

Exhibit I

Executive Summary for the Rate Filing

Part A: Issuer Information and Type of Plan

Provide the description of the issuer, type of plan, policy form number, and plan design.

Part B: Rate Request

List the average number of enrollees during the experience period for this state and nationwide, and the average proposed rate change. Provide the description of the calculation for minimum/maximum rate increase for any individual, including built-in trend factors, duration factors, and other rating factors used to calculate the average rate increase or the minimum/maximum rate increase. Attach an appendix and list the rating requirements (such as adjusted community rating) and citations of the rating requirements specifically required by this state.

Part C: Component of the Average Rate Increase and Basis for Rate Request

Provide a detailed description of the calculations of the overall average rate increase and each component of rate changes. Clarify whether the medical and prescription utilization changes include demographics or any other factors. List benefits changes required by law, and benefits changes not required by law. Provide reasons for the benefits changes.

Part D: Earned Premiums, Incurred Claims, and Profit/Loss for the 12-Month Period from this State and Nationwide

Provide each item listed in Part D for the 12-month experience period from this state and nationwide. List and explain in detail all adjustments in earned premiums, such as state assessments, collections or receipts for risk adjustment and risk corridors, and payments of reinsurance. List all activities that improve health care quality.

Part E: Projected Results of the Proposed Rates

Include detailed calculations of each item listed in Part E. Provide all justifications of any adjustments used to calculate these projected results.

Part F: List the Annual Average Rate Changes Implemented in the Past Three Calendar Years

Show rate changes on an annual basis by calendar year. Provide an explanation of how these calendar-year rate changes were translated from past rate filings.

Additional Comments

Provide additional comments on the reasons for the rate change. For instance, if certain benefits have been reduced or enhanced in order to steer members away from less effective or less cost-effective services, this point should be made. Any efforts toward cost containment and quality improvement, especially those inaugurated since the insurer's last rate filing, should be described.