Independence 👨

May 22, 2017

Ms. Johanna Fabian-Marks, Special Deputy & Acting Director Bureau of Accident and Health Insurance Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

SUBMITTED VIA SERFF

RE: Keystone Health Plan East
Small Group HMO Rate Filing effective 1/1/2018
INAC-131005809

Dear Ms. Fabian-Marks:

Attached is the rating methodology for HMO plans of Keystone Health Plan East (KHPE), and Direct Point-of-Service (DPOS) plans, of which a large majority of benefit expenses is attributed to KHPE and the remainder to QCC Insurance Company (QCC), and offered to small employer groups in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2018 through December 31, 2018.

The proposed rates represent a 10.19% increase over the previously approved 2017 rates.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number: Keystone Health Plan East

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2.	Market	Small Group
3.	On or Off Exchange	Off
4.	Effective Date of Coverage	January 1, 2018
5.	Average Rate Change Requested	10.19%
6.	Range of Rate Changes Requested	5.7% - 11.2%
7.	Products	НМО
8.	Rating Areas and Change from 2017	Rating Area 8
		No Change from 2017
9.	Metal Levels and Catastrophic Plans	Platinum, Gold, Silver, Bronze
10.	Current covered lives and policyholders	120,498 lives
	as of February 1, 2017	71,279 policyholders
11.	Number of plans offered in 2018 and	20 plans in 2018; 44 plans in 2017
	change from 2017	
12.	Corresponding contract form number,	SERFF # INBC-130996399
	SERFF, and binder numbers	See appendix for form numbers
13.	HIOS Issuer ID # and submission tracking	HIOS Issuer ID # 33871; Filing #
	Number	33871-963571391834142724
Pleas	e contact	with any
quest	ions regarding this filing.	

Sincerely,



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APPENDIX

Form Numbers

KE 670 WPR GMC Rev. 1.18, KE 670 SG EXC-OFF Rev. 1.18, KE 670 SG EXC-OFF. Tier Rev. 1.18, KE 670 SG EXC-OFF. Direct Rev. 1.18, KE 670 SG EXC-OFF. Direct. ADental Rev. 1.18, 16905. WR. KDPOS Rev. 1.18, 16905-BC. SG. KDPOS. OFF. ADEN Rev. 1.18, 16905-BC. SG. KDPOS. OFF Rev. 1.18, PREV/SCH-II Rev. 1.18

Rate Change Request Summary - 2018



Pennsylvania Insurance Department | www.insurance.pa.gov

Keystone Health Plan East – Small Group Plans

Rate request filing ID # INAC-131005809 - 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

Initial requested average rate change: $10.19\%^1$ Revised requested average rate change: N/A^1

Range of requested rate change: 5.7% - 11.2% Effective date: January 1, 2018

People impacted: 120,498
Available in: Rating Area 8

Key information

Jan. 2016-Dec. 2016 financial experience

Company made (after taxes)	\$57,321,671
Taxes & fees	\$25,798,383
Administrative expenses	\$101,725,333
Claims	\$514,297,795
Premiums	\$699,143,182

The company expects its annual medical costs to increase 6.7%.

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2018:

Claims:	80%
Administrative:	15%
Taxes & fees:	4%
Profit:	2%

Explanation of requested rate change

Scope and Range of the Rate Increase:

Keystone Health Plan East ("KHPE") is revising premium rates for the Pennsylvania Small Group ACA compliant products, effective from January 1, 2018. The actual impact for a specific customer may be different.

About 120,000 members will be affected.

Financial Experience of the Product:

KHPE is required by federal law to pay out a minimum of 80% percent of premium dollars for medical claims—this is referred to as the minimum Medical Loss Ratio (MLR). The rate action proposed in this filing is expected to achieve a Medical Loss Ratio of greater than 80%.

Changes in Medical Service Costs:

Premium rates for health care insurance are increasing as the cost of health care service rise. Health

¹ Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.

care service costs increase as health care providers increase their fees, members use more health care services and supplies, and the types of health care services and supplies change, among other factors.

We are projecting that claims will increase by 6.7% in 2018. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

Changes in Benefits:

Some plan benefits are mandated by federal and state law. Benefit changes for some plans were also made. All changes in benefits are in compliance with the uniform modifications rules stipulated by the Federal government.

Administrative Costs:

The premium rates presented in this filing include a 2% contribution to reserves. Furthermore, the Affordable Care Act (ACA) imposes taxes and other levies.

Might Rate Review v4.2 Company Legal Name: KHPE State: PRA State: Small Group HillS (Stocy II) Market: Small Group HillS (Stocy III) Market: Small Group HillS (Market: Small Group HillS (Market: Small Group III) Market: Small Group III Market: Small				Lul	т.	<u> </u>	ь	0	ь	0 1						6 1		Т -	
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Professional Services 9,463,58 131,02 103,33 1,000 1,025 1,022 1,030 1,0,035,09 1,40,20 117,25 0,000 5,000 0,00 0,000								·											
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Total S404.03 S471.60 S0.00 After Credibility Projected Period S0.00 After Credibility Projected Period S687																			Capitation
Section III: Projected Experience:				.00	0.0	\$0.00	0.00	121.29	112.82	12,901.09	1.045	1.045	1.025	1.000	99.27	100.84	11,813.92	Prescriptions	
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38 Projected Incurred Claims \$424.05 \$613 40 Administrative Expense Load 14.55% 77.36 117 41 Profit & Risk Load 2.00% 10.63 15 42 Taxes & Fees 3.69% 19.62 28 43 Single Risk Pool Gross Premium Avg. Rate, PMPM \$531.66 \$768 44 Index Rate for Projection Period \$ 466.87	0		•						,					-					37
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Index Rate for Projection Period	\$768,772,881												Rate, PMPM	_	_				43
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48															-				48
Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be								not be		_									
disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.									w.	ll extent of the l	secution to th	result in pro	sclosure may	Unauthorized d	e the information.	orized to receive	ed to persons not auth	distributed, or copie	
50																			DU

Product-Plan Data Collection

Company Legal Name:KHPEState:PAHIOS Issuer ID:33871Market:Small GroupEffective Date of Rate Change(s):1/1/2018

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Product														Keys	tone HMO Small Gr	oup												
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AV Metal Value	0.5	80	0.580	0.920	0.895	0.819	0.819	0.720	0.719	0.631	0.763	0.717	0.811	0.719	0.717	0.920	0.895	0.819	0.819	0.720	0.719	0.631	0.763	0.717	0.811	0.719	0.717	0.863
AV Pricing Value	0.0	00	0.000	0.970	0.960	0.870	0.860	0.770	0.760	0.680	0.860	0.760	0.860	0.750	0.740	0.970	0.960	0.870	0.860	0.770	0.760	0.680	0.860	0.760	0.860	0.750	0.740	0.940
Plan Category	Termi	nated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New
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				Platinum	Platinum	Keystone HMO	Gold Classic	Silver Classic	Silver Classic	Bronze Essential			Gold Classic	Silver Secure	Silver Classic	Platinum	Platinum	Keystone HMO	Gold Classic	Silver Classic	Silver Classic	Bronze Essential			Gold Classic	Silver Secure	Silver Classic	Platinum
Plan Name	Keyston	ne HMO	HMO Bronze	Preferred	Preferred	Gold Preferred		\$4,000/\$25/\$50/7			Keystone HMO	Kevstone HMO		\$4,500/\$40/\$80/\$	\$4,250	Preferred	Preferred	Gold Preferred	\$1,000/\$25/\$50/9	\$4,000/\$25/\$50/7	\$3,250/\$30/\$60/5	\$6,850/\$50/\$100/	Keystone HMO	Keystone HMO			\$4,250/\$40/\$80/1	
	Bronze		basic	\$10/\$20/\$100	\$20/\$40/\$150	\$30/\$60/\$650	\$25/\$50/90%	0%	0%	\$700	Gold Proactive	Silver Proactive	00%	600	\$40/\$80/100%	\$10/\$20/\$100	\$20/\$40/\$150	\$30/\$60/\$650	0%	0%	0%	\$700	,	*	00%	600	00%	\$30/\$60/\$400
Plan ID (Standard Component ID):	33871PA	0100017 3	3871PA0100046	33871PA0100001	33871PA0100002	33871PA0100003	33871PA0100004	33871PA0100005	33871PA0100006	33871PA0100007	33871PA0100008	33871PA0100009	33871PA0100035	33871PA0100037	33871PA0100036		33871PA0100021	33871PA0100022	33871PA0100023	33871PA0100024	33871PA0100025	33871PA0100026		33871PA0100045	33871PA0100047	33871PA0100049	33871PA0100048	
Exchange Plan?	Ye	es	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2															0.00%													
Historical Rate Increase - Calendar Year - 1															0.00%													
Historical Rate Increase - Calendar Year 0															10.19%													
Effective Date of Proposed Rates	1/1/2	2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)		0.00%	0.00%	11.40%	11.419	11.26%	11.45%	6.05%	9.87%	11.65%	11.48%	7.10%	11.34%	8.70%	6.42%	11.18%	11.18%	10.98%	11.18%	5.74%	9.55%	11.20%	11.17%	6.72%	6 11.07%	8.37%	6.11%	0.00
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	11.40%					9.87%	11.65%	11.48%		11.34%		6.42%	11.18%			11.18%	5.74%	9.55%	11.20%	11.17%			8.37%		
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	31.61%	11.15%	20.38%	21.07%	46.24%	42.92%	22.62%	24.41%	21.74%	22.13%	41.09%	15.77%	16.72%	19.26%	14.08%	17.76%	5.02%	9.02%	6.79%	17.31%	5.82%	23.83%	9.56%	10.23%	#DIV/0
Product Rate Increase %				•											9.86%											I.		

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	33871PA0100017	33871PA0100046	33871PA0100001 33	871PA0100002 33	871PA0100003 338	71PA0100004 338	371PA0100005 338	71PA0100006 338	371PA0100007 3	33871PA0100008 338	871PA0100009 33	371PA0100035 338	371PA0100037 338	371PA0100036 338	371PA0100020 3	3871PA0100021 338	71PA0100022	33871PA0100023 338	71PA0100024 3	3871PA0100025 33	871PA0100026	33871PA0100044 3387	71PA0100045	33871PA0100047 33	3871PA0100049	33871PA0100048 3387	1PA0100050
Inpatient	\$9.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.04	\$12.45	\$10.33	\$10.79	\$4.97	\$7.92	\$6.73	\$9.09	\$4.66	\$10.18	\$6.39	\$4.76	\$0.00
Outpatient	\$8.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.38	\$10.87	\$9.02	\$9.42	\$4.34	\$6.92	\$5.87	\$7.94	\$4.07	\$8.89	\$5.58	\$4.16	\$0.00
Professional	\$10.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.96	\$13.33	\$11.06	\$11.55	\$5.33	\$8.49	\$7.20	\$9.73	\$4.99	\$10.91	\$6.84	\$5.10	\$0.00
Prescription Drug	\$10.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.44	\$13.79	\$11.44	\$11.95	\$5.51	\$8.78	\$7.45	\$10.07	\$5.16	\$11.28	\$7.08	\$5.28	\$0.00
Other	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.56	\$0.54	\$0.45	\$0.47	\$0.21	\$0.34	\$0.29	\$0.39	\$0.20	\$0.44	\$0.28	\$0.21	\$0.00
Capitation	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.77	\$2.64	\$2.19	\$2.29	\$1.06	\$1.68	\$1.43	\$1.93	\$0.99	\$2.16	\$1.36	\$1.01	\$0.00
Administration	\$7.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.24	\$9.78	\$8.12	\$8.48	\$3.91	\$6.23	\$5.29	\$7.14	\$3.66	\$8.00	\$5.02	\$3.74	\$0.00
Taxes & Fees	\$1.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.41	\$1.34	\$1.12	\$1.17	\$0.54	\$0.86	\$0.73	\$0.98	\$0.50	\$1.10	\$0.69	\$0.51	\$0.00
Risk & Profit Charge	\$1.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.60	\$2.48	\$2.06	\$2.15	\$0.99	\$1.58	\$1.34	\$1.81	\$0.93	\$2.03	\$1.27	\$0.95	\$0.00
Total Rate Increase	\$51.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70.40	\$67.25	\$55.78	\$58.26	\$26.86	\$42.79	\$36.33	\$49.08	\$25.17	\$55.00	\$34.50	\$25.72	\$0.00
Member Cost Share Increase	\$8.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.38	\$10.87	\$9.02	\$9.42	\$4.34	\$6.92	\$5.87	\$7.94	\$4.07	\$8.89	\$5.58	\$4.16	\$0.00
Average Current Rate PMPM	\$494.00	\$0.00	\$0.00	\$588.26	\$665.45	\$477.68	\$496.39	\$348.61	\$341.24	\$268.09	\$396.43	\$318.22	\$470.36	\$309.30	\$454.63	\$629.68	\$601.38	\$508.02	\$520.97	\$467.66	\$448.26	\$324.23	\$439.47	\$374.36	\$496.83	\$412.16	\$420.87	\$0.00
Projected Member Months	1,445,976	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33,432	109,800	345,336	15,576	43,716	21,816	26,772	163,692	275,256	8,220	9,036	9,228	C

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	33871PA0100017	33871PA01000	16 33871PA01000	01 33871PA01	100002 338716	PA0100003 33	3871PA0100004 338	71PA0100005	33871PA0100006 338	R71PA0100007	33871PA0100008 3	3871PA0100009	33871PA0100035 338	371PA0100037	33871PA0100036 3	3871PA0100020	33871PA0100021 3	3871PA0100022	33871PA0100023 3	3871PA0100024	33871PA0100025 3	3871PA0100026	33871PA0100044	33871PA0100045 3	3871PA0100047 33	871PA0100049 3	3871PA0100048 33	3871PA0100050
Plan Adjusted Index Rate	\$475.45	\$230.89	\$331.			604.12	\$459.35	\$472.39	\$318.62	\$321.20	\$283.23	\$398.18	\$310.07	\$465.54	\$309.07	\$390.70	\$601.81	\$563.06	\$484.72	\$485.69	\$443.67	\$421.10	\$325.22	\$422.29	\$356.74	\$459.16	\$398.02	\$410.30	\$0.00
Member Months	1,470,493	33	8	06 1	22	635	589	93	146	154	149	647	3,641	15	39	66	38,003	113,877	382,856	17,414	49,236	22,470	25,073	152,574	226,090	3,769	4,690	3,131	0
Total Premium (TP)	\$699,143,182	\$7,619	\$267,1	\$65,1	13 \$3	83,617	\$270,555	\$43,933	\$46,518	\$49,465	\$42,201	\$257,625	\$1,128,951	\$6,983	\$12,054	\$25,786	\$22,870,572	\$64,119,784	\$185,577,868	\$8,457,859	\$21,844,644	\$9,462,168	\$8,154,325	\$64,430,575	\$80,654,530	\$1,730,572	\$1,866,694	\$1,284,662	\$0
EHB Percent of TP, [see instructions]	99.13%	99.13%	99.13	% 99.1	3%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00	0.00	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.87%	0.87%	0.87			0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%
Total Allowed Claims (TAC)	\$584,946,969	\$1.185	\$81.8		-	44,456	\$193,790	\$28,620	\$200,220	\$64.391	\$13,946	\$206,479	\$1,034,396	\$7,171	\$3.506	\$6.507	\$20,324,268	\$56,658,288	\$157,805,777	\$8,559,904	\$17,202,427	\$7,217,531	\$5,378,426	\$48,211,435	\$63,857,919	\$1,465,349	\$1,767,138	\$904,227	\$0
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EHB Percent of TAC, [see instructions]	99.13%	99.13%	99.13	% 99.13	3%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%	99.13%
state mandated benefits portion of TAC that are	0.000/	0.000		0.00	201	2 2224	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.0004
other than EHB	0.00%	0.00%				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC Allowed Claims which are not the issuer's	0.87%	0.87%	0.87	% 0.8	/%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%
obligation:	\$70,649,174	\$124	\$38,9	\$1,7	71 \$	20,192	\$25,869	\$4,095	\$14,806	\$24,429	\$8,683	\$23,533	\$155,156	\$2,924	\$1,046	\$1,393	\$1,101,630	\$3,702,359	\$17,725,991	\$1,026,423	\$3,260,412	\$1,599,869	\$1,566,845	\$6,888,869	\$11,171,384	\$222,823	\$334,059	\$197,240	\$0
Portion of above payable by HHS's funds on	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		, , , , ,	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,		, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
behalf of insured person, in dollars	\$0																												
Portion of above payable by HHS on behalf of	0.000/	0.000		0.00	204	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.00%													
insured person, as % Total Incurred claims, payable with issuer funds	\$514.297.795	0.00% \$1.060	\$42.8			0.00% 24.265	0.00% \$167.921	\$24.526	\$185,414	0.00% \$39.961	0.00%	0.00% \$182.946	0.00% \$879.240	0.00% \$4,247	0.00% \$2.460	0.00% \$5.11 <i>4</i>	\$19,222,638	\$52,955,929	\$140,079,786	\$7,533,481	\$13,942,016	\$5,617,661	\$3,811,580	\$41.322.566	\$52,686,535	\$1.242.526	\$1,433,080	\$706,987	\$0
Total incurred claims, payable with issuel funds	\$314,237,733	\$1,000	742,8	, 59,5	51 γ2	.24,203	\$107,921	ŞZ4,3Z0	7185,414	\$39,901	75,204	\$182,940	7879,240	74,247	32,400	\$3,114	\$19,222,038	\$32,933,929	\$140,079,780	\$7,555,461	\$13,942,010	\$3,017,001	73,811,380	341,322,300	7 52,080,555	\$1,242,320	\$1,433,080	\$700,587	
Net Amt of Rein	\$0.00	\$0.00	\$0.	00 \$0.	00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$15,881,324.40	\$229.56	-\$505.	\$45,192.	-\$32,	711.26 -	\$33,459.53	-\$372.70	-\$10,929.78	-\$13,082.37	-\$3,664.50	-\$4,515.63	-\$116,876.56	-\$961.49	\$777.30	\$1,315.43	\$933,132.72	\$1,426,781.50	-\$2,427,204.48	\$178,907.73	-\$1,179,749.27	-\$686,377.29	-\$745,566.82	-\$4,752,400.23	-\$7,807,343.29	-\$241,590.10	\$93,475.12	\$62,403.11	\$0.00
Incurred Claims PMPM	\$349.75	\$32.13	\$53.	<u> </u>		353.17	\$285.10	\$263.72	\$1,269.96	\$259.49	\$35.33	\$282.76	\$241.48	\$283.11	\$63.08	\$77.48	\$505.82	\$465.03	\$365.88	\$432.61	\$283.17	\$250.01	\$152.02		\$233.03	\$329.67	\$305.56	\$225.80	#DIV/0!
Allowed Claims PMPM	\$397.79	\$35.89	\$101.	755.	05 \$	384.97	\$329.02	\$307.74	\$1,371.37	\$418.12	\$93.60	\$319.13	\$284.10	\$478.07	\$89.91	\$98.59	\$534.81	\$497.54	\$412.18	\$491.55	\$349.39	\$321.21	\$214.51	\$315.99	\$282.44	\$388.79	\$376.79	\$288.80	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$394.33	\$35.58	\$100.	52 \$92.	24 \$	381.62	\$326.15	\$305.07	\$1,359.44	\$414.48	\$92.79	\$316.36	\$281.62	\$473.91	\$89.12	\$97.73	\$530.15	\$493.21	\$408.59	\$487.28	\$346.35	\$318.41	\$212.64	\$313.24	\$279.99	\$385.41	\$373.51	\$286.29	#DIV/0!

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	33871PA0100017	33871PA0100046 33	3871PA0100001	33871PA0100002	33871PA0100003	33871PA0100004 33	3871PA0100005	33871PA0100006 3	3871PA0100007	33871PA0100008 3	3871PA0100009	33871PA0100035 3	3871PA0100037	33871PA0100036	33871PA0100020	33871PA0100021 3	33871PA0100022	33871PA0100023 3	3871PA0100024	33871PA0100025 3	3871PA0100026	33871PA0100044	33871PA0100045 3	3871PA0100047 3	3871PA0100049 3	33871PA0100048 3	33871PA010005
Plan Adjusted Index Rate	\$534.98	\$0.00	\$0.00	\$702.43	\$671.51	\$552.95	\$571.93	\$465.96	\$459.07	\$347.31	\$495.38	\$377.49	\$568.56	\$436.07	\$452.29	\$702.43	\$671.51	\$552.95	\$571.93	\$465.96	\$459.07	\$347.31	\$495.38	\$377.49	\$568.56	\$436.07	\$452.29	\$632.1
Member Months	1,445,976	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,432	109,800	345,336	15,576	43,716	21,816	26,772	163,692	275,256	8,220	9,036	9,228	-
Total Premium (TP)	\$773,567,672	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$23,483,640	\$73,731,798	\$190,953,541	\$8,908,382	\$20,369,907	\$10,015,071	\$9,298,183	\$81,089,743	\$103,906,387	\$4,673,563	\$3,940,329	\$4,173,732	5
EHB Percent of TP, [see instructions]	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06
	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	33.0076	99.00%	99.00%	33.0076	99.00%	99.00%	99.00%	33.00%	99.00%	99.00%	33.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	33.00%	99.00%	99.00
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.000/	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.000/	0.000/	0.00
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00% 0.94%	0.00%	0.00% 0.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0
Total Allowed Claims (TAC)	\$696,329,906	0.94% ¢0	0.94% ¢n	0.94%	0.9470 \$0	0.94% ¢n	0.94%	0.94% \$0	0.9478 ¢n	0.94% ¢0	0.9478 ¢n	0.94% ¢n	0.94% ¢n	0.94% ¢0	0.94% ¢n	\$18.780.655	\$59,580,056	\$170,264,957	\$8,035,653	\$20,521,646	\$10.222.567	\$10,607,447	\$73,144,568	\$106.057.586	\$4,215,664	\$4,075,558	\$4,375,291	\$6,2
Total Allowed Claims (TAC)	\$090,329,900	ŞU	ŞU	ŞU	ŞU	ŞU	, JU	Ş 0	ŞU	ŞU	ŞU	, 50	ŞU	ŞU	ŞU	\$10,760,033	\$59,560,050	\$170,204,937	\$6,055,055	\$20,321,040	\$10,222,307	\$10,007,447	\$75,144,506	\$100,037,360	34,213,004	\$4,075,556	\$4,373,231	\$0,21
EHB Percent of TAC, [see instructions]	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06
state mandated benefits portion of TAC that are																												
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00
Other benefits portion of TAC	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94%	0.94
,																												
Allowed Claims which are not the issuer's obligatio	n \$65,992,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$832,095	\$1,967,318	\$15,927,081	\$780,371	\$3,286,193	\$1,659,368	\$2,566,404	\$4,485,626	\$16,640,611	\$285,605	\$1,011,099	\$1,098,647	:
Portion of above payable by HHS's funds on																												
behalf of insured person, in dollars	\$0																											
Portion of above payable by HHS on behalf of																												
insured person, as %	0.00%	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!													
																										_		
Total Incurred claims, payable with issuer funds	\$630,337,101	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,948,561	\$57,612,738	\$154,337,876	\$7,255,282	\$17,235,452	\$8,563,199	\$8,041,044	\$68,658,942	\$89,416,975	\$3,930,059	\$3,064,459	\$3,276,644	\$6,26
	4.5	4.5	4.5		4-	4.5	4 -	4 -	4.5	4.5				4.5	4.5	4.5	4.5	4 -	4 -	4 -	4.5	4 -			4.5	4.5		
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	, \$0	\$0	\$0	\$0	\$0	:
Net Amt of Risk Adj	-\$13,036,213	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$781,931	\$1,195,590	-\$2,033,907	\$149,918	-\$988,586	-\$575,159	-\$624,757	-\$3,982,335	-\$6,542,265	-\$202,444	\$78,329	\$52,292	
Incurred Claims PMPM	\$435.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$536.87	\$524.71	\$446.92	\$465.80	\$394.26	\$392.52	\$300.35	\$419.44	\$324.85	\$478.11	\$339.14	\$355.08	#DIV/0I
Allowed Claims PMPM	\$481.56	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$561.76	\$542.62	\$493.04	\$515.90	\$469.43	\$468.58	\$396.21	\$446.84	\$385.31	\$512.85	\$451.04	\$474.13	#DIV/0! #DIV/0!
EHB portion of Allowed Claims, PMPM	\$477.04	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$556.48	\$537.52	\$488.41	\$513.90	\$465.02	\$464.18	\$392.49	\$440.84	\$383.51	\$508.03	\$446.80	\$469.68	#DIV/0!

									Keystone DPO	•									
										PA011		1							
Platinum	Platinum	Gold				Silver	Silver				Platinum	Gold						Silver	
0.920 0.970	0.895 0.960	0.819 0.870	0.819 0.860	0.818 0.860	0.720 0.770	0.693 0.750	0.717 0.760	0.719 0.760	0.631 0.680	0.920 0.970	0.895 0.960	0.819 0.870	0.819 0.860	0.818 0.860	0.720 0.770	0.719 0.750	0.717 0.760	0.719 0.760	0.631 0.680
Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Terminated	Terminated	Renewing	Renewing
POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Platinum	Platinum	Keystone DPOS	Gold Classic	Gold Classic	Silver Classic	Silver Secure	Silver Classic	Silver Classic	\$6,850/\$50/\$100/	Platinum	Platinum	Keystone DPOS	Gold Classic	Gold Classic	Silver Classic	Silver Secure	Silver Classic	Silver Classic	\$6,850/\$50/\$100/
Preferred	Preferred	Gold Preferred	\$1,000	\$2,000	\$4,000/\$25/\$50/7	\$3,500/\$40/\$80/\$	\$4,250/\$40/\$80/1	\$3,250/\$30/\$60/5	\$700	Preferred	Preferred	Gold Preferred	\$1,000/\$25/\$50/9	\$2,000/\$40/\$80/1	\$4,000/\$25/\$50/7	\$3,500	\$4,250	\$3,250/\$30/\$60/5	\$700
\$10/\$20/\$100	\$20/\$40/\$150	\$30/\$60/\$650	\$25/\$50/90%	\$40/\$80/100%	0%	600	00%	0%		\$10/\$20/\$100	\$20/\$40/\$150	\$30/\$60/\$650	0%	00%	0%	\$40/\$80/\$600	\$40/\$80/100%	0%	
	33871PA0110002	33871PA0110003	33871PA0110004	33871PA0110005	33871PA0110006			33871PA0110009				33871PA0110013			33871PA0110016	33871PA0110017		33871PA0110019	
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes 0.0	No L	No	No	No	No	No	No	No	No	No
									0.0										
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1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
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99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%	99.06%
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URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

Keystone Health Plan East ("KHPE") is revising premium rates for the Pennsylvania Small Group ACA compliant products, effective from January 1, 2018. The proposed revisions to each plan are shown on the second page of this exhibit.

About 120,000 members will be affected.

Financial Experience of the Product:

KHPE is required by federal law to pay out a minimum of 80% percent of premium dollars for medical claims—this is referred to as the minimum Medical Loss Ratio (MLR). The rate action proposed in this filing is expected to achieve a Medical Loss Ratio of greater than 80%.

Changes in Medical Service Costs:

Premium rates for health care insurance are increasing as the cost of health care service rise. Health care service costs increase as health care providers increase their fees, members use more health care services and supplies, and the types of health care services and supplies change, among other factors.

We are projecting that claims will increase by 6.7% in 2018. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

Changes in Benefits:

Some plan benefits are mandated by federal and state law. Benefit changes for some plans were also made. All changes in benefits are in compliance with the uniform modifications rules stipulated by the Federal government.

Administrative Costs:

The premium rates presented in this filing include a 2% contribution to reserves. Furthermore, the Affordable Care Act (ACA) imposes taxes and other levies.

URRT Part II – Consumer Friendly Justification

HIOS Plan ID	Plan Name	2018 % Change
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$100	11.2%
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$150	11.2%
33871PA0100022	Keystone HMO Gold Preferred \$30/\$60/\$650	11.0%
33871PA0100023	Keystone HMO Gold Classic \$1,000/\$25/\$50/90%	11.2%
33871PA0100024	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	5.7%
33871PA0100025	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	9.6%
33871PA0100026	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	11.2%
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$100	11.2%
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$150	11.2%
33871PA0110013	Keystone DPOS Gold Preferred \$30/\$60/\$650	11.0%
33871PA0110014	Keystone DPOS Gold Classic \$1,000/\$25/\$50/90%	11.2%
33871PA0110016	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	5.7%
33871PA0110019	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	9.6%
33871PA0110020	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	
33871PA0100044	Keystone HMO Gold Proactive	11.2%
33871PA0100045	Keystone HMO Silver Proactive	6.7%
33871PA0100047	Keystone HMO Gold Classic \$2,000/\$40/\$80/100%	11.1%
33871PA0100048	Keystone HMO Silver Classic \$4,250/\$40/\$80/100%	6.1%
33871PA0100049	Keystone HMO Silver Secure \$4,500/\$40/\$80/\$600	8.4%
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33871PA0100001	Keystone HMO Platinum Preferred \$10/\$20/\$100	Terminated
33871PA0100002	Keystone HMO Platinum Preferred \$20/\$40/\$150	Terminated
33871PA0100003	Keystone HMO Gold Preferred \$30/\$60/\$600	Terminated
33871PA0100004	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Terminated
33871PA0100005	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	Terminated
33871PA0100006	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	Terminated
33871PA0100007	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	
33871PA0100008	Keystone HMO Gold Proactive	Terminated
33871PA0100009	Keystone HMO Silver Proactive	Terminated
33871PA0110001	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Terminated
33871PA0110002	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Terminated
33871PA0110003	Keystone DPOS Gold Preferred \$30/\$60/\$600	Terminated
33871PA0110004	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Terminated
33871PA0110006	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	Terminated
33871PA0110009	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	Terminated
33871PA0110010	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	Terminated
33871PA0110005	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Terminated
33871PA0110008	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	Terminated
33871PA0110007	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Terminated
33871PA0100035	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	Terminated
33871PA0100036	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Terminated
33871PA0100037	Keystone HMO Silver Secure \$4,500/\$40/\$80/\$600	Terminated
33871PA0110015	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Terminated
33871PA0110018	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	Terminated
33871PA0110017	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Terminated
33871PA0100050	Keystone HMO Platinum Preferred \$30/\$60/\$400	New
INAC-131005809	2 Consumer Frie	ndly Justification

KHPE Small Group

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for small group market health care insurance underwritten by Keystone Health Plan East in the Commonwealth of Pennsylvania. It is provided as a component of an application for certification as a Qualified Health Plan and a state rate filing. This submission may not be appropriate for other purposes.

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Keystone Health Plan East ("KHPE")

State: Pennsylvania

HIOS Issuer ID (5-digit): 33871

Market: Small Group

Effective Date(s): 1/1/2018-3/31/2018, 4/1/2018 – 6/30/2018, 7/1/2018 – 9/30/2018,

10/1/2018 - 12/31/2018

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the small group market for KHPE. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities.

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2016 to calendar year 2018 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, anticipated revenue or payments due to market-wide risk adjustment, and the discontinuance of net reinsurance payments from the Federal Transitional Reinsurance Program.

The weighted average increase across KHPE plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 10.19%. The minimum increase is 5.7% and the maximum increase is 11.2%.

WORKSHEET 1: DATA COLLECTION TEMPLATE

SECTION I: EXPERIENCE PERIOD PREMIUM AND CLAIMS

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2016 and paid through January 2017. Earned premiums and member months are for January through December 2016. The data are for all direct-written small group business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

Earned Premiums (net of MLR Rebate) in Experience Period are developed by summing the earned premium reported in the company's internal data warehouse and adjusting for MLR rebates, if any, for the period. Although 2016 federal MLR rebate calculations are not final as of the writing of this memorandum, no federal MLR rebates are expected for calendar year 2016, so no adjustment to earned premium for MLR rebates is needed.

The calculation for federal minimum loss ratio rebates is based on 2014, 2015, and 2016 experience of earned premium, incurred claims, quality improvement expenses, and taxes. The three years of experience is blended for all segments.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2016 through December 2016 and paid through January 2017 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2016 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2016 period but they are not adjusted for IBNR.

Allowed Claims

Allowed claims are determined by separately obtaining paid-to-date fee-for-service claims and member cost-sharing amounts, applying claim lag factors to those amounts to estimate ultimate incurred fee-for-service claims and member-sharing amounts and adding them together with capitation amounts.

Allowed claims do not include ineligible claims, payments for services other than medical care provided, recovery payments related to internal large claim pooling mechanisms, or active live reserves.

IBNR Development

Medical fee for service incurred but not reported (IBNR) claims are modeled through the use of standard claim lag methodologies. A range of results is developed, and a provision for adverse deviation is applied. The provision for adverse deviation is dependent on many factors such as stability, size, product mix, etc.

The completion factors are developed annually in the 2Q - 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2016 paid through January 2017.

Experience Period Index Rate

The Index Rate of Experience Period is estimated by removing cost and utilization trend from the Index Rate for Projection Period.

SECTION II: ALLOWED CLAIMS, PMPM BASIS

BENEFIT CATEGORIES

Utilization and Unit Cost data for allowed claims in the experience period are provided in Section II. The data is provided by benefit category using a standardized indicator from the internal data warehouse that assigns each claim line to a category based on the type of provider and the location of the service. The utilization and unit cost data are provided for the following categories: Inpatient Hospital admits, Outpatient Hospital visits, Professional visits, Other Medical visits, Capitation per member per month (PMPM), and Prescription Drug scripts.

Experience Period capitation is reported as a per member per month (PMPM) value. In order to complete the URRT, the Utilization per 1,000 statistics for capitated services only is reported as 1,000 so that the appropriate capitation PMPM is reported.

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2016 through December 2016 is projected to the future rating period by several factors. Factors were calculated from the combined experience of QCC and KHPE.

Changes in Population Risk Morbidity

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the small group market-wide morbidity.

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This adjustment reflects: additional benefits required to be covered as essential health benefits; recently mandated benefits required by state law that are not reflected in the experience period data; benefits in the experience that are removed for the projection period; anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period; changes in demographic characteristics of the single risk pool experience period population and the projection period population (including age, gender, region, and tobacco use); changes in the provider network (adding or removing a provider system or introducing a limited network option); and anticipated changes in pharmacy rebates.

Trend Factors

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

CREDIBILITY MANUAL RATE DEVELOPMENT

The experience period claims for the single risk pool are determined to be fully credible; therefore no credibility adjustment is required.

SECTION III: PROJECTED EXPERIENCE

PAID TO ALLOWED RATIO

The Projected Allowed Experience Claims PMPM shown in Worksheet 1 represents projected allowed claims experience PMPM for the projected portfolio of plans. The Paid to Allowed Average Factor in

Projection Period adjusts the allowed down to Projected Incurred Claims before ACA reinsurance and risk adjustment for the population anticipated to be covered in the projection period. The Projected Incurred Claims before ACA reinsurance and risk adjustment represents the net amount of incurred insurer claim liability expected in the projection period, net of member cost sharing and cost sharing paid by HHS on behalf of low-income members. It reflects the average benefit level anticipated during the projection period. The ratio was calculated using incurred (before ACA reinsurance and risk adjustment) and allowed PMPMs from worksheet two of the URRT.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before ACA Reinsurance and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool for IBCFOC in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

When the projected risk adjustment amounts for KHPE and QCC are combined, the result is consistent with the projection made in our submission. We also consider preliminary 2016 risk transfer results.

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

An Administrative Expense Load is applied to Projected Incurred Claims to reflect expenses related to quality improvement and fraud detection/recovery and other expenses of operating a business, broker commissions, and premium payment processing fees.

Profit & Risk Load/Contribution to Surplus

A Profit & Risk Load/Contribution to Surplus for the single risk pool is applied to Projected Incurred Claims for the projection period, if applicable.

Taxes and Fees

A Taxes & Fees load is applied to Projected Incurred Claims to pass through fees and taxes levied by the federal and state governments.

PROJECTED LOSS RATIO

The projected loss ratio for the single risk pool is estimated to exceed 80% reflecting premium adjustments permitted by the federal MLR calculation.

SINGLE RISK POOL

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for KHPE in the state of Pennsylvania. It is established according to the Single Risk Pool requirements in 45 CFR § 156.80(d).

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for KHPE Small Group Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2018. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

MARKET ADJUSTED INDEX RATE

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules: federal reinsurance program adjustment, risk adjustment and exchange user fees. The Market Adjusted Index Rate reflects the average demographic characteristics of the single risk pool.

PLAN ADJUSTED INDEX RATE

The Plan Adjusted Index Rate is calculated as the issuer Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rule. These include actuarial value and cost sharing adjustment, provider network, delivery system and utilization management adjustment, adjustment for benefits in addition to the EHBs, impact of specific eligibility categories for the catastrophic plan and administrative costs.

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic and tobacco factors for the expected distribution. The average age of the combined small group risk pool population is 36.

The Average Age factor is the weighted average age factor based on the projected membership. The Tobacco Factor is calculated as the projected average factor for tobacco users multiplied by the projected tobacco use prevalence.

There is only one geographic rating area for this filing. The geographic rating area factor for this filing is 1.0.

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the URRT were valued using the AV Calculator, where possible, otherwise the AV Metal Values were developed under an alternate methodology. Actuarial certifications required by 45 CFR Part 156, §156.135 are provided in a separate document.

AV PRICING VALUES

The AV Pricing Value represents the cumulative effect of adjustments made by plan to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to introduction of guarantee issue requirements, the individual mandate, and the introduction of a Basic Health Program.

TERMINATED PLANS

The following plans are being terminated. (Removed from the exchange, their Off-exchange variant has been kept):

HIOS ID	Plan Name
33871PA0100001	Keystone HMO Platinum Preferred \$10/\$20/\$100
33871PA0100002	Keystone HMO Platinum Preferred \$20/\$40/\$150
33871PA0100003	Keystone HMO Gold Preferred \$30/\$60/\$650
33871PA0100004	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%
33871PA0100005	Keystone HMO Silver Classic \$2,500 \$25/\$50/70%
33871PA0100006	Keystone HMO Silver Classic \$2,750/\$30/\$60/50%
33871PA0100007	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700
33871PA0100008	Keystone HMO Gold Proactive
33871PA0100009	Keystone HMO Silver Proactive

33871PA0100035	Keystone HMO Gold Classic \$2,000/\$40/\$80/100%
33871PA0100036	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%
33871PA0100037	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600
33871PA0110001	Keystone DPOS Platinum Preferred \$10/\$20/\$100
33871PA0110002	Keystone DPOS Platinum Preferred \$20/\$40/\$150
33871PA0110003	Keystone DPOS Gold Preferred \$30/\$60/\$650
33871PA0110004	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%
33871PA0110005	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%
33871PA0110009	Keystone DPOS Silver Classic \$2,750/\$30/\$60/50%
33871PA0110010	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700

These plans are being terminated in 2018 and will not be offered either On- or Off-Exchange:

33871PA0110006	Keystone DPOS Silver Classic \$2,500/\$25/\$50/70%
33871PA0110007	Keystone DPOS Silver Secure \$3,500/\$40/\$80/\$600
33871PA0110008	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%
33871PA0110015	Keystone DPOS Gold Classic \$2,000/\$40/\$80/100%
33871PA0110017	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600
33871PA0110018	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%

WARNING ALERTS

There are no warning alerts in URRT part 1.

ACTUARIAL CERTIFICATION

I, am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of gross premium rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I hereby certify that, to the best of my knowledge and judgment, the following:

- The projected index rate is:
 - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.102);
 - —Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - -Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) and PA Actuarial Memorandum Rate Exhibits to provide certain information to support the gross premium for the single risk pool for small group market health care insurance underwritten by Keystone Health Plan East in the Commonwealth of Pennsylvania. It is provided as a component of a state rate filing. This submission may not be appropriate for other purposes.

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name: Keystone Health Plan East ("KHPE")

State: Pennsylvania

NAIC #: 95056

Market: Small Group
Marketplace: Off Exchange

Effective Date(s): 1/1/2018-3/31/2018, 4/1/2018 – 6/30/2018, 7/1/2018 – 9/30/2018,

10/1/2018 - 12/31/2018

Average Rate Change: 10.19%

Range of Rate Changes: 5.7% - 11.2%

Products: HMO

Rating Areas: Rating Area 8

Metal Levels: Platinum, Gold, Silver, Bronze

Current Members: 120,498
Current Policyholders: 71,279
Number of 2018 Plans: 20
HIOS Issuer ID (5-digit): 33871

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the small group market for KHPE. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence 33871.

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:



B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	8.40%	INAC- 129626509
October 1, 2015	-0.30%	INAC- 130111004
January 1, 2016	6.88%	INAC- 129955625
January 1, 2017	27.97%	INAC- 130539718
July 1, 2017	2.00%	INAC- 130959307

The historical rate changes varied by metallic tier based on plan benefits as illustrated via the Pricing AV.

Proposed rate changes may vary by metallic tier and plan based on plan benefit changes.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 10.19%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2016 to calendar year 2018 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is 7.6%. The change shown in Cell V45 of Worksheet 1 of URRT Part I is 11.82%. The change shown in Cell V46 of Worksheet 1 of URRT Part I is 5.75%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2017, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

Benefit changes were made to the following plans to assure compliance with Actuarial Value Requirements, including differences that resulted from changes to the AV Calculator. The basis for pricing changes was our internal pricing model.

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

Table 2 illustrates the experience period claims and premiums using calendar year data. The data is consistent with the data reported in Section 1 of Worksheet I of the URRT.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2016

and paid through January 2017. Earned premiums and member months are for January through December 2016. The data are for all direct-written small group business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans. No private reinsurance was applicable.

Projected Risk Adjustment PMPM

Non-EHB benefits are illustrated separately in cell H36 of Table 2. Capitation is uniform by age for the experience period. Net pharmacy rebates are illustrated in cell I36 of Table 2.

Projected Risk Adjustment is accounted for in Projected Incurred Claims before ACA Reinsurance and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool for IBCFOC in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

When the projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are combined, the result is consistent with the projection made in our submission. We also considered preliminary 2016 risk transfer results.

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

Table 3 identifies the proposed annual medical and prescription drug allowed claims cost and utilization trends. These data match the data illustrated in Section 2 of Worksheet I of the URRT. Additional discussion is provided in Section I, Historical Experience.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2014 through 2016 for the product line.

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

J. TERMINATED PLANS

The following plans are being terminated during 2018. We will continue to offer the Off-Exchange variant:

HIOS ID	Plan Name
33871PA0100001	Keystone HMO Platinum Preferred \$10/\$20/\$100
33871PA0100002	Keystone HMO Platinum Preferred \$20/\$40/\$150
33871PA0100003	Keystone HMO Gold Preferred \$30/\$60/\$650
33871PA0100004	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%
33871PA0100005	Keystone HMO Silver Classic \$2,500 \$25/\$50/70%
33871PA0100006	Keystone HMO Silver Classic \$2,750/\$30/\$60/50%
33871PA0100007	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700
33871PA0100008	Keystone HMO Gold Proactive
33871PA0100009	Keystone HMO Silver Proactive
33871PA0100035	Keystone HMO Gold Classic \$2,000/\$40/\$80/100%
33871PA0100036	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%
33871PA0100037	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600
33871PA0110001	Keystone DPOS Platinum Preferred \$10/\$20/\$100
33871PA0110002	Keystone DPOS Platinum Preferred \$20/\$40/\$150
33871PA0110003	Keystone DPOS Gold Preferred \$30/\$60/\$650
33871PA0110004	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%
33871PA0110005	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%
33871PA0110009	Keystone DPOS Silver Classic \$2,750/\$30/\$60/50%
33871PA0110010	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700

These plans are being terminated in 2018 and will not be offered either On- or Off-Exchange:

33871PA0110006	Keystone DPOS Silver Classic \$2,500/\$25/\$50/70%
33871PA0110007	Keystone DPOS Silver Secure \$3,500/\$40/\$80/\$600
33871PA0110008	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%
33871PA0110015	Keystone DPOS Gold Classic \$2,000/\$40/\$80/100%
33871PA0110017	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600
33871PA0110018	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%

2. RATE DEVELOPMENT AND CHANGE

A. DEVELOPMENT OF PROJECTED INDEX RATE, MARKET-ADJUSTED INDEX RATE, & TOTAL ALLOWED CLAIMS

Table 5 illustrates the development of the Projected Index Rate and Market-Adjusted Index Rate beginning with the Experience Period Index Rate.

Changes in Population Risk Morbidity

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the small group market-wide morbidity.

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This adjustment reflects: additional benefits required to be covered as essential health benefits; recently mandated benefits required by state law that are not reflected in the experience period data; benefits in the experience that are removed for the projection period; anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period; changes in demographic characteristics of the single risk pool experience period population and the projection period population (including age, gender, region, and tobacco use); changes in the provider network (adding or removing a provider system or introducing a limited network option); and anticipated changes in pharmacy rebates.

B. RETENTION ITEMS

Table 6 illustrates the retention items, expressed as percentages of premium. Administrative expenses are calculated and applied on a PMPM basis. When expressed as a percentage of premium, these will vary by premium size. Consistent with conversations with our State regulator, no Pricing load was

applied for the Managed Care Assessment levied pursuant to Article VIII-I of the Pennsylvania Code, as it will be separately reimbursed.

Administrative Expenses		14.55%
General and Claims	6.68%	
Agent/Broker Fees and Commissions	7.40%	
Quality Improvement Initiatives	0.47%	
Taxes and Fees		3.69%
PCORI Fees	0.04%	
PA Premium Tax	0.00%	
Federal Income Tax	1.51%	
Health Insurance Providers Fee	2.15%	
Profit/Contingency		2.00%
Total Retention		20.24%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2017 filing. The changes in the factors reflect small differences from the projected populations in 2017 and 2018.

D. COMPONENTS OF RATE CHANGE

Table 8 illustrates the components of rate change, based on inputs form other sections of the Rate Exhibits. The results in Row H are similar to the values in Row A of Table 8.

Data in Table 9 was taken from the 2017 URRT with the exceptions of Risk Adjustment and Reinsurance which were revised to project company-specific values.

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2018 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

Attached to this actuarial memorandum are exhibits providing actuarial certifications for the use of alternate methods of calculating the Actuarial Value, where applicable, as well as required support for the calculations.

4. PLAN PREMIUM DEVELOPMENT FOR 21-YEAR OLD NON-TOBACCO USER

Table 11 is populated from other sections of the Rate Exhibits, along with the population by age and rating area for the Projection Period.

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2017 filing.

6. ACTUARIAL CERTIFICATION

I, am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of gross premium rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I hereby certify that, to the best of my knowledge and judgment, the following:

- The projected index rate is:
 - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
 - —Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - -Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least

- one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2018 Rate Filing Justification.

May 22, 2017

PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information

		_
Carrier Name:	KHPE Insurance Company, Inc.	
Product(s):	HMO	
Market Segment:	Small Group	
Rate Effective Date:	1/1/2018	to
Base Period Start Date	1/1/2016	to
Date of Most Recent Membership	2/1/2017	

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2017)	Projected Rating Period
Average Age	36	36	36
Total	1,470,493	120,498	1,445,976
<18	275,574	21,571	258,852
18-24	140,203	11,176	134,112
25-29	131,705	10,993	131,916
30-34	133,061	11,227	134724
35-39	119,711	10,345	124140
40-44	112,760	9,182	110184
45-49	136,241	10,847	130164
50-54	151,467	12,140	145680
55-59	144,850	11,881	142572
60-63	94,097	7,934	95208
64+	30,824	3,202	38424

^{*}Tables 1, 2 and 4 must include data for all non-grandfathered business (ACA compliant and Transitional)

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 699,143,181.89 \$	465,969,746.10	\$ 514,297,795.19	1,470,493	118,977,223.38	\$ 584,946,969.48 \$	\$ -	\$ (10,439,940.17	\$ 13,539,609.90 \$	-		\$ -
Experience Period Total Allowed EHB Claim	ns + EHB Capitation PMPM (ne	et of prescription drug rebates)									\$ 399.90
Loss Ratio											74.00%

12/31/2018 12/31/2016

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite URRT Trend **	Weight*
Inpatient Hospital	3.90%	3.00%	0.00%	7.02%	23.35%
Outpatient Hospital	3.70%	3.00%	0.00%	6.81%	20.46%
Professional	2.20%	3.00%	0.00%	5.27%	25.84%
Other Medical	2.70%	3.00%	0.00%	5.78%	0.00%
Capitation				1.30%	5.53%
Prescription Drugs	4.50%	4.50%	0.00%	9.20%	24.82%
Total Annual Trend				6.75%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.140	

^{*} Express Cost, Utilization, Induced Utilization and Weight as percentages

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-14		\$ 40,604,302.32	1.0000	40,604,302.32	316,387	\$ 128.34				\$
Feb-14		\$ 34,166,292.36	1.0000	34,166,292.36	301,899	\$ 113.17				\$
Mar-14		\$ 39,338,046.68	1.0000	39,338,046.68	282,712					\$
Apr-14		\$ 41,450,398.48	1.0000		257,248					\$
May-14		\$ 40,797,001.60	1.0000	· · · · · · · · · · · · · · · · · · ·	242,959					\$
Jun-14		\$ 38,230,510.58	1.0000		225,177					\$
Jul-14		\$ 42,003,525.81	1.0000		208,509					\$
Aug-14		\$ 38,398,241.23	1.0000	· · · ·	195,609					\$
Sep-14		\$ 40,788,043.11	1.0000		179,173					\$
Oct-14		\$ 41,520,340.29	1.0000		165,793					\$
Nov-14		\$ 35,480,336.72	1.0000	· · · · · · · · · · · · · · · · · · ·	153,360	•				\$
Dec-14 <mark>\$</mark>	632,859,798.00		1.0000		126,131		\$ 31,993,226.00			\$
Jan-15		\$ 47,920,822.35	1.0000		125,009					\$
Feb-15		\$ 44,150,845.02	1.0000		124,735					\$
Mar-15		\$ 47,088,110.55	1.0000		124,684	\$ 377.66				\$
Apr-15		\$ 46,649,913.22	1.0000	46,649,913.22	124,297					\$
May-15		\$ 43,834,781.73	1.0000		123,986	\$ 353.55				\$
Jun-15		\$ 45,917,347.66	1.0000	45,917,347.66	123,538	\$ 371.69				\$
Jul-15		\$ 46,642,687.61	1.0000	46,642,687.61	123,094					\$
Aug-15		\$ 45,159,671.28	1.0000	45,159,671.28	122,749					\$
Sep-15		\$ 44,059,138.00	1.0000	\$ 44,059,138.00	122,919					\$
Oct-15		\$ 46,775,969.09	1.0000	\$ 46,775,969.09	122,974					\$
Nov-15		\$ 45,433,595.81	1.0000	45,433,595.81	123,067	\$ 369.18				\$
Dec-15 <mark>\$</mark>	671,931,345.00	\$ 46,784,632.69	1.0000	46,784,632.69	124,688	\$ 375.21	\$ 22,793,366.00			\$
Jan-16		\$ 46,052,007.58	0.9993	46,082,717.11	124,889	\$ 368.99				\$
Feb-16		\$ 46,039,440.87	0.9989	\$ 46,089,310.50	124,333					\$
Mar-16		\$ 49,059,447.09	0.9984	49,140,216.27	124,142	\$ 395.84				\$
Apr-16		\$ 45,865,321.49	0.9976	45,975,514.11	123,921	\$ 371.01				\$
May-16		\$ 45,551,381.89	0.9959	45,736,776.88	123,682	\$ 369.79				\$
Jun-16		\$ 47,643,441.49	0.9940	47,930,359.69	122,778					\$
Jul-16		\$ 43,744,619.67	0.9907	44,154,755.70	122,390	\$ 360.77				\$
Aug-16		\$ 49,527,344.67	0.9848	50,292,024.27	122,119	\$ 411.83				\$
Sep-16		\$ 46,452,402.89	0.9786	47,466,827.87	121,135	\$ 391.85				\$
Oct-16		\$ 44,581,879.14	0.9625	46,319,876.10	120,600	\$ 384.08				\$
Nov-16		\$ 43,987,929.68	0.9370	46,945,084.56	120,266	\$ 390.34				\$
Dec-16 \$	699,143,181.89	\$ 41,506,240.93	0.8596		120,238		\$ 118,977,223.38			\$

* Express Completion Factor as a percentage

^{*}Express Prescription Drug Rebates as a negative number

^{**} Should = URRT Trend

PA Rate Template Part II

Rate Development and Change Carrier Name: Product(s): KHPE Insurance Company, Inc. HMO Market Segment: **Small Group** Rate Effective Date: 1/1/2018

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate		ctual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	399.90	\$ -	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor		1.140	1.000	
Unadjusted Projected Allowed EHB Claims PMPM	\$	455.70	\$ -	For Informa
Single Risk Pool Adjustment Factors				
Change in Morbidity		1.000	1.000	<- See URRT Instructions Blended Bas
Change in Other		1.025	1.000	Blended Ear
Change in Demographics		1.004	1.000	<- See URRT Instructions Blended Los
Change in Network		1.000	1.000	<- See URRT Instructions
Change in Benefits		1.021	1.000	<- See URRT Instructions
Change in Other		1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	خ	466.87	ċ	
Credibidility Factors	٦	100%	0%	<- See Instructions
Blended Projected EHB Claims PMPM		100/8	\$ 466.87	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			400.07	1 Tojecteu maex nate
Adjusted Projected Allowed EHB Claims PMPM	\$	466.87	<- Index Rate for Projection	on Period on URRT - Individual or First Quarter Small Group Table 5A
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	\$		•	on Period on URRT - Small Group
Projected Paid to Allowed Ratio	4		<- Paid to Allowed Averag	ge Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM Market-wide Adjustments	\$	419.85		# of Membe Adjusted Pro
Projected Risk Adjustment PMPM	\$	(9.05)		Months of T
Projected Paid Exchange User Fees PMPM	\$	-		Annual Tren
				Single Risk P
Market-Adjusted Projected Paid EHB Claims PMPM	\$	428.90		Quarterly Tr
Market-Adjusted Projected Allowed EHB Claims PMPM	\$	487.38	<- Market-Adjusted Index	Rate 2018 Trend
Projected Allowed Non-EHB Claims PMPM	\$	4.73		
Market-Adjusted Projected Paid Total Claims PMPM	\$	433.06		
	ć			
Market-Adjusted Projected Allowed Total Claims PMPM	Ş	492.11		

Table 6. Retention

Retention Items - Express in percentages		
Administrative Expenses	14.55%	
General and Claims	6.68%	
Agent/Broker Fees and Commissions	7.40%	
Quality Improvement Initiatives	0.47%	
Taxes and Fees	3.69%	
PCORI Fees (Enter \$ amount here: \$2.36)	0.04%	
Pa Premium Tax (if applicable)	0.00%	
Federal Income Tax	1.51%	
Health Insurance Providers Fee	2.15%	
Profit/Contingency (after tax)	2.00%	
Total Retention	20.24%	
Projected Required Revenue PMPM	\$ 542.95	<- Single Pool Gross Pre

Premium Avg. Rate, PMPM on URRT

Table 8. Components of Rate Change

Rate Components		2017	2018	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)		335.6380897	369.8236212	\$34.19	10.2%
B. Base period allowed claims before normalization	\$	396.00	\$ 399.90	\$3.90	1%
C. Normalization factor component of change	\$	(118.13)	-114.3890828	\$3.74	\$0.01
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	Ś	277.87	\$ 285.51	\$ 7.63	2%
D2. URRT Trend	\$	36.12	•	•	1%
D3. URRT Morbidity	\$		\$ -	\$ (8.16)	-2%
D4. URRT Other	\$	19.33	\$ 7.98	\$ (11.35)	-3%
D5. Normalized URRT RA/RI on an allowed basis		-14.18567156	-7.338706265	\$ 6.85	2%
D6. Normalized Exchange User Fee on an allowed basis	\$	-	\$ -	\$ -	0%
D7. Subtotal - Sum(D1:D6)	\$	327.31	\$ 325.98	\$ (1.32)	0%
E. Change in Allowable Plan Adjusted Level Components			•	,	
E1. Network	\$	-	-0.071411809	\$ (0.07)	0%
E2. Pricing AV	\$	(48.83)	\$ (47.66)	\$ 1.17	0%
E3. Benefit Richness	\$	-	\$ -	\$ -	0%
E4. Catastrophic Eligibility	\$	-	\$ -	\$ -	0%
E5. Subtotal - Sum(E1:E4)	\$	(48.83)	\$ (47.73)	\$ 1.10	0%
F. Change in Retention Components					
F1. Administrative Expenses	\$	33.19	\$ 53.81	\$ 20.61	6%
F2. Taxes and Fees	\$	13.83	\$ 13.65	\$ (0.18)	0%
F3. Profit and/or Contingency	\$	6.71	\$ 7.40	\$ 0.68	0%
F4. Subtotal - Sum(F1:F3)	\$	53.74	\$ 74.85	\$ 21.12	6%
G. Change in Miscellaneous Items				\$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$	332.21	\$ 353.10	\$ 20.90	6%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 399.90	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 699,143,181.89	
Blended Loss Ratio	74.00%	

Table 5A. Small Group Projected Index Rate with Quarterly Trend

Effective Date	1/1/2018	4/1/2018	7/1/2018	10/1/2018	Tota	l Single Risk Pool
# of Member Months Renewing in Quarter	524,796	314,532	231,408	375,240		1,445,976
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 466.87	\$ 466.87	\$ 466.87	\$ 466.87	\$	466.87
Months of Trend	-	3	6	9		
Annual Trend	6.75%	6.75%	6.75%	6.75%		
Single Risk Pool Projected Allowed Claims	\$ 466.87	\$ 474.55	\$ 482.37	\$ 490.31	\$	477.10
Quarterly Trend Factor	100.0%	101.6%	103.3%	105.0%		102.2%
2018 Trend Factors by Quarter	0.9785497	0.994657963	1.01103139	1.027674346		

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2017	2018
Average Age Factor	1.472	1.447
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.011	1.011
Average Benefit Richness (induced demand)	0.947	0.947
Average Network Factor	1.011	1.011
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 488.74	\$ 492.11
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 342.95	\$ 351.34

Table 9. Year-over-Year Data to Support Table 8

	2017	2018	
Paid-to-Allowed	0.880	0.880	
URRT Trend (Total Applied Trend Factor)	1.130	1.140	<- URRT W1,
URRT Morbidity	1.026	1.000	<- URRT W1,
URRT "Other"	1.060	1.025	<- URRT W1,
Risk Adjustment	\$ (17.79)	\$ (9.05)	<- URRT W1,
Exchange User Fee	, ,		<- URRT W1,
Capitation	\$ 19.72		<- URRT W1,
Network	1.000	1.000	
Pricing AV	0.851	0.854	
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	9.89%	14.55%	
Taxes and Fees	4.12%	3.69%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III Table 10. Plan Rates

KHPE Insurance Company, Inc. Carrier Name: Product(s): HMO

Small Group Market Segment: Rate Effective Date:
Base Period Start Date 1/1/2018 1/1/2016 2/1/2017 Date of Most Recent Membership Market Adjusted Index Rate

Calibration Geographic Calibration Factor

Total Covered Lives @ 02-01-2017

Date of Most Re Market Adjusted	•	2/1/201 \$ 487.38										45	5 CFR Part 156.8 (d) (2)	Allowable Fact	tors										02-0	01-2017 Number of Co	vered Lives by Rating Are	rea	
				New, Discontinued & Mapped,	1/1/18 Plan HIOS Plan				Pricing AV	Benefit								Total Covered Lives		2017	2018 Calibrated	Proposed Rate Change							2018 Continued/
	HIOS Plan ID (Standard	Plan Type (HMO, POS, PPO, EPO,	Plan	Discontinued & Not Mapped (E,M,N,DM,	ID (If 1/1/17 Plan Discontinued &	Metallic			Exchange (company-determined	Richness (induced	Benefits in addition to	Provider	Catastrophic Surc	•		includi	& Fees (not ing Exchange Profit or	Mapped into 2018 Plans @ 02-01-	.8 Total Policyholders @	Calibrated Plan Adjusted Index	Plan Adjusted Index Rate	Compared to Prior 12	% of Total						Discontined Plans
Plan Number Totals	Component)	Indemnity, Other)	Marketing Name	DNM) for 2018	Mapped)	Tier	0.798	pproach (2)	Off AV)	1.000	1.000	Network 1.000	Eligibility Adjus	1.013 \$			fees) Contingency 3.7% 2.0%	2017 119,575	71,279	\$ 335.64	PMPM 4 \$ 369.82	months 10.19%	Covered Lives	1	2 3	4 5	1	120,498 -	Total Indicator
Totals			Keystone HMO Platinum Preferred				0.730		0.054	1.000	1.000	1,000	1.000	1.013	4201/1	1410/0	2.070	113,373	72,273	Ç 333.0-	303.02	10:1378						120,130	120,430
Plan 1	33871PA0100001	НМО	\$10/\$20/\$100 Keystone HMO Platinum Preferred	DM		Platinum			ON/OFF 0.970	1.138	1.000	1.028	1.000	1.013	\$560.26	14.6%	3.7% 2.0%	13	3 9	\$ 435.87	, , , , , , , , , , , , , , , , , , ,	11.4%	0.0%					13	13 1
Plan 2	33871PA0100002 33871PA0100003	HMO	\$20/\$40/\$150 Keystone HMO Gold Preferred \$30/\$60/\$600	DM	33871PA0100021 33871PA0100022	Platinum		roach 1	ON/OFF 0.960 ON/OFF 0.870	1.099	1.000	1.028	1.000	1.013	\$535.59	14.6%	3.7% 2.0%	28	8 27	\$ 416.66	6 \$ 464.20	11.4% 11.3%	0.0%					28	28 1
Plan 4	33871PA0100003 33871PA0100004	HMO	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	DM		Gold			ON/OFF 0.860	1.045	1.000	1.028	1.000	1.013	\$456.17	14.6%	3.7% 2.0%	5 9	9 8	\$ 354.73	3 \$ 395.36	11.5%	0.0%					9	9 1
Plan 5	33871PA0100005	нмо	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	DM	33871PA0100024	Silver	0.72 App	roach 1	ON/OFF 0.770	0.951	1.000	1.028	1.000	1.013	\$371.65	14.6%	3.7% 2.0%	19	9 12	\$ 303.74	\$ 322.10	6.0%	0.0%					19	19 1
Plan 6	33871PA0100006	нмо	Keystone HMO Silver Classic \$3,250/\$30/\$60/50% Keystone HMO Bronze Essential	DM	33871PA0100025	Silver	0.719 Stan	idard AV	ON/OFF 0.760	0.949	1.000	1.028	1.000	1.013	\$366.16	14.6%	3.7% 2.0%	10	0 7	\$ 288.83	\$ 317.34	9.9%	0.0%					10	10 1
Plan 7 Plan 8	33871PA0100007 33871PA0100008	нмо нмо	\$6,850/\$50/\$100/\$700 Keystone HMO Gold Proactive	DM DM	33871PA0100026 33871PA0100044	Bronze Gold	0.631 App 0.763 App	reach E	ON/OFF 0.680 ON/OFF 0.860	0:002	1.000 1.000	1.028 0.935	1.000 1.000	1.013 1.013	\$277.02 \$395.11	14.6% 14.6%	3.7% 2.0% 3.7% 2.0%	5 19 6 82	9 11 2 54	\$ 215.04 \$ 307.11	4 \$ 240.09 7 \$ 342.44	11.6% 11.5%	0.0% 0.1%					19 82	19 82 1
Plan 9	33871PA0100009	НМО	Keystone HMO Silver Proactive Keystone DPOS Platinum Preferred	DM	33871PA0100045	Silver	0.717 Арр	1046112	ON/OFF 0.760	0.858	1.000	0.935	1.000	1.013	\$301.08	14.6%	3.7% 2.0%	402	2 255	\$ 243.65	5 \$ 260.95	7.1%	0.3%					402	402 1
Plan 10	33871PA0110001 33871PA0110002	POS	\$10/\$20/\$100 Keystone DPOS Platinum Preferred \$20/\$40/\$150	DM		Platinum	0.92 App		ON/OFF 0.970	1.190	1.000	1.028	1.000	1.013	\$586.17 \$560.37	14.6%	3.7% 2.0%		6 3	\$ 456.08	508.03 7 \$ 485.67	11.4% 11.4%	0.0%					6	6 1
Plan 12	33871PA0110003	POS	Keystone DPOS Gold Preferred \$30/\$60/\$600	DM		Gold	0.819 App	roach 1	ON/OFF 0.870	1.043	1.000	1.028	1.000	1.013	\$460.68	14.6%	3.7% 2.0%	,	4 4	\$ 358.93	1 \$ 399.27	11.2%	0.0%					4	4 1
Plan 13	33871PA0110004	POS	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%		33871PA0110014	Gold	0.819 App	roach 1	ON/OFF 0.860	1.088	1.000	1.028	1.000	1.013	\$474.97	14.6%	3.7% 2.0%	-	-	\$ 369.39	\$ 411.66	11.4%	0.0%					-	- 1
Plan 14	33871PA0110006	POS	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70% Keystone DPOS Silver Classic	DM	33871PA0110016	Silver	0.72 App	roach 1	ON/OFF 0.770	0.993	1.000	1.028	1.000	1.013	\$388.18	14.6%	3.7% 2.0%	-	-	\$ 317.30	\$ 336.43	6.0%	0.0%					-	- 1
Plan 15	33871PA0110009	POS	\$3,250/\$30/\$60/50% Keystone DPOS Bronze Essential	DM	33871PA0110019	Silver	0.719 Stan	dard AV	ON/OFF 0.760	0.991	1.000	1.028	1.000	1.013	\$382.35	14.6%	3.7% 2.0%	2	2 1	\$ 301.64	4 \$ 331.38	9.9%	0.0%					2	2 1
Plan 16	33871PA0110010	POS	\$6,850/\$50/\$100/\$700		33871PA0110020	Bronze	0.631 App	roach 2	ON/OFF 0.680	0.837	1.000	1.028	1.000	1.013	\$289.00	14.6%	3.7% 2.0%	15	5 8	\$ 224.39	9 \$ 250.48	11.6%	0.0%					15	15 1
Plan 17	33871PA0110005	POS	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100% Keystone DPOS Silver Classic \$4,250	DNM		Gold	0.818 App	roach 1	ON/OFF 0.860	1.044	1.000	1.028	1.000	1.013	\$455.99	14.6%	3.7% 2.0%	-	-	\$ 363.45	\$ 395.20	8.7%	0.0%					-	- 0
Plan 18	33871PA0110008		\$40/\$80/100% Keystone HMO Platinum Preferred	DNM		Silver			ON/OFF 0.760		2.000	1.028	1.000	1.013	\$378.44	14.6%	3.7% 2.0%	-	2	\$ 306.83	1 \$ 327.99	6.9%	0.0%					2	2 0
Plan 19	33871PA0100020 33871PA0100021		\$10/\$20/\$100 Keystone HMO Platinum Preferred \$20/\$40/\$150	E		Platinum	0.92 Stan	idard AV		3.303	1.000	1.028	1.000	1.013	\$560.26	14.6%	3.7% 2.0%	2,773		\$ 436.74		11.2% 11.2%	2.3% 7.6%					2,773	9,122
Plan 21	33871PA0100021 33871PA0100022	НМО	Keystone HMO Gold Preferred \$30/\$60/\$650	E		Gold		idard AV	OFF 0.870		1.000	1.028	1.000	1.013	\$441.03	14.6%	3.7% 2.0%	28,734	4 17,058	\$ 344.42	, 10 H20	11.0%	24.0%					28,734	28,734
Plan 22	33871PA0100023	нмо	Keystone HMO Gold Classic \$1,000/\$25/\$50/90%	Е		Gold	0.819 App	roach 1	OFF 0.860	1.045	1.000	1.028	1.000	1.013	\$456.17	14.6%	3.7% 2.0%	1,289	9 822	\$ 355.60	\$ 395.36	11.2%	1.1%					1,289	1,289
Plan 23	33871PA0100024	нмо	Keystone HMO Silver Classic \$4,000/\$25/\$50/70% Keystone HMO Silver Classic	E		Silver	0.72 App	roach 1	OFF 0.770	0.951	1.000	1.028	1.000	1.013	\$371.65	14.6%	3.7% 2.0%	3,624	2,344	\$ 304.63	\$ 322.10	5.7%	3.0%					3,624	3,624
Plan 24	33871PA0100025		\$3,250/\$30/\$60/50% Keystone HMO Bronze Essential	E		Silver	0.719 Stan	idard AV	OFF 0.760	0.949	1.000	1.028	1.000	1.013	\$366.16	14.6%	3.7% 2.0%	1,808	8 1,249	\$ 289.69	9 \$ 317.34	9.5%	1.5%					1,808	1,808
Plan 25	33871PA0100026	НМО	\$6,850/\$50/\$100/\$700	E		Bronze	0.631 App	roach 1	OFF 0.680	0.802	1.000	1.028	1.000	1.013	\$277.02	14.6%	3.7% 2.0%	2,212	2 1,634	\$ 215.90	0 \$ 240.09	11.2%	1.8%					2,212	2,212
Plan 26	33871PA0110011	POS	Keystone DPOS Platinum Preferred \$10/\$20/\$100	E		Platinum	0.92 Stan	dard AV	OFF 0.970	1.190	1.000	1.028	1.000	1.013	\$586.17	14.6%	3.7% 2.0%	4,072	2 2,192	\$ 456.94	\$ 508.03	11.2%	3.4%					4,072	4,072
Plan 27	33871PA0110012	POS	Keystone DPOS Platinum Preferred \$20/\$40/\$150	E		Platinum	0.895 Stan	idard AV	OFF 0.960	1.150	1.000	1.028	1.000	1.013	\$560.37	14.6%	3.7% 2.0%	9,512	2 5,086	\$ 436.83	\$ 485.67	11.2%	8.0%					9,512	9,512 1
Plan 28	33871PA0110013	POS	Keystone DPOS Gold Preferred \$30/\$60/\$650	E		Gold	0.819 Stan	dard AV	OFF 0.870	1.043	1.000	1.028	1.000	1.013	\$460.68	14.6%	3.7% 2.0%	11,213	3 5,876	\$ 359.76	6 \$ 399.27	11.0%	9.4%					11,213	11,213
Plan 29	33871PA0110014	POS	Keystone DPOS Gold Classic \$1,000/\$25/\$50/90% Keystone DPOS Silver Classic	E		Gold	0.819 App	roach 1	OFF 0.860	1.088	1.000	1.028	1.000	1.013	\$474.97	14.6%	3.7% 2.0%	2,709	9 1,534	\$ 370.26	\$ 411.66	11.2%	2.3%					2,709	2,709
Plan 30	33871PA0110016	POS	\$4,000/\$25/\$50/70% Keystone DPOS Silver Classic	E		Silver		roach 1	OFF 0.770	3,555	1.000	1.028	1.000	1.013	\$388.18	14.6%	3.7% 2.0%	1,692	2 1,078	\$ 318.10	5 336.43	5.7%	1.4%					1,692	1,692
Plan 31	33871PA0110019	POS	\$3,250/\$30/\$60/50% Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	E		Silver	0.719 Stan	idard AV	OFF 0.760	0.991	1.000	1.028	1.000	1.013	\$382.35	14.6%	3.7% 2.0%	1,238	8 762	\$ 302.50	0 \$ 331.38	9.5%	1.0%					1,238	1,238
Plan 32	33871PA0110020	POS	Keystone DPOS Silver Secure \$3,500	E		Bronze	0.631 App	roach 1	OFF 0.680	0.837	1.000	1.028	1.000	1.013	\$289.00	14.6%	3.7% 2.0%	607	7 384	\$ 225.24	\$ 250.48	11.2%	0.5%					607	607
Plan 33	33871PA0110007	POS	\$40/\$80/\$600 Keystone HMO Gold Classic \$2,000	DNM		Silver			ON/OFF 0.750	0.932	1.000	1.028	1.000	1.013	\$354.89	14.6%	3.7% 2.0%	-	-	\$ 289.63	\$ 307.59	6.2%	0.0%					-	- 0
Plan 35	33871PA0100035 33871PA0100036		\$40/\$80/100% Keystone HMO Silver Classic \$4,250 \$40/\$80/100%			Gold			ON/OFF 0.860 ON/OFF 0.740		2,000	1.028	1.000	1.013	\$453.48	14.6%	3.7% 2.0%	2	2 2	\$ 352.99	7	11.3% 6.4%	0.0%					2	2 1
Plan 36	33871PA0100037		Keystone HMO Silver Secure \$4,500/\$40/\$80/\$600			Silver			ON/OFF 0.750			1.028	1.000	1.013	\$347.81	14.6%	3.7% 2.0%	5	3 3	\$ 277.33	,	8.7%	0.0%					3	3 1
Plan 37	33871PA0110015		Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	DNM		Gold		idard AV		1.084	1.000	1.028	1.000	1.013	\$473.17	14.6%	3.7% 2.0%	-	219	\$ 364.32	\$ 410.10	12.6%	0.0%					430	430 0
Plan 38	33871PA0110018	POS	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100% Keystone DPOS Silver Secure \$3,500	DNM		Silver	0.717 Stan	dard AV	OFF 0.760	1.018	1.000	1.028	1.000	1.013	\$392.91	14.6%	3.7% 2.0%	-	193	\$ 307.6	\$ 340.53	10.7%	0.0%					317	317 0
Plan 39 Plan 40	33871PA0110017 33871PA0100044	POS HMO	\$40/\$80/\$600 Keystone HMO Gold Proactive	DNM E		Silver Gold		idard AV roach 2	OFF 0.750 OFF 0.860	0.968 0.995	1.000 1.000	1.028 0.935	1.000 1.000	1.013 1.013	\$368.54 \$395.11	14.6% 14.6%	3.7% 2.0% 3.7% 2.0%	- 13,559	108 9 7,880	\$ 290.43 \$ 308.04	, , , , , , , , , , , , , , , ,	10.0% 11.2%	0.0% 11.3%					174 13,559	174 0 13,559 1
Plan 41	33871PA0100045		Keystone HMO Silver Proactive Keystone HMO Gold Classic	E		Silver	0.717 App	roach 2	OFF 0.760	0.858	1.000	0.935	1.000	1.013	\$301.08	14.6%	3.7% 2.0%	22,536	6 14,022	\$ 244.53	260.95	6.7%	18.8%					22,536	22,536 1
Plan 42 Plan 43	33871PA0100047 33871PA0100048	НМО	\$2,000/\$40/\$80/100% Keystone HMO Silver Classic \$4,250/\$40/\$80/100%	E		Silver	0.811 App 0.717 App		OFF 0.860 OFF 0.740		1.000	1.028	1.000	1.013	\$453.48	14.6%	3.7% 2.0%	683	8 413	\$ 353.86	φ σσσ.σσ	11.1% 6.1%	0.6%					758	758 1
Plan 44	33871PA0100048 33871PA0100049		Keystone HMO Silver Secure \$4,500/\$40/\$80/\$600	E		Silver			OFF 0.750		1.000	1.028	1.000	1.013	\$347.81	14.6%	3.7% 2.0%	750	0 497	\$ 278.16		8.4%	0.6%					750	750 1
Plan 45	33871PA0100050	НМО	Keystone HMO Platinum Preferred \$30/\$60/\$400	N		Platinum		dard AV	OFF 0.940	1.056	1.000	1.028	1.000	1.013	\$504.21	14.6%	3.7% 2.0%	-			\$ 437.00	0.0%	0.0%						- 1

PA Rate Template Part IV B - Small Group Annual

Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: KHPE Insurance Company, Inc.
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2018

Plan Number	HIOS Plan ID (Standard Component)	1/1/17 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2018	1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan Discontinued)	Metallic Tier	Exchange On/Off or Off
Totals		These cells auto-fill	using the data en	tered in Table 10.		
Plan 1	33871PA0100001	Keystone HMO Platinum	DM	33871PA0100020	Platinum	ON/OFF
Plan 2	33871PA0100001	Keystone HMO Platinum		33871PA0100020	Platinum	ON/OFF
Plan 3	33871PA0100003	Keystone HMO Gold Pref		33871PA0100022	Gold	ON/OFF
Plan 4	33871PA0100004	Keystone HMO Gold Clas		33871PA0100023	Gold	ON/OFF
Plan 5	33871PA0100005	Keystone HMO Silver Cla		33871PA0100024	Silver	ON/OFF
Plan 6	33871PA0100006	Keystone HMO Silver Cla		33871PA0100025	Silver	ON/OFF
Plan 7	33871PA0100007	Keystone HMO Bronze E	DM	33871PA0100026	Bronze	ON/OFF
Plan 8	33871PA0100008	Keystone HMO Gold Pro	DM	33871PA0100044	Gold	ON/OFF
Plan 9	33871PA0100009	Keystone HMO Silver Pro	DM	33871PA0100045	Silver	ON/OFF
Plan 10	33871PA0110001	Keystone DPOS Platinum	DM	33871PA0110011	Platinum	ON/OFF
Plan 11	33871PA0110002	Keystone DPOS Platinum	DM	33871PA0110012	Platinum	ON/OFF
Plan 12	33871PA0110003	Keystone DPOS Gold Pre		33871PA0110013	Gold	ON/OFF
Plan 13	33871PA0110004	Keystone DPOS Gold Clas		33871PA0110014	Gold	ON/OFF
Plan 14	33871PA0110006	Keystone DPOS Silver Cla		33871PA0110016	Silver	ON/OFF
Plan 15	33871PA0110009	Keystone DPOS Silver Cla		33871PA0110019	Silver	ON/OFF
Plan 16	33871PA0110010	Keystone DPOS Bronze E		33871PA0110020	Bronze	ON/OFF
Plan 17	33871PA0110005	Keystone DPOS Gold Clas		0	Gold	ON/OFF
Plan 18	33871PA0110008	Keystone DPOS Silver Cla		0	Silver	ON/OFF
Plan 19	33871PA0100020	Keystone HMO Platinum		0	Platinum	OFF
Plan 20	33871PA0100021	Keystone HMO Platinum		0	Platinum	OFF
Plan 21	33871PA0100021	Keystone HMO Gold Pref		0	Gold	OFF
Plan 22	33871PA0100023	Keystone HMO Gold Clas		0	Gold	OFF
Plan 23	33871PA0100023	Keystone HMO Silver Cla		n	Silver	OFF
Plan 24	33871PA0100025	Keystone HMO Silver Cla		0	Silver	OFF
Plan 25	33871PA0100025	Keystone HMO Bronze Es		0	Bronze	OFF
Plan 26	33871PA0110011	Keystone DPOS Platinum		0	Platinum	OFF
Plan 27	33871PA0110011 33871PA0110012	Keystone DPOS Platinum		0	Platinum	OFF
Plan 28	33871PA0110012 33871PA0110013	Keystone DPOS Gold Pre		0	Gold	OFF
Plan 29	33871PA0110013	Keystone DPOS Gold Clas		0	Gold	OFF
Plan 30	33871PA0110014 33871PA0110016	Keystone DPOS Silver Cla		0	Silver	OFF
Plan 31		Keystone DPOS Silver Cla			Silver	OFF
	33871PA0110019	Keystone DPOS Bronze E		0		OFF
Plan 32	33871PA0110020	,		0	Bronze	
Plan 33	33871PA0110007	Keystone DPOS Silver Se		22074 D A 04 000 47	Silver	ON/OFF
Plan 34	33871PA0100035	Keystone HMO Gold Clas		33871PA0100047	Gold	ON/OFF
Plan 35	33871PA0100036	Keystone HMO Silver Cla		33871PA0100048	Silver	ON/OFF
Plan 36	33871PA0100037	Keystone HMO Silver Sec		33871PA0100049	Silver	ON/OFF
Plan 37	33871PA0110015	Keystone DPOS Gold Clas		0	Gold	OFF
Plan 38	33871PA0110018	Keystone DPOS Silver Cla		0	Silver	OFF
Plan 39	33871PA0110017	Keystone DPOS Silver Se		0	Silver	OFF
Plan 40	33871PA0100044	Keystone HMO Gold Pro		0	Gold	OFF
Plan 41	33871PA0100045	Keystone HMO Silver Pro		0	Silver	OFF
Plan 42	33871PA0100047	Keystone HMO Gold Clas		0	Gold	OFF
Plan 43	33871PA0100048	Keystone HMO Silver Cla		0	Silver	OFF
Plan 44	33871PA0100049	Keystone HMO Silver Sec		0	Silver	OFF
Plan 45	33871PA0100050	Keystone HMO Platinum		0	Platinum	OFF
Plan 46	0	0	0	0	0	
Plan 47	0	0	0	0	0	
Plan 48	0	0	0	0	0	
Plan 49	0	0	0	0	0	
Plan 50	0	0	0	0	0	0

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							\$ 301.64		\$ 301.64
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							\$ 436.74		\$ 436.74
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							\$ 355.60		\$ 355.60
							\$ 304.61		\$ 304.61
							\$ 289.69		\$ 289.69
							\$ 215.90		\$ 215.90
							\$ 456.94		\$ 456.94
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Quarter 1 2018, 21-year-old Non-Tobacco Premium PMPM																			
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	Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM													
1	2	3	4	5	6	7	8	9	(weighted by enrollment by rating area)					
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.6%	0.0%	7.6%					
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0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.0% 8.9%		9.0% 8.9%					
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0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.5%							
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0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%								
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	4.8%					
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.0%	0.0%	9.0%					
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0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.5%	0.0%						
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0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.8%	0.0%						
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.6%							
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\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	406.31	\$	-	\$	406.31	
\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	331.02	\$	-	\$	331.02	
\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	326.13	\$	-	\$	326.13	
\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	246.73	\$	-	\$	246.73	
\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	351.92	\$	-	\$	351.92	
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\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	337.07	\$	-	\$	337.07	
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\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	326.13	\$	-	\$	326.13	
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\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	499.11	\$	-	\$	499.11	
\$ 	\$		\$	_	\$		\$	_	\$	_	\$	_	\$	410.32	\$	_	\$	410.32	
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\$ <u> </u>	\$		\$	<u> </u>	\$		\$		\$		\$		\$		\$		\$	321.31	
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-	_	-	_			-			_	-	\$	-	\$	449.09	\$	-	\$	-	
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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

	Projection Period Age and Tobacco Factors													
Age	Age	Tobacco		Age	Age	Tobacco								
Band	Factor	Factor		Band	Factor	Factor								
0-14	0.765			40	1.278	1.225								
15	0.833			41	1.302	1.225								
16	0.859			42	1.325	1.225								
17	0.885			43	1.357	1.225								
18	0.913	1.000		44	1.397	1.225								
19	0.941	1.000		45	1.444	1.225								
20	0.970	1.000		46	1.500	1.225								
21	1.000	1.125		47	1.563	1.225								
22	1.000	1.125		48	1.635	1.225								
23	1.000	1.125		49	1.706	1.225								
24	1.000	1.125		50	1.786	1.375								
25	1.004	1.125		51	1.865	1.375								
26	1.024	1.125		52	1.952	1.375								
27	1.048	1.125		53	2.040	1.375								
28	1.087	1.125		54	2.135	1.375								
29	1.119	1.125		55	2.230	1.375								
30	1.135	1.175		56	2.333	1.375								
31	1.159	1.175		57	2.437	1.375								
32	1.183	1.175		58	2.548	1.375								
33	1.198	1.175		59	2.603	1.375								
34	1.214	1.175		60	2.714	1.375								
35	1.222	1.175		61	2.810	1.375								
36	1.230	1.175		62	2.873	1.375								
37	1.238	1.175		63	2.952	1.375								
38	1.246	1.175		64+	3.000	1.375								
39	1.262	1.175												

^{*}PA follows the federal default age curve.

Carrier Name: KHPE Insurance Company, Inc.

Product(s): HMO

Market Segment: Small Group
Rate Effective Date: 1/1/2018

Table 13. Geographic Factors

Geographic Area Factors										
Area	Counties	Current Factor	Proposed Factor							
Rating Area 1										
Rating Area 2										
Rating Area 3										
Rating Area 4										
Rating Area 5										
Rating Area 6										
Rating Area 7										
Rating Area 8	Bucks, Chester, Delaware, Philadelphia, Montgomery	1.000	1.000							
Rating Area 9										

Table 14. Network Factors

	Projecion Period Network F	Factors		
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date
Proactive Proact	Rating Area 8	0.989	0.988689079	
Keystone	Rating Area 8	1.000	1.000	

Keystone Health Plan East Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100047	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100048	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$30/\$60/\$400	НМО	Platinum	OFF	Keystone Health F	9	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110016	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110020	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Page Number: 1 5/22/2017

Company Name: Keystone Health Plan East

Market: Small Group Product: HMO

Effective Date of Rates: January 1, 2018 Ending date of Rates: March 31, 2018

HIOS Plan ID (On Exchange)=>									
HIOS Plan ID (Off Exchange)=>	33871PA	0100020	33871PA	0100021	33871PA0100022				
Plan Marketing Name =>	Keystone HMO Platinum	Preferred \$10/\$20/\$100	Keystone HMO Platinum	Preferred \$20/\$40/\$150	Keystone HMO Gold P	referred \$30/\$60/\$650			
Form # =>	KE 670 WPR G	MC Rev. 1.18	KE 670 WPR 6	GMC Rev. 1.18	KE 670 WPR 0	KE 670 WPR GMC Rev. 1.18			
Rating Area =>	8			3		<u> </u>			
Network =>	Keystone Health P		Keystone Health F		Keystone Health Plan East Network				
Metal =>	Plati		Plati			old			
Deductible =>	\$(0	•	0			
Coinsurance =>	09		0			%			
Copays =>	\$10/			/\$40	•	/\$60			
OOP Maximum => Dental (Yes/No)	\$3,! Ye		\$4, Yo	000		350 es			
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco			
0-14	\$371.46	\$371.46	\$355.11	\$355.11	\$292.41	\$292.41			
15	\$404.48	\$404.48	\$386.68	\$386.68	\$318.41	\$318.41			
16	\$417.11	\$417.11	\$398.75	\$398.75	\$328.34	\$328.34			
17	\$429.73	\$429.73	\$410.81	\$410.81	\$338.28	\$338.28			
18	\$443.33	\$443.33	\$423.81	\$423.81	\$348.98	\$348.98			
19	\$456.92	\$456.92	\$436.81	\$436.81	\$359.69	\$359.69			
20	\$471.00	\$471.00	\$450.27	\$450.27	\$370.77	\$370.77			
21	\$485.57	\$546.27	\$464.20	\$522.22	\$382.24	\$430.02			
22	\$485.57	\$546.27	\$464.20	\$522.22	\$382.24	\$430.02			
23	\$485.57	\$546.27	\$464.20	\$522.22	\$382.24	\$430.02			
24	\$485.57	\$546.27	\$464.20	\$522.22	\$382.24	\$430.02			
25	\$487.51	\$548.45	\$466.05	\$524.31	\$383.77	\$431.74			
26	\$497.23	\$559.38	\$475.34	\$534.76	\$391.41	\$440.34			
27	\$508.88	\$572.49	\$486.48	\$547.29	\$400.59	\$450.66			
28	\$527.82	\$593.79	\$504.58	\$567.66	\$415.49	\$467.43			
29	\$543.35	\$611.27	\$519.44	\$584.37	\$427.73	\$481.19			
30	\$551.12	\$647.57	\$526.86	\$619.07	\$433.84	\$509.76			
31	\$562.78	\$661.26	\$538.01	\$632.16	\$443.02	\$520.54			
32	\$574.43 \$581.71	\$674.96 \$683.51	\$549.15 \$556.11	\$645.25 \$653.43	\$452.19 \$457.92	\$531.32 \$538.06			
33 34	\$589.48	\$692.64	\$563.54	\$662.15	\$464.04	\$545.25			
35	\$593.37	\$697.21	\$567.25	\$666.52	\$467.10	\$548.84			
36	\$597.25	\$701.77	\$570.96	\$670.88	\$470.15	\$552.43			
37	\$601.14	\$706.34	\$574.68	\$675.25	\$473.21	\$556.02			
38	\$605.02	\$710.90	\$578.39	\$679.61	\$476.27	\$559.62			
39	\$612.79	\$720.03	\$585.82	\$688.34	\$482.39	\$566.80			
40	\$620.56	\$760.19	\$593.24	\$726.72	\$488.50	\$598.42			
41	\$632.21	\$774.46	\$604.39	\$740.37	\$497.68	\$609.65			
42	\$643.38	\$788.14	\$615.06	\$753.45	\$506.47	\$620.42			
43	\$658.92	\$807.18	\$629.92	\$771.65	\$518.70	\$635.41			
44	\$678.34	\$830.97	\$648.48	\$794.39	\$533.99	\$654.14			
45	\$701.17	\$858.93	\$670.30	\$821.12	\$551.95	\$676.14			
46	\$728.36	\$892.24	\$696.30	\$852.96	\$573.36	\$702.37			
47	\$758.95	\$929.71	\$725.54	\$888.79	\$597.44	\$731.86			
48	\$793.91	\$972.54	\$758.96	\$929.73	\$624.96	\$765.58			
49	\$828.39	\$1,014.77	\$791.92	\$970.10	\$652.10	\$798.82			
50	\$867.23	\$1,192.44	\$829.06	\$1,139.95	\$682.68	\$938.69			
51	\$905.59	\$1,245.19	\$865.73	\$1,190.38	\$712.88	\$980.21			
52	\$947.84	\$1,303.27	\$906.11	\$1,245.91	\$746.13	\$1,025.93			
53 54	\$990.57 \$1,036.70	\$1,362.03 \$1,425.46	\$946.96 \$991.06	\$1,302.07 \$1,362.71	\$779.77 \$816.08	\$1,072.18 \$1,122.11			
54 55	\$1,036.70	\$1,425.46 \$1,488.88	\$991.06	\$1,362.71	\$816.08	\$1,122.11 \$1,172.04			
56	\$1,082.82	\$1,468.88	\$1,082.97	\$1,489.09	\$891.77	\$1,172.04			
57	\$1,132.84	\$1,627.09	\$1,082.97	\$1,555.47	\$931.52	\$1,280.84			
58	\$1,237.24	\$1,701.20	\$1,182.78	\$1,626.32	\$973.95	\$1,230.04			
59	\$1,263.94	\$1,737.92	\$1,208.31	\$1,661.42	\$994.97	\$1,368.08			
60	\$1,317.84	\$1,812.03	\$1,259.83	\$1,732.27	\$1,037.40	\$1,426.42			
61	\$1,364.46	\$1,876.13	\$1,304.40	\$1,793.54	\$1,074.09	\$1,476.88			
62	\$1,395.05	\$1,918.19	\$1,333.64	\$1,833.75	\$1,098.17	\$1,509.99			
63	\$1,433.41	\$1,970.93	\$1,370.31	\$1,884.18	\$1,128.37	\$1,551.51			
64+	\$1,456.71	\$2,002.98	\$1,392.59	\$1,914.82	\$1,146.72	\$1,576.74			

Page Number: 2 5/22/2017

Company Name: Market: Product:

Effective Date of Rates:

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	33871PA	.0100023	33871PA	0100024			
Plan Marketing Name =>	Keystone HMO Gold Cla	ssic \$1,000 \$25/\$50/90%	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%				
Form # =>		6MC Rev. 1.18		6MC Rev. 1.18			
Rating Area =>		3		3			
Network =>	Keystone Health F		Keystone Health F				
Metal =>		Gold Silver					
Deductible =>		000 0%		000			
Coinsurance => Copays =>		/\$50 no ded		0% /\$50 no ded			
OOP Maximum =>		500	·	350			
Dental (Yes/No)		es	Υ(
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco			
0-14	\$302.45	\$302.45	\$246.41	\$246.41			
15	\$329.34	\$329.34	\$268.31	\$268.31			
16	\$339.62	\$339.62	\$276.69	\$276.69			
17	\$349.90	\$349.90	\$285.06	\$285.06			
18	\$360.97	\$360.97	\$294.08	\$294.08			
19	\$372.04	\$372.04	\$303.10	\$303.10			
20	\$383.50	\$383.50	\$312.44	\$312.44			
21	\$395.36	\$444.78	\$322.10	\$362.37			
22	\$395.36	\$444.78	\$322.10	\$362.37			
23	\$395.36	\$444.78 \$444.79	\$322.10	\$362.37			
24 25	\$395.36 \$396.95	\$444.78 \$446.56	\$322.10 \$323.39	\$362.37 \$363.82			
25 26	\$396.95 \$404.85	\$446.56 \$455.46	\$323.39	\$363.82			
27	\$414.34	\$466.13	\$337.56	\$379.76			
28	\$429.76	\$483.48	\$350.13	\$393.89			
29	\$442.41	\$497.71	\$360.43	\$405.49			
30	\$448.74	\$527.27	\$365.59	\$429.57			
31	\$458.23	\$538.42	\$373.32	\$438.65			
32	\$467.72	\$549.57	\$381.05	\$447.73			
33	\$473.65	\$556.53	\$385.88	\$453.41			
34	\$479.97	\$563.97	\$391.03	\$459.46			
35	\$483.13	\$567.68	\$393.61	\$462.49			
36	\$486.30	\$571.40	\$396.19	\$465.52			
37	\$489.46	\$575.12	\$398.76	\$468.55			
38	\$492.62	\$578.83	\$401.34	\$471.58			
39 40	\$498.95	\$586.27	\$406.49	\$477.63			
40 41	\$505.27 \$514.76	\$618.96 \$630.59	\$411.65 \$419.38	\$504.27 \$513.74			
42	\$523.86	\$641.72	\$426.79	\$513.74			
43	\$536.51	\$657.22	\$437.09	\$535.44			
44	\$552.32	\$676.60	\$449.98	\$551.22			
45	\$570.91	\$699.36	\$465.12	\$569.77			
46	\$593.05	\$726.48	\$483.16	\$591.87			
47	\$617.95	\$756.99	\$503.45	\$616.72			
48	\$646.42	\$791.86	\$526.64	\$645.13			
49	\$674.49	\$826.25	\$549.51	\$673.15			
50	\$706.12	\$970.91	\$575.28	\$791.01			
51	\$737.35	\$1,013.86	\$600.72	\$825.99			
52	\$771.75	\$1,061.16	\$628.75	\$864.53			
53	\$806.54	\$1,109.00	\$657.09	\$903.50			
54 55	\$844.10 \$881.66	\$1,160.64 \$1,212.28	\$687.69 \$718.29	\$945.58 \$987.65			
55 56	\$922.38	\$1,212.28 \$1,268.28	\$718.29 \$751.47	\$987.65 \$1,033.27			
56 57	\$963.50	\$1,324.81	\$751.47 \$784.97	\$1,033.27			
58	\$1,007.39	\$1,385.16	\$820.72	\$1,079.33			
59 59	\$1,029.13	\$1,415.06	\$838.44	\$1,152.85			
60	\$1,073.02	\$1,475.40	\$874.19	\$1,202.01			
61	\$1,110.97	\$1,527.59	\$905.11	\$1,244.53			
62	\$1,135.88	\$1,561.83	\$925.40	\$1,272.43			
63	\$1,167.11	\$1,604.78	\$950.85	\$1,307.42			
64+	\$1,186.08	\$1,630.88	\$966.30	\$1,328.68			

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e Number: 4

Keystone Health Plan East Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100047	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100048	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$30/\$60/\$400	НМО	Platinum	OFF	Keystone Health F	9	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred 本20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110016	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110020	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name: Keystone Health Plan East
Market: Small Group

Product: HMO

Effective Date of Rates: April 1, 2018 Ending date of Rates: June 30, 2018

-	•			ng date of Rates:	June 30, 20					
HIOS Plan ID (On Exchange)=>										
HIOS Plan ID (Off Exchange)=>	33871PA01	00020	33871PA0100	021	33871PA0100	1022	33871PA0	100022	33871PA01	100024
Plan Marketing Name =>	Keystone HMO Platinum Pro		Keystone HMO Platinum Prefe		Keystone HMO Gold Prefer		Keystone HMO Gold Classi		Keystone HMO Silver Classi	
Form # =>	KE 670 WPR GM		KE 670 WPR GMC F		KE 670 WPR GMC		KE 670 WPR GN		KE 670 WPR GM	
Rating Area =>	RE 870 WPR GIVI	IC Rev. 1.18	RE 870 WFR GIVIC F	/ev. 1.10	RE 070 WPR GIVIC	vev. 1.10	RE 070 WFR GIV	71C NEV. 1.10	RE 870 WFR GIV	IC NEV. 1.10
Network =>	Keystone Health Plan	n Fast Network	Keystone Health Plan E	ast Network	Keystone Health Plan E	Fast Network	Keystone Health Pla	an Fast Network	Keystone Health Pla	n Fast Network
Metal =>	Platinu		Platinum	astivetwork	Gold	Last Network	Gold		Silve	
Deductible =>	\$0		\$0		\$0		\$1,00		\$4,00	
Coinsurance =>	0%		0%		0%		10%		30%	
Copays =>	\$10/\$2		\$20/\$40		\$30/\$60		\$25 no ded/\$		\$25 no ded/\$!	
OOP Maximum =>	\$3,500		\$4,000		\$7,350		\$5,50		\$7,35	
Dental (Yes/No)	Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco				Non-Tobacco	Tobacco				
0-14	\$377.39	\$377.39	\$360.77	\$360.77	\$297.08	\$297.08	\$307.28	\$307.28	\$250.34	\$250.34
15	\$410.93	\$410.93	\$392.84	\$392.84	\$323.48	\$323.48	\$334.59	\$334.59	\$272.59	\$272.59
16	\$423.76	\$423.76	\$405.10	\$405.10	\$333.58	\$333.58	\$345.03	\$345.03	\$281.10	\$281.10
17	\$436.58	\$436.58	\$417.37	\$417.37	\$343.68	\$343.68	\$355.48	\$355.48	\$289.61	\$289.61
18	\$450.40	\$450.40	\$430.57	\$430.57	\$354.55	\$354.55	\$366.72	\$366.72	\$298.77	\$298.77
19	\$464.21	\$464.21	\$443.78	\$443.78	\$365.42	\$365.42	\$377.97	\$377.97	\$307.93	\$307.93
20	\$478.52	\$478.52	\$457.45	\$457.45	\$376.68	\$376.68	\$389.62	\$389.62	\$317.42	\$317.42
21	\$493.31	\$554.98	\$471.60	\$530.55	\$388.33	\$436.88	\$401.67	\$451.88	\$327.24	\$368.14
22	\$493.31	\$554.98	\$471.60	\$530.55	\$388.33	\$436.88	\$401.67	\$451.88	\$327.24	\$368.14
23	\$493.31	\$554.98	\$471.60	\$530.55	\$388.33	\$436.88	\$401.67	\$451.88	\$327.24	\$368.14
24	\$493.31	\$554.98	\$471.60	\$530.55	\$388.33	\$436.88	\$401.67	\$451.88	\$327.24	\$368.14
25	\$495.29	\$557.20	\$473.49	\$532.67	\$389.89	\$438.62	\$403.27	\$453.68	\$328.55	\$369.62
26	\$505.15	\$568.30	\$482.92	\$543.28	\$397.65	\$447.36	\$411.31	\$462.72	\$335.09	\$376.98
27	\$516.99	\$581.62	\$494.24	\$556.02	\$406.97	\$457.85	\$420.95	\$473.57	\$342.95	\$385.82
28	\$536.23	\$603.26	\$512.63	\$576.71	\$422.12	\$474.88	\$436.61	\$491.19	\$355.71	\$400.17
29	\$552.02	\$621.02	\$527.72	\$593.69	\$434.55	\$488.87	\$449.47	\$505.65	\$366.18	\$411.95
30	\$559.91	\$657.90	\$535.27	\$628.94	\$440.76	\$517.89	\$455.89	\$535.67	\$371.42	\$436.42
31	\$571.75	\$671.81	\$546.58	\$642.24	\$450.08	\$528.84	\$465.53	\$547.00	\$379.27	\$445.64
32	\$583.59	\$685.72	\$557.90	\$655.54	\$459.40	\$539.80	\$475.17	\$558.33	\$387.12	\$454.87
33	\$590.99	\$694.41	\$564.98	\$663.85	\$465.23	\$546.64	\$481.20	\$565.41	\$392.03	\$460.64
34	\$598.88	\$703.69	\$572.52	\$672.71	\$471.44	\$553.94	\$487.63	\$572.96	\$397.27	\$466.79
35	\$602.83	\$708.33	\$576.29	\$677.15	\$474.55	\$557.59	\$490.84	\$576.74	\$399.89	\$469.87
36	\$606.78	\$712.96	\$580.07	\$681.58	\$477.65	\$561.24	\$494.05	\$580.51	\$402.51	\$472.94
37	\$610.72	\$717.60	\$583.84	\$686.01	\$480.76	\$564.89	\$497.27	\$584.29	\$405.12	\$476.02
38	\$614.67	\$722.24	\$587.61	\$690.45	\$483.87	\$568.54	\$500.48	\$588.06	\$407.74	\$479.10
39	\$622.56	\$731.51	\$595.16	\$699.31	\$490.08	\$575.84	\$506.91	\$595.61	\$412.98	\$485.25
40	\$630.46	\$772.31	\$602.70	\$738.31	\$496.29	\$607.96	\$513.33	\$628.83	\$418.21	\$512.31
41	\$642.30	\$786.81	\$614.02	\$752.18	\$505.61	\$619.37	\$522.97	\$640.64	\$426.07	\$521.93
42	\$653.64	\$800.71	\$624.87	\$765.47	\$514.54	\$630.32	\$532.21	\$651.96	\$433.59	\$531.15
43	\$669.43	\$820.05	\$639.96	\$783.95	\$526.97	\$645.54	\$545.06	\$667.70	\$444.06	\$543.98
44	\$689.16	\$844.22	\$658.82	\$807.06	\$542.50	\$664.57	\$561.13	\$687.38	\$457.15	\$560.01
45	\$712.35	\$872.62	\$680.99	\$834.21	\$560.76	\$686.93	\$580.01	\$710.51	\$472.53	\$578.85
46	\$739.97	\$906.47	\$707.40	\$866.56	\$582.50	\$713.57	\$602.50	\$738.07	\$490.86	\$601.30
47	\$771.05	\$944.54	\$737.11	\$902.96	\$606.97	\$743.54	\$627.81	\$769.06	\$511.48	\$626.56
48	\$806.57	\$988.05	\$771.07	\$944.56	\$634.93	\$777.79	\$656.73	\$804.49	\$535.04	\$655.42
49	\$841.59	\$1,030.95	\$804.55	\$985.57	\$662.50	\$811.56	\$685.25	\$839.43	\$558.27	\$683.88
50	\$881.06	\$1,211.46	\$842.28	\$1,158.13	\$693.57	\$953.65	\$717.38	\$986.40	\$584.45	\$803.62
51	\$920.03	\$1,265.04	\$879.53	\$1,209.36	\$724.24	\$995.84	\$749.11	\$1,030.03	\$610.30	\$839.17
52	\$962.95	\$1,324.06	\$920.56	\$1,265.77	\$758.03	\$1,042.29	\$784.06	\$1,078.08	\$638.77	\$878.31
53	\$1,006.36	\$1,383.75	\$962.06	\$1,322.84	\$792.20	\$1,089.28	\$819.40	\$1,126.68	\$667.57	\$917.91
54	\$1,053.23	\$1,448.19	\$1,006.87	\$1,384.44	\$829.09	\$1,140.01	\$857.56	\$1,179.15	\$698.66	\$960.65
55	\$1,100.09	\$1,512.63	\$1,051.67	\$1,446.04	\$865.99	\$1,190.73	\$895.72	\$1,231.62	\$729.74	\$1,003.40
56 57	\$1,150.90	\$1,582.49	\$1,100.24	\$1,512.83	\$905.99	\$1,245.73	\$937.09	\$1,288.50	\$763.45	\$1,049.74
57	\$1,202.21	\$1,653.04	\$1,149.29	\$1,580.27	\$946.37	\$1,301.26	\$978.87	\$1,345.94	\$797.48	\$1,096.54
58	\$1,256.97	\$1,728.33	\$1,201.64	\$1,652.25	\$989.48	\$1,360.53	\$1,023.45	\$1,407.24	\$833.81	\$1,146.48
59	\$1,284.10	\$1,765.63	\$1,227.57	\$1,687.91	\$1,010.84	\$1,389.90	\$1,045.54	\$1,437.62	\$851.81	\$1,171.23
60	\$1,338.86	\$1,840.93	\$1,279.92	\$1,759.89	\$1,053.94	\$1,449.17	\$1,090.13	\$1,498.93	\$888.13	\$1,221.18
61	\$1,386.21	\$1,906.04	\$1,325.20	\$1,822.14	\$1,091.22	\$1,500.43	\$1,128.69	\$1,551.95	\$919.54	\$1,264.37
62	\$1,417.29	\$1,948.78	\$1,354.91	\$1,863.00	\$1,115.69	\$1,534.07	\$1,153.99	\$1,586.74	\$940.16	\$1,292.72
63	\$1,456.26	\$2,002.36	\$1,392.16	\$1,914.22	\$1,146.36	\$1,576.25	\$1,185.72	\$1,630.37	\$966.01	\$1,328.27
64+	\$1,479.93	\$2,034.92	\$1,414.80	\$1,945.35	\$1,164.99	\$1,601.88	\$1,205.00	\$1,656.88	\$981.72	\$1,349.86

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ompany Name Keystone Health Plan East

Market Small Group RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNT	гу															
		RATING AREA 1		RATING AREA 2	RATING AREA 3			RATING AREA 4		RATING AREA 5		RATING AREA 6		RATING AREA 7	RATING AREA 8	RATING AREA 9
HIOS Plan ID Plan Marketing Name	Product Metal On/Off Exchange	ge Crawford Clarion Erie	Forest Mckean Mercer Venango Warren	Elk Cameron Potter	Bradford Carbon Clinton Lackawanna	Luzerne Lycoming Monroe Pike Sullivan Susq	uehanna Tioga Wayne Wyoming	Allegheny Armstrong Beaver Butler Fayette Greene Indiana Lawren	ce Washington Westmoreland	Bedford Blair Clearfield Cambria Hu	ntingdon Jefferson Somerset	Centre Columbia Lehigh Mifflin	Montour Northampton Northumberland Schuylkill Sr	yder Union Adams Berks Lancaster Y	Bucks Chester Delaware Montgomery \$493.31 \$493.31 \$493.31 \$493.31	Philadelphia Cumberland Dauphin Franklin Fulton Juniata Lebano
33871PA0100020 Keystone HMO Platinum Preferred \$10/\$20/\$100	HMO Platinum OFF			_										_	\$493.31 \$493.31 \$493.31 \$493.	31 \$493.31
33871PA0100021 Keystone HMO Platinum Preferred \$20/\$40/\$150	HMO Platinum OFF														\$471.60 \$471.60 \$471.60 \$471.	50 \$471.60
33871PA0100022 Keystone HMO Gold Preferred \$30/\$60/\$650	HMO Gold OFF														\$388.33 \$388.33 \$388.33 \$388.	33 \$388.33
33871PA0100023 Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	HMO Gold OFF														\$401.67 \$401.67 \$401.67 \$401.	57 \$401.67
33871PA0100024 Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	HMO Silver OFF														\$327.24 \$327.24 \$327.24 \$327.	24 \$327.24
33871PA0100025 Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	HMO Silver OFF														\$322.41 \$322.41 \$322.41 \$322.	\$322.41
33871PA0100026 Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	HMO Bronze OFF														\$243.92 \$243.92 \$243.92 \$243.	92 \$243.92
33871PA0100044 Keystone HMO Gold Proactive	HMO Gold OFF														\$347.90 \$347.90 \$347.90 \$347.	90 \$347.90
33871PA0100045 Keystone HMO Silver Proactive	HMO Silver OFF														\$265.11 \$265.11 \$265.11 \$265.	11 \$265.11
33871PA0100047 Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	HMO Gold OFF														\$399.30 \$399.30 \$399.30 \$399.3	30 \$399.30
33871PA0100048 Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	HMO Silver OFF														\$317.64 \$317.64 \$317.64 \$317.	\$317.64
33871PA0100049 Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	HMO Silver OFF														\$306.25 \$306.25 \$306.25 \$306.	25 \$306.25
33871PA0100050 Keystone HMO Platinum Preferred \$30/\$60/\$400	HMO Platinum OFF														\$443.96 \$443.96 \$443.96 \$443.	96 \$443.96
33871PA0110011 Keystone DPOS Platinum Preferred \$10/\$20/\$100	HMO Platinum OFF														\$516.13 \$516.13 \$516.13 \$516.	13 \$516.13
33871PA0110012 Keystone DPOS Platinum Preferred \$20/\$40/\$150	HMO Platinum OFF														\$493.42 \$493.42 \$493.42 \$493.	12 \$493.42
33871PA0110013 Keystone DPOS Gold Preferred \$30/\$60/\$650	HMO Gold OFF														\$405.64 \$405.64 \$405.64 \$405.	54 \$405.64
33871PA0110014 Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	HMO Gold OFF														\$418.22 \$418.22 \$418.22 \$418.	22 \$418.22
33871PA0110016 Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	HMO Silver OFF														\$341.80 \$341.80 \$341.80 \$341.	30 \$341.80
33871PA0110019 Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	HMO Silver OFF														\$336.66 \$336.66 \$336.66 \$336.	56 \$336.66
33871PA0110020 Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	HMO Bronze OFF														\$254.47 \$254.47 \$254.47 \$254.	\$254.47

Keystone Health Plan East Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100047	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100048	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$30/\$60/\$400	НМО	Platinum	OFF	Keystone Health F	9	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred 本20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110016	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110020	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name: Keystone Health Plan East
Market: Small Group

Product: HMO

Effective Date of Rates: September 30, 2018

Effective Date of Rates:	July 1,	2018	L	inding date of Rates:	September 30	, 2016				
HIOS Plan ID (On Exchange)=>										
HIOS Plan ID (Off Exchange)=>	33871PA	0100020	33871PA0	100021	33871PA010	0022	33871PA(0100023	33871PA0100	024
Plan Marketing Name =>	Keystone HMO Platinum		Keystone HMO Platinum P		Keystone HMO Gold Prefer		Keystone HMO Gold Class		Keystone HMO Silver Classic \$	
Form # =>	KE 670 WPR G	MC Rev. 1.18	KE 670 WPR GN	MC Rev. 1.18	KE 670 WPR GMC	Rev. 1.18	KE 670 WPR G	MC Rev. 1.18	KE 670 WPR GMC I	Rev. 1.18
Rating Area =>	8		8		8		8		8	
Network =>	Keystone Health P	lan East Network	Keystone Health Pla	an East Network	Keystone Health Plan	East Network	Keystone Health Pl	an East Network	Keystone Health Plan E	ast Network
Metal =>	Platir		Platin		Gold		Go		Silver	
Deductible =>	\$(\$0		\$0		\$1,0		\$4,000	
Coinsurance =>	0%		0% 10%			30%				
Copays =>	\$10/		\$20/\$		\$30/\$60		\$25 no ded/		\$25 no ded/\$50	no ded
OOP Maximum => Dental (Yes/No)	\$3,5		\$4,00		\$7,350		\$5,5 Yo		\$7,350	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Yes Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Yes Non-Tobacco	Tobacco
0-14	\$383.40	\$383.40	\$366.53	\$366.53	\$301.81	\$301.81	\$312.18	\$312.18	\$254.33	\$254.33
15	\$417.48	\$417.48	\$399.11	\$399.11	\$328.64	\$328.64	\$339.93	\$339.93	\$276.94	\$276.94
16	\$430.51	\$430.51	\$411.56	\$411.56	\$338.90	\$338.90	\$350.54	\$350.54	\$285.58	\$285.58
17	\$443.55	\$443.55	\$424.02	\$424.02	\$349.16	\$349.16	\$361.15	\$361.15	\$294.23	\$294.23
18	\$457.58	\$457.58	\$437.44	\$437.44	\$360.20	\$360.20	\$372.57	\$372.57	\$303.53	\$303.53
19	\$471.61	\$471.61	\$450.85	\$450.85	\$371.25	\$371.25	\$384.00	\$384.00	\$312.84	\$312.84
20	\$486.15	\$486.15	\$464.75	\$464.75	\$382.69	\$382.69	\$395.83	\$395.83	\$322.48	\$322.48
21	\$501.18	\$563.83	\$479.12	\$539.01	\$394.53	\$443.84	\$408.07	\$459.08	\$332.46	\$374.02
22	\$501.18	\$563.83	\$479.12	\$539.01	\$394.53	\$443.84	\$408.07	\$459.08	\$332.46	\$374.02
23	\$501.18	\$563.83	\$479.12	\$539.01	\$394.53	\$443.84	\$408.07	\$459.08	\$332.46	\$374.02
24	\$501.18 \$503.19	\$563.83	\$479.12	\$539.01	\$394.53	\$443.84	\$408.07	\$459.08 \$460.92	\$332.46	\$374.02 \$375.51
25	\$503.19	\$566.08 \$577.36	\$481.04 \$490.62	\$541.17 \$551.95	\$396.11 \$404.00	\$445.62 \$454.50	\$409.71 \$417.87	\$460.92 \$470.10	\$333.79 \$340.44	\$375.51
20	\$513.21	\$590.89	\$502.12	\$564.88	\$413.46	\$465.15	\$427.66	\$481.12	\$348.42	\$391.97
28	\$544.78	\$612.88	\$520.80	\$585.90	\$428.85	\$482.46	\$443.58	\$499.02	\$361.38	\$406.55
29	\$560.82	\$630.92	\$536.14	\$603.15	\$441.48	\$496.66	\$456.63	\$513.71	\$372.02	\$418.52
30	\$568.84	\$668.39	\$543.80	\$638.97	\$447.79	\$526.15	\$463.16	\$544.22	\$377.34	\$443.37
31	\$580.87	\$682.52	\$555.30	\$652.48	\$457.26	\$537.28	\$472.96	\$555.72	\$385.32	\$452.75
32	\$592.90	\$696.65	\$566.80	\$665.99	\$466.73	\$548.40	\$482.75	\$567.23	\$393.30	\$462.13
33	\$600.42	\$705.49	\$573.99	\$674.43	\$472.64	\$555.36	\$488.87	\$574.42	\$398.29	\$467.98
34	\$608.43	\$714.91	\$581.65	\$683.44	\$478.96	\$562.77	\$495.40	\$582.10	\$403.60	\$474.24
35	\$612.44	\$719.62	\$585.48	\$687.94	\$482.11	\$566.48	\$498.67	\$585.93	\$406.26	\$477.36
36	\$616.45	\$724.33	\$589.32	\$692.45	\$485.27	\$570.19	\$501.93	\$589.77	\$408.92	\$480.49
37	\$620.46	\$729.04	\$593.15	\$696.95	\$488.43	\$573.90	\$505.19	\$593.60	\$411.58	\$483.61
38 39	\$624.47 \$632.49	\$733.75 \$743.18	\$596.98 \$604.65	\$701.46 \$710.46	\$491.58 \$497.89	\$577.61 \$585.03	\$508.46 \$514.99	\$597.44 \$605.11	\$414.24 \$419.56	\$486.74 \$492.99
40	\$640.51	\$743.18 \$784.62	\$612.32	\$750.09	\$504.21	\$617.65	\$521.52	\$638.86	\$424.88	\$520.48
41	\$652.54	\$799.36	\$623.81	\$764.17	\$513.67	\$629.25	\$531.31	\$650.86	\$432.86	\$530.25
42	\$664.07	\$813.48	\$634.83	\$777.67	\$522.75	\$640.37	\$540.70	\$662.35	\$440.51	\$539.62
43	\$680.10	\$833.13	\$650.17	\$796.45	\$535.37	\$655.83	\$553.76	\$678.35	\$451.15	\$552.65
44	\$700.15	\$857.68	\$669.33	\$819.93	\$551.15	\$675.16	\$570.08	\$698.35	\$464.44	\$568.94
45	\$723.71	\$886.54	\$691.85	\$847.52	\$569.70	\$697.88	\$589.26	\$721.84	\$480.07	\$588.09
46	\$751.77	\$920.92	\$718.68	\$880.38	\$591.79	\$724.94	\$612.11	\$749.83	\$498.69	\$610.89
47	\$783.35	\$959.60	\$748.86	\$917.36	\$616.65	\$755.39	\$637.82	\$781.33	\$519.63	\$636.55
48	\$819.43	\$1,003.80	\$783.36	\$959.62	\$645.05	\$790.19	\$667.20	\$817.32	\$543.57	\$665.87
49	\$855.02	\$1,047.39	\$817.38	\$1,001.29	\$673.06	\$824.50	\$696.17	\$852.81	\$567.17	\$694.79
50	\$895.11	\$1,230.78	\$855.71	\$1,176.60	\$704.63	\$968.86	\$728.82	\$1,002.13	\$593.77	\$816.43
51 52	\$934.70 \$978.31	\$1,285.22 \$1,345.17	\$893.56 \$935.24	\$1,228.64 \$1,285.96	\$735.79 \$770.12	\$1,011.72 \$1,058.91	\$761.06 \$796.56	\$1,046.45 \$1,095.27	\$620.03 \$648.96	\$852.55 \$892.32
52	\$1,022.41	\$1,345.17 \$1,405.81	\$935.24 \$977.41	\$1,285.96	\$804.84	\$1,058.91	\$796.56	\$1,095.27 \$1,144.65	\$678.21	\$892.32
54	\$1,070.02	\$1,403.81	\$1,022.92	\$1,406.52	\$842.32	\$1,158.18	\$871.24	\$1,144.05	\$709.80	\$975.97
55	\$1,117.63	\$1,536.75	\$1,068.44	\$1,469.10	\$879.80	\$1,209.72	\$910.00	\$1,251.26	\$741.38	\$1,019.40
56	\$1,169.26	\$1,607.73	\$1,117.79	\$1,536.96	\$920.43	\$1,265.59	\$952.04	\$1,309.05	\$775.63	\$1,066.48
57	\$1,221.38	\$1,679.40	\$1,167.62	\$1,605.47	\$961.46	\$1,322.01	\$994.48	\$1,367.40	\$810.20	\$1,114.03
58	\$1,277.01	\$1,755.89	\$1,220.80	\$1,678.60	\$1,005.26	\$1,382.23	\$1,039.77	\$1,429.69	\$847.10	\$1,164.77
59	\$1,304.57	\$1,793.79	\$1,247.15	\$1,714.83	\$1,026.96	\$1,412.06	\$1,062.22	\$1,460.55	\$865.39	\$1,189.91
60	\$1,360.21	\$1,870.28	\$1,300.33	\$1,787.96	\$1,070.75	\$1,472.28	\$1,107.51	\$1,522.83	\$902.29	\$1,240.65
61	\$1,408.32	\$1,936.44	\$1,346.33	\$1,851.20	\$1,108.62	\$1,524.36	\$1,146.69	\$1,576.69	\$934.21	\$1,284.54
62	\$1,439.89	\$1,979.85	\$1,376.51	\$1,892.70	\$1,133.48	\$1,558.53	\$1,172.40	\$1,612.04	\$955.15	\$1,313.33
63	\$1,479.49	\$2,034.29	\$1,414.36	\$1,944.75	\$1,164.65	\$1,601.39	\$1,204.63	\$1,656.37	\$981.42	\$1,349.45
64+	\$1,503.54	\$2,067.37	\$1,437.36	\$1,976.37	\$1,183.58	\$1,627.43	\$1,224.21	\$1,683.30	\$997.37	\$1,371.39

Page Number: 2

ompany Name Keystone Health Plan East arket Small Group

RATES FOR AGE 21, N	Small Group ION-TOBACCO USER, BY RATING AREA AND COUNTY	,															
			RATING AREA 1		RATING AREA 2	RATING AREA 3			RATING AREA 4		RATING AREA 5		RATING AREA 6		RATING AREA 7	RATING AREA 8	RATING AREA 9
HIOS Plan ID	Plan Marketing Name	Product Metal On	n/Off Exchange Crawford Clarion	Erie Forest Mckean Mercer Venango Warre	en Elk Cameron Pott	er Bradford Carbon	Clinton Lackawanna Luzerne Lycoming Monroe Pike	Sullivan Susquehanna Tioga Wayne Wyoming	Allegheny Armstrong Beaver Butler	Fayette Greene Indiana Lawrence Washington Westmorelan	Bedford Blair Clearfic	ield Cambria Huntingdon Jefferson Somerse	t Centre Columbia	ehigh Mifflin Montour Northampton Northumberland Schuylkill Snyder	Jnion Adams Berks Lancaster Yo	rk Bucks Chester Delaware Montgomery	Philadelphia Cumberland Dauphin Franklin Fulton Juniata Lebanon Pe
	eystone HMO Platinum Preferred \$10/\$20/\$100	HMO Platinum	OFF													\$501.18 \$501.18 \$501.18 \$501.18	\$501.18
33871PA0100021 Ke	eystone HMO Platinum Preferred \$20/\$40/\$150	HMO Platinum	OFF													\$479.12 \$479.12 \$479.12 \$479.12	\$479.12
33871PA0100022 Ke	eystone HMO Gold Preferred \$30/\$60/\$650	HMO Gold	OFF													\$394.53 \$394.53 \$394.53	\$394.53
33871PA0100023 Ke	eystone HMO Gold Classic \$1,000 \$25/\$50/90%	HMO Gold	OFF													\$408.07 \$408.07 \$408.07 \$408.07	\$408.07
33871PA0100024 Ke	eystone HMO Silver Classic \$4,000/\$25/\$50/70%	HMO Silver	OFF													\$332.46 \$332.46 \$332.46	\$332.46
33871PA0100025 Ke	eystone HMO Silver Classic \$3,250/\$30/\$60/50%	HMO Silver	OFF													\$327.55 \$327.55 \$327.55	\$327.55
33871PA0100026 Ke	eystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	HMO Bronze	OFF													\$247.81 \$247.81 \$247.81 \$247.81	\$247.81
33871PA0100044 Ke	eystone HMO Gold Proactive	HMO Gold	OFF													\$353.45 \$353.45 \$353.45	\$353.45
33871PA0100045 Ke	eystone HMO Silver Proactive	HMO Silver	OFF													\$269.34 \$269.34 \$269.34 \$269.34	\$269.34
33871PA0100047 Ke	eystone HMO Gold Classic \$2,000 \$40/\$80/100%	HMO Gold	OFF													\$405.66 \$405.66 \$405.66	\$405.66
33871PA0100048 Ke	eystone HMO Silver Classic \$4,250 \$40/\$80/100%	HMO Silver	OFF													\$322.71 \$322.71 \$322.71 \$322.71	\$322.71
	eystone HMO Silver Secure \$4,500 \$40/\$80/\$600	HMO Silver	OFF													\$311.13 \$311.13 \$311.13	\$311.13
33871PA0100050 Ke	eystone HMO Platinum Preferred \$30/\$60/\$400	HMO Platinum	OFF													\$451.04 \$451.04 \$451.04 \$451.04	\$451.04
33871PA0110011 Ke	eystone DPOS Platinum Preferred \$10/\$20/\$100	HMO Platinum	OFF													\$524.36 \$524.36 \$524.36	\$524.36
33871PA0110012 Ke	eystone DPOS Platinum Preferred\$20/\$40/\$150	HMO Platinum	OFF													\$501.28 \$501.28 \$501.28 \$501.28	\$501.28
33871PA0110013 Ke	eystone DPOS Gold Preferred \$30/\$60/\$650	HMO Gold	OFF													\$412.11 \$412.11 \$412.11 \$412.11	\$412.11
33871PA0110014 Ke	eystone DPOS Gold Classic \$1,000 \$25/\$50/90%	HMO Gold	OFF													\$424.89 \$424.89 \$424.89	\$424.89
33871PA0110016 Ke	eystone DPOS Silver Classic \$4,000/\$25/\$50/70%	HMO Silver	OFF													\$347.25 \$347.25 \$347.25	\$347.25
	eystone DPOS Silver Classic \$3,250/\$30/\$60/50%	HMO Silver	OFF													\$342.03 \$342.03 \$342.03	\$342.03
33871PA0110020 Ke	eystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	HMO Bronze	OFF													\$258.53 \$258.53 \$258.53 \$258.53	\$258.53

Keystone Health Plan East Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100047	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100048	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$30/\$60/\$400	НМО	Platinum	OFF	Keystone Health F	9	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$100	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred母20/\$40/\$150	НМО	Platinum	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$30/\$60/\$650	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	НМО	Gold	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110016	Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	НМО	Silver	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110020	Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	НМО	Bronze	OFF	Keystone Health F	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name: Keystone Health Plan East
Market: Small Group

Product: HMO

Effective Date of Rates: October 1, 2018 Ending date of Rates: December 31, 2018

56 \$1,187.90 \$1,633.36 \$1,135.61 \$1,561.47 \$935.11 \$1,285.78 \$967.22 \$1,329.92 \$787.99 \$2,578.99 \$3,579.99 </th <th>Effective Date of Rates:</th> <th>October</th> <th>,</th> <th></th> <th>ng date of Rates:</th> <th>December 31,</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Effective Date of Rates:	October	,		ng date of Rates:	December 31,					
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15 503.028 543.028 543.028 543.03 543.03 534.00 536.12 535.012 535				· ·		· ·		· ·	·		\$258.39
17	15		· ·	· ·					·		\$281.35
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19	17			·							\$298.92
20	18	·	· ·	·	·		•			· ·	\$308.37
21	19				· ·	· ·	·				\$317.83
22	20			-			•				\$327.63
24 \$000.37 \$372.87 \$486.76 \$447.61 \$400.82 \$449.92 \$414.58 \$446.40 \$377.76 \$25 \$511.12 \$575.11 \$489.71 \$489.	21		· ·	-			•			· ·	\$379.98
24 \$500,47 \$572,82 \$448.76 \$547.61 \$400,82 \$440,82 \$444.88 \$446.00 \$337.76 \$488.71 \$	22			-			\$450.92				\$379.98
25	23	\$509.17	\$572.82	\$486.76	\$547.61	\$400.82	\$450.92	\$414.58	\$466.40	\$337.76	\$379.98
591.39	24	\$509.17	\$572.82	\$486.76	\$547.61	\$400.82	\$450.92	\$414.58	\$466.40	\$337.76	\$379.98
27	25	\$511.21	\$575.11	\$488.71	\$549.80	\$402.42	\$452.72	\$416.24	\$468.27	\$339.11	\$381.50
28	26	\$521.39	\$586.57	\$498.44	\$560.75	\$410.44	\$461.74	\$424.53	\$477.60	\$345.87	\$389.10
28 \$553.47 \$602.66 \$599.11 \$599.26 \$458.69 \$540.06 \$500.98 \$367.14 29 \$5607.07 \$609.99 \$540.06 \$512.77 \$649.16 \$454.35 \$550.68 \$465.75 \$540.06 \$383.36 30 \$577.01 \$607.05 \$557.77 \$679.56 \$555.77 \$649.16 \$670.08 \$644.05 \$44.05	27	\$533.61	\$600.32	\$510.12	\$573.89	\$420.06	\$472.57	\$434.48	\$488.79	\$353.97	\$398.22
50	28	\$553.47	\$622.66	\$529.11	\$595.25		\$490.15	\$450.65	\$506.98		\$413.04
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40	38						*		· · · · · · · · · · · · · · · · · · ·		\$494.50
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43	41	· ·		· ·							\$538.71
44 571.31 5871.36 5880.00 583.01 5559.94 5685.38 5579.17 5709.48 5471.85 455 5735.25 590.68 570.28 5861.03 5559.94 5685.38 570.01 559.65 5733.35 5487.73 46 5753.76 593.61 5730.14 5894.2 5601.23 5736.50 5621.87 5761.79 5506.64 576.24 5763.76 593.61 5730.14 5894.2 5601.23 5736.50 5621.87 5761.79 5506.64 576.24 5895.26 51.09.11 5795.85 5974.92 5656.48 5767.44 5647.99 5793.79 5527.92 5856.41 5780.10 5830.41 51.07.26 5683.80 5837.65 5707.27 5866.41 5576.22 500 5993.8 51.250.40 5869.35 51.195.36 5715.86 5884.31 5740.44 51.018.11 5603.24 51.018.11 5603.	42										\$548.23
45 573.25 \$90.68 \$70.28 \$86.103 \$578.78 \$70.01 \$58.65 \$733.35 \$487.73 \$50.664 \$773.65 \$795.84 \$975.95 \$795.84 \$974.90 \$760.81 \$991.99 \$66.648 \$767.44 \$647.99 \$793.79 \$527.92 \$795.84 \$984.02 \$795.85 \$974.92 \$656.88 \$767.84 \$830.35 \$552.24 \$992.95 \$1.063.81 \$993.80 \$1.093.81 \$993.80 \$1.093.81 \$993.80 \$1.093.81 \$1.204.00 \$880.35 \$1.195.36 \$715.86 \$984.31 \$740.44 \$1.018.11 \$603.24 \$10.093.81 \$1.204.00 \$869.35 \$1.195.36 \$715.86 \$984.31 \$740.44 \$1.018.11 \$603.24 \$1.093.81 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.62 \$993.91 \$1.366.81 \$1.306.46 \$782.40 \$1.075.80 \$809.26 \$11.117.13 \$659.91 \$1.306.14 \$1.306.14 \$1.306.46 \$1.306.4	43								· · · · · · · · · · · · · · · · · · ·		\$561.47
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48 \$832.50 \$1,019.81 \$795.85 \$974.92 \$655.34 \$802.79 \$677.84 \$830.35 \$552.24 49 \$868.65 \$1,064.10 \$830.41 \$1,017.26 \$688.80 \$837.65 \$707.27 \$866.41 \$576.22 50 \$999.98 \$1,125.00 \$689.35 \$1,195.36 \$715.86 \$984.31 \$740.44 \$1,018.11 \$603.24 51 \$949.61 \$1,305.71 \$907.81 \$1,248.24 \$747.53 \$1,027.85 \$773.19 \$1,063.14 \$629.92 52 \$999.91 \$1,366.62 \$950.16 \$1,306.46 \$782.40 \$1,075.80 \$809.26 \$1,112.73 \$659.91 53 \$1,087.08 \$1,482.23 \$992.99 \$1,365.36 \$817.67 \$1,124.30 \$845.74 \$1,162.90 \$689.03 54 \$1,087.08 \$1,494.74 \$1,039.23 \$1,428.95 \$855.75 \$1,176.65 \$885.13 \$1,217.05 \$721.12 55 \$1,135.46 \$1,561.47 \$1,365.36 \$1,351.47 <	46			· ·	· ·		· ·		· ·		\$620.63
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52 \$993.91 \$1,366.62 \$950.16 \$1,306.46 \$782.40 \$1,075.80 \$809.26 \$1,112.73 \$659.31 53 \$1,087.08 \$1,428.23 \$992.99 \$1,365.36 \$817.67 \$1,124.30 \$845.74 \$1,162.90 \$689.03 54 \$1,087.08 \$1,494.74 \$1,039.23 \$1,428.95 \$855.75 \$1,176.65 \$885.13 \$1,217.05 \$721.12 55 \$1,135.46 \$1,561.25 \$1,085.48 \$1,492.53 \$893.83 \$1,229.01 \$924.52 \$1,271.21 \$753.20 \$753.20 \$756.01 \$1,285.78 \$967.22 \$1,329.92 \$787.99 \$753.20 \$775.30	50	\$909.38	\$1,250.40	\$869.35	\$1,195.36	\$715.86	\$984.31	\$740.44	\$1,018.11	\$603.24	\$829.45
52 \$993.91 \$1,366.62 \$950.16 \$1,306.46 \$782.40 \$1,075.80 \$809.26 \$1,112.73 \$659.31 53 \$1,087.08 \$1,428.23 \$992.99 \$1,365.36 \$817.67 \$1,124.30 \$845.74 \$1,162.90 \$689.03 54 \$1,087.08 \$1,494.74 \$1,039.23 \$1,428.95 \$855.75 \$1,176.65 \$885.13 \$1,217.05 \$721.12 55 \$1,135.46 \$1,561.25 \$1,085.48 \$1,492.53 \$893.83 \$1,229.01 \$924.52 \$1,271.21 \$753.20 \$753.20 \$756.01 \$1,285.78 \$967.22 \$1,329.92 \$787.99 \$753.20 \$775.30	51	\$949.61	\$1,305.71	\$907.81	\$1,248.24	\$747.53	\$1,027.85	\$773.19	\$1,063.14	\$629.92	\$866.14
53 \$1,038.71 \$1,428.23 \$992.99 \$1,365.36 \$817.67 \$1,124.30 \$845.74 \$1,162.90 \$689.03 54 \$1,087.08 \$1,494.74 \$1,039.23 \$1,428.95 \$855.75 \$1,176.65 \$885.13 \$1,217.05 \$721.12 55 \$1,135.46 \$1,561.25 \$1,085.48 \$1,492.53 \$893.83 \$1,229.01 \$924.52 \$1,271.21 \$753.20 \$787.99 \$5 56 \$1,187.90 \$1,633.36 \$1,135.61 \$1,561.47 \$935.11 \$1,285.78 \$967.22 \$1,329.92 \$787.99 \$5 57 \$1,240.86 \$1,706.18 \$1,186.24 \$1,631.07 \$976.80 \$1,343.09 \$1,010.33 \$1,389.21 \$823.12 \$883.12 \$1,010.33 \$1,389.21 \$823.12 \$883.12 \$1,010.33 \$1,389.21 \$823.12 \$883.12 \$1,010.33 \$1,389.21 \$823.12 \$883.12 \$1,000.33 \$1,389.21 \$823.12 \$883.12 \$1,000.33 \$1,389.21 \$1,280.21 \$1,000.33 \$1,389.21 \$1,000.33	52	\$993.91	\$1,366.62	\$950.16		\$782.40	\$1,075.80	\$809.26		\$659.31	\$906.55
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58 \$1,297.37 \$1,783.89 \$1,240.27 \$1,705.36 \$1,021.29 \$1,404.27 \$1,056.35 \$1,452.48 \$860.61 \$5 59 \$1,325.38 \$1,822.39 \$1,267.04 \$1,742.18 \$1,043.33 \$1,434.58 \$1,079.15 \$1,483.84 \$879.19 \$6 60 \$1,381.90 \$1,900.11 \$1,321.07 \$1,816.47 \$1,087.82 \$1,495.76 \$1,125.17 \$1,547.11 \$916.68 \$1,601.84 \$											\$1,131.79
59 \$1,325.38 \$1,822.39 \$1,267.04 \$1,742.18 \$1,043.33 \$1,434.58 \$1,079.15 \$1,483.84 \$879.19 \$60 60 \$1,381.90 \$1,900.11 \$1,321.07 \$1,816.47 \$1,087.82 \$1,495.76 \$1,125.17 \$1,547.11 \$916.68 \$1,547.11 61 \$1,430.78 \$1,430.78 \$1,967.32 \$1,367.80 \$1,880.72 \$1,126.30 \$1,548.66 \$1,164.97 \$1,601.84 \$949.10 \$1,601.84 62 \$1,462.85 \$2,011.43 \$1,398.46 \$1,922.89 \$1,151.55 \$1,583.38 \$1,191.09 \$1,637.75 \$970.38 \$970.38 63 \$1,503.08 \$2,066.73 \$1,436.92 \$1,975.76 \$1,183.22 \$1,626.92 \$1,223.84 \$1,682.78 \$997.07 \$1,682.78	58										\$1,183.34
60 \$1,381.90 \$1,900.11 \$1,321.07 \$1,816.47 \$1,087.82 \$1,495.76 \$1,125.17 \$1,547.11 \$916.68 \$916.68 61 \$1,430.78 \$1,430.78 \$1,967.32 \$1,367.80 \$1,880.72 \$1,126.30 \$1,548.66 \$1,64.97 \$1,601.84 \$949.10 \$949.10 62 \$1,462.85 \$2,011.43 \$1,398.46 \$1,922.89 \$1,151.55 \$1,583.38 \$1,191.09 \$1,637.75 \$970.38 \$970.38 63 \$1,503.08 \$2,066.73 \$1,436.92 \$1,975.76 \$1,183.22 \$1,626.92 \$1,223.84 \$1,682.78 \$997.07 \$1,682.78	59										\$1,208.88
61 \$1,430.78 \$1,967.32 \$1,367.80 \$1,880.72 \$1,126.30 \$1,548.66 \$1,164.97 \$1,601.84 \$949.10 \$ 62 \$1,462.85 \$2,011.43 \$1,398.46 \$1,922.89 \$1,151.55 \$1,583.38 \$1,191.09 \$1,637.75 \$970.38 \$ 63 \$1,503.08 \$2,066.73 \$1,436.92 \$1,975.76 \$1,183.22 \$1,626.92 \$1,223.84 \$1,682.78 \$997.07 \$		· ·									
62 \$1,462.85 \$2,011.43 \$1,398.46 \$1,922.89 \$1,151.55 \$1,583.38 \$1,191.09 \$1,637.75 \$970.38 \$ 63 \$1,503.08 \$2,066.73 \$1,436.92 \$1,975.76 \$1,183.22 \$1,626.92 \$1,223.84 \$1,682.78 \$997.07 \$											\$1,260.44
63 \$1,503.08 \$2,066.73 \$1,436.92 \$1,975.76 \$1,183.22 \$1,626.92 \$1,223.84 \$1,682.78 \$997.07 \$			-								\$1,305.02
										-	\$1,334.28
64+ \$1,527.51 \$2,100.34 \$1,013.28 \$2,007.89 \$1,202.46 \$1,653.38 \$1,243.74 \$1,710.15 \$1,710.15 \$1,013.28		· ·			·			· ·			\$1,370.97
	64+	\$1,527.51	\$2,100.34	\$1,460.28	\$2,007.89	\$1,202.46	\$1,653.38	\$1,243.74	\$1,710.15	\$1,013.28	\$1,393.26

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ompany Name Keystone Health Plan East

	RATING AREA 1	RATING AREA 2	RATING AREA 3	RATING AREA 4	RATING AREA 5	RATING AREA 6	RATING AREA 7	RATING AREA 8	RATING AREA 9
OS Plan ID Plan Marketing Name		cer Venango Warren Elk Cameron Potter	Bradford Carbon Clinton Lackawanna Luzerne Lycoming Monroe Pike	Sullivan Susquehanna Tioga Wayne Wyoming Allegheny Armstrong Beaver Butler Fayette Greene Indiana	awrence Washington Westmoreland Bedford Blair Clearfield Cambria Huntingo	don Jefferson Somerset Centre Columbia Lehigh Mifflin Montour Northampton Northum	nberland Schuylkill Snyder Union Adams Berks Lancaster Yo	rk Bucks Chester Delaware Montgomery Phila	delphia Cumberland Dauphin Franklin Fulton Juniata Le
IPA0100020 Keystone HMO Platinum Preferred \$10/\$20/\$100	HMO Platinum OFF							· · · · · · · · · · · · · · · · · · ·	\$509.17
PA0100021 Keystone HMO Platinum Preferred \$20/\$40/\$150	HMO Platinum OFF							\$486.76 \$486.76 \$486.76 \$486.76	\$486.76
PA0100022 Keystone HMO Gold Preferred \$30/\$60/\$650	HMO Gold OFF							\$400.82 \$400.82 \$400.82 \$400.82	\$400.82
A0100023 Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	HMO Gold OFF							\$414.58 \$414.58 \$414.58 \$414.58	\$414.58
A0100024 Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	HMO Silver OFF							\$337.76 \$337.76 \$337.76 \$337.76	\$337.76
A0100025 Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	HMO Silver OFF							\$332.77 \$332.77 \$332.77 \$332.77	\$332.77
0100026 Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	HMO Bronze OFF							\$251.76 \$251.76 \$251.76 \$251.76	\$251.76
0100044 Keystone HMO Gold Proactive	HMO Gold OFF							\$359.09 \$359.09 \$359.09	\$359.09
0100045 Keystone HMO Silver Proactive	HMO Silver OFF							\$273.63 \$273.63 \$273.63	\$273.63
0100047 Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	HMO Gold OFF							\$412.13 \$412.13 \$412.13 \$412.13	\$412.13
A0100048 Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	HMO Silver OFF							\$327.85 \$327.85 \$327.85	\$327.85
A0100049 Keystone HMO Silver Secure \$4,500 \$40/\$80/\$600	HMO Silver OFF							\$316.09 \$316.09 \$316.09	\$316.09
A0100050 Keystone HMO Platinum Preferred \$30/\$60/\$400	HMO Platinum OFF							\$458.24 \$458.24 \$458.24 \$458.24	\$458.24
A0110011 Keystone DPOS Platinum Preferred \$10/\$20/\$100	HMO Platinum OFF							\$532.72 \$532.72 \$532.72 \$532.72	\$532.72
A0110012 Keystone DPOS Platinum Preferred季20/\$40/\$150	HMO Platinum OFF							\$509.28 \$509.28 \$509.28 \$509.28	\$509.28
A0110013 Keystone DPOS Gold Preferred \$30/\$60/\$650	HMO Gold OFF							\$418.68 \$418.68 \$418.68 \$418.68	\$418.68
0110014 Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	HMO Gold OFF								\$431.66
A0110016 Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	HMO Silver OFF							\$352.79 \$352.79 \$352.79 \$352.79	\$352.79
A0110019 Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	HMO Silver OFF								\$347.49
PA0110020 Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700									\$262.65

2018 Rates Table Template v7.1	All fields with an asterisk (*) are required. To validate press Validate button o	Ctrl + Shift + I. To finalize, press Fina	alize button or Ctrl + Shift + F.				
	If you are in a community rating state, select Family-Tier Rates under Rating I	Method and fill in all columns.					
	If you are not in a community rating state, select Age-Based Rates under Rati	ng Method and provide an Individual F	Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Toba	cco Use and Non-Tobacco Use.					
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.					
HIOS Issuer ID*	33871	33871					
Federal TIN*	23-2405376						
Rate Effective Date*	1/1/2018						
Rate Expiration Date*							
Rating Method*	Age-Based Rates						

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	488.35	488.35
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	15	531.76	531.76
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	16	548.36	548.36
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	17	564.96	564.96
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	18	582.83	582.83
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	19	600.71	600.71
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	20	619.22	619.22
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	21	638.37	718.17
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	22	638.37	718.17
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	23	638.37	718.17
33871PA0040001 33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	24	638.37 640.92	718.17 721.04
33871PA0040001 33871PA0040001	Rating Area 8 Rating Area 8	Tobacco User/Non-Tobacco User	26	653.69	721.04
33871PA0040001 33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	27	669.01	752.64
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	28	693.91	780.65
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	29	714.34	803.63
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	30	724.55	851.35
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	31	739.87	869.35
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	32	755.19	887.35
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	33	764.77	898.60
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	34	774.98	910.60
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	35	780.09	916.60
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	36	785.20	922.61
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	37	790.30	928.61
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	38	795.41	934.61
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	39	805.62	946.61
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	40	815.84	999.40
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	41	831.16	1018.17
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	42	845.84	1036.16
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	43	866.27	1061.18
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	44	891.80 921.81	1092.46 1129.21
33871PA0040001 33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	45	957.56	1173.01
33871PA0040001	Rating Area 8 Rating Area 8	Tobacco User/Non-Tobacco User	47	997.77	1222.27
33871PA0040001 33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	48	1043.74	1278.58
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	49	1089.06	1334.10
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	50	1140.13	1567.68
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	51	1190.56	1637.02
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	52	1246.10	1713.39
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	53	1302.28	1790.63
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	54	1362.92	1874.02
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	55	1423.57	1957.40
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	56	1489.32	2047.81
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	57	1555.71	2139.10
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	58	1626.57	2236.53
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	59	1661.68	2284.81
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	60	1732.54	2382.24
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	61	1793.82	2466.50
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	62	1834.04	2521.80
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	63	1884.47	2591.15
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1915.11	2633.28

September Sept						
July 1998/2002 Sang Amis Observe Learn for 1998 290-22 2	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	363.89	363.89
SIRP PROMISSION Series Ann. Forester Design Series S	33871PA0040002		Tobacco User/Non-Tobacco User	15	396.23	396.23
30,000 3		Rating Area 8	Tobacco User/Non-Tobacco User		408.60	408.60
Sear PAPEMENTON: Maring Area B Tonoxon Lincohan Incontrol Lincoh		<u> </u>				420.97
SECTIFICATIONS Section Coloration Interface Coloration Inter		•				
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Set FEATURATION Remp Ame B Totalogo User/fron Folkero Liver 24 475.07 530.17		•				
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SSST PROJECTION Part P	33871PA0040002		Tobacco User/Non-Tobacco User		517.06	581.69
SSETTIFFACHONOUS STATE S	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User	29	532.28	598.81
SSETTIMONIDOCE Rainy Area B Totauco Description Totauco User SSETTIMONIDOCE SSETT	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User	30	539.89	634.37
SSST1PAD00002 Rating Area 8 Totalous DesPoint-Tobacto User 33 877.47 575.55 535.71 574.00002 Rating Area 8 Totalous DesPoint-Tobacto User 38 877.47 575.55 535.71 574.00002 Rating Area 8 Totalous DesPoint-Tobacto User 38 581.77 575.55 535.71 575.55 535.71 575.55 575.71 575.55 575.71 575.55 575.71	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User			647.78
26071 PADIALOCO		<u> </u>				661.20
20071PACO-00002 Rating Area 8 Tolumou Describer Tolumou Desc		•				669.58
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3887 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 52 9928.51 1276.70 31 313426 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 53 970.37 313426 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 55 1060.75 1458.55 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 56 1109.74 1525.80 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 57 1159.21 1593.92 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 57 1159.21 1593.93 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 58 1212.01 1686.52 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 59 1238.17 1702.44 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 60 1290.97 1775.00 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 61 1336.64 1877.80 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 62 1366.61 1879.08 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 62 1366.61 1879.08 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 63 1404.18 1909.75 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 64 and over 1427.01 1902.15 3387 PADQ40002 Rating Area 8 Tobacco User/Non-Tobacco User 64 and over 1427.01 1902.15 3387 PADQ40005 Rating Area 8 Tobacco User/Non-Tobacco User 63 344.94 334.94	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User	50	849.55	1168.13
183871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 54 1015.56 1996.33 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 55 1060.75 1458.53 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 56 1109.74 1525.83 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 57 1159.21 1593.92 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 58 1212.01 1696.53 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 59 1238.17 1702.49 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 59 1238.17 1702.49 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 59 1238.17 1702.49 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 61 1336.64 1877.80 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 62 1366.61 1879.80 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 63 1404.18 1893.78 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 64 and over 1427.01 1962.18 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 64 and over 1427.01 1962.18 33871PA0040002 Rating Area B Tobacco User/Non-Tobacco User 64 and over 1427.01 1962.18 33871PA0040005 Rating Area B Tobacco User/Non-Tobacco User 64 and over 1427.01 1962.18 33871PA0040005 Rating Area B Tobacco User/Non-Tobacco User 64 and over 1427.01 1962.18 33871PA0040005 Rating Area B Tobacco User/Non-Tobacco User 16 346.39 345.38 33871PA0040005 Rating Area B Tobacco User/Non-Tobacco User 16 346.39 345.38 33871PA0040005 Rating Area B Tobacco User/Non-Tobacco User 17 356.85	33871PA0040002	Rating Area 8	Tobacco User/Non-Tobacco User	51	887.13	1219.80
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33871PA0040005 Rating Area 8 Tobacco User/Non-Tobacco User 37 497.78 584.89 33871PA0040005 Rating Area 8 Tobacco User/Non-Tobacco User 38 501.00 588.67	33871PA0040005	•	Tobacco User/Non-Tobacco User	35	491.35	577.33
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		•				584.89
33871PA0040005 Rating Area 8 Tobacco User/Non-Tobacco User 39 507.43		•				588.67
	33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	39	507.43	596.23

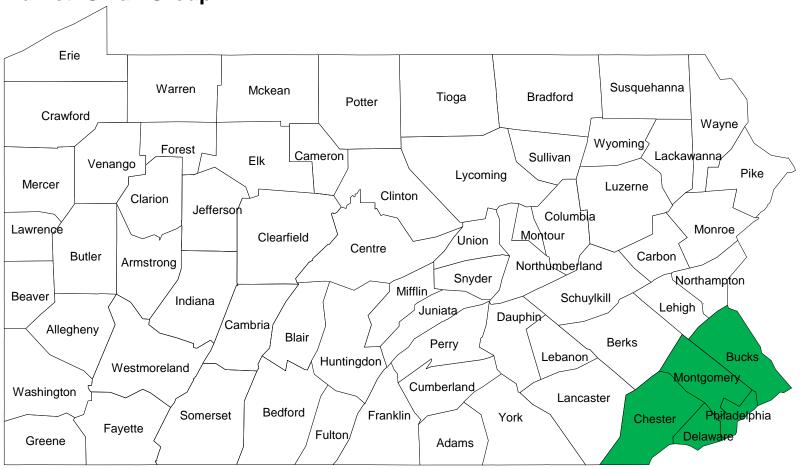
89 23 60				
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70 17 23 57 91				
23 57 91 99 55 33 11				
89 67 23				

33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	40	513.86	629.48
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	41	523.51	641.31
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	42	532.76	652.63
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	43	545.63	668.40
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	44	561.71	688.10
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33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	46	603.13	738.83
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	47	628.46	769.86
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33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	54	858.45	1180.37
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33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1206.26	1658.60
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	230.88	230.88
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	15	251.41	251.41
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	16	259.25	259.25
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	17	267.10	267.10
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	18	275.55	275.55
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	19	284.00	284.00
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	20	292.75	292.75
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	21	301.81	339.53
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	22	301.81	339.53
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	23	301.81	339.53
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	24	301.81	339.53
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	25	303.01	340.89
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	26	309.05	347.68
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	27	316.29	355.83
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	28	328.07	369.07
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	29	337.72	379.94
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	30	342.55	402.50
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	31	349.80	411.01
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	32	357.04	419.52
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33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	34	366.39	430.51
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	35	368.81	433.35
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	36	371.22	436.19
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	37	373.64	439.02
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	38	376.05	441.86
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	39	380.88	447.54
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	40	385.71	472.50
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	41	392.95	481.37
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	42	399.90	489.87
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	43	409.55	501.70
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	44	421.63	516.49
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	45	435.81	533.87
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	46	452.71	554.57
33871PA0040000 33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	47	471.73	577.86
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	48	493.46	604.48
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	49	514.88	630.73
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	50	539.03	741.16
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	51	562.87	773.95
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	52	589.13	810.05
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	53	615.69	846.57
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	54	644.36	885.99
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	55	673.03	925.42
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	56	704.12	968.16
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	57	735.51	1011.32
33871PA0040006 33871PA0040006		Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	58	735.51	1011.32
33871PA0040006 33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	59	785.61	
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	60	819.11	1080.21 1126.27
	Rating Area 8	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User			
33871PA0040006	Rating Area 8		61	848.08	1166.11
33871PA0040006 33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	62	867.09	1192.25
33871PA0040006 33871PA0040006	Rating Area 8 Rating Area 8	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	63 64 and over	890.94 905.42	1225.04 1244.96
	Rating Area X	LODACCO LISAT/NON-LODACCO LISAT	p4 and over	MU5 471	17/1/1 UK

2017 Service Area

Issuer: Keystone Health Plan East

Market: Small Group



Key (modify as needed)

: 2017 on-exchange service area

: 2017 off-exchange only service area

2018 Service Area

Issuer: Keystone Health Plan East

Market: Small Group



Key (modify as needed)

: 2018 on-exchange service area

: 2018 off-exchange only service area

SERFF Tracking Number: INAC-131005809 State:

Filing Company: Keystone Health Plan East, Inc. State Tracking

Number:

Company Tracking KHPE SG 1-1-2018

Number:

TOI: H15G Group Health - Hospital/Surgical/Medical **Sub-TOI:**

Expense

Product Name: KHPE Small Group HMO eff 1-1-2018

Project Name:

Objection Letter Status: Data Request Sent

Objection Letter Date:06/15/2017

Respond By Date:

Submitted Date: 06/15/2017 02:06 PM

Dear David Walker,

Introduction: June 15, 2017

David Walker

Keystone Health Plan East, Inc.

1901 Market Street

Philadelphia, PA 19103

RE: Keystone Health Plan East Small Group HMO QHP Filing for 2018.

Pennsylvania Insurance Department ID #: INAC-131005809

Dear David Walker:

The Pennsylvania Insurance Department has received and conducted a preliminary review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 5 business days of the date of this letter. If you have any questions or difficulties in providing the data within this time frame, please call me.

The following questions are from Oliver Wyman, our Actuarial Consultant:

- 1. In Wksh 2 of the URRT, the AV Pricing Values should be equal to the total adjustment from the Market Adjusted Index Rate (MAIR) to the Plan Adjusted Index Rate (PAIR) for each plan (e.g. MAIR x AV Pricing Value = PAIR). However, this does not appear to be the case. Please explain why this is not the case or correct the issue to follow the Part III URRT Instructions Section 4.7.2.
- 2. Please show a numerical development of the assumed annual trend used in projecting the experience period claims to the projected 2018 coverage year. Please include the trends based on historical experience for each benefit category for years 2014, 2015, 2016, and 2017 (year to date). We realize 2017 trends will be partially based on estimated claim costs.
- 3. Please explain and show support for the 'Change in Demographics' factor and the 'Change in Benefits' factors shown in the file [Exhibit A_Small Group.xlsx]. At a minimum, provide the numerical development of the 'Demo' factors and a detailed description of what is reflected in the 'SumOf2017_Base_Rate_rel' values, as well as a description of how those values were developed.
- 4. Please provide numerical support for the age calibration factor of 1.4466. In your support, please provide the projected 2018 distribution of membership by age.
- 5. We have the following questions regarding the benefit richness (induced demand) column in Table 10.
- a. Please provide numerical support for the benefit richness (induced demand) factors shown in Table 10.
- b. Please confirm and demonstrate in your support that health status was not taken into account when developing these factors.
- c. Please explain why these values vary within a given metal if health status is not taken into account; specifically for Silver plans, where the factors range from 0.858 to 0.993, Gold plans where the factors range from 0.995 to 1.088, and Platinum plans where the factors range from 1.056 to 1.190.
- 6. Please describe the methodology used to determine the provider network factor used in column N of Table 10.
- 7. Please provide the numerical development of the tobacco surcharge of 1.013 shown in column P of Table 10.
- 8. Please provide the numerical development of the projected MLR calculation that shows compliance with

the 80% minimum MLR.

- 9. Please provide the numerical development of the average paid to allowed factor of 0.880 as entered in the URRT Wksh 1 Section III.
- 10. Please show support and explain the methodology used to project the quarterly member months shown in Table 5A.
- 11. We have the following questions regarding the risk adjustment PMPM value:
- a. Please provide the quantitative development of the projected risk adjustment PMPM payment equal to \$9.05.
- b. Please demonstrate quantitatively how the 0.86 factor which is to be applied to the statewide average premium in the 2018 risk adjustment calculation was taken into account in developing the projected risk adjustment payment PMPM of \$9.05
- c. Please provide the actual 2014 and 2015 risk adjustment PMPM payments/receipts.

The following are additional questions from the PID:

- 1. Please confirm that a risk adjustment user fee of \$0.14 PMPM was included in the "Projected Risk Adjustment PMPM" of -\$9.05 shown in the Department's Table 5.
- 2. The 2017 administrative expenses PMPM were \$52.75 = (0.09891)*(\$533.28) from Table 6 while the 2018 administrative expenses PMPM are \$79.00 = (0.1455)*(542.95). Please explain why the administrative expenses on a PMPM basis went up 50% from 2017 to 2018.
- 3. Please show the development of the average commission and circumstances in which broker commissions will be paid and if they will vary based on geographic location, metal level, plan, open enrollment vs SEP enrollment, etc. Additionally, the current and 2018 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated PMPM amount.
- 4. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, the Federal Rates Template, and in the binder are identical.

5. For the KHPE Small Group expanded Bronze plans, please demonstrate that the \$50 PCP copay and \$100 specialists copay are less than or equal to 50% coinsurance for that category to comply with the CCIIO quidelines.

Conclusion: Upon receipt of your responses to the above requested data, the Department will continue to review your filing. Please note that there may be additional questions and/or requirements as the Department conducts a more in-depth review.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2117 or e-mail at jlaverty@pa.gov.

Sincerely,

James Laverty, ASA, MAAA

Actuary

Bureau of Accident & Health Insurance

Conclusion:

Sincerely,

Jim Laverty

KHPE SMALL GROUP

JUNE 15 RESPONSES

 In Wksh 2 of the URRT, the AV Pricing Values should be equal to the total adjustment from the Market Adjusted Index Rate (MAIR) to the Plan Adjusted Index Rate (PAIR) for each plan (e.g. MAIR x AV Pricing Value = PAIR). However, this does not appear to be the case. Please explain why this is not the case or correct the issue to follow the Part III URRT Instructions Section 4.7.2.

Please see Table 10 of the PA Actuarial Memo Rate Exhibits for the numeric demonstration of the calculation of Plan adjusted index rate from Market Adjusted Index Rates. The Market Adjusted Index Rate is in cell C11 on the "III- Plan rates" tab. The Plan Adjusted Index Rates are in column AA of this tab.

This also impacts our response to question 13, since we set the Pricing AV in the URRT to the expected Paid to Allowed.

2. Please show a numerical development of the assumed annual trend used in projecting the experience period claims to the projected 2018 coverage year. Please include the trends based on historical experience for each benefit category for years 2014, 2015, 2016, and 2017 (year to date). We realize 2017 trends will be partially based on estimated claim costs.

Please see below for information on the projected unit cost trends.

2017	НМО	PA Small Group
2018	НМО	PA Small Group
2019	нмо	PA Small Group

	Inpatient	Outpatient	Professional	Capitated
	3.6%	2.4%	0.7%	2.5%
	2.7%	2.5%	1.4%	2.5%
Ī	2.7%	2.5%	1.4%	2.5%

3. Please explain and show support for the 'Change in Demographics' factor and the 'Change in Benefits' factors shown in the file [Exhibit A_Small Group.xlsx]. At a minimum, provide the numerical development of the 'Demo' factors and a detailed description of what is reflected in the 'SumOf2017_Base_Rate_rel' values, as well as a description of how those values were developed.

The change in demographics is based on the 2017 Federal age curve. Please see derivation below.

2017	KHPE	Demo
0-20	26,696	0.635
21-29	17,719	1.032
30-39	21,307	1.202
40-49	20,017	1.457
50-59	23,904	2.182
60-63	7,678	2.825
64+	2,678	3.000

	119,999	1.43
2016	KHPE	Demo
0-20	27,595	0.635
21-29	17,859	1.021
30-39	21,113	1.191
40-49	20,747	1.448
50-59	24,742	2.173
60-63	7,798	2.814
64+	2,793	3.000
	122,647	1.43

The change in benefit is being calculated using the 2017 21 year old rate by HIOS ID. (I.e. The base rate)

The 2017 21 year old rate by HIOS ID is weighted by 2016 enrollment and then compared to the 2017 21 year old rate by HIOS ID weighted by 2017 enrollment. The ratio of these two numbers is the benefit change. (Note: For this calculation each member is receiving the 21 year old rate, regardless of their age)

4. Please provide numerical support for the age calibration factor of 1.4466. In your support, please provide the projected 2018 distribution of membership by age.

Please see below. Note, as is appropriate, calibration uses the 2018 Federal age curve.

	2018 Expected Age distribution	2018 Demo Factors
0-20	23%	0.811
21-29	15%	1.032
30-39	18%	1.202
40-49	17%	1.457
50-59	20%	2.182
60-63	6%	2.825
64+	1%	3.000
Total	100%	1.447

5. We have the following questions regarding the benefit richness (induced demand) column in Table 10.

- a. Please provide numerical support for the benefit richness (induced demand) factors shown in Table 10.
- b. Please confirm and demonstrate in your support that health status was not taken into account when developing these factors.
- c. Please explain why these values vary within a given metal if health status is not taken into account; specifically for Silver plans, where the factors range from 0.858 to 0.993, Gold plans where the factors range from 0.995 to 1.088, and Platinum plans where the factors range from 1.056 to 1.190.

Our induced demand factors do not take into account health status. For 2018 we did not update the induced demand factors, rather we first solved for the induced demand factors that would generate the 2017 rates slope in 2018 before benefit changes.

We utilized this approach because we are trying to preserve the rate relationship we currently have in the market.

6. Please describe the methodology used to determine the provider network factor used in column N of Table 10.

The provider network factor is calculated based on the expected unit cost differences between the proactive and non-proactive networks. These differences are a combination of different contracting between the networks. (I.e. The same facilities contracted at different rates between the two networks) and facility mix. (I.e. Different facilities being utilized for the same services between the two networks.)

We expect the proactive network to be 10% less expensive than the Non-proactive network. We then normalized so that the weighted average of the factors equals 1.00.

This results in a factor of 0.935 for Proactive and 1.028 for Non-proactive. (I.e. 1.028/0.935 = 1.10 or a 10% difference)

7. Please provide the numerical development of the tobacco surcharge of 1.013 shown in column P of Table 10.

Please see table below. The calculation uses the expected age distribution and expected % tobacco use by age, as well as our previously approved tobacco factors to determine the impact of tobacco rating.

	2018 Expected	Expected %	Approved Tobacco
	Age	tobacco use	Factors
	distribution		
0-20	23%	7.00%	-
21-29	15%	7.00%	0.125

30-39	18%	7.00%	0.175
40-49	17%	7.00%	0.225
50-59	20%	7.00%	0.375
60-63	6%	7.00%	0.375
64+	1%	7.00%	0.375
Total			1.3%

8. Please provide the numerical development of the projected MLR calculation that shows compliance with the 80% minimum MLR.

Projected Premium from table 6 = \$542.95

Projected Paid claims from table = \$419.85

Projected Risk adjustment = (\$9.05)

QI = 0.47%; Taxes and fees = 3.69% (From table 6)

$$MLR = (419.85 + (542.95 \times 0.0039)) / (542.95 - 9.05 - (542.95 \times 0.0369)) = 82.1\% > 80\%$$
 minimum

9. Please provide the numerical development of the average paid to allowed factor of 0.880 as entered in the URRT Wksh 1 Section III.

Please see column K of table 10 for the derivation of the aggregate paid to allowed.

10. Please show support and explain the methodology used to project the quarterly member months shown in Table 5A.

The quarterly member months in table 5A is based on the membership renewing by quarter. Specifically, we expect 524,796 of the 1,445,976 member months to be in groups that renew in the 1^{st} quarter of 2018, etc.

- 11. We have the following questions regarding the risk adjustment PMPM value:
 - a. Please provide the quantitative development of the projected risk adjustment PMPM payment equal to \$9.05.

Please see below.

This is the risk adjustment calculation.

$$T_{i} = \left[\frac{PLRS_{i} \cdot IDF_{i} \cdot GCF_{i}}{\sum_{i}(s_{i} \cdot PLRS_{i} \cdot IDF_{i} \cdot GCF_{i})} - \frac{AV_{i} \cdot ARF_{i} \cdot IDF_{i} \cdot GCF_{i}}{\sum_{i}(s_{i} \cdot AV_{i} \cdot ARF_{i} \cdot IDF_{i} \cdot GCF_{i})}\right] \overline{P}_{s}$$

Where

PS = State average premium * 0.86; PLRSt = plan i's plan liability risk score; AVi = plan i's metal level AV; ARFi = allowable rating factor; IDFi = plan i's induced demand factor; GCFi = plan i's geographic cost factor;

KHPE										
				State Avg					Product	Product
Issuer	Metal	BMMO	PLRS	Premium	ARF	GCF	IDF	AV	with Risk	w/o Risk
KHPE	Plat (1)	347,968	1.8326		1.4256	1.1115	1.1500	90%	2.3425	1.6400
KHPE	Gold (2)	754,831	1.3461		1.4335	1.1115	1.0800	80%	1.6159	1.3766
KHPE	Silver (3)	357,120	1.1058		1.4849	1.1115	1.0300	70%	1.2659	1.1900
KHPE	Bronze (4)	34,729	0.8302		1.5471	1.1115	1.0000	60%	0.9228	1.0317
Total		1,494,648	1.3900	\$538.18	1.4466	1.1115	1.0825	79%	1.6843	1.3818
Statewide Av	erage		1.4140	\$538.18	1.4360	1.0000	1.0800	79%	1.5271	1.2314
									(9.05)	

$$(9.05) = [[1.6843 / 1.5271 - 1.3818 / 1.2314] \times 538.18 \times 0.86] -0.14$$

(Per PID guidance, the 0.14 Risk adjustment user fee is included in the risk adjustment calculation)

b. Please demonstrate quantitatively how the 0.86 factor which is to be applied to the statewide average premium in the 2018 risk adjustment calculation was taken into account in developing the projected risk adjustment payment PMPM of \$9.05.

The 0.86 factor was taken into account by multiplying the expected statewide average premium by 0.86 when calculating the risk transfer amount. This is new for 2018.

$$\overline{P}_S = \left(\sum_i (s_i \cdot P_i)\right) * 0.86$$

c. Please provide the actual 2014 and 2015 risk adjustment PMPM payments/receipts.

The following are additional questions from the PID:

1. Please confirm that a risk adjustment user fee of \$0.14 PMPM was included in the "Projected Risk Adjustment PMPM" of -\$9.05 shown in the Department's Table 5.

Confirmed, please see response to question 11 for the calculation.

2. The 2017 administrative expenses PMPM were \$52.75 = (0.09891)*(\$533.28) from Table 6 while the 2018 administrative expenses PMPM are \$79.00 = (0.1455)*(542.95). Please explain why the administrative expenses on a PMPM basis went up 50% from 2017 to 2018.

We have updated the admin allocation in the Pricing to align with the financials.

3. Please show the development of the average commission and circumstances in which broker commissions will be paid and if they will vary based on geographic location, metal level, plan, open enrollment vs SEP enrollment, etc. Additionally, the current and 2018 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated PMPM amount.

We have reached out to our Sales department to get the current and 2018 broker agreements.

4. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, the Federal Rates Template, and in the binder are identical.

Thank you for bringing this to our attention. We will update the PA Plan Design Summary and Rate Tables and the Federal Rate template for the on exchange plans, (The off exchange plans are not included in the Federal Rate template.)

When the rate grids were created the 45 year old rate was used as the index (i.e. the one rounded to the nearest dollar) and all rates were calculated off of that using the federal age curve. This causes the 21 year old rate to be slightly different from Table 11.

We are updating our rate grid to index off the 21 year old rate from Table 11 instead.

5. For the KHPE Small Group expanded Bronze plans, please demonstrate that the \$50 PCP copay and \$100 specialists copay are less than or equal to 50% coinsurance for that category to comply with the CCIIO guidelines.

Our average allowed cost per visit for PCP is about \$115. Therefore \$50 PCP copay is less than 50% coinsurance. Specialist copay is set to 2x PCP copay.

SERFF Tracking Number: INAC-131005809 State:

Filing Company: Keystone Health Plan East, Inc. State Tracking

Number:

Company Tracking KHPE SG 1-1-2018

Number:

TOI: H15G Group Health - Hospital/Surgical/Medical **Sub-TOI:**

Expense

Product Name: KHPE Small Group HMO eff 1-1-2018

Project Name:

Objection Letter Status: Data Request Sent

Objection Letter Date:07/06/2017

Respond By Date:

Submitted Date: 07/06/2017 04:15 PM

Dear David Walker,

Introduction: July 6, 2017

David Walker

Keystone Health Plan East, Inc.

1901 Market Street

Philadelphia, PA 19103

RE: Keystone Health Plan East Small Group HMO QHP Filing for 2018.

Pennsylvania Insurance Department ID #: INAC-131005809

Dear David Walker:

The Pennsylvania Insurance Department has received and conducted a review of your responses to our June 15th data request letter. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided by July 14, 2017. If you have any questions or difficulties in providing the data within this time frame, please call me.

The following questions are from Oliver Wyman, our Actuarial Consultant:

- 1. Please provide the actual year-over-year trend rates which were observed over the time period of 2014-2016 based on the historical normalized single risk pool claims experience. To the extent the assumed annual trend rate utilized in the development of the proposed 2018 rates is significantly different than recent trend levels which have been observed provide the specific reason(s) future trend rates are expected to be different than historical levels.
- 2. The following questions are related to the Change in Benefits adjustment per your response to Question 3.
- a. Please describe what the Change in Benefits adjustment is intended to account for in the development of the projected Index Rate.
- b. It appears that the adjustment was developed by comparing the weighted average 21 year old 2017 premium rate by HIOS ID based on 2016 enrollment to that based on 2017 enrollment. Please confirm that this understanding is correct.
- c. If so, given that this comparison would seem to reflect any changes in the average paid-to-allowed ratios between the 2016 and 2017 enrollment (e.g. a shift in membership to Gold plans, etc.) it is not clear why this adjustment is appropriate to apply in the projection of the 2018 Index Rate, which reflects allowed claims only. Please clarify.
- 3. Per your response to Question 5, it is our understanding that the induced demand factors for 2018 were solved for such that a similar pricing slope by plan would be used in 2018 as was used in 2017.
- a. Recognizing this, please describe in greater detail how the initial pricing slope filed for in 2017 was developed. In particular, please describe how the induced demand factors filed for in 2017 were developed.
- b. In original development of the induced demand factors (and corresponding slope of those factors) describe how it was ensured that health status was not taken into account.
- 4. The following questions are related to the Risk Adjustment payment PMPM calculation provided in response to Question 11:
- a. Please provide additional detail regarding how the assumed statewide average PLRS, ARF, and AV values were determined.
- b. Please reconcile the statewide average values used in the calculation provided to the statewide average values for these items which were recently released on 6/30/2017 by CMS in Appendix A of the Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year.
- c. If significantly different, please explain why the differences are reasonable or specify how using the actual statewide average values for 2016 would change the risk adjustment transfer assumption.

- d. Please demonstrate quantitatively how the statewide average premium amount equal to \$538.18 PMPM was developed.
- e. Please provide the actual 2016 risk adjustment PMPM payment/receipt.

The following are additional questions or comments from the PID:

- 1. If you wish to make adjustments to the projected RA amount included in this rate submission and the URRT, based on the June 30, 2017 Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers, then you must do so by July 14th. Provide narrative and an Excel spreadsheet demonstrating the development and assumptions.
- 2. Please provide a PDF file for public review (Public Rate Filing PDF) in SERFF to show the updated rate request. The following updated supporting items must be included:
- Cover Letter
- Rate Change Request Summary (Attachment 1)
- Part 1 Unified Rate Review Template (URRT)
- Part II Consumer Friendly Justification
- Part III Federal Actuarial Memorandum (redacted)
- PA Actuarial Memorandum (redacted)
- PA Actuarial Memorandum Rate Exhibits
- PA Plan Design Summary and Rate Tables
- Federal Rates Templates
- Service Area Maps
- Correspondence Q&A's

Please remain cognizant of the limited redactions as outlined on pages 3 and 4 of the 2018 Guidance. Only those specific items may be redacted. Since AV screenshots and commission schedules are proprietary, they should not be included in this public PDF. Additionally, please ensure that documents and spreadsheets are internally consistent and that the Excel exhibit with formula corrections emailed to you on June 15, 2017 is used. The deadline for the revised PDF is COB July 18, 2017.

3. Please note that all revisions must be reflected in this resubmission. The Department shall not allow any changes to the rates after this submission.

Conclusion: Upon receipt of your responses to the above requested data, the Department will continue to review your filing. Please note that there may be additional questions and/or requirements as the Department conducts a more in-depth review.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2117 or e-mail at jlaverty@pa.gov.

Sincerely,

James Laverty, ASA, MAAA

Actuary

Bureau of Accident & Health Insurance

Conclusion:

Sincerely,

Jim Laverty

KHPE SMALL GROUP

JULY 6 RESPONSES

 Please provide the actual year-over-year trend rates which were observed over the time period of 2014-2016 based on the historical normalized single risk pool claims experience. To the extent the assumed annual trend rate utilized in the development of the proposed 2018 rates is significantly different than recent trend levels which have been observed provide the specific reason(s) future trend rates are expected to be different than historical levels.

Please see the tables below.

Unit Cost

		Inpatient	Outpatient	Professional	Capitation
2014	HMO PA Small Group	7.8%	4.3%	1.9%	0.6%
2015	HMO PA Small Group	5.9%	3.1%	0.7%	-2.5%
2016	HMO PA Small Group	3.9%	1.9%	0.8%	1.6%

Utilization

		Inpatient	Outpatient	Professional	Capitation
2014	HMO PA Small Group	-21.5%	-25.2%	-20.4%	
2015	HMO PA Small Group	-5.9%	-4.1%	-4.1%	
2016	HMO PA Small Group	4.7%	10.3%	9.5%	

- 2. The following questions are related to the Change in Benefits adjustment per your response to Question 3
 - a. Please describe what the Change in Benefits adjustment is intended to account for in the development of the projected Index Rate.
 - b. It appears that the adjustment was developed by comparing the weighted average 21 year old
 2017 premium rate by HIOS ID based on 2016 enrollment to that based on 2017 enrollment.
 Please confirm that this understanding is correct.
 - c. If so, given that this comparison would seem to reflect any changes in the average paid-toallowed ratios between the 2016 and 2017 enrollment (e.g. a shift in membership to Silver plans, etc.) it is not clear why this adjustment is appropriate to apply in the projection of the 2018 Index Rate, which reflects allowed claims only. Please clarify.
 - a. It accounts for the benefit items not accounted for in paid to allowed. (E.g. Growth in alternative networks in the experience period etc.)

- b. That is the start of the calculation, we have also adjusted for the change in paid to allowed.
- c. An argument could be made for moving this adjustment into the utilization trend instead of carving it out as a separate factor. Note that it is not related to the paid to allowed.
- 3. Per your response to Question 9, it is our understanding that the induced demand factors for 2018 were solved for such that a similar pricing slope by plan would be used in 2018 as was used in 2017.
 - a. Recognizing this, please describe in greater detail how the initial pricing slope filed for in 2017 was developed. In particular, please describe how the induced demand factors filed for in 2017 were developed.
 - b. In original development of the induced demand factors (and corresponding slope of those factors) describe how it was ensured that health status was not taken into account.

This question is similar to the question we received on our 2017 filing that we responded to on July 22nd 2016 for the 2017 KHPE Individual filing. Below is the response that we provided on July 22nd 2016.

"The attached exhibit shows our induced utilization calculation. We have deviated slightly from the format requested to demonstrate our calculations.

Included in this file are (1) an excel spreadsheet with formulas that shows the calculation of each Pricing AV and cost sharing factors for each plan.

(2) This file also demonstrates how our factors normalize to 1.000 as well as shows quantitatively that plan premiums are proportional to Plan AVs.

Note that this is based on information that was known at the time of the filing and does not reflect the updated risk transfer information that was received on June 30, 2016.

Our methodology incorporates the induced demand utilization factors from the risk adjustment model in the expected risk adjustment transfer payments. "

*** REDACTED ***

- 4. The following questions are related to the Risk Adjustment payment PMPM calculation provided in response to Question 14:
 - a. Please provide additional detail regarding how the assumed statewide average PLRS, ARF, and AV values were determined.
 - b. Please reconcile the statewide average values used in the calculation provided to the statewide

average values for these items which were recently released on 6/30/2017 by CMS in Appendix A of the Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year.

- c. If significantly different, please explain why the differences are reasonable or specify how using the actual statewide average values for 2016 would change the risk adjustment transfer assumption.
- d. Please demonstrate quantitatively how the statewide average premium amount equal to \$38.18 PMPM was developed.
- a. They were calculated using the new methodology outlined in the 2018 Notice of Benefit and payment parameters. The changes affect the PLRS primarily. The major changes include that the PLRS will now include Pharmacy data in the calculation and coefficients were updated.
- Please see below for the statewide average factors for PA by year since 2014.
 As described in a. the PLRS is changing due to updates to the risk adjustment model in 2018. The ARF and AV are in line with historic values.

	Small Group						
	State				atewide_		
	<u>PLRS</u>	<u>ARF</u>	<u>AV</u>	<u>a</u>	vg Prem		
2014	1.458	1.449	0.811	\$	443.99		
2015	1.535	1.436	0.801	\$	452.19		
2016	1.514	1.438	0.794	\$	471.10		
Expected 2018	1.414	1.436	0.794	\$	538.18		

- c. ARF and AV are in line with historic values. If we were to do the calculation using 2016 AV and ARF. The resulting risk transfer PMPM would be 5.70 versus the 5.07 we have calculated using our expected 2018 ARF and AV.
- d. $$538.18 = $471.10 \times \text{Average } 2017 \text{ rate increase } \times \text{Average } 2018 \text{ rate increase} = $471.10 \times 1.04 \times 1.1 = 538
- e. The 2016 payable was (\$10,258,625.79), which is (\$6.98) PMPM.

In response to the PID's questions and comments, we will submit an updated Public Rate Filing PDF in SERFF by Tuesday, July 18.