

EXHIBIT 2. PROPOSED RATE INCREASE(S)

This submission is for the following rate revisions and new benefit plans, effective January 1, 2018:

- Rate revisions to existing OHP individual medical ACA-compliant products, as presented by the HIOS Plan ID in the applicable line item of Worksheet 2 in the URRT. The average proposed rate change across all plans from the most recently approved rates effective January 1, 2017 is 9.819.3%. The cumulative average rate change over the past 12 months is the same since the most recently approved rates were effective January 1, 2017. Note that the average rate increase includes any changes for members that are in terminating plans and mapped into a plan that will be available in 2018, as applicable.
- Proposed premiums for new individual benefit plans to be available for sale effective January 1, 2018. To the extent that current membership on terminating plans are proposed to be mapped into one of the new plans, the applicable rate change is illustrated in the URRT and included in the previously noted average

REASON FOR RATE REVISION

The proposed rate revision reflects consideration for the impact of a number of factors, including:

- Anticipated medical cost and utilization trends
- Historical experience
- Consideration for anticipated changes in the average morbidity of the covered population
- Benefit changes
- Changes to reflect the applicable provisions of ACA-related taxes and fees for 2018
- Anticipated changes in federal risk adjustment transfers
- Change in the mix of business
- Considerations for market activity
- Changes in the child age premium rating factors

Changes vary by benefit plan to reflect a combination of benefit changes, changes in the anticipated impact of fixed cost-sharing items and deductible leveraging given increasing medical costs (i.e., paid to allowed), and any impact of mapping members from terminating plans into continuing plans. In addition, we adjusted benefit relativities by metallic tier based on a review of claim experience by metallic tier net of the risk adjustment transfer payment (i.e., a more up to date representation of the impact of removing morbidity in setting benefit relativities).