



Exhibit 3 – Narrative Summary

Company Name: MVP Health Plan, Inc.

NAIC Code: 95521

SERFF Tracking #: MVPH-134539344

Market Segment: Large Group

MVP Health Care offers a full range of HMO products to large employer groups and will continue to do so in 2026 through MVP Health Plan, Inc. MVP has filed a request to change the current premium rates it charges for these products for policy effective dates between January 1, 2026, and December 31, 2026, with the New York State Department of Financial Services.

Generally, once a year MVP Health Care files for a change to the current premium rates on file for their products based on a review of the adequacy of the rate level. Premiums need to be sufficient to cover all medical and pharmacy claims submitted from the covered members, as well as cover the cost of operations and New York state statutory reserve requirements. We are requesting rate increases due to various factors, including rising prices for medical services and prescription drugs, rising usage of medical services and prescription drugs, advances in medical technology, benefit design changes and a change in our claim projection from prior year.

Claim costs are difficult to predict with certainty due to the changing composition of the insured population and the uncertainty of how the utilization of health care services will change from year to year. As a result, these estimates change over time as more information becomes available. When MVP Health Care updated its best estimate projection of the 2025 premium rates using current information, it was determined that claim costs have increased at a faster rate than anticipated. As a result, the proposed rate increase is being increased by 1.8% to reflect this updated claim information.

To project the expected claim expense for 2026 policy effective dates, MVP starts with calendar year 2024 historical claim data and makes assumptions regarding the anticipated rise in the unit cost and use of medical and prescription pharmacy services. The expected increase in the unit cost of services is generally known and based on MVP's contract negotiations with the hospitals and providers in our network. MVP expects an average annual increase in the unit cost of medical services to equal 5.7%. For the anticipated increase in the use and intensity of services, MVP expects an average annual increase of 2.7%. MVP expects the average unit cost of prescription drugs to increase by 6.5% annually, and the average utilization of prescription drugs to increase

by 3.2% annually from 2024 to 2026. MVP is also increasing rates by approximately 0.1% for new benefits mandated by the State of New York, increasing rates by 1.6% for changes to costs not associated with medical and pharmacy expenses. Due to 2024 being a leap year and being in the base experience period data, MVP is decreasing rates by 0.27%. MVP is also modifying its regional premium relativities to more appropriately align the cost of delivering health care across its service area with the premiums being charged. Because of these modifications, the proposed premium changes for 2026 will vary based on a group's benefit location.

There are 78 groups and 25,471 members impacted by this rate adjustment filing as of February 2025.