**Attachment 1**

2017 ACA-Compliant

Health Insurance Rate Filing Guidance

Pennsylvania Insurance Department

March 11, 2016

**[Issuer Name] – [Individual/Small Group] Plans**

Rate request filing ID # XXXXX - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at http://www.insurance.pa.gov/Consumers/ACARelatedFilings/

**Overview**

Requested average rate change: XX% *[Should be consistent with the SERFF Company Rate Information Tab]*

Range of requested rate change: XX% *[Should be consistent with the SERFF Company Rate Information Tab]*

Effective date: [Insert date]

People impacted: [Insert covered lives] *[Should be consistent with SERFF Rate Review Detail sub-tab & current membership in table 1]*

Available in: [List rating areas]

**Key information**

**How it plans to spend your premium**

This is how the insurance company plans to spend the premium it collects in 2017:

Claims: XX**%**Administrative: XX**%**Taxes & fees:XX%Profit: XX**%**

*[Should be consistent with tables 5 and 6]*

**Jan. 2015-Dec. 2015 financial experience**

|  |  |
| --- | --- |
| Premiums | $XX |
| Claims | $XX |
| Administrative expenses | $XX |
| Company made (before taxes) | **$XX** |

*[Financial info should be consistent with the 2015 SHCE]*

The company expects its annual medical costs to increase **X%**.

**Explanation of requested rate change**

Provide a brief, non-technical description of why the issuer is requesting this rate increase. Identify and explain the key drivers of the increase.

Once the required information has been entered, delete the cover page and the red text throughout the document.