

New Contract and/or Plan	Home	Plan									
Deleted Contract and/or Plan	Carrier Code	Carrier Code									
YEAR BENCHMARK			2015	2016	2017	2018	2019	2020	2021	2022	2023
			\$29.65	\$31.14	\$34.83	\$35.58	\$36.20	\$34.77	\$35.16	\$36.27	\$36.27
Humana H5216									057- \$39.30 058- \$0.00 138- \$0.00	057- \$39.90 058- \$0.00 138- \$0.00	057- \$48.20 058- \$0.00 138- \$0.00
MVP H9615			002- Deleted 007- \$52.20 008- \$32.90	007- \$69.00 008- \$0.00	007- \$78.20 008- \$0.00	007- \$73.50 008- \$0.00	007- \$44.30 008- \$0.00	007- \$54.50 008- \$0.00	007- \$40.30 008- \$0.00	007- Deleted 008- \$0.00 015- \$0.00 016- \$38.90 017- \$43.80	008- Deleted 008- \$0.00 015- \$0.00 016- \$50.00 017- \$75.90
MVP H3305					022- \$58.40	022- \$54.00	022- \$34.90	021- \$43.40 022- \$41.00 032- \$31.30	021- \$38.10 022- \$31.20 032- \$22.80	021- Deleted 022- \$46.40 032- Deleted	022- \$83.80
United Health Care R7444			001- \$29.90	001- \$19.80	001- \$25.80	001- \$19.90	001- \$21.40	001- \$24.20	001- \$31.00	001- \$35.90	001- \$43.30
United Health Care H5435			024- \$29.90	024- \$19.80	024- \$25.80	024- \$19.90	024- \$21.90	024- \$22.00	024- Deleted		
United Health Care H1944				018- \$0.00	018- \$0.00	018- \$0.00 028- \$26.30	018- \$16.90 028- \$18.20	018- \$12.80 028- \$22.90 032- \$0.00	018- \$11.60 028- \$16.40 032- \$0.00	018- \$20.00 028- \$30.30 032- \$0.00	018- \$20.00 028- \$48.20 032- \$0.00
United Health Care H0271							012- \$30.00	012- \$25.70	012- \$24.80	012- \$25.40	012- \$30.80
United Health Care H3442										010- \$0.00	010- \$0.00
Vermont Blue Advantage H6898									001- \$0.00 002- \$59.00	001- \$0.00 002- \$58.40	001- \$0.00 002- \$31.80
Vermont Blue Advantage H9489									001- \$0.00	001- \$0.00	001- \$0.00
Wellcare H1862									001- \$0.00	001- \$0.00	001- \$0.00
Wellcare H6594									001- \$0.00 002- \$0.00 003- \$27.60	001- \$0.00 002- \$0.00 003- \$25.10	001- \$0.00 002- \$0.00 003- \$17.30 004- \$21.00