. obesity)
  - iii. Changes in provider treatment patterns such as an increase in cat scans, lab tests or outpatient surgeries

#### **3. Insurance Trend**

Definition - Increase in costs associated with current policies and their benefit structures

- a. Deductible Leveraging – This process adjusts the base rate to cover the decreased value of a deductible or co-pay. When a deductible or co-pay stays constant over several years, the deductible loses value because medical inflation continues. For instance, a \$1000 deductible won't cover as much health care the second year. Carriers make up for this decreased value by raising the base rate.

#### **4. Aggressive Pricing**

Definition: Carriers may initially price a product lower to get more policyholders. If a carrier attracts a strong policyholder base, the initial pricing is likely to continue. If the carrier does not attract a strong policyholder base, costs may rise to accommodate for lost revenue. A carrier also may initially price a product higher to ensure the carrier's cost estimates are correct.

#### **5. Business Operations**

Definition: Costs incurred through general business operations including payroll and benefits, information technology systems and reinsurance contracts. The reinsurance covers the highest claims a company may incur, but does not want to pay.

#### **6. Cost-shifting**

Definition: Adjustment in base rate due to uncompensated care of the uninsured or the inadequate payments received from public programs such as Medicare and Medicaid. For example, if an uninsured patient cannot pay a provider, that provider will increase charges for privately insured patients in order to recoup the costs.

#### **7. Federal Health Care Reform Requirements**

Definition: Variety of new requirements mandated in federal law since 2010, with new requirements starting in 2014, including:

- a. No denials for anyone with pre-existing conditions
- b. No rescissions except for fraud
- c. No lifetime limits
- d. Restricted annual limits
- e. Dependent coverage up to age 26
- f. Full coverage of certain preventive services

#### **8. State mandates**

Definition: Requirements mandated in state law. There have been no new state mandates since 2011.

**Factors Insurers Use to Establish a Premium** – Once the base rate is established, insurers can review certain additional factors **to adjust an individual's or employer's final premium**. These factors are established by law and vary according to each of Colorado's three insurance markets – large group, small group and individual. For instance, a small employer with three employees over age 50 is affected by the age factor more than an employer with one 30 year old and two employees over age 50.

**Large Group Employer (50+ employees):** Previous claims of the group are the biggest factors in premiums, whether it's a new policy or a renewal.

**Small Group Employer (1-50 employees):** Insurers can adjust premiums based on age, geography, tobacco use, family size, and a plan's benefit structure.

**Individual Coverage:** Insurers can adjust premiums based on age, tobacco, geography, a plan's benefit design. Carriers can no longer increase premiums due to an individual's health status. Some companies add a predetermined impact for the length of time a consumer has a policy.



**Appendix B: Colorado Study of Health Cost by Geographic Region, April 28, 2014 (Miller & Newberg)**

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# **Colorado Study of Health Cost by Geographic Region**

**Prepared by Miller & Newberg, Consulting Actuaries for the Colorado  
Division of Insurance**

**April 28, 2014**

# Colorado Study of Health Cost by Geographic Region

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# Colorado Study of Health Cost by Geographic Region

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## Introduction and purpose of study:

The Colorado Division of Insurance (DOI) set forth a proposal for health actuarial services in December 2013. The proposal was to perform an actuarial study of Health costs in the state using the Colorado All Payers Claims Database (APCD). The APCD is administered by the Center for Improving Value in Health Care (CIVHC). Miller & Newberg Inc. (MN), Consulting Actuaries, was awarded the contract. This report adheres to Actuarial Standards of Practice (ASOP's), in particular ASOP 5 (Incurred Health and Disability Claims), ASOP 23 (Data Quality) and ASOP 41 (Actuarial Communications).

The purpose of the study is to:

- Review the appropriateness of the eleven 2014 geographic rating areas that were established, per the Affordable Care Act (ACA), for the individual and small group markets;
- Review optional geographic regions;
- Determine drivers of the high costs in the resort areas;
- Develop the study with the intent for ongoing monitoring of health cost trends and geographic health costs;
- Assist the state with the review of rate filings (Major medical and pharmacy; individual, small group and large group)

Per the DOI request, this report's focus is on the first three bullet points.

## Executive Summary

Prior to the affordable care act, insurance carriers in Colorado (and many other states) were able to develop their own geographic rating areas (and rating factors) for individual, small group and large group markets. These regions are typically developed by analyzing: unit cost structures (depends largely on provider contracts); utilization patterns; and credible membership bases in defined regions.

Under the ACA, a state has the option to default the rating areas to the Metropolitan Statistical Areas (MSA) plus one Non-MSA for all other areas (refer to this as MSA + 1). The state has the option to expand upon those areas as long as the regions:

- are actuarially justified;
- are not unfairly discriminatory;
- reflect significant differences in health care unit costs;
- lead to stability in rates over time;
- apply uniformly to all issuers in a market;
- and are based on the geographic boundaries of counties, three-digit zip codes, or metropolitan statistical areas and non-metropolitan statistical areas.

In theory, the only two major changes post ACA are:

## Colorado Study of Health Cost by Geographic Region

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- Regions apply uniformly to all carriers (before carrier had option to define based on their own experience and contracts).
- Must be actuarially justified if other than MSA + 1 is used. In the case of Colorado, this will lead to increased transparency in health costs.

In order to justify geographic regions, MN used the four metrics as listed below.

Metric	Applicable Component of Law	Primary Applicable Component of Law
Credible Membership	All	Not Unfairly Discriminatory
Stability in Utilization patterns (migration patterns)	All	Lead to Stability in rates over time
Standard Deviation/Variability of Total Cost	All	Not Unfairly Discriminatory
Cost per Unit	All	Reflect significant differences in health care unit costs

The DOI has asked MN to consider 5 possible regions, including the current, in the geographic study.

The regions considered are:

- 7 MSA + 4: current 2014 rating regions
- 7 MSA + 2: new west region combines current Resort + West
- 7 MSA + 1: combines all current Non-MSA regions into one (ACA default)
- RCCO regions: Regional Care Collaborative Organization Regions (see exhibit 13)
- 6 MSA + 2: Remove Grand Junction as MSA and combine with west region

The results of the scorecard finds 7 MSA + 4, 7 MSA +2 and 7 MSA +1 as acceptable geographic regional groupings, and ranks 7 MSA + 4 as the best grouping, followed by 7 MSA + 2 and then 7 MSA + 1. RCCO and 6 MSA + 2 failed as acceptable groupings.

Details of the ratings are illustrated in the table below. Further detail is provided in the body of the report.

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# Colorado Study of Health Cost by Geographic Region

## Geographic Rating Region Score Card

Metric and ACA Geographic Law Component	Metric	Credible Membership	Stability in Utilization Patterns <sup>1</sup>	Standard Deviation of Total Cost	Cost per Unit Factor		
	Primary Applicable Component of Law (In general all apply)	Not Unfairly Discriminatory	Leads to Stability in rates over time <sup>1</sup>	Not Unfairly Discriminatory	Reflect significant differences in health care unit costs	Overall Score	Acceptable Grouping
Rank (Score) - Description	7 MSA + 4	2 - Northeast region is the only region that does not have high credibility	1	1	1	1	Yes
	7 MSA + 2	1 - All regions have credible member months	2	2 - Not much gained in disparity measurement when Resort is combined with West	2 – Unit cost varies reasonably between the 4 Non-MSA’s. More variation in units cost occurs with combining regions	2	Yes
	7 MSA + 1	1 - All regions have credible member months	3	2 - Minor differences in disparity scores from 7 MSA + 2	3 – Unit cost varies reasonably between the 4 Non-MSA’s. More variation in units cost occurs with combining regions	3	Yes (Default ACA)
	6 MSA + 2	1 - All regions have credible member months	4	Fails test. Slight increase in variability from 7 MSA + 1, however, Grand Junction is credible on its own with a very high migration rating. Grand Junction should stand on its own.	Not considered, fails other test	Fail	No
	RCCO	1 - All regions have credible member months	Not considered, fails other test	Fail test - Disparity measures increase too much when compared to other regions	Not considered, fails other test	Fail	No

1 - Members within each region utilize providers within that region at a high rate which leads to stability. However, for each non-MSA region, utilization patterns vary significantly for providers outside of the members region leading to instability. Therefore the rank drops as non-MSAs are combined.

# Colorado Study of Health Cost by Geographic Region

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For purposes of the overall study, the DOI wanted to be able to find drivers of health care cost. In order to do this, MN and the DOI agreed upon detail claim categories that would be developed and reported on. There are a total of 24 detailed categories (see appendix 6 for categories and methodology for grouping). These categories include items such as inpatient and outpatient surgery, emergency room visits, office visits, specialty drugs, etc. These breakouts allow us to determine the drivers of the high cost in the resort region. Unit costs drive the high resort cost. For detail by each county in the resort region, see appendix 7 -10. Some components are illustrated below:

### Unit Cost for some detail categories: Compare State Total with Resort Region

Category	Detail Category	2011		2012	
		All Counties	Resort	All Counties	Resort
Inpatient Cost per Admit	Inpatient Surgery	\$33,785	\$43,673	\$36,998	\$49,162
Inpatient Cost per Admit	Inpatient Medical	\$17,769	\$27,777	\$17,533	\$29,248
Outpatient Cost per Visit	Outpatient Surgery	\$3,359	\$6,908	\$3,624	\$6,335
Outpatient Cost per Visit	Advanced Imaging	\$2,110	\$2,782	\$2,168	\$2,616
Professional Cost per Visit	Facility Surgical Visit	\$963	\$1,906	\$972	\$1,823

### Summary of Methods, Data and Total Cost:

Claims data were provided using the APCD. CIVHC provided 16 files with a total of 816 Million lines of data. The files contained data for medical claims, pharmacy claims, provider information and member information. Strict HIPAA compliance procedures were in place to ensure adherence to privacy regulations.

The data provided included the following products: commercial major medical + pharmacy, major medical only, pharmacy only, indemnity products, supplemental medical products, Medicare advantage, Medicare Part D and Medicaid. The study applies to commercial major medical + pharmacy products, so only members with those benefits were studied. The data include carriers with complete claims data and carriers with incomplete claims data, only those with complete claims data were reported, we use the phrase “complete carriers” to reference this group. The Non-MSA regions are highly represented by the complete carriers, so results are credible when comparing Non-MSA regions.

Data were also compiled and reported in a manner that is consistent with how these products are priced. Health insurance premiums are determined by when services are rendered (service date). This is very often different to when the services are paid for (paid date). It is common for a claim to be paid 1 – 3 months after it’s occurrence (lag payment). In some cases, however less frequently, claims are paid 4 – 24 months later. When insurance premiums are determined, the claims driving those premiums must be adjusted for estimated lag payments, this is sometimes referred to as “actuarial completion”. Data were provided with paid dates through March 2013. There is sufficient data to predict actuarial completion (and therefore Total claims) for the year 2012. Data is not sufficient enough to predict 2013 costs, so 2013 was not reported on. Claims in 2011 were increased 0.1% and claims in 2012 were increased 1.6% to account for completion. Total cost is defined as health expenses paid for by the

# Colorado Study of Health Cost by Geographic Region

carrier plus expenses paid by the member in the form of deductibles, coinsurance and copays. See Exhibit 1 for detail. For further detail on completion see appendix 2.

## Exhibit 1: Modeled data and completion adjustment

Service Year <sup>1</sup>	Total Members	Total Member Months	Total Cost (Billions)	Actuarial Factor to Complete Annual Claims	Actuarially Completed Total Cost (Billions)	Total Cost per Member per Year <sup>2</sup>
2010	644,565	6,108,616	\$1,717	0.0%	\$1,717	<b>\$3,373</b>
2011	593,725	5,699,940	\$1,632	0.1%	\$1,633	<b>\$3,438</b>
2012	576,480	5,454,472	\$1,591	1.6%	\$1,616	<b>\$3,555</b>
2013	474,821	1,338,353	\$341	Not credible for study purposes		

1) Claims provided with claim paid dates through March 2013. Service date is quite often different than paid date. Many claims that were paid in 2013 were for service dates in 2012. Data was analyzed on a service date basis as this is how insurance premiums are determined.

2) Total Cost per Member per Year calculated by weighting how many months the member is present during the year. Total Cost per member per year = (Total Cost / (Total Member Months))X12.

Data were compared to benchmarks. The benchmarks include 2012 data from Colorado 2013 public rate filings and results from the 2012 Health Care Cost and Utilization Report developed by the Health Care Cost Institute (HCCI). HCCI performs a detailed claim cost and utilization report using carrier data for employer sponsored insurance (ESI) across the country ([www.healthcostinstitute.org](http://www.healthcostinstitute.org)). See Exhibit 2 below for detail.

## Exhibit 2: 2012 Total Cost Benchmarks

Description	Total Cost
<b>This Study (APCD Individual and Large Group; Major Medical + Pharmacy Benefits; Complete Carriers)</b>	<b>\$3,555</b>
Colorado APCD Website <sup>1</sup>	\$2,708
Colorado Public Rate Filings Small Group (Complete Carriers)	\$4,515
Colorado Public Rate Filings Individual (Complete Carriers)	\$2,261
Colorado Public Rate Filings (Individual + Small Group; Complete Carriers) <sup>2</sup>	\$3,614
Colorado Public Rate Filings (Individual + Small Group; All Carriers)	\$3,464
Health Care Cost Institute: Northeast (Employer Sponsored Plans)	\$4,868
Health Care Cost Institute: Midwest (Employer Sponsored Plans)	\$4,735
Health Care Cost Institute: South (Employer Sponsored Plans)	\$4,790
Health Care Cost Institute: West (Employer Sponsored Plans)	\$4,382
Health Care Cost Institute: Total (Employer Sponsored Plans)	\$4,701

1. The differences between the APCD website value and the study value is: APCD reports on claims per member per year, this study reports on claims per member adjusted for how long the member was present in the year. The study restricted the choice of plans to be those similar to ACA exchange plans, commercial major medical insurance with Medical and Pharmacy Benefits. APCD website value includes other types of insurance such as supplemental and indemnity plans and plans that only include Medical or Pharmacy, but not both.

2) This comparison number, in theory, is the one that should be closest to the study number.



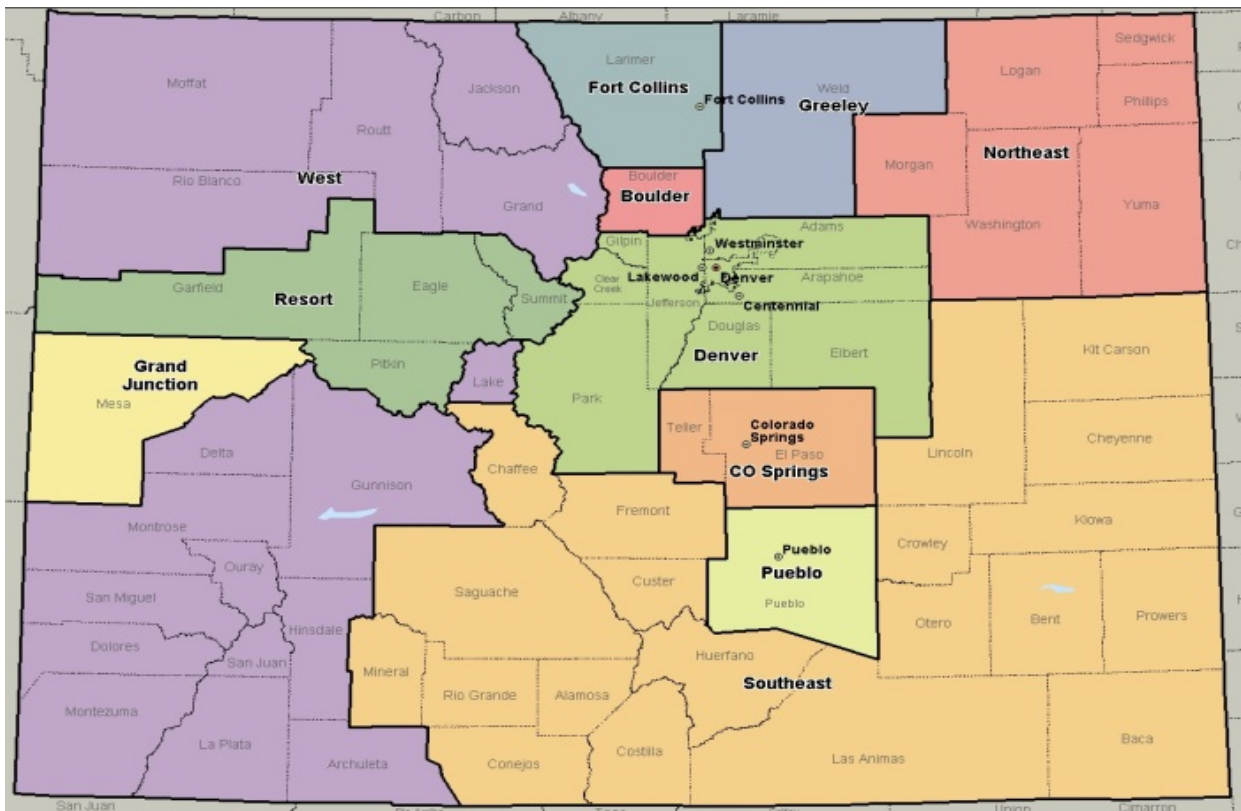
## Colorado Study of Health Cost by Geographic Region

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Data were adjusted for age gender impacts. Age/gender factors provide an index for the cost due to age and gender. As an example, health care costs gradually increase as a member ages, so age/gender factors increase with age. It is appropriate to adjust for age/gender as this is input into geographic factor determination and in effect, treats all regions as if they have the same demographics. As an example, Denver Region total cost is \$3,492 for 2012 and Denver age gender factor is 0.997 (99.7% of Colorado's average – implies, among other things, that Denver has most likely, a slightly younger population). The appropriate cost to report is  $\$3,492 \div 0.997 = \$3,502$ . The Resort region, on the other hand, has an older than average population with 2012 total cost \$4,998 and an age gender factor of 1.043 (104.3% of the average). The appropriate cost to report is  $\$4,998 \div 1.043 = \$4,792$ . Data in this section are reported by current geographical area (exhibit 3). See exhibit 4 for age/gender factors by region. Exhibit 4 illustrates that the population studied has total cost increases, due to demographic changes, of 0.8% in 2011 and 1.0% in 2012. For every portion of this report, excluding this paragraph, total cost will imply age gender adjusted total cost. Exhibits 5 – 9 provide tables and charts summarizing total cost by current region.

# Colorado Study of Health Cost by Geographic Region

## Exhibit 3 – Current Regions



## Exhibit 4 – Age Gender Factors (Colorado Experience)

### Age/Gender Factor

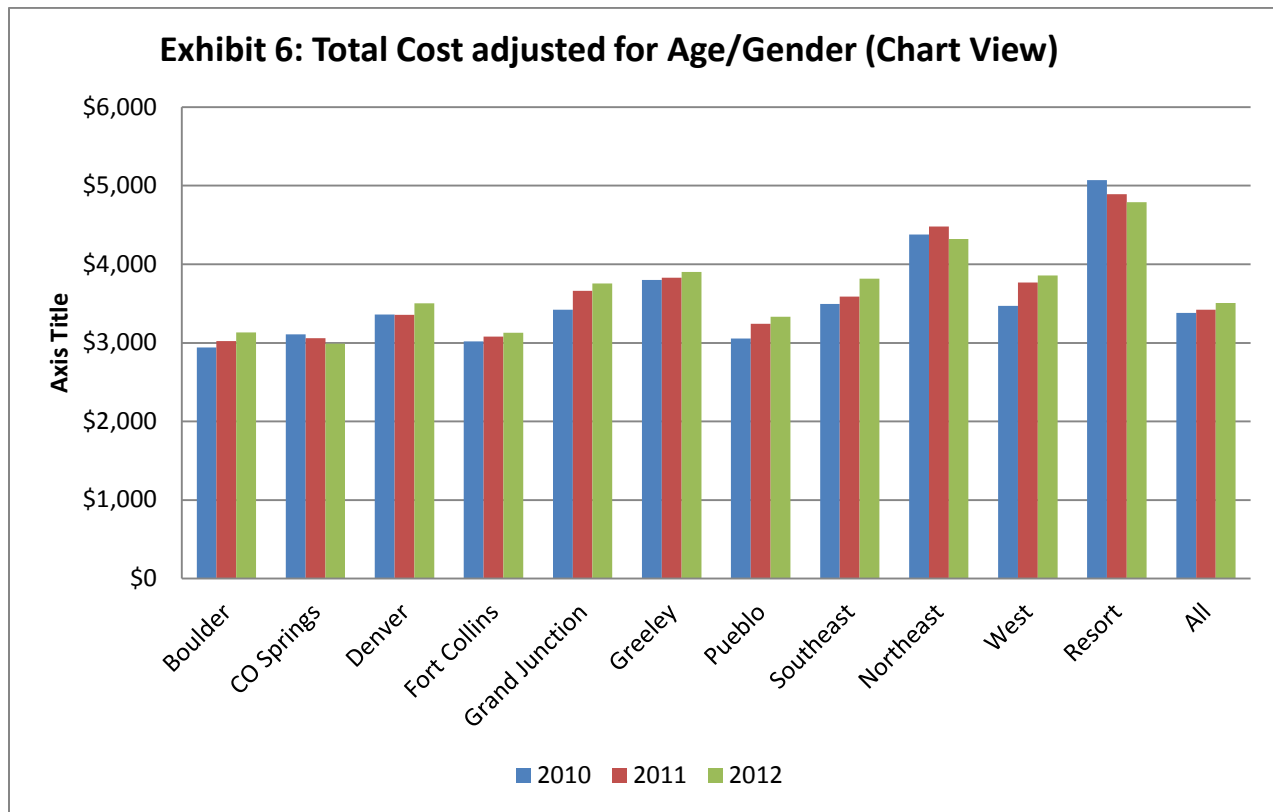
Reg #	Member Region	Total Cost			Trends	
		2010	2011	2012	2011	2012
1	Boulder	0.984	0.998	1.009	1.5%	1.0%
2	CO Springs	0.997	1.001	1.016	0.4%	1.5%
3	Denver	0.985	0.990	0.997	0.5%	0.7%
4	Fort Collins	0.983	0.994	1.013	1.1%	1.9%
5	Grand Junction	1.019	1.030	1.036	1.1%	0.6%
6	Greeley	0.967	0.983	1.010	1.6%	2.8%
7	Pueblo	1.030	1.044	1.060	1.3%	1.6%
8	Southeast	1.074	1.075	1.086	0.1%	1.0%
9	Northeast	0.986	0.986	0.994	0.0%	0.8%
10	West	1.044	1.055	1.064	1.0%	0.9%
11	Resort	1.003	1.029	1.043	2.6%	1.4%
<b>All</b>	<b>All</b>	<b>0.995</b>	<b>1.003</b>	<b>1.014</b>	<b>0.8%</b>	<b>1.0%</b>

# Colorado Study of Health Cost by Geographic Region

**Exhibit 5- Total Cost adjusted for Age/Gender**

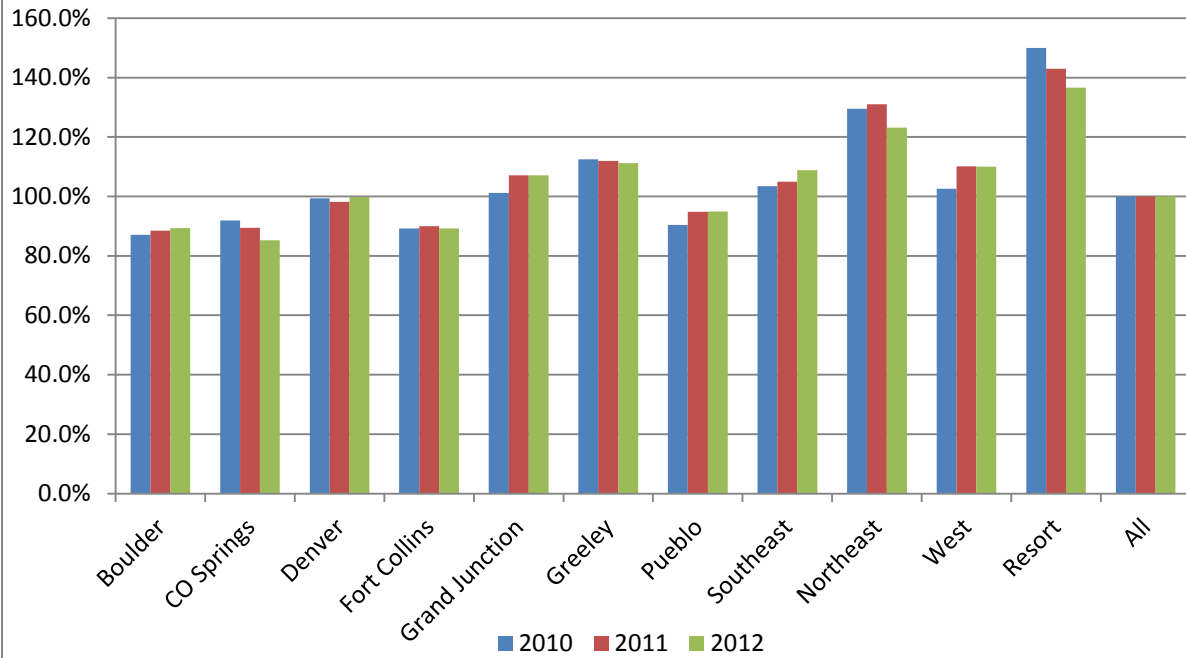
Reg	Region Name	Total Cost			Total Cost as a percent of average				Member Credibility
		2010	2011	2012	2010	2011	2012	Combined	
1	Boulder	\$2,941	\$3,024	\$3,132	87.0%	88.4%	89.3%	88.3%	High
2	CO Springs	\$3,107	\$3,059	\$2,990	91.9%	89.5%	85.3%	88.9%	High
3	Denver	\$3,359	\$3,356	\$3,502	99.4%	98.1%	99.8%	99.1%	High
4	Fort Collins	\$3,017	\$3,079	\$3,128	89.2%	90.0%	89.2%	89.5%	High
5	Grand Junction	\$3,421	\$3,662	\$3,757	101.2%	107.1%	107.1%	105.1%	High
6	Greeley	\$3,801	\$3,828	\$3,902	112.5%	111.9%	111.3%	111.9%	High
7	Pueblo	\$3,057	\$3,243	\$3,330	90.4%	94.8%	94.9%	93.4%	High
8	Southeast	\$3,495	\$3,589	\$3,818	103.4%	104.9%	108.9%	105.7%	High
9	Northeast	\$4,379	\$4,479	\$4,321	129.6%	131.0%	123.2%	127.9%	Medium
10	West	\$3,469	\$3,767	\$3,858	102.6%	110.1%	110.0%	107.6%	High
11	Resort	\$5,071	\$4,891	\$4,792	150.0%	143.0%	136.6%	143.2%	High
<b>All</b>	<b>All</b>	<b>\$3,380</b>	<b>\$3,420</b>	<b>\$3,508</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	

**Exhibit 6: Total Cost adjusted for Age/Gender (Chart View)**

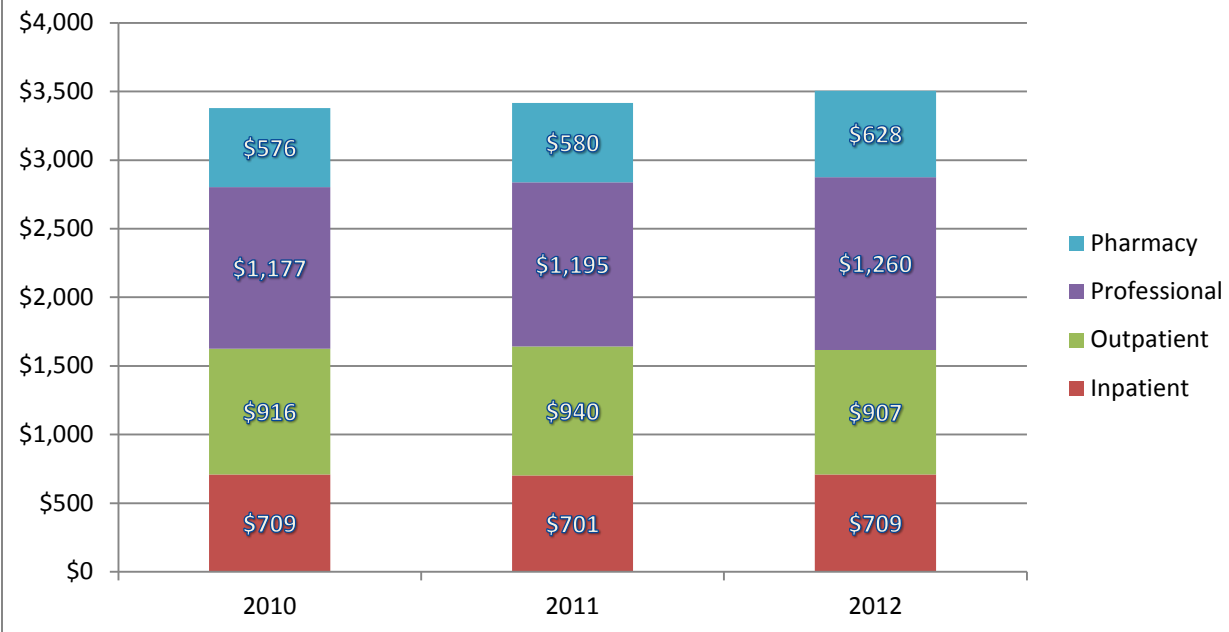


# Colorado Study of Health Cost by Geographic Region

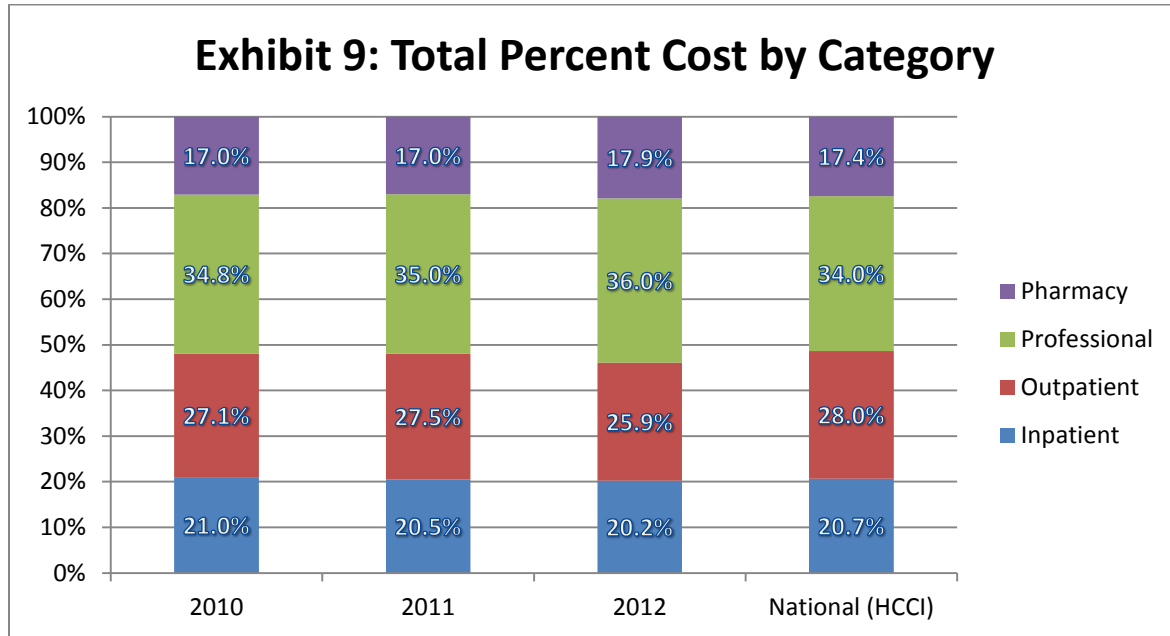
## Exhibit 7: Total Cost as a Percent of Average



## Exhibit 8: Total Cost by Category



# Colorado Study of Health Cost by Geographic Region



For a region (or county) to be credible to stand on its own it must have a large enough membership base providing more stability in health cost. Credibility in health care is very often measured through member months. Here we define credibility to be the number of member months required in a county, such that the total cost in that county remains stable over the three year period. Credibility is a qualitative score that will assist in the comparison of regions. This metric does not imply complete stability for geographic factors. For example, if a county has had significant improvements in managing health cost, then its cost may decrease by more than 5%. This report considers other metrics to measure geographic cost that would account for this variability.

## Exhibit 10: Credibility

Member Months in Data required so metric is satisfied	Credibility Score	Credibility Metric
Greater than 420,000	High	County cost for each year remains within 0%-5% of average for all years
Between 100,000 and 420,000	Medium	County cost for each year remains within 0%-12% of average for all years
Between 44,000 and 100,000	Low-Medium	County cost for each year remains within 0%-18% of average for all years
Less than 44,000	Low	County cost can vary higher than 18% of average

## Colorado Study of Health Cost by Geographic Region

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As an example, Greeley County has a credibility score of high and the most consistent total cost percents of 112%, 112% and 111% of the average (2010, 2011 and 2012 respectively). This implies that Greeley County may be credible enough to stand on its own.

Contrast this with Mineral County which has a credibility score of low and total cost percent of 71%, 70% and 183%. These vast differences can occur without credible membership and are usually due to a few large claims. This county must be grouped with other counties to gain credibility.

See exhibit 11 on the next page for a map of total cost and credibility by county. See appendix 1 for more detail.

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# Colorado Study of Health Cost by Geographic Region

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## Geographic Study:

Prior to the Affordable Care Act, insurance carriers in Colorado (and many other states) were able to develop their own geographic rating areas (and rating factors) for individual, small group and large group markets. These regions are typically developed by analyzing: unit cost structures (depends on provider contracts); utilization patterns; and credible membership base in defined regions.

Under the ACA, a state has the option to default the rating areas to the Metropolitan Statistical Areas (MSA) plus one Non-MSA for all other areas (refer to this as MSA + 1). The state has the option to expand upon those areas as long as the regions:

- are actuarially justified;
- are not unfairly discriminatory;
- reflect significant differences in health care unit costs;
- lead to stability in rates over time;
- apply uniformly to all issuers in a market;
- and are based on the geographic boundaries of counties, three-digit zip codes, or metropolitan statistical areas and non-metropolitan statistical areas.

In theory, the only two major changes post ACA are:

- Regions apply uniformly to all carriers (before carrier had option to define based on their own experience and contracts.
- Must be actuarially justified if other than MSA + 1 is used.

In order to justify geographic regions, MN used three metrics as listed below.

### Exhibit 12: Miller & Newberg Geographical Scoring Method

Metric	Applicable Component of Law	Primary Applicable Component of Law
Credible Membership	All	Not Unfairly Discriminatory
Stability in Utilization patterns (migration patterns)	All	Lead to Stability in rates over time
Standard Deviation/Variability of Total Cost	All	Not Unfairly Discriminatory
Cost per Unit	All	Reflect significant differences in health care unit costs

In addition, it is MN's opinion that the administration efforts required by insurance companies to change region should be considered, however, that metric was not used in the study.



## Colorado Study of Health Cost by Geographic Region

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The DOI has asked MN to consider 5 possible regions, including the current, in the geographic study.

The regions considered are:

- 7 MSA + 4: current 2014 rating regions
- 7 MSA + 2: new west region combines current Resort + West
- 7 MSA + 1: combines all current Non-MSA regions into one (ACA default)
- RCCO regions: Regional Care Collaborative Organization Regions (see exhibit X)
- 6 MSA + 2: Remove Grand Junction as MSA and combine with west region

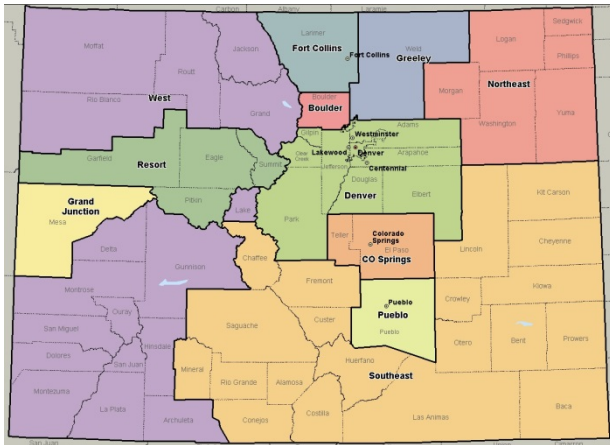
See Exhibit 13 for a map of regions.

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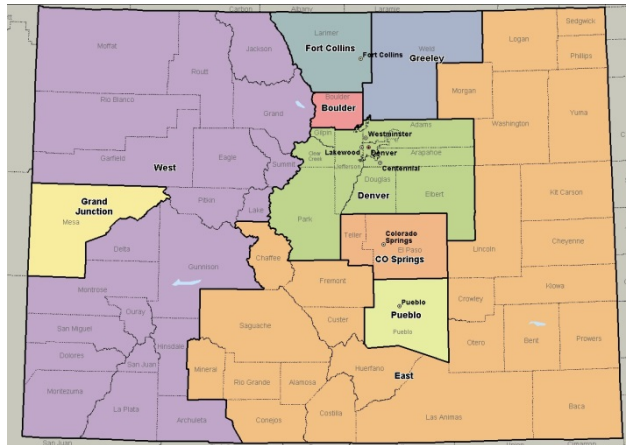
# Colorado Study of Health Cost by Geographic Region

## Exhibit 13: Geographical Areas Considered:

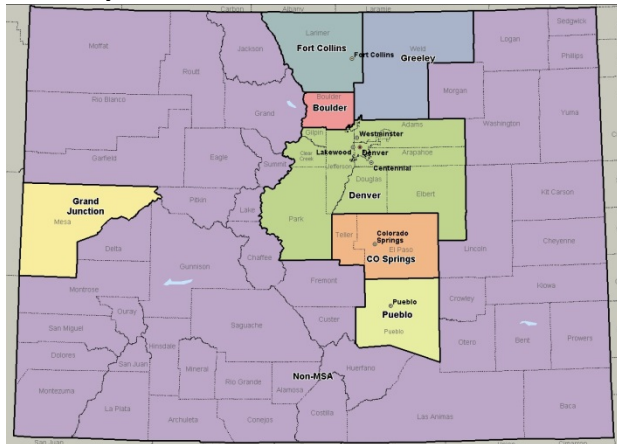
**Current Rating Areas (7 MSA plus 4 Non-MSA)**



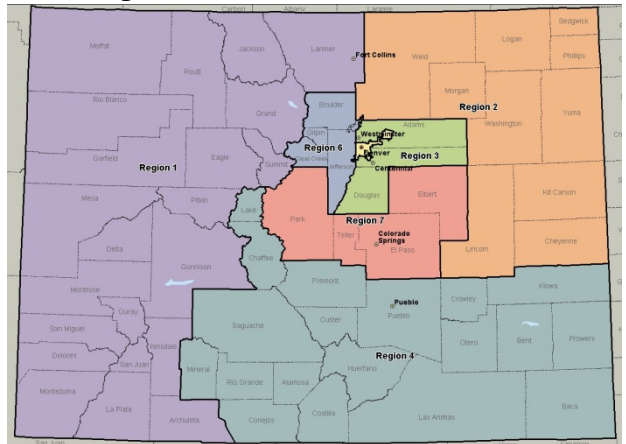
**7 MSA plus 2 Non-MSA**



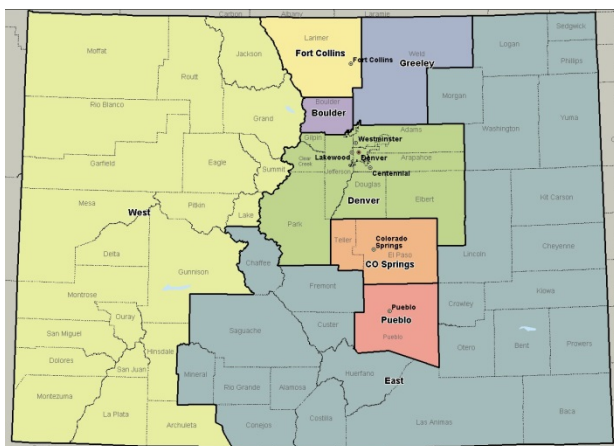
**7 MSA plus 1 Non-MSA**



**RCCO Regions**



**6 MSA plus 2 Non-MSA**



# Colorado Study of Health Cost by Geographic Region

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## Credibility of Regions

Credibility is defined by member months in the study data (combines all carriers). Credibility for a particular carrier may be less. Credibility for future studies will be enhanced as CIVHC works to enhance the number of complete carriers and adds small group data to their experience.

The northeast region in the 7 MSA + 4 region has medium credibility. This is the only regional grouping in all geographic areas considered that is not high. Therefore, 7 MSA + 4 ranks as the second best regional grouping with all others having rank 1.

**Exhibit 14: Credibility Scorecard**

Region	Rank
All except 7 MSA + 4	1
7 MSA + 4	2

## Utilization and Migration Patterns

Utilization patterns drive stability in rates. For example, provider contracts in the northeast have the potential to be very different from provider contracts in the west due to the natural occurrence of different providers in the region. In addition, you'll see in the charts below that members in the northeast do not utilize services west and vice versa. Grouping these regions could lead to instability in current costs and/or future costs as contracts change in those regions.

Migration charts were developed. These charts illustrate the region where the member lives, the region where the member incurred services, and the percent of total cost in that region.

Approximately 19% of provider zip codes are invalid or out of state with the majority of those estimated to be invalid. These claim dollars are not illustrated in the charts. In addition, the accuracy of the carrier submitted provider physical address was not validated, however, the utilization patterns are reasonable enough to be considered as part of a the geographic score.

See exhibits 16 - 20 for migration patterns for the various groupings. Ranking migration patterns involves two main concepts:

- Do the members utilize services in their current region more than any other region (the diagonal in the chart)? If so, the migration pattern passes this test.
- When combining regions, do the regions, prior to combining, have similar utilization patterns in the other regions?

All regions satisfy the first bullet point. When considering the current regions, the non-MSA regions all have varied utilization patterns off the diagonal and any combination of non-MSA regions lessens the stability in utilization. Therefore, the non-RCCO regions rank the following way:

# Colorado Study of Health Cost by Geographic Region

## Migration Scorecard:

**Exhibit 15: Migration/Stability Scorecard**

Region	Rank
7 MSA + 4	1
7 MSA + 2	2
7 MSA + 1	3
6 MSA + 2	3
RCCO	Not Scored / Fails Discriminatory Test

**Exhibit 16 = Current Region Total Cost Migration Patterns**

Member Area Current Region	Provider Region --->											Total
	Boulder	CO Springs	Denver	Fort Collins	Grand Junction	Greeley	Pueblo	South-east	North-east	West	Resort	
<b>Boulder</b>	60.2%	0.3%	34.9%	2.3%	0.1%	0.5%	0.1%	0.1%	0.0%	0.4%	1.1%	100.0%
<b>CO Springs</b>	0.4%	77.4%	18.9%	0.8%	0.2%	0.2%	0.9%	0.5%	0.0%	0.3%	0.5%	100.0%
<b>Denver</b>	3.7%	0.6%	93.5%	0.5%	0.2%	0.2%	0.2%	0.2%	0.0%	0.2%	0.7%	100.0%
<b>Fort Collins</b>	3.0%	0.2%	12.5%	78.3%	0.1%	4.7%	0.1%	0.1%	0.1%	0.4%	0.5%	100.0%
<b>Grand Junct.</b>	0.2%	0.2%	6.3%	0.2%	89.3%	0.1%	0.0%	0.0%	0.0%	0.8%	2.7%	100.0%
<b>Greeley</b>	11.4%	0.2%	21.4%	20.8%	0.2%	45.0%	0.1%	0.1%	0.4%	0.2%	0.2%	100.0%
<b>Pueblo</b>	0.4%	8.0%	41.7%	0.3%	0.0%	0.2%	47.7%	1.4%	0.0%	0.1%	0.1%	100.0%
<b>Southeast</b>	0.7%	9.4%	31.9%	1.2%	0.3%	0.5%	10.8%	41.4%	0.3%	1.0%	2.6%	100.0%
<b>Northeast</b>	1.2%	0.2%	16.4%	14.9%	0.3%	19.5%	0.0%	0.3%	46.9%	0.1%	0.1%	100.0%
<b>West</b>	0.5%	0.5%	25.9%	0.9%	9.1%	0.1%	0.1%	0.3%	0.0%	59.1%	3.4%	100.0%
<b>Resort</b>	0.8%	0.3%	30.1%	0.2%	3.4%	0.1%	0.1%	0.3%	0.0%	0.4%	64.3%	100.0%
<b>All</b>	6.9%	8.9%	57.3%	6.8%	5.8%	2.9%	1.6%	1.4%	0.7%	4.6%	3.2%	100.0%

**Exhibit 17 = 7 MSA + 2 Total Cost Migration Patterns**

Member Area 7 MSA + 2 Region	Provider Region --->										Total
	Boulder	CO Springs	Denver	Fort Collins	Grand Junction	Greeley	Pueblo	East	West		
<b>Boulder</b>	60.4%	0.3%	34.9%	2.3%	0.1%	0.5%	0.1%	0.1%	1.3%	100.0%	
<b>CO Springs</b>	0.4%	77.5%	18.9%	0.8%	0.2%	0.2%	0.9%	0.5%	0.7%	100.0%	
<b>Denver</b>	3.7%	0.6%	93.4%	0.5%	0.2%	0.2%	0.2%	0.2%	0.9%	100.0%	
<b>Fort Collins</b>	3.0%	0.2%	12.5%	78.4%	0.1%	4.7%	0.1%	0.2%	0.8%	100.0%	
<b>Grand Junction</b>	0.2%	0.2%	6.3%	0.2%	89.2%	0.1%	0.0%	0.1%	3.7%	100.0%	
<b>Greeley</b>	11.4%	0.2%	21.4%	20.8%	0.2%	45.0%	0.1%	0.6%	0.4%	100.0%	
<b>Pueblo</b>	0.4%	8.0%	41.7%	0.3%	0.0%	0.2%	47.7%	1.3%	0.3%	100.0%	
<b>East</b>	0.8%	6.1%	25.5%	5.3%	0.3%	6.1%	7.0%	46.3%	2.6%	100.0%	
<b>West</b>	0.5%	0.4%	24.2%	0.6%	6.5%	0.1%	0.1%	0.3%	67.3%	100.0%	
<b>All</b>	6.9%	8.9%	57.2%	6.8%	5.8%	2.9%	1.6%	2.1%	7.8%	100.0%	

# Colorado Study of Health Cost by Geographic Region

**Exhibit 18 = 7 MSA + 1 Total Cost Migration Patterns**

Member Area MSA + 1 Region	Provider Region --->								Total
	Boulder	CO Springs	Denver	Fort Collins	Grand Junction	Greeley	Pueblo	Non-MSA	
<b>Boulder</b>	60.2%	0.3%	34.9%	2.3%	0.1%	0.5%	0.1%	1.6%	100.0%
<b>CO Springs</b>	0.4%	77.4%	18.9%	0.8%	0.2%	0.2%	0.9%	1.3%	100.0%
<b>Denver</b>	3.7%	0.6%	93.5%	0.5%	0.2%	0.2%	0.2%	1.1%	100.0%
<b>Fort Collins</b>	3.0%	0.2%	12.5%	78.3%	0.1%	4.7%	0.1%	1.1%	100.0%
<b>Grand Junction</b>	0.2%	0.2%	6.3%	0.2%	89.3%	0.1%	0.0%	3.6%	100.0%
<b>Greeley</b>	11.4%	0.2%	21.4%	20.8%	0.2%	45.0%	0.1%	0.9%	100.0%
<b>Pueblo</b>	0.4%	8.0%	41.7%	0.3%	0.0%	0.2%	47.7%	1.7%	100.0%
<b>Non-MSA</b>	0.6%	1.9%	24.6%	1.9%	4.8%	1.7%	1.9%	62.6%	100.0%
<b>All</b>	6.9%	8.9%	57.3%	6.8%	5.8%	2.9%	1.6%	9.9%	100.0%

**Exhibit 19 = RCCO Total Cost Migration Patterns**

Member Area RCCO Region	Provider Region --->							Total
	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Reg 6	Reg 7	
<b>Region 1</b>	78.2%	1.2%	4.8%	0.2%	13.1%	2.1%	0.3%	100.0%
<b>Region 2</b>	19.3%	50.2%	9.8%	0.2%	10.9%	9.1%	0.4%	100.0%
<b>Region 3</b>	1.4%	0.4%	55.0%	0.3%	33.6%	8.7%	0.7%	100.0%
<b>Region 4</b>	3.8%	0.3%	19.3%	51.5%	14.6%	1.6%	8.9%	100.0%
<b>Region 5</b>	1.8%	0.1%	30.8%	0.3%	58.7%	7.9%	0.4%	100.0%
<b>Region 6</b>	2.4%	0.4%	19.4%	0.3%	34.3%	42.9%	0.4%	100.0%
<b>Region 7</b>	1.9%	0.2%	9.2%	1.4%	12.8%	1.9%	72.5%	100.0%
<b>All</b>	21.4%	4.1%	23.9%	2.9%	26.6%	13.0%	8.0%	100.0%

**Exhibit 20 = 6 MSA + 2 Total Cost Migration Patterns**

Member Area 6 MSA + 2 Region	Provider Region --->								Total
	Boulder	CO Springs	Denver	Fort Collins	Greeley	Pueblo	East	West	
<b>Boulder</b>	60.4%	0.3%	34.9%	2.3%	0.5%	0.1%	0.1%	1.4%	100.0%
<b>CO Springs</b>	0.5%	77.3%	18.9%	0.8%	0.2%	0.9%	0.5%	1.0%	100.0%
<b>Denver</b>	3.7%	0.6%	93.5%	0.5%	0.2%	0.2%	0.2%	1.1%	100.0%
<b>Fort Collins</b>	3.4%	0.2%	12.5%	78.0%	4.7%	0.1%	0.2%	1.0%	100.0%
<b>Greeley</b>	10.3%	0.2%	21.7%	21.1%	45.6%	0.1%	0.5%	0.6%	100.0%
<b>Pueblo</b>	0.4%	8.0%	41.7%	0.3%	0.2%	47.7%	1.4%	0.3%	100.0%
<b>East</b>	0.8%	6.1%	25.5%	5.3%	6.1%	7.0%	46.3%	2.9%	100.0%
<b>West</b>	0.4%	0.3%	18.3%	0.5%	0.1%	0.1%	0.2%	80.1%	100.0%
<b>All</b>	7.4%	9.4%	60.7%	7.2%	3.0%	1.7%	2.3%	8.3%	100.0%

# Colorado Study of Health Cost by Geographic Region

## Standard Deviation/Variability of Total Cost

Exhibit 21 below measures the variability within a region. For example, consider the Southeast region in the 7 MSA + 4 segment (table directly below). Within this region, the county with the highest cost (max factor = 1.36) is 36% higher in cost than the average for that region, likewise the county with the lowest cost (min factor = 0.78) is 22% lower than average for that region. The standard deviation column measures how much the individual counties vary from the county average, so a higher standard deviation typically corresponds to higher max and min. In addition, a county with low credibility should be weighted less. The credibility variability score columns adjust for this. Regions with lower standard deviation scores have less variability and therefore have less potential for discrimination.

Exhibit 21: Total Cost Variability Score

Current Region	Total Cost Variability Scores			Credibility Variability Score		
	Max	Min	St Deviation	Max	Min	St Deviation
<b>Boulder</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>CO Springs</b>	1.01	1.00	0.00	1.01	1.00	0.00
<b>Denver</b>	1.18	0.93	0.07	1.11	0.93	0.05
<b>Fort Collins</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Grand Junction</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Greeley</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Pueblo</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Southeast</b>	1.36	0.78	0.14	1.22	0.87	0.08
<b>Northeast</b>	1.19	0.71	0.18	1.11	0.83	0.10
<b>West</b>	1.67	0.64	0.26	1.40	0.78	0.15
<b>Resort</b>	1.10	0.96	0.06	1.04	0.96	0.03
<b>All</b>			0.06			0.04

7 MSA + 2	Total Cost Variability Scores			Credibility Variability Score		
	Max	Min	St Deviation	Max	Min	St Deviation
<b>Boulder</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>CO Springs</b>	1.01	1.00	0.00	1.01	1.00	0.00
<b>Denver</b>	1.18	0.93	0.07	1.11	0.93	0.05
<b>Fort Collins</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Grand Junction</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Greeley</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Pueblo</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>East</b>	1.35	0.73	0.16	1.21	0.84	0.09
<b>West</b>	1.52	0.58	0.24	1.31	0.75	0.15
<b>All</b>			0.07			0.04

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Exhibit 21 continued: Total Cost Variability Score

	Total Cost Variability Scores			Credibility Variability Score		
	Max	Min	St Deviation	Max	Min	St Deviation
7 MSA + 1						
<b>Boulder</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>CO Springs</b>	1.01	1.00	0.00	1.01	1.00	0.00
<b>Denver</b>	1.18	0.93	0.07	1.11	0.93	0.05
<b>Fort Collins</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Grand Junction</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Greeley</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Pueblo</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Non-MSA</b>	1.54	0.59	0.20	1.32	0.75	0.12
<b>All</b>			0.06			0.04

	Total Cost Variability Scores			Credibility Variability Score		
	Max	Min	St Deviation	Max	Min	St Deviation
RCCO						
<b>Region 1</b>	1.69	0.64	0.25	1.41	0.79	0.16
<b>Region 2</b>	1.31	0.79	0.17	1.19	0.87	0.10
<b>Region 3</b>	1.03	0.97	0.02	1.03	0.97	0.02
<b>Region 4</b>	1.65	0.83	0.18	1.39	0.90	0.11
<b>Region 5</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Region 6</b>	1.23	0.93	0.10	1.14	0.93	0.07
<b>Region 7</b>	1.15	0.99	0.06	1.06	0.99	0.03
<b>All</b>			0.11			0.07

	Total Cost Variability Scores			Credibility Variability Score		
	Max	Min	St Deviation	Max	Min	St Deviation
6 MSA + 2						
<b>Boulder</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>CO Springs</b>	1.01	1.00	0.00	1.01	1.00	0.00
<b>Denver</b>	1.18	0.93	0.07	1.11	0.93	0.05
<b>Fort Collins</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Greeley</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>Pueblo</b>	1.00	1.00	0.00	1.00	1.00	0.00
<b>East</b>	1.35	0.73	0.16	1.21	0.84	0.09
<b>West</b>	1.58	0.60	0.25	1.35	0.76	0.15
<b>All</b>			0.07			0.05

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**Exhibit 22: Standard Deviation/Variability of Total Cost Scorecard**

Region	Rank - Description
7 MSA + 4	1
7 MSA + 2	2 - Not much gained in disparity measurement when Resort is combined with West
7 MSA + 1	2 - Minor differences in disparity scores from 7 MSA + 2
6 MSA + 2	Fails test. Slight increase in variability from 7 MSA + 1, however, Grand Junction is credible on its own with a very high migration rating. Grand Junction should stand on its own.
RCCO	Fail test - Disparity measures increase too much when compared to other regions

## Unit Cost Analysis

Medical claims data were submitted by claim ID. Different claim IDs with the same member, beginning service date, provider ID and category (Inpatient, Outpatient or Professional) were rolled up into one unit, described here as an admit (inpatient) or a visit (outpatient and professional). Pharmacy claims were submitted by script count. A detail of unit costs by region and category are illustrated in Appendix 4. Units cost by category were then calculated as a percent of average. The unit cost amounts were then weighted by the percent dollars in that category (Exhibit 9). Overall unit cost percents are illustrated in exhibit 24 below.

The result (scorecard) is illustrated below.

**Exhibit 23: Unit Cost Scorecard**

Region	Rank - Description
7 MSA + 4	1
7 MSA + 2	2 – Unit cost varies reasonably between the 4 Non-MSA’s. More variation in units cost occurs with combining regions
7 MSA + 1	3 – Unit cost varies reasonably between the 4 Non-MSA’s. More variation in units cost occurs with combining regions
6 MSA + 2	Not considered, fails other tests
RCCO	Not considered, fails other tests



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**Exhibit 24: Unit Cost as a Percent of State Average**

Region	Region	Combined			Average
		2010	2011	2012	
7 MSA + 4	Boulder	95.0%	99.3%	90.9%	95.1%
7 MSA + 4	CO Springs	98.0%	96.5%	91.0%	95.2%
7 MSA + 4	Denver	98.6%	98.0%	102.8%	99.8%
7 MSA + 4	Fort Collins	106.8%	109.3%	100.9%	105.7%
7 MSA + 4	Grand Junction	84.7%	87.1%	88.7%	86.9%
7 MSA + 4	Greeley	117.2%	114.1%	114.7%	115.4%
7 MSA + 4	Pueblo	92.8%	98.1%	93.3%	94.7%
7 MSA + 4	Southeast	91.4%	92.3%	94.7%	92.8%
7 MSA + 4	Northeast	115.0%	116.1%	111.9%	114.3%
7 MSA + 4	West	97.3%	98.3%	97.7%	97.8%
7 MSA + 4	Resort	152.4%	146.8%	139.6%	146.3%
7 MSA + 2	East	98.1%	99.2%	99.6%	99.0%
7 MSA + 2	West	112.8%	111.0%	108.7%	110.9%
7 MSA + 1	Non-MSA	108.5%	107.6%	106.1%	107.4%
6 MSA + 2	West	103.2%	102.8%	101.9%	102.6%
RCCO	Region 1	103.9%	103.5%	101.4%	102.9%
RCCO	Region 2	115.8%	113.0%	112.6%	113.8%
RCCO	Region 3	102.3%	101.6%	104.9%	102.9%
RCCO	Region 4	90.2%	96.2%	93.3%	93.2%
RCCO	Region 5	88.9%	89.9%	97.3%	92.0%
RCCO	Region 6	98.4%	99.5%	98.9%	98.9%

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## Appendix 1 : Total Cost by County Detail

County	Region Name	Total Cost			Total Cost Percent of Average				Member Credibility
		2010	2011	2012	2010	2011	2012	Combined	
Adams	Denver	\$3,401	\$3,339	\$3,482	100.6%	97.6%	99.3%	99.2%	High
Alamosa	Southeast	\$3,395	\$3,761	\$3,582	100.4%	110.0%	102.1%	104.2%	Low-Medium
Arapahoe	Denver	\$3,476	\$3,442	\$3,578	102.8%	100.6%	102.0%	101.8%	High
Archuleta	West	\$3,324	\$3,162	\$3,620	98.4%	92.5%	103.2%	98.0%	Low-Medium
Baca	Southeast	\$4,115	\$2,352	\$6,974	121.8%	68.8%	198.8%	129.8%	Low
Bent	Southeast	\$2,358	\$3,341	\$3,480	69.8%	97.7%	99.2%	88.9%	Low
Boulder	Boulder	\$2,941	\$3,024	\$3,132	87.0%	88.4%	89.3%	88.3%	High
Broomfield	Denver	\$3,140	\$3,500	\$3,654	92.9%	102.3%	104.2%	99.8%	Medium
Chaffee	Southeast	\$4,109	\$3,605	\$4,149	121.6%	105.4%	118.3%	115.1%	Low-Medium
Cheyenne	Southeast	\$6,917	\$4,930	\$2,968	204.6%	144.2%	84.6%	144.5%	Low
Clear Creek	Denver	\$3,444	\$3,829	\$3,305	101.9%	112.0%	94.2%	102.7%	Low
Conejos	Southeast	\$3,391	\$3,793	\$3,882	100.3%	110.9%	110.7%	107.3%	Low
Costilla	Southeast	\$2,883	\$2,437	\$5,274	85.3%	71.3%	150.4%	102.3%	Low
Crowley	Southeast	\$3,465	\$3,344	\$3,788	102.5%	97.8%	108.0%	102.8%	Low
Custer	Southeast	\$2,812	\$2,751	\$2,969	83.2%	80.4%	84.7%	82.8%	Low
Delta	West	\$3,355	\$3,256	\$3,348	99.3%	95.2%	95.4%	96.6%	Medium
Denver	Denver	\$3,087	\$3,145	\$3,244	91.3%	92.0%	92.5%	91.9%	High
Dolores	West	\$3,348	\$3,686	\$4,189	99.1%	107.8%	119.4%	108.8%	Low
Douglas	Denver	\$3,601	\$3,539	\$3,725	106.5%	103.5%	106.2%	105.4%	High
Eagle	Resort	\$4,919	\$4,860	\$5,147	145.5%	142.1%	146.8%	144.8%	Medium
El Paso	CO Springs	\$3,117	\$3,048	\$2,988	92.2%	89.1%	85.2%	88.8%	High
Elbert	Denver	\$3,079	\$3,326	\$4,184	91.1%	97.2%	119.3%	102.5%	Low-Medium
Fremont	Southeast	\$2,991	\$3,608	\$2,949	88.5%	105.5%	84.1%	92.7%	Low-Medium
Garfield	Resort	\$5,021	\$4,979	\$4,324	148.5%	145.6%	123.3%	139.1%	Medium
Gilpin	Denver	\$3,653	\$3,772	\$4,684	108.1%	110.3%	133.5%	117.3%	Low
Grand	West	\$3,515	\$3,125	\$3,608	104.0%	91.4%	102.9%	99.4%	Low-Medium
Gunnison	West	\$3,323	\$3,416	\$3,876	98.3%	99.9%	110.5%	102.9%	Medium
Hinsdale	West	\$2,608	\$1,391	\$3,102	77.2%	40.7%	88.4%	68.8%	Low
Huerfano	Southeast	\$3,520	\$4,382	\$3,628	104.2%	128.1%	103.4%	111.9%	Low
Jackson	West	\$3,753	\$6,625	\$8,289	111.0%	193.7%	236.3%	180.4%	Low
Jefferson	Denver	\$3,352	\$3,353	\$3,496	99.2%	98.0%	99.7%	99.0%	High
Kiowa	Southeast	\$2,043	\$3,919	\$2,945	60.4%	114.6%	84.0%	86.3%	Low
Kit Carson	Southeast	\$3,818	\$4,320	\$4,535	113.0%	126.3%	129.3%	122.9%	Low
La Plata	West	\$3,440	\$3,816	\$4,265	101.8%	111.6%	121.6%	111.7%	Medium
Lake	West	\$2,914	\$9,317	\$4,691	86.2%	272.4%	133.7%	164.1%	Low
Larimer	Fort Collins	\$3,017	\$3,079	\$3,128	89.2%	90.0%	89.2%	89.5%	High
Las Animas	Southeast	\$3,484	\$4,320	\$4,760	103.1%	126.3%	135.7%	121.7%	Low-Medium
Lincoln	Southeast	\$4,184	\$3,478	\$3,463	123.8%	101.7%	98.7%	108.1%	Low
Logan	Northeast	\$4,381	\$4,179	\$4,789	129.6%	122.2%	136.5%	129.4%	Low-Medium

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Mesa	Grand Junction	\$3,421	\$3,662	\$3,757	101.2%	107.1%	107.1%	105.1%	High
Mineral	Southeast	\$2,407	\$2,380	\$6,418	71.2%	69.6%	183.0%	107.9%	Low
Moffat	West	\$3,794	\$3,937	\$4,201	112.3%	115.1%	119.8%	115.7%	Low
Montezuma	West	\$3,550	\$3,732	\$3,615	105.0%	109.1%	103.1%	105.7%	Low-Medium
Montrose	West	\$3,674	\$3,861	\$3,195	108.7%	112.9%	91.1%	104.2%	Medium
Morgan	Northeast	\$4,097	\$4,500	\$4,411	121.2%	131.6%	125.8%	126.2%	Low-Medium
Otero	Southeast	\$2,819	\$3,517	\$3,747	83.4%	102.8%	106.8%	97.7%	Low-Medium
Ouray	West	\$2,273	\$3,049	\$2,850	67.2%	89.1%	81.3%	79.2%	Low
Park	Denver	\$3,727	\$2,783	\$3,201	110.3%	81.4%	91.3%	94.3%	Low-Medium
Phillips	Northeast	\$4,356	\$6,794	\$4,500	128.9%	198.6%	128.3%	151.9%	Low
Pitkin	Resort	\$6,011	\$4,965	\$5,257	177.8%	145.2%	149.9%	157.6%	Low-Medium
Prowers	Southeast	\$3,762	\$2,679	\$3,692	111.3%	78.3%	105.3%	98.3%	Low
Pueblo	Pueblo	\$3,057	\$3,243	\$3,330	90.4%	94.8%	94.9%	93.4%	High
Rio Blanco	West	\$3,681	\$5,373	\$3,817	108.9%	157.1%	108.8%	124.9%	Low
Rio Grande	Southeast	\$3,062	\$3,362	\$3,290	90.6%	98.3%	93.8%	94.2%	Low
Routt	West	\$3,958	\$4,181	\$4,510	117.1%	122.3%	128.6%	122.7%	Medium
Saguache	Southeast	\$3,457	\$2,746	\$3,275	102.3%	80.3%	93.4%	92.0%	Low
San Juan	West	\$3,189	\$1,687	\$2,805	94.4%	49.3%	80.0%	74.5%	Low
San Miguel	West	\$2,966	\$3,200	\$3,410	87.8%	93.6%	97.2%	92.8%	Low-Medium
Sedgwick	Northeast	\$3,888	\$3,012	\$2,454	115.0%	88.1%	70.0%	91.0%	Low
Summit	Resort	\$4,688	\$4,761	\$4,641	138.7%	139.2%	132.3%	136.7%	Medium
Teller	CO Springs	\$2,979	\$3,227	\$3,035	88.1%	94.3%	86.5%	89.7%	Medium
Washington	Northeast	\$3,163	\$3,344	\$2,972	93.6%	97.8%	84.7%	92.0%	Low
Weld	Greeley	\$3,801	\$3,828	\$3,902	112.5%	111.9%	111.3%	111.9%	High
Yuma	Northeast	\$5,385	\$4,573	\$4,208	159.3%	133.7%	120.0%	137.7%	Low-Medium

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## Appendix 2

### Completion: Inpatient, Outpatient, Professional, & Pharmacy:

Medical claims from the commercial major medical + pharmacy base were completed for this study. The standard actuarial completion factor method was used, with separate factors developed for inpatient, outpatient, and professional claims. Pharmacy claims were assumed to have enough hindsight be complete.

**Table: Non-Completed vs. Completed Total Cost in millions**

Service Year	2010	2011	2012	2013*
Inpatient Claims	\$362	\$336	\$314	\$55
Inpatient Completed	362	337	327	120
Outpatient Claims	467	450	414	94
Outpatient Completed	467	451	420	139
Professional Claims	598	570	574	117
Professional Completed	598	570	581	155
Pharmacy Claims	291	275	288	75
Total Claims	\$1,717	\$1,632	\$1,591	\$341
Total Completed	\$1,717	\$1,633	\$1,616	\$489

\* Incomplete year, claims data only available through March 2013.

The study period was limited to claims incurred before 2013, in part due to the large effect completion had on the most recent months of claims data.

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## Appendix 3: Age Gender Factors (Colorado Experience)

Table: Age/Gender Factors

Age	Gender	Factor
0-1	M/F	1.340
2-19	M	0.488
20-24	M	0.553
25-29	M	0.570
30-34	M	0.600
35-39	M	0.691
40-44	M	0.858
45-49	M	1.018
50-54	M	1.310
55-59	M	1.634
60-64	M	2.061
65+	M	1.405
2-19	F	0.453
20-24	F	0.743
25-29	F	0.915
30-34	F	1.065
35-39	F	1.068
40-44	F	1.093
45-49	F	1.236
50-54	F	1.454
55-59	F	1.679
60-64	F	1.910
65+	F	1.114

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Appendix 4: Cost per Unit (Inpatient Admits, Outpatient and Professional Visits, Pharmacy Scripts)

<b>Cost per Admit (Inpatient), Cost per Visit (Outpatient and Professional), Cost per Script (Pharmacy)</b>													
Region	Region	Inpatient			Outpatient			Professional			Pharmacy		
		2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
7 MSA + 4	Boulder	\$19,400	\$23,575	\$17,062	\$954	\$1,001	\$1,059	\$184	\$195	\$198	\$84	\$84	\$83
7 MSA + 4	CO Springs	17,917	15,700	13,663	1,224	1,341	1,336	183	188	194	78	81	80
7 MSA + 4	Denver	16,920	17,292	18,526	1,211	1,251	1,535	186	191	199	85	87	89
7 MSA + 4	Fort Collins	25,577	26,460	22,754	1,244	1,407	1,382	186	198	199	75	72	73
7 MSA + 4	Grand Junction	16,563	18,658	20,031	767	865	883	193	199	214	63	62	62
7 MSA + 4	Greeley	25,448	26,101	29,147	1,696	1,566	1,670	184	200	202	78	79	79
7 MSA + 4	Pueblo	17,220	20,683	16,293	1,278	1,446	1,605	159	167	172	72	71	72
7 MSA + 4	Southeast	17,763	18,205	19,067	1,016	1,152	1,188	192	195	220	63	62	62
7 MSA + 4	Northeast	25,962	27,388	24,993	1,605	1,632	1,582	197	213	233	64	64	68
7 MSA + 4	West	19,455	21,060	22,103	1,049	1,129	1,172	210	217	223	62	60	61
7 MSA + 4	Resort	30,204	28,195	27,730	2,301	2,242	1,907	283	301	338	69	69	70
7 MSA + 2	East	20,044	20,828	20,674	1,185	1,293	1,303	193	201	224	63	63	64
7 MSA + 2	West	22,553	22,884	23,544	1,379	1,399	1,333	233	242	256	64	63	64
7 MSA + 1	Non-MSA	21,773	22,269	22,691	1,318	1,366	1,324	222	230	247	64	63	64
6 MSA + 2	West	20,805	21,587	22,483	1,144	1,198	1,160	221	228	243	64	62	63
RCCO	Region 1	21,891	22,234	22,594	1,167	1,242	1,209	212	220	231	67	65	66
RCCO	Region 2	25,193	25,735	27,277	1,616	1,547	1,598	190	203	211	76	75	77
RCCO	Region 3	17,231	16,954	17,721	1,323	1,393	1,651	190	194	202	85	89	90
RCCO	Region 4	17,426	20,980	18,301	1,119	1,270	1,366	170	182	193	67	66	67
RCCO	Region 5	14,044	15,265	16,338	957	980	1,376	181	189	196	86	89	91
RCCO	Region 6	18,907	20,747	19,996	1,131	1,181	1,304	183	191	197	84	84	86

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## Appendix 5: Percent of Average Cost per Unit

Percent of Average: Cost per Admit (Inpatient), Cost per Visit (Outpatient and Professional), Cost per Script (Pharmacy)																
Region	Region	Inpatient		Outpatient		Professional		Pharmacy		Combined		Average				
		2010	2011	2012	2010	2011	2012	2010	2011	2012	2010		2011	2012		
7 MSA + 4	Boulder	102.9%	122.1%	88.6%	79.6%	79.4%	77.0%	96.7%	99.0%	99.0%	96.9%	101.5%	95.0%	99.3%	90.9%	95.1%
7 MSA + 4	CO Springs	95.1%	81.3%	70.9%	102.0%	106.3%	97.1%	96.8%	95.6%	95.6%	94.6%	97.3%	98.0%	96.5%	91.0%	95.2%
7 MSA + 4	Denver	89.8%	89.6%	96.2%	100.9%	99.2%	111.6%	98.1%	97.1%	97.1%	97.2%	108.8%	98.6%	98.0%	102.8%	99.8%
7 MSA + 4	Fort Collins	135.7%	137.1%	118.1%	103.7%	111.5%	100.4%	97.8%	100.6%	100.6%	97.2%	89.6%	106.8%	109.3%	100.9%	105.7%
7 MSA + 4	Grand Junction	87.9%	96.7%	104.0%	63.9%	68.6%	64.2%	101.8%	101.0%	101.0%	104.3%	75.9%	84.7%	87.1%	88.7%	86.9%
7 MSA + 4	Greeley	135.0%	135.2%	151.3%	141.4%	124.2%	121.3%	96.7%	101.7%	101.7%	98.4%	96.8%	117.2%	114.1%	114.7%	115.4%
7 MSA + 4	Pueblo	91.4%	107.2%	84.6%	106.6%	114.6%	116.7%	83.7%	84.8%	84.8%	84.2%	87.6%	92.8%	98.1%	93.3%	94.7%
7 MSA + 4	Southeast	94.2%	94.3%	99.0%	84.7%	91.3%	86.3%	100.9%	99.2%	99.2%	107.6%	76.2%	91.4%	92.3%	94.7%	92.8%
7 MSA + 4	Northeast	137.8%	141.9%	129.7%	133.8%	129.4%	115.0%	103.4%	108.1%	108.1%	113.8%	83.3%	115.0%	116.1%	111.9%	114.3%
7 MSA + 4	West	103.2%	109.1%	114.7%	87.4%	89.5%	85.1%	110.6%	110.3%	110.3%	108.8%	74.4%	97.3%	98.3%	97.7%	97.8%
7 MSA + 4	Resort	160.3%	146.1%	143.9%	191.8%	177.8%	138.6%	149.1%	152.8%	152.8%	165.2%	85.0%	152.4%	146.8%	139.6%	146.3%
7 MSA + 2	East	106.4%	107.9%	107.3%	98.8%	102.5%	94.7%	101.7%	101.8%	101.8%	109.5%	78.3%	98.1%	99.2%	99.6%	99.0%
7 MSA + 2	West	119.7%	118.6%	122.2%	115.0%	110.9%	96.9%	122.6%	122.7%	122.7%	125.1%	77.8%	112.8%	111.0%	108.7%	110.9%
7 MSA + 1	Non-MSA	115.5%	115.4%	117.8%	109.9%	108.3%	96.2%	116.8%	117.0%	117.0%	120.7%	78.0%	108.5%	107.6%	106.1%	107.4%
6 MSA + 2	West	110.4%	111.8%	116.7%	95.3%	95.0%	84.3%	116.1%	115.8%	115.8%	118.5%	77.0%	103.2%	102.8%	101.9%	102.6%
RCCO	Region 1	116.2%	115.2%	117.3%	97.3%	98.5%	87.9%	111.3%	111.6%	111.6%	112.7%	80.4%	103.9%	103.5%	101.4%	102.9%
RCCO	Region 2	133.7%	133.3%	141.6%	134.7%	122.6%	116.1%	100.2%	103.1%	103.1%	103.1%	94.1%	115.8%	113.0%	112.6%	113.8%
RCCO	Region 3	91.4%	87.8%	92.0%	110.3%	110.4%	120.0%	100.2%	98.6%	98.6%	98.7%	110.0%	102.3%	101.6%	104.9%	102.9%
RCCO	Region 4	92.5%	108.7%	95.0%	93.3%	100.7%	93.3%	89.4%	92.2%	92.2%	94.0%	81.5%	90.2%	96.2%	93.3%	93.2%
RCCO	Region 5	74.5%	79.1%	84.8%	79.8%	77.7%	100.0%	95.3%	96.1%	96.1%	95.6%	110.7%	88.9%	89.9%	97.3%	92.0%
RCCO	Region 6	100.3%	107.5%	103.8%	94.3%	93.6%	94.8%	96.5%	96.8%	96.8%	96.1%	104.6%	98.4%	99.5%	98.9%	98.9%

# Colorado Study of Health Cost by Geographic Region

## Appendix 6: Claim Categorization and Units Methodology:

### High Level: Inpatient, Outpatient, Professional, & Pharmacy:

For the study medical claims were bucketed at a high level into inpatient, outpatient or professional. Claims were first split between those that included a revenue code and those that did not. Claims lacking a revenue code were bucketed as professional. Claims with a revenue code for a room and board charge (revenue codes: 100 – 219) or with a MS-DRG code or with a place of service as Inpatient Hospital (21) , Skilled Nursing Facility(31), Nursing Facility(32), Custodial Care Facility(33), Hospice(34), Inpatient Psychiatric Facility(51), Psychiatric Residential Treatment Center(56), or Comprehensive Inpatient Rehabilitation Facility(61) were marked as inpatient, with the remaining marked as outpatient.

The results of this high level bucketing were compared to the Claim\_Type\_Cd provided by the Center for Improving Value in Health Care (CIVHC). It was found for 99.91% of the claims the Miller & Newberg, high level bucketing agreed with CIVHC’s Claim\_Type\_Cd, due to this high correlation the Claim\_Type\_Cd was deemed reasonable to be used in this study.

For pharmacy, all claims from CIVHC’s pharmacy tables were categorized as Pharmacy.

### Benefit Detail Bucketing:

Inpatient, outpatient, professional, and pharmacy claims were broken down into 26 benefit detail categories.

Inpatient claims were split into 4 categories using the MS-DRG descriptions from CMS version 27 table. A hierarchy was used to force a claim into only a single category in the cases where a claim had multiple MS-DRG codes.

Hierarchy	Category
1	Delivery/Newborn
2	Inpatient Surgery
3	Mental Health Inpatient
4	Inpatient Medical

Outpatient claims were split into 10 categories, using a mixture of revenue codes, procedure code, (Current Procedural Terminology (CPT) codes) and Health Care Financing Administration Common Procedure Coding System (HCPCS)), and Berenson-Eggers Type of Service (BETOS). A hierarchy was used to identify claims into a single category in the cases when a claim had multiple categories.

Hierarchy	Category	Coding Used
1	Emergency Room	Revenue/ Procedure
2	Outpatient Surgery	Revenue/ Procedure
3	Observation	Revenue/ Procedure
4	Advanced Imaging	BETOS



## Colorado Study of Health Cost by Geographic Region

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5	Imaging	BETOS
6	Lab/Pathology	Revenue/ Procedure
7	Therapy (PT/OT/ST)	Revenue/ Procedure
8	DME/Prosthetics/Supplies (OP)	BETOS
9	Mental Health Outpatient	Revenue/ Procedure
10	Other Outpatient	All Others

Professional claims were split into 9 categories, using a mixture of procedure codes, place of service codes, and BETOS. A hierarchy was used to identify a claim into a single category in cases where a claim satisfied multiple categories.

Hierarchy	Category	Coding Used
1	Ambulance - Air	Procedure
2	Ambulance - Land	Procedure
3	Mental Health Professional	Procedure OR Place of Service
4	DME/Prosthetics/Supplies (P)	BETOS
5	Facility Surgical Visit	Procedure AND Place of Service
6	Office Surgical Visit	Procedure AND Place of Service
7	Facility Visit	Place of Service
8	Office Visit	Place of Service
9	Other Professional	All Others

Pharmacy claims were split into 3 categories, specialty, brand, or generic. The 2012 Optum specialty drug list was used to define specialty category along with marking any National Drug Codes (NDC) where the cost per 30 days was greater than \$1,000. Non-specialty drugs were then further identified between brand and generic using the Generic\_Ind field provided by CIVHC.

### Units Methodology:

For units, medical claims were combined such that all claims assigned to the same member composite ID, and admitted on the same date to the same service provider with the same high level categorization were counted as a single unit. Units for pharmacy claims were counted such that each script filled was counted as a single unit.

# Colorado Study of Health Cost by Geographic Region

## Appendix 7: Unit Cost and Utilization (State Total / Resort Region)

High Level	Category	2011																	
		Total Cost per Member per Year			Units per 1,000 Members per Year			Cost per Unit			Total Cost per Member per Year			Units per 1,000 Members per Year			Cost per Unit		
		All	Regions	Resort	All	Regions	Resort	All	Regions	Resort	All	Regions	Resort	All	Regions	Resort	All	Regions	Resort
IP	Delivery/Newborn	\$103	\$134	\$134	12.5	12.1	12.1	\$8,247	\$11,117	\$11,117	10.7	8.2	8.2	\$88	\$101	\$101	\$8230	\$12,354	\$12,354
IP	Inpatient Surgery	\$362	\$433	\$433	9.8	8.8	\$36,998	\$49,162	\$49,162	10.7	10.1	10.1	\$361	\$443	\$443	\$33,785	\$43,673	\$43,673	
IP	Inpatient Medical	\$240	\$451	\$451	13.7	15.4	\$17,533	\$29,248	\$29,248	14.2	16.1	16.1	\$252	\$448	\$448	\$17,769	\$27,777	\$27,777	
<b>IP</b>	<b>Total</b>	<b>\$711</b>	<b>\$1,021</b>	<b>\$1,021</b>	<b>36.8</b>	<b>36.8</b>	<b>\$19,298</b>	<b>\$27,730</b>	<b>\$27,730</b>	<b>36.5</b>	<b>35.4</b>	<b>35.4</b>	<b>\$707</b>	<b>\$998</b>	<b>\$998</b>	<b>\$19,361</b>	<b>\$28,195</b>	<b>\$28,195</b>	
OP	Emergency Room	\$215	\$208	\$208	107.9	86.1	\$1,992	\$2,413	\$2,413	104.6	81.6	81.6	\$189	\$192	\$192	\$1,811	\$2,356	\$2,356	
OP	Outpatient Surgery	\$370	\$620	\$620	102.0	97.8	\$3,624	\$6,335	\$6,335	116.4	119.4	119.4	\$391	\$825	\$825	\$3,359	\$6,908	\$6,908	
OP	Advanced Imaging	\$65	\$107	\$107	30.2	40.9	\$2,168	\$2,616	\$2,616	32.0	39.6	39.6	\$68	\$110	\$110	\$2,110	\$2,782	\$2,782	
OP	Imaging	\$84	\$119	\$119	162.4	188.1	\$519	\$634	\$634	169.3	201.3	201.3	\$84	\$135	\$135	\$495	\$670	\$670	
OP	Lab/Pathology	\$63	\$89	\$89	146.3	159.1	\$431	\$561	\$561	174.0	184.3	184.3	\$63	\$124	\$124	\$364	\$671	\$671	
OP	Therapy (PT/OT/ST)	\$16	\$69	\$69	31.2	81.6	\$501	\$848	\$848	37.0	88.3	88.3	\$18	\$84	\$84	\$492	\$950	\$950	
OP	Other Outpatient	\$81	\$165	\$165	67.9	67.4	\$1,189	\$2,446	\$2,446	97.6	111.4	111.4	\$112	\$361	\$361	\$1,144	\$3,241	\$3,241	
<b>OP Total</b>	<b>Total</b>	<b>\$911</b>	<b>\$1,389</b>	<b>\$1,389</b>	<b>659.6</b>	<b>728.2</b>	<b>\$1,381</b>	<b>\$1,907</b>	<b>\$1,907</b>	<b>747.2</b>	<b>833.3</b>	<b>833.3</b>	<b>\$946</b>	<b>\$1,869</b>	<b>\$1,869</b>	<b>\$1,266</b>	<b>\$2,242</b>	<b>\$2,242</b>	
Professional	Ambulance - Land	\$13	\$21	\$21	11.1	11.5	\$1,148	\$1,819	\$1,819	12.7	13.7	13.7	\$14	\$20	\$20	\$1,125	\$1,477	\$1,477	
Professional	Mental Health Professional	\$20	\$9	\$9	179.2	66.1	\$110	\$130	\$130	175.3	84.6	84.6	\$21	\$11	\$11	\$119	\$134	\$134	
Professional	DME/Prosthetics/Suppl	\$49	\$67	\$67	173.5	167.8	\$282	\$402	\$402	174.8	171.8	171.8	\$52	\$73	\$73	\$298	\$423	\$423	
Professional	Facility Surgical Visit	\$162	\$322	\$322	166.8	176.8	\$972	\$1,823	\$1,823	172.7	187.6	187.6	\$166	\$358	\$358	\$963	\$1,906	\$1,906	
Professional	Office Surgical Visit	\$83	\$111	\$111	247.5	265.8	\$334	\$419	\$419	242.7	256.4	256.4	\$80	\$108	\$108	\$329	\$420	\$420	
Professional	Facility Visit	\$584	\$714	\$714	3670.5	3360.6	\$159	\$213	\$213	3594.9	3187.4	3187.4	\$565	\$688	\$688	\$157	\$216	\$216	
Professional	Office Visit	\$260	\$602	\$602	895.1	784.3	\$291	\$767	\$767	895.5	704.7	704.7	\$211	\$281	\$281	\$235	\$399	\$399	
Professional	Other Professional	\$85	\$73	\$73	806.6	845.7	\$105	\$86	\$86	801.5	754.7	754.7	\$83	\$74	\$74	\$104	\$98	\$98	
<b>Professional Total</b>	<b>Total</b>	<b>\$1,261</b>	<b>\$1,922</b>	<b>\$1,922</b>	<b>6,150.5</b>	<b>5,678.8</b>	<b>\$205</b>	<b>\$338</b>	<b>\$338</b>	<b>6,070.4</b>	<b>5,361.0</b>	<b>5,361.0</b>	<b>\$1,197</b>	<b>\$1,614</b>	<b>\$1,614</b>	<b>\$197</b>	<b>\$301</b>	<b>\$301</b>	
Pharmacy	Generic	\$171	\$135	\$135	5877.0	5198.8	\$29	\$26	\$26	5333.0	4519.8	4519.8	\$151	\$15	\$15	\$28	\$25	\$25	
Pharmacy	Brand	\$288	\$191	\$191	1693.1	1321.9	\$170	\$145	\$145	1774.7	1383.4	1383.4	\$287	\$186	\$186	\$162	\$134	\$134	
Pharmacy	Specialty	\$167	\$133	\$133	95.2	85.8	\$1,750	\$1,554	\$1,554	93.3	79.4	79.4	\$139	\$110	\$110	\$1,487	\$1,384	\$1,384	
<b>Pharmacy Total</b>	<b>Total</b>	<b>\$625</b>	<b>\$460</b>	<b>\$460</b>	<b>7,665.3</b>	<b>6,606.6</b>	<b>\$82</b>	<b>\$70</b>	<b>\$70</b>	<b>7,201.0</b>	<b>5,982.5</b>	<b>5,982.5</b>	<b>\$577</b>	<b>\$410</b>	<b>\$410</b>	<b>\$80</b>	<b>\$69</b>	<b>\$69</b>	
<b>Combined</b>	<b>Total</b>	<b>\$3,508</b>	<b>\$4,792</b>	<b>\$4,792</b>						<b>\$3,428</b>	<b>\$4,891</b>	<b>\$4,891</b>							

**Appendix C: 2014 Medical Individual Premiums – all Tiers  
(40 year old example)**

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## Health Insurance Premiums Approved for Plans in 2014 COLORADO DIVISION OF INSURANCE

Market: Individual  
Metal level: Bronze  
Age: 40 year old

ON Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	Navigate	EPO					\$333.89	\$364.14							\$329.16	\$358.98	\$347.35	\$378.81	\$433.91	\$473.22	\$428.46	\$467.28		
Cigna	Denver LocalPlus	PPO					\$270.17	\$296.50																
Colorado Choice	CCHP Network	HMO			\$206.69	\$210.79	\$230.45	\$235.02	\$280.34	\$285.90			\$285.09	\$290.74			\$237.57	\$242.29	\$280.34	\$285.90	\$289.07	\$289.07	\$349.31	\$349.31
COOP	CoOpCentralMetro	EPO	\$198.23	\$198.23			\$203.41	\$203.41					\$216.03	\$216.03					\$267.95	\$267.95	\$289.07	\$289.07	\$349.31	\$349.31
	CoOpStateWideOne	PPO	\$228.51	\$228.51	\$230.36	\$230.36	\$234.64	\$234.64	\$258.48	\$258.48	\$307.32	\$307.32	\$249.55	\$249.55	\$253.09	\$253.09	\$241.81	\$241.81	\$310.68	\$310.68	\$335.49	\$335.49	\$406.11	\$406.11
HMO Colorado	Pathway x Enhanced	HMO	\$254.28	\$292.78	\$243.50	\$280.35	\$259.74	\$299.05	\$273.93	\$315.38	\$291.73	\$335.90	\$291.05	\$335.10	\$288.28	\$331.91	\$286.71	\$330.11	\$364.63	\$419.82	\$327.45	\$377.02	\$403.12	\$464.14
	Pathway x Enhanced (2)	HMO	\$261.03	\$261.03	\$249.96	\$249.96	\$266.63	\$266.63	\$281.20	\$281.20	\$299.47	\$299.47	\$298.77	\$298.77	\$295.92	\$295.92	\$294.32	\$294.32	\$374.30	\$374.30	\$336.14	\$336.14	\$413.82	\$413.82
Humana Health Plan	Colorado HMOx	HMO			\$213.54	\$230.17	\$220.78	\$237.97																
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$186.20	\$227.71	\$204.82	\$250.48	\$186.20	\$227.71	\$176.89	\$216.32			\$176.89	\$216.32	\$223.44	\$273.25	\$223.44	\$273.25	\$176.89	\$216.32				
	Kaiser Permanente Northern Colorado	HMO	\$186.20	\$227.71	\$204.82	\$250.48	\$186.20	\$227.71	\$176.89	\$216.32			\$176.89	\$216.32	\$223.44	\$273.25	\$223.44	\$273.25	\$176.89	\$216.32				
	Kaiser Permanente Southern Colorado	HMO	\$186.20	\$227.71	\$204.82	\$250.48	\$186.20	\$227.71	\$176.89	\$216.32			\$176.89	\$216.32	\$223.44	\$273.25	\$223.44	\$273.25	\$176.89	\$216.32				
New Ventures	Access Health Colorado	PPO	\$359.57	\$365.31	\$325.64	\$330.85	\$355.76	\$361.45	\$387.41	\$393.60	\$393.99	\$400.28	\$390.11	\$396.35	\$296.62	\$301.36	\$343.24	\$348.73	\$400.53	\$406.93	\$462.67	\$470.07	\$516.23	\$524.49
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$322.53	\$338.57	\$249.89	\$262.31	\$281.85	\$295.87	\$351.59	\$369.07	\$249.89	\$262.31	\$337.06	\$353.81	\$322.53	\$338.57	\$308.01	\$323.32	\$395.17	\$414.83	\$293.48	\$308.06	\$406.80	\$427.02
	Rocky Mountain HMO Mesa County Provider Network	HMO	\$325.62	\$342.27	\$252.28	\$265.19	\$284.55	\$299.10	\$354.95	\$373.10	\$252.28	\$265.19	\$340.28	\$357.69	\$325.62	\$342.27	\$310.95	\$326.85	\$398.95	\$419.35	\$296.28	\$311.44	\$410.69	\$431.70
	Rocky Mountain HMO New West Provider Network	HMO	\$305.26	\$320.69	\$236.51	\$248.46	\$266.77	\$280.24	\$332.77	\$349.57	\$236.51	\$248.46	\$319.01	\$335.13	\$305.26	\$320.69	\$291.51	\$306.23	\$374.02	\$392.91	\$277.76	\$291.79	\$385.02	\$404.46
	Rocky Mountain HMO Statewide Provider Network	PPO	\$339.18	\$356.45	\$262.80	\$276.18	\$296.41	\$311.50	\$369.74	\$388.56	\$262.80	\$276.18	\$354.47	\$372.51	\$339.18	\$356.45	\$323.91	\$340.40	\$415.58	\$436.73	\$308.62	\$324.34	\$427.80	\$449.57

OFF Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Cigna	Denver LocalPlus	PPO					\$270.17	\$296.50																
Colorado Choice	CCHP Network	HMO			\$206.69	\$210.79	\$230.45	\$235.02	\$280.34	\$285.90			\$285.09	\$290.74			\$237.57	\$242.29	\$280.34	\$285.90	\$289.07	\$289.07	\$349.31	\$349.31
COOP	CoOpCentralMetro	EPO	\$198.23	\$198.23			\$203.41	\$203.41					\$216.03	\$216.03					\$267.95	\$267.95	\$289.07	\$289.07	\$349.31	\$349.31
	CoOpStateWideOne	PPO	\$228.51	\$228.51	\$230.36	\$230.36	\$234.64	\$234.64	\$258.48	\$258.48	\$307.32	\$307.32	\$249.55	\$249.55	\$253.09	\$253.09	\$241.81	\$241.81	\$310.68	\$310.68	\$335.49	\$335.49	\$406.11	\$406.11
HMO Colorado	Pathway Enhanced	HMO	\$254.28	\$292.78	\$243.50	\$280.35	\$259.74	\$299.05	\$273.93	\$315.38	\$291.73	\$335.90	\$291.05	\$335.10	\$288.28	\$331.91	\$286.71	\$330.11	\$364.63	\$419.82	\$327.45	\$377.02	\$403.12	\$464.14
Humana Health Plan	National POS Open Access	POS	\$352.25	\$396.28	\$290.72	\$327.06	\$307.23	\$345.63																
	Colorado HMOx	HMO			\$214.38	\$231.10	\$221.65	\$238.94																
Humana Insurance Company	National POS Open Access	POS	\$352.25	\$396.28	\$290.72	\$327.06	\$307.23	\$345.63																
	Humana ChoiceCare Network PPO	PPO			\$318.43	\$358.23	\$348.01	\$391.51	\$369.87	\$416.11	\$349.88	\$393.61	\$396.14	\$445.66	\$396.25	\$445.78	\$386.73	\$435.07	\$410.81	\$462.16	\$380.87	\$428.48		
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$193.65	\$235.12	\$213.02	\$258.63	\$193.65	\$235.12	\$183.97	\$223.36			\$183.97	\$223.36	\$232.38	\$282.14	\$232.38	\$282.14	\$183.97	\$223.36				
	Kaiser Permanente Northern Colorado	HMO	\$193.65	\$235.12	\$213.02	\$258.63	\$193.65	\$235.12	\$183.97	\$223.36			\$183.97	\$223.36	\$232.38	\$282.14	\$232.38	\$282.14	\$183.97	\$223.36				
	Kaiser Permanente Southern Colorado	HMO	\$193.65	\$235.12	\$213.02	\$258.63	\$193.65	\$235.12	\$183.97	\$223.36			\$183.97	\$223.36	\$232.38	\$282.14	\$232.38	\$282.14	\$183.97	\$223.36				
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$322.53	\$338.57	\$249.89	\$262.31	\$281.85	\$295.87	\$351.59	\$369.07	\$249.89	\$262.31	\$337.06	\$353.81	\$322.53	\$338.57	\$308.01	\$323.32	\$395.17	\$414.83	\$293.48	\$308.06	\$406.80	\$427.02
	Rocky Mountain HMO New West Provider Network	HMO	\$305.26	\$320.69	\$236.51	\$248.46	\$266.77	\$280.24	\$332.77	\$349.57	\$236.51	\$248.46	\$319.01	\$335.13	\$305.26	\$320.69	\$291.51	\$306.23	\$374.02	\$392.91	\$277.76	\$291.79	\$385.02	\$404.46
	Rocky Mountain HMO Statewide Provider Network	PPO	\$339.18	\$356.45	\$262.80	\$276.18	\$296.41	\$311.50	\$369.74	\$388.56	\$262.80	\$276.18	\$354.47	\$372.51	\$339.18	\$356.45	\$323.91	\$340.40	\$415.58	\$436.73	\$308.62	\$324.34	\$427.80	\$449.57
Time Insurance Company	Aetna Signature Administrators	PPO	\$282.27	\$298.20	\$231.68	\$244.74	\$284.93	\$301.01	\$310.39	\$327.90	\$289.47	\$305.79	\$288.04	\$304.28	\$335.45	\$354.36	\$312.64	\$330.29	\$344.31	\$363.73	\$338.29	\$357.37	\$362.70	\$383.17
	GWH Cigna PPO	PPO	\$284.80	\$300.88	\$233.76	\$246.96	\$287.49	\$303.72	\$348.02	\$367.67	\$324.56	\$342.87	\$293.76	\$310.34	\$334.81	\$353.71	\$312.06	\$329.67	\$351.17	\$370.98	\$379.30	\$400.72	\$406.69	\$429.63



# Health Insurance Premiums Approved for Plans in 2014

## COLORADO DIVISION OF INSURANCE

Market: Individual  
Metal level: Silver  
Age: 40 year old

ON Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	Navigate	EPO					\$380.64	\$388.49							\$375.25	\$382.99	\$395.98	\$404.15	\$494.66	\$504.87	\$488.44	\$498.52		
Cigna	Denver LocalPlus	PPO					\$318.17	\$356.88																
Colorado Choice	CCHP Network	HMO			\$264.08	\$272.45	\$294.43	\$303.76	\$358.18	\$369.53			\$364.25	\$375.79			\$303.54	\$313.16	\$358.18	\$369.53				
COOP	CoOpCentralMetro	EPO	\$265.96	\$265.96			\$272.89	\$272.89	\$299.68	\$299.68			\$289.69	\$289.69					\$357.07	\$357.07	\$384.08	\$384.08	\$461.90	\$461.90
	CoOpStateWideOne	PPO	\$306.10	\$306.10	\$308.50	\$308.50	\$314.07	\$314.07	\$344.86	\$344.86	\$407.83	\$407.83	\$333.38	\$333.38	\$337.94	\$337.94	\$323.37	\$323.37	\$412.19	\$412.19	\$444.15	\$444.15	\$533.67	\$533.67
Denver Health	DHMP Closed network	HMO					\$318.91	\$318.91																
	DHMP Expanded network	HMO					\$274.83	\$274.83																
HMO Colorado	Pathway x Enhanced	HMO	\$312.98	\$347.23	\$299.72	\$332.50	\$319.70	\$354.68	\$337.16	\$374.05	\$359.08	\$398.37	\$358.24	\$397.43	\$354.82	\$393.65	\$352.91	\$391.52	\$448.81	\$497.91	\$403.06	\$447.15	\$496.18	\$550.47
Humana Health Plan	Colorado HMOx	HMO			\$242.16	\$245.65	\$250.38	\$253.98																
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$245.16	\$260.68	\$269.68	\$286.75	\$245.16	\$260.68	\$232.91	\$247.65			\$232.91	\$247.65	\$294.20	\$312.82	\$294.20	\$312.82	\$232.91	\$247.65				
	Kaiser Permanente Northern Colorado	HMO	\$245.16	\$260.68	\$269.68	\$286.75	\$245.16	\$260.68	\$232.91	\$247.65			\$232.91	\$247.65	\$294.20	\$312.82	\$294.20	\$312.82	\$232.91	\$247.65				
	Kaiser Permanente Southern Colorado	HMO	\$245.16	\$260.68	\$269.68	\$286.75	\$245.16	\$260.68	\$232.91	\$247.65			\$232.91	\$247.65	\$294.20	\$312.82	\$294.20	\$312.82	\$232.91	\$247.65				
New Ventures	Access Health Colorado	PPO	\$458.90	\$464.65	\$415.60	\$420.80	\$454.04	\$459.73	\$494.43	\$500.62	\$502.82	\$509.12	\$497.88	\$504.12	\$378.56	\$383.30	\$438.06	\$443.55	\$511.18	\$517.58	\$590.49	\$597.89	\$658.84	\$667.10
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$364.47	\$401.47	\$282.39	\$311.05	\$318.50	\$350.84	\$397.30	\$437.64	\$282.39	\$311.05	\$380.88	\$419.55	\$364.47	\$401.47	\$348.05	\$383.39	\$446.56	\$491.89	\$331.63	\$365.30	\$459.70	\$506.36
	Rocky Mountain HMO Mesa County Provider Network	HMO	\$368.17	\$427.99	\$285.25	\$331.59	\$321.74	\$374.01	\$401.34	\$466.55	\$285.25	\$331.59	\$384.75	\$447.27	\$368.17	\$427.99	\$351.59	\$408.70	\$451.10	\$524.39	\$335.00	\$389.43	\$464.36	\$539.80
	Rocky Mountain HMO New West Provider Network	HMO	\$353.98	\$380.50	\$274.26	\$294.81	\$309.34	\$332.51	\$385.88	\$414.79	\$274.26	\$294.81	\$369.93	\$397.64	\$353.98	\$380.50	\$338.04	\$363.36	\$433.71	\$466.20	\$322.09	\$346.22	\$446.47	\$479.91
	Rocky Mountain HMO Statewide Provider Network	PPO	\$383.59	\$445.87	\$297.20	\$345.46	\$335.21	\$389.64	\$418.15	\$486.04	\$297.20	\$345.46	\$400.87	\$465.96	\$383.59	\$445.87	\$366.31	\$425.79	\$469.98	\$546.29	\$349.03	\$405.70	\$483.80	\$562.36

OFF Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Cigna	Denver LocalPlus	PPO					\$318.17	\$356.88																
Colorado Choice	CCHP Network	HMO			\$264.08	\$272.45	\$294.43	\$303.76	\$358.18	\$369.53			\$364.25	\$375.79			\$303.54	\$313.16	\$358.18	\$369.53				
COOP	CoOpCentralMetro	EPO	\$265.96	\$265.96			\$272.89	\$272.89	\$299.68	\$299.68			\$289.69	\$289.69					\$357.07	\$357.07	\$384.08	\$384.08	\$461.90	\$461.90
	CoOpStateWideOne	PPO	\$306.10	\$306.10	\$308.50	\$308.50	\$314.07	\$314.07	\$344.86	\$344.86	\$407.83	\$407.83	\$333.38	\$333.38	\$337.94	\$337.94	\$323.37	\$323.37	\$412.19	\$412.19	\$444.15	\$444.15	\$533.67	\$533.67
HMO Colorado	Pathway Enhanced	HMO	\$312.98	\$347.23	\$299.72	\$332.50	\$319.70	\$354.68	\$337.16	\$374.05	\$359.08	\$398.37	\$358.24	\$397.43	\$354.82	\$393.65	\$352.91	\$391.52	\$448.81	\$497.91	\$403.06	\$447.15	\$496.18	\$550.47
Humana Health Plan	National POS Open Access	POS	\$407.28	\$414.42	\$336.14	\$342.03	\$355.22	\$361.45																
	Colorado HMOx	HMO			\$243.15	\$246.63	\$251.39	\$254.99																
Humana Insurance Company	National POS Open Access	POS	\$407.28	\$414.42	\$336.14	\$342.03	\$355.22	\$361.45																
	Humana ChoiceCare Network PPO	PPO					\$368.18	\$374.64	\$402.39	\$409.45	\$427.66	\$435.17	\$404.55	\$411.65	\$458.04	\$466.07	\$458.16	\$466.20	\$447.15	\$455.00	\$475.00	\$483.33	\$440.38	\$448.11
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$252.31	\$267.76	\$277.54	\$294.54	\$252.31	\$267.76	\$239.69	\$254.37			\$239.69	\$254.37	\$302.77	\$321.31	\$302.77	\$321.31	\$239.69	\$254.37				
	Kaiser Permanente Northern Colorado	HMO	\$252.31	\$267.76	\$277.54	\$294.54	\$252.31	\$267.76	\$239.69	\$254.37			\$239.69	\$254.37	\$302.77	\$321.31	\$302.77	\$321.31	\$239.69	\$254.37				
	Kaiser Permanente Southern Colorado	HMO	\$252.31	\$267.76	\$277.54	\$294.54	\$252.31	\$267.76	\$239.69	\$254.37			\$239.69	\$254.37	\$302.77	\$321.31	\$302.77	\$321.31	\$239.69	\$254.37				
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$364.47	\$401.47	\$282.39	\$311.05	\$318.50	\$350.84	\$397.30	\$437.64	\$282.39	\$311.05	\$380.88	\$419.55	\$364.47	\$401.47	\$348.05	\$383.39	\$446.56	\$491.89	\$331.63	\$365.30	\$459.70	\$506.36
	Rocky Mountain HMO New West Provider Network	HMO	\$353.98	\$380.50	\$274.26	\$294.81	\$309.34	\$332.51	\$385.88	\$414.79	\$274.26	\$294.81	\$369.93	\$397.64	\$353.98	\$380.50	\$338.04	\$363.36	\$433.71	\$466.20	\$322.09	\$346.22	\$446.47	\$479.91
	Rocky Mountain HMO Statewide Provider Network	PPO	\$383.59	\$445.87	\$297.20	\$345.46	\$335.21	\$389.64	\$418.15	\$486.04	\$297.20	\$345.46	\$400.87	\$465.96	\$383.59	\$445.87	\$366.31	\$425.79	\$469.98	\$546.29	\$349.03	\$405.70	\$483.80	\$562.36
Time Insurance Company	Aetna Signature Administrators	PPO	\$341.93	\$355.85	\$280.64	\$292.05	\$345.15	\$359.19	\$376.00	\$391.29	\$350.64	\$364.92	\$348.91	\$363.09	\$406.33	\$422.86	\$378.71	\$394.12	\$417.09	\$434.05	\$409.79	\$426.47	\$439.36	\$457.24
	GWH Cigna PPO	PPO	\$345.00	\$359.04	\$283.15	\$294.69	\$348.26	\$362.44	\$421.59	\$438.74	\$393.16	\$409.16	\$355.86	\$370.34	\$405.59	\$422.09	\$378.02	\$393.41	\$425.40	\$442.70	\$459.48	\$478.16	\$492.63	\$512.68



# Health Insurance Premiums Approved for Plans in 2014

## COLORADO DIVISION OF INSURANCE

**Market: Individual**  
**Metal level: Gold**  
**Age: 40 year old**

ON Exchange Plans			Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 SouthEast		Rating Area 9 NorthEast		Rating Area 10 West		Rating Area 11 Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	Navigate	EPO					\$431.70	\$446.62							\$425.59	\$440.30	\$449.10	\$464.63	\$561.02	\$580.42	\$553.97	\$573.12		
Cigna	Denver LocalPlus	PPO					\$367.32	\$387.07																
Colorado Choice	CCHP Network	HMO			\$299.28	\$303.70	\$333.68	\$338.60	\$405.92	\$411.91			\$412.80	\$418.89			\$344.00	\$349.08	\$405.92	\$411.91				
COOP	CoOpCentralMetro	EPO	\$317.23	\$317.23			\$324.99	\$324.99	\$354.90	\$354.90			\$343.76	\$343.76					\$419.94	\$419.94	\$450.34	\$450.34	\$535.54	\$535.54
	CoOpStateWideTwo	PPO	\$362.20	\$362.20	\$364.94	\$364.94	\$371.27	\$371.27	\$406.24	\$406.24	\$476.35	\$476.35	\$393.22	\$393.22	\$398.39	\$398.39	\$381.84	\$381.84	\$481.10	\$481.10	\$516.15	\$516.15	\$614.54	\$614.54
Denver Health	DHMP Closed network	HMO					\$316.95	\$316.95																
	DHMP Expanded network	HMO					\$364.25	\$364.25																
HMO Colorado	Pathway x Enhanced	HMO	\$429.11	\$429.11	\$410.92	\$410.92	\$438.33	\$438.33	\$462.27	\$462.27	\$492.31	\$492.31	\$491.16	\$491.16	\$486.48	\$486.48	\$483.84	\$483.84	\$615.33	\$615.33	\$552.59	\$552.59	\$680.29	\$680.29
	Pathway x Enhanced (2)	HMO	\$435.86	\$435.86	\$417.38	\$417.38	\$445.22	\$445.22	\$469.54	\$469.54	\$500.06	\$500.06	\$498.88	\$498.88	\$494.13	\$494.13	\$491.44	\$491.44	\$625.01	\$625.01	\$561.28	\$561.28	\$690.99	\$690.99
Humana Health Plan	Colorado HMOx	HMO			\$276.21	\$276.21	\$285.58	\$285.58																
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$287.84	\$306.84	\$316.62	\$337.53	\$287.84	\$306.84	\$273.44	\$291.50			\$273.44	\$291.50	\$345.40	\$368.21	\$345.40	\$368.21	\$273.44	\$291.50				
	Kaiser Permanente Northern Colorado	HMO	\$287.84	\$306.84	\$316.62	\$337.53	\$287.84	\$306.84	\$273.44	\$291.50			\$273.44	\$291.50	\$345.40	\$368.21	\$345.40	\$368.21	\$273.44	\$291.50				
	Kaiser Permanente Southern Colorado	HMO	\$287.84	\$306.84	\$316.62	\$337.53	\$287.84	\$306.84	\$273.44	\$291.50			\$273.44	\$291.50	\$345.40	\$368.21	\$345.40	\$368.21	\$273.44	\$291.50				
New Ventures	Access Health Colorado	PPO	\$533.47	\$539.22	\$483.13	\$488.34	\$527.83	\$533.51	\$574.77	\$580.97	\$584.53	\$590.83	\$578.79	\$585.02	\$440.08	\$444.82	\$509.25	\$514.73	\$594.24	\$600.65	\$686.44	\$693.84	\$765.91	\$774.16
Rocky Mountain HMO	Rocky Mountain HMO Mesa County Provider Network	HMO	\$472.39	\$483.49	\$365.99	\$374.59	\$412.81	\$422.51	\$514.94	\$527.05	\$365.99	\$374.59	\$493.67	\$505.27	\$472.39	\$483.49	\$451.11	\$461.72	\$578.78	\$592.39	\$429.83	\$439.94	\$595.80	\$609.81
	Rocky Mountain HMO Statewide Provider Network	PPO	\$492.13	\$503.84	\$381.29	\$390.37	\$430.06	\$440.30	\$536.47	\$549.23	\$381.29	\$390.37	\$514.29	\$526.54	\$492.13	\$503.84	\$469.96	\$481.14	\$602.96	\$617.33	\$447.79	\$458.46	\$620.70	\$635.47

OFF Exchange Plans			Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 SouthEast		Rating Area 9 NorthEast		Rating Area 10 West		Rating Area 11 Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Cigna	Denver LocalPlus	PPO					\$367.32	\$387.07																
Colorado Choice	CCHP Network	HMO			\$299.28	\$303.70	\$333.68	\$338.60	\$405.92	\$411.91			\$412.80	\$418.89			\$344.00	\$349.08	\$405.92	\$411.91				
COOP	CoOpCentralMetro	EPO	\$317.23	\$317.23			\$324.99	\$324.99	\$354.90	\$354.90			\$343.76	\$343.76					\$419.94	\$419.94	\$450.34	\$450.34	\$535.54	\$535.54
	CoOpStateWideTwo	PPO	\$362.20	\$362.20	\$364.94	\$364.94	\$371.27	\$371.27	\$406.24	\$406.24	\$476.35	\$476.35	\$393.22	\$393.22	\$398.39	\$398.39	\$381.84	\$381.84	\$481.10	\$481.10	\$516.15	\$516.15	\$614.54	\$614.54
HMO Colorado	Pathway Enhanced	HMO	\$429.11	\$435.86	\$410.92	\$417.38	\$438.33	\$445.22	\$462.27	\$469.54	\$492.31	\$500.06	\$491.16	\$498.88	\$486.48	\$494.13	\$483.84	\$491.44	\$615.33	\$625.01	\$552.59	\$561.28	\$680.29	\$690.99
Humana Health Plan	Colorado HMOx	HMO			\$277.31	\$277.31	\$286.71	\$286.71																
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$295.04	\$314.38	\$324.55	\$345.81	\$295.04	\$314.38	\$280.29	\$298.66			\$280.29	\$298.66	\$354.05	\$377.25	\$354.05	\$377.25	\$280.29	\$298.66				
	Kaiser Permanente Northern Colorado	HMO	\$295.04	\$314.38	\$324.55	\$345.81	\$295.04	\$314.38	\$280.29	\$298.66			\$280.29	\$298.66	\$354.05	\$377.25	\$354.05	\$377.25	\$280.29	\$298.66				
	Kaiser Permanente Southern Colorado	HMO	\$295.04	\$314.38	\$324.55	\$345.81	\$295.04	\$314.38	\$280.29	\$298.66			\$280.29	\$298.66	\$354.05	\$377.25	\$354.05	\$377.25	\$280.29	\$298.66				
Rocky Mountain HMO	Rocky Mountain HMO Statewide Provider Network	PPO	\$492.13	\$503.84	\$381.29	\$390.37	\$430.06	\$440.30	\$536.47	\$549.23	\$381.29	\$390.37	\$514.29	\$526.54	\$492.13	\$503.84	\$469.96	\$481.14	\$602.96	\$617.33	\$447.79	\$458.46	\$620.70	\$635.47
Time Insurance Company	Aetna Signature Administrators	PPO	\$410.62	\$425.75	\$337.02	\$349.44	\$414.49	\$429.75	\$451.53	\$468.17	\$421.09	\$436.60	\$419.01	\$434.42	\$487.98	\$505.95	\$454.81	\$471.57	\$500.89	\$519.32	\$492.12	\$510.25	\$527.65	\$547.07
	GWH Cigna PPO	PPO	\$414.33	\$429.59	\$340.05	\$352.59	\$418.23	\$433.64	\$506.29	\$524.94	\$472.16	\$489.55	\$427.35	\$443.08	\$487.07	\$505.01	\$453.97	\$470.69	\$510.85	\$529.67	\$551.80	\$572.12	\$591.62	\$613.40



# Health Insurance Premiums Approved for Plans in 2014

## COLORADO DIVISION OF INSURANCE

Market: Individual  
Metal level: Platinum  
Age: 40 year old

ON Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	Navigate	EPO					\$531.87	\$531.87							\$524.34	\$524.34	\$553.31	\$553.31	\$691.19	\$691.19	\$682.50	\$682.50		
Humana Health Plan	Colorado HMOx	HMO			\$311.40	\$311.40	\$321.96	\$321.96																

OFF Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Humana Health Plan	Colorado HMOx	HMO			\$312.67	\$312.67	\$323.27	\$323.27																
Time Insurance Company	Aetna Signature Administrators	PPO	\$488.85	\$489.41	\$401.23	\$401.68	\$493.47	\$494.02	\$537.57	\$538.18	\$501.32	\$501.90	\$498.83	\$499.39	\$580.94	\$581.61	\$541.46	\$542.08	\$596.30	\$596.97	\$585.89	\$586.55	\$628.16	\$628.88
	GWH Cigna PPO	PPO	\$493.26	\$493.82	\$404.84	\$405.30	\$497.91	\$498.48	\$602.74	\$603.42	\$562.10	\$562.74	\$508.77	\$509.35	\$579.87	\$580.53	\$540.47	\$541.07	\$608.19	\$608.88	\$656.92	\$657.66	\$704.33	\$705.12



# Health Insurance Premiums Approved for Plans in 2014

## COLORADO DIVISION OF INSURANCE

**Market: Individual**  
**Metal level: Catastrophic**  
**Age: 27 year old**

ON Exchange Plans			Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 SouthEast		Rating Area 9 NorthEast		Rating Area 10 West		Rating Area 11 Resort	
Company	Network Name	Plan Type*	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	Navigate	EPO					\$267.36	\$267.36							\$263.57	\$263.57	\$278.14	\$278.14	\$347.45	\$347.45	\$343.08	\$343.08		
Colorado Choice	CCHP Network	HMO			\$166.45	\$166.45	\$185.58	\$185.58	\$225.76	\$225.76			\$229.58	\$229.58			\$191.32	\$191.32	\$225.76	\$225.76				
COOP	CoOpCentralMetro	EPO	\$135.57	\$135.57			\$138.62	\$138.62					\$146.01	\$146.01					\$175.51	\$175.51	\$187.45	\$187.45	\$222.46	\$222.46
	CoOpStateWideTwo	PPO	\$153.27	\$153.27	\$154.32	\$154.32	\$156.76	\$156.76	\$170.24	\$170.24	\$198.20	\$198.20	\$165.22	\$165.22	\$167.22	\$167.22	\$160.84	\$160.84	\$200.16	\$200.16	\$214.54	\$214.54	\$255.50	\$255.50
HMO Colorado	Pathway x Enhanced	HMO	\$177.70	\$177.70	\$170.16	\$170.16	\$181.51	\$181.51	\$191.43	\$191.43	\$203.87	\$203.87	\$203.39	\$203.39	\$201.46	\$201.46	\$200.36	\$200.36	\$254.81	\$254.81	\$228.83	\$228.83	\$281.71	\$281.71
Humana Health Plan	Colorado HMOx	HMO			\$139.14	\$139.14	\$143.86	\$143.86																
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
	Kaiser Permanente Northern Colorado	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
	Kaiser Permanente Southern Colorado	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
Rocky Mountain HMO	Rocky Mountain HMO Mesa County Provider Network	HMO	\$263.98	\$270.55	\$204.53	\$209.62	\$230.69	\$236.43	\$287.76	\$294.93	\$204.53	\$209.62	\$275.88	\$282.74	\$263.98	\$270.55	\$252.09	\$258.37	\$323.43	\$331.49	\$240.20	\$246.19	\$332.95	\$341.24
	Rocky Mountain HMO Statewide Provider Network	PPO	\$275.11	\$281.68	\$213.14	\$218.24	\$240.41	\$246.15	\$299.90	\$307.05	\$213.14	\$218.24	\$287.50	\$294.37	\$275.11	\$281.68	\$262.71	\$268.99	\$337.07	\$345.13	\$250.33	\$256.31	\$346.98	\$355.27

OFF Exchange Plans			Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 SouthEast		Rating Area 9 NorthEast		Rating Area 10 West		Rating Area 11 Resort	
Company	Network Name	Plan Type*	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$166.45	\$166.45	\$185.58	\$185.58	\$225.76	\$225.76			\$229.58	\$229.58			\$191.32	\$191.32	\$225.76	\$225.76				
HMO Colorado	Pathway Enhanced	HMO	\$177.70	\$177.70	\$170.16	\$170.16	\$181.51	\$181.51	\$191.43	\$191.43	\$203.87	\$203.87	\$203.39	\$203.39	\$201.46	\$201.46	\$200.36	\$200.36	\$254.81	\$254.81	\$228.83	\$228.83	\$281.71	\$281.71
Humana Health Plan	National POS Open Access	POS	\$240.60	\$240.60	\$198.57	\$198.57	\$209.85	\$209.85																
	Colorado HMOx	HMO			\$139.69	\$139.69	\$144.43	\$144.43																
Humana Insurance Company	National POS Open Access	POS	\$240.60	\$240.60	\$198.57	\$198.57	\$209.85	\$209.85																
	Humana ChoiceCare Network PPO	PPO			\$210.19	\$210.19	\$229.71	\$229.71	\$244.14	\$244.14	\$230.95	\$230.95	\$261.48	\$261.48	\$261.55	\$261.55	\$255.27	\$255.27	\$271.16	\$271.16	\$251.40	\$251.40	\$251.40	\$251.40
Kaiser Foundation Health Plan	Kaiser Permanente DenverBoulder	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
	Kaiser Permanente Northern Colorado	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
	Kaiser Permanente Southern Colorado	HMO	\$154.92	\$154.92	\$170.41	\$170.41	\$154.92	\$154.92	\$147.17	\$147.17			\$147.17	\$147.17	\$185.90	\$185.90	\$185.90	\$185.90	\$147.17	\$147.17				
Rocky Mountain HMO	Rocky Mountain HMO Statewide Provider Network	PPO	\$275.11	\$281.68	\$213.14	\$218.24	\$240.41	\$246.15	\$299.90	\$307.05	\$213.14	\$218.24	\$287.50	\$294.37	\$275.11	\$281.68	\$262.71	\$268.99	\$337.07	\$345.13	\$250.33	\$256.31	\$346.98	\$355.27
Time Insurance Company	Aetna Signature Administrators	PPO	\$190.87	\$190.87	\$156.67	\$156.67	\$192.67	\$192.67	\$209.90	\$209.90	\$195.75	\$195.75	\$194.77	\$194.77	\$226.83	\$226.83	\$211.41	\$211.41	\$232.83	\$232.83	\$228.76	\$228.76	\$245.27	\$245.27
	GWH Cigna PPO	PPO	\$192.60	\$192.60	\$158.07	\$158.07	\$194.41	\$194.41	\$235.35	\$235.35	\$219.47	\$219.47	\$198.65	\$198.65	\$226.42	\$226.42	\$211.03	\$211.03	\$237.47	\$237.47	\$256.50	\$256.50	\$275.01	\$275.01





**Appendix D: 2014 Medical Small Group Premiums – all Tiers (40 year old example)**

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## Health Insurance Premiums Approved for Plans in 2014 COLORADO DIVISION OF INSURANCE

Market: Small Group  
Metal level: Bronze  
Age: 40 year old

On Exchange			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name*	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$245.61	\$250.75	\$273.85	\$279.58	\$333.13	\$340.10			\$338.78	\$345.87			\$282.32	\$288.22	\$333.13	\$340.10				
COOP	CoOpStateWideOne	PPO	\$304.17	\$304.17	\$306.61	\$306.61	\$312.27	\$312.27	\$343.90	\$343.90	\$408.65	\$408.65	\$332.05	\$332.05	\$336.75	\$336.75	\$321.78	\$321.78	\$413.09	\$413.09	\$445.93	\$445.93	\$539.33	\$539.33
	CoOpStateWideTwo	PPO	\$292.95	\$292.95	\$295.28	\$295.28	\$300.69	\$300.69	\$330.93	\$330.93	\$392.65	\$392.65	\$319.62	\$319.62	\$324.10	\$324.10	\$309.79	\$309.79	\$396.89	\$396.89	\$428.19	\$428.19	\$517.14	\$517.14
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$235.84	\$279.46	\$259.42	\$307.40	\$235.84	\$279.46	\$224.04	\$265.48			\$224.04	\$265.48	\$283.00	\$335.35	\$283.00	\$335.35	\$224.04	\$265.48				
	Kaiser Permanente Northern Colorado	HMO	\$235.84	\$279.46	\$259.42	\$307.40	\$235.84	\$279.46	\$224.04	\$265.48			\$224.04	\$265.48	\$283.00	\$335.35	\$283.00	\$335.35	\$224.04	\$265.48				
	Kaiser Permanente Southern Colorado	HMO	\$235.84	\$279.46	\$259.42	\$307.40	\$235.84	\$279.46	\$224.04	\$265.48			\$224.04	\$265.48	\$283.00	\$335.35	\$283.00	\$335.35	\$224.04	\$265.48				
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$391.68	\$413.10	\$303.46	\$320.06	\$342.29	\$361.01	\$426.97	\$450.33	\$303.46	\$320.06	\$409.33	\$431.72	\$391.68	\$413.10	\$374.03	\$394.49	\$479.90	\$506.15	\$356.40	\$375.89	\$494.01	\$521.04
Rocky Mountain HMO	Rocky Mountain HMO CO Springs Health Partners Provider Network	HMO	\$373.38	\$380.69	\$289.29	\$294.95	\$326.29	\$332.68	\$407.02	\$414.98	\$289.29	\$294.95	\$390.20	\$397.84	\$373.38	\$380.69	\$356.56	\$363.54	\$457.47	\$466.43	\$339.74	\$346.39	\$470.93	\$480.14
	Rocky Mountain HMO New West Provider Network	HMO	\$354.11	\$360.75	\$274.36	\$279.51	\$309.45	\$315.26	\$386.02	\$393.25	\$274.36	\$279.51	\$370.07	\$377.01	\$354.11	\$360.75	\$338.16	\$344.51	\$433.87	\$442.01	\$322.21	\$328.25	\$446.64	\$455.01
	Rocky Mountain HMO Statewide Provider Network	HMO	\$378.03	\$400.61	\$292.89	\$310.39	\$330.35	\$350.10	\$412.09	\$436.71	\$292.89	\$310.39	\$395.06	\$418.66	\$378.03	\$400.61	\$361.00	\$382.57	\$463.17	\$490.85	\$343.97	\$364.52	\$476.80	\$505.28
SeeChange	Statewide Cigna PPO	PPO	\$291.77	\$291.77	\$311.75	\$311.75	\$333.07	\$333.07	\$370.70	\$370.70	\$363.04	\$363.04	\$416.33	\$416.33	\$284.77	\$284.77	\$416.33	\$416.33	\$479.61	\$479.61	\$479.61	\$479.61	\$479.61	\$479.61

Off Exchange			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
Company	Network Name*	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$245.61	\$250.75	\$273.85	\$279.58	\$333.13	\$340.10			\$338.78	\$345.87			\$282.32	\$288.22	\$333.13	\$340.10				
COOP	CoOpStateWideOne	PPO	\$304.17	\$304.17	\$306.61	\$306.61	\$312.27	\$312.27	\$343.90	\$343.90	\$408.65	\$408.65	\$332.05	\$332.05	\$336.75	\$336.75	\$321.78	\$321.78	\$413.09	\$413.09	\$445.93	\$445.93	\$539.33	\$539.33
	CoOpStateWideTwo	PPO	\$292.95	\$292.95	\$295.28	\$295.28	\$300.69	\$300.69	\$330.93	\$330.93	\$392.65	\$392.65	\$319.62	\$319.62	\$324.10	\$324.10	\$309.79	\$309.79	\$396.89	\$396.89	\$428.19	\$428.19	\$517.14	\$517.14
HMO Colorado	HMO BluePriority Network	HMO			\$263.68	\$285.99	\$280.88	\$304.65																
Humana Health Plan	Colorado HMOx	HMO			\$239.93	\$284.21	\$233.28	\$276.34																
	National POS Open Access	POS	\$301.07	\$378.66	\$279.83	\$340.98	\$284.29	\$336.67																
Humana Insurance Company	Humana ChoiceCare Network PPO	PPO	\$299.07	\$365.78	\$276.65	\$329.42	\$277.22	\$325.26	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93	\$488.28	\$601.93
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$241.78	\$285.26	\$265.96	\$313.79	\$241.78	\$285.26	\$229.69	\$271.00			\$229.69	\$271.00	\$290.13	\$342.31	\$290.13	\$342.31	\$229.69	\$271.00				
	Kaiser Permanente Northern Colorado	HMO	\$241.78	\$285.26	\$265.96	\$313.79	\$241.78	\$285.26	\$229.69	\$271.00			\$229.69	\$271.00	\$290.13	\$342.31	\$290.13	\$342.31	\$229.69	\$271.00				
	Kaiser Permanente Southern Colorado	HMO	\$241.78	\$285.26	\$265.96	\$313.79	\$241.78	\$285.26	\$229.69	\$271.00			\$229.69	\$271.00	\$290.13	\$342.31	\$290.13	\$342.31	\$229.69	\$271.00				
RMHMS	PPO Statewide Network	PPO	\$276.92	\$315.87	\$274.63	\$313.26	\$295.41	\$336.97	\$322.00	\$367.30	\$294.83	\$336.32	\$342.03	\$390.15	\$283.65	\$323.55	\$289.88	\$330.66	\$366.96	\$418.60	\$330.18	\$376.64	\$405.07	\$462.07
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$391.68	\$413.10	\$303.46	\$320.06	\$342.29	\$361.01	\$426.97	\$450.33	\$303.46	\$320.06	\$409.33	\$431.72	\$391.68	\$413.10	\$374.03	\$394.49	\$479.90	\$506.15	\$356.40	\$375.89	\$494.01	\$521.04
Rocky Mountain HMO	Rocky Mountain HMO CO Springs Health Partners Provider Network	HMO	\$373.38	\$380.69	\$289.29	\$294.95	\$326.29	\$332.68	\$407.02	\$414.98	\$289.29	\$294.95	\$390.20	\$397.84	\$373.38	\$380.69	\$356.56	\$363.54	\$457.47	\$466.43	\$339.74	\$346.39	\$470.93	\$480.14
	Rocky Mountain HMO New West Provider Network	HMO	\$354.11	\$360.75	\$274.36	\$279.51	\$309.45	\$315.26	\$386.02	\$393.25	\$274.36	\$279.51	\$370.07	\$377.01	\$354.11	\$360.75	\$338.16	\$344.51	\$433.87	\$442.01	\$322.21	\$328.25	\$446.64	\$455.01
	Rocky Mountain HMO Statewide Provider Network	HMO	\$378.03	\$400.61	\$292.89	\$310.39	\$330.35	\$350.10	\$412.09	\$436.71	\$292.89	\$310.39	\$395.06	\$418.66	\$378.03	\$400.61	\$361.00	\$382.57	\$463.17	\$490.85	\$343.97	\$364.52	\$476.80	\$505.28
SeeChange	Statewide Cigna PPO	PPO	\$280.11	\$291.77	\$299.30	\$311.75	\$319.76	\$333.07	\$355.90	\$370.70	\$348.54	\$363.04	\$399.70	\$416.33	\$273.40	\$284.77	\$399.70	\$416.33	\$399.70	\$416.33	\$460.46	\$479.61	\$460.46	\$479.61
UnitedHealthcare Insurance Company	Choice	EPO	\$394.80	\$411.50	\$392.18	\$408.77	\$400.88	\$417.83	\$514.90	\$536.68	\$490.01	\$510.73	\$494.67	\$515.58	\$395.18	\$411.89	\$534.59	\$557.20	\$590.02	\$614.97	\$588.23	\$613.10	\$623.65	\$650.02
	Choice Plus	POS	\$399.40	\$424.35	\$396.75	\$421.53	\$405.55	\$430.88	\$520.90	\$553.44	\$495.72	\$526.68	\$500.43	\$531.69	\$399.78	\$424.75	\$540.82	\$574.60	\$596.89	\$634.18	\$595.08	\$632.26	\$630.91	\$670.32



**Health Insurance Premiums Approved for Plans in 2014**  
**COLORADO DIVISION OF INSURANCE**

Market: Small Group  
Metal level: Silver  
Age: 40 year old

On Exchange	Company	Network Name*	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
				Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
				Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$295.73	\$308.70	\$329.72	\$344.18	\$401.10	\$418.69			\$407.90	\$425.79			\$339.92	\$354.82	\$401.10	\$418.69					
COOP	CoOpStateWideOne	PPO	\$405.00	\$405.00	\$408.15	\$408.15	\$415.43	\$415.43	\$455.79	\$455.79	\$539.67	\$539.67	\$440.70	\$440.70	\$446.66	\$446.66	\$427.60	\$427.60	\$545.37	\$545.37	\$587.15	\$587.15	\$705.32	\$705.32	
	CoOpStateWideTwo	PPO	\$320.40	\$320.40	\$322.96	\$322.96	\$328.87	\$328.87	\$361.67	\$361.67	\$427.87	\$427.87	\$349.43	\$349.43	\$354.28	\$354.28	\$338.77	\$338.77	\$432.46	\$432.46	\$466.29	\$466.29	\$561.91	\$561.91	
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$307.26	\$316.37	\$337.98	\$348.00	\$307.26	\$316.37	\$291.90	\$300.55			\$291.90	\$300.55	\$368.71	\$379.64	\$368.71	\$379.64	\$291.90	\$300.55					
	Kaiser Permanente Northern Colorado	HMO	\$307.26	\$316.37	\$337.98	\$348.00	\$307.26	\$316.37	\$291.90	\$300.55			\$291.90	\$300.55	\$368.71	\$379.64	\$368.71	\$379.64	\$291.90	\$300.55					
	Kaiser Permanente Southern Colorado	HMO	\$307.26	\$316.37	\$337.98	\$348.00	\$307.26	\$316.37	\$291.90	\$300.55			\$291.90	\$300.55	\$368.71	\$379.64	\$368.71	\$379.64	\$291.90	\$300.55					
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$454.62	\$471.35	\$352.23	\$365.20	\$397.28	\$411.91	\$495.57	\$513.82	\$352.23	\$365.20	\$475.10	\$492.59	\$454.62	\$471.35	\$434.14	\$450.12	\$557.02	\$577.52	\$413.66	\$428.90	\$573.39	\$594.50	
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$419.22	\$436.50	\$324.80	\$338.18	\$366.35	\$381.44	\$456.99	\$475.82	\$324.80	\$338.18	\$438.11	\$456.16	\$419.22	\$436.50	\$400.33	\$416.83	\$513.64	\$534.80	\$381.46	\$397.18	\$528.75	\$550.54	
	Rocky Mountain HMO New West Provider Network	HMO	\$397.29	\$413.91	\$307.82	\$320.69	\$347.19	\$361.70	\$433.09	\$451.20	\$307.82	\$320.69	\$415.20	\$432.55	\$397.29	\$413.91	\$379.40	\$395.26	\$486.78	\$507.14	\$361.51	\$376.61	\$501.09	\$522.05	
	Rocky Mountain HMO Statewide Provider Network	HMO	\$441.15	\$459.75	\$341.79	\$356.20	\$385.51	\$401.76	\$480.89	\$501.17	\$341.79	\$356.20	\$461.01	\$480.46	\$441.15	\$459.75	\$421.28	\$439.04	\$540.50	\$563.29	\$401.41	\$418.33	\$556.40	\$579.87	
SeeChange	Statewide Cigna PPO	PPO	\$342.73	\$342.73	\$366.20	\$366.20	\$391.24	\$391.24	\$435.45	\$435.45	\$426.45	\$426.45	\$489.05	\$489.05	\$334.51	\$334.51	\$489.05	\$489.05	\$489.05	\$489.05	\$563.39	\$563.39	\$563.39	\$563.39	

Off Exchange	Company	Network Name*	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
				Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
				Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$295.73	\$308.70	\$329.72	\$344.18	\$401.10	\$418.69			\$407.90	\$425.79			\$339.92	\$354.82	\$401.10	\$418.69					
	CommunityChoice	HMO			\$288.11	\$296.91	\$321.23	\$331.04	\$390.77	\$402.71			\$397.40	\$409.54			\$331.16	\$341.28	\$390.77	\$402.71					
COOP	CoOpStateWideOne	PPO	\$405.00	\$405.00	\$408.15	\$408.15	\$415.43	\$415.43	\$455.79	\$455.79	\$539.67	\$539.67	\$440.70	\$440.70	\$446.66	\$446.66	\$427.60	\$427.60	\$545.37	\$545.37	\$587.15	\$587.15	\$705.32	\$705.32	
	CoOpStateWideTwo	PPO	\$320.40	\$320.40	\$322.96	\$322.96	\$328.87	\$328.87	\$361.67	\$361.67	\$427.87	\$427.87	\$349.43	\$349.43	\$354.28	\$354.28	\$338.77	\$338.77	\$432.46	\$432.46	\$466.29	\$466.29	\$561.91	\$561.91	
HMO Colorado	HMO BluePriority Network	HMO			\$316.50	\$316.50	\$337.15	\$337.15																	
	Pathway Enhanced	HMO	\$314.09	\$355.49	\$301.03	\$340.70	\$320.68	\$362.94	\$337.89	\$382.42	\$359.44	\$406.80	\$358.57	\$405.82	\$336.77	\$381.14	\$353.35	\$399.91	\$447.65	\$506.64	\$402.65	\$455.70	\$494.24	\$559.38	
Humana Health Plan	Colorado HMOx	HMO			\$253.10	\$405.27	\$254.72	\$404.66																	
	National POS Open Access	POS	\$319.11	\$515.52	\$295.76	\$474.57	\$299.74	\$478.06																	
Humana Insurance Company	Humana ChoiceCare Network PPO	Indemnity	\$612.54	\$612.54	\$559.80	\$559.80	\$563.05	\$563.05	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	\$1,003.69	
		PPO	\$316.20	\$507.76	\$291.82	\$465.97	\$297.08	\$471.09	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	\$516.60	\$830.98	
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$279.05	\$322.79	\$306.95	\$355.06	\$279.05	\$322.79	\$265.10	\$306.65			\$265.10	\$306.65	\$334.86	\$387.34	\$334.86	\$387.34	\$265.10	\$306.65					
	Kaiser Permanente Northern Colorado	HMO	\$279.05	\$322.79	\$306.95	\$355.06	\$279.05	\$322.79	\$265.10	\$306.65			\$265.10	\$306.65	\$334.86	\$387.34	\$334.86	\$387.34	\$265.10	\$306.65					
	Kaiser Permanente Southern Colorado	HMO	\$279.05	\$322.79	\$306.95	\$355.06	\$279.05	\$322.79	\$265.10	\$306.65			\$265.10	\$306.65	\$334.86	\$387.34	\$334.86	\$387.34	\$265.10	\$306.65					
Kaiser Permanente IC	KP CO PPO	PPO	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	\$535.23	
RMHMS	PPO BluePriority Network	PPO	\$351.42	\$351.42	\$339.03	\$339.03	\$364.60	\$364.60	\$408.65	\$408.65	\$374.19	\$374.19	\$434.07	\$434.07	\$359.97	\$359.97	\$367.89	\$367.89	\$465.72	\$465.72	\$419.03	\$419.03	\$514.09	\$514.09	
	PPO Statewide Network	PPO	\$318.94	\$376.65	\$316.31	\$373.55	\$340.24	\$401.82	\$370.86	\$437.98	\$339.58	\$401.04	\$393.94	\$465.23	\$326.70	\$385.82	\$333.86	\$394.29	\$422.66	\$499.15	\$380.29	\$449.10	\$466.55	\$550.98	
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$454.62	\$471.35	\$352.23	\$365.20	\$397.28	\$411.91	\$495.57	\$513.82	\$352.23	\$365.20	\$475.10	\$492.59	\$454.62	\$471.35	\$434.14	\$450.12	\$557.02	\$577.52	\$413.66	\$428.90	\$573.39	\$594.50	
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$419.22	\$436.50	\$324.80	\$338.18	\$366.35	\$381.44	\$456.99	\$475.82	\$324.80	\$338.18	\$438.11	\$456.16	\$419.22	\$436.50	\$400.33	\$416.83	\$513.64	\$534.80	\$381.46	\$397.18	\$528.75	\$550.54	
	Rocky Mountain HMO New West Provider Network	HMO	\$397.29	\$413.91	\$307.82	\$320.69	\$347.19	\$361.70	\$433.09	\$451.20	\$307.82	\$320.69	\$415.20	\$432.55	\$397.29	\$413.91	\$379.40	\$395.26	\$486.78	\$507.14	\$361.51	\$376.61	\$501.09	\$522.05	
	Rocky Mountain HMO Statewide Provider Network	HMO	\$441.15	\$459.75	\$341.79	\$356.20	\$385.51	\$401.76	\$480.89	\$501.17	\$341.79	\$356.20	\$461.01	\$480.46	\$441.15	\$459.75	\$421.28	\$439.04	\$540.50	\$563.29	\$401.41	\$418.33	\$556.40	\$579.87	
SeeChange	Statewide Cigna PPO	PPO	\$331.35	\$342.73	\$354.05	\$366.20	\$378.25	\$391.24	\$421.00	\$435.45	\$412.30	\$426.45	\$472.82	\$489.05	\$323.41	\$334.51	\$472.82	\$489.05	\$544.69	\$563.39	\$544.69	\$563.39	\$544.69	\$563.39	
UnitedHealthcare Insurance Company	Choice	EPO	\$414.63	\$433.79	\$411.87	\$430.91	\$421.00	\$440.47	\$540.76	\$565.76	\$514.61	\$538.40	\$519.50	\$543.52	\$415.02	\$434.21	\$561.43	\$587.39	\$619.65	\$648.29	\$617.77	\$646.33	\$654.96	\$685.24	
	Choice Plus	POS	\$425.34	\$457.95	\$422.52	\$454.91	\$431.89	\$464.99	\$554.74	\$597.26	\$527.92	\$568.38	\$532.93	\$573.78	\$425.75	\$458.38	\$575.95	\$620.09	\$635.66	\$684.39	\$633.74	\$682.31	\$671.89	\$723.39	
UnitedHealthcare of Colorado	Navigate	HMO	\$383.18	\$409.38	\$378.89	\$404.80	\$388.75	\$415.33	\$505.33	\$539.88	\$480.90	\$513.78	\$485.61	\$518.82	\$382.32	\$408.46	\$519.47	\$554.99	\$579.05	\$618.64	\$573.05	\$612.23	\$612.05	\$653.90	



## Health Insurance Premiums Approved for Plans in 2014 COLORADO DIVISION OF INSURANCE

**Market: Small Group**  
**Metal level: Gold**  
**Age: 40 year old**

On Exchange			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
Company	Network Name*	Plan Type	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$356.02	\$361.27	\$396.94	\$402.80	\$482.88	\$490.00			\$491.06	\$498.31	\$413.38	\$524.31	\$409.22	\$415.26	\$482.88	\$490.00				
COOP	CoOpStateWideTwo	PPO	\$374.08	\$476.99	\$377.05	\$480.56	\$383.91	\$488.82	\$421.95	\$534.60	\$499.14	\$626.47	\$407.75	\$517.53	\$413.38	\$524.31	\$395.38	\$502.63	\$504.44	\$632.73	\$543.43	\$678.73	\$653.14	\$807.68
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$359.51	\$375.32	\$395.46	\$412.86	\$359.51	\$375.32	\$341.53	\$356.56			\$341.53	\$356.56	\$431.41	\$450.39	\$431.41	\$450.39	\$341.53	\$356.56				
	Kaiser Permanente Northern Colorado	HMO	\$359.51	\$375.32	\$395.46	\$412.86	\$359.51	\$375.32	\$341.53	\$356.56			\$341.53	\$356.56	\$431.41	\$450.39	\$431.41	\$450.39	\$341.53	\$356.56				
	Kaiser Permanente Southern Colorado	HMO	\$359.51	\$375.32	\$395.46	\$412.86	\$359.51	\$375.32	\$341.53	\$356.56			\$341.53	\$356.56	\$431.41	\$450.39	\$431.41	\$450.39	\$341.53	\$356.56				
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$540.33	\$564.43	\$418.62	\$437.31	\$472.17	\$493.23	\$588.99	\$615.27	\$418.62	\$437.31	\$564.66	\$589.85	\$540.33	\$564.43	\$515.98	\$539.00	\$662.02	\$691.55	\$491.65	\$513.58	\$681.48	\$711.88
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$518.22	\$526.86	\$401.50	\$408.19	\$452.86	\$460.40	\$564.90	\$574.32	\$401.50	\$408.19	\$541.55	\$550.59	\$518.22	\$526.86	\$494.87	\$503.12	\$634.94	\$645.52	\$471.53	\$479.39	\$653.61	\$664.50
	Rocky Mountain HMO New West Provider Network	HMO	\$490.97	\$499.61	\$380.40	\$387.08	\$429.05	\$436.60	\$535.20	\$544.62	\$380.40	\$387.08	\$513.09	\$522.11	\$490.97	\$499.61	\$468.86	\$477.10	\$601.55	\$612.14	\$446.74	\$454.60	\$619.24	\$630.14
	Rocky Mountain HMO Statewide Provider Network	HMO	\$529.51	\$554.75	\$410.25	\$429.80	\$462.73	\$484.78	\$577.21	\$604.74	\$410.25	\$429.80	\$553.36	\$579.74	\$529.51	\$554.75	\$505.65	\$529.77	\$648.76	\$679.70	\$481.81	\$504.77	\$667.84	\$699.69
SeeChange	Statewide Cigna PPO	PPO	\$405.11	\$405.11	\$432.85	\$432.85	\$462.45	\$462.45	\$514.71	\$514.71	\$504.07	\$504.07	\$578.06	\$578.06	\$395.39	\$395.39	\$578.06	\$578.06	\$578.06	\$578.06	\$665.93	\$665.93	\$665.93	\$665.93

OFF Exchange			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
Company	Network Name*	Plan Type	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Colorado Choice	CCHP Network	HMO			\$356.02	\$361.27	\$396.94	\$402.80	\$482.88	\$490.00			\$491.06	\$498.31	\$413.38	\$524.31	\$409.22	\$415.26	\$482.88	\$490.00				
COOP	CoOpStateWideTwo	PPO	\$374.08	\$476.99	\$377.05	\$480.56	\$383.91	\$488.82	\$421.95	\$534.60	\$499.14	\$626.47	\$407.75	\$517.53	\$413.38	\$524.31	\$395.38	\$502.63	\$504.44	\$632.73	\$543.43	\$678.73	\$653.14	\$807.68
HMO Colorado	Pathway Enhanced	HMO	\$389.52	\$405.71	\$367.16	\$388.84	\$391.12	\$414.21	\$419.03	\$436.45	\$445.74	\$464.27	\$444.67	\$463.16	\$417.62	\$434.99	\$438.20	\$456.41	\$555.14	\$578.22	\$499.33	\$520.08	\$612.93	\$638.41
Humana Health Plan	Colorado HMOx	HMO			\$361.32	\$483.19	\$363.56	\$482.06																
	National POS Open Access	POS	\$455.87	\$619.56	\$422.45	\$569.85	\$428.07	\$573.61																
Humana Insurance Company	Humana ChoiceCare Network PPO	PPO	\$451.66	\$609.78	\$416.78	\$559.18	\$424.23	\$564.83	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14	\$737.94	\$998.14
Kaiser Foundation	Kaiser Permanente DenverBoulder	HMO	\$341.44	\$381.60	\$375.58	\$419.77	\$341.44	\$381.60	\$324.36	\$362.52			\$324.36	\$362.52	\$409.72	\$457.93	\$409.72	\$457.93	\$324.36	\$362.52				
	Kaiser Permanente Northern Colorado	HMO	\$341.44	\$381.60	\$375.58	\$419.77	\$341.44	\$381.60	\$324.36	\$362.52			\$324.36	\$362.52	\$409.72	\$457.93	\$409.72	\$457.93	\$324.36	\$362.52				
	Kaiser Permanente Southern Colorado	HMO	\$341.44	\$381.60	\$375.58	\$419.77	\$341.44	\$381.60	\$324.36	\$362.52			\$324.36	\$362.52	\$409.72	\$457.93	\$409.72	\$457.93	\$324.36	\$362.52				
RMHMS	PPO Statewide Network	PPO	\$388.50	\$470.59	\$385.29	\$466.70	\$414.46	\$502.02	\$451.76	\$547.21	\$413.65	\$501.05	\$479.86	\$581.26	\$397.96	\$482.04	\$406.70	\$492.62	\$514.86	\$623.64	\$463.24	\$561.12	\$568.33	\$688.41
Rocky Mountain HCO	Rocky Mountain Health Care Options Statewide Provider Network	PPO	\$540.33	\$564.43	\$418.62	\$437.31	\$472.17	\$493.23	\$588.99	\$615.27	\$418.62	\$437.31	\$564.66	\$589.85	\$540.33	\$564.43	\$515.98	\$539.00	\$662.02	\$691.55	\$491.65	\$513.58	\$681.48	\$711.88
Rocky Mountain HMO	Rocky Mountain HMO Colorado Springs Health Partners Provider Network	HMO	\$518.22	\$526.86	\$401.50	\$408.19	\$452.86	\$460.40	\$564.90	\$574.32	\$401.50	\$408.19	\$541.55	\$550.59	\$518.22	\$526.86	\$494.87	\$503.12	\$634.94	\$645.52	\$471.53	\$479.39	\$653.61	\$664.50
	Rocky Mountain HMO New West Provider Network	HMO	\$490.97	\$499.61	\$380.40	\$387.08	\$429.05	\$436.60	\$535.20	\$544.62	\$380.40	\$387.08	\$513.09	\$522.11	\$490.97	\$499.61	\$468.86	\$477.10	\$601.55	\$612.14	\$446.74	\$454.60	\$619.24	\$630.14
	Rocky Mountain HMO Statewide Provider Network	HMO	\$529.51	\$554.75	\$410.25	\$429.80	\$462.73	\$484.78	\$577.21	\$604.74	\$410.25	\$429.80	\$553.36	\$579.74	\$529.51	\$554.75	\$505.65	\$529.77	\$648.76	\$679.70	\$481.81	\$504.77	\$667.84	\$699.69
SeeChange	Statewide Cigna PPO	PPO	\$405.11	\$405.11	\$432.85	\$432.85	\$462.45	\$462.45	\$514.71	\$514.71	\$504.07	\$504.07	\$578.06	\$578.06	\$395.39	\$395.39	\$578.06	\$578.06	\$578.06	\$578.06	\$665.93	\$665.93	\$665.93	\$665.93
UnitedHealthcare Insurance Company	Choice	EPO	\$476.69	\$510.75	\$473.52	\$507.36	\$484.02	\$518.60	\$621.70	\$666.12	\$591.64	\$633.91	\$597.26	\$639.94	\$477.14	\$511.23	\$645.47	\$691.59	\$712.40	\$763.29	\$710.24	\$760.98	\$753.00	\$806.80
	Choice Plus	POS	\$443.61	\$522.84	\$440.67	\$519.37	\$450.44	\$530.89	\$578.56	\$681.90	\$550.59	\$648.93	\$555.82	\$655.10	\$444.03	\$523.34	\$600.68	\$707.97	\$662.96	\$781.37	\$660.95	\$779.01	\$700.75	\$825.91
UnitedHealthcare of Colorado	Navigate	HMO	\$441.22	\$463.67	\$436.28	\$458.48	\$447.63	\$470.41	\$581.87	\$611.48	\$553.74	\$581.92	\$559.17	\$587.62	\$440.23	\$462.63	\$598.16	\$628.59	\$666.76	\$700.69	\$659.85	\$693.43	\$704.76	\$740.62



# Health Insurance Premiums Approved for Plans in 2014

## COLORADO DIVISION OF INSURANCE

Market: Small Group  
 Metal level: Platinum  
 Age: 40 year old

OFF Exchange Plans			Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9		Rating Area 10		Rating Area 11	
Company	Network Name*	Plan Type	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		SouthEast		NorthEast		West		Resort	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
RMHMS	PPO Statewide Network	PPO	\$379.78	\$379.78	\$376.65	\$376.65	\$405.16	\$405.16	\$441.63	\$441.63	\$404.37	\$404.37	\$469.10	\$469.10	\$389.04	\$389.04	\$397.57	\$397.57	\$503.30	\$503.30	\$452.85	\$452.85	\$555.57	\$555.57
UnitedHealthcare Insurance Company	Choice Plus	POS	\$601.49	\$612.76	\$597.50	\$608.70	\$610.75	\$622.19	\$784.47	\$799.17	\$746.55	\$760.53	\$753.64	\$767.76	\$602.07	\$613.35	\$814.47	\$829.73	\$898.91	\$915.76	\$896.19	\$912.98	\$950.15	\$967.95
UnitedHealthcare of Colorado	Navigate	HMO	\$546.54	\$556.83	\$540.43	\$550.60	\$554.49	\$564.92	\$720.78	\$734.34	\$685.93	\$698.84	\$692.66	\$705.69	\$545.32	\$555.58	\$740.95	\$754.89	\$825.93	\$841.47	\$817.37	\$832.75	\$873.00	\$889.43



**Appendix E: 2015 Medical Individual Rates – all Tiers (40 year old example)**

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# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Individual  
Metal level: Bronze  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$296.93	\$327.95							\$302.57	\$334.17	\$341.32	\$442.33		
Cigna	PPO					\$285.01	\$306.34												
Co Choice	HMO			\$221.32	\$227.22	\$246.77	\$253.33	\$300.18	\$308.16			\$305.26	\$313.38			\$254.40	\$308.15		
Colorado Health Insurance Cooperative, Inc.	EPO	\$163.64	\$168.81	\$157.55	\$162.54	\$167.41	\$172.71	\$178.49	\$184.13			\$179.33	\$185.00			\$168.59	\$173.94	\$208.34	\$244.60
Colorado Health Insurance Cooperative, Inc.	PPO	\$220.92	\$226.04	\$212.71	\$217.64	\$226.03	\$231.27	\$240.97	\$246.55	\$266.46	\$272.65	\$242.10	\$247.71	\$228.02	\$233.30	\$227.61	\$232.89	\$320.10	\$327.51
Denver Health Medical Plan	HMO					\$259.26	\$261.11												
HHP	HMO	\$248.49	\$279.19	\$202.41	\$227.41	\$210.81	\$236.84	\$264.43	\$297.08			\$268.53	\$301.70						
HMO Colorado, Inc.	HMO	\$239.55	\$267.73	\$229.16	\$256.12	\$244.99	\$273.81	\$275.95	\$308.42	\$277.68	\$310.35	\$289.12	\$323.14	\$265.70	\$296.94	\$277.31	\$309.94	\$311.55	\$378.40
Kaiser	HMO	\$202.26	\$246.69	\$197.26	\$263.96	\$184.35	\$246.69	\$202.26	\$246.69			\$202.26	\$246.69	\$215.70	\$288.64	\$215.70	\$288.64		
New Health Ventures	EPO	\$236.16	\$236.16	\$192.49	\$192.49	\$210.29	\$210.31							\$253.26	\$253.27	\$235.22	\$235.22		
New Health Ventures	PPO	\$260.39	\$276.70	\$235.82	\$250.59	\$257.63	\$273.77	\$280.55	\$298.13	\$313.84	\$333.51	\$282.51	\$300.20	\$279.24	\$296.74	\$259.34	\$503.05	\$473.38	\$503.05
Rocky Mountain HMO	HMO	\$372.64	\$382.57	\$275.06	\$297.17	\$296.62	\$338.17	\$405.92	\$416.73	\$258.49	\$276.69	\$389.28	\$399.66	\$372.64	\$382.57	\$415.90	\$426.98	\$315.93	\$450.89

2015

Market: Individual  
Metal level: Bronze  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$296.93	\$327.95							\$302.57	\$334.17	\$341.32	\$442.33		
Cigna	PPO					\$285.01	\$306.34												
Co Choice	HMO			\$221.32	\$227.22	\$246.77	\$253.33	\$300.18	\$308.16			\$305.26	\$313.38			\$254.40	\$308.15		
Colorado Health Insurance Cooperative, Inc.	EPO	\$163.64	\$168.81	\$157.55	\$162.54	\$167.41	\$172.71	\$178.49	\$184.13			\$179.33	\$185.00			\$168.59	\$173.94	\$208.34	\$244.60
Colorado Health Insurance Cooperative, Inc.	PPO	\$220.92	\$226.04	\$212.71	\$217.64	\$226.03	\$231.27	\$240.97	\$246.55	\$266.46	\$272.65	\$242.10	\$247.71	\$228.02	\$233.30	\$227.61	\$232.89	\$320.10	\$327.51
Denver Health Medical Plan	HMO					\$259.26	\$261.11												
Freedom Life	PPO	\$477.37	\$477.37	\$406.72	\$406.72	\$477.37	\$477.37	\$512.71	\$512.71	\$575.24	\$575.24	\$444.91	\$444.91	\$524.63	\$524.63	\$616.78	\$656.87		
HHP	HMO	\$248.49	\$280.30	\$202.41	\$228.33	\$210.81	\$237.78	\$264.43	\$298.29			\$268.53	\$302.91						
HHP	POS	\$330.72	\$372.42	\$269.38	\$303.35	\$280.55	\$315.92												
HMO Colorado, Inc.	HMO	\$239.55	\$267.73	\$229.16	\$256.12	\$244.99	\$273.81	\$275.95	\$308.42	\$277.68	\$310.35	\$289.12	\$323.14	\$265.70	\$296.94	\$277.31	\$309.94	\$311.55	\$378.40
Humana Insurance Co	POS	\$330.72	\$372.42	\$269.38	\$303.35	\$280.55	\$315.92												
Humana Insurance Co	PPO					\$290.30	\$326.90	\$317.28	\$357.28	\$337.19	\$379.71	\$318.98	\$359.19	\$361.12	\$406.66	\$356.42	\$406.37		
Kaiser	HMO	\$202.26	\$246.69	\$197.26	\$263.96	\$184.35	\$246.69	\$202.26	\$246.69			\$202.26	\$246.69	\$215.70	\$288.64	\$215.70	\$288.64		
National Foundation	PPO	\$477.37	\$477.37	\$406.72	\$406.72	\$477.37	\$477.37	\$512.71	\$512.71	\$575.24	\$575.24	\$444.91	\$444.91	\$524.63	\$524.63	\$616.78	\$656.87		
New Health Ventures	PPO	\$276.69	\$276.70	\$250.59	\$250.59	\$273.77	\$273.77	\$298.12	\$298.13	\$333.48	\$333.51	\$300.20	\$300.20	\$296.73	\$296.74	\$275.59	\$503.05	\$503.05	\$503.05
Rocky Mountain HMO	HMO	\$372.64	\$382.57	\$275.06	\$297.17	\$296.62	\$338.17	\$405.92	\$416.73	\$269.50	\$276.69	\$389.28	\$399.66	\$372.64	\$382.57	\$415.90	\$426.98	\$315.93	\$450.89
Rocky Mountain Hospital	PPO	\$263.38	\$289.70	\$251.36	\$276.47	\$269.35	\$296.27	\$298.37	\$328.19	\$280.51	\$308.55	\$312.48	\$343.72	\$276.29	\$303.91	\$279.87	\$374.63		
Time	PPO	\$369.67	\$418.08	\$305.70	\$345.72	\$373.23	\$422.10	\$411.86	\$443.61	\$383.46	\$413.01	\$378.62	\$401.75	\$449.89	\$477.37	\$432.08	\$540.49		
United HealthCare	EPO	\$310.58	\$343.81	\$291.22	\$322.36	\$284.97	\$315.45	\$383.39	\$424.40	\$383.39	\$424.40	\$344.64	\$381.51	\$290.59	\$321.67	\$327.77	\$463.84		



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Individual  
Metal level: Silver  
Age: 40 year old

On Exchange	Company	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
			Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
	All Savers	EPO					\$348.51	\$363.16							\$355.13	\$370.04	\$400.60	\$489.81		
	Cigna	PPO					\$338.52	\$346.98												
	Co Choice	HMO			\$275.82	\$284.20	\$307.53	\$316.87	\$374.10	\$385.46			\$380.44	\$391.99			\$317.03	\$385.44		
	Colorado Health Insurance Cooperative, Inc.	EPO	\$201.92	\$215.24	\$194.42	\$207.24	\$206.59	\$220.21	\$220.25	\$234.78			\$221.30	\$235.88			\$208.05	\$221.77	\$249.21	\$311.87
	Colorado Health Insurance Cooperative, Inc.	PPO	\$262.42	\$280.28	\$252.66	\$269.85	\$268.48	\$286.74	\$286.23	\$305.71	\$316.52	\$338.06	\$287.59	\$307.15	\$270.85	\$289.28	\$270.37	\$288.76	\$380.23	\$406.10
	Denver Health Medical Plan	HMO					\$318.44	\$364.63												
	HHP	HMO	\$285.79	\$292.92	\$232.77	\$238.59	\$242.44	\$248.48	\$304.10	\$311.69			\$308.83	\$316.54						
	HMO Colorado, Inc.	HMO	\$309.38	\$334.78	\$295.96	\$320.27	\$316.41	\$342.39	\$356.40	\$385.66	\$358.62	\$388.08	\$373.41	\$404.07	\$343.14	\$371.32	\$358.16	\$387.57	\$402.29	\$473.18
	Kaiser	HMO	\$264.26	\$280.84	\$257.22	\$300.51	\$240.39	\$280.84	\$264.26	\$280.84			\$264.26	\$280.84	\$281.26	\$328.59	\$281.26	\$328.59		
	New Health Ventures	EPO	\$307.46	\$307.46	\$250.60	\$250.63	\$273.79	\$273.80							\$329.72	\$329.75	\$306.22	\$306.25		
	New Health Ventures	PPO	\$328.94	\$352.65	\$297.90	\$319.38	\$325.47	\$348.92	\$354.41	\$379.97	\$396.47	\$425.02	\$356.88	\$382.61	\$352.77	\$378.19	\$327.63	\$641.13	\$598.03	\$641.10
	Rocky Mountain HMO	HMO	\$422.29	\$478.55	\$311.58	\$371.73	\$344.60	\$423.01	\$459.99	\$521.27	\$292.96	\$346.10	\$441.14	\$499.92	\$422.29	\$478.55	\$471.30	\$534.09	\$358.06	\$564.01

2015

Market: Individual  
Metal level: Silver  
Age: 40 year old

Off Exchange	Company	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
			Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
	All Savers	EPO					\$348.51	\$363.16							\$355.13	\$370.04	\$400.60	\$489.81		
	Cigna	PPO					\$338.52	\$346.98												
	Co Choice	HMO			\$275.82	\$284.20	\$307.53	\$316.87	\$374.10	\$385.46			\$380.44	\$391.99			\$317.03	\$385.44		
	Colorado Health Insurance Cooperative, Inc.	EPO	\$201.92	\$215.24	\$194.42	\$207.24	\$206.59	\$220.21	\$220.25	\$234.78			\$221.30	\$235.88			\$208.05	\$221.77	\$249.21	\$311.87
	Colorado Health Insurance Cooperative, Inc.	PPO	\$262.42	\$280.28	\$252.66	\$269.85	\$268.48	\$286.74	\$286.23	\$305.71	\$316.52	\$338.06	\$287.59	\$307.15	\$270.85	\$289.28	\$270.37	\$288.76	\$380.23	\$406.10
	Denver Health Medical Plan	HMO					\$318.44	\$364.63												
	Freedom Life	PPO	\$556.45	\$556.45	\$474.10	\$474.10	\$556.45	\$556.45	\$597.64	\$597.64	\$670.54	\$670.54	\$518.61	\$518.61	\$611.55	\$611.55	\$718.95	\$765.69		
	HHP	HMO	\$285.79	\$294.09	\$232.77	\$239.55	\$242.44	\$249.49	\$304.10	\$312.96			\$308.83	\$317.81						
	HHP	POS	\$382.36	\$388.90	\$311.45	\$316.77	\$324.36	\$329.90												
	HMO Colorado, Inc.	HMO	\$309.38	\$335.07	\$295.96	\$320.54	\$316.41	\$342.67	\$356.40	\$385.98	\$358.62	\$388.40	\$373.41	\$404.41	\$343.14	\$371.63	\$358.16	\$387.89	\$402.29	\$473.56
	Humana Insurance Co	POS	\$382.36	\$388.90	\$311.45	\$316.77	\$324.36	\$329.90												
	Humana Insurance Co	PPO					\$335.64	\$341.38	\$366.84	\$373.10	\$389.87	\$396.53	\$368.81	\$375.11	\$417.55	\$424.67	\$412.10	\$424.36		
	Kaiser	HMO	\$264.26	\$280.84	\$257.22	\$300.51	\$240.39	\$280.84	\$264.26	\$280.84			\$264.26	\$280.84	\$281.26	\$328.59	\$281.26	\$328.59		
	New Health Ventures	PPO	\$336.08	\$352.65	\$304.37	\$319.38	\$332.52	\$348.92	\$362.10	\$379.97	\$405.07	\$425.02	\$364.63	\$382.61	\$360.42	\$378.19	\$334.73	\$641.13	\$611.00	\$641.10
	Rocky Mountain HMO	HMO	\$422.29	\$478.55	\$311.58	\$371.73	\$344.60	\$423.01	\$459.99	\$521.27	\$305.40	\$346.10	\$441.14	\$499.92	\$422.29	\$478.55	\$471.30	\$534.09	\$358.06	\$564.01
	Time	PPO	\$445.82	\$496.30	\$368.66	\$410.42	\$450.11	\$501.08	\$496.69	\$526.59	\$462.44	\$490.28	\$456.62	\$476.91	\$542.56	\$566.68	\$521.08	\$641.61		
	United HealthCare	EPO	\$373.30	\$381.89	\$350.02	\$358.07	\$342.50	\$350.38	\$460.81	\$471.40	\$460.81	\$471.40	\$414.24	\$423.76	\$349.26	\$357.30	\$393.96	\$515.20		



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance



# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Individual  
Metal level: Gold  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
On Exchange	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$390.34	\$396.60							\$397.74	\$404.14	\$448.68	\$534.93		
Cigna	PPO					\$405.59	\$405.59												
Co Choice	HMO			\$323.36	\$329.55	\$360.52	\$367.43	\$438.57	\$446.97			\$446.00	\$454.53			\$371.68	\$446.95		
Colorado Health Insurance Cooperative, Inc.	EPO	\$253.93	\$263.43	\$244.48	\$253.64	\$259.79	\$269.52	\$276.97	\$287.35			\$278.28	\$288.70			\$261.62	\$271.42	\$325.12	\$381.70
Colorado Health Insurance Cooperative, Inc.	PPO	\$329.66	\$337.66	\$317.40	\$325.11	\$337.28	\$345.47	\$359.58	\$368.31	\$397.62	\$407.29	\$361.28	\$370.04	\$340.25	\$348.51	\$339.65	\$347.90	\$477.65	\$489.26
Denver Health Medical Plan	HMO					\$374.81	\$419.40												
HHP	HMO	\$333.98	\$333.98	\$272.04	\$272.04	\$283.32	\$283.32	\$355.40	\$355.40			\$360.91	\$360.91						
HMO Colorado, Inc.	HMO																	\$503.29	\$503.29
Kaiser	HMO	\$309.37	\$329.58	\$301.21	\$352.66	\$281.51	\$329.58	\$309.37	\$329.58			\$309.37	\$329.58	\$329.37	\$385.62	\$329.37	\$385.62		
New Health Ventures	PPO	\$398.70	\$401.62	\$361.07	\$363.74	\$394.48	\$397.38	\$429.56	\$432.74	\$480.54	\$484.07	\$432.56	\$435.75	\$427.57	\$430.71	\$397.10	\$730.17	\$724.83	\$730.15
Rocky Mountain HMO	HMO	\$540.76	\$540.76	\$420.05	\$420.05	\$478.00	\$478.00	\$589.04	\$589.04	\$375.30	\$391.09	\$564.90	\$564.90	\$540.76	\$540.76	\$603.54	\$603.54	\$458.69	\$637.33

2015

Market: Individual  
Metal level: Gold  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Off Exchange	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$390.34	\$396.60							\$397.74	\$404.14	\$448.68	\$534.93		
Cigna	PPO					\$405.59	\$405.59												
Co Choice	HMO			\$323.36	\$329.55	\$360.52	\$367.43	\$438.57	\$446.97			\$446.00	\$454.53			\$371.68	\$446.95		
Colorado Health Insurance Cooperative, Inc.	EPO	\$253.93	\$263.43	\$244.48	\$253.64	\$259.79	\$269.52	\$276.97	\$287.35			\$278.28	\$288.70			\$261.62	\$271.42	\$325.12	\$381.70
Colorado Health Insurance Cooperative, Inc.	PPO	\$329.66	\$337.66	\$317.40	\$325.11	\$337.28	\$345.47	\$359.58	\$368.31	\$397.62	\$407.29	\$361.28	\$370.04	\$340.25	\$348.51	\$339.65	\$347.90	\$477.65	\$489.26
Denver Health Medical Plan	HMO					\$374.81	\$419.40												
HHP	HMO	\$333.98	\$335.31	\$272.04	\$273.12	\$283.32	\$284.44	\$355.40	\$356.80			\$360.91	\$362.35						
HMO Colorado, Inc.	HMO	\$386.85	\$386.85	\$370.07	\$370.07	\$395.64	\$395.64	\$445.64	\$445.64	\$448.42	\$448.42	\$466.92	\$466.92	\$429.06	\$429.06	\$447.85	\$447.85	\$503.29	\$546.77
Kaiser	HMO	\$309.37	\$329.58	\$301.21	\$352.66	\$281.51	\$329.58	\$309.37	\$329.58			\$309.37	\$329.58	\$329.37	\$385.62	\$329.37	\$385.62		
New Health Ventures	PPO	\$401.62	\$401.62	\$363.73	\$363.74	\$397.37	\$397.38	\$432.72	\$432.74	\$484.06	\$484.07	\$435.73	\$435.75	\$430.70	\$430.71	\$400.01	\$730.17	\$730.15	\$730.15
Rocky Mountain HMO	HMO	\$540.76	\$540.76	\$420.05	\$420.05	\$478.00	\$478.00	\$589.04	\$589.04	\$391.09	\$391.09	\$564.90	\$564.90	\$540.76	\$540.76	\$603.54	\$603.54	\$458.69	\$637.33
Time	PPO	\$527.28	\$585.43	\$436.02	\$484.11	\$532.35	\$591.06	\$587.46	\$621.16	\$546.95	\$578.32	\$540.03	\$562.55	\$641.70	\$668.45	\$616.28	\$756.81		
United HealthCare	EPO	\$422.57	\$431.53	\$396.22	\$404.61	\$387.72	\$395.94	\$521.63	\$532.68	\$521.63	\$532.68	\$468.91	\$478.85	\$395.36	\$403.75	\$445.96	\$582.18		



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Individual  
Metal level: Platinum  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
OFF Exchange Plans		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$436.69	\$436.69							\$444.97	\$444.97	\$501.96	\$588.98		
HHP	HMO	\$387.66	\$387.66	\$315.76	\$315.76	\$328.85	\$328.85	\$412.51	\$412.51			\$418.92	\$418.92						

2015

Market: Individual  
Metal level: Platinum  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
OFF Exchange Plans		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Time	PPO	\$624.67	\$739.48	\$516.55	\$611.48	\$630.69	\$746.58	\$695.96	\$784.60	\$647.97	\$730.49	\$639.79	\$710.57	\$760.22	\$844.34	\$730.12	\$955.96		
United HealthCare	EPO	\$481.93	\$481.93	\$451.88	\$451.88	\$442.18	\$442.18	\$594.90	\$594.90	\$594.90	\$594.90	\$534.78	\$534.78	\$450.90	\$450.90	\$508.59	\$650.17		
HHP	HMO	\$387.66	\$389.23	\$315.76	\$317.05	\$328.85	\$330.18	\$412.51	\$414.19			\$418.92	\$420.62						
All Savers	EPO					\$436.69	\$436.69							\$444.97	\$444.97	\$501.96	\$588.98		



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

**Market: Individual**  
**Metal level: Catastrophic**  
**Age: 27 year old**

On Exchange		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
HHP	HMO	\$178.36	\$178.36	\$145.28	\$145.28	\$151.30	\$151.30	\$189.79	\$189.79			\$192.74	\$192.74						
All Savers	EPO					\$223.78	\$223.78							\$228.02	\$228.02	\$257.22	\$301.81		
Co Choice	HMO			\$167.78	\$167.78	\$187.07	\$187.07	\$227.53	\$227.53			\$231.39	\$231.39			\$192.85	\$227.52		
Colorado Health Insurance Cooperative, Inc.	EPO	\$106.46	\$106.46	\$102.49	\$102.49	\$108.92	\$108.92	\$116.12	\$116.12			\$116.66	\$116.66			\$109.68	\$109.68	\$154.24	\$154.24
Colorado Health Insurance Cooperative, Inc.	PPO	\$143.25	\$143.25	\$137.93	\$137.93	\$146.56	\$146.56	\$156.26	\$156.26	\$172.78	\$172.78	\$156.99	\$156.99	\$147.85	\$147.85	\$147.60	\$147.60	\$207.57	\$207.57
HMO Colorado, Inc.	HMO	\$161.58	\$161.58	\$154.57	\$154.57	\$165.25	\$165.25	\$186.14	\$186.14	\$187.30	\$187.30	\$195.02	\$195.02	\$179.22	\$179.22	\$187.06	\$187.06	\$228.37	\$228.37
Kaiser	HMO	\$158.52	\$158.52	\$154.49	\$169.62	\$144.38	\$158.52	\$158.52	\$158.52			\$158.52	\$158.52	\$168.93	\$185.46	\$168.93	\$185.46		
New Health Ventures	PPO	\$198.93	\$198.94	\$180.16	\$180.18	\$196.84	\$196.85	\$214.34	\$214.36	\$239.78	\$239.78	\$215.84	\$215.85	\$213.34	\$213.35	\$198.13	\$361.70	\$361.66	\$361.66
Rocky Mountain HMO	HMO	\$296.90	\$296.90	\$230.62	\$230.62	\$262.43	\$262.43	\$323.40	\$323.40	\$206.08	\$214.71	\$310.15	\$310.15	\$296.90	\$296.90	\$331.36	\$331.36	\$252.04	\$349.92

2015

**Market: Individual**  
**Metal level: Catastrophic**  
**Age: 27 year old**

Off Exchange		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
All Savers	EPO					\$223.78	\$223.78							\$228.02	\$228.02	\$257.22	\$301.81		
Co Choice	HMO			\$167.78	\$167.78	\$187.07	\$187.07	\$227.53	\$227.53			\$231.39	\$231.39			\$192.85	\$227.52		
Colorado Health Insurance Cooperative, Inc.	EPO	\$106.46	\$106.46	\$102.49	\$102.49	\$108.92	\$108.92	\$116.12	\$116.12			\$116.66	\$116.66			\$109.68	\$109.68	\$154.24	\$154.24
Colorado Health Insurance Cooperative, Inc.	PPO	\$143.25	\$143.25	\$137.93	\$137.93	\$146.56	\$146.56	\$156.26	\$156.26	\$172.78	\$172.78	\$156.99	\$156.99	\$147.85	\$147.85	\$147.60	\$147.60	\$207.57	\$207.57
HHP	HMO	\$178.36	\$179.08	\$145.28	\$145.87	\$151.30	\$151.92	\$189.79	\$190.56			\$192.74	\$193.52						
HHP	POS	\$239.02	\$239.02	\$194.69	\$194.69	\$202.76	\$202.76												
HMO Colorado, Inc.	HMO	\$161.58	\$161.58	\$154.57	\$154.57	\$165.25	\$165.25	\$186.14	\$186.14	\$187.30	\$187.30	\$195.02	\$195.02	\$179.22	\$179.22	\$187.06	\$187.06	\$228.37	\$228.37
Humana Insurance Co	POS	\$239.02	\$239.02	\$194.69	\$194.69	\$202.76	\$202.76												
Humana Insurance Co	PPO					\$220.34	\$220.34	\$240.83	\$240.83	\$255.94	\$255.94	\$242.12	\$242.12	\$274.11	\$274.11	\$270.54	\$273.92		
Kaiser	HMO	\$158.52	\$158.52	\$154.49	\$169.62	\$144.38	\$158.52	\$158.52	\$158.52			\$158.52	\$158.52	\$168.93	\$185.46	\$168.93	\$185.46		
New Health Ventures	PPO	\$198.93	\$198.94	\$180.16	\$180.18	\$196.84	\$196.85	\$214.34	\$214.36	\$239.78	\$239.78	\$215.84	\$215.85	\$213.34	\$213.35	\$198.13	\$361.70	\$361.66	\$361.66
Rocky Mountain HMO	HMO	\$296.90	\$296.90	\$230.62	\$230.62	\$262.43	\$262.43	\$323.40	\$323.40	\$214.71	\$214.71	\$310.15	\$310.15	\$296.90	\$296.90	\$331.36	\$331.36	\$252.04	\$349.92
Time	PPO	\$246.52	\$263.94	\$203.85	\$218.26	\$248.88	\$266.47	\$274.65	\$280.05	\$255.70	\$260.74	\$252.48	\$253.63	\$300.00	\$301.36	\$288.13	\$341.22		
United HealthCare	EPO	\$240.61	\$240.61	\$225.60	\$225.60	\$220.76	\$220.76	\$297.01	\$297.01	\$297.01	\$297.01	\$266.99	\$266.99	\$225.12	\$225.12	\$253.92	\$324.61		



**COLORADO**  
 Department of  
 Regulatory Agencies  
 Division of Insurance

**Appendix F: 2015 Medical Small Group Rates – all Tiers (40 year old example)**

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# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Small Group  
Metal level: Bronze  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$245.22	\$252.34	\$273.42	\$281.34	\$332.57	\$342.22			\$338.21	\$348.02			\$281.88	\$342.21		
CO HealthOP	EPO	\$198.23	\$210.32	\$191.55	\$203.23	\$202.73	\$215.10	\$219.27	\$232.65			\$220.43	\$233.87			\$205.48	\$218.01	\$257.53	\$302.34
CO HealthOP	PPO	\$267.79	\$280.33	\$258.77	\$270.87	\$273.88	\$286.71	\$296.23	\$310.09	\$325.34	\$340.56	\$297.79	\$311.73	\$276.42	\$289.35	\$277.59	\$290.59	\$384.96	\$402.98
HMO CO	HMO	\$282.39	\$282.39	\$271.93	\$271.93	\$294.76	\$294.76	\$329.34	\$329.34	\$310.02	\$310.02	\$345.99	\$345.99	\$302.46	\$302.46	\$323.14	\$323.14	\$394.43	\$394.43
Kaiser	HMO	\$228.63	\$296.65	\$244.65	\$317.42	\$228.63	\$296.65	\$228.63	\$296.65			\$228.63	\$296.65	\$267.51	\$347.09	\$267.51	\$347.09		
Rocky Mountain HealthCare	PPO	\$435.35	\$451.72	\$338.17	\$350.89	\$380.93	\$395.26	\$474.23	\$492.06	\$342.06	\$354.93	\$454.79	\$471.89	\$435.35	\$451.72	\$485.88	\$504.16	\$408.14	\$423.49
Rocky Mountain HMO	HMO	\$398.76	\$418.57	\$308.66	\$325.14	\$333.11	\$369.98	\$434.37	\$455.94	\$313.31	\$328.87	\$416.56	\$437.25	\$398.76	\$418.57	\$445.05	\$467.15	\$361.65	\$493.31

2015

Market: Small Group  
Metal level: Bronze  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$245.22	\$252.34	\$273.42	\$281.34	\$332.57	\$342.22			\$338.21	\$348.02			\$281.88	\$342.21		
CO HealthOP	EPO	\$198.23	\$210.32	\$191.55	\$203.23	\$202.73	\$215.10	\$219.27	\$232.65			\$220.43	\$233.87			\$205.48	\$218.01	\$257.53	\$302.34
CO HealthOP	PPO	\$267.79	\$280.33	\$258.77	\$270.87	\$273.88	\$286.71	\$296.23	\$310.09	\$325.34	\$340.56	\$297.79	\$311.73	\$276.42	\$289.35	\$277.59	\$290.59	\$384.96	\$402.98
HMO CO	HMO	\$242.82	\$309.97	\$233.82	\$298.48	\$253.45	\$323.53	\$283.19	\$329.34	\$266.58	\$310.02	\$297.51	\$345.99	\$260.07	\$307.12	\$277.86	\$354.70	\$339.16	\$432.94
Humana Health Insurance Co	PPO	\$346.26	\$399.29	\$317.72	\$366.38	\$322.18	\$371.50	\$380.18	\$438.38	\$418.85	\$482.98	\$380.18	\$438.38	\$418.85	\$482.98	\$418.85	\$482.98	\$418.85	\$482.98
Humana Health Plan	HMO	\$274.86	\$322.36	\$252.20	\$295.79	\$255.75	\$299.96	\$301.80	\$353.95			\$301.80	\$353.95						
Humana Health Plan	POS	\$354.90	\$409.25	\$325.65	\$375.51	\$330.24	\$380.81												
Kaiser	HMO	\$228.63	\$296.65	\$244.65	\$317.42	\$228.63	\$296.65	\$228.63	\$296.65			\$228.63	\$296.65	\$267.51	\$347.09	\$267.51	\$347.09		
Rocky Mountain HealthCare	PPO	\$435.35	\$451.72	\$338.17	\$350.89	\$380.93	\$395.26	\$474.23	\$492.06	\$342.06	\$354.93	\$454.79	\$471.89	\$435.35	\$451.72	\$485.88	\$504.16	\$408.14	\$423.49
Rocky Mountain HMO	HMO	\$398.76	\$418.57	\$308.66	\$325.14	\$333.11	\$369.98	\$434.37	\$455.94	\$313.31	\$328.87	\$416.56	\$437.25	\$398.76	\$418.57	\$445.05	\$467.15	\$361.65	\$493.31
Rocky Mountain Hospital	PPO	\$271.98	\$301.26	\$263.91	\$292.32	\$286.87	\$317.75	\$315.30	\$349.24	\$277.01	\$306.84	\$331.19	\$366.85	\$278.14	\$308.09	\$288.41	\$319.46	\$351.28	\$389.10
United Healthcare Insurance Co	EPO	\$379.16	\$391.90	\$372.86	\$385.38	\$385.02	\$397.96	\$494.50	\$511.11	\$470.56	\$486.38	\$475.20	\$491.16	\$379.55	\$392.31	\$545.65	\$563.98	\$593.04	\$612.97
United Healthcare Insurance Co	POS	\$376.61	\$411.80	\$370.36	\$404.96	\$382.44	\$418.16	\$491.19	\$537.07	\$467.42	\$511.07	\$472.02	\$516.11	\$377.01	\$412.23	\$542.00	\$592.63	\$589.07	\$644.10
United Healthcare of Co	HMO	\$302.49	\$375.18	\$297.47	\$368.95	\$307.17	\$380.97	\$394.51	\$489.31	\$375.44	\$465.65	\$379.11	\$470.20	\$302.81	\$375.58	\$435.31	\$539.92	\$473.13	\$586.82



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

**Market: Small Group    2015**  
**Metal level: Silver**  
**Age: 40 year old**

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$290.20	\$302.81	\$323.55	\$337.62	\$393.57	\$410.69			\$400.23	\$417.65			\$333.56	\$410.67		
CO HealthOP	EPO	\$242.81	\$265.72	\$234.62	\$256.76	\$248.33	\$271.77	\$268.58	\$293.93			\$269.99	\$295.49			\$251.69	\$275.45	\$297.30	\$381.98
CO HealthOP	PPO	\$314.95	\$346.07	\$304.33	\$334.40	\$322.11	\$353.94	\$348.38	\$382.81	\$382.63	\$420.44	\$350.22	\$384.83	\$325.10	\$357.21	\$326.48	\$358.73	\$452.76	\$497.49
HMO CO	HMO	\$334.13	\$334.13	\$321.75	\$321.75	\$348.75	\$348.75	\$389.67	\$389.67	\$366.82	\$366.82	\$409.39	\$409.39	\$357.88	\$357.88	\$382.35	\$382.35	\$466.70	\$466.70
Kaiser	HMO	\$295.88	\$335.08	\$316.60	\$358.54	\$295.88	\$335.08	\$295.88	\$335.08			\$295.88	\$335.08	\$346.18	\$392.05	\$346.18	\$392.05		
Rocky Mountain HealthCare	PPO	\$491.91	\$523.16	\$382.11	\$406.39	\$430.42	\$457.77	\$535.83	\$569.87	\$386.51	\$411.06	\$513.87	\$546.52	\$491.91	\$523.16	\$549.00	\$583.89	\$461.17	\$490.47
Rocky Mountain HMO	HMO	\$456.74	\$485.73	\$346.56	\$377.30	\$373.73	\$429.36	\$497.53	\$529.10	\$358.88	\$381.65	\$477.13	\$507.42	\$456.74	\$485.73	\$509.76	\$542.11	\$414.15	\$572.47

**Market: Small Group    2015**  
**Metal level: Silver**  
**Age: 40 year old**

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$280.27	\$302.81	\$312.48	\$337.62	\$380.12	\$410.69			\$386.56	\$417.65			\$322.15	\$410.67		
CO HealthOP	EPO	\$242.81	\$265.72	\$234.62	\$256.76	\$248.33	\$271.77	\$268.58	\$293.93			\$269.99	\$295.49			\$251.69	\$275.45	\$297.30	\$381.98
CO HealthOP	PPO	\$314.95	\$346.07	\$304.33	\$334.40	\$322.11	\$353.94	\$348.38	\$382.81	\$382.63	\$420.44	\$350.22	\$384.83	\$325.10	\$357.21	\$326.48	\$358.73	\$452.76	\$497.49
HMO CO	HMO	\$315.92	\$354.30	\$304.22	\$341.17	\$329.76	\$369.81	\$368.45	\$413.20	\$346.84	\$388.97	\$387.08	\$434.10	\$334.02	\$379.49	\$361.52	\$405.43	\$441.27	\$494.87
Humana Health Insurance Co	Indemnity	\$701.10	\$701.10	\$643.31	\$643.31	\$652.32	\$652.32	\$769.75	\$769.75	\$848.06	\$848.06	\$769.75	\$769.75	\$848.06	\$848.06	\$848.06	\$848.06	\$848.06	\$848.06
Humana Health Insurance Co	PPO	\$369.05	\$585.98	\$338.63	\$537.68	\$343.37	\$545.22	\$405.19	\$643.36	\$446.42	\$708.82	\$405.19	\$643.36	\$446.42	\$708.82	\$446.42	\$708.82	\$446.42	\$708.82
Humana Health Plan	HMO	\$306.95	\$485.21	\$281.66	\$445.22	\$285.62	\$451.49	\$337.03	\$532.76			\$337.03	\$532.76						
Humana Health Plan	POS	\$378.29	\$600.63	\$347.10	\$551.11	\$351.99	\$558.88												
Kaiser	HMO	\$264.00	\$335.08	\$282.48	\$358.54	\$264.00	\$335.08	\$264.00	\$335.08			\$264.00	\$335.08	\$308.87	\$392.05	\$308.87	\$392.05		
Kaiser	PPO	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59	\$556.59
Rocky Mountain HealthCare	PPO	\$491.91	\$523.16	\$382.11	\$406.39	\$430.42	\$457.77	\$535.83	\$569.87	\$386.51	\$411.06	\$513.87	\$546.52	\$491.91	\$523.16	\$549.00	\$583.89	\$461.17	\$490.47
Rocky Mountain HMO	HMO	\$456.74	\$485.73	\$346.56	\$377.30	\$373.73	\$429.36	\$497.53	\$529.10	\$358.88	\$381.65	\$477.13	\$507.42	\$456.74	\$485.73	\$509.76	\$542.11	\$414.15	\$572.47
Rocky Mountain Hospital	PPO	\$349.99	\$390.70	\$339.60	\$379.08	\$369.15	\$412.07	\$405.73	\$452.91	\$356.47	\$397.92	\$426.19	\$475.75	\$357.93	\$399.54	\$371.13	\$414.29	\$452.04	\$504.59
United Healthcare Insurance Co	EPO	\$396.96	\$426.72	\$390.38	\$419.64	\$403.11	\$433.33	\$517.73	\$556.56	\$492.67	\$529.60	\$497.54	\$534.84	\$397.38	\$427.17	\$571.28	\$614.12	\$620.90	\$667.45
United Healthcare Insurance Co	Indemnity	\$911.78	\$911.78	\$896.64	\$896.64	\$925.90	\$925.90	\$1,189.18	\$1,189.18	\$1,131.59	\$1,131.59	\$1,142.77	\$1,142.77	\$912.73	\$912.73	\$1,312.17	\$1,312.17	\$1,426.15	\$1,426.15
United Healthcare Insurance Co	POS	\$399.00	\$471.30	\$392.38	\$463.47	\$405.19	\$478.59	\$520.40	\$614.67	\$495.20	\$584.93	\$500.11	\$590.69	\$399.43	\$471.79	\$574.23	\$678.26	\$624.11	\$737.16
United Healthcare of Co	HMO	\$360.47	\$423.41	\$354.48	\$416.37	\$366.03	\$429.96	\$470.13	\$552.22	\$447.39	\$525.53	\$451.76	\$530.65	\$360.86	\$423.87	\$518.75	\$609.34	\$563.82	\$662.27



# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Small Group  
Metal level: Gold  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
On Exchange		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$347.33	\$354.04	\$387.26	\$394.74	\$471.08	\$480.17			\$479.06	\$488.31			\$399.25	\$480.16		
CO HealthOP	EPO	\$311.26	\$323.79	\$300.75	\$312.88	\$318.32	\$331.16	\$344.29	\$358.17			\$346.11	\$360.06			\$322.64	\$335.64	\$396.47	\$465.46
CO HealthOP	PPO	\$403.44	\$414.80	\$389.83	\$400.81	\$412.62	\$424.22	\$446.26	\$458.83	\$490.13	\$503.93	\$448.63	\$461.24	\$416.44	\$428.16	\$418.20	\$429.97	\$579.96	\$596.28
HMO CO	HMO	\$445.93	\$445.93	\$429.41	\$429.41	\$465.45	\$465.45	\$520.07	\$520.07	\$489.56	\$489.56	\$546.37	\$546.37	\$477.63	\$477.63	\$510.28	\$510.28	\$622.85	\$622.85
Kaiser	HMO	\$345.07	\$396.18	\$369.23	\$423.91	\$345.07	\$396.18	\$345.07	\$396.18			\$345.07	\$396.18	\$403.73	\$463.53	\$403.73	\$463.53		
Rocky Mountain HealthCare	PPO	\$576.75	\$617.68	\$448.02	\$479.80	\$504.66	\$540.47	\$628.24	\$672.83	\$453.17	\$485.32	\$602.50	\$645.25	\$576.75	\$617.68	\$643.69	\$689.38	\$540.70	\$579.07
Rocky Mountain HMO	HMO	\$548.66	\$580.48	\$426.19	\$450.90	\$461.86	\$513.10	\$597.64	\$632.30	\$431.09	\$456.09	\$573.16	\$606.39	\$548.66	\$580.48	\$612.34	\$647.86	\$498.30	\$684.13

2015

Market: Small Group  
Metal level: Gold  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
Off Exchange		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
CO Choice	HMO			\$347.33	\$354.04	\$387.26	\$394.74	\$471.08	\$480.17			\$479.06	\$488.31			\$399.25	\$480.16		
CO HealthOP	EPO	\$311.26	\$323.79	\$300.75	\$312.88	\$318.32	\$331.16	\$344.29	\$358.17			\$346.11	\$360.06			\$322.64	\$335.64	\$396.47	\$465.46
CO HealthOP	PPO	\$403.44	\$414.80	\$389.83	\$400.81	\$412.62	\$424.22	\$446.26	\$458.83	\$490.13	\$503.93	\$448.63	\$461.24	\$416.44	\$428.16	\$418.20	\$429.97	\$579.96	\$596.28
HMO CO	HMO	\$398.81	\$445.93	\$384.04	\$429.41	\$416.28	\$465.45	\$465.12	\$520.07	\$437.84	\$489.56	\$488.64	\$546.37	\$400.04	\$477.63	\$456.37	\$510.28	\$557.04	\$622.85
Humana Health Insurance Co	PPO	\$527.03	\$657.97	\$483.60	\$603.73	\$490.37	\$612.19	\$578.65	\$722.39	\$637.52	\$795.89	\$578.65	\$722.39	\$637.52	\$795.89	\$637.52	\$795.89	\$637.52	\$795.89
Humana Health Plan	HMO	\$431.09	\$544.13	\$395.57	\$499.28	\$401.14	\$506.32	\$473.35	\$597.47			\$473.35	\$597.47						
Humana Health Plan	POS	\$540.19	\$674.36	\$495.65	\$618.77	\$502.64	\$627.50												
Kaiser	HMO	\$322.78	\$396.18	\$345.38	\$423.91	\$322.78	\$396.18	\$322.78	\$396.18			\$322.78	\$396.18	\$377.66	\$463.53	\$377.66	\$463.53		
Rocky Mountain HealthCare	PPO	\$576.75	\$617.68	\$448.02	\$479.80	\$504.66	\$540.47	\$628.24	\$672.83	\$453.17	\$485.32	\$602.50	\$645.25	\$576.75	\$617.68	\$643.69	\$689.38	\$540.70	\$579.07
Rocky Mountain HMO	HMO	\$548.66	\$580.48	\$426.19	\$450.90	\$461.86	\$513.10	\$597.64	\$632.30	\$431.09	\$456.09	\$573.16	\$606.39	\$548.66	\$580.48	\$612.34	\$647.86	\$498.30	\$684.13
Rocky Mountain Hospital	PPO	\$376.72	\$497.55	\$365.52	\$482.76	\$397.33	\$524.77	\$436.69	\$576.77	\$383.68	\$506.75	\$458.73	\$605.86	\$385.25	\$508.82	\$399.46	\$527.60	\$486.53	\$642.60
United Healthcare Insurance Co	EPO	\$457.65	\$502.25	\$450.07	\$493.92	\$464.74	\$510.04	\$596.90	\$655.06	\$567.99	\$623.34	\$573.62	\$629.52	\$458.14	\$502.78	\$658.64	\$722.82	\$715.83	\$785.60
United Healthcare Insurance Co	Indemnity	\$1,080.66	\$1,080.66	\$1,062.71	\$1,062.71	\$1,097.39	\$1,097.39	\$1,409.43	\$1,409.43	\$1,341.18	\$1,341.18	\$1,354.44	\$1,354.44	\$1,081.79	\$1,081.79	\$1,555.21	\$1,555.21	\$1,690.28	\$1,690.28
United Healthcare Insurance Co	POS	\$436.03	\$514.14	\$428.79	\$505.62	\$442.78	\$522.11	\$568.70	\$670.57	\$541.14	\$638.09	\$546.50	\$644.41	\$436.49	\$514.68	\$627.51	\$739.92	\$682.00	\$804.19
United Healthcare of Co	HMO	\$414.10	\$486.69	\$407.21	\$478.59	\$420.49	\$494.20	\$540.06	\$634.72	\$513.96	\$604.05	\$518.96	\$609.93	\$414.56	\$487.22	\$595.93	\$700.38	\$647.72	\$761.24



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# Health Insurance Premiums Approved for Plans in 2015

## COLORADO DIVISION OF INSURANCE

2015

Market: Small Group  
Metal level: Platinum  
Age: 40 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colo Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare Insurance Co	POS	\$591.14	\$602.26	\$581.34	\$592.28	\$600.30	\$611.60	\$770.99	\$785.50	\$733.66	\$747.46	\$740.92	\$754.85	\$591.77	\$602.90	\$850.74	\$866.75	\$924.63	\$942.03
United Healthcare of Co	HMO	\$512.67	\$565.66	\$504.16	\$556.25	\$520.59	\$574.38	\$668.61	\$737.70	\$636.30	\$702.06	\$642.50	\$708.89	\$513.23	\$566.27	\$737.78	\$814.02	\$801.88	\$884.76



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance



## **Appendix G: 2015 Average Change by Geographic Rating Area**

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**Weighted Average Increase / Decreases by Geographic Rating Area - 2015 Medical Plans**

<b>Area 1 - Boulder</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	0.42%	-27.58%	49.75%
<i>Small Group</i>	2.60%	-14.55%	17.95%
<b>Area 2 - Colorado Springs</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	-0.20%	-27.58%	50.87%
<i>Small Group</i>	1.33%	-18.07%	16.67%
<b>Area 3 - Denver</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	0.84%	-27.58%	49.77%
<i>Small Group</i>	2.77%	-14.80%	16.24%
<b>Area 4 - Fort Collins</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	5.26%	-27.58%	14.34%
<i>Small Group</i>	3.19%	-25.90%	19.16%
<b>Area 5 - Grand Junction</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	-3.55%	-20.34%	4.83%
<i>Small Group</i>	-0.36%	-22.09%	11.12%
<b>Area 6 - Greeley</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	4.57%	-27.58%	14.34%
<i>Small Group</i>	3.32%	-25.90%	17.97%
<b>Area 7 - Pueblo</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	-4.90%	-15.31%	7.33%
<i>Small Group</i>	0.25%	-20.03%	9.80%
<b>Area 8 - East</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	-5.01%	-37.89%	25.44%
<i>Small Group</i>	5.65%	-34.22%	31.24%
<b>Area 9 - West</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>
<i>Individual</i>	-7.44%	-12.20%	8.95%
<i>Small Group</i>	1.12%	-29.47%	35.61%

*Note: Rating Area 8 change uses aggregate of 2014 Rating Areas 8 and 9 as denominator.*

*Note: Rating Area 9 change uses aggregate of 2014 Rating Areas 10 and 11 as denominator.*



**COLORADO**  
 Department of  
 Regulatory Agencies  
 Division of Insurance

**Appendix H: 2016 Medical Individual Rates – all Tiers (40 year old example)**

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# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Individual  
Metal level: Bronze  
Age: 40 year old

ON Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
Cigna	EPO	\$ 250.00	\$ 298.41	\$ 239.09	\$ 256.49	\$ 242.10	\$ 288.98	\$ 303.35	\$ 325.44			\$ 309.45	\$ 331.98					\$ 378.51	\$ 406.07
United Healthcare of CO	HMO	\$ 288.57	\$ 311.18	\$ 279.49	\$ 301.39	\$ 276.90	\$ 298.59	\$ 376.76	\$ 406.27			\$ 364.44	\$ 392.99	\$ 283.06	\$ 305.23	\$ 377.73	\$ 407.32		
RMHP	PPO									\$ 330.73	\$ 371.80							\$ 481.85	\$ 494.22
Anthem	PPO	\$ 289.32	\$ 311.34	\$ 276.12	\$ 297.12	\$ 295.89	\$ 318.40	\$ 327.76	\$ 352.70	\$ 308.15	\$ 331.60	\$ 343.27	\$ 369.38	\$ 303.51	\$ 326.60	\$ 307.44	\$ 330.83	\$ 374.14	\$ 402.60
Kaiser	HMO	\$ 220.53	\$ 238.20	\$ 214.79	\$ 254.88	\$ 200.73	\$ 238.20	\$ 231.56	\$ 250.11			\$ 231.56	\$ 250.11	\$ 234.87	\$ 278.69	\$ 234.87	\$ 278.69	\$ 286.69	\$ 309.66
Colorado Choice	HMO			\$ 218.16	\$ 238.56	\$ 243.34	\$ 266.08	\$ 287.00	\$ 313.85			\$ 291.83	\$ 319.13			\$ 250.66	\$ 301.50		
Humana Health Plan Inc	HMO	\$ 302.12	\$ 327.89	\$ 237.54	\$ 257.81	\$ 247.34	\$ 268.44	\$ 317.25	\$ 344.31			\$ 316.21	\$ 343.19						
Denver Health	HMO					\$ 300.21	\$ 300.21												
RMHP	HMO			\$ 422.09	\$ 428.44	\$ 422.09	\$ 428.44											\$ 422.90	\$ 429.44
HMO Colorado	HMO	\$ 259.75	\$ 279.47	\$ 248.48	\$ 267.34	\$ 265.64	\$ 285.81	\$ 299.21	\$ 321.94	\$ 301.09	\$ 323.94	\$ 313.50	\$ 337.30	\$ 288.10	\$ 309.96	\$ 300.70	\$ 323.52	\$ 337.86	\$ 394.99

2016

Market: Individual  
Metal level: Bronze  
Age: 40 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
Cigna	EPO	\$ 250.00	\$ 298.41	\$ 239.09	\$ 256.49	\$ 242.10	\$ 288.98	\$ 303.35	\$ 325.44			\$ 309.45	\$ 331.98					\$ 378.51	\$ 406.07
United Healthcare of CO	HMO	\$ 288.57	\$ 311.18	\$ 279.49	\$ 301.39	\$ 276.90	\$ 298.59	\$ 376.76	\$ 406.27			\$ 364.44	\$ 392.99	\$ 283.06	\$ 305.23	\$ 377.73	\$ 407.32		
Humana Insurance Company	POS	\$ 405.26	\$ 442.73	\$ 318.63	\$ 348.08	\$ 331.79	\$ 362.46												
RMHP	PPO									\$ 330.73	\$ 371.80							\$ 481.85	\$ 494.22
United Healthcare Life	EPO	\$ 265.31	\$ 286.78	\$ 262.45	\$ 283.69	\$ 261.59	\$ 282.75	\$ 349.64	\$ 377.94	\$ 336.16	\$ 363.37	\$ 324.40	\$ 350.65	\$ 266.75	\$ 288.34	\$ 346.21	\$ 374.22	\$ 417.91	\$ 451.73
Humana Health Plan Inc	POS	\$ 400.38	\$ 437.40	\$ 314.79	\$ 343.91	\$ 327.78	\$ 358.09												
Anthem	PPO	\$ 289.32	\$ 311.34	\$ 276.12	\$ 297.12	\$ 295.89	\$ 318.40	\$ 327.76	\$ 352.70	\$ 308.15	\$ 331.60	\$ 343.27	\$ 369.38	\$ 303.51	\$ 326.60	\$ 307.44	\$ 330.83	\$ 374.14	\$ 402.60
Kaiser	HMO	\$ 220.53	\$ 238.20	\$ 214.79	\$ 254.88	\$ 200.73	\$ 238.20	\$ 231.56	\$ 250.11			\$ 231.56	\$ 250.11	\$ 234.87	\$ 278.69	\$ 234.87	\$ 278.69	\$ 286.69	\$ 309.66
Freedom Life	PPO	\$ 516.80	\$ 516.80	\$ 440.32	\$ 440.32	\$ 516.80	\$ 516.80	\$ 555.04	\$ 555.04	\$ 622.75	\$ 622.75	\$ 481.66	\$ 481.66	\$ 567.96	\$ 567.96	\$ 667.71	\$ 667.71	\$ 711.12	\$ 711.12
Colorado Choice	HMO			\$ 218.16	\$ 238.56	\$ 243.34	\$ 266.08	\$ 287.00	\$ 313.85			\$ 291.83	\$ 319.13			\$ 250.66	\$ 301.50		
Humana Health Plan Inc	HMO	\$ 302.12	\$ 327.89	\$ 237.54	\$ 257.81	\$ 247.34	\$ 268.44	\$ 317.25	\$ 344.31			\$ 316.21	\$ 343.19						
Denver Health	HMO					\$ 300.21	\$ 300.21												
RMHP	HMO			\$ 422.09	\$ 428.44	\$ 422.09	\$ 428.44											\$ 422.90	\$ 429.44
Humana Insurance Company	PPO					\$ 339.82	\$ 371.24	\$ 371.37	\$ 405.71	\$ 394.65	\$ 431.17	\$ 373.36	\$ 407.89	\$ 422.71	\$ 461.80	\$ 417.20	\$ 455.78	\$ 422.39	\$ 461.44
HMO Colorado	HMO	\$ 259.75	\$ 279.47	\$ 248.48	\$ 267.34	\$ 265.64	\$ 285.81	\$ 299.21	\$ 321.94	\$ 301.09	\$ 323.94	\$ 313.50	\$ 337.30	\$ 288.10	\$ 309.96	\$ 300.70	\$ 323.52	\$ 337.86	\$ 394.99
Golden Rule	PPO	\$ 270.92	\$ 293.00	\$ 266.43	\$ 288.15	\$ 275.12	\$ 297.54	\$ 353.34	\$ 382.13	\$ 336.26	\$ 363.66	\$ 339.56	\$ 367.23	\$ 271.23	\$ 293.32	\$ 346.74	\$ 375.00	\$ 410.58	\$ 444.05
National Foundation	PPO	\$ 516.80	\$ 516.80	\$ 440.32	\$ 440.32	\$ 516.80	\$ 516.80	\$ 555.04	\$ 555.04	\$ 622.75	\$ 622.75	\$ 481.66	\$ 481.66	\$ 567.96	\$ 567.96	\$ 667.71	\$ 667.71	\$ 711.12	\$ 711.12



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Individual  
Metal level: Silver  
Age: 40 year old

ON Exchange Plans		Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Cigna	EPO	\$ 296.47	\$ 358.79	\$ 281.97	\$ 308.39	\$ 287.10	\$ 347.46	\$ 357.76	\$ 391.29			\$ 364.95	\$ 399.15					\$ 446.40	\$ 488.23
United Healthcare of CO	HMO	\$ 332.45	\$ 356.39	\$ 321.99	\$ 345.17	\$ 319.01	\$ 341.98	\$ 434.05	\$ 465.31			\$ 419.86	\$ 450.09	\$ 326.10	\$ 349.58	\$ 435.18	\$ 466.51		
RMHP	PPO									\$ 372.34	\$ 422.17							\$ 529.16	\$ 561.19
Anthem	PPO	\$ 350.32	\$ 392.97	\$ 334.33	\$ 375.02	\$ 358.27	\$ 401.87	\$ 396.88	\$ 445.17	\$ 373.12	\$ 418.53	\$ 415.64	\$ 466.22	\$ 367.50	\$ 412.23	\$ 372.26	\$ 417.58	\$ 453.02	\$ 508.16
All Savers	EPO					\$ 330.74	\$ 330.74							\$ 338.10	\$ 338.10	\$ 451.19	\$ 451.19	\$ 529.43	\$ 529.43
Kaiser	HMO	\$ 266.47	\$ 283.09	\$ 259.42	\$ 302.89	\$ 242.45	\$ 283.09	\$ 279.80	\$ 297.23			\$ 279.80	\$ 297.23	\$ 283.66	\$ 331.20	\$ 283.66	\$ 331.20	\$ 346.41	\$ 368.01
Colorado Choice	HMO			\$ 256.99	\$ 308.43	\$ 286.63	\$ 344.01	\$ 338.06	\$ 405.76			\$ 343.76	\$ 412.60			\$ 295.25	\$ 389.80		
Humana Health Plan Inc	HMO	\$ 339.64	\$ 356.81	\$ 267.03	\$ 280.54	\$ 278.05	\$ 292.11	\$ 356.65	\$ 374.68			\$ 355.47	\$ 373.45						
Denver Health	HMO					\$ 362.50	\$ 402.36												
RMHP	HMO			\$ 450.66	\$ 474.77	\$ 458.91	\$ 474.77											\$ 452.01	\$ 482.58
HMO Colorado	HMO	\$ 334.52	\$ 366.88	\$ 320.02	\$ 350.97	\$ 342.12	\$ 375.22	\$ 385.36	\$ 422.64	\$ 387.77	\$ 425.29	\$ 403.75	\$ 442.82	\$ 371.04	\$ 406.92	\$ 387.27	\$ 424.74	\$ 445.77	\$ 518.54

2016

Market: Individual  
Metal level: Silver  
Age: 40 year old

OFF Exchange Plans		Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Cigna	EPO	\$ 296.47	\$ 358.79	\$ 281.97	\$ 308.39	\$ 287.10	\$ 347.46	\$ 357.76	\$ 391.29			\$ 364.95	\$ 399.15					\$ 446.40	\$ 488.23
United Healthcare of CO	HMO	\$ 332.45	\$ 356.39	\$ 321.99	\$ 345.17	\$ 319.01	\$ 341.98	\$ 434.05	\$ 465.31			\$ 419.86	\$ 450.09	\$ 326.10	\$ 349.58	\$ 435.18	\$ 466.51		
Humana Insurance Company	POS	\$ 457.42	\$ 487.35	\$ 359.64	\$ 383.16	\$ 374.49	\$ 399.00												
RMHP	PPO									\$ 372.34	\$ 422.17							\$ 529.16	\$ 561.19
United Healthcare Life	EPO	\$ 312.74	\$ 332.93	\$ 309.36	\$ 329.32	\$ 308.34	\$ 328.25	\$ 412.14	\$ 438.74	\$ 396.25	\$ 421.82	\$ 382.39	\$ 407.08	\$ 314.43	\$ 334.73	\$ 408.09	\$ 434.42	\$ 492.61	\$ 524.41
Humana Health Plan Inc	POS	\$ 451.93	\$ 481.53	\$ 355.32	\$ 378.60	\$ 369.98	\$ 394.22												
Anthem	PPO	\$ 350.32	\$ 392.97	\$ 334.33	\$ 375.02	\$ 358.27	\$ 401.87	\$ 396.88	\$ 445.17	\$ 373.12	\$ 418.53	\$ 415.64	\$ 466.22	\$ 367.50	\$ 412.23	\$ 372.26	\$ 417.58	\$ 453.02	\$ 508.16
All Savers	EPO					\$ 330.74	\$ 330.74							\$ 338.10	\$ 338.10	\$ 451.19	\$ 451.19	\$ 529.43	\$ 529.43
Kaiser	HMO	\$ 266.47	\$ 283.09	\$ 259.42	\$ 302.89	\$ 242.45	\$ 283.09	\$ 279.80	\$ 297.23			\$ 279.80	\$ 297.23	\$ 283.66	\$ 331.20	\$ 283.66	\$ 331.20	\$ 346.41	\$ 368.01
Freedom Life	PPO	\$ 580.33	\$ 580.33	\$ 494.45	\$ 494.45	\$ 580.33	\$ 580.33	\$ 623.29	\$ 623.29	\$ 699.30	\$ 699.30	\$ 540.87	\$ 540.87	\$ 637.79	\$ 637.79	\$ 749.79	\$ 749.79	\$ 798.55	\$ 798.55
Colorado Choice	HMO			\$ 256.99	\$ 308.43	\$ 286.63	\$ 344.01	\$ 338.06	\$ 405.76			\$ 343.76	\$ 412.60			\$ 295.25	\$ 389.80		
Humana Health Plan Inc	HMO	\$ 339.64	\$ 356.81	\$ 267.03	\$ 280.54	\$ 278.05	\$ 292.11	\$ 356.65	\$ 374.68			\$ 355.47	\$ 373.45						
Denver Health	HMO					\$ 362.50	\$ 402.36												
RMHP	HMO			\$ 450.66	\$ 474.77	\$ 458.91	\$ 474.77											\$ 452.01	\$ 482.58
Humana Insurance Company	PPO					\$ 383.56	\$ 408.69	\$ 419.18	\$ 446.63	\$ 445.47	\$ 474.64	\$ 421.43	\$ 449.03	\$ 477.12	\$ 508.37	\$ 470.91	\$ 501.75	\$ 476.76	\$ 507.99
HMO Colorado	HMO	\$ 334.52	\$ 366.88	\$ 320.02	\$ 350.97	\$ 342.12	\$ 375.22	\$ 385.36	\$ 422.64	\$ 387.77	\$ 425.29	\$ 403.75	\$ 442.82	\$ 371.04	\$ 406.92	\$ 387.27	\$ 424.74	\$ 445.77	\$ 518.54
Golden Rule	PPO	\$ 310.04	\$ 319.82	\$ 304.89	\$ 314.50	\$ 314.83	\$ 324.76	\$ 404.35	\$ 417.10	\$ 384.80	\$ 396.93	\$ 388.57	\$ 400.83	\$ 310.37	\$ 320.16	\$ 396.80	\$ 409.31	\$ 469.85	\$ 484.68



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Individual  
Metal level: Gold  
Age: 40 year old

ON Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
Cigna	EPO	\$ 371.45	\$ 417.08	\$ 358.49	\$ 358.49	\$ 359.70	\$ 403.89	\$ 454.85	\$ 454.85			\$ 463.98	\$ 463.98					\$ 567.54	\$ 567.54
United Healthcare of CO	HMO	\$ 394.95	\$ 397.62	\$ 382.53	\$ 385.11	\$ 378.97	\$ 381.53	\$ 515.65	\$ 519.13			\$ 498.80	\$ 502.16	\$ 387.41	\$ 390.01	\$ 517.00	\$ 520.47		
RMHP	PPO									\$ 426.00	\$ 476.93							\$ 627.43	\$ 633.98
Anthem	PPO	\$ 460.24	\$ 513.58	\$ 439.22	\$ 490.13	\$ 470.67	\$ 525.23	\$ 521.39	\$ 581.81	\$ 490.18	\$ 546.99	\$ 546.04	\$ 609.33	\$ 482.80	\$ 538.76	\$ 489.06	\$ 545.75	\$ 595.16	\$ 664.13
All Savers	EPO					\$ 377.71	\$ 377.71							\$ 386.12	\$ 386.12	\$ 515.27	\$ 515.27	\$ 604.61	\$ 604.61
Kaiser	HMO	\$ 321.25	\$ 338.58	\$ 312.74	\$ 362.27	\$ 292.27	\$ 338.58	\$ 337.31	\$ 355.50			\$ 337.31	\$ 355.50	\$ 341.96	\$ 396.12	\$ 341.96	\$ 396.12	\$ 417.63	\$ 440.14
Colorado Choice	HMO			\$ 350.96	\$ 354.12	\$ 391.45	\$ 394.96	\$ 461.70	\$ 465.84			\$ 469.48	\$ 473.68			\$ 403.24	\$ 447.51		
Humana Health Plan Inc	HMO	\$ 420.75	\$ 420.75	\$ 330.81	\$ 330.81	\$ 344.45	\$ 344.45	\$ 441.82	\$ 441.82			\$ 440.37	\$ 440.37						
Denver Health	HMO					\$ 350.96	\$ 424.78												
RMHP	HMO																	\$ 553.19	\$ 553.19
HMO Colorado	HMO	\$ 401.27	\$ 455.69	\$ 383.88	\$ 435.92	\$ 410.39	\$ 466.03	\$ 462.26	\$ 524.93	\$ 465.15	\$ 528.22	\$ 484.33	\$ 549.99	\$ 445.07	\$ 505.42	\$ 464.55	\$ 527.53	\$ 549.89	\$ 644.05

2016

Market: Individual  
Metal level: Gold  
Age: 40 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
Cigna	EPO	\$ 371.45	\$ 417.08	\$ 358.49	\$ 358.49	\$ 359.70	\$ 403.89	\$ 454.85	\$ 454.85			\$ 463.98	\$ 463.98					\$ 567.54	\$ 567.54
United Healthcare of CO	HMO	\$ 394.95	\$ 397.62	\$ 382.53	\$ 385.11	\$ 378.97	\$ 381.53	\$ 515.65	\$ 519.13			\$ 498.80	\$ 502.16	\$ 387.41	\$ 390.01	\$ 517.00	\$ 520.47		
RMHP	PPO									\$ 426.00	\$ 476.93							\$ 627.43	\$ 633.98
United Healthcare Life	EPO	\$ 373.30	\$ 373.30	\$ 369.26	\$ 369.26	\$ 368.06	\$ 368.06	\$ 491.95	\$ 491.95	\$ 472.98	\$ 472.98	\$ 456.43	\$ 456.43	\$ 375.32	\$ 375.32	\$ 487.10	\$ 487.10	\$ 588.00	\$ 588.00
Anthem	PPO	\$ 460.24	\$ 513.58	\$ 439.22	\$ 490.13	\$ 470.67	\$ 525.23	\$ 521.39	\$ 581.81	\$ 490.18	\$ 546.99	\$ 546.04	\$ 609.33	\$ 482.80	\$ 538.76	\$ 489.06	\$ 545.75	\$ 595.16	\$ 664.13
All Savers	EPO					\$ 377.71	\$ 377.71							\$ 386.12	\$ 386.12	\$ 515.27	\$ 515.27	\$ 604.61	\$ 604.61
Kaiser	HMO	\$ 321.25	\$ 338.58	\$ 312.74	\$ 362.27	\$ 292.27	\$ 338.58	\$ 337.31	\$ 355.50			\$ 337.31	\$ 355.50	\$ 341.96	\$ 396.12	\$ 341.96	\$ 396.12	\$ 417.63	\$ 440.14
Colorado Choice	HMO			\$ 350.96	\$ 354.12	\$ 391.45	\$ 394.96	\$ 461.70	\$ 465.84			\$ 469.48	\$ 473.68			\$ 403.24	\$ 447.51		
Humana Health Plan Inc	HMO	\$ 420.75	\$ 420.75	\$ 330.81	\$ 330.81	\$ 344.45	\$ 344.45	\$ 441.82	\$ 441.82			\$ 440.37	\$ 440.37						
Denver Health	HMO					\$ 350.96	\$ 424.78												
HMO Colorado	HMO	\$ 401.27	\$ 455.69	\$ 383.88	\$ 435.92	\$ 410.39	\$ 466.03	\$ 462.26	\$ 524.93	\$ 465.15	\$ 528.22	\$ 484.33	\$ 549.99	\$ 445.07	\$ 505.42	\$ 464.55	\$ 527.53	\$ 549.89	\$ 644.05



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Individual  
Metal level: Platinum  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 509.31	\$ 509.31	\$ 493.29	\$ 493.29	\$ 488.71	\$ 488.71	\$ 664.97	\$ 664.97			\$ 643.22	\$ 643.22	\$ 499.59	\$ 499.59	\$ 666.69	\$ 666.69		
Humana Health Plan Inc	HMO	\$ 501.14	\$ 501.14	\$ 394.01	\$ 394.01	\$ 410.27	\$ 410.27	\$ 526.24	\$ 526.24			\$ 524.51	\$ 524.51						

2016

Market: Individual  
Metal level: Platinum  
Age: 40 year old

		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 509.31	\$ 509.31	\$ 493.29	\$ 493.29	\$ 488.71	\$ 488.71	\$ 664.97	\$ 664.97			\$ 643.22	\$ 643.22	\$ 499.59	\$ 499.59	\$ 666.69	\$ 666.69		
Humana Health Plan Inc	HMO	\$ 501.14	\$ 501.14	\$ 394.01	\$ 394.01	\$ 410.27	\$ 410.27	\$ 526.24	\$ 526.24			\$ 524.51	\$ 524.51						



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Individual  
Metal level: Catastrophic  
Age: 21 year old

ON Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 206.29	\$ 206.29	\$ 199.80	\$ 199.80	\$ 197.95	\$ 197.95	\$ 269.34	\$ 269.34			\$ 260.53	\$ 260.53	\$ 202.35	\$ 202.35	\$ 270.03	\$ 270.03		
RMHP	PPO									\$ 280.64	\$ 280.64							\$ 373.05	\$ 373.05
Anthem	PPO	\$ 180.69	\$ 180.69	\$ 172.44	\$ 172.44	\$ 184.78	\$ 184.78	\$ 204.69	\$ 204.69	\$ 192.44	\$ 192.44	\$ 214.37	\$ 214.37	\$ 189.55	\$ 189.55	\$ 192.00	\$ 192.00	\$ 233.66	\$ 233.66
Kaiser	HMO	\$ 163.44	\$ 163.44	\$ 159.19	\$ 174.88	\$ 148.78	\$ 163.44	\$ 171.61	\$ 171.61			\$ 171.61	\$ 171.61	\$ 174.07	\$ 191.22	\$ 174.07	\$ 191.22	\$ 212.47	\$ 212.47
Colorado Choice	HMO			\$ 180.98	\$ 180.98	\$ 201.86	\$ 201.86	\$ 238.08	\$ 238.08			\$ 242.09	\$ 242.09			\$ 207.94	\$ 228.72		
Humana Health Plan Inc	HMO	\$ 175.96	\$ 175.96	\$ 138.35	\$ 138.35	\$ 144.05	\$ 144.05	\$ 184.77	\$ 184.77			\$ 184.17	\$ 184.17						
RMHP	HMO			\$ 326.80	\$ 326.80	\$ 326.80	\$ 326.80											\$ 327.49	\$ 327.49
HMO Colorado	HMO	\$ 161.96	\$ 161.96	\$ 154.93	\$ 154.93	\$ 165.63	\$ 165.63	\$ 186.57	\$ 186.57	\$ 187.74	\$ 187.74	\$ 195.47	\$ 195.47	\$ 179.63	\$ 179.63	\$ 187.49	\$ 187.49	\$ 228.90	\$ 228.90

2016

Market: Individual  
Metal level: Catastrophic  
Age: 21 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 206.29	\$ 206.29	\$ 199.80	\$ 199.80	\$ 197.95	\$ 197.95	\$ 269.34	\$ 269.34			\$ 260.53	\$ 260.53	\$ 202.35	\$ 202.35	\$ 270.03	\$ 270.03		
Humana Insurance Company	POS	\$ 237.66	\$ 237.66	\$ 186.85	\$ 186.85	\$ 194.58	\$ 194.58												
RMHP	PPO									\$ 280.64	\$ 280.64							\$ 373.05	\$ 373.05
United Healthcare Life	EPO	\$ 190.30	\$ 190.30	\$ 188.25	\$ 188.25	\$ 187.63	\$ 187.63	\$ 250.79	\$ 250.79	\$ 241.12	\$ 241.12	\$ 232.69	\$ 232.69	\$ 191.33	\$ 191.33	\$ 248.32	\$ 248.32	\$ 299.76	\$ 299.76
Humana Health Plan Inc	POS	\$ 234.76	\$ 234.76	\$ 184.58	\$ 184.58	\$ 192.19	\$ 192.19												
Anthem	PPO	\$ 180.69	\$ 180.69	\$ 172.44	\$ 172.44	\$ 184.78	\$ 184.78	\$ 204.69	\$ 204.69	\$ 192.44	\$ 192.44	\$ 214.37	\$ 214.37	\$ 189.55	\$ 189.55	\$ 192.00	\$ 192.00	\$ 233.66	\$ 233.66
Kaiser	HMO	\$ 163.44	\$ 163.44	\$ 159.19	\$ 174.88	\$ 148.78	\$ 163.44	\$ 171.61	\$ 171.61			\$ 171.61	\$ 171.61	\$ 174.07	\$ 191.22	\$ 174.07	\$ 191.22	\$ 212.47	\$ 212.47
Colorado Choice	HMO			\$ 180.98	\$ 180.98	\$ 201.86	\$ 201.86	\$ 238.08	\$ 238.08			\$ 242.09	\$ 242.09			\$ 207.94	\$ 228.72		
Humana Health Plan Inc	HMO	\$ 175.96	\$ 175.96	\$ 138.35	\$ 138.35	\$ 144.05	\$ 144.05	\$ 184.77	\$ 184.77			\$ 184.17	\$ 184.17						
RMHP	HMO			\$ 326.80	\$ 326.80	\$ 326.80	\$ 326.80											\$ 327.49	\$ 327.49
Humana Insurance Company	PPO					\$ 199.31	\$ 199.31	\$ 217.81	\$ 217.81	\$ 231.48	\$ 231.48	\$ 218.98	\$ 218.98	\$ 247.92	\$ 247.92	\$ 244.69	\$ 244.69	\$ 247.74	\$ 247.74
HMO Colorado	HMO	\$ 161.96	\$ 161.96	\$ 154.93	\$ 154.93	\$ 165.63	\$ 165.63	\$ 186.57	\$ 186.57	\$ 187.74	\$ 187.74	\$ 195.47	\$ 195.47	\$ 179.63	\$ 179.63	\$ 187.49	\$ 187.49	\$ 228.90	\$ 228.90





**Appendix I: 2016 Medical Small Group Rates – all Tiers (40 year old example)**

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# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Small Group  
Metal level: Bronze  
Age: 40 year old

ON Exchange Plans		Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
RMHP	PPO									\$ 309.53	\$ 309.53								
Kaiser	HMO	\$ 248.09	\$ 274.78	\$ 241.41	\$ 294.01	\$ 225.62	\$ 274.78	\$ 260.50	\$ 288.52			\$ 260.50	\$ 288.52	\$ 263.97	\$ 321.49	\$ 263.97	\$ 321.49	\$ 322.54	\$ 357.21
Colorado Choice	HMO			\$ 248.21	\$ 270.61	\$ 276.84	\$ 301.82	\$ 326.52	\$ 355.98			\$ 332.02	\$ 361.98			\$ 285.17	\$ 341.98		
RMHP	HMO	\$ 376.99	\$ 383.78	\$ 351.41	\$ 370.54	\$ 406.94	\$ 453.05	\$ 437.59	\$ 445.48	\$ 341.30	\$ 347.45	\$ 404.51	\$ 411.79	\$ 390.37	\$ 397.41	\$ 372.53	\$ 379.24	\$ 342.79	\$ 453.05
Rocky Mountain Summit	PPO	\$ 445.42	\$ 456.16	\$ 429.91	\$ 440.28	\$ 525.76	\$ 538.44	\$ 516.83	\$ 529.30	\$ 403.13	\$ 412.85	\$ 477.84	\$ 489.37	\$ 461.39	\$ 472.52	\$ 439.78	\$ 450.39	\$ 405.01	\$ 414.78
HMO Colorado	HMO	\$ 292.70	\$ 292.70	\$ 281.85	\$ 281.85	\$ 305.50	\$ 305.50	\$ 341.35	\$ 341.35	\$ 321.32	\$ 321.32	\$ 358.61	\$ 358.61	\$ 313.50	\$ 313.50	\$ 334.93	\$ 334.93	\$ 408.81	\$ 408.81

2016

Market: Small Group  
Metal level: Bronze  
Age: 40 year old

OFF Exchange Plans		Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 259.57	\$ 301.26	\$ 250.33	\$ 290.54	\$ 258.18	\$ 299.65	\$ 318.96	\$ 370.17			\$ 306.63	\$ 355.85	\$ 253.13	\$ 293.77	\$ 351.98	\$ 408.52		
RMHP	PPO									\$ 309.53	\$ 309.53								
Humana Health Plan Inc	POS	\$ 322.88	\$ 409.93	\$ 287.75	\$ 365.32	\$ 300.44	\$ 381.43												
United Healthcare	POS	\$ 337.41	\$ 347.20	\$ 325.39	\$ 334.84	\$ 335.57	\$ 345.34	\$ 414.59	\$ 426.63	\$ 418.92	\$ 431.10	\$ 398.54	\$ 410.14	\$ 329.03	\$ 338.60	\$ 457.52	\$ 470.82	\$ 497.17	\$ 511.64
Anthem	PPO	\$ 296.48	\$ 331.18	\$ 287.67	\$ 321.34	\$ 312.71	\$ 349.30	\$ 343.69	\$ 383.92	\$ 301.96	\$ 337.30	\$ 361.03	\$ 403.27	\$ 303.20	\$ 338.68	\$ 314.38	\$ 351.18	\$ 382.92	\$ 427.73
Kaiser	HMO	\$ 248.09	\$ 274.78	\$ 241.41	\$ 294.01	\$ 225.62	\$ 274.78	\$ 260.50	\$ 288.52			\$ 260.50	\$ 288.52	\$ 263.97	\$ 321.49	\$ 263.97	\$ 321.49	\$ 322.54	\$ 357.21
Colorado Choice	HMO			\$ 248.21	\$ 270.61	\$ 276.84	\$ 301.82	\$ 326.52	\$ 355.98			\$ 332.02	\$ 361.98			\$ 285.17	\$ 341.98		
RMHP	HMO	\$ 376.99	\$ 383.78	\$ 351.41	\$ 370.54	\$ 406.94	\$ 453.05	\$ 437.59	\$ 445.48	\$ 341.30	\$ 347.45	\$ 404.51	\$ 411.79	\$ 390.37	\$ 397.41	\$ 372.53	\$ 379.24	\$ 342.79	\$ 453.05
Humana Insurance Company	PPO	\$ 332.52	\$ 422.16	\$ 296.35	\$ 376.24	\$ 301.59	\$ 382.90	\$ 365.07	\$ 463.49	\$ 402.23	\$ 510.67	\$ 365.07	\$ 463.49	\$ 402.23	\$ 510.67	\$ 402.23	\$ 510.67	\$ 402.23	\$ 510.67
Aetna	POS	\$ 316.49	\$ 368.86	\$ 309.90	\$ 361.18	\$ 329.68	\$ 384.24	\$ 382.44	\$ 445.72	\$ 456.83	\$ 480.29	\$ 385.73	\$ 449.56	\$ 420.29	\$ 441.88	\$ 511.65	\$ 537.93	\$ 475.10	\$ 499.51
Kaiser	POS	\$ 302.98	\$ 302.98	\$ 324.19	\$ 324.19	\$ 302.98	\$ 302.98	\$ 318.13	\$ 318.13			\$ 318.13	\$ 318.13	\$ 354.49	\$ 354.49	\$ 354.49	\$ 354.49	\$ 393.87	\$ 393.87
Rocky Mountain Summit	PPO	\$ 445.42	\$ 456.16	\$ 429.91	\$ 440.28	\$ 525.76	\$ 538.44	\$ 516.83	\$ 529.30	\$ 403.13	\$ 412.85	\$ 477.84	\$ 489.37	\$ 461.39	\$ 472.52	\$ 439.78	\$ 450.39	\$ 405.01	\$ 414.78
United Healthcare	EPO	\$ 329.89	\$ 329.89	\$ 318.13	\$ 318.13	\$ 328.08	\$ 328.08	\$ 405.34	\$ 405.34	\$ 409.58	\$ 409.58	\$ 389.64	\$ 389.64	\$ 321.69	\$ 321.69	\$ 447.31	\$ 447.31	\$ 486.08	\$ 486.08
HMO Colorado	HMO	\$ 269.90	\$ 310.15	\$ 259.89	\$ 298.66	\$ 281.71	\$ 323.74	\$ 314.77	\$ 341.35	\$ 296.30	\$ 321.32	\$ 330.68	\$ 358.61	\$ 289.08	\$ 313.50	\$ 308.84	\$ 354.91	\$ 376.97	\$ 433.21



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Small Group  
Metal level: Silver  
Age: 40 year old

ON Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
RMHP	PPO									\$ 348.47	\$ 348.47								
Kaiser	HMO	\$ 302.22	\$ 356.34	\$ 294.01	\$ 381.27	\$ 274.78	\$ 356.34	\$ 317.32	\$ 374.16			\$ 317.32	\$ 374.16	\$ 321.49	\$ 416.92	\$ 321.49	\$ 416.92	\$ 392.88	\$ 463.23
Colorado Choice	HMO			\$ 275.34	\$ 334.15	\$ 307.10	\$ 372.70	\$ 362.22	\$ 439.58			\$ 368.31	\$ 446.99			\$ 316.35	\$ 422.28		
RMHP	HMO	\$ 411.52	\$ 434.73	\$ 383.65	\$ 419.73	\$ 444.35	\$ 513.19	\$ 477.67	\$ 504.61	\$ 372.56	\$ 393.57	\$ 441.56	\$ 466.45	\$ 426.13	\$ 450.16	\$ 406.65	\$ 429.58	\$ 374.19	\$ 513.19
Rocky Mountain Summit	PPO	\$ 489.75	\$ 515.96	\$ 472.70	\$ 497.99	\$ 578.10	\$ 609.02	\$ 568.28	\$ 598.68	\$ 443.26	\$ 466.98	\$ 525.40	\$ 553.51	\$ 507.32	\$ 534.47	\$ 483.55	\$ 509.43	\$ 445.33	\$ 469.15
HMO Colorado	HMO	\$ 357.13	\$ 357.13	\$ 343.91	\$ 343.91	\$ 372.76	\$ 372.76	\$ 416.51	\$ 416.51	\$ 392.07	\$ 392.07	\$ 437.57	\$ 437.57	\$ 382.51	\$ 382.51	\$ 408.67	\$ 408.67	\$ 498.82	\$ 498.82

2016

Market: Small Group  
Metal level: Silver  
Age: 40 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company	Plan Type	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	HMO	\$ 293.31	\$ 378.65	\$ 282.87	\$ 365.17	\$ 291.74	\$ 376.63	\$ 360.40	\$ 465.28			\$ 346.49	\$ 447.29	\$ 286.03	\$ 369.26	\$ 397.73	\$ 513.48		
Kaiser	PPO	\$ 569.97	\$ 569.97	\$ 569.97	\$ 569.97	\$ 569.97	\$ 569.97	\$ 569.97	\$ 569.97			\$ 569.97	\$ 569.97						
Aetna	PPO	\$ 458.91	\$ 458.91	\$ 449.35	\$ 449.35	\$ 478.03	\$ 478.03	\$ 554.52	\$ 554.52	\$ 597.53	\$ 597.53	\$ 559.30	\$ 559.30	\$ 549.74	\$ 549.74	\$ 669.24	\$ 669.24	\$ 621.44	\$ 621.44
RMHP	PPO									\$ 348.47	\$ 348.47								
Humana Health Plan Inc	POS	\$ 397.13	\$ 543.79	\$ 353.92	\$ 484.62	\$ 369.53	\$ 505.99					\$ 417.40	\$ 525.86	\$ 344.61	\$ 434.13	\$ 479.17	\$ 603.67	\$ 520.70	\$ 656.00
United Healthcare	POS	\$ 353.36	\$ 445.17	\$ 340.79	\$ 429.33	\$ 351.46	\$ 442.77	\$ 434.19	\$ 547.00	\$ 438.74	\$ 552.74	\$ 417.40	\$ 525.86	\$ 344.61	\$ 434.13	\$ 479.17	\$ 603.67	\$ 520.70	\$ 656.00
Anthem	PPO	\$ 360.01	\$ 412.49	\$ 349.31	\$ 400.24	\$ 379.71	\$ 435.06	\$ 417.34	\$ 478.18	\$ 366.67	\$ 420.12	\$ 438.39	\$ 502.30	\$ 368.16	\$ 421.84	\$ 381.75	\$ 437.40	\$ 464.97	\$ 532.75
Kaiser	HMO	\$ 274.78	\$ 356.34	\$ 267.51	\$ 381.27	\$ 250.01	\$ 356.34	\$ 288.52	\$ 374.16			\$ 288.52	\$ 374.16	\$ 292.50	\$ 416.92	\$ 292.50	\$ 416.92	\$ 357.21	\$ 463.23
Colorado Choice	HMO			\$ 275.34	\$ 334.15	\$ 307.10	\$ 372.70	\$ 362.22	\$ 439.58			\$ 368.31	\$ 446.99			\$ 316.35	\$ 422.28		
Aetna	Indemnity	\$ 807.01	\$ 807.01	\$ 790.19	\$ 790.19	\$ 840.63	\$ 840.63	\$ 975.13	\$ 975.13	\$ 1,050.78	\$ 1,050.78	\$ 983.54	\$ 983.54	\$ 966.73	\$ 966.73	\$ 1,176.88	\$ 1,176.88	\$ 1,092.82	\$ 1,092.82
Humana Health Plan Inc	HMO	\$ 336.26	\$ 448.57	\$ 299.67	\$ 399.77	\$ 312.89	\$ 417.39	\$ 369.22	\$ 492.53			\$ 369.22	\$ 492.53						
RMHP	HMO	\$ 411.52	\$ 434.73	\$ 383.65	\$ 419.73	\$ 444.35	\$ 513.19	\$ 477.67	\$ 504.61	\$ 372.56	\$ 393.57	\$ 441.56	\$ 466.45	\$ 426.13	\$ 450.16	\$ 406.65	\$ 429.58	\$ 374.19	\$ 513.19
Humana Insurance Company	PPO	\$ 408.99	\$ 785.38	\$ 364.51	\$ 699.94	\$ 370.95	\$ 712.34	\$ 449.03	\$ 862.26	\$ 494.75	\$ 950.04	\$ 449.03	\$ 862.26	\$ 494.75	\$ 950.04	\$ 494.75	\$ 950.04	\$ 494.75	\$ 950.04
Aetna	POS	\$ 354.45	\$ 463.22	\$ 347.07	\$ 453.57	\$ 369.22	\$ 482.52	\$ 428.30	\$ 559.72	\$ 511.74	\$ 603.14	\$ 431.98	\$ 564.55	\$ 470.80	\$ 554.89	\$ 573.15	\$ 675.52	\$ 532.20	\$ 627.27
Kaiser	POS	\$ 380.72	\$ 380.72	\$ 407.38	\$ 407.38	\$ 380.72	\$ 380.72	\$ 399.77	\$ 399.77			\$ 399.77	\$ 399.77	\$ 445.45	\$ 445.45	\$ 445.45	\$ 445.45	\$ 494.95	\$ 494.95
Rocky Mountain Summit	PPO	\$ 489.75	\$ 515.96	\$ 472.70	\$ 497.99	\$ 578.10	\$ 609.02	\$ 568.28	\$ 598.68	\$ 443.26	\$ 466.98	\$ 525.40	\$ 553.51	\$ 507.32	\$ 534.47	\$ 483.55	\$ 509.43	\$ 445.33	\$ 469.15
United Healthcare	EPO	\$ 344.91	\$ 407.31	\$ 332.63	\$ 392.81	\$ 343.05	\$ 405.11	\$ 423.82	\$ 500.48	\$ 428.26	\$ 505.74	\$ 407.42	\$ 481.14	\$ 336.37	\$ 397.21	\$ 467.70	\$ 552.32	\$ 508.25	\$ 600.20
HMO Colorado	HMO	\$ 347.73	\$ 395.33	\$ 334.84	\$ 380.70	\$ 362.95	\$ 412.65	\$ 405.54	\$ 461.07	\$ 381.75	\$ 434.02	\$ 426.05	\$ 484.38	\$ 358.14	\$ 423.43	\$ 397.91	\$ 452.39	\$ 452.41	\$ 552.19
United Healthcare	PPO	\$ 857.54	\$ 857.54	\$ 827.00	\$ 827.00	\$ 852.89	\$ 852.89	\$ 1,053.70	\$ 1,053.70	\$ 1,064.74	\$ 1,064.74	\$ 1,012.96	\$ 1,012.96	\$ 836.27	\$ 836.27	\$ 1,162.82	\$ 1,162.82	\$ 1,263.64	\$ 1,263.64



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Small Group  
Metal level: Gold  
Age: 40 year old

ON Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
RMHP	PPO									\$ 398.69	\$ 398.69								
Colorado Choice	HMO			\$ 385.76	\$ 389.30	\$ 430.26	\$ 434.21	\$ 507.47	\$ 512.11			\$ 516.04	\$ 520.75			\$ 443.22	\$ 491.99		
RMHP	HMO	\$ 478.31	\$ 494.16	\$ 453.06	\$ 477.11	\$ 525.21	\$ 583.35	\$ 555.21	\$ 573.60	\$ 433.03	\$ 447.38	\$ 513.23	\$ 530.22	\$ 495.30	\$ 511.70	\$ 472.65	\$ 488.32	\$ 435.00	\$ 583.35
Rocky Mountain Summit	PPO	\$ 571.04	\$ 590.53	\$ 551.17	\$ 569.97	\$ 674.05	\$ 697.05	\$ 662.61	\$ 685.22	\$ 516.83	\$ 534.47	\$ 612.60	\$ 633.51	\$ 591.53	\$ 611.71	\$ 563.82	\$ 583.05	\$ 519.24	\$ 536.96
HMO Colorado	HMO	\$ 485.38	\$ 485.38	\$ 467.40	\$ 467.40	\$ 506.63	\$ 506.63	\$ 566.08	\$ 566.08	\$ 532.87	\$ 532.87	\$ 594.71	\$ 594.71	\$ 519.88	\$ 519.88	\$ 555.42	\$ 555.42	\$ 677.96	\$ 677.96

2016

Market: Small Group  
Metal level: Gold  
Age: 40 year old

OFF Exchange Plans		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Company	Plan Type																		
United Healthcare of CO	HMO	\$ 402.27	\$ 458.46	\$ 387.94	\$ 442.14	\$ 400.12	\$ 456.02	\$ 494.30	\$ 563.36			\$ 475.19	\$ 541.58	\$ 392.29	\$ 447.09	\$ 545.49	\$ 621.70		
RMHP	PPO									\$ 398.69	\$ 398.69								
Humana Health Plan Inc	POS	\$ 446.18	\$ 615.72	\$ 397.63	\$ 548.73	\$ 415.17	\$ 572.92												
United Healthcare	POS	\$ 459.97	\$ 505.60	\$ 443.59	\$ 487.59	\$ 457.48	\$ 502.85	\$ 565.19	\$ 621.25	\$ 571.12	\$ 627.76	\$ 543.33	\$ 597.21	\$ 448.57	\$ 493.06	\$ 623.73	\$ 685.59	\$ 677.80	\$ 745.03
Anthem	PPO	\$ 463.13	\$ 549.09	\$ 449.36	\$ 532.77	\$ 488.47	\$ 579.13	\$ 536.87	\$ 636.51	\$ 471.69	\$ 559.23	\$ 563.95	\$ 668.62	\$ 473.62	\$ 561.52	\$ 491.09	\$ 582.24	\$ 598.15	\$ 709.17
Kaiser	HMO	\$ 344.14	\$ 383.01	\$ 334.79	\$ 409.82	\$ 312.89	\$ 383.01	\$ 361.35	\$ 402.17			\$ 361.35	\$ 402.17	\$ 366.08	\$ 448.12	\$ 366.08	\$ 448.12	\$ 447.38	\$ 497.92
Colorado Choice	HMO			\$ 385.76	\$ 389.30	\$ 430.26	\$ 434.21	\$ 507.47	\$ 512.11			\$ 516.04	\$ 520.75			\$ 443.22	\$ 491.99		
Humana Health Plan Inc	HMO	\$ 372.47	\$ 523.24	\$ 331.94	\$ 466.31	\$ 346.58	\$ 486.87	\$ 408.97	\$ 574.52			\$ 408.97	\$ 574.52						
RMHP	HMO	\$ 478.31	\$ 494.16	\$ 453.06	\$ 477.11	\$ 525.21	\$ 583.35	\$ 555.21	\$ 573.60	\$ 433.03	\$ 447.38	\$ 513.23	\$ 530.22	\$ 495.30	\$ 511.70	\$ 472.65	\$ 488.32	\$ 435.00	\$ 583.35
Humana Insurance Company	PPO	\$ 459.50	\$ 634.10	\$ 409.52	\$ 565.12	\$ 416.76	\$ 575.12	\$ 504.48	\$ 696.17	\$ 555.83	\$ 767.05	\$ 504.48	\$ 696.17	\$ 555.83	\$ 767.05	\$ 555.83	\$ 767.05	\$ 555.83	\$ 767.05
Aetna	POS	\$ 448.61	\$ 515.78	\$ 439.27	\$ 505.05	\$ 467.31	\$ 537.28	\$ 542.08	\$ 623.25	\$ 647.96	\$ 671.59	\$ 546.75	\$ 628.61	\$ 596.13	\$ 617.87	\$ 725.73	\$ 752.18	\$ 673.89	\$ 698.46
Kaiser	POS	\$ 435.98	\$ 435.98	\$ 466.50	\$ 466.50	\$ 435.98	\$ 435.98	\$ 457.79	\$ 457.79			\$ 457.79	\$ 457.79	\$ 510.11	\$ 510.11	\$ 510.11	\$ 510.11	\$ 566.79	\$ 566.79
Rocky Mountain Summit	PPO	\$ 571.04	\$ 590.53	\$ 551.17	\$ 569.97	\$ 674.05	\$ 697.05	\$ 662.61	\$ 685.22	\$ 516.83	\$ 534.47	\$ 612.60	\$ 633.51	\$ 591.53	\$ 611.71	\$ 563.82	\$ 583.05	\$ 519.24	\$ 536.96
United Healthcare	EPO	\$ 459.35	\$ 470.45	\$ 442.99	\$ 453.68	\$ 456.85	\$ 467.88	\$ 564.43	\$ 578.06	\$ 570.34	\$ 584.11	\$ 542.58	\$ 555.69	\$ 447.96	\$ 458.78	\$ 622.88	\$ 637.92	\$ 676.87	\$ 693.23
HMO Colorado	HMO	\$ 439.08	\$ 485.38	\$ 422.81	\$ 467.40	\$ 458.30	\$ 506.63	\$ 512.08	\$ 566.08	\$ 482.04	\$ 532.87	\$ 537.98	\$ 594.71	\$ 436.34	\$ 519.88	\$ 502.44	\$ 555.42	\$ 564.38	\$ 677.96
Aetna Health Inc	HMO	\$ 436.92	\$ 484.76	\$ 427.82	\$ 474.67	\$ 455.13	\$ 504.97	\$ 527.95	\$ 585.76	\$ 631.21	\$ 631.21	\$ 532.50	\$ 590.81	\$ 580.72	\$ 580.72	\$ 706.95	\$ 706.95		



# Health Insurance Premiums Approved for Plans in 2016

## COLORADO DIVISION OF INSURANCE

2016

Market: Small Group  
Metal level: Platinum  
Age: 40 year old

ON Exchange Plans

Company	Issuer	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Kaiser	21032	HMO	\$ 406.64	\$ 413.89	\$ 395.96	\$ 442.86	\$ 370.05	\$ 413.89	\$ 426.97	\$ 434.58			\$ 426.97	\$ 434.58	\$ 432.97	\$ 484.24	\$ 432.97	\$ 484.24	\$ 528.64	\$ 538.04

2016

Market: Small Group  
Metal level: Platinum  
Age: 40 year old

OFF Exchange Plans

Company	Issuer	Plan Type	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
			Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
			Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
United Healthcare of CO	59036	HMO	\$ 531.10	\$ 536.88	\$ 512.20	\$ 517.76	\$ 528.27	\$ 534.01	\$ 652.61	\$ 659.69			\$ 627.39	\$ 634.20	\$ 517.93	\$ 523.55	\$ 720.21	\$ 728.03		
United Healthcare	67879	POS	\$ 557.93	\$ 573.64	\$ 538.07	\$ 553.20	\$ 554.90	\$ 570.52	\$ 685.55	\$ 704.86	\$ 692.74	\$ 712.25	\$ 659.04	\$ 677.59	\$ 544.09	\$ 559.41	\$ 756.54	\$ 777.86	\$ 822.14	\$ 845.28
Anthem	87269	PPO	\$ 544.32	\$ 544.32	\$ 528.14	\$ 528.14	\$ 574.10	\$ 574.10	\$ 630.99	\$ 630.99	\$ 554.38	\$ 554.38	\$ 662.81	\$ 662.81	\$ 556.65	\$ 556.65	\$ 577.19	\$ 577.19	\$ 703.01	\$ 703.01
Kaiser	21032	HMO	\$ 406.64	\$ 413.89	\$ 395.96	\$ 442.86	\$ 370.05	\$ 413.89	\$ 426.97	\$ 434.58			\$ 426.97	\$ 434.58	\$ 432.97	\$ 484.24	\$ 432.97	\$ 484.24	\$ 528.64	\$ 538.04
Kaiser	21032	POS	\$ 497.34	\$ 497.34	\$ 532.16	\$ 532.16	\$ 497.34	\$ 497.34	\$ 522.21	\$ 522.21			\$ 522.21	\$ 522.21	\$ 581.89	\$ 581.89	\$ 581.89	\$ 581.89	\$ 646.54	\$ 646.54



## **Appendix J: 2016 Increases – Decreases Statewide Averages**

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**Statewide Average Increases / Decreases  
2016 Medical Plans**

**Premium Increase Summary - STATEWIDE**

<b>Total Ind and SG</b>	<b>Average</b>
Statewide	7.04%
On Exchange Medical Plans	11.74%
Off Exchange Medical Plans	5.18%
All Catastrophic Plans	5.50%
All Bronze Plans	9.56%
All Silver Plans	7.72%
All Gold Plans	2.88%
All Platinum Plans	4.58%

**Premium Increase Summary - BY MARKET**

**Distribution of Rate Increases (Percent of plans)**

<b>Individual</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>	<b>Below -25%</b>	<b>-25% to -15%</b>	<b>-15% to -5%</b>	<b>-5% to 0%</b>	<b>0% to 5%</b>	<b>5% to 15%</b>	<b>15% to 25%</b>	<b>Over 25%</b>
Statewide	9.84%	-17.33%	56.97%	0.00%	0.12%	3.54%	4.38%	18.45%	60.07%	7.67%	5.78%
On Exchange Medical Plans	12.14%	-7.59%	56.97%	0.00%	0.00%	0.21%	2.29%	16.53%	66.79%	6.50%	7.69%
Off Exchange Medical Plans	7.80%	-17.33%	56.97%	0.00%	0.19%	5.54%	5.63%	19.60%	56.05%	8.37%	4.63%
All Catastrophic Plans	5.50%	-17.11%	39.36%	0.00%	0.23%	14.09%	10.45%	9.77%	48.18%	10.00%	7.27%
All Bronze Plans	10.99%	-17.33%	56.97%	0.00%	0.14%	2.27%	6.40%	16.34%	63.95%	4.83%	6.06%
All Silver Plans	10.35%	-16.39%	48.31%	0.00%	0.10%	2.82%	2.17%	19.85%	59.50%	9.07%	6.50%
All Gold Plans	5.42%	-11.66%	25.98%	0.00%	0.00%	2.75%	0.17%	28.57%	59.21%	8.95%	0.34%
All Platinum Plans	24.85%	24.76%	29.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	72.73%	27.27%
<b>Small Group</b>	<b>Wtd Avg</b>	<b>Min</b>	<b>Max</b>	<b>Below -25%</b>	<b>-25% to -15%</b>	<b>-15% to -5%</b>	<b>-5% to 0%</b>	<b>0% to 5%</b>	<b>5% to 15%</b>	<b>15% to 25%</b>	<b>Over 25%</b>
Statewide	3.16%	-24.62%	38.02%	0.00%	7.48%	33.64%	12.37%	11.28%	29.88%	3.14%	2.21%
On Exchange Medical Plans	2.42%	-24.62%	38.02%	0.00%	13.11%	35.25%	13.53%	10.04%	17.48%	5.21%	5.38%
Off Exchange Medical Plans	3.18%	-24.62%	38.02%	0.00%	6.02%	33.23%	12.07%	11.60%	33.09%	2.60%	1.39%
All Bronze Plans	1.68%	-17.99%	38.02%	0.00%	5.57%	30.53%	6.86%	25.12%	26.57%	1.71%	3.64%
All Silver Plans	5.11%	-21.82%	37.26%	0.00%	8.24%	38.04%	9.06%	7.68%	32.11%	3.18%	1.70%
All Gold Plans	1.40%	-24.62%	37.65%	0.00%	7.38%	26.91%	20.30%	10.50%	28.61%	3.92%	2.38%
All Platinum Plans	-4.63%	-8.58%	-0.78%	0.00%	0.00%	61.22%	38.78%	0.00%	0.00%	0.00%	0.00%

**Notes:**

Weighting is based on actual 2015 membership for continuing plans

Weighted averages, minimums, and maximums are calculated across all plans and rating areas in the category.



**DEPARTMENT OF REGULATORY AGENCIES  
FY 2016-17 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Thursday, November 19, 2015  
1:30 pm – 3:00 pm**

**1:30-1:40     INTRODUCTIONS AND OPENING COMMENTS**

**(The following questions require both a written and verbal response.)**

**1:40-2:10     BROADBAND DEPLOYMENT BOARD**

1. Does this Broadband Deployment Board have the authority to oversee the other state agencies' (OIT and DOLA) broadband programs in order to coordinate and ensure beneficial outcomes? Do the various state agencies intend to do coordinate this effort? How will the Board integrate their efforts with the private sector and local government to determine areas of program overlap and programmatic holes?
2. Considering goals for broadband deployment set by the federal government, is the Board of the Department tracking progress toward those goals with any metrics? Who is responsible for monitoring and collecting these metrics? Does the Department have an implementation strategy for aligning these metrics with the Department's SMART Act responsibilities?
3. Has the federal government placed any broadband development and deployment requirements on states? If so, does the federal government provide any funding for states to meet those requirements? What is the role of states in ensuring universal access to broadband?
4. What is the state's objective in implementing its broadband policies? Is the objective to increase bandwidth, develop infrastructure, or a combination of both? Does one take priority over the other?
5. What is the impact of telecommunications legislation the General Assembly passed in the 2014 session? Please provide an update on whether the legislation is being implemented and the results of that implementation. What are the reasons for any delay in the progress of implementing the legislation?
6. What is the role of the Board in the implementation of the legislation and oversight of statewide broadband development and deployment? What is DORA's role in overseeing the actual granting of funds and the scope of the grants?
7. Given that several state agencies have their own broadband programs and the many interested parties, has the Board and DORA identified individuals who will function as lead points of contact to address programmatic questions?



8. Can High Cost Support Mechanism transfer to the Broadband Fund be considered collections for another government in order to exempt the State from the current TABOR restrictions associated with the aforementioned transfer?
9. Will the Board provide recommendations as to the role and responsibilities of state government in the provision of broadband service to consumers?

**2:10-2:15      BREAK**

**2:15-2:25      NEW LEASE FOR DEPARTMENT**

10. How did the Department address the issue of timing in regards to signing a new lease without prior appropriations?
11. Please provide an outline of the process that was followed in negotiating this lease and how the final outcome was balanced against any alternatives that existed.
12. Please describe the limitations placed on the rent credit. Could the rent credit be spread over more than five years to make the out-year increases less drastic?
13. Does the Department plan on creating a reserve fund to mitigate the out-year cost escalations?

**2:25-2:45      COLORADO HEALTH INSURANCE COOPERATIVE FAILURE**

14. Are there any costs for which the State is liable due to the failure of HealthOP?
15. What is the impact of the cooperative's failure on market competition?
16. What is the impact of the failure on insurance premiums and available tax credits?
17. Please provide a regional breakdown of the impact of HealthOP's failure on premium rates.

**2:45-3:00      GENERAL DEPARTMENTAL QUESTION**

18. Given the impact of legal costs on the Department's budget, please provide a detailed summary of the types of legal cases that drive workload?
19. Please provide a description of the efforts made by the Department to reduce the barriers to licensure for veterans. Are there specific professions that see a disproportionate amount of veterans applying for licenses?

20. What is the average time it takes for a license to be renewed? What is the range if time it takes (shortest wait to longest wait) for a license to be renewed? What causes the longer wait times? Please provide this data across all licenses and for the Division of Real Estate, specifically.
21. Please provide a description of any special programs for veterans seeking professional licenses.
22. Please provide an update on the Department's efforts to review its rules and regulations for improvement and alignment with SMART Act provisions.

**ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED**

1. Please provide a summary of what the Department has done to make the sunset review workload more consistent and evenly distributed. Is the Department able to balance the number of sunset review conducted year-over-year?
2. Please provide a summary of the sunrise review process and any recommendations on how the process could be modified to improve workflow.
3. Please provide a detailed breakdown by division and major licensed professions of the length of time it takes for license approval.
4. Provide a list of any legislation that the Department has: (a) not implemented or (b) partially implemented. Explain why the Department has not implemented or has only partially implemented the legislation on this list.
5. Please provide a detailed description of all program hotlines administered by the Department, including:
  - a. The purpose of the hotline;
  - b. Number of FTE allocated to the hotline;
  - c. The line item through which the hotline is funded; and
  - d. All outcome data used to determine the effectiveness of the hotline.
6. Please provide an inventory of the Department's programs in order of effectiveness, including the following:
  - a. Name of the program;
  - b. Performance metrics used to evaluate each program's effectiveness; and
  - c. Identification of metrics that are deemed evidence-base and by which means this determination has been established.

7. Describe the Department's experience with the implementation of the new CORE accounting system.
  - a. How has the implementation improved business processes in the Department?
  - b. What challenges has the Department experienced since implementation and how have they been resolved (i.e. training, processes, reports, payroll)?
  - c. What impact have these challenges had on the Department's access to funding streams?
  - d. How has the implementation of CORE affected staff workload?
  - e. Do you anticipate that CORE implementation will result in the need for a permanent increase in staff? If so, indicate whether the Department is requesting additional funding for FY 2016-17 to address it. If a permanent staff increase is needed and the Department is NOT requesting additional funding for FY 2016-17 for it, how will the Department pay for the new staff?
8. If the Department receives federal funds of any type, please provide a detailed description of any federal sanctions for state activities of which the Department is already aware. In addition, please provide a detailed description of any sanctions that MAY be issued against the Department by the federal government during FFY 2015-16.
9. Does the Department have any outstanding high priority recommendations as identified in the "Annual Report of Audit Recommendations Not Fully Implemented" that was published by the State Auditor's Office and dated October 2015 (link below)? What is the Department doing to resolve the outstanding high priority recommendations?

[http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8CA/\\$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Recommendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20October%202015.pdf](http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8CA/$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Recommendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20October%202015.pdf)

10. Is the department spending money on public awareness campaigns related to marijuana? How is the department working with other state departments to coordinate the campaigns?
11. Based on the Department's most recent available record, what is the FTE vacancy rate by department and by division? What is the date of the report?
12. For FY 2014-15, do any line items in your Department have reversions? If so, which line items, which programs within each line item, and for what amounts (by fund source)? What are the reasons for each reversion? Do you anticipate any reversions in FY 2015-16? If yes, in which programs and line items do you anticipate this reversions occurring? How much and in which fund sources do you anticipate the reversion being?
13. Are you expecting an increase in federal funding with the passage of the FFY 2015-16 federal

budget? If yes, in which programs and what is the match requirement for each of the programs?

14. For FY 2014-15, did your department exercise a transfer between lines that is allowable under state statute? If yes, between which line items and programs did this transfer occur? What is the amount of each transfer by fund source between programs and/or line items? Do you anticipate transfers between line items and programs for FY 2015-16? If yes, between which line items/programs and for how much (by fund source)?