



May 19, 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: QCC Insurance Company, Inc.
Small Group PPO Rate Filing effective 1/1/2018
INAC-131005785**

Dear Ms. Fabian-Marks:

Attached is the 2018 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Small Group marketplace 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 an 9.41% increase over the previously approved 2017 rates.

Information for the Pennsylvania Bulletin:

- | | |
|----------------------------------|--------------------------------------|
| 1. Company Name and NAIC Number: | QCC Insurance Company, Inc.
93688 |
| 2. Market | Small Group |
| 3. On or Off Exchange | Off |



- | | |
|--|---|
| 4. Effective Date of Coverage | January 1, 2018 |
| 5. Average Rate Change Requested | 9.41% |
| 6. Range of Rate Changes Requested | -14.5% to 11.1% |
| 7. Products | PPO |
| 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 as of February 1, 2017 | 74,788 covered lives
36,198 policyholders |
| 11. Number of plans offered in 2018 and change from 2017 | 19 plans in 2018; 38 plans in 2017 |
| 12. Corresponding contract form number, SERFF, and binder numbers | Please see appendix. |
| 13. HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 31609; Tracking # 31609-956004650371312667 |

Please contact [REDACTED] with any questions regarding this filing.

Sincerely,

[REDACTED]

cc:

[REDACTED]

APPENDIX

SERFF ID #s:

INLG-131033840, INLG-131034112, INLG-131034185, INBC-131034282, INBC-131034293

Form Numbers

16884.WR-III Rev. 1.18, 16884-BC.SG.OFF Rev. 1.18, 16884-BC.SG.OFF.HSA.HRA Rev. 1.18, 17014.WR, 17014-BC.SG.OFF.HSA, 16936.Policy Rev. 1.18, 16936-BC.SG.Preventive Rev. 1.18, 16936-BC.SG.Preferred Rev. 1.18, 16936-BC.SG.Premier 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, 16906.WR.ADPOS Rev. 1.18, 16906-BC.SG.ADPOS.OFF.ADEN Rev. 1.18, 16906-BC.SG.ADPOS.OFF Rev. 1.18, PREV/SCH-II Rev. 1.18

QCC Insurance Company – Small Group Plans

Rate request filing ID # INAC-131005785 - 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:	9.41% ¹
Revised requested average rate change:	N/A ¹
Range of requested rate change:	-14.5% - +11.1%
Effective date:	January 1, 2018
People impacted:	74,998
Available in:	Rating Area 8

Key information

Jan. 2016-Dec. 2016 financial experience

Premiums	\$473,891,513
Claims	\$398,233,891
Administrative expenses	\$68,951,215
Taxes & fees	\$26,964,427
Company made (after taxes)	(\$20,258,020)

How it plans to spend your premium

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

Claims:	77.8%
Administrative:	14.6%
Taxes & fees:	5.7%
Profit:	2.0%

The company expects its annual medical costs to increase **7.2%**.

Explanation of requested rate change

Scope and Range of the Rate Increase:

QCC Insurance Company ("QCC") 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 75,000 members will be affected.

Financial Experience of the Product:

QCC 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

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.

services and supplies, and the types of health care services and supplies change, among other factors.

We are projecting that claims will increase by 7.2% 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.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v4.2																							
2																								
3	Company Legal Name:	QCC				State:	PA																	
4	HIOS Issuer ID:	31609				Market:	Small Group																	
5	Effective Date of Rate Change(s):	1/1/2018																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2016				to	12/31/2016																	
13		<u>Experience Period</u>																						
14		<u>Aggregate Amount</u>				<u>PMPM</u>				<u>% of Prem</u>														
15	Premiums (net of MLR Rebate) in Experience Period:	\$473,891,513				\$531.91				100.00%														
16	Incurred Claims in Experience Period	\$398,233,891				446.99				84.03%														
17	Allowed Claims:	\$471,280,826				528.98				99.45%														
18	Index Rate of Experience Period					\$ 524.30																		
19	Experience Period Member Months	890,929																						
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>				<u>Projection Period: 1/1/2018 to 12/31/2018</u>				<u>Mid-point to Mid-point, Experience to Projection: 24 months</u>														
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Projection Period</u>				<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>						
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM									
24	Inpatient Hospital	Admits	73.01	\$17,724.74	\$107.85	1.000	0.908	1.036	1.040	78.94	\$17,266.98	\$113.59	0.00	\$0.00	\$0.00									
25	Outpatient Hospital	Services	3,424.56	443.61	126.60	1.000	0.908	1.028	1.040	3,702.90	425.50	131.30	0.00	0.00	0.00									
26	Professional	Services	21,218.76	87.71	155.09	1.000	0.908	1.015	1.040	22,945.62	82.02	156.83	0.00	0.00	0.00									
27	Other Medical	Services	12,000.00	4.68	4.68	1.000	0.908	1.015	1.040	12,979.20	4.38	4.73	0.00	0.00	0.00									
28	Capitation	Services	12,000.00	5.14	5.14	1.000	0.908	1.013	1.000	12,000.00	4.79	4.79	0.00	0.00	0.00									
29	Prescription Drug	Prescriptions	12,881.35	120.75	129.62	1.000	0.908	1.045	1.045	14,066.76	119.69	140.30	0.00	0.00	0.00									
30	Total				\$528.98							\$551.54			\$0.00									
31																								
32	Section III: Projected Experience:				Projected Allowed Claims PMPM (w/applied credibility if applicable)										100.00%		0.00%		After Credibility		Projected Period Totals			
33					Paid to Allowed Average Factor in Projection Period												0.880							
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$485.35				\$436,810,801			
35					Projected Risk Adjustments PMPM												5.07				4,560,466			
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$480.28				\$432,250,335			
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM												0.00				0			
38					Projected Incurred Claims												\$480.28				\$432,250,335			
39					Administrative Expense Load												14.55%		89.87		80,880,175			
40					Profit & Risk Load												2.00%		12.35		11,117,550			
41					Taxes & Fees												5.69%		35.14		31,629,429			
42					Single Risk Pool Gross Premium Avg. Rate, PMPM												\$617.65				\$555,877,489			
43					Index Rate for Projection Period												\$ 546.81							
44					% increase over Experience Period												16.12%							
45					% Increase, annualized:												7.76%							
46					Projected Member Months																899,988			
47																								
48																								
49	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 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.																							
50																								

Product Plan Data Collection

Company Legal Name: QCC
HIOS Issue ID: 31609
Effective Date of Rate Change(s): 1/1/2018

State: PA
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Table with columns for Product, Plan ID, Plan Name, and various rates and percentages across multiple years from 2018 to 2028.

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

Table showing various components of premium increase such as Catastrophe, Administrative, and Total Rate Increase over time.

Section III: Experience Period Information

Table with multiple rows and columns detailing experience period information, including Member and Non-Member counts and various percentages.

Section IV: Projected 12 months following effective date

Table showing projected data for 12 months following the effective date, including Total Premiums and Total Allowed Claims.

URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

QCC Insurance Company ("QCC") 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 75,000 members will be affected.

Financial Experience of the Product:

QCC 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 7.2% 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
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	10.8%
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	10.9%
31609PA0150027	Personal Choice PPO Gold Preferred \$35/\$70/\$600	9.7%
31609PA0150028	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	11.1%
31609PA0150029	Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%	1.3%
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,600/100%	11.1%
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/90%	4.3%
31609PA0150032	Personal Choice PPO Gold HSA-0 \$1,900/100%	11.1%
31609PA0150033	Personal Choice PPO Gold HSA-50 \$2,650/60%	4.7%
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	10.9%
31609PA0150035	Personal Choice PPO Silver HSA-0 \$2,700/90%	11.0%
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,200/50%	10.8%
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$6,650/100%	10.7%
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%	11.1%
31609PA0150047	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	10.4%
31609PA0150048	Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%	-14.5%
31609PA0150049	Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	1.1%
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,200/100%	-0.1%
31609PA0150001	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	Terminated
31609PA0150002	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	Terminated
31609PA0150003	Personal Choice PPO Gold Preferred \$35/\$70/\$600	Terminated
31609PA0150004	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	Terminated
31609PA0150005	Personal Choice PPO Silver Classic \$3,000/\$30/\$60/70%	Terminated
31609PA0150006	Personal Choice PPO Platinum HSA-50 \$1,600/100%	Terminated
31609PA0150007	Personal Choice PPO Gold HSA-25 \$2,400/90%	Terminated
31609PA0150008	Personal Choice PPO Gold HSA-0 \$1,900/100%	Terminated
31609PA0150009	Personal Choice PPO Gold HSA-50 \$2,650/60%	Terminated
31609PA0150010	Personal Choice PPO Silver HSA-25 \$2,400/50%	Terminated
31609PA0150011	Personal Choice PPO Silver HSA-0 \$2,400/90%	Terminated
31609PA0150012	Personal Choice PPO Bronze HSA-0 \$4,000/50%	Terminated
31609PA0150013	Personal Choice PPO Bronze HSA-0 \$6,550/100%	Terminated
31609PA0150014	Personal Choice PPO Platinum HRA-50 \$1,500/100%	Terminated
31609PA0150015	Personal Choice PPO Gold HRA-25 \$2,200/100%	Terminated
31609PA0150022	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	Terminated
31609PA0150023	Personal Choice PPO Silver Classic \$3,300 \$40/\$80/100%	Terminated
31609PA0150024	Personal Choice PPO Silver Secure \$4,250/\$30/\$60/\$600	Terminated
31609PA0150038	Personal Choice PPO Platinum HRA-50 \$1,500/100%	Terminated
31609PA0150046	Personal Choice PPO Silver HSA-0 \$3,200/100%	Terminated
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	New

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 QCC Insurance Company, Inc. 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: QCC Insurance Company, Inc. ("QCC")

State: Pennsylvania

HIOS Issuer ID (5-digit): 31609

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 QCC. 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: [REDACTED]

Primary Contact Telephone Number: [REDACTED]

Primary Contact Email Address: [REDACTED]

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 QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 9.41%. The minimum increase is -14.5% and the maximum increase is 11.1%.

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 QCC in the Commonwealth of Pennsylvania.

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 QCC 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 QCC 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
31609PA0150001	Personal Choice PPO Platinum Preferred \$10/\$20/\$150
31609PA0150002	Personal Choice PPO Platinum Preferred \$20/\$40/\$150
31609PA0150003	Personal Choice PPO Gold Preferred \$35/\$70/\$600
31609PA0150004	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%
31609PA0150005	Personal Choice PPO Silver Classic \$2,500 \$30/\$60/80%
31609PA0150006	Personal Choice PPO Platinum HSA-50 \$1,600/100%
31609PA0150007	Personal Choice PPO Gold HSA-25 \$2,400/100%
31609PA0150008	Personal Choice PPO Gold HSA-0 \$1,900/100%
31609PA0150009	Personal Choice PPO Gold HSA-50 \$2,650/70%

31609PA0150010	Personal Choice PPO Silver HSA-0 \$2,100/70%
31609PA0150011	Personal Choice PPO Silver HSA-0 \$2,700/90%
31609PA0150012	Personal Choice PPO Bronze HSA-0 \$5,200/50%
31609PA0150013	Personal Choice PPO Bronze HSA-0 \$6,550/100%
31609PA0150022	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%
31609PA0150024	Personal Choice PPO Silver Secure \$3,000 \$30/\$60/\$600
31609PA0150023	Personal Choice PPO Silver Classic \$3,300 \$40/\$80/100%
31609PA0150046	Personal Choice PPO Silver HSA-0 \$3,200/100%

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

31609PA0150014	Personal Choice PPO Platinum HRA-50 \$1,850/100%
31609PA0150015	Personal Choice PPO Gold HRA-25 \$2,900/100%
31609PA0150038	Personal Choice PPO Platinum HRA-50 \$1,850/100%
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%

WARNING ALERTS

There are no warning alerts in URRT part 1.

ACTUARIAL CERTIFICATION

I, [REDACTED], 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.

[REDACTED]
May 19, 2017

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 QCC Insurance Co., Inc. 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:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
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:	9.41%
Range of Rate Changes:	-14.5% - +11.1%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Platinum, Gold, Silver, Bronze
Current Members:	74,788
Current Policyholders:	36,198
Number of 2018 Plans:	19
HIOS Issuer ID (5-digit):	31609

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 QCC. 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 31609.

COMPANY CONTACT INFORMATION

Primary Contact Name:	[REDACTED]
Primary Contact Telephone Number:	[REDACTED]
Primary Contact Email Address:	[REDACTED]

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	8.50%	INAC- 129626740
October 1, 2015	-0.30%	INAC- 130111048
January 1, 2016	6.51%	INAC- 129939280
January 1, 2017	5.00%	INAC- 130539936
July 1, 2017	2.00%	INAC- 130959332

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 9.41%. 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 6.9%. The change shown in Cell V45 of Worksheet 1 of URRT Part I is 16.12%. The change shown in Cell V46 of Worksheet 1 of URRT Part I is 7.76%.

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 QCC in the Commonwealth of Pennsylvania, including out-of-network claims written by QCC 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 QCC 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.

The risk adjustment included in the URRT matches the risk adjustment that was included in the URRT from the annual QHP filing.

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
31609PA0150001	Personal Choice PPO Platinum Preferred \$10/\$20/\$150
31609PA0150002	Personal Choice PPO Platinum Preferred \$20/\$40/\$150
31609PA0150003	Personal Choice PPO Gold Preferred \$35/\$70/\$600
31609PA0150004	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%
31609PA0150005	Personal Choice PPO Silver Classic \$2,500 \$30/\$60/80%
31609PA0150006	Personal Choice PPO Platinum HSA-50 \$1,600/100%
31609PA0150007	Personal Choice PPO Gold HSA-25 \$2,400/100%
31609PA0150008	Personal Choice PPO Gold HSA-0 \$1,900/100%
31609PA0150009	Personal Choice PPO Gold HSA-50 \$2,650/70%
31609PA0150010	Personal Choice PPO Silver HSA-0 \$2,100/70%
31609PA0150011	Personal Choice PPO Silver HSA-0 \$2,700/90%
31609PA0150012	Personal Choice PPO Bronze HSA-0 \$5,200/50%
31609PA0150013	Personal Choice PPO Bronze HSA-0 \$6,550/100%
31609PA0150022	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%
31609PA0150024	Personal Choice PPO Silver Secure \$3,000 \$30/\$60/\$600
31609PA0150023	Personal Choice PPO Silver Classic \$3,300 \$40/\$80/100%

31609PA0150046 Personal Choice PPO Silver HSA-0 \$3,200/100%

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

31609PA0150014 Personal Choice PPO Platinum HRA-50 \$1,850/100%

31609PA0150015 Personal Choice PPO Gold HRA-25 \$2,900/100%

31609PA0150038 Personal Choice PPO Platinum HRA-50 \$1,850/100%

31609PA0150039 Personal Choice PPO Gold HRA-25 \$2,900/100%

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		5.69%
PCORI Fees	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	1.51%	
Health Insurance Providers Fee	2.15%	
Profit/Contingency		2.00%
Total Retention		22.24%

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 from 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, [REDACTED], 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 19, 2017

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.		
Product(s):	PPO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2018	to	12/31/2018
Base Period Start Date:	1/1/2016	to	12/31/2016
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	890,929	74,998	899,976
<18	200,621	16,277	195,324
18-24	101,293	8,412	100,944
25-29	58,122	5,164	61,968
30-34	58,545	5,226	62,712
35-39	57,858	5,129	61,548
40-44	61,408	5,072	60,864
45-49	79,479	6,395	76,740
50-54	87,820	7,259	87,108
55-59	91,971	7,623	91,476
60-63	64,741	5,542	66,504
64+	29,071	2,899	34,788

*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
\$ 473,891,513.01	\$ 388,564,577.90	\$ 398,233,891.47	890,929	\$ 83,665,627.36	\$ 472,230,205.26	\$ -	\$ (9,024,931.89)	\$ 3,905,552.59	\$ -	\$ -	\$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 524.30
Loss Ratio											82.95%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite URRT Trend **	Weight*
Inpatient Hospital	3.60%	4.00%	0.00%	7.74%	20.57%
Outpatient Hospital	2.80%	4.00%	0.00%	6.91%	24.15%
Professional	1.50%	4.00%	0.00%	5.56%	29.58%
Other Medical	1.50%	4.00%	0.00%	5.56%	0.00%
Capitation				1.30%	0.98%
Prescription Drugs	4.50%	4.50%	0.00%	9.20%	24.72%
Total Annual Trend				7.19%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.149	

* Express Cost, Utilization, Induced Utilization and Weight as percentages

** Should = URRT Trend

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		\$ 26,987,700.93	1.0000	\$ 26,987,700.93	147,243	\$ 183.29				\$ -
Feb-14		\$ 23,456,163.04	1.0000	\$ 23,456,163.04	141,504	\$ 165.76				\$ -
Mar-14		\$ 26,961,075.44	1.0000	\$ 26,961,075.44	135,347	\$ 199.20				\$ -
Apr-14		\$ 26,892,132.93	1.0000	\$ 26,892,132.93	120,937	\$ 222.36				\$ -
May-14		\$ 28,291,585.85	1.0000	\$ 28,291,585.85	115,003	\$ 246.01				\$ -
Jun-14		\$ 27,378,404.87	1.0000	\$ 27,378,404.87	107,637	\$ 254.36				\$ -
Jul-14		\$ 29,740,000.38	1.0000	\$ 29,740,000.38	101,208	\$ 293.85				\$ -
Aug-14		\$ 28,074,087.73	1.0000	\$ 28,074,087.73	95,954	\$ 292.58				\$ -
Sep-14		\$ 29,487,795.70	1.0000	\$ 29,487,795.70	90,079	\$ 327.35				\$ -
Oct-14		\$ 31,871,006.88	1.0000	\$ 31,871,006.88	85,356	\$ 373.39				\$ -
Nov-14		\$ 29,522,177.34	1.0000	\$ 29,522,177.34	79,826	\$ 369.83				\$ -
Dec-14	\$ 375,426,284.00	\$ 32,863,054.39	1.0000	\$ 32,863,054.39	71,459	\$ 459.89	\$ 63,692,369.00			\$ -
Jan-15		\$ 32,309,094.13	1.0000	\$ 32,309,094.13	70,883	\$ 455.81				\$ -
Feb-15		\$ 30,811,430.03	1.0000	\$ 30,811,430.03	70,886	\$ 434.66				\$ -
Mar-15		\$ 34,386,983.59	1.0000	\$ 34,386,983.59	71,302	\$ 482.27				\$ -
Apr-15		\$ 32,814,106.30	1.0000	\$ 32,814,106.30	71,301	\$ 460.22				\$ -
May-15		\$ 33,116,024.58	1.0000	\$ 33,116,024.58	71,540	\$ 462.90				\$ -
Jun-15		\$ 34,454,919.93	1.0000	\$ 34,454,919.93	71,588	\$ 481.29				\$ -
Jul-15		\$ 34,287,028.85	1.0000	\$ 34,287,028.85	72,000	\$ 476.21				\$ -
Aug-15		\$ 33,017,075.37	1.0000	\$ 33,017,075.37	72,128	\$ 457.76				\$ -
Sep-15		\$ 34,153,937.57	1.0000	\$ 34,153,937.57	72,522	\$ 470.95				\$ -
Oct-15		\$ 36,701,611.69	1.0000	\$ 36,701,611.69	73,026	\$ 502.58				\$ -
Nov-15		\$ 34,484,307.80	1.0000	\$ 34,484,307.80	73,230	\$ 470.90				\$ -
Dec-15	\$ 428,296,353.00	\$ 36,095,862.16	1.0000	\$ 36,095,862.16	74,042	\$ 487.51	\$ 48,475,084.00			\$ -
Jan-16		\$ 32,000,720.85	0.9993	\$ 32,022,060.35	73,879	\$ 433.44				\$ -
Feb-16		\$ 32,637,316.10	0.9989	\$ 32,672,668.63	73,973	\$ 441.68				\$ -
Mar-16		\$ 35,531,891.71	0.9984	\$ 35,590,389.75	74,232	\$ 479.45				\$ -
Apr-16		\$ 32,316,261.52	0.9976	\$ 32,393,902.17	74,257	\$ 436.24				\$ -
May-16		\$ 34,387,491.29	0.9959	\$ 34,527,449.03	74,106	\$ 465.92				\$ -
Jun-16		\$ 34,146,373.68	0.9940	\$ 34,352,009.88	73,897	\$ 464.86				\$ -
Jul-16		\$ 31,794,329.99	0.9907	\$ 32,092,423.80	73,800	\$ 434.86				\$ -
Aug-16		\$ 34,349,847.09	0.9848	\$ 34,880,193.06	74,091	\$ 470.78				\$ -
Sep-16		\$ 32,663,753.59	0.9786	\$ 33,377,062.82	73,952	\$ 451.33				\$ -
Oct-16		\$ 32,989,619.74	0.9625	\$ 34,275,699.64	74,324	\$ 461.17				\$ -
Nov-16		\$ 35,375,309.58	0.9370	\$ 37,753,468.08	74,623	\$ 505.92				\$ -
Dec-16	\$ 473,891,513.01	\$ 33,631,950.81	0.8596	\$ 39,127,324.57	75,795	\$ 516.23	\$ 83,665,627.36			\$ -

* Express Completion Factor as a percentage

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

Table 2b. Manual 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	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$	-
Loss Ratio											\$	0.00%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite URRT Trend**	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

* Express Cost, Utilization, Induced Utilization and Weight as percentages

** Should = URRT Trend

Table 4b. Historical Manual 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				#DIV/0!		#DIV/0!				#DIV/0!
Feb-14				#DIV/0!		#DIV/0!				#DIV/0!
Mar-14				#DIV/0!		#DIV/0!				#DIV/0!
Apr-14				#DIV/0!		#DIV/0!				#DIV/0!
May-14				#DIV/0!		#DIV/0!				#DIV/0!
Jun-14				#DIV/0!		#DIV/0!				#DIV/0!
Jul-14				#DIV/0!		#DIV/0!				#DIV/0!
Aug-14				#DIV/0!		#DIV/0!				#DIV/0!
Sep-14				#DIV/0!		#DIV/0!				#DIV/0!
Oct-14				#DIV/0!		#DIV/0!				#DIV/0!
Nov-14				#DIV/0!		#DIV/0!				#DIV/0!
Dec-14				#DIV/0!		#DIV/0!				#DIV/0!
Jan-15				#DIV/0!		#DIV/0!				#DIV/0!
Feb-15				#DIV/0!		#DIV/0!				#DIV/0!
Mar-15				#DIV/0!		#DIV/0!				#DIV/0!
Apr-15				#DIV/0!		#DIV/0!				#DIV/0!
May-15				#DIV/0!		#DIV/0!				#DIV/0!
Jun-15				#DIV/0!		#DIV/0!				#DIV/0!
Jul-15				#DIV/0!		#DIV/0!				#DIV/0!
Aug-15				#DIV/0!		#DIV/0!				#DIV/0!
Sep-15				#DIV/0!		#DIV/0!				#DIV/0!
Oct-15				#DIV/0!		#DIV/0!				#DIV/0!
Nov-15				#DIV/0!		#DIV/0!				#DIV/0!
Dec-15				#DIV/0!		#DIV/0!				#DIV/0!
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a percentage

PA Rate Template Part II
Rate Development and Change

Carrier Name: **QCC Insurance Company, Inc.**
 Product(s): **PPO**
 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	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 524.30	\$ -	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.149	1.000	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 602.45	\$ -	
Single Risk Pool Adjustment Factors			
Change in Morbidity	1.000	1.000	<- See URRT Instructions
Change in Other	0.908	1.000	
Change in Demographics	0.975	1.000	<- See URRT Instructions
Change in Network	1.000	1.000	<- See URRT Instructions
Change in Benefits	0.931	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 546.81	\$ -	
Credibility Factors	100%	0%	<- See Instructions
Blended Projected EHB Claims PMPM		\$ 546.81	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 546.81		<- Index Rate for Projection Period on URRT - Individual or First Quarter Small Group
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	\$ 558.46		<- Index Rate for Projection Period on URRT - Small Group
Projected Paid to Allowed Ratio	0.880		<- Paid to Allowed Average Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM	\$ 491.45		
Market-wide Adjustments			
Projected Risk Adjustment PMPM	\$ 5.07		
Projected Paid Exchange User Fees PMPM	\$ -		
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 486.38		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 552.70		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 4.73		
Market-Adjusted Projected Paid Total Claims PMPM	\$ 490.54		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 557.43		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 524.30	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 473,891,513.01	
Blended Loss Ratio	82.95%	

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

Effective Date	1/1/2018	4/1/2018	7/1/2018	10/1/2018	Total Single Risk Pool
# of Member Months Renewing in Quarter	358,524	202,680	137,424	201,348	899,976
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 546.81	\$ 546.81	\$ 546.81	\$ 546.81	\$ 546.81
Months of Trend	-	3	6	9	
Annual Trend	7.19%	7.19%	7.19%	7.19%	
Single Risk Pool Projected Allowed Claims	\$ 546.81	\$ 556.39	\$ 566.14	\$ 576.06	\$ 558.46
Quarterly Trend Factor	100.0%	101.8%	103.5%	105.3%	102.1%
2018 Trend Factors by Quarter	0.979135424	0.996289819	1.013744758	1.031505507	

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	5.69%	
PCORI Fees (Enter \$ amount here: \$ 2.36)	0.04%	
Pa Premium Tax (if applicable)	2.00%	
Federal Income Tax	1.51%	
Health Insurance Providers Fee	2.15%	
Profit/Contingency (after tax)	2.00%	
Total Retention	22.24%	
Projected Required Revenue PMPM	\$ 630.84	<- Single Pool Gross Premium Avg. Rate, PMPM on URRT

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2017	2018
Average Age Factor	1.492	1.460
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.011	1.013
Average Benefit Richness (induced demand)	0.961	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 673.59	\$ 557.43
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 464.53	\$ 376.90

Table 8. Components of Rate Change

Rate Components	2017	2018	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	380.1261406	415.890576	\$35.76	9.4%
B. Base period allowed claims before normalization	\$ 522.00	\$ 524.30	\$2.30	1%
C. Normalization factor component of change	\$ (162.01)	\$ -169.797744	\$ -7.79	-\$0.02
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 359.99	\$ 354.50	\$ (5.49)	-1%
D2. URRT Trend	\$ 10.75	\$ 52.84	\$ 42.10	11%
D3. URRT Morbidity	\$ 13.35	\$ -	\$ (13.35)	-4%
D4. URRT Other	\$ 23.04	\$ (37.62)	\$ (60.66)	-16%
D5. Normalized URRT RA/RI on an allowed basis	68.27402409	3.893386223	(64.38)	-17%
D6. Normalized Exchange User Fee on an allowed basis	\$ 0.74	\$ -	\$ (0.74)	0%
D7. Subtotal - Sum(D1:D6)	\$ 476.15	\$ 373.62	\$ (102.53)	-27%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ 0	\$ -	0%
E2. Pricing AV	\$ (75.75)	\$ (62.47)	\$ 13.28	3%
E3. Benefit Richness	\$ (15.68)	\$ -	\$ 15.68	4%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0%
E5. Subtotal - Sum(E1:E4)	\$ (91.43)	\$ (62.47)	\$ 28.96	8%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 38.32	\$ 60.51	\$ 22.20	6%
F2. Taxes and Fees	\$ 20.30	\$ 23.66	\$ 3.37	1%
F3. Profit and/or Contingency	\$ 7.60	\$ 8.32	\$ 0.72	0%
F4. Subtotal - Sum(F1:F3)	\$ 66.22	\$ 92.49	\$ 26.28	7%
G. Change in Miscellaneous Items				
			\$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 450.94	\$ 403.64	\$ (47.29)	-12%

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)	1.030	1.149	<- URRT W1, S2
URRT Morbidity	1.036	1.000	<- URRT W1, S2
URRT "Other"	1.060	0.908	<- URRT W1, S2
Risk Adjustment	\$ 87.11	\$ 5.07	<- URRT W1, S3
Exchange User Fee	\$ 0.95	\$ -	<- URRT W1, S3
Capitation	\$ 1.58	\$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.841	0.833	
Benefit Richness	0.961	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	10.08%	14.55%	
Taxes and Fees	5.34%	5.69%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name: QCC Insurance Company, Inc.
 Product(s): PPO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2018
 Base Period Start Date: 1/1/2016
 Date of Most Recent Membership: 2/1/2017
 Market Adjusted Index Rate: \$ 552.70

Calibration	
Age Calibration Factor	1.460
Geographic Calibration Factor	1.000
Aggregate Calibration Factor	1.460

Total Covered Lives @ 02-01-2017	74,998
---	--------

Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2018	1/1/18 Plan HIOS Plan ID (If 1/1/17 Plan Discontinued & Mapped)	45 CFR Part 156.8 (d) (2) Allowable Factors																
						Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Tobacco Surcharge Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency			
Totals						0.791				0.833	1.000	1.000	1.000	1.000	1.013	\$ 472.16	14.6%	5.7%	2.0%			
Plan 1	31609PA0150001	PPO	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	DM	31609PA0150025	Platinum	0.896	Approach 1	ON/OFF	0.935	1.161	1.000	1.000	1.000	1.013	\$607.70	14.6%	5.7%	2.0%			
Plan 2	31609PA0150002	PPO	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	DM	31609PA0150026	Platinum	0.883	Approach 1	ON/OFF	0.928	1.119	1.000	1.000	1.000	1.013	\$581.05	14.6%	5.7%	2.0%			
Plan 3	31609PA0150003	PPO	Personal Choice PPO Gold Preferred \$35/\$70/\$600	DM	31609PA0150027	Gold	0.806	Approach 1	ON/OFF	0.875	0.968	1.000	1.000	1.000	1.013	\$474.22	14.6%	5.7%	2.0%			
Plan 4	31609PA0150004	PPO	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	DM	31609PA0150028	Gold	0.806	Approach 2	ON/OFF	0.820	1.046	1.000	1.000	1.000	1.013	\$480.46	14.6%	5.7%	2.0%			
Plan 5	31609PA0150005	PPO	Personal Choice PPO Silver Classic \$5,000/\$30/\$60/70%	DM	31609PA0150029	Silver	0.717	Approach 2	ON/OFF	0.750	0.905	1.000	1.000	1.000	1.013	\$380.07	14.6%	5.7%	2.0%			
Plan 6	31609PA0150006	PPO	Personal Choice PPO Platinum HSA-50 \$1,600/100%	DM	31609PA0150030	Platinum	0.895	Standard AV	ON/OFF	0.920	1.017	1.000	1.000	1.000	1.013	\$523.95	14.6%	5.7%	2.0%			
Plan 7	31609PA0150007	PPO	Personal Choice PPO Gold HSA-25 \$2,400/90%	DM	31609PA0150031	Gold	0.794	Standard AV	ON/OFF	0.825	0.939	1.000	1.000	1.000	1.013	\$433.71	14.6%	5.7%	2.0%			
Plan 8	31609PA0150008	PPO	Personal Choice PPO Gold HSA-0 \$1,900/100%	DM	31609PA0150032	Gold	0.776	Standard AV	ON/OFF	0.825	1.088	1.000	1.000	1.000	1.013	\$502.57	14.6%	5.7%	2.0%			
Plan 9	31609PA0150009	PPO	Personal Choice PPO Gold HSA-50 \$2,650/60%	DM	31609PA0150033	Gold	0.808	Standard AV	ON/OFF	0.825	0.784	1.000	1.000	1.000	1.013	\$362.22	14.6%	5.7%	2.0%			
Plan 10	31609PA0150010	PPO	Personal Choice PPO Silver HSA-25 \$2,400/50%	DM	31609PA0150034	Silver	0.683	Standard AV	ON/OFF	0.760	0.864	1.000	1.000	1.000	1.013	\$367.52	14.6%	5.7%	2.0%			
Plan 11	31609PA0150011	PPO	Personal Choice PPO Silver HSA-0 \$2,400/90%	DM	31609PA0150035	Silver	0.697	Standard AV	ON/OFF	0.760	0.958	1.000	1.000	1.000	1.013	\$407.61	14.6%	5.7%	2.0%			
Plan 12	31609PA0150012	PPO	Personal Choice PPO Bronze HSA-0 \$4,000/50%	DM	31609PA0150036	Bronze	0.62	Standard AV	ON/OFF	0.620	0.797	1.000	1.000	1.000	1.013	\$276.50	14.6%	5.7%	2.0%			
Plan 13	31609PA0150013	PPO	Personal Choice PPO Bronze HSA-0 \$6,550/100%	DM	31609PA0150037	Bronze	0.612	Standard AV	ON/OFF	0.620	0.852	1.000	1.000	1.000	1.013	\$295.87	14.6%	5.7%	2.0%			
Plan 14	31609PA0150014	PPO	Personal Choice PPO Platinum HRA-50 \$1,500/100%	DNM		Platinum	0.882	Standard AV	ON/OFF	0.770	0.000	1.000	1.000	1.000	1.013	\$0.00	14.6%	5.7%	2.0%			
Plan 15	31609PA0150015	PPO	Personal Choice PPO Gold HRA-25 \$2,200/100%	DM	31609PA0150039	Gold	0.803	Standard AV	ON/OFF	0.825	1.000	1.000	1.000	1.000	1.013	\$462.14	14.6%	5.7%	2.0%			

Total Covered Lives Mapped into 2018 Plans @ 02-01-2017	Total Policyholders @ 02-01-2017
74,788	36,198

2017 Calibrated Plan Adjusted Index Rate PMPM	2018 Calibrated Plan Adjusted Index Rate PMPM
\$ 380.13	\$ 415.89

Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives
9.41%	

02-01-2017 Number of Covered Lives by Rating Area										Total	2018 Continued/Discontinued Plans Indicator	
1	2	3	4	5	6	7	8	9	Total			
-	-	-	-	-	-	-	-	-	74,998	-	74,998	
									25		25	1
									98		98	1
									110		110	1
									42		42	1
									4		4	1
									2		2	1
									32		32	1
									-		-	1
									23		23	1
									38		38	1
									-		-	1
									36		36	1
									20		20	1
									-		-	0
									-		-	1

PA Rate Template Part IV B - Small Group Annual

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

Carrier Name: QCC Insurance Company, Inc.
 Product(s): PPO
 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
-------------	-----------------------------------	----------------------------	--

Totals These cells auto-fill using the data ent

Plan 1	31609PA0150001	Personal Choice PPO Plat	DM
Plan 2	31609PA0150002	Personal Choice PPO Plat	DM
Plan 3	31609PA0150003	Personal Choice PPO Gold	DM
Plan 4	31609PA0150004	Personal Choice PPO Gold	DM
Plan 5	31609PA0150005	Personal Choice PPO Silver	DM
Plan 6	31609PA0150006	Personal Choice PPO Plat	DM
Plan 7	31609PA0150007	Personal Choice PPO Gold	DM
Plan 8	31609PA0150008	Personal Choice PPO Gold	DM
Plan 9	31609PA0150009	Personal Choice PPO Gold	DM
Plan 10	31609PA0150010	Personal Choice PPO Silver	DM
Plan 11	31609PA0150011	Personal Choice PPO Silver	DM
Plan 12	31609PA0150012	Personal Choice PPO Bron	DM
Plan 13	31609PA0150013	Personal Choice PPO Bron	DM
Plan 14	31609PA0150014	Personal Choice PPO Plat	DNM
Plan 15	31609PA0150015	Personal Choice PPO Gold	DM
Plan 16	31609PA0150022	Personal Choice PPO Gold	DM
Plan 17	31609PA0150023	Personal Choice PPO Silver	DM
Plan 18	31609PA0150024	Personal Choice PPO Silver	DM
Plan 19	31609PA0150025	Personal Choice PPO Plat	E
Plan 20	31609PA0150026	Personal Choice PPO Plat	E
Plan 21	31609PA0150027	Personal Choice PPO Gold	E
Plan 22	31609PA0150028	Personal Choice PPO Gold	E
Plan 23	31609PA0150029	Personal Choice PPO Silver	E
Plan 24	31609PA0150030	Personal Choice PPO Plat	E
Plan 25	31609PA0150031	Personal Choice PPO Gold	E
Plan 26	31609PA0150032	Personal Choice PPO Gold	E
Plan 27	31609PA0150033	Personal Choice PPO Gold	E

Plan 28	31609PA0150034	Personal Choice PPO Silver	E
Plan 29	31609PA0150035	Personal Choice PPO Silver	E
Plan 30	31609PA0150036	Personal Choice PPO Bronze	E
Plan 31	31609PA0150037	Personal Choice PPO Bronze	E
Plan 32	31609PA0150038	Personal Choice PPO Platinum	DNM
Plan 33	31609PA0150039	Personal Choice PPO Gold	E
Plan 34	31609PA0150046	Personal Choice PPO Silver	DM
Plan 35	31609PA0150047	Personal Choice PPO Gold	E
Plan 36	31609PA0150048	Personal Choice PPO Silver	E
Plan 37	31609PA0150049	Personal Choice PPO Silver	E
Plan 38	31609PA0150050	Personal Choice PPO Silver	E
Plan 39	31609PA0150017	Personal Choice PPO Gold	DNM
Plan 40	31609PA0150018	Personal Choice PPO Silver	DNM
Plan 41	31609PA0150041	Personal Choice PPO Gold	DNM
Plan 42	31609PA0150042	Personal Choice PPO Silver	DNM
Plan 43	31609PA0170001	Personal Choice EPO Silver	N
Plan 44	0	0	0
Plan 45	0	0	0
Plan 46	0	0	0
Plan 47	0	0	0
Plan 48	0	0	0
Plan 49	0	0	0
Plan 50	0	0	0
Plan 51	0	0	0
Plan 52	0	0	0
Plan 53	0	0	0
Plan 54	0	0	0
Plan 55	0	0	0
Plan 56	0	0	0
Plan 57	0	0	0
Plan 58	0	0	0
Plan 59	0	0	0
Plan 60	0	0	0
Plan 61	0	0	0
Plan 62	0	0	0
Plan 63	0	0	0
Plan 64	0	0	0
Plan 65	0	0	0
Plan 66	0	0	0
Plan 67	0	0	0
Plan 68	0	0	0
Plan 69	0	0	0
Plan 70	0	0	0
Plan 71	0	0	0
Plan 72	0	0	0
Plan 73	0	0	0
Plan 74	0	0	0

Plan 75	0	0	0
Plan 76	0	0	0
Plan 77	0	0	0
Plan 78	0	0	0
Plan 79	0	0	0
Plan 80	0	0	0
Plan 81	0	0	0
Plan 82	0	0	0
Plan 83	0	0	0
Plan 84	0	0	0
Plan 85	0	0	0
Plan 86	0	0	0
Plan 87	0	0	0
Plan 88	0	0	0
Plan 89	0	0	0
Plan 90	0	0	0
Plan 91	0	0	0
Plan 92	0	0	0
Plan 93	0	0	0
Plan 94	0	0	0
Plan 95	0	0	0
Plan 96	0	0	0
Plan 97	0	0	0
Plan 98	0	0	0
Plan 99	0	0	0
Plan 100	0	0	0

Quarter 1 2017, 21-year-old Non-Tobacco Premium PMPM

4	5	6	7	8	9	(weighted by enrollment by rating area)
---	---	---	---	---	---	---

\$ -	\$ -	\$ -	\$ -	\$ 379.47	\$ -	\$ 379.47
------	------	------	------	-----------	------	-----------

				\$ 481.73		\$ 481.73
				\$ 460.56		\$ 460.56
				\$ 379.62		\$ 379.62
				\$ 379.86		\$ 379.86
				\$ 329.46		\$ 329.46
				\$ 414.49		\$ 414.49
				\$ 365.48		\$ 365.48
				\$ 397.54		\$ -
				\$ 303.88		\$ 303.88
				\$ 290.90		\$ 290.90
				\$ 322.45		\$ -
				\$ 218.88		\$ 218.88
				\$ 234.58		\$ 234.58
				\$ 414.49		\$ 414.49
				\$ 365.48		\$ -
				\$ 364.26		\$ 364.26
				\$ 335.99		\$ 335.99
				\$ 297.72		\$ 297.72
				\$ 482.89		\$ 482.89
				\$ 461.71		\$ 461.71
				\$ 380.77		\$ 380.77
				\$ 381.01		\$ 381.01
				\$ 330.62		\$ 330.62
				\$ 415.39		\$ 415.39
				\$ 366.38		\$ 366.38
				\$ 398.44		\$ 398.44
				\$ 304.78		\$ 304.78

Quarter 2 2018, 21-year-old Non-Tobacco Premium PMPM

3	4	5	6	7	8	9	(weighted by enrollment by rating area)
---	---	---	---	---	---	---	---

\$ -	\$ -	\$ -	\$ -	\$ -	\$ 413.19	\$ -	\$ 413.19
------	------	------	------	------	-----------	------	-----------

\$ -	\$ -	\$ -	\$ -	\$ -	\$ 533.30	\$ -	\$ 533.30
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 509.91	\$ -	\$ 509.91
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 416.15	\$ -	\$ 416.15
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421.63	\$ -	\$ 421.63
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 333.53	\$ -	\$ 333.53
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 459.80	\$ -	\$ 459.80
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 380.61	\$ -	\$ 380.61
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 441.04	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 317.87	\$ -	\$ 317.87
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 322.52	\$ -	\$ 322.52
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 357.70	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 242.64	\$ -	\$ 242.64
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 259.65	\$ -	\$ 259.65
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 405.55	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421.38	\$ -	\$ 421.38
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 287.20	\$ -	\$ 287.20
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 384.34	\$ -	\$ 384.34
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 533.30	\$ -	\$ 533.30
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 509.91	\$ -	\$ 509.91
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 416.15	\$ -	\$ 416.15
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421.63	\$ -	\$ 421.63
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 333.53	\$ -	\$ 333.53
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 459.80	\$ -	\$ 459.80
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 380.61	\$ -	\$ 380.61
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 441.04	\$ -	\$ 441.04
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 317.87	\$ -	\$ 317.87

21-year-old Non-Tobacco Premium PMPM

5	6	7	8	9	(weighted by enrollment by rating area)
---	---	---	---	---	---

\$ -	\$ -	\$ -	\$ 427.79	\$ -	\$ 427.79
------	------	------	-----------	------	-----------

\$ -	\$ -	\$ -	\$ 552.15	\$ -	\$ 552.15
\$ -	\$ -	\$ -	\$ 527.93	\$ -	\$ 527.93
\$ -	\$ -	\$ -	\$ 430.86	\$ -	\$ 430.86
\$ -	\$ -	\$ -	\$ 436.53	\$ -	\$ 436.53
\$ -	\$ -	\$ -	\$ 345.32	\$ -	\$ 345.32
\$ -	\$ -	\$ -	\$ 476.05	\$ -	\$ 476.05
\$ -	\$ -	\$ -	\$ 394.06	\$ -	\$ 394.06
\$ -	\$ -	\$ -	\$ 456.63	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 329.11	\$ -	\$ 329.11
\$ -	\$ -	\$ -	\$ 333.92	\$ -	\$ 333.92
\$ -	\$ -	\$ -	\$ 370.35	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 251.22	\$ -	\$ 251.22
\$ -	\$ -	\$ -	\$ 268.82	\$ -	\$ 268.82
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 419.89	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 436.27	\$ -	\$ 436.27
\$ -	\$ -	\$ -	\$ 297.35	\$ -	\$ 297.35
\$ -	\$ -	\$ -	\$ 397.92	\$ -	\$ 397.92
\$ -	\$ -	\$ -	\$ 552.15	\$ -	\$ 552.15
\$ -	\$ -	\$ -	\$ 527.93	\$ -	\$ 527.93
\$ -	\$ -	\$ -	\$ 430.86	\$ -	\$ 430.86
\$ -	\$ -	\$ -	\$ 436.53	\$ -	\$ 436.53
\$ -	\$ -	\$ -	\$ 345.32	\$ -	\$ 345.32
\$ -	\$ -	\$ -	\$ 476.05	\$ -	\$ 476.05
\$ -	\$ -	\$ -	\$ 394.06	\$ -	\$ 394.06
\$ -	\$ -	\$ -	\$ 456.63	\$ -	\$ 456.63
\$ -	\$ -	\$ -	\$ 329.11	\$ -	\$ 329.11

**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$35/\$70/\$600	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,600/100%	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/90%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$1,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150033	Personal Choice PPO Gold HSA-50 \$2,650/60%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$2,700/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,200/50%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$6,650/100%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,200/100%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$35/\$70/\$600	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,600/100%	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/90%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$1,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150033	Personal Choice PPO Gold HSA-50 \$2,650/60%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$2,700/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,200/50%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$6,650/100%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,200/100%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$35/\$70/\$600	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,600/100%	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/90%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$1,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150033	Personal Choice PPO Gold HSA-50 \$2,650/60%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$2,700/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,200/50%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$6,650/100%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,200/100%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$150	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$35/\$70/\$600	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,000 \$15/\$30/80%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,600/100%	PPO	Platinum	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/90%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$1,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150033	Personal Choice PPO Gold HSA-50 \$2,650/60%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$2,700/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,200/50%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$6,650/100%	PPO	Bronze	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-25 \$2,900/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%	PPO	Gold	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,200/100%	PPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	OFF	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name: QCC Insurance Company
 Market: Small Group
 Product: PPO

Effective Date of Rates: October 1, 2018

Ending date of Rates: December 31, 2018

HIOS Plan ID (On Exchange)=>	31609PA0150025		31609PA0150026		31609PA0150027		31609PA0150028	
HIOS Plan ID (Off Exchange)=>	31609PA0150025		31609PA0150026		31609PA0150027		31609PA0150028	
Plan Marketing Name =>	Personal Choice PPO Platinum Preferred \$10/\$20/\$150		Personal Choice PPO Platinum Preferred \$20/\$40/\$150		Personal Choice PPO Gold Preferred \$35/\$70/\$600		Personal Choice PPO Gold Preferred \$35/\$70/\$600	
Form # =>	16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16	
Rating Area =>	8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Platinum		Platinum		Gold		Gold	
Deductible =>	\$0		\$0		\$0		\$1,000	
Coinsurance =>	0%		0%		0%		20%	
Copays =>	\$10/\$20		\$20/\$40		\$35/\$70		\$15 no deductible	
OOP Maximum =>	\$3,500		\$3,000		\$7,350		\$5,000	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$429.40	\$429.40	\$410.56	\$410.56	\$335.07	\$335.07	\$339.48	\$339.48
15	\$467.56	\$467.56	\$447.06	\$447.06	\$364.86	\$364.86	\$369.66	\$369.66
16	\$482.16	\$482.16	\$461.01	\$461.01	\$376.25	\$376.25	\$381.20	\$381.20
17	\$496.75	\$496.75	\$474.97	\$474.97	\$387.63	\$387.63	\$392.74	\$392.74
18	\$512.47	\$512.47	\$489.99	\$489.99	\$399.90	\$399.90	\$405.16	\$405.16
19	\$528.18	\$528.18	\$505.02	\$505.02	\$412.16	\$412.16	\$417.59	\$417.59
20	\$544.46	\$544.46	\$520.58	\$520.58	\$424.86	\$424.86	\$430.46	\$430.46
21	\$561.30	\$631.46	\$536.68	\$603.77	\$438.00	\$492.76	\$443.77	\$443.77
22	\$561.30	\$631.46	\$536.68	\$603.77	\$438.00	\$492.76	\$443.77	\$443.77
23	\$561.30	\$631.46	\$536.68	\$603.77	\$438.00	\$492.76	\$443.77	\$443.77
24	\$561.30	\$631.46	\$536.68	\$603.77	\$438.00	\$492.76	\$443.77	\$443.77
25	\$563.55	\$633.99	\$538.83	\$606.19	\$439.76	\$494.73	\$445.55	\$445.55
26	\$574.77	\$646.62	\$549.57	\$618.26	\$448.52	\$504.58	\$454.42	\$454.42
27	\$588.24	\$661.77	\$562.45	\$632.75	\$459.03	\$516.41	\$465.07	\$465.07
28	\$610.13	\$686.40	\$583.38	\$656.30	\$476.11	\$535.63	\$482.38	\$482.38
29	\$628.10	\$706.61	\$600.55	\$675.62	\$490.13	\$551.39	\$496.58	\$496.58
30	\$637.08	\$748.56	\$609.14	\$715.74	\$497.14	\$584.13	\$503.68	\$503.68
31	\$650.55	\$764.39	\$622.02	\$730.87	\$507.65	\$596.49	\$514.33	\$514.33
32	\$664.02	\$780.22	\$634.90	\$746.01	\$518.16	\$608.84	\$524.98	\$524.98
33	\$672.44	\$790.12	\$642.95	\$755.46	\$524.73	\$616.56	\$531.64	\$531.64
34	\$681.42	\$800.67	\$651.54	\$765.55	\$531.74	\$624.79	\$538.74	\$538.74
35	\$685.91	\$805.94	\$655.83	\$770.60	\$535.24	\$628.91	\$542.29	\$542.29
36	\$690.40	\$811.22	\$660.12	\$775.64	\$538.75	\$633.03	\$545.84	\$545.84
37	\$694.89	\$816.50	\$664.42	\$780.69	\$542.25	\$637.14	\$549.39	\$549.39
38	\$699.38	\$821.77	\$668.71	\$785.73	\$545.75	\$641.26	\$552.94	\$552.94
39	\$708.36	\$832.32	\$677.30	\$795.82	\$552.76	\$649.50	\$560.04	\$560.04
40	\$717.34	\$878.74	\$685.88	\$840.21	\$559.77	\$685.72	\$567.14	\$567.14
41	\$730.81	\$895.25	\$698.76	\$855.99	\$570.28	\$698.60	\$577.79	\$577.79
42	\$743.72	\$911.06	\$711.11	\$871.11	\$580.36	\$710.94	\$588.00	\$588.00
43	\$761.69	\$933.06	\$728.28	\$892.14	\$594.37	\$728.11	\$602.20	\$602.20
44	\$784.14	\$960.57	\$749.75	\$918.44	\$611.89	\$749.57	\$619.95	\$619.95
45	\$810.52	\$992.88	\$774.97	\$949.34	\$632.48	\$774.79	\$640.80	\$640.80
46	\$841.95	\$1,031.39	\$805.03	\$986.16	\$657.01	\$804.83	\$665.66	\$665.66
47	\$877.31	\$1,074.71	\$838.84	\$1,027.58	\$684.60	\$838.64	\$693.61	\$693.61
48	\$917.73	\$1,124.22	\$877.48	\$1,074.91	\$716.14	\$877.27	\$725.56	\$725.56
49	\$957.58	\$1,173.03	\$915.58	\$1,121.59	\$747.24	\$915.36	\$757.07	\$757.07
50	\$1,002.48	\$1,378.41	\$958.52	\$1,317.96	\$782.28	\$1,075.63	\$792.57	\$792.57
51	\$1,046.83	\$1,439.39	\$1,000.92	\$1,376.26	\$816.88	\$1,123.21	\$827.63	\$827.63
52	\$1,095.66	\$1,506.53	\$1,047.61	\$1,440.46	\$854.99	\$1,175.61	\$866.24	\$866.24
53	\$1,145.05	\$1,574.45	\$1,094.84	\$1,505.40	\$893.53	\$1,228.60	\$905.29	\$905.29
54	\$1,198.38	\$1,647.77	\$1,145.82	\$1,575.51	\$935.14	\$1,285.82	\$947.45	\$947.45
55	\$1,251.70	\$1,721.09	\$1,196.81	\$1,645.61	\$976.75	\$1,343.03	\$989.61	\$989.61
56	\$1,309.51	\$1,800.58	\$1,252.09	\$1,721.62	\$1,021.87	\$1,405.07	\$1,035.32	\$1,035.32
57	\$1,367.89	\$1,880.85	\$1,307.90	\$1,798.36	\$1,067.42	\$1,467.70	\$1,081.47	\$1,081.47
58	\$1,430.19	\$1,966.52	\$1,367.47	\$1,880.28	\$1,116.04	\$1,534.55	\$1,130.73	\$1,130.73
59	\$1,461.07	\$2,008.97	\$1,396.99	\$1,920.86	\$1,140.13	\$1,567.67	\$1,155.13	\$1,155.13
60	\$1,523.37	\$2,094.63	\$1,456.56	\$2,002.77	\$1,188.75	\$1,634.53	\$1,204.39	\$1,204.39
61	\$1,577.26	\$2,168.73	\$1,508.08	\$2,073.62	\$1,230.79	\$1,692.34	\$1,247.00	\$1,247.00
62	\$1,612.62	\$2,217.35	\$1,541.90	\$2,120.11	\$1,258.39	\$1,730.28	\$1,274.95	\$1,274.95
63	\$1,656.96	\$2,278.32	\$1,584.29	\$2,178.40	\$1,292.99	\$1,777.86	\$1,310.01	\$1,310.01
64+	\$1,683.90	\$2,315.37	\$1,610.04	\$2,213.83	\$1,314.00	\$1,806.77	\$1,331.31	\$1,331.31

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	31609PA0150029		31609PA0150030		31609PA0150031			
HIOS Plan ID (Off Exchange)=>	0150028		31609PA0150029		31609PA0150031			
Plan Marketing Name =>	Classic \$1,000 \$15/\$30/80%		Personal Choice PPO Silver Classic \$3,000 \$30/\$60/70%		Personal Choice PPO Platinum HSA-50 \$1,600/100%		Personal Choice PPO Gold HSA-25 \$2,400/90%	
Form # =>	1 Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16	
Rating Area =>	8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Silver		Platinum		Gold		Gold	
Deductible =>	\$3,000		\$1,600		\$2,400		\$2,400	
Coinsurance =>	30%		0%		10%		10%	
Copays =>	\$30 no ded		\$0 after ded		10% after ded		10% after ded	
OOP Maximum =>	\$7,350		\$6,650		\$6,650		\$6,650	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$339.48	\$268.55	\$268.55	\$370.22	\$370.22	\$306.46	\$306.46	
15	\$369.66	\$292.42	\$292.42	\$403.13	\$403.13	\$333.70	\$333.70	
16	\$381.20	\$301.55	\$301.55	\$415.71	\$415.71	\$344.11	\$344.11	
17	\$392.74	\$310.68	\$310.68	\$428.29	\$428.29	\$354.53	\$354.53	
18	\$405.16	\$320.51	\$320.51	\$441.84	\$441.84	\$365.74	\$365.74	
19	\$417.59	\$330.33	\$330.33	\$455.39	\$455.39	\$376.96	\$376.96	
20	\$430.46	\$340.52	\$340.52	\$469.43	\$469.43	\$388.58	\$388.58	
21	\$499.24	\$351.05	\$394.93	\$483.95	\$544.44	\$400.60	\$450.67	
22	\$499.24	\$351.05	\$394.93	\$483.95	\$544.44	\$400.60	\$450.67	
23	\$499.24	\$351.05	\$394.93	\$483.95	\$544.44	\$400.60	\$450.67	
24	\$499.24	\$351.05	\$394.93	\$483.95	\$544.44	\$400.60	\$450.67	
25	\$501.24	\$352.45	\$396.51	\$485.88	\$546.62	\$402.20	\$452.47	
26	\$511.22	\$359.47	\$404.41	\$495.56	\$557.51	\$410.21	\$461.49	
27	\$523.21	\$367.90	\$413.88	\$507.18	\$570.57	\$419.83	\$472.30	
28	\$542.68	\$381.59	\$429.29	\$526.05	\$591.81	\$435.45	\$489.88	
29	\$558.65	\$392.82	\$441.92	\$541.54	\$609.23	\$448.27	\$504.30	
30	\$591.82	\$398.44	\$468.16	\$549.28	\$645.40	\$454.68	\$534.25	
31	\$604.34	\$406.86	\$478.06	\$560.89	\$659.05	\$464.29	\$545.54	
32	\$616.85	\$415.29	\$487.96	\$572.51	\$672.70	\$473.91	\$556.84	
33	\$624.67	\$420.55	\$494.15	\$579.77	\$681.23	\$479.91	\$563.90	
34	\$633.02	\$426.17	\$500.75	\$587.51	\$690.32	\$486.32	\$571.43	
35	\$637.19	\$428.98	\$504.05	\$591.38	\$694.87	\$489.53	\$575.20	
36	\$641.36	\$431.79	\$507.35	\$595.25	\$699.42	\$492.73	\$578.96	
37	\$645.53	\$434.60	\$510.65	\$599.13	\$703.97	\$495.94	\$582.73	
38	\$649.70	\$437.40	\$513.95	\$603.00	\$708.52	\$499.14	\$586.49	
39	\$658.05	\$443.02	\$520.55	\$610.74	\$717.62	\$505.55	\$594.02	
40	\$694.74	\$448.64	\$549.58	\$618.48	\$757.64	\$511.96	\$627.15	
41	\$707.79	\$457.06	\$559.90	\$630.10	\$771.87	\$521.58	\$638.93	
42	\$720.29	\$465.14	\$569.79	\$641.23	\$785.50	\$530.79	\$650.22	
43	\$737.69	\$476.37	\$583.55	\$656.71	\$804.48	\$543.61	\$665.92	
44	\$759.44	\$490.41	\$600.76	\$676.07	\$828.19	\$559.63	\$685.55	
45	\$784.99	\$506.91	\$620.97	\$698.82	\$856.05	\$578.46	\$708.61	
46	\$815.43	\$526.57	\$645.05	\$725.92	\$889.25	\$600.89	\$736.10	
47	\$849.68	\$548.69	\$672.14	\$756.41	\$926.60	\$626.13	\$767.01	
48	\$888.82	\$573.96	\$703.10	\$791.25	\$969.28	\$654.98	\$802.34	
49	\$927.41	\$598.89	\$733.64	\$825.61	\$1,011.37	\$683.42	\$837.19	
50	\$1,089.79	\$626.97	\$862.08	\$864.33	\$1,188.45	\$715.47	\$983.76	
51	\$1,137.99	\$654.70	\$900.22	\$902.56	\$1,241.02	\$747.11	\$1,027.28	
52	\$1,191.08	\$685.24	\$942.21	\$944.66	\$1,298.91	\$781.96	\$1,075.20	
53	\$1,244.78	\$716.14	\$984.69	\$987.25	\$1,357.47	\$817.22	\$1,123.67	
54	\$1,302.74	\$749.48	\$1,030.54	\$1,033.22	\$1,420.68	\$855.27	\$1,176.00	
55	\$1,360.71	\$782.83	\$1,076.40	\$1,079.20	\$1,483.90	\$893.33	\$1,228.33	
56	\$1,423.56	\$818.99	\$1,126.11	\$1,129.05	\$1,552.44	\$934.59	\$1,285.06	
57	\$1,487.02	\$855.50	\$1,176.31	\$1,179.38	\$1,621.64	\$976.25	\$1,342.35	
58	\$1,554.75	\$894.47	\$1,229.89	\$1,233.09	\$1,695.51	\$1,020.72	\$1,403.49	
59	\$1,588.31	\$913.77	\$1,256.44	\$1,259.71	\$1,732.10	\$1,042.75	\$1,433.78	
60	\$1,656.04	\$952.74	\$1,310.02	\$1,313.43	\$1,805.97	\$1,087.22	\$1,494.93	
61	\$1,714.62	\$986.44	\$1,356.36	\$1,359.89	\$1,869.85	\$1,125.68	\$1,547.80	
62	\$1,753.06	\$1,008.56	\$1,386.77	\$1,390.38	\$1,911.77	\$1,150.91	\$1,582.51	
63	\$1,801.26	\$1,036.29	\$1,424.90	\$1,428.61	\$1,964.34	\$1,182.56	\$1,626.02	
64+	\$1,830.55	\$1,053.14	\$1,448.07	\$1,451.84	\$1,996.28	\$1,201.79	\$1,652.46	

Company Name:
 Market:
 Product:
 Effective Date of Rates:

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	31609PA0150032		31609PA0150033		31609PA0150034		31609PA0150035	
Plan Marketing Name =>	Personal Choice PPO Gold HSA-0 \$1,900/100%		Personal Choice PPO Gold HSA-50 \$2,650/60%		Personal Choice PPO Silver HSA-0 \$2,100/70%		Personal Choice PPO Silver HSA-50 \$2,100/70%	
Form # =>	16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16	
Rating Area =>	8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Gold		Gold		Silver		Silver	
Deductible =>	\$1,900		\$2,650		\$2,100		\$2,100	
Coinsurance =>	0%		40%		30%		30%	
Copays =>	\$0 after ded		40% after ded		30% after ded		30% after ded	
OOP Maximum =>	\$6,650		\$6,650		\$6,650		\$6,650	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$355.11	\$355.11	\$255.94	\$255.94	\$259.69	\$259.69	\$288.01	\$288.01
15	\$386.67	\$386.67	\$278.69	\$278.69	\$282.77	\$282.77	\$313.61	\$313.61
16	\$398.74	\$398.74	\$287.39	\$287.39	\$291.60	\$291.60	\$323.40	\$323.40
17	\$410.81	\$410.81	\$296.09	\$296.09	\$300.42	\$300.42	\$333.19	\$333.19
18	\$423.81	\$423.81	\$305.46	\$305.46	\$309.93	\$309.93	\$343.73	\$343.73
19	\$436.81	\$436.81	\$314.83	\$314.83	\$319.43	\$319.43	\$354.27	\$354.27
20	\$450.27	\$450.27	\$324.53	\$324.53	\$329.28	\$329.28	\$365.19	\$365.19
21	\$464.20	\$522.22	\$334.56	\$376.39	\$339.46	\$381.89	\$376.49	\$376.49
22	\$464.20	\$522.22	\$334.56	\$376.39	\$339.46	\$381.89	\$376.49	\$376.49
23	\$464.20	\$522.22	\$334.56	\$376.39	\$339.46	\$381.89	\$376.49	\$376.49
24	\$464.20	\$522.22	\$334.56	\$376.39	\$339.46	\$381.89	\$376.49	\$376.49
25	\$466.05	\$524.31	\$335.90	\$377.89	\$340.82	\$383.42	\$377.99	\$377.99
26	\$475.34	\$534.75	\$342.59	\$385.42	\$347.61	\$391.06	\$385.52	\$385.52
27	\$486.48	\$547.29	\$350.62	\$394.45	\$355.75	\$400.22	\$394.56	\$394.56
28	\$504.58	\$567.65	\$363.67	\$409.13	\$368.99	\$415.12	\$409.24	\$409.24
29	\$519.43	\$584.36	\$374.38	\$421.18	\$379.85	\$427.34	\$421.29	\$421.29
30	\$526.86	\$619.06	\$379.73	\$446.18	\$385.29	\$452.71	\$427.31	\$427.31
31	\$538.00	\$632.15	\$387.76	\$455.62	\$393.43	\$462.28	\$436.35	\$436.35
32	\$549.14	\$645.24	\$395.79	\$465.05	\$401.58	\$471.86	\$445.38	\$445.38
33	\$556.11	\$653.42	\$400.81	\$470.95	\$406.67	\$477.84	\$451.03	\$451.03
34	\$563.53	\$662.15	\$406.16	\$477.24	\$412.10	\$484.22	\$457.05	\$457.05
35	\$567.25	\$666.51	\$408.84	\$480.38	\$414.82	\$487.41	\$460.07	\$460.07
36	\$570.96	\$670.88	\$411.51	\$483.53	\$417.53	\$490.60	\$463.08	\$463.08
37	\$574.67	\$675.24	\$414.19	\$486.67	\$420.25	\$493.79	\$466.09	\$466.09
38	\$578.39	\$679.60	\$416.87	\$489.82	\$422.97	\$496.99	\$469.10	\$469.10
39	\$585.81	\$688.33	\$422.22	\$496.11	\$428.40	\$503.37	\$475.12	\$475.12
40	\$593.24	\$726.72	\$427.57	\$523.78	\$433.83	\$531.44	\$481.15	\$481.15
41	\$604.38	\$740.37	\$435.60	\$533.61	\$441.98	\$541.42	\$490.18	\$490.18
42	\$615.06	\$753.45	\$443.30	\$543.04	\$449.78	\$550.98	\$498.84	\$498.84
43	\$629.91	\$771.64	\$454.00	\$556.16	\$460.65	\$564.29	\$510.89	\$510.89
44	\$648.48	\$794.39	\$467.39	\$572.55	\$474.22	\$580.93	\$525.95	\$525.95
45	\$670.30	\$821.11	\$483.11	\$591.81	\$490.18	\$600.47	\$543.65	\$543.65
46	\$696.29	\$852.96	\$501.85	\$614.76	\$509.19	\$623.76	\$564.73	\$564.73
47	\$725.54	\$888.78	\$522.92	\$640.58	\$530.57	\$649.95	\$588.45	\$588.45
48	\$758.96	\$929.72	\$547.01	\$670.09	\$555.02	\$679.89	\$615.55	\$615.55
49	\$791.92	\$970.10	\$570.77	\$699.19	\$579.12	\$709.42	\$642.28	\$642.28
50	\$829.05	\$1,139.95	\$597.53	\$821.61	\$606.27	\$833.63	\$672.40	\$672.40
51	\$865.72	\$1,190.37	\$623.96	\$857.95	\$633.09	\$870.50	\$702.15	\$702.15
52	\$906.11	\$1,245.90	\$653.07	\$897.97	\$662.62	\$911.11	\$734.90	\$734.90
53	\$946.96	\$1,302.07	\$682.51	\$938.45	\$692.50	\$952.18	\$768.03	\$768.03
54	\$991.06	\$1,362.70	\$714.30	\$982.16	\$724.75	\$996.53	\$803.80	\$803.80
55	\$1,035.16	\$1,423.34	\$746.08	\$1,025.86	\$756.99	\$1,040.87	\$839.56	\$839.56
56	\$1,082.97	\$1,489.08	\$780.54	\$1,073.24	\$791.96	\$1,088.94	\$878.34	\$878.34
57	\$1,131.24	\$1,555.46	\$815.33	\$1,121.09	\$827.26	\$1,137.49	\$917.50	\$917.50
58	\$1,182.77	\$1,626.31	\$852.47	\$1,172.15	\$864.94	\$1,189.30	\$959.29	\$959.29
59	\$1,208.30	\$1,661.41	\$870.87	\$1,197.45	\$883.61	\$1,214.97	\$979.99	\$979.99
60	\$1,259.83	\$1,732.26	\$908.01	\$1,248.51	\$921.29	\$1,266.78	\$1,021.78	\$1,021.78
61	\$1,304.39	\$1,793.53	\$940.13	\$1,292.67	\$953.88	\$1,311.59	\$1,057.92	\$1,057.92
62	\$1,333.63	\$1,833.74	\$961.20	\$1,321.66	\$975.27	\$1,340.99	\$1,081.64	\$1,081.64
63	\$1,370.30	\$1,884.17	\$987.64	\$1,358.00	\$1,002.08	\$1,377.87	\$1,111.39	\$1,111.39
64+	\$1,392.59	\$1,914.80	\$1,003.68	\$1,380.08	\$1,018.38	\$1,400.27	\$1,129.46	\$1,129.46

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	0150035		31609PA0150036		31609PA0150037		31609PA0150039	
Plan Marketing Name =>	ver HSA-0 \$2,700/90%		Personal Choice PPO Bronze HSA-0 \$5,200/50%		Personal Choice PPO Bronze HSA-0 \$6,650/100%		Personal Choice PPO Gold HRA-25 \$2,900/100%	
Form # =>	I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16	
Rating Area =>	8		8		8		8	
Network =>	oice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	ver		Bronze		Bronze		Gold	
Deductible =>	700		\$5,200		\$6,650		\$2,900	
Coinsurance =>	%		50%		0%		0%	
Copays =>	ter ded		50% after ded		\$0 after ded		\$0 after ded	
OOP Maximum =>	650		\$6,650		\$6,650		\$6,650	
Pediatric Dental (Yes/No) =>	es		Yes		Yes		Yes	
Age Band	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$288.01	\$195.37	\$195.37	\$209.06	\$209.06	\$326.54	\$326.54	
15	\$313.61	\$212.74	\$212.74	\$227.64	\$227.64	\$355.56	\$355.56	
16	\$323.40	\$219.38	\$219.38	\$234.75	\$234.75	\$366.66	\$366.66	
17	\$333.19	\$226.02	\$226.02	\$241.85	\$241.85	\$377.76	\$377.76	
18	\$343.73	\$233.17	\$233.17	\$249.51	\$249.51	\$389.71	\$389.71	
19	\$354.27	\$240.32	\$240.32	\$257.16	\$257.16	\$401.66	\$401.66	
20	\$365.19	\$247.72	\$247.72	\$265.08	\$265.08	\$414.04	\$414.04	
21	\$423.55	\$255.39	\$287.31	\$273.28	\$307.44	\$426.85	\$480.20	
22	\$423.55	\$255.39	\$287.31	\$273.28	\$307.44	\$426.85	\$480.20	
23	\$423.55	\$255.39	\$287.31	\$273.28	\$307.44	\$426.85	\$480.20	
24	\$423.55	\$255.39	\$287.31	\$273.28	\$307.44	\$426.85	\$480.20	
25	\$425.24	\$256.41	\$288.46	\$274.37	\$308.67	\$428.55	\$482.12	
26	\$433.71	\$261.52	\$294.20	\$279.84	\$314.82	\$437.09	\$491.73	
27	\$443.88	\$267.64	\$301.10	\$286.40	\$322.20	\$447.34	\$503.25	
28	\$460.39	\$277.60	\$312.31	\$297.06	\$334.19	\$463.98	\$521.98	
29	\$473.95	\$285.78	\$321.50	\$305.80	\$344.03	\$477.64	\$537.35	
30	\$502.09	\$289.86	\$340.59	\$310.17	\$364.45	\$484.47	\$569.25	
31	\$512.71	\$295.99	\$347.79	\$316.73	\$372.16	\$494.72	\$581.29	
32	\$523.32	\$302.12	\$354.99	\$323.29	\$379.87	\$504.96	\$593.33	
33	\$529.96	\$305.95	\$359.49	\$327.39	\$384.68	\$511.36	\$600.85	
34	\$537.04	\$310.04	\$364.30	\$331.76	\$389.82	\$518.19	\$608.88	
35	\$540.58	\$312.08	\$366.70	\$333.95	\$392.39	\$521.61	\$612.89	
36	\$544.12	\$314.13	\$369.10	\$336.14	\$394.96	\$525.02	\$616.90	
37	\$547.65	\$316.17	\$371.50	\$338.32	\$397.53	\$528.44	\$620.91	
38	\$551.19	\$318.21	\$373.90	\$340.51	\$400.10	\$531.85	\$624.93	
39	\$558.27	\$322.30	\$378.70	\$344.88	\$405.23	\$538.68	\$632.95	
40	\$589.41	\$326.38	\$399.82	\$349.25	\$427.83	\$545.51	\$668.25	
41	\$600.48	\$332.51	\$407.33	\$355.81	\$435.87	\$555.76	\$680.80	
42	\$611.08	\$338.39	\$414.52	\$362.10	\$443.57	\$565.57	\$692.83	
43	\$625.84	\$346.56	\$424.53	\$370.84	\$454.28	\$579.23	\$709.56	
44	\$644.29	\$356.77	\$437.05	\$381.77	\$467.67	\$596.31	\$730.47	
45	\$665.97	\$368.78	\$451.75	\$394.62	\$483.41	\$616.37	\$755.05	
46	\$691.79	\$383.08	\$469.27	\$409.92	\$502.15	\$640.27	\$784.33	
47	\$720.85	\$399.17	\$488.98	\$427.14	\$523.24	\$667.16	\$817.27	
48	\$754.05	\$417.56	\$511.51	\$446.81	\$547.35	\$697.90	\$854.92	
49	\$786.80	\$435.69	\$533.72	\$466.22	\$571.12	\$728.20	\$892.05	
50	\$924.55	\$456.12	\$627.16	\$488.08	\$671.11	\$762.35	\$1,048.23	
51	\$965.45	\$476.30	\$654.91	\$509.67	\$700.79	\$796.07	\$1,094.60	
52	\$1,010.49	\$498.51	\$685.46	\$533.44	\$733.49	\$833.21	\$1,145.66	
53	\$1,056.04	\$520.99	\$716.36	\$557.49	\$766.55	\$870.77	\$1,197.31	
54	\$1,105.22	\$545.25	\$749.72	\$583.45	\$802.25	\$911.32	\$1,253.06	
55	\$1,154.40	\$569.51	\$783.08	\$609.42	\$837.95	\$951.87	\$1,308.82	
56	\$1,207.72	\$595.82	\$819.25	\$637.56	\$876.65	\$995.84	\$1,369.27	
57	\$1,261.56	\$622.38	\$855.77	\$665.99	\$915.73	\$1,040.23	\$1,430.31	
58	\$1,319.02	\$650.72	\$894.75	\$696.32	\$957.44	\$1,087.61	\$1,495.46	
59	\$1,347.49	\$664.77	\$914.06	\$711.35	\$978.11	\$1,111.08	\$1,527.74	
60	\$1,404.95	\$693.12	\$953.04	\$741.68	\$1,019.82	\$1,158.46	\$1,592.89	
61	\$1,454.65	\$717.64	\$986.75	\$767.92	\$1,055.89	\$1,199.44	\$1,649.23	
62	\$1,487.26	\$733.72	\$1,008.87	\$785.14	\$1,079.56	\$1,226.33	\$1,686.21	
63	\$1,528.16	\$753.90	\$1,036.61	\$806.72	\$1,109.25	\$1,260.05	\$1,732.57	
64+	\$1,553.00	\$766.16	\$1,053.47	\$819.84	\$1,127.28	\$1,280.54	\$1,760.75	

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	31609PA0150047		31609PA0150048		31609PA0150049		31609PA0150049	
HIOS Plan ID (Off Exchange)=>	31609PA0150047		31609PA0150048		31609PA0150049		31609PA0150049	
Plan Marketing Name =>	Personal Choice PPO Gold Classic \$2,000 \$40/\$80/100%		Personal Choice PPO Silver Classic \$4,750 \$50/\$100/90%		Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600		Personal Choice PPO Silver Secure \$4,250 \$30/\$60/\$600	
Form # =>	16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16		16884.WR-I Rev. 1.16	
Rating Area =>	8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Gold		Silver		Silver		Silver	
Deductible =>	\$2,000		\$4,750		\$4,250		\$4,250	
Coinsurance =>	0%		10%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$50 no ded/\$100 no ded		\$30 no ded/\$60 no ded		\$30 no ded/\$60 no ded	
OOP Maximum =>	\$4,000		\$7,350		\$7,350		\$7,350	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$323.50	\$323.50	\$231.24	\$231.24	\$242.46	\$242.46	\$288.01	\$288.01
15	\$352.26	\$352.26	\$251.80	\$251.80	\$264.01	\$264.01	\$313.61	\$313.61
16	\$363.25	\$363.25	\$259.66	\$259.66	\$272.25	\$272.25	\$323.40	\$323.40
17	\$374.25	\$374.25	\$267.51	\$267.51	\$280.49	\$280.49	\$333.19	\$333.19
18	\$386.09	\$386.09	\$275.98	\$275.98	\$289.37	\$289.37	\$343.73	\$343.73
19	\$397.93	\$397.93	\$284.44	\$284.44	\$298.24	\$298.24	\$354.27	\$354.27
20	\$410.19	\$410.19	\$293.21	\$293.21	\$307.43	\$307.43	\$365.19	\$365.19
21	\$422.88	\$422.88	\$302.28	\$302.28	\$316.94	\$316.94	\$376.49	\$376.49
22	\$422.88	\$422.88	\$302.28	\$302.28	\$316.94	\$316.94	\$376.49	\$376.49
23	\$422.88	\$422.88	\$302.28	\$302.28	\$316.94	\$316.94	\$376.49	\$376.49
24	\$422.88	\$422.88	\$302.28	\$302.28	\$316.94	\$316.94	\$376.49	\$376.49
25	\$424.57	\$424.57	\$303.49	\$303.49	\$318.21	\$318.21	\$377.99	\$377.99
26	\$433.03	\$433.03	\$309.53	\$309.53	\$324.55	\$324.55	\$385.52	\$385.52
27	\$443.18	\$443.18	\$316.79	\$316.79	\$332.15	\$332.15	\$394.56	\$394.56
28	\$459.67	\$459.67	\$328.57	\$328.57	\$344.52	\$344.52	\$409.24	\$409.24
29	\$473.20	\$473.20	\$338.25	\$338.25	\$354.66	\$354.66	\$421.29	\$421.29
30	\$479.97	\$479.97	\$343.08	\$343.08	\$359.73	\$359.73	\$427.31	\$427.31
31	\$490.12	\$490.12	\$350.34	\$350.34	\$367.33	\$367.33	\$436.35	\$436.35
32	\$500.26	\$500.26	\$357.59	\$357.59	\$374.94	\$374.94	\$445.38	\$445.38
33	\$506.61	\$506.61	\$362.13	\$362.13	\$379.70	\$379.70	\$451.03	\$451.03
34	\$513.37	\$513.37	\$366.96	\$366.96	\$384.77	\$384.77	\$457.05	\$457.05
35	\$516.76	\$516.76	\$369.38	\$369.38	\$387.30	\$387.30	\$460.07	\$460.07
36	\$520.14	\$520.14	\$371.80	\$371.80	\$389.84	\$389.84	\$463.08	\$463.08
37	\$523.52	\$523.52	\$374.22	\$374.22	\$392.37	\$392.37	\$466.09	\$466.09
38	\$526.91	\$526.91	\$376.64	\$376.64	\$394.91	\$394.91	\$469.10	\$469.10
39	\$533.67	\$533.67	\$381.47	\$381.47	\$399.98	\$399.98	\$475.12	\$475.12
40	\$540.44	\$540.44	\$386.31	\$386.31	\$405.05	\$405.05	\$481.15	\$481.15
41	\$550.59	\$550.59	\$393.56	\$393.56	\$412.66	\$412.66	\$490.18	\$490.18
42	\$560.31	\$560.31	\$400.52	\$400.52	\$419.63	\$419.63	\$498.84	\$498.84
43	\$573.84	\$573.84	\$410.19	\$410.19	\$430.09	\$430.09	\$510.89	\$510.89
44	\$590.76	\$590.76	\$422.28	\$422.28	\$442.77	\$442.77	\$525.95	\$525.95
45	\$610.64	\$610.64	\$436.49	\$436.49	\$457.66	\$457.66	\$543.65	\$543.65
46	\$634.32	\$634.32	\$453.41	\$453.41	\$475.41	\$475.41	\$564.73	\$564.73
47	\$660.96	\$660.96	\$472.46	\$472.46	\$495.38	\$495.38	\$588.45	\$588.45
48	\$691.40	\$691.40	\$494.22	\$494.22	\$518.20	\$518.20	\$615.55	\$615.55
49	\$721.43	\$721.43	\$515.68	\$515.68	\$540.70	\$540.70	\$642.28	\$642.28
50	\$755.26	\$755.26	\$539.87	\$539.87	\$566.06	\$566.06	\$672.40	\$672.40
51	\$788.67	\$788.67	\$563.75	\$563.75	\$591.15	\$591.15	\$702.15	\$702.15
52	\$825.46	\$825.46	\$590.04	\$590.04	\$618.67	\$618.67	\$734.90	\$734.90
53	\$862.67	\$862.67	\$616.64	\$616.64	\$646.56	\$646.56	\$768.03	\$768.03
54	\$902.84	\$902.84	\$645.36	\$645.36	\$676.67	\$676.67	\$803.80	\$803.80
55	\$943.02	\$943.02	\$674.08	\$674.08	\$706.78	\$706.78	\$839.56	\$839.56
56	\$986.57	\$986.57	\$705.21	\$705.21	\$739.42	\$739.42	\$878.34	\$878.34
57	\$1,030.55	\$1,030.55	\$736.65	\$736.65	\$772.39	\$772.39	\$917.50	\$917.50
58	\$1,077.49	\$1,077.49	\$770.20	\$770.20	\$807.57	\$807.57	\$959.29	\$959.29
59	\$1,100.75	\$1,100.75	\$786.83	\$786.83	\$825.00	\$825.00	\$979.99	\$979.99
60	\$1,147.69	\$1,147.69	\$820.38	\$820.38	\$860.18	\$860.18	\$1,021.78	\$1,021.78
61	\$1,188.29	\$1,188.29	\$849.40	\$849.40	\$890.61	\$890.61	\$1,057.92	\$1,057.92
62	\$1,214.93	\$1,214.93	\$868.44	\$868.44	\$910.57	\$910.57	\$1,081.64	\$1,081.64
63	\$1,248.33	\$1,248.33	\$892.32	\$892.32	\$935.61	\$935.61	\$1,111.39	\$1,111.39
64+	\$1,268.63	\$1,268.63	\$906.83	\$906.83	\$950.82	\$950.82	\$1,129.46	\$1,129.46

Company Name:
 Market:
 Product:
 Effective Date of Rates:

HIOS Plan ID (On Exchange)=>			
HIOS Plan ID (Off Exchange)=>	0150050	31609PA0170001	
Plan Marketing Name =>	ver HSA-0 \$3,200/100%	Personal Choice EPO Silver HSA-0 \$3,000/80%	
Form # =>	l Rev. 1.16	16884.WR-I Rev. 1.16	
Rating Area =>	8	8	
Network =>	oice Network	Personal Choice Network	
Metal =>	ver	Silver	
Deductible =>	200	\$3,000	
Coinsurance =>	%	20%	
Copays =>	er ded	20% after ded/20% after ded	
OOP Maximum =>	550	\$6,650	
Pediatric Dental (Yes/No) =>	es	Yes	
Age Band	Tobacco	Non-Tobacco	Tobacco
0-14	\$288.01	\$239.74	\$239.74
15	\$313.61	\$261.05	\$261.05
16	\$323.40	\$269.20	\$269.20
17	\$333.19	\$277.35	\$277.35
18	\$343.73	\$286.12	\$286.12
19	\$354.27	\$294.90	\$294.90
20	\$365.19	\$303.99	\$303.99
21	\$423.55	\$313.39	\$352.56
22	\$423.55	\$313.39	\$352.56
23	\$423.55	\$313.39	\$352.56
24	\$423.55	\$313.39	\$352.56
25	\$425.24	\$314.64	\$353.97
26	\$433.71	\$320.91	\$361.02
27	\$443.88	\$328.43	\$369.49
28	\$460.39	\$340.65	\$383.24
29	\$473.95	\$350.68	\$394.52
30	\$502.09	\$355.70	\$417.94
31	\$512.71	\$363.22	\$426.78
32	\$523.32	\$370.74	\$435.62
33	\$529.96	\$375.44	\$441.14
34	\$537.04	\$380.45	\$447.03
35	\$540.58	\$382.96	\$449.98
36	\$544.12	\$385.47	\$452.93
37	\$547.65	\$387.98	\$455.87
38	\$551.19	\$390.48	\$458.82
39	\$558.27	\$395.50	\$464.71
40	\$589.41	\$400.51	\$490.63
41	\$600.48	\$408.03	\$499.84
42	\$611.08	\$415.24	\$508.67
43	\$625.84	\$425.27	\$520.95
44	\$644.29	\$437.80	\$536.31
45	\$665.97	\$452.53	\$554.35
46	\$691.79	\$470.08	\$575.85
47	\$720.85	\$489.83	\$600.04
48	\$754.05	\$512.39	\$627.68
49	\$786.80	\$534.64	\$654.94
50	\$924.55	\$559.71	\$769.60
51	\$965.45	\$584.47	\$803.65
52	\$1,010.49	\$611.73	\$841.14
53	\$1,056.04	\$639.31	\$879.06
54	\$1,105.22	\$669.09	\$919.99
55	\$1,154.40	\$698.86	\$960.93
56	\$1,207.72	\$731.14	\$1,005.31
57	\$1,261.56	\$763.73	\$1,050.13
58	\$1,319.02	\$798.51	\$1,097.96
59	\$1,347.49	\$815.75	\$1,121.66
60	\$1,404.95	\$850.54	\$1,169.49
61	\$1,454.65	\$880.62	\$1,210.86
62	\$1,487.26	\$900.37	\$1,238.00
63	\$1,528.16	\$925.12	\$1,272.05
64+	\$1,553.00	\$940.17	\$1,292.73

2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		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*	31609				
Federal TIN*	23-2184623				
Rate Effective Date*	1/1/2018				
Rate Expiration Date*	12/31/2018				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	<small>Required: Enter the rate of an Individual tobacco enrollee on a plan</small>
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	408.27	408.27
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	15	444.56	444.56
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	16	458.43	458.43
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	17	472.31	472.31
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	18	487.25	487.25
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	19	502.20	502.20
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	20	517.67	517.67
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	21	533.68	600.39
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	22	533.68	600.39
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	23	533.68	600.39
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	24	533.68	600.39
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	25	535.82	602.80
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	26	546.49	614.80
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	27	559.30	629.21
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	28	580.11	652.63
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	29	597.19	671.84
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	30	605.73	711.73
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	31	618.54	726.78
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	32	631.35	741.83
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	33	639.35	751.24
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	34	647.89	761.27
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	35	652.16	766.29
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	36	656.43	771.31
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	37	660.70	776.32
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	38	664.97	781.34
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	39	673.51	791.37
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	40	682.05	835.51
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	41	694.86	851.20
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	42	707.13	866.24
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	43	724.21	887.16
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	44	745.56	913.31
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	45	770.64	944.03
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	46	800.53	980.64
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	47	834.15	1021.83
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	48	872.57	1068.90
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	49	910.46	1115.32
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	50	953.16	1310.59
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	51	995.32	1368.57
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	52	1041.75	1432.41
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	53	1088.71	1496.98
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	54	1139.11	1566.70
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	55	1190.11	1636.41
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	56	1245.08	1711.99
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	57	1300.59	1788.31
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	58	1359.83	1869.76
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	59	1389.18	1910.12
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	60	1448.42	1991.57
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	61	1499.65	2062.02
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	62	1533.27	2108.25
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	63	1575.43	2166.22
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1601.04	2201.45

31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	312.54	312.54
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	15	340.32	340.32
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	16	350.94	350.94
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	17	361.56	361.56
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	18	373.00	373.00
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	19	384.44	384.44
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	20	396.29	396.29
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	21	408.55	408.55
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	22	408.55	459.61
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	23	408.55	459.61
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	24	408.55	459.61
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	25	410.18	461.45
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	26	418.35	470.64
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	27	428.16	481.68
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	28	444.09	499.60
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	29	457.16	514.31
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	30	463.70	544.85
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	31	473.50	556.37
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	32	483.31	567.89
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	33	489.44	575.09
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	34	495.97	582.77
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	35	499.24	586.61
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	36	502.51	590.45
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	37	505.78	594.29
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	38	509.05	598.13
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	39	515.58	605.81
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	40	522.12	639.60
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	41	531.93	651.61
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	42	541.32	663.12
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	43	554.40	679.14
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	44	570.74	699.15
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	45	589.94	722.68
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	46	612.82	750.70
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	47	638.56	782.23
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	48	667.97	818.27
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	49	696.98	853.80
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	50	729.66	1003.29
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	51	761.94	1047.66
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	52	797.48	1096.54
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	53	833.43	1145.97
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	54	872.24	1199.34
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	55	911.06	1252.70
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	56	953.14	1310.56
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	57	995.63	1368.98
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	58	1040.97	1431.34
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	59	1063.44	1462.24
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	60	1108.79	1524.59
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	61	1148.01	1578.52
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	62	1173.75	1613.91
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	63	1206.03	1658.29
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1225.64	1685.25
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	244.44	244.44
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	15	266.17	266.17
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	16	274.48	274.48
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	17	282.78	282.78
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	18	291.73	291.73
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	19	300.68	300.68
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	20	309.95	309.95
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	21	319.53	359.47
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	22	319.53	359.47
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	23	319.53	359.47
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	24	319.53	359.47
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	25	320.81	360.91
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	26	327.20	368.10
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	27	334.87	376.73
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	28	347.33	390.75
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	29	357.56	402.25
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	30	362.67	426.13
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	31	370.34	435.15
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	32	378.01	444.16
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	33	382.80	449.79
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	34	387.91	455.80
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	35	390.47	458.80
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	36	393.02	461.80
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	37	395.58	464.81
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	38	398.14	467.81
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	39	403.25	473.82
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	40	408.36	500.24
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	41	416.03	509.64
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	42	423.38	518.64
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	43	433.60	531.16
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	44	446.38	546.82
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	45	461.40	565.22
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	46	479.30	587.14
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	47	499.43	611.80
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	48	522.43	639.98
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	49	545.12	667.77
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	50	570.68	784.69
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	51	595.93	819.40
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	52	623.72	857.62
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	53	651.84	896.28
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	54	682.20	938.02
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	55	712.55	979.76
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	56	745.47	1025.02
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	57	778.70	1070.71
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	58	814.17	1119.48
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	59	831.74	1143.64
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	60	867.21	1192.41
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	61	897.88	1234.59
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	62	918.01	1262.27
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	63	943.26	1296.98
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	958.59	1318.07



2017 Service Area

Issuer: QCC Insurance Company

Market: Small Group



Key (*modify as needed*)

-  : 2017 on-exchange service area
-  : 2017 off-exchange only service area



2018 Service Area

Issuer: QCC Insurance Company

Market: Small Group



Key (*modify as needed*)

-  : 2018 on-exchange service area
-  : 2018 off-exchange only service area

SERFF Tracking Number:	INAC-131005785
Filing Company:	QCC Insurance Company
Company Tracking Number:	QCC SMALL GROUP 1-1-2018
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Product Name:	QCC Small Group PPO effective 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 01:58 PM

Dear David Walker,

Introduction:June 15, 2017

David Walker

QCC Insurance Company

1901 Market Street

Philadelphia, PA 19103

RE: QCC Small Group PPO QHP Filing for 2018.

Pennsylvania Insurance Department ID #: INAC-131005785

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 development of 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 1.460. 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 specifically provide justification for the change in the benefit richness (induced demand) factor being proposed for plan 31609PA0150024.

d. 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 0.769 to 1.059, Gold plans where the factors range from 0.784 to 1.088, and Platinum plans where the factors range from 1.017 to 1.161.

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

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

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

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

10. We have the following questions regarding the risk adjustment PMPM value:

a. Please provide the quantitative development of the projected risk adjustment PMPM receipt equal to \$5.07.

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 receipt PMPM of \$5.07

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 \$5.07 shown in the Department's Table 5.

2. The 2017 administrative expenses PMPM were $\$61.66 = (0.10071) * (612.25)$ from Table 6 while the 2018 administrative expenses PMPM are $\$91.79 = (0.1455) * (630.84)$. Please explain why the administrative expenses on a PMPM basis went up 49% from 2017 to 2018.

3. The PCORI fee should be $\$2.47/12 = \0.2058 PMPM but the value of 0.04 in cell C54 of Table 6 shows that QCC is using $(0.04) * (\$630.84) = 0.25$ PMPM. Please revise the value in cell C54 to bring the PCORI fee within the range of 20 to 21 cents PMPM.

4. 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.

5. 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.

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

QCC SMALL GROUP

JUNE 15 RESPONSES

- 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.**

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.

			Inpatient	Outpatient	Professional
2017	PPO	PA Small Group	4.1%	3.1%	1.3%
2018	PPO	PA Small Group	3.2%	3.1%	1.8%
2019	PPO	PA Small Group	3.2%	3.1%	1.8%

- 3. Please explain and show support for the development of 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	QCC	Demo
0-20	20,167	0.635
21-29	9,904	1.018
30-39	10,230	1.198
40-49	11,558	1.457
50-59	14,839	2.187
60-63	5,416	2.818
64+	2,551	3.000

	74,665	1.44
2016	QCC	Demo
0-20	20,072	0.635
21-29	9,701	1.061
30-39	9,634	1.242
40-49	11,633	1.502
50-59	14,858	2.232
60-63	5,419	2.865
64+	2,613	3.000
	73,930	1.47

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 1.460. 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	28%	0.813
21-29	14%	1.028
30-39	14%	1.208
40-49	16%	1.468
50-59	20%	2.198
60-63	7%	2.829
64+	1%	3.000
Total	100%	1.460

- 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 specifically provide justification for the change in the benefit richness (induced demand) factor being proposed for plan 31609PA0150024.
- d. 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 0.769 to 1.059, Gold plans where the factors range from 0.784 to 1.088, and Platinum plans where the factors range from 1.017 to 1.161.

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 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 Age distribution	Expected % tobacco use	Approved Tobacco Factors
0-20	28%	7.00%	-
21-29	14%	7.00%	0.125
30-39	14%	7.00%	0.175
40-49	16%	7.00%	0.225
50-59	20%	7.00%	0.375
60-63	7%	7.00%	0.375
64+	1%	7.00%	0.375
Total	100%		1.3%

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

Projected Premium from table 6 = \$630.84

Projected Paid claims from table = \$491.45

Projected Risk adjustment = \$5.07

QI = 0.47%; Taxes and fees = 5.69% (From table 6)

MLR = $(491.45 + (630.84 \times 0.0047)) / (630.84 + 5.07 - (630.84 \times 0.0569)) = 82.4\% > 80\%$ minimum

8. 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.

9. 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 1st quarter of 2018, etc.

10. We have the following questions regarding the risk adjustment PMPM value:

a. Please provide the quantitative development of the projected risk adjustment PMPM receipt equal to \$5.07.

Please see below.

This is the risk adjustment calculation.

$$T_i = \left[\frac{PLRS_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot PLRS_i \cdot IDF_i \cdot GCF_i)} - \frac{AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i)} \right] \bar{P}_s$$

Where

PS = State average premium * 0.86; PLRS_i = plan i's plan liability risk score; AV_i = plan i's metal level AV; ARF_i = allowable rating factor; IDF_i = plan i's induced demand factor; GCF_i = plan i's geographic cost factor;

QCC										
Issuer	Metal	BMMO	PLRS	State Avg Premium	ARF	GCF	IDF	AV		
									with Risk	w/o Risk
KHPE	Plat (1)	347,487	1.9734		1.3992	1.1115	1.1500	90%	2.5224	1.6097
KHPE	Gold (2)	338,623	1.2817		1.4170	1.1115	1.0800	80%	1.5385	1.3608
KHPE	Silver (3)	102,814	1.1197		1.4685	1.1115	1.0300	70%	1.2819	1.1768
KHPE	Bronze (4)	116,727	0.9025		1.5155	1.1115	1.0000	60%	1.0031	1.0107
Total		905,650	1.4798	\$538.18	1.4287	1.1115	1.0909	80%	1.7067	1.3623
Statewide Average			1.4140	\$538.18	1.4360	1.0000	1.0800	79%	1.5271	1.2314
									5.07	

$$5.07 = [(1.7067 / 1.5271 - 1.3623 / 1.2314) \times 538.18 \times 0.86] - 0.14$$

(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 receipt PMPM of \$5.07**

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.

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

- 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 \$5.07 shown in the Department’s Table 5.**

Confirmed, please see response to question 10 for the calculation.

- 2. The 2017 administrative expenses PMPM were \$61.66 = (0.10071)*(612.25) from Table 6 while the 2018 administrative expenses PMPM are \$91.79 = (0.1455)*(630.84). Please explain why the administrative expenses on a PMPM basis went up 49% from 2017 to 2018.**

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

- 3. The PCORI fee should be \$2.47/12 = \$0.2058 PMPM but the value of 0.04 in cell C54 of Table 6 shows that QCC is using (0.04)*(\$630.84) = 0.25 PMPM. Please revise the value in cell C54 to bring the PCORI fee within the range of 20 to 21 cents PMPM.**

We have updated to 0.03%.

- 4. 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.

- 5. 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 grids to index off the 21 year old rate from Table 11 instead.

SERFF Tracking Number:	INAC-131005785
Filing Company:	QCC Insurance Company
Company Tracking Number:	QCC SMALL GROUP 1-1-2018
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Product Name:	QCC Small Group PPO effective 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 04:23 PM

Dear David Walker,

Introduction:July 6, 2017

David Walker

QCC Insurance Company

1901 Market Street

Philadelphia, PA 19103

RE: QCC Small Group PPO QHP Filing for 2018.

Pennsylvania Insurance Department ID #: INAC-131005785

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 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.

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 10:

- 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

QCC SMALL GROUP

JULY 6 RESPONSES

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.

Please see the tables below.

Unit Cost

		Inpatient	Outpatient	Professional	Capitation
2014	PPO PA Small Group	7.7%	4.3%	2.1%	
2015	PPO PA Small Group	5.8%	3.3%	1.6%	
2016	PPO PA Small Group	4.4%	2.6%	1.8%	

Utilization

		Inpatient	Outpatient	Professional	Capitation
2014	PPO PA Small Group	-13.7%	-13.8%	-14.4%	
2015	PPO PA Small Group	-8.0%	-4.3%	-3.8%	
2016	PPO PA Small Group	-1.6%	4.0%	2.7%	

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 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 QCC Individual 2017 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.
- b. 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.

	<u>Small Group</u>			<u>Statewide</u>
	<u>PLRS</u>	<u>ARF</u>	<u>AV</u>	<u>avg Prem</u>
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. $\$538.18 = \$471.10 \times \text{Average 2017 rate increase} \times \text{Average 2018 rate increase} = \$471.10 \times 1.04 \times 1.1 = \$538.$
- e. The 2016 receivable was \$32,747,625.97, which is 36.76 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.