

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Additional Information Needed	Jim Lavery	07/13/2016	07/13/2016
Data Request Sent	Jim Lavery	06/16/2016	06/16/2016

#### Response Letters

Responded By	Created On	Date Submitted
Pam Day	07/19/2016	07/19/2016
Pam Day	06/29/2016	06/29/2016

#### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Transmittal Letter (A&H)	Anna Fulginiti	07/28/2016	07/28/2016
Supporting Document	Checklist	Pam Day	07/08/2016	07/08/2016

#### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
KHPC's response to note to filer	Note To Reviewer	Anna Fulginiti	07/28/2016	07/28/2016
Risk Adjustment Question	Note To Filer	Jim Lavery	07/26/2016	07/26/2016

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**Product Name:** Rates - KHPC Ind HMO  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Additional Information Needed
Objection Letter Date	07/13/2016
Submitted Date	07/13/2016
Respond By Date	

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Dear Stephanie Gray,

**Introduction:**

July 13, 2016

Stephanie Gray  
Keystone Health Plan Central  
2500 Elmerton Avenue  
Harrisburg, PA 17110

RE: Proposed aggregate 20.4% increase (ranges from -13.6% to 28.7%) on 26,852 policyholders of KHPC's individual ACA-compliant HMO plans;  
Pennsylvania Insurance Department ID #: CABC-130539563

Dear Ms. Gray:

Please respond to the attached question concerning actuarial value and induced utilization for the individual KHPC plans that will be sold in 2017. Please respond to this question by close of business on Tuesday July 19th.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2117.

Sincerely,

James Laverty, ASA, MAAA  
Actuary  
Bureau of Accident & Health Insurance

**Conclusion:**

Sincerely,  
Jim Laverty

1. Induced Utilization

- a. Please complete the table below for all plans, and confirm that the ratio in column (8) represents the AV and Cost Sharing for each plan in your filing<sup>1</sup>

Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Company Determined AV Factor (6)	Induced Utilization <sup>2</sup> (7)	AV & Cost Sharing (6)*(7) (8)
xxxxxx							
xxxxxx							
xxxxxx							
Total							

- b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of each, the AV and the cost sharing factors for each plan. Also, provide narrative that explains the derivation.
- c. Please provide justification for relative induced utilization assumptions in the Company's pricing that exceed the federal factors used in the risk adjustment model proving that morbidity is not reflected.<sup>3</sup>
- d. Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sumproduct (against projected membership) produces a factor of 1.000. Please show the steps that demonstrate this.
2. Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

<sup>1</sup> If a tobacco factor is used in the AV and Cost Sharing please add a column for that amount and modify the formula.

<sup>2</sup> The Induced Demand is the amount used by the company to reflect increased demand. This may be called by another name in the filing

<sup>3</sup> The federal factors relative to the Bronze factors are Silver 1.03, Gold 1.08 and Platinum 1.15.

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**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Data Request Sent
Objection Letter Date	06/16/2016
Submitted Date	06/16/2016
Respond By Date	

Dear Stephanie Gray,

### Introduction:

June 16, 2016

Stephanie Gray  
Keystone Health Plan Central  
2500 Elmerton Avenue  
Harrisburg, PA 17110

RE: Proposed aggregate 20.4% increase (ranges from -13.6% to 28.7%) on 26,852 policyholders of KHPC's individual ACA-compliant HMO plans;  
Pennsylvania Insurance Department ID #: CABC-130539563

Dear Ms. Gray:

The captioned filing has been reviewed by the Pennsylvania Insurance Department and it has been found that it fails to meet the requirements of our Insurance Company Laws and is therefore disapproved pursuant to the authority granted under Section 4(A) of Act 134, the Accident and Health Filing Reform Act. After you review the letter and if you do not understand the content of it or the disapproval reasons, please contact the Department for further clarification.

The disapproved filing may be resubmitted within 120 days of the date of disapproval. If you choose to resubmit the filing within that time, the filing will become effective for use 30 days after receipt by the Department as provided by Section 4(C) of Act 134, unless the filing is disapproved before the 30 day period expires.

If the Department does not hear from you within 120 days, the Department will close its files on the above captioned filing. After 120 days, the Department will reopen its files and continue its review of the forms if you respond within one year of the date of this letter and furnish duplicate copies of the previously filed forms and all correspondence between you and the Department. If the filing is resubmitted after 120 days, the Department will review it as if it were a new submission under Section 4(A) of Act 134.

The Pennsylvania Insurance Department has received and conducted a 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 7 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call.

Please furnish the following information requested by the Department's consultant.

1. Please explain qualitatively and justify quantitatively the derivation of the member months for the Projected Rating Period in Table 1 of the Actuarial Memorandum Rate Exhibits.
2. Please provide a quantitative reconciliation of the 2015 experience shown in Table 2 of the Actuarial Memorandum Rate Exhibits, with the experience shown in Section 1 of Worksheet 1 of the URRT. Please include totals for each year for each item, as well as grand totals.
3. Please provide totals for each year for each item, as well as grand totals for Table 4.
4. The Company Rate Information in SERFF indicates that the Maximum and Minimum rate changes are 28.7% and -13.6%. Please demonstrate how these amounts were determined.

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5. In the Completeness and Redaction Justification Checklist, please show the Page number/Table Number/Paragraph Number in the Completed Column and also the Justification Location for the Redacted Column.

6. In the Pennsylvania Rate Change Request Summary – 2017 and in RFJ Part II, please provide the quantitative impact for each of the factors shown in the “Explanation of Requested Rate Change” section, and show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

7. Please provide a “Reason for Rate Increase” section in the Actuarial Memorandum, detailing the qualitative and quantitative reasons and component factors of the aggregate rate increase. Also show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

8. Please justify quantitatively the statement in the Projection Factors section of the Actuarial Memorandum that the Company “expects negative morbidity changes in its population in the projection period.”

9. Please show quantitatively the derivation of the trend assumptions for each benefit category as shown in Table 3. Please include the sources and source claims data.

10. The Actuarial Memorandum shows that the allowed charges PMPM which are added to the projection period allowed claims PMPM are 5.01 for pediatric dental and 0.46 for pediatric vision coverage, and references Exhibit C for the rate development.

(i) Exhibit C shows for Projected Claims PMPM 3.61 for Pediatric Dental and 0.46 for Pediatric Vision. Please reconcile the difference for Pediatric Dental.

(ii) Please adjust the Pediatric Dental number if needed, in Exhibit G, which shows 3.61.

(iii) Exhibit C also shows the development of the Premium Single Rate for Pediatric Dental and Pediatric Vision. Please justify each of the values included in the Premium Single Rate. Also explain the reasoning for including Admin PMPM in the claims component in the numerator, versus including it in the denominator with the other expense items.

11. Please provide a comparison chart between the 2017 Calibrated Plan Adjusted Index Rates shown in Table 10 and those shown in Exhibit P, for the active plans. Please note that the Table 10 2017 Calibrated Plan Adjusted Index Rates should be used as the basis of the premium rates; please confirm.

12. Please show quantitatively the derivation of the Tobacco Surcharge adjustment of .994 shown in Table 10.

13. For those plans in Table 10 which use Approach 1 for the Actuarial Value, please include the appropriate actuarial certifications, as stated in Section 6 of the 2017 ACA-Compliant Health Insurance Rate Filing Guidance. Please use the actuarial certification as shown in the federal form, “Unique Plan design Supporting Documentation and Justification.”

14. Please include the appropriate wording into the Actuarial Certification, as described in Section 6 of the 2017 ACA-Compliant Health Insurance Rate Filing Guidance.

15. Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

16. Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.

17. Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.

18. Please provide a copy of the Supplemental Health Care Exhibit (SHCE), and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.

Please provide answers to these additional questions requested by the Insurance Department.

1. Regarding broker commissions: (a) Under what circumstances and in what geographic locations will commissions be paid?, (b) Are commissions paid for SEP?, (c) Provide a copy of the broker agreement - current and 2017, (d) Show the calculation of the average commission - current and 2017.

When responding to this data call, you may provide a redacted version of this response as it contains proprietary information. Please place the redacted and non-redacted responses in separate sections of the Supporting Documentation tab in SERFF.

2. Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

3. Please discuss special enrollment experience. Have you had many SEP enrollees? Do you know if the claim experience on your SEP enrollees has been worse than the claim experience on non-SEP business?

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4. Does this filing propose Service Area changes relative to the last approved filing? If so, please discuss.

*Please be advised that there may be additional questions based on the responses to the above.*

*Response to this request should be provided via SERFF in Microsoft Excel spreadsheets (version 2013 or less). Please retain all formulas.*

*Should you have any questions regarding this correspondence, please contact me at (717) 783-2117.*

*Sincerely,*

*James Laverty, ASA, MAAA*  
*Actuary*  
*Bureau of Accident & Health Insurance*

**Conclusion:**

Sincerely,  
Jim Laverty

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
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<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2016
Submitted Date	07/19/2016

Dear Jim Lavery,

### Introduction:

### Response 1

#### Comments:

2nd Q&A Exhibits and Response.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf Ind_16-50_Initial_KHP_HMO_Q&AResponse201607_Supporting_20160719.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>

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Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf Ind_16-50_Initial_KHP_HMO_Q&AResponse201607_Supporting_20160719.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>

<b>Satisfied - Item:</b>	2nd Q&A Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_Q&AExhibits201607_Supporting_20160719.pdf Ind_16-50_Initial_KHP_HMO_Q&AExhibits201607_Supporting_20160719.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Pam Day

<b>SERFF Tracking #:</b>	CABC-130539563	<b>State Tracking #:</b>	CABC-130539563	<b>Company Tracking #:</b>	16-50
<hr/>					
<b>State:</b>	Pennsylvania		<b>Filing Company:</b>	Keystone Health Plan Central	
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense				
<b>Product Name:</b>	Rates - KHPC Ind HMO				
<b>Project Name/Number:</b>	/				

## Amendment Letter

Submitted Date: 07/28/2016

Comments:

KHPC's response to note from Reviewer

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf Ind_16-50_Initial_KHP_HMO_Q&AResponse201607_Supporting_20160719.pdf Ind_16-50_Initial_KHP_HMO_NotetoFilerResponse_Supporting_20160728.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf Ind_16-50_Initial_KHP_HMO_Q&amp;AResponse201607_Supporting_20160719.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Ind_16-50_Initial_KHP_HMO_RateCvLtr_Supporting_20150510.pdf</i>

State:	Pennsylvania	Filing Company:	Keystone Health Plan Central
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Rates - KHPC Ind HMO		
Project Name/Number:	/		

## Amendment Letter

Submitted Date: 07/08/2016

Comments:

Replaced Checklist.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Checklist
Comments:	
Attachment(s):	Ind_16-50_Revised_KHP_HMO_PIDChecklist_Supporting_20160629.pdf
Previous Version	
Satisfied - Item:	Checklist
Comments:	
Attachment(s):	Ind_16-50_Initial_KHP_HMO_PIDChecklist_Supporting_20150510.pdf

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<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
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<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

## Note To Reviewer

**Created By:**

Anna Fulginiti on 07/28/2016 01:51 PM

**Last Edited By:**

Anna Fulginiti

**Submitted On:**

07/28/2016 01:52 PM

**Subject:**

KHPC's response to note to filer

**Comments:**

See documented response under Supporting Documentation/Transmittal section.

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**State:** Pennsylvania **Filing Company:** Keystone Health Plan Central  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Rates - KHPC Ind HMO  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Jim Laverty on 07/26/2016 03:04 PM

**Last Edited By:**

Jim Laverty

**Submitted On:**

07/26/2016 03:04 PM

**Subject:**

Risk Adjustment Question

**Comments:**

Stephanie,

Given the difference between the Company's estimated risk adjustment for 2015 and actual 2015 amount reported on 6/30/2016, please provide a narrative and quantitatively show the development of the pmpm impact this will have on the projected 2017 risk adjustment pmpm amount and the rate impact. Do not revise your filing because of this request; just provide the information requested.

In other words, Capital filed the individual CAAC, CAIC, and KHPC on May 10, 2016. If Capital had the recently revealed 2015 individual risk adjustments results prior to the May 10, 2016 filing, how would the risk adjustment amount (found in the URRT) and the filed rates change?

Please respond by close of business on Thursday July 28, 2016.

Thanks.

State:	Pennsylvania	Filing Company:	Keystone Health Plan Central
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Project Name/Number:	/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates and PA Plan Design		New		Ind_16-50_Revised_KHP_HMO_PIDRates_RateRule_20160629.pdf, Ind_16-50_Revised_KHP_HMO_PIDRates_RateRule_20160629.xlsx,

<b>SERFF Tracking #:</b>	CABC-130539563	<b>State Tracking #:</b>	CABC-130539563	<b>Company Tracking #:</b>	16-50
<b>State:</b>	Pennsylvania		<b>Filing Company:</b>	Keystone Health Plan Central	
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense				
<b>Product Name:</b>	Rates - KHPC Ind HMO				
<b>Project Name/Number:</b>	/				

***Attachment Ind\_16-50\_Revised\_KHP\_HMO\_PIDRates\_RateRule\_20160629.xlsx is not a PDF document and cannot be reproduced here.***

**Keystone Health Plan Central  
Individual  
Plan Design Summary**

HIOS Plan ID	On/Off Exchange	Product	Metal	Plan Design Marketing Name	Network	Rating Area	Counties Excluded
53789PA0050002	On	HMO	Gold	BlueCross 750.0, a Multi-State Plan	HMO	6,7,9	None
53789PA0030002	On	HMO	Gold	BlueCross Value 750.0, a Multi-State Plan	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0030003	On	HMO	Gold	BlueCross Value 750.0, a Multi-State Plan	HMO	7	ADAMS, YORK
53789PA0030004	On	HMO	Gold	BlueCross Value 750.0, a Multi-State Plan	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100013	On	HMO	Gold	Gold HMO 1000/0/20	HMO	6,7,9	None
53789PA0110013	On	HMO	Gold	Gold Value HMO 1000/0/20	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110031	On	HMO	Gold	Gold Value HMO 1000/0/20	HMO	7	ADAMS, YORK
53789PA0110032	On	HMO	Gold	Gold Value HMO 1000/0/20	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100009	On	HMO	Silver	Silver HMO 4500/0/10	HMO	6,7,9	None
53789PA0110009	On	HMO	Silver	Silver Value HMO 4500/0/10	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110021	On	HMO	Silver	Silver Value HMO 4500/0/10	HMO	7	ADAMS, YORK
53789PA0110022	On	HMO	Silver	Silver Value HMO 4500/0/10	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100006	On	HMO	Silver	Silver HMO 2500/0/45	HMO	6,7,9	None
53789PA0110006	On	HMO	Silver	Silver Value HMO 2500/0/45	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110027	On	HMO	Silver	Silver Value HMO 2500/0/45	HMO	7	ADAMS, YORK
53789PA0110028	On	HMO	Silver	Silver Value HMO 2500/0/45	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100017	On	HMO	Silver	Silver HMO 1500/30/0	HMO	6,7,9	None
53789PA0110041	On	HMO	Silver	Silver Value HMO 1500/30/0	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110042	On	HMO	Silver	Silver Value HMO 1500/30/0	HMO	7	ADAMS, YORK
53789PA0110043	On	HMO	Silver	Silver Value HMO 1500/30/0	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100015	On	HMO	Silver	Silver HMO 0/0/55	HMO	6,7,9	None
53789PA0110015	On	HMO	Silver	Silver Value HMO 0/0/55	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110035	On	HMO	Silver	Silver Value HMO 0/0/55	HMO	7	ADAMS, YORK
53789PA0110036	On	HMO	Silver	Silver Value HMO 0/0/55	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0060001	On	HMO	Silver	BlueCross 0.50, a Multi-State Plan	HMO	6,7,9	None
53789PA0040001	On	HMO	Silver	BlueCross Value 0.50, a Multi-State Plan	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0040002	On	HMO	Silver	BlueCross Value 0.50, a Multi-State Plan	HMO	7	ADAMS, YORK
53789PA0040003	On	HMO	Silver	BlueCross Value 0.50, a Multi-State Plan	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100008	On	HMO	Bronze	Bronze HMO 7000/50/60	HMO	6,7,9	None
53789PA0110008	On	HMO	Bronze	Bronze Value HMO 7000/50/60	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110019	On	HMO	Bronze	Bronze Value HMO 7000/50/60	HMO	7	ADAMS, YORK
53789PA0110020	On	HMO	Bronze	Bronze Value HMO 7000/50/60	HMO	9	FRANKLIN, FULTON, JUNIATA
53789PA0100004	On	HMO	Catastrophic	Catastrophic HMO 7150/0/75	HMO	6,7,9	None
53789PA0110004	On	HMO	Catastrophic	Catastrophic Value HMO 7150/0/75	HMO	6	CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION
53789PA0110017	On	HMO	Catastrophic	Catastrophic Value HMO 7150/0/75	HMO	7	ADAMS, YORK
53789PA0110018	On	HMO	Catastrophic	Catastrophic Value HMO 7150/0/75	HMO	9	FRANKLIN, FULTON, JUNIATA

Company Name: Keystone Health Plan Central  
Market: Individual  
Product: HMO  
Effective Date of Rates: January 1, 2017

Ending date of Rates: December 31, 2017

HIOS Plan ID (On Exchange)=>		53789PA0050002		53789PA0050002		53789PA0050002		53789PA0030002	
HIOS Plan ID (Off Exchange)=>		53789PA0050002		53789PA0050002		53789PA0050002		53789PA0030002	
Form # =>		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117	
Rating Area =>		6		7		9		6	
Counties Excluded in Rating Area =>		None		None		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Gold		Gold		Gold		Gold	
Plan Name =>		BlueCross 750.0, a Multi-State Plan		BlueCross 750.0, a Multi-State Plan		BlueCross 750.0, a Multi-State Plan		BlueCross Value 750.0, a Multi-State Plan	
Deductible =>		\$750 /\$50 Med/Rx		\$750 /\$50 Med/Rx		\$750 /\$50 Med/Rx		\$750 /\$50 Med/Rx	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$30/\$50/\$200 PCP/SPC/ER		\$30/\$50/\$200 PCP/SPC/ER		\$30/\$50/\$200 PCP/SPC/ER		\$30/\$50/\$200 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$256.25	\$256.25	\$258.81	\$258.81	\$253.68	\$253.68	\$194.64	\$194.64
21	21	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19
22	22	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19
23	23	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19
24	24	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19
25	25	\$405.15	\$415.28	\$409.20	\$419.43	\$401.10	\$411.13	\$307.75	\$315.44
26	26	\$413.22	\$423.55	\$417.36	\$427.79	\$409.09	\$419.32	\$313.88	\$321.73
27	27	\$422.91	\$433.48	\$427.14	\$437.82	\$418.68	\$429.15	\$321.24	\$329.27
28	28	\$438.65	\$449.61	\$443.03	\$454.11	\$434.26	\$445.12	\$333.19	\$341.52
29	29	\$451.56	\$462.85	\$456.07	\$467.48	\$447.04	\$458.22	\$343.00	\$351.57
30	30	\$458.02	\$469.47	\$462.60	\$474.16	\$453.44	\$464.77	\$347.90	\$356.60
31	31	\$467.70	\$479.39	\$472.38	\$484.19	\$463.02	\$474.60	\$355.26	\$364.14
32	32	\$477.39	\$489.32	\$482.16	\$494.21	\$472.61	\$484.43	\$362.62	\$371.68
33	33	\$483.44	\$495.52	\$488.27	\$500.48	\$478.60	\$490.57	\$367.21	\$376.40
34	34	\$489.90	\$502.14	\$494.79	\$507.16	\$485.00	\$497.12	\$372.12	\$381.42
35	35	\$493.12	\$505.45	\$498.05	\$510.51	\$488.19	\$500.40	\$374.57	\$383.94
36	36	\$496.35	\$508.76	\$501.32	\$513.85	\$491.39	\$503.67	\$377.02	\$386.45
37	37	\$499.58	\$512.07	\$504.58	\$517.19	\$494.58	\$506.95	\$379.48	\$388.96
38	38	\$502.81	\$515.38	\$507.84	\$520.53	\$497.78	\$510.23	\$381.93	\$391.48
39	39	\$509.27	\$522.00	\$514.36	\$527.22	\$504.17	\$516.78	\$386.83	\$396.50
40	40	\$515.72	\$554.40	\$520.88	\$559.94	\$510.56	\$548.86	\$391.74	\$421.12
41	41	\$525.41	\$564.81	\$530.66	\$570.46	\$520.15	\$559.16	\$399.09	\$429.03
42	42	\$534.69	\$574.79	\$540.03	\$580.54	\$529.34	\$569.04	\$406.14	\$436.60
43	43	\$547.60	\$588.67	\$553.08	\$594.56	\$542.13	\$582.78	\$415.95	\$447.15
44	44	\$563.74	\$606.02	\$569.38	\$612.08	\$558.11	\$599.96	\$428.21	\$460.33
45	45	\$582.71	\$640.98	\$588.54	\$647.39	\$576.88	\$634.57	\$442.62	\$486.88
46	46	\$605.31	\$665.84	\$611.36	\$672.50	\$599.25	\$659.18	\$459.78	\$505.76
47	47	\$630.73	\$693.80	\$637.04	\$700.74	\$624.42	\$686.87	\$479.10	\$527.01
48	48	\$659.78	\$725.76	\$666.38	\$733.02	\$653.19	\$718.51	\$501.17	\$551.28
49	49	\$688.44	\$757.28	\$695.32	\$764.85	\$681.55	\$749.71	\$522.93	\$575.22
50	50	\$720.72	\$828.83	\$727.93	\$837.12	\$713.51	\$820.54	\$547.45	\$629.57
51	51	\$752.60	\$865.49	\$760.12	\$874.14	\$745.07	\$856.83	\$571.67	\$657.42
52	52	\$787.71	\$905.86	\$795.58	\$914.92	\$779.83	\$896.80	\$598.33	\$688.08
53	53	\$823.22	\$946.70	\$831.45	\$956.17	\$814.99	\$937.23	\$625.31	\$719.10
54	54	\$861.55	\$990.79	\$870.17	\$1,000.70	\$852.94	\$980.88	\$654.43	\$752.59
55	55	\$899.89	\$1,079.87	\$908.89	\$1,090.67	\$890.89	\$1,069.07	\$683.55	\$820.26
56	56	\$941.45	\$1,129.75	\$950.87	\$1,141.04	\$932.04	\$1,118.45	\$715.12	\$858.14
57	57	\$983.42	\$1,180.11	\$993.26	\$1,191.91	\$973.59	\$1,168.31	\$747.00	\$896.40
58	58	\$1,028.22	\$1,233.86	\$1,038.50	\$1,246.20	\$1,017.93	\$1,221.52	\$781.02	\$937.23
59	59	\$1,050.41	\$1,260.49	\$1,060.91	\$1,273.10	\$1,039.91	\$1,247.89	\$797.88	\$957.46
60	60	\$1,095.20	\$1,369.00	\$1,106.15	\$1,382.69	\$1,084.25	\$1,355.31	\$831.90	\$1,039.88

61	61	\$1,133.94	\$1,417.43	\$1,145.28	\$1,431.60	\$1,122.60	\$1,403.25	\$861.33	\$1,076.66
62	62	\$1,159.37	\$1,449.21	\$1,170.96	\$1,463.70	\$1,147.77	\$1,434.71	\$880.64	\$1,100.80
63	63	\$1,191.24	\$1,489.06	\$1,203.16	\$1,503.95	\$1,179.33	\$1,474.17	\$904.86	\$1,131.07
64+	64+	\$1,210.61	\$1,513.27	\$1,222.71	\$1,528.40	\$1,198.50	\$1,498.14	\$919.56	\$1,149.46

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

HIOS Plan ID (On Exchange)=>		53789PA0030003		53789PA0030004		53789PA0100013		53789PA0100013	
HIOS Plan ID (Off Exchange)=>		53789PA0030003		53789PA0030004		53789PA0100013		53789PA0100013	
Form # =>		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117	
Rating Area =>		7		9		6		7	
Counties Excluded in Rating Area =>		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA		None		None	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Gold		Gold		Gold		Gold	
Plan Name =>		BlueCross Value 750.0, a Multi-State Plan		BlueCross Value 750.0, a Multi-State Plan		Gold HMO 1000/0/20		Gold HMO 1000/0/20	
Deductible =>		\$750 /\$50 Med/Rx		\$750 /\$50 Med/Rx		\$1000 /\$300 Med/Rx		\$1000 /\$300 Med/Rx	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$30/\$50/\$200 PCP/SPC/ER		\$30/\$50/\$200 PCP/SPC/ER		\$20/\$50/\$300 PCP/SPC/ER		\$20/\$50/\$300 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$197.66	\$197.66	\$216.00	\$216.00	\$250.98	\$250.98	\$253.49	\$253.49
21	21	\$311.28	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18
22	22	\$311.28	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18
23	23	\$311.28	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18
24	24	\$311.28	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18
25	25	\$312.52	\$320.34	\$341.52	\$350.05	\$396.83	\$406.75	\$400.80	\$410.82
26	26	\$318.75	\$326.72	\$348.32	\$357.03	\$404.73	\$414.85	\$408.78	\$419.00
27	27	\$326.22	\$334.38	\$356.48	\$365.39	\$414.22	\$424.57	\$418.36	\$428.82
28	28	\$338.36	\$346.82	\$369.75	\$378.99	\$429.63	\$440.37	\$433.93	\$444.78
29	29	\$348.32	\$357.03	\$380.63	\$390.15	\$442.28	\$453.34	\$446.70	\$457.87
30	30	\$353.30	\$362.14	\$386.08	\$395.73	\$448.61	\$459.82	\$453.09	\$464.42
31	31	\$360.77	\$369.79	\$394.24	\$404.10	\$458.09	\$469.54	\$462.67	\$474.24
32	32	\$368.24	\$377.45	\$402.40	\$412.46	\$467.58	\$479.27	\$472.25	\$484.06
33	33	\$372.91	\$382.24	\$407.51	\$417.69	\$473.51	\$485.34	\$478.24	\$490.20
34	34	\$377.89	\$387.34	\$412.95	\$423.27	\$479.83	\$491.83	\$484.63	\$496.74
35	35	\$380.38	\$389.89	\$415.67	\$426.06	\$482.99	\$495.07	\$487.82	\$500.02
36	36	\$382.87	\$392.45	\$418.39	\$428.85	\$486.15	\$498.31	\$491.02	\$503.29
37	37	\$385.36	\$395.00	\$421.11	\$431.64	\$489.32	\$501.55	\$494.21	\$506.56
38	38	\$387.85	\$397.55	\$423.83	\$434.43	\$492.48	\$504.79	\$497.40	\$509.84
39	39	\$392.84	\$402.66	\$429.28	\$440.01	\$498.80	\$511.27	\$503.79	\$516.38
40	40	\$397.82	\$427.65	\$434.72	\$467.32	\$505.13	\$543.01	\$510.18	\$548.44
41	41	\$405.29	\$435.68	\$442.88	\$476.10	\$514.61	\$553.21	\$519.76	\$558.74
42	42	\$412.45	\$443.38	\$450.70	\$484.51	\$523.70	\$562.98	\$528.94	\$568.61
43	43	\$422.41	\$454.09	\$461.59	\$496.21	\$536.35	\$576.58	\$541.71	\$582.34
44	44	\$434.86	\$467.47	\$475.20	\$510.84	\$552.16	\$593.57	\$557.68	\$599.51
45	45	\$449.49	\$494.44	\$491.18	\$540.30	\$570.74	\$627.81	\$576.44	\$634.09
46	46	\$466.92	\$513.61	\$510.23	\$561.26	\$592.87	\$652.16	\$598.80	\$658.68
47	47	\$486.53	\$535.18	\$531.66	\$584.83	\$617.77	\$679.55	\$623.95	\$686.34
48	48	\$508.94	\$559.84	\$556.15	\$611.77	\$646.23	\$710.85	\$652.69	\$717.96
49	49	\$531.04	\$584.15	\$580.30	\$638.33	\$674.29	\$741.72	\$681.03	\$749.14
50	50	\$555.95	\$639.34	\$607.52	\$698.64	\$705.91	\$811.80	\$712.97	\$819.92
51	51	\$580.54	\$667.62	\$634.39	\$729.55	\$737.14	\$847.71	\$744.51	\$856.18
52	52	\$607.62	\$698.76	\$663.98	\$763.58	\$771.52	\$887.25	\$779.24	\$896.12
53	53	\$635.01	\$730.26	\$693.92	\$798.00	\$806.30	\$927.25	\$814.37	\$936.52
54	54	\$664.58	\$764.27	\$726.23	\$835.16	\$843.85	\$970.43	\$852.29	\$980.13
55	55	\$694.15	\$832.98	\$758.54	\$910.25	\$881.40	\$1,057.68	\$890.21	\$1,068.26
56	56	\$726.22	\$871.46	\$793.58	\$952.30	\$922.11	\$1,106.53	\$931.33	\$1,117.60
57	57	\$758.59	\$910.31	\$828.96	\$994.75	\$963.22	\$1,155.86	\$972.85	\$1,167.42
58	58	\$793.14	\$951.77	\$866.71	\$1,040.06	\$1,007.09	\$1,208.51	\$1,017.16	\$1,220.59
59	59	\$810.26	\$972.31	\$885.42	\$1,062.51	\$1,028.83	\$1,234.59	\$1,039.12	\$1,246.94
60	60	\$844.81	\$1,056.02	\$923.18	\$1,153.97	\$1,072.70	\$1,340.88	\$1,083.43	\$1,354.28

61	61	\$874.70	\$1,093.37	\$955.83	\$1,194.79	\$1,110.64	\$1,388.31	\$1,121.75	\$1,402.19
62	62	\$894.31	\$1,117.88	\$977.26	\$1,221.58	\$1,135.54	\$1,419.43	\$1,146.90	\$1,433.63
63	63	\$918.90	\$1,148.62	\$1,004.14	\$1,255.17	\$1,166.77	\$1,458.46	\$1,178.44	\$1,473.05
64+	64+	\$933.83	\$1,167.30	\$1,020.45	\$1,275.58	\$1,185.74	\$1,482.18	\$1,197.59	\$1,497.00

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

HIOS Plan ID (On Exchange)=>		53789PA0100013		53789PA0110013		53789PA0110031		53789PA0110032	
HIOS Plan ID (Off Exchange)=>		53789PA0100013		53789PA0110013		53789PA0110031		53789PA0110032	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		9		6		7		9	
Counties Excluded in Rating Area =>		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Gold		Gold		Gold		Gold	
Plan Name =>		Gold HMO 1000/0/20		Gold Value HMO 1000/0/20		Gold Value HMO 1000/0/20		Gold Value HMO 1000/0/20	
Deductible =>		\$1000 /\$300 Med/Rx		\$1000 /\$300 Med/Rx		\$1000 /\$300 Med/Rx		\$1000 /\$300 Med/Rx	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$20/\$50/\$300 PCP/SPC/ER		\$20/\$50/\$300 PCP/SPC/ER		\$20/\$50/\$300 PCP/SPC/ER		\$20/\$50/\$300 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$248.47	\$248.47	\$190.80	\$190.80	\$193.76	\$193.76	\$211.66	\$211.66
21	21	\$391.29	\$401.08	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65
22	22	\$391.29	\$401.08	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65
23	23	\$391.29	\$401.08	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65
24	24	\$391.29	\$401.08	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65
25	25	\$392.86	\$402.68	\$301.68	\$309.22	\$306.36	\$314.02	\$334.65	\$343.02
26	26	\$400.69	\$410.70	\$307.69	\$315.38	\$312.46	\$320.27	\$341.32	\$349.85
27	27	\$410.08	\$420.33	\$314.90	\$322.78	\$319.78	\$327.78	\$349.32	\$358.05
28	28	\$425.34	\$435.97	\$326.62	\$334.79	\$331.68	\$339.97	\$362.32	\$371.38
29	29	\$437.86	\$448.81	\$336.24	\$344.64	\$341.45	\$349.98	\$372.99	\$382.31
30	30	\$444.12	\$455.22	\$341.04	\$349.57	\$346.33	\$354.99	\$378.32	\$387.78
31	31	\$453.51	\$464.85	\$348.26	\$356.96	\$353.65	\$362.49	\$386.32	\$395.98
32	32	\$462.90	\$474.47	\$355.47	\$364.35	\$360.98	\$370.00	\$394.32	\$404.18
33	33	\$468.77	\$480.49	\$359.97	\$368.97	\$365.55	\$374.69	\$399.32	\$409.30
34	34	\$475.03	\$486.91	\$364.78	\$373.90	\$370.43	\$379.70	\$404.65	\$414.77
35	35	\$478.16	\$490.12	\$367.19	\$376.37	\$372.88	\$382.20	\$407.32	\$417.50
36	36	\$481.29	\$493.32	\$369.59	\$378.83	\$375.32	\$384.70	\$409.98	\$420.23
37	37	\$484.42	\$496.53	\$371.99	\$381.29	\$377.76	\$387.20	\$412.65	\$422.97
38	38	\$487.55	\$499.74	\$374.40	\$383.76	\$380.20	\$389.70	\$415.32	\$425.70
39	39	\$493.81	\$506.16	\$379.21	\$388.69	\$385.08	\$394.71	\$420.65	\$431.17
40	40	\$500.07	\$537.58	\$384.01	\$412.81	\$389.96	\$419.21	\$425.98	\$457.93
41	41	\$509.47	\$547.68	\$391.22	\$420.57	\$397.29	\$427.08	\$433.98	\$466.53
42	42	\$518.47	\$557.35	\$398.14	\$428.00	\$404.30	\$434.63	\$441.65	\$474.77
43	43	\$530.99	\$570.81	\$407.75	\$438.33	\$414.07	\$445.12	\$452.32	\$486.24
44	44	\$546.64	\$587.64	\$419.77	\$451.25	\$426.27	\$458.25	\$465.65	\$500.57
45	45	\$565.03	\$621.53	\$433.89	\$477.28	\$440.62	\$484.68	\$481.31	\$529.45
46	46	\$586.94	\$645.64	\$450.72	\$495.79	\$457.70	\$503.47	\$499.98	\$549.98
47	47	\$611.59	\$672.75	\$469.65	\$516.61	\$476.93	\$524.62	\$520.98	\$573.08
48	48	\$639.77	\$703.74	\$491.28	\$540.41	\$498.90	\$548.79	\$544.98	\$599.48
49	49	\$667.55	\$734.30	\$512.62	\$563.88	\$520.56	\$572.62	\$568.64	\$625.51
50	50	\$698.85	\$803.68	\$536.66	\$617.16	\$544.97	\$626.72	\$595.31	\$684.61
51	51	\$729.76	\$839.23	\$560.39	\$644.45	\$569.08	\$654.44	\$621.64	\$714.89
52	52	\$763.81	\$878.38	\$586.54	\$674.52	\$595.62	\$684.97	\$650.64	\$748.24
53	53	\$798.24	\$917.98	\$612.98	\$704.93	\$622.48	\$715.85	\$679.97	\$781.97
54	54	\$835.41	\$960.73	\$641.52	\$737.75	\$651.46	\$749.18	\$711.64	\$818.38
55	55	\$872.59	\$1,047.10	\$670.07	\$804.08	\$680.45	\$816.54	\$743.30	\$891.96
56	56	\$912.89	\$1,095.47	\$701.02	\$841.22	\$711.88	\$854.26	\$777.64	\$933.16
57	57	\$953.58	\$1,144.30	\$732.27	\$878.72	\$743.62	\$892.34	\$812.30	\$974.76
58	58	\$997.02	\$1,196.42	\$765.62	\$918.75	\$777.49	\$932.98	\$849.30	\$1,019.16
59	59	\$1,018.54	\$1,222.25	\$782.15	\$938.58	\$794.27	\$953.12	\$867.63	\$1,041.16
60	60	\$1,061.97	\$1,327.47	\$815.50	\$1,019.38	\$828.14	\$1,035.17	\$904.63	\$1,130.79

61	61	\$1,099.54	\$1,374.42	\$844.35	\$1,055.44	\$857.43	\$1,071.79	\$936.63	\$1,170.79
62	62	\$1,124.19	\$1,405.24	\$863.28	\$1,079.10	\$876.65	\$1,095.82	\$957.63	\$1,197.04
63	63	\$1,155.10	\$1,443.88	\$887.02	\$1,108.77	\$900.76	\$1,125.95	\$983.96	\$1,229.95
64+	64+	\$1,173.87	\$1,467.35	\$901.43	\$1,126.80	\$915.41	\$1,144.26	\$999.95	\$1,249.95

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

HIOS Plan ID (On Exchange)=>		53789PA0100009		53789PA0100009		53789PA0100009		53789PA0110009	
HIOS Plan ID (Off Exchange)=>		53789PA0100009		53789PA0100009		53789PA0100009		53789PA0110009	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		6		7		9		6	
Counties Excluded in Rating Area =>		None		None		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver HMO 4500/0/10		Silver HMO 4500/0/10		Silver HMO 4500/0/10		Silver Value HMO 4500/0/10	
Deductible =>		\$4500 Med/Rx Combined		\$4500 Med/Rx Combined		\$4500 Med/Rx Combined		\$4500 Med/Rx Combined	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$10/\$20/\$150 PCP/SPC/ER		\$10/\$20/\$150 PCP/SPC/ER		\$10/\$20/\$150 PCP/SPC/ER		\$10/\$20/\$150 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$195.64	\$195.64	\$197.59	\$197.59	\$193.68	\$193.68	\$150.46	\$150.46
21	21	\$308.09	\$315.79	\$311.17	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87
22	22	\$308.09	\$315.79	\$311.17	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87
23	23	\$308.09	\$315.79	\$311.17	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87
24	24	\$308.09	\$315.79	\$311.17	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87
25	25	\$309.32	\$317.06	\$312.42	\$320.23	\$306.23	\$313.89	\$237.89	\$243.84
26	26	\$315.49	\$323.37	\$318.64	\$326.61	\$312.33	\$320.14	\$242.63	\$248.69
27	27	\$322.88	\$330.95	\$326.11	\$334.26	\$319.65	\$327.64	\$248.31	\$254.52
28	28	\$334.89	\$343.27	\$338.24	\$346.70	\$331.55	\$339.83	\$257.56	\$263.99
29	29	\$344.75	\$353.37	\$348.20	\$356.91	\$341.31	\$349.84	\$265.14	\$271.77
30	30	\$349.68	\$358.43	\$353.18	\$362.01	\$346.19	\$354.84	\$268.93	\$275.65
31	31	\$357.08	\$366.00	\$360.65	\$369.66	\$353.51	\$362.34	\$274.62	\$281.48
32	32	\$364.47	\$373.58	\$368.12	\$377.32	\$360.83	\$369.85	\$280.30	\$287.31
33	33	\$369.09	\$378.32	\$372.78	\$382.10	\$365.40	\$374.54	\$283.86	\$290.95
34	34	\$374.02	\$383.37	\$377.76	\$387.21	\$370.28	\$379.54	\$287.65	\$294.84
35	35	\$376.49	\$385.90	\$380.25	\$389.76	\$372.72	\$382.04	\$289.54	\$296.78
36	36	\$378.95	\$388.43	\$382.74	\$392.31	\$375.16	\$384.54	\$291.44	\$298.72
37	37	\$381.42	\$390.95	\$385.23	\$394.86	\$377.60	\$387.04	\$293.33	\$300.67
38	38	\$383.88	\$393.48	\$387.72	\$397.41	\$380.04	\$389.54	\$295.23	\$302.61
39	39	\$388.81	\$398.53	\$392.70	\$402.52	\$384.92	\$394.55	\$299.02	\$306.50
40	40	\$393.74	\$423.27	\$397.68	\$427.50	\$389.80	\$419.04	\$302.81	\$325.52
41	41	\$401.13	\$431.22	\$405.15	\$435.53	\$397.12	\$426.91	\$308.50	\$331.64
42	42	\$408.22	\$438.84	\$412.30	\$443.23	\$404.14	\$434.45	\$313.95	\$337.49
43	43	\$418.08	\$449.44	\$422.26	\$453.93	\$413.90	\$444.94	\$321.53	\$345.64
44	44	\$430.40	\$462.68	\$434.71	\$467.31	\$426.10	\$458.06	\$331.01	\$355.83
45	45	\$444.88	\$489.37	\$449.33	\$494.27	\$440.43	\$484.48	\$342.14	\$376.36
46	46	\$462.14	\$508.35	\$466.76	\$513.43	\$457.51	\$503.27	\$355.41	\$390.95
47	47	\$481.55	\$529.70	\$486.36	\$535.00	\$476.73	\$524.40	\$370.34	\$407.37
48	48	\$503.73	\$554.10	\$508.77	\$559.64	\$498.69	\$548.56	\$387.40	\$426.14
49	49	\$525.60	\$578.16	\$530.86	\$583.95	\$520.35	\$572.38	\$404.22	\$444.64
50	50	\$550.25	\$632.79	\$555.75	\$639.12	\$544.75	\$626.46	\$423.18	\$486.65
51	51	\$574.59	\$660.78	\$580.34	\$667.39	\$568.84	\$654.17	\$441.90	\$508.18
52	52	\$601.39	\$691.60	\$607.41	\$698.52	\$595.38	\$684.69	\$462.51	\$531.89
53	53	\$628.51	\$722.78	\$634.79	\$730.01	\$622.22	\$715.55	\$483.36	\$555.86
54	54	\$657.77	\$756.44	\$664.35	\$764.00	\$651.20	\$748.88	\$505.87	\$581.75
55	55	\$687.04	\$824.45	\$693.91	\$832.70	\$680.17	\$816.21	\$528.38	\$634.06
56	56	\$718.78	\$862.53	\$725.96	\$871.16	\$711.59	\$853.91	\$552.78	\$663.34
57	57	\$750.82	\$900.98	\$758.33	\$909.99	\$743.31	\$891.97	\$577.43	\$692.91
58	58	\$785.02	\$942.02	\$792.87	\$951.44	\$777.17	\$932.60	\$603.73	\$724.47
59	59	\$801.96	\$962.35	\$809.98	\$971.98	\$793.94	\$952.73	\$616.76	\$740.11
60	60	\$836.16	\$1,045.20	\$844.52	\$1,055.65	\$827.80	\$1,034.75	\$643.06	\$803.82

61	61	\$865.74	\$1,082.17	\$874.39	\$1,092.99	\$857.08	\$1,071.35	\$665.81	\$832.26
62	62	\$885.15	\$1,106.43	\$894.00	\$1,117.50	\$876.29	\$1,095.37	\$680.73	\$850.92
63	63	\$909.48	\$1,136.86	\$918.58	\$1,148.22	\$900.39	\$1,125.49	\$699.45	\$874.31
64+	64+	\$924.26	\$1,155.34	\$933.51	\$1,166.89	\$915.02	\$1,143.79	\$710.81	\$888.53

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

HIOS Plan ID (On Exchange)=>		53789PA0110021		53789PA0110022		53789PA0100006		53789PA0100006	
HIOS Plan ID (Off Exchange)=>		53789PA0110021		53789PA0110022		53789PA0100006		53789PA0100006	
Form # =>		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117	
Rating Area =>		7		9		6		7	
Counties Excluded in Rating Area =>		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA		None		None	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver Value HMO 4500/0/10		Silver Value HMO 4500/0/10		Silver HMO 2500/0/45		Silver HMO 2500/0/45	
Deductible =>		\$4500 Med/Rx Combined		\$4500 Med/Rx Combined		\$2500 Med/Rx Combined		\$2500 Med/Rx Combined	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$10/\$20/\$150 PCP/SPC/ER		\$10/\$20/\$150 PCP/SPC/ER		\$45/\$70/\$375 PCP/SPC/ER		\$45/\$70/\$375 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$152.75	\$152.75	\$166.04	\$166.04	\$202.67	\$202.67	\$204.70	\$204.70
21	21	\$240.55	\$246.56	\$261.48	\$268.02	\$319.16	\$327.14	\$322.36	\$330.41
22	22	\$240.55	\$246.56	\$261.48	\$268.02	\$319.16	\$327.14	\$322.36	\$330.41
23	23	\$240.55	\$246.56	\$261.48	\$268.02	\$319.16	\$327.14	\$322.36	\$330.41
24	24	\$240.55	\$246.56	\$261.48	\$268.02	\$319.16	\$327.14	\$322.36	\$330.41
25	25	\$241.51	\$247.55	\$262.53	\$269.09	\$320.44	\$328.45	\$323.65	\$331.74
26	26	\$246.32	\$252.48	\$267.76	\$274.45	\$326.82	\$334.99	\$330.09	\$338.34
27	27	\$252.10	\$258.40	\$274.03	\$280.89	\$334.48	\$342.85	\$337.83	\$346.27
28	28	\$261.48	\$268.02	\$284.23	\$291.34	\$346.93	\$355.60	\$350.40	\$359.16
29	29	\$269.18	\$275.91	\$292.60	\$299.91	\$357.14	\$366.07	\$360.72	\$369.73
30	30	\$273.02	\$279.85	\$296.78	\$304.20	\$362.25	\$371.31	\$365.87	\$375.02
31	31	\$278.80	\$285.77	\$303.06	\$310.64	\$369.91	\$379.16	\$373.61	\$382.95
32	32	\$284.57	\$291.69	\$309.33	\$317.07	\$377.57	\$387.01	\$381.35	\$390.88
33	33	\$288.18	\$295.38	\$313.26	\$321.09	\$382.36	\$391.92	\$386.18	\$395.84
34	34	\$292.03	\$299.33	\$317.44	\$325.38	\$387.47	\$397.15	\$391.34	\$401.12
35	35	\$293.95	\$301.30	\$319.53	\$327.52	\$390.02	\$399.77	\$393.92	\$403.77
36	36	\$295.88	\$303.27	\$321.62	\$329.66	\$392.57	\$402.39	\$396.50	\$406.41
37	37	\$297.80	\$305.25	\$323.72	\$331.81	\$395.13	\$405.00	\$399.08	\$409.05
38	38	\$299.73	\$307.22	\$325.81	\$333.95	\$397.68	\$407.62	\$401.66	\$411.70
39	39	\$303.57	\$311.16	\$329.99	\$338.24	\$402.78	\$412.85	\$406.81	\$416.98
40	40	\$307.42	\$330.48	\$334.18	\$359.24	\$407.89	\$438.48	\$411.97	\$442.87
41	41	\$313.20	\$336.69	\$340.45	\$365.98	\$415.55	\$446.72	\$419.71	\$451.19
42	42	\$318.73	\$342.63	\$346.47	\$372.45	\$422.89	\$454.61	\$427.12	\$459.16
43	43	\$326.43	\$350.91	\$354.83	\$381.45	\$433.11	\$465.59	\$437.44	\$470.24
44	44	\$336.05	\$361.25	\$365.29	\$392.69	\$445.87	\$479.31	\$450.33	\$484.11
45	45	\$347.35	\$382.09	\$377.58	\$415.34	\$460.87	\$506.96	\$465.48	\$512.03
46	46	\$360.83	\$396.91	\$392.22	\$431.45	\$478.75	\$526.62	\$483.53	\$531.89
47	47	\$375.98	\$413.58	\$408.70	\$449.57	\$498.85	\$548.74	\$503.84	\$554.23
48	48	\$393.30	\$432.63	\$427.52	\$470.28	\$521.83	\$574.02	\$527.05	\$579.76
49	49	\$410.38	\$451.42	\$446.09	\$490.70	\$544.49	\$598.94	\$549.94	\$604.93
50	50	\$429.62	\$494.07	\$467.01	\$537.06	\$570.03	\$655.53	\$575.73	\$662.09
51	51	\$448.63	\$515.92	\$487.67	\$560.82	\$595.24	\$684.53	\$601.19	\$691.37
52	52	\$469.55	\$539.99	\$510.42	\$586.98	\$623.01	\$716.46	\$629.24	\$723.62
53	53	\$490.72	\$564.33	\$533.43	\$613.44	\$651.09	\$748.76	\$657.61	\$756.25
54	54	\$513.57	\$590.61	\$558.27	\$642.01	\$681.42	\$783.63	\$688.23	\$791.46
55	55	\$536.43	\$643.71	\$583.11	\$699.73	\$711.74	\$854.08	\$718.85	\$862.62
56	56	\$561.20	\$673.44	\$610.04	\$732.05	\$744.61	\$893.53	\$752.06	\$902.47
57	57	\$586.22	\$703.46	\$637.23	\$764.68	\$777.80	\$933.36	\$785.58	\$942.70
58	58	\$612.92	\$735.51	\$666.26	\$799.51	\$813.23	\$975.88	\$821.36	\$985.63
59	59	\$626.15	\$751.38	\$680.64	\$816.77	\$830.78	\$996.94	\$839.09	\$1,006.91
60	60	\$652.85	\$816.07	\$709.67	\$887.08	\$866.21	\$1,082.76	\$874.87	\$1,093.59

61	61	\$675.95	\$844.93	\$734.77	\$918.46	\$896.85	\$1,121.06	\$905.82	\$1,132.27
62	62	\$691.10	\$863.88	\$751.24	\$939.05	\$916.96	\$1,146.20	\$926.13	\$1,157.66
63	63	\$710.10	\$887.63	\$771.90	\$964.87	\$942.17	\$1,177.72	\$951.59	\$1,189.49
64+	64+	\$721.64	\$902.06	\$784.44	\$980.56	\$957.48	\$1,196.87	\$967.07	\$1,208.83

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

HIOS Plan ID (On Exchange)=>		53789PA0100006		53789PA0110006		53789PA0110027		53789PA0110028	
HIOS Plan ID (Off Exchange)=>		53789PA0100006		53789PA0110006		53789PA0110027		53789PA0110028	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		9		6		7		9	
Counties Excluded in Rating Area =>		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver HMO 2500/0/45		Silver Value HMO 2500/0/45		Silver Value HMO 2500/0/45		Silver Value HMO 2500/0/45	
Deductible =>		\$2500 Med/Rx Combined		\$2500 Med/Rx Combined		\$2500 Med/Rx Combined		\$2500 Med/Rx Combined	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$45/\$70/\$375 PCP/SPC/ER		\$45/\$70/\$375 PCP/SPC/ER		\$45/\$70/\$375 PCP/SPC/ER		\$45/\$70/\$375 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$200.64	\$200.64	\$155.58	\$155.58	\$157.96	\$157.96	\$171.84	\$171.84
21	21	\$315.97	\$323.87	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38
22	22	\$315.97	\$323.87	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38
23	23	\$315.97	\$323.87	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38
24	24	\$315.97	\$323.87	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38
25	25	\$317.24	\$325.17	\$245.99	\$252.14	\$249.75	\$255.99	\$271.69	\$278.49
26	26	\$323.56	\$331.64	\$250.89	\$257.17	\$254.73	\$261.09	\$277.10	\$284.03
27	27	\$331.14	\$339.42	\$256.77	\$263.19	\$260.70	\$267.21	\$283.60	\$290.69
28	28	\$343.46	\$352.05	\$266.33	\$272.99	\$270.40	\$277.16	\$294.15	\$301.51
29	29	\$353.57	\$362.41	\$274.17	\$281.02	\$278.36	\$285.32	\$302.81	\$310.38
30	30	\$358.63	\$367.59	\$278.09	\$285.04	\$282.34	\$289.40	\$307.14	\$314.82
31	31	\$366.21	\$375.37	\$283.97	\$291.07	\$288.31	\$295.52	\$313.64	\$321.48
32	32	\$373.80	\$383.14	\$289.85	\$297.10	\$294.28	\$301.63	\$320.13	\$328.14
33	33	\$378.53	\$388.00	\$293.53	\$300.86	\$298.01	\$305.46	\$324.19	\$332.30
34	34	\$383.59	\$393.18	\$297.45	\$304.88	\$301.99	\$309.54	\$328.52	\$336.73
35	35	\$386.12	\$395.77	\$299.41	\$306.89	\$303.98	\$311.58	\$330.69	\$338.95
36	36	\$388.65	\$398.36	\$301.37	\$308.90	\$305.97	\$313.62	\$332.85	\$341.17
37	37	\$391.17	\$400.95	\$303.33	\$310.91	\$307.96	\$315.66	\$335.02	\$343.39
38	38	\$393.70	\$403.54	\$305.29	\$312.92	\$309.95	\$317.70	\$337.18	\$345.61
39	39	\$398.76	\$408.73	\$309.21	\$316.94	\$313.93	\$321.78	\$341.51	\$350.05
40	40	\$403.81	\$434.10	\$313.13	\$336.61	\$317.91	\$341.75	\$345.84	\$371.78
41	41	\$411.40	\$442.25	\$319.01	\$342.93	\$323.88	\$348.17	\$352.33	\$378.76
42	42	\$418.66	\$450.06	\$324.64	\$348.99	\$329.60	\$354.32	\$358.56	\$385.45
43	43	\$428.77	\$460.93	\$332.48	\$357.42	\$337.56	\$362.88	\$367.22	\$394.76
44	44	\$441.41	\$474.52	\$342.28	\$367.96	\$347.51	\$373.57	\$378.04	\$406.40
45	45	\$456.26	\$501.89	\$353.80	\$389.18	\$359.20	\$395.12	\$390.76	\$429.84
46	46	\$473.96	\$521.35	\$367.52	\$404.27	\$373.13	\$410.45	\$405.92	\$446.51
47	47	\$493.86	\$543.25	\$382.96	\$421.25	\$388.81	\$427.69	\$422.96	\$465.26
48	48	\$516.61	\$568.28	\$400.60	\$440.66	\$406.72	\$447.39	\$442.45	\$486.69
49	49	\$539.05	\$592.95	\$417.99	\$459.79	\$424.38	\$466.81	\$461.66	\$507.83
50	50	\$564.33	\$648.98	\$437.59	\$503.23	\$444.28	\$510.92	\$483.31	\$555.81
51	51	\$589.29	\$677.68	\$456.95	\$525.49	\$463.93	\$533.52	\$504.69	\$580.39
52	52	\$616.78	\$709.29	\$478.27	\$550.01	\$485.57	\$558.41	\$528.23	\$607.47
53	53	\$644.58	\$741.27	\$499.83	\$574.80	\$507.46	\$583.58	\$552.04	\$634.85
54	54	\$674.60	\$775.79	\$523.10	\$601.57	\$531.09	\$610.76	\$577.75	\$664.42
55	55	\$704.62	\$845.54	\$546.38	\$655.66	\$554.73	\$665.67	\$603.46	\$724.15
56	56	\$737.16	\$884.60	\$571.62	\$685.94	\$580.35	\$696.42	\$631.33	\$757.60
57	57	\$770.02	\$924.03	\$597.10	\$716.52	\$606.22	\$727.46	\$659.48	\$791.37
58	58	\$805.10	\$966.12	\$624.29	\$749.15	\$633.83	\$760.60	\$689.51	\$827.42
59	59	\$822.48	\$986.97	\$637.77	\$765.32	\$647.51	\$777.01	\$704.40	\$845.28
60	60	\$857.55	\$1,071.94	\$664.97	\$831.21	\$675.12	\$843.90	\$734.44	\$918.05

61	61	\$887.88	\$1,109.85	\$688.49	\$860.61	\$699.00	\$873.75	\$760.41	\$950.52
62	62	\$907.79	\$1,134.74	\$703.92	\$879.91	\$714.67	\$893.34	\$777.46	\$971.83
63	63	\$932.75	\$1,165.94	\$723.28	\$904.10	\$734.33	\$917.91	\$798.84	\$998.55
64+	64+	\$947.91	\$1,184.90	\$735.03	\$918.80	\$746.27	\$932.83	\$811.82	\$1,014.79

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

HIOS Plan ID (On Exchange)=>		53789PA0100017		53789PA0100017		53789PA0100017		53789PA0110041	
HIOS Plan ID (Off Exchange)=>		53789PA0100017		53789PA0100017		53789PA0100017		53789PA0110041	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		6		7		9		6	
Counties Excluded in Rating Area =>		None		None		None		CENTRE, COLUMBIA, MIFFLIN, MONTGOMERY, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver HMO 1500/30/0		Silver HMO 1500/30/0		Silver HMO 1500/30/0		Silver Value HMO 1500/30/0	
Deductible =>		\$1500 Med/Rx Combined		\$1500 Med/Rx Combined		\$1500 Med/Rx Combined		\$1500 Med/Rx Combined	
Coinsurance =>		30%		30%		30%		30%	
Copays =>		\$0/\$0/\$0 PCP/SPC/ER		\$0/\$0/\$0 PCP/SPC/ER		\$0/\$0/\$0 PCP/SPC/ER		\$0/\$0/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$210.12	\$210.12	\$212.22	\$212.22	\$208.02	\$208.02	\$161.02	\$161.02
21	21	\$330.90	\$339.17	\$334.21	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91
22	22	\$330.90	\$339.17	\$334.21	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91
23	23	\$330.90	\$339.17	\$334.21	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91
24	24	\$330.90	\$339.17	\$334.21	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91
25	25	\$332.23	\$340.53	\$335.55	\$343.94	\$328.90	\$337.13	\$254.59	\$260.95
26	26	\$338.84	\$347.31	\$342.23	\$350.79	\$335.46	\$343.84	\$259.66	\$266.15
27	27	\$346.79	\$355.45	\$350.25	\$359.01	\$343.32	\$351.90	\$265.74	\$272.39
28	28	\$359.69	\$368.68	\$363.29	\$372.37	\$356.09	\$365.00	\$275.63	\$282.52
29	29	\$370.28	\$379.54	\$373.98	\$383.33	\$366.58	\$375.74	\$283.75	\$290.84
30	30	\$375.57	\$384.96	\$379.33	\$388.81	\$371.82	\$381.11	\$287.80	\$295.00
31	31	\$383.52	\$393.10	\$387.35	\$397.03	\$379.68	\$389.17	\$293.89	\$301.24
32	32	\$391.46	\$401.24	\$395.37	\$405.26	\$387.54	\$397.23	\$299.97	\$307.47
33	33	\$396.42	\$406.33	\$400.38	\$410.39	\$392.46	\$402.27	\$303.78	\$311.37
34	34	\$401.72	\$411.76	\$405.73	\$415.88	\$397.70	\$407.64	\$307.84	\$315.53
35	35	\$404.36	\$414.47	\$408.41	\$418.62	\$400.32	\$410.33	\$309.86	\$317.61
36	36	\$407.01	\$417.18	\$411.08	\$421.36	\$402.94	\$413.01	\$311.89	\$319.69
37	37	\$409.66	\$419.90	\$413.75	\$424.10	\$405.56	\$415.70	\$313.92	\$321.77
38	38	\$412.30	\$422.61	\$416.43	\$426.84	\$408.18	\$418.39	\$315.95	\$323.85
39	39	\$417.60	\$428.04	\$421.77	\$432.32	\$413.42	\$423.76	\$320.01	\$328.01
40	40	\$422.89	\$454.61	\$427.12	\$459.16	\$418.66	\$450.06	\$324.06	\$348.37
41	41	\$430.83	\$463.15	\$435.14	\$467.78	\$426.53	\$458.52	\$330.15	\$354.91
42	42	\$438.45	\$471.33	\$442.83	\$476.04	\$434.06	\$466.62	\$335.98	\$361.18
43	43	\$449.03	\$482.71	\$453.52	\$487.54	\$444.54	\$477.88	\$344.10	\$369.90
44	44	\$462.27	\$496.94	\$466.89	\$501.91	\$457.65	\$491.97	\$354.24	\$380.81
45	45	\$477.82	\$525.60	\$482.60	\$530.86	\$473.04	\$520.35	\$366.16	\$402.77
46	46	\$496.35	\$545.99	\$501.32	\$551.45	\$491.39	\$540.53	\$380.36	\$418.39
47	47	\$517.20	\$568.92	\$522.37	\$574.61	\$512.03	\$563.23	\$396.33	\$435.96
48	48	\$541.02	\$595.13	\$546.44	\$601.08	\$535.61	\$589.18	\$414.59	\$456.05
49	49	\$564.52	\$620.97	\$570.16	\$627.18	\$558.87	\$614.76	\$432.59	\$475.85
50	50	\$590.99	\$679.64	\$596.90	\$686.44	\$585.08	\$672.84	\$452.88	\$520.81
51	51	\$617.13	\$709.70	\$623.30	\$716.80	\$610.96	\$702.61	\$472.91	\$543.85
52	52	\$645.92	\$742.81	\$652.38	\$750.24	\$639.46	\$735.38	\$494.97	\$569.22
53	53	\$675.04	\$776.30	\$681.79	\$784.06	\$668.29	\$768.53	\$517.28	\$594.88
54	54	\$706.48	\$812.45	\$713.54	\$820.57	\$699.41	\$804.32	\$541.37	\$622.58
55	55	\$737.91	\$885.49	\$745.29	\$894.35	\$730.53	\$876.64	\$565.46	\$678.56
56	56	\$771.99	\$926.39	\$779.71	\$935.66	\$764.27	\$917.13	\$591.58	\$709.90
57	57	\$806.41	\$967.69	\$814.47	\$977.37	\$798.34	\$958.01	\$617.95	\$741.54
58	58	\$843.14	\$1,011.77	\$851.57	\$1,021.88	\$834.71	\$1,001.65	\$646.10	\$775.32
59	59	\$861.34	\$1,033.61	\$869.95	\$1,043.94	\$852.72	\$1,023.27	\$660.05	\$792.05
60	60	\$898.07	\$1,122.59	\$907.05	\$1,133.81	\$889.09	\$1,111.36	\$688.19	\$860.24

61	61	\$929.83	\$1,162.29	\$939.13	\$1,173.92	\$920.54	\$1,150.67	\$712.53	\$890.67
62	62	\$950.68	\$1,188.35	\$960.19	\$1,200.24	\$941.17	\$1,176.47	\$728.51	\$910.64
63	63	\$976.82	\$1,221.03	\$986.59	\$1,233.24	\$967.05	\$1,208.82	\$748.54	\$935.68
64+	64+	\$992.70	\$1,240.88	\$1,002.62	\$1,253.29	\$982.77	\$1,228.47	\$760.70	\$950.89

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

HIOS Plan ID (On Exchange)=>		53789PA0110042		53789PA0110043		53789PA0100015		53789PA0100015	
HIOS Plan ID (Off Exchange)=>		53789PA0110042		53789PA0110043		53789PA0100015		53789PA0100015	
Form # =>		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117	
Rating Area =>		7		9		6		7	
Counties Excluded in Rating Area =>		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA		None		None	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver Value HMO 1500/30/0		Silver Value HMO 1500/30/0		Silver HMO 0/0/55		Silver HMO 0/0/55	
Deductible =>		\$1500 Med/Rx Combined		\$1500 Med/Rx Combined		\$0 /\$0 Med/Rx		\$0 /\$0 Med/Rx	
Coinsurance =>		30%		30%		0%		0%	
Copays =>		\$0/\$0/\$0 PCP/SPC/ER		\$0/\$0/\$0 PCP/SPC/ER		\$55/\$85/\$400 PCP/SPC/ER		\$55/\$85/\$400 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$163.48	\$163.48	\$177.98	\$177.98	\$213.96	\$213.96	\$216.10	\$216.10
21	21	\$257.45	\$263.89	\$280.29	\$287.29	\$336.94	\$345.37	\$340.31	\$348.82
22	22	\$257.45	\$263.89	\$280.29	\$287.29	\$336.94	\$345.37	\$340.31	\$348.82
23	23	\$257.45	\$263.89	\$280.29	\$287.29	\$336.94	\$345.37	\$340.31	\$348.82
24	24	\$257.45	\$263.89	\$280.29	\$287.29	\$336.94	\$345.37	\$340.31	\$348.82
25	25	\$258.48	\$264.95	\$281.41	\$288.44	\$338.29	\$346.75	\$341.67	\$350.21
26	26	\$263.63	\$270.22	\$287.01	\$294.19	\$345.03	\$353.65	\$348.48	\$357.19
27	27	\$269.81	\$276.56	\$293.74	\$301.08	\$353.12	\$361.94	\$356.65	\$365.56
28	28	\$279.85	\$286.85	\$304.67	\$312.29	\$366.26	\$375.41	\$369.92	\$379.17
29	29	\$288.09	\$295.29	\$313.64	\$321.48	\$377.04	\$386.46	\$380.81	\$390.33
30	30	\$292.21	\$299.51	\$318.12	\$326.08	\$382.43	\$391.99	\$386.25	\$395.91
31	31	\$298.39	\$305.85	\$324.85	\$332.97	\$390.52	\$400.28	\$394.42	\$404.28
32	32	\$304.57	\$312.18	\$331.58	\$339.87	\$398.60	\$408.57	\$402.59	\$412.65
33	33	\$308.43	\$316.14	\$335.78	\$344.18	\$403.66	\$413.75	\$407.69	\$417.89
34	34	\$312.55	\$320.36	\$340.27	\$348.77	\$409.05	\$419.27	\$413.14	\$423.47
35	35	\$314.61	\$322.47	\$342.51	\$351.07	\$411.74	\$422.04	\$415.86	\$426.26
36	36	\$316.67	\$324.58	\$344.75	\$353.37	\$414.44	\$424.80	\$418.58	\$429.05
37	37	\$318.73	\$326.70	\$346.99	\$355.67	\$417.13	\$427.56	\$421.31	\$431.84
38	38	\$320.79	\$328.81	\$349.24	\$357.97	\$419.83	\$430.33	\$424.03	\$434.63
39	39	\$324.91	\$333.03	\$353.72	\$362.56	\$425.22	\$435.85	\$429.47	\$440.21
40	40	\$329.03	\$353.70	\$358.20	\$385.07	\$430.61	\$462.91	\$434.92	\$467.54
41	41	\$335.20	\$360.34	\$364.93	\$392.30	\$438.70	\$471.60	\$443.09	\$476.32
42	42	\$341.13	\$366.71	\$371.38	\$399.23	\$446.45	\$479.93	\$450.91	\$484.73
43	43	\$349.36	\$375.57	\$380.35	\$408.87	\$457.23	\$491.52	\$461.80	\$496.44
44	44	\$359.66	\$386.64	\$391.56	\$420.93	\$470.71	\$506.01	\$475.42	\$511.07
45	45	\$371.76	\$408.94	\$404.73	\$445.21	\$486.54	\$535.20	\$491.41	\$540.55
46	46	\$386.18	\$424.80	\$420.43	\$462.47	\$505.41	\$555.95	\$510.47	\$561.51
47	47	\$402.40	\$442.64	\$438.09	\$481.89	\$526.64	\$579.30	\$531.91	\$585.10
48	48	\$420.94	\$463.03	\$458.27	\$504.09	\$550.90	\$605.99	\$556.41	\$612.05
49	49	\$439.22	\$483.14	\$478.17	\$525.98	\$574.82	\$632.31	\$580.57	\$638.63
50	50	\$459.81	\$528.78	\$500.59	\$575.68	\$601.78	\$692.05	\$607.80	\$698.97
51	51	\$480.15	\$552.17	\$522.73	\$601.14	\$628.40	\$722.66	\$634.68	\$729.88
52	52	\$502.55	\$577.93	\$547.12	\$629.18	\$657.71	\$756.37	\$664.29	\$763.93
53	53	\$525.20	\$603.99	\$571.78	\$657.55	\$687.36	\$790.47	\$694.24	\$798.37
54	54	\$549.66	\$632.11	\$598.41	\$688.17	\$719.37	\$827.28	\$726.57	\$835.55
55	55	\$574.12	\$688.94	\$625.04	\$750.04	\$751.38	\$901.66	\$758.89	\$910.67
56	56	\$600.64	\$720.77	\$653.91	\$784.69	\$786.09	\$943.30	\$793.95	\$952.74
57	57	\$627.41	\$752.90	\$683.06	\$819.67	\$821.13	\$985.35	\$829.34	\$995.21
58	58	\$655.99	\$787.19	\$714.17	\$857.00	\$858.53	\$1,030.23	\$867.11	\$1,040.54
59	59	\$670.15	\$804.18	\$729.58	\$875.50	\$877.06	\$1,052.47	\$885.83	\$1,063.00
60	60	\$698.73	\$873.41	\$760.69	\$950.87	\$914.46	\$1,143.08	\$923.61	\$1,154.51

61	61	\$723.44	\$904.30	\$787.60	\$984.50	\$946.81	\$1,183.51	\$956.28	\$1,195.34
62	62	\$739.66	\$924.58	\$805.26	\$1,006.58	\$968.03	\$1,210.04	\$977.72	\$1,222.14
63	63	\$760.00	\$950.00	\$827.40	\$1,034.25	\$994.65	\$1,243.32	\$1,004.60	\$1,255.75
64+	64+	\$772.35	\$965.45	\$840.86	\$1,051.07	\$1,010.82	\$1,263.53	\$1,020.92	\$1,276.17

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

HIOS Plan ID (On Exchange)=>		53789PA0100015		53789PA0110015		53789PA0110035		53789PA0110036	
HIOS Plan ID (Off Exchange)=>		53789PA0100015		53789PA0110015		53789PA0110035		53789PA0110036	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		9		6		7		9	
Counties Excluded in Rating Area =>		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		Silver HMO 0/0/55		Silver Value HMO 0/0/55		Silver Value HMO 0/0/55		Silver Value HMO 0/0/55	
Deductible =>		\$0 /\$0 Med/Rx		\$0 /\$0 Med/Rx		\$0 /\$0 Med/Rx		\$0 /\$0 Med/Rx	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$55/\$85/\$400 PCP/SPC/ER		\$55/\$85/\$400 PCP/SPC/ER		\$55/\$85/\$400 PCP/SPC/ER		\$55/\$85/\$400 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$211.82	\$211.82	\$163.81	\$163.81	\$166.33	\$166.33	\$181.14	\$181.14
21	21	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	\$268.48	\$285.26	\$292.39
22	22	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	\$268.48	\$285.26	\$292.39
23	23	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	\$268.48	\$285.26	\$292.39
24	24	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	\$268.48	\$285.26	\$292.39
25	25	\$334.91	\$343.28	\$259.01	\$265.48	\$262.98	\$269.55	\$286.40	\$293.56
26	26	\$341.58	\$350.12	\$264.17	\$270.77	\$268.22	\$274.92	\$292.11	\$299.41
27	27	\$349.58	\$358.32	\$270.36	\$277.12	\$274.50	\$281.36	\$298.96	\$306.43
28	28	\$362.59	\$371.66	\$280.42	\$287.43	\$284.72	\$291.84	\$310.08	\$317.83
29	29	\$373.27	\$382.60	\$288.67	\$295.89	\$293.10	\$300.43	\$319.21	\$327.19
30	30	\$378.61	\$388.07	\$292.80	\$300.12	\$297.29	\$304.72	\$323.77	\$331.87
31	31	\$386.61	\$396.28	\$298.99	\$306.47	\$303.58	\$311.17	\$330.62	\$338.89
32	32	\$394.62	\$404.48	\$305.18	\$312.81	\$309.86	\$317.61	\$337.47	\$345.90
33	33	\$399.62	\$409.61	\$309.05	\$316.78	\$313.79	\$321.64	\$341.75	\$350.29
34	34	\$404.96	\$415.08	\$313.18	\$321.01	\$317.98	\$325.93	\$346.31	\$354.97
35	35	\$407.63	\$417.82	\$315.25	\$323.13	\$320.08	\$328.08	\$348.59	\$357.31
36	36	\$410.29	\$420.55	\$317.31	\$325.24	\$322.17	\$330.23	\$350.87	\$359.65
37	37	\$412.96	\$423.29	\$319.37	\$327.36	\$324.27	\$332.38	\$353.16	\$361.98
38	38	\$415.63	\$426.02	\$321.44	\$329.47	\$326.36	\$334.52	\$355.44	\$364.32
39	39	\$420.97	\$431.49	\$325.56	\$333.70	\$330.55	\$338.82	\$360.00	\$369.00
40	40	\$426.31	\$458.28	\$329.69	\$354.42	\$334.75	\$359.85	\$364.57	\$391.91
41	41	\$434.31	\$466.89	\$335.88	\$361.07	\$341.03	\$366.61	\$371.41	\$399.27
42	42	\$441.98	\$475.13	\$341.82	\$367.45	\$347.06	\$373.09	\$377.97	\$406.32
43	43	\$452.66	\$486.61	\$350.07	\$376.33	\$355.44	\$382.10	\$387.10	\$416.13
44	44	\$466.00	\$500.95	\$360.39	\$387.42	\$365.92	\$393.36	\$398.51	\$428.40
45	45	\$481.68	\$529.85	\$372.52	\$409.77	\$378.23	\$416.05	\$411.92	\$453.11
46	46	\$500.36	\$550.40	\$386.96	\$425.66	\$392.89	\$432.18	\$427.89	\$470.68
47	47	\$521.37	\$573.51	\$403.21	\$443.54	\$409.40	\$450.34	\$445.87	\$490.45
48	48	\$545.39	\$599.93	\$421.79	\$463.97	\$428.25	\$471.08	\$466.40	\$513.05
49	49	\$569.08	\$625.98	\$440.10	\$484.12	\$446.85	\$491.54	\$486.66	\$535.32
50	50	\$595.76	\$685.13	\$460.74	\$529.85	\$467.81	\$537.98	\$509.48	\$585.90
51	51	\$622.11	\$715.43	\$481.12	\$553.29	\$488.50	\$561.77	\$532.02	\$611.82
52	52	\$651.13	\$748.80	\$503.57	\$579.10	\$511.29	\$587.98	\$556.83	\$640.36
53	53	\$680.49	\$782.56	\$526.27	\$605.21	\$534.34	\$614.49	\$581.94	\$669.23
54	54	\$712.18	\$819.00	\$550.78	\$633.39	\$559.22	\$643.10	\$609.04	\$700.39
55	55	\$743.87	\$892.64	\$575.28	\$690.34	\$584.10	\$700.92	\$636.14	\$763.36
56	56	\$778.23	\$933.87	\$601.85	\$722.23	\$611.08	\$733.30	\$665.52	\$798.62
57	57	\$812.92	\$975.50	\$628.68	\$754.42	\$638.32	\$765.99	\$695.19	\$834.22
58	58	\$849.94	\$1,019.93	\$657.32	\$788.78	\$667.40	\$800.88	\$726.85	\$872.22
59	59	\$868.29	\$1,041.95	\$671.51	\$805.81	\$681.80	\$818.16	\$742.54	\$891.05
60	60	\$905.32	\$1,131.65	\$700.14	\$875.18	\$710.88	\$888.60	\$774.20	\$967.75

61	61	\$937.34	\$1,171.67	\$724.91	\$906.14	\$736.02	\$920.03	\$801.59	\$1,001.99
62	62	\$958.35	\$1,197.94	\$741.16	\$926.45	\$752.52	\$940.65	\$819.56	\$1,024.45
63	63	\$984.71	\$1,230.88	\$761.54	\$951.93	\$773.22	\$966.52	\$842.10	\$1,052.62
64+	64+	\$1,000.71	\$1,250.90	\$773.91	\$967.41	\$785.78	\$982.24	\$855.78	\$1,069.74

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

HIOS Plan ID (On Exchange)=>		53789PA0060001		53789PA0060001		53789PA0060001		53789PA0040001	
HIOS Plan ID (Off Exchange)=>		53789PA0060001		53789PA0060001		53789PA0060001		53789PA0040001	
Form # =>		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117	
Rating Area =>		6		7		9		6	
Counties Excluded in Rating Area =>		None		None		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Silver		Silver	
Plan Name =>		BlueCross 0.50, a Multi-State Plan		BlueCross 0.50, a Multi-State Plan		BlueCross 0.50, a Multi-State Plan		BlueCross Value 0.50, a Multi-State Plan	
Deductible =>		\$0 Med/Rx Combined		\$0 Med/Rx Combined		\$0 Med/Rx Combined		\$0 Med/Rx Combined	
Coinsurance =>		50%		50%		50%		50%	
Copays =>		\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$207.99	\$207.99	\$210.07	\$210.07	\$205.91	\$205.91	\$159.47	\$159.47
21	21	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38	\$251.13	\$257.41
22	22	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38	\$251.13	\$257.41
23	23	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38	\$251.13	\$257.41
24	24	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38	\$251.13	\$257.41
25	25	\$328.86	\$337.08	\$332.15	\$340.45	\$325.57	\$333.71	\$252.13	\$258.44
26	26	\$335.41	\$343.80	\$338.76	\$347.23	\$332.06	\$340.36	\$257.15	\$263.58
27	27	\$343.27	\$351.85	\$346.70	\$355.37	\$339.84	\$348.34	\$263.18	\$269.76
28	28	\$356.05	\$364.95	\$359.61	\$368.60	\$352.49	\$361.30	\$272.98	\$279.80
29	29	\$366.53	\$375.69	\$370.19	\$379.45	\$362.86	\$371.93	\$281.01	\$288.04
30	30	\$371.77	\$381.06	\$375.49	\$384.87	\$368.05	\$377.25	\$285.03	\$292.16
31	31	\$379.63	\$389.12	\$383.43	\$393.01	\$375.83	\$385.23	\$291.06	\$298.33
32	32	\$387.49	\$397.18	\$391.37	\$401.15	\$383.62	\$393.21	\$297.08	\$304.51
33	33	\$392.40	\$402.21	\$396.33	\$406.24	\$388.48	\$398.19	\$300.85	\$308.37
34	34	\$397.65	\$407.59	\$401.62	\$411.66	\$393.67	\$403.51	\$304.87	\$312.49
35	35	\$400.27	\$410.27	\$404.27	\$414.37	\$396.26	\$406.17	\$306.88	\$314.55
36	36	\$402.89	\$412.96	\$406.91	\$417.09	\$398.86	\$408.83	\$308.89	\$316.61
37	37	\$405.51	\$415.64	\$409.56	\$419.80	\$401.45	\$411.49	\$310.90	\$318.67
38	38	\$408.13	\$418.33	\$412.21	\$422.51	\$404.05	\$414.15	\$312.90	\$320.73
39	39	\$413.37	\$423.70	\$417.50	\$427.94	\$409.23	\$419.46	\$316.92	\$324.85
40	40	\$418.61	\$450.00	\$422.79	\$454.50	\$414.42	\$445.50	\$320.94	\$345.01
41	41	\$426.47	\$458.45	\$430.73	\$463.04	\$422.20	\$453.87	\$326.97	\$351.49
42	42	\$434.00	\$466.55	\$438.34	\$471.22	\$429.66	\$461.89	\$332.74	\$357.70
43	43	\$444.48	\$477.82	\$448.93	\$482.60	\$440.04	\$473.04	\$340.78	\$366.34
44	44	\$457.59	\$491.91	\$462.16	\$496.82	\$453.01	\$486.99	\$350.82	\$377.14
45	45	\$472.98	\$520.28	\$477.71	\$525.48	\$468.25	\$515.08	\$362.63	\$398.89
46	46	\$491.32	\$540.46	\$496.24	\$545.86	\$486.41	\$535.05	\$376.69	\$414.36
47	47	\$511.96	\$563.16	\$517.08	\$568.79	\$506.84	\$557.52	\$392.51	\$431.76
48	48	\$535.54	\$589.10	\$540.90	\$594.99	\$530.19	\$583.21	\$410.59	\$451.65
49	49	\$558.80	\$614.68	\$564.39	\$620.83	\$553.21	\$608.53	\$428.42	\$471.27
50	50	\$585.00	\$672.75	\$590.85	\$679.48	\$579.15	\$666.03	\$448.51	\$515.79
51	51	\$610.88	\$702.51	\$616.99	\$709.54	\$604.77	\$695.49	\$468.35	\$538.61
52	52	\$639.38	\$735.28	\$645.77	\$742.64	\$632.98	\$727.93	\$490.20	\$563.73
53	53	\$668.20	\$768.43	\$674.88	\$776.12	\$661.52	\$760.75	\$512.30	\$589.14
54	54	\$699.32	\$804.22	\$706.31	\$812.26	\$692.33	\$796.17	\$536.16	\$616.58
55	55	\$730.44	\$876.52	\$737.74	\$885.29	\$723.13	\$867.76	\$560.01	\$672.02
56	56	\$764.17	\$917.01	\$771.81	\$926.18	\$756.53	\$907.84	\$585.88	\$703.06
57	57	\$798.24	\$957.89	\$806.22	\$967.46	\$790.26	\$948.31	\$612.00	\$734.40
58	58	\$834.60	\$1,001.52	\$842.94	\$1,011.53	\$826.25	\$991.50	\$639.87	\$767.85
59	59	\$852.61	\$1,023.13	\$861.14	\$1,033.36	\$844.09	\$1,012.90	\$653.68	\$784.42
60	60	\$888.97	\$1,111.21	\$897.86	\$1,122.32	\$880.08	\$1,100.10	\$681.56	\$851.95

61	61	\$920.41	\$1,150.52	\$929.62	\$1,162.02	\$911.21	\$1,139.01	\$705.67	\$882.08
62	62	\$941.05	\$1,176.31	\$950.46	\$1,188.08	\$931.64	\$1,164.55	\$721.49	\$901.86
63	63	\$966.93	\$1,208.66	\$976.60	\$1,220.74	\$957.26	\$1,196.57	\$741.33	\$926.66
64+	64+	\$982.64	\$1,228.31	\$992.46	\$1,240.59	\$972.81	\$1,216.03	\$753.38	\$941.73

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

HIOS Plan ID (On Exchange)=>		53789PA0040002		53789PA0040003		53789PA0100008		53789PA0100008	
HIOS Plan ID (Off Exchange)=>		53789PA0040002		53789PA0040003		53789PA0100008		53789PA0100008	
Form # =>		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117		KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117	
Rating Area =>		7		9		6		7	
Counties Excluded in Rating Area =>		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA		None		None	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Silver		Silver		Bronze		Bronze	
Plan Name =>		BlueCross Value 0.50, a Multi-State Plan		BlueCross Value 0.50, a Multi-State Plan		Bronze HMO 7000/50/60		Bronze HMO 7000/50/60	
Deductible =>		\$0 Med/Rx Combined		\$0 Med/Rx Combined		\$7000 Med/Rx Combined		\$7000 Med/Rx Combined	
Coinsurance =>		50%		50%		50%		50%	
Copays =>		\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$161.91	\$161.91	\$176.23	\$176.23	\$165.00	\$165.00	\$166.65	\$166.65
21	21	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44	\$269.00
22	22	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44	\$269.00
23	23	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44	\$269.00
24	24	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44	\$269.00
25	25	\$255.99	\$262.39	\$278.63	\$285.60	\$260.88	\$267.40	\$263.49	\$270.07
26	26	\$261.09	\$267.62	\$284.18	\$291.29	\$266.07	\$272.73	\$268.74	\$275.45
27	27	\$267.21	\$273.89	\$290.84	\$298.12	\$272.31	\$279.12	\$275.03	\$281.91
28	28	\$277.15	\$284.08	\$301.67	\$309.21	\$282.44	\$289.51	\$285.27	\$292.40
29	29	\$285.31	\$292.44	\$310.55	\$318.31	\$290.76	\$298.03	\$293.67	\$301.01
30	30	\$289.39	\$296.63	\$314.99	\$322.86	\$294.92	\$302.29	\$297.87	\$305.31
31	31	\$295.51	\$302.90	\$321.65	\$329.69	\$301.15	\$308.68	\$304.16	\$311.77
32	32	\$301.63	\$309.17	\$328.31	\$336.52	\$307.39	\$315.07	\$310.46	\$318.22
33	33	\$305.45	\$313.09	\$332.47	\$340.78	\$311.29	\$319.07	\$314.40	\$322.26
34	34	\$309.53	\$317.27	\$336.91	\$345.34	\$315.44	\$323.33	\$318.60	\$326.56
35	35	\$311.57	\$319.36	\$339.13	\$347.61	\$317.52	\$325.46	\$320.70	\$328.72
36	36	\$313.61	\$321.45	\$341.35	\$349.89	\$319.60	\$327.59	\$322.80	\$330.87
37	37	\$315.65	\$323.54	\$343.57	\$352.16	\$321.68	\$329.72	\$324.90	\$333.02
38	38	\$317.69	\$325.63	\$345.79	\$354.44	\$323.76	\$331.85	\$327.00	\$335.17
39	39	\$321.77	\$329.82	\$350.23	\$358.99	\$327.92	\$336.11	\$331.20	\$339.48
40	40	\$325.85	\$350.29	\$354.67	\$381.27	\$332.07	\$356.98	\$335.39	\$360.55
41	41	\$331.97	\$356.87	\$361.33	\$388.43	\$338.31	\$363.68	\$341.69	\$367.32
42	42	\$337.84	\$363.17	\$367.72	\$395.30	\$344.29	\$370.11	\$347.73	\$373.81
43	43	\$345.99	\$371.94	\$376.60	\$404.84	\$352.60	\$379.05	\$356.13	\$382.84
44	44	\$356.19	\$382.91	\$387.70	\$416.78	\$362.99	\$390.22	\$366.62	\$394.12
45	45	\$368.18	\$404.99	\$400.74	\$440.82	\$375.21	\$412.73	\$378.96	\$416.86
46	46	\$382.45	\$420.70	\$416.28	\$457.91	\$389.76	\$428.73	\$393.66	\$433.02
47	47	\$398.52	\$438.37	\$433.77	\$477.15	\$406.13	\$446.74	\$410.19	\$451.21
48	48	\$416.88	\$458.56	\$453.75	\$499.12	\$424.84	\$467.32	\$429.08	\$471.99
49	49	\$434.98	\$478.48	\$473.45	\$520.80	\$443.28	\$487.61	\$447.72	\$492.49
50	50	\$455.38	\$523.68	\$495.66	\$570.00	\$464.07	\$533.68	\$468.71	\$539.02
51	51	\$475.52	\$546.85	\$517.58	\$595.22	\$484.60	\$557.29	\$489.45	\$562.86
52	52	\$497.70	\$572.36	\$541.72	\$622.98	\$507.21	\$583.29	\$512.28	\$589.12
53	53	\$520.14	\$598.16	\$566.15	\$651.07	\$530.07	\$609.58	\$535.37	\$615.68
54	54	\$544.36	\$626.01	\$592.51	\$681.39	\$554.76	\$637.97	\$560.30	\$644.35
55	55	\$568.58	\$682.30	\$618.88	\$742.65	\$579.44	\$695.33	\$585.23	\$702.28
56	56	\$594.84	\$713.81	\$647.46	\$776.95	\$606.20	\$727.44	\$612.27	\$734.72
57	57	\$621.36	\$745.63	\$676.32	\$811.59	\$633.23	\$759.87	\$639.56	\$767.47
58	58	\$649.66	\$779.60	\$707.13	\$848.55	\$662.07	\$794.48	\$668.69	\$802.43
59	59	\$663.69	\$796.42	\$722.39	\$866.87	\$676.36	\$811.63	\$683.12	\$819.75
60	60	\$691.99	\$864.99	\$753.20	\$941.50	\$705.20	\$881.50	\$712.25	\$890.32

61	61	\$716.47	\$895.58	\$779.84	\$974.80	\$730.15	\$912.68	\$737.45	\$921.81
62	62	\$732.53	\$915.66	\$797.32	\$996.65	\$746.52	\$933.15	\$753.98	\$942.48
63	63	\$752.67	\$940.84	\$819.25	\$1,024.06	\$767.04	\$958.80	\$774.71	\$968.39
64+	64+	\$764.90	\$956.14	\$832.56	\$1,040.71	\$779.51	\$974.40	\$787.31	\$984.14

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

HIOS Plan ID (On Exchange)=>		53789PA0100008		53789PA0110008		53789PA0110019		53789PA0110020	
HIOS Plan ID (Off Exchange)=>		53789PA0100008		53789PA0110008		53789PA0110019		53789PA0110020	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		9		6		7		9	
Counties Excluded in Rating Area =>		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Bronze		Bronze		Bronze		Bronze	
Plan Name =>		Bronze HMO 7000/50/60		Bronze Value HMO 7000/50/60		Bronze Value HMO 7000/50/60		Bronze Value HMO 7000/50/60	
Deductible =>		\$7000 Med/Rx Combined		\$7000 Med/Rx Combined		\$7000 Med/Rx Combined		\$7000 Med/Rx Combined	
Coinsurance =>		50%		50%		50%		50%	
Copays =>		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$163.35	\$163.35	\$128.12	\$128.12	\$130.05	\$130.05	\$140.79	\$140.79
21	21	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
22	22	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
23	23	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
24	24	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
25	25	\$258.27	\$264.73	\$202.57	\$207.64	\$205.61	\$210.76	\$222.60	\$228.16
26	26	\$263.41	\$270.00	\$206.61	\$211.77	\$209.71	\$214.95	\$227.03	\$232.71
27	27	\$269.59	\$276.33	\$211.45	\$216.74	\$214.63	\$219.99	\$232.36	\$238.16
28	28	\$279.62	\$286.61	\$219.32	\$224.80	\$222.61	\$228.18	\$241.00	\$247.03
29	29	\$287.85	\$295.05	\$225.78	\$231.42	\$229.17	\$234.90	\$248.10	\$254.30
30	30	\$291.97	\$299.27	\$229.00	\$234.73	\$232.44	\$238.25	\$251.64	\$257.94
31	31	\$298.14	\$305.60	\$233.85	\$239.69	\$237.36	\$243.29	\$256.97	\$263.39
32	32	\$304.32	\$311.92	\$238.69	\$244.66	\$242.27	\$248.33	\$262.29	\$268.84
33	33	\$308.17	\$315.88	\$241.72	\$247.76	\$245.34	\$251.48	\$265.61	\$272.25
34	34	\$312.29	\$320.10	\$244.94	\$251.07	\$248.62	\$254.84	\$269.16	\$275.89
35	35	\$314.35	\$322.21	\$246.56	\$252.72	\$250.26	\$256.52	\$270.93	\$277.71
36	36	\$316.41	\$324.32	\$248.17	\$254.38	\$251.90	\$258.20	\$272.71	\$279.52
37	37	\$318.46	\$326.43	\$249.79	\$256.03	\$253.54	\$259.88	\$274.48	\$281.34
38	38	\$320.52	\$328.53	\$251.40	\$257.69	\$255.18	\$261.55	\$276.25	\$283.16
39	39	\$324.64	\$332.75	\$254.63	\$260.99	\$258.45	\$264.91	\$279.80	\$286.80
40	40	\$328.75	\$353.41	\$257.86	\$277.20	\$261.73	\$281.36	\$283.35	\$304.60
41	41	\$334.93	\$360.05	\$262.70	\$282.40	\$266.64	\$286.64	\$288.67	\$310.32
42	42	\$340.84	\$366.41	\$267.34	\$287.39	\$271.35	\$291.71	\$293.77	\$315.80
43	43	\$349.08	\$375.26	\$273.80	\$294.33	\$277.91	\$298.75	\$300.86	\$323.43
44	44	\$359.36	\$386.32	\$281.87	\$303.01	\$286.10	\$307.56	\$309.73	\$332.96
45	45	\$371.46	\$408.60	\$291.35	\$320.49	\$295.72	\$325.30	\$320.15	\$352.17
46	46	\$385.86	\$424.45	\$302.65	\$332.91	\$307.19	\$337.91	\$332.57	\$365.83
47	47	\$402.07	\$442.27	\$315.36	\$346.90	\$320.10	\$352.10	\$346.54	\$381.19
48	48	\$420.59	\$462.65	\$329.89	\$362.88	\$334.84	\$368.32	\$362.50	\$398.75
49	49	\$438.85	\$482.74	\$344.21	\$378.63	\$349.38	\$384.32	\$378.24	\$416.07
50	50	\$459.43	\$528.35	\$360.35	\$414.41	\$365.76	\$420.63	\$395.98	\$455.38
51	51	\$479.75	\$551.72	\$376.29	\$432.74	\$381.94	\$439.24	\$413.49	\$475.52
52	52	\$502.13	\$577.45	\$393.85	\$452.92	\$399.76	\$459.72	\$432.78	\$497.70
53	53	\$524.77	\$603.49	\$411.60	\$473.34	\$417.78	\$480.45	\$452.29	\$520.14
54	54	\$549.21	\$631.59	\$430.77	\$495.39	\$437.24	\$502.82	\$473.36	\$544.36
55	55	\$573.65	\$688.38	\$449.94	\$539.93	\$456.69	\$548.03	\$494.42	\$593.30
56	56	\$600.14	\$720.17	\$470.72	\$564.86	\$477.79	\$573.35	\$517.26	\$620.71
57	57	\$626.89	\$752.27	\$491.70	\$590.04	\$499.09	\$598.90	\$540.31	\$648.38
58	58	\$655.45	\$786.54	\$514.10	\$616.92	\$521.82	\$626.18	\$564.92	\$677.91
59	59	\$669.60	\$803.52	\$525.20	\$630.24	\$533.08	\$639.70	\$577.12	\$692.54
60	60	\$698.15	\$872.69	\$547.59	\$684.49	\$555.81	\$694.77	\$601.73	\$752.16

61	61	\$722.85	\$903.56	\$566.96	\$708.70	\$575.48	\$719.34	\$623.01	\$778.77
62	62	\$739.05	\$923.81	\$579.67	\$724.59	\$588.38	\$735.47	\$636.98	\$796.23
63	63	\$759.37	\$949.22	\$595.61	\$744.52	\$604.56	\$755.70	\$654.50	\$818.12
64+	64+	\$771.71	\$964.65	\$605.30	\$756.62	\$614.39	\$767.98	\$665.13	\$831.42

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

HIOS Plan ID (On Exchange)=>		53789PA0100004		53789PA0100004		53789PA0100004		53789PA0110004	
HIOS Plan ID (Off Exchange)=>		53789PA0100004		53789PA0100004		53789PA0100004		53789PA0110004	
Form # =>		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		6		7		9		6	
Counties Excluded in Rating Area =>		None		None		None		CENTRE, COLUMBIA, MIFFLIN, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, UNION	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Catastrophic		Catastrophic		Catastrophic		Catastrophic	
Plan Name =>		Catastrophic HMO 7150/0/75		Catastrophic HMO 7150/0/75		Catastrophic HMO 7150/0/75		Catastrophic Value HMO 7150/0/75	
Deductible =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$102.83	\$102.83	\$103.86	\$103.86	\$101.80	\$101.80	\$82.81	\$82.81
21	21	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66
22	22	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66
23	23	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66
24	24	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66
25	25	\$162.58	\$166.65	\$164.21	\$168.31	\$160.95	\$164.98	\$130.92	\$134.20
26	26	\$165.82	\$169.96	\$176.48	\$171.66	\$164.16	\$168.27	\$133.53	\$136.87
27	27	\$169.71	\$173.95	\$171.40	\$175.69	\$168.01	\$172.21	\$136.66	\$140.08
28	28	\$176.02	\$180.42	\$177.78	\$182.23	\$174.26	\$178.62	\$141.75	\$145.29
29	29	\$181.20	\$185.73	\$183.02	\$187.59	\$179.39	\$183.88	\$145.92	\$149.57
30	30	\$183.79	\$188.39	\$185.63	\$190.27	\$181.96	\$186.50	\$148.01	\$151.71
31	31	\$187.68	\$192.37	\$189.56	\$194.30	\$185.80	\$190.45	\$151.14	\$154.91
32	32	\$191.57	\$196.36	\$193.48	\$198.32	\$189.65	\$194.39	\$154.27	\$158.12
33	33	\$194.00	\$198.85	\$195.94	\$200.83	\$192.06	\$196.86	\$156.22	\$160.13
34	34	\$196.59	\$201.50	\$198.55	\$203.52	\$194.62	\$199.49	\$158.31	\$162.27
35	35	\$197.88	\$202.83	\$199.86	\$204.86	\$195.90	\$200.80	\$159.35	\$163.34
36	36	\$199.18	\$204.16	\$201.17	\$206.20	\$197.19	\$202.12	\$160.39	\$164.40
37	37	\$200.47	\$205.48	\$202.48	\$207.54	\$198.47	\$203.43	\$161.44	\$165.47
38	38	\$201.77	\$206.81	\$203.79	\$208.88	\$199.75	\$204.74	\$162.48	\$166.54
39	39	\$204.36	\$209.47	\$206.40	\$211.56	\$202.32	\$207.37	\$164.57	\$168.68
40	40	\$206.95	\$222.47	\$209.02	\$224.70	\$204.88	\$220.25	\$166.65	\$179.15
41	41	\$210.84	\$226.65	\$212.95	\$228.92	\$208.73	\$224.38	\$169.78	\$182.52
42	42	\$214.56	\$230.65	\$216.71	\$232.96	\$212.42	\$228.35	\$172.78	\$185.74
43	43	\$219.74	\$236.22	\$221.94	\$238.59	\$217.55	\$233.86	\$176.96	\$190.23
44	44	\$226.22	\$243.19	\$228.48	\$245.62	\$223.96	\$240.76	\$182.17	\$195.84
45	45	\$233.83	\$257.21	\$236.17	\$259.79	\$231.49	\$254.64	\$188.30	\$207.13
46	46	\$242.90	\$267.19	\$245.33	\$269.86	\$240.47	\$264.52	\$195.60	\$215.16
47	47	\$253.10	\$278.41	\$255.63	\$281.20	\$250.57	\$275.63	\$203.82	\$224.20
48	48	\$264.76	\$291.24	\$267.41	\$294.15	\$262.11	\$288.32	\$213.21	\$234.53
49	49	\$276.26	\$303.88	\$279.02	\$306.92	\$273.50	\$300.84	\$222.47	\$244.71
50	50	\$289.21	\$332.59	\$292.10	\$335.92	\$286.32	\$329.27	\$232.90	\$267.83
51	51	\$302.01	\$347.31	\$305.03	\$350.78	\$298.98	\$343.83	\$243.20	\$279.68
52	52	\$316.09	\$363.51	\$319.25	\$367.14	\$312.93	\$359.87	\$254.55	\$292.73
53	53	\$330.34	\$379.89	\$333.65	\$383.69	\$327.04	\$376.10	\$266.02	\$305.92
54	54	\$345.73	\$397.59	\$349.18	\$401.56	\$342.27	\$393.61	\$278.41	\$320.17
55	55	\$361.11	\$433.33	\$364.72	\$437.67	\$357.50	\$429.00	\$290.80	\$348.96
56	56	\$377.79	\$453.35	\$381.57	\$457.88	\$374.01	\$448.81	\$304.23	\$365.07
57	57	\$394.63	\$473.56	\$398.58	\$478.29	\$390.68	\$468.82	\$317.79	\$381.35
58	58	\$412.61	\$495.13	\$416.73	\$500.08	\$408.48	\$490.18	\$332.27	\$398.72
59	59	\$421.51	\$505.81	\$425.73	\$510.87	\$417.30	\$500.76	\$339.44	\$407.32
60	60	\$439.49	\$549.36	\$443.88	\$554.85	\$435.09	\$543.86	\$353.91	\$442.39

61	61	\$455.03	\$568.79	\$459.58	\$574.48	\$450.48	\$563.10	\$366.43	\$458.04
62	62	\$465.23	\$581.54	\$469.89	\$587.36	\$460.58	\$575.73	\$374.65	\$468.31
63	63	\$478.03	\$597.53	\$482.81	\$603.51	\$473.25	\$591.56	\$384.95	\$481.18
64+	64+	\$485.79	\$607.25	\$490.65	\$613.32	\$480.93	\$601.18	\$391.20	\$489.01

Company Name:

Market:

Product:

Effective Date of Rates:

HIOS Plan ID (On Exchange)=>		53789PA0110017		53789PA0110018	
HIOS Plan ID (Off Exchange)=>		53789PA0110017		53789PA0110018	
Form # =>		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117		KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117	
Rating Area =>		7		9	
Counties Excluded in Rating Area =>		ADAMS, YORK		FRANKLIN, FULTON, JUNIATA	
Network =>		HMO		HMO	
Metal =>		Catastrophic		Catastrophic	
Plan Name =>		Catastrophic Value HMO 7150/0/75		Catastrophic Value HMO 7150/0/75	
Deductible =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Coinsurance =>		0%		0%	
Copays =>		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER	
OOP Maximum =>		\$7150 Med/Rx Combined		\$7150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0 - 20	\$83.98	\$83.98	\$89.55	\$89.55
21	21	\$132.26	\$135.56	\$141.03	\$144.55
22	22	\$132.26	\$135.56	\$141.03	\$144.55
23	23	\$132.26	\$135.56	\$141.03	\$144.55
24	24	\$132.26	\$135.56	\$141.03	\$144.55
25	25	\$132.78	\$136.10	\$141.59	\$145.13
26	26	\$135.43	\$138.82	\$144.41	\$148.02
27	27	\$138.60	\$142.07	\$147.79	\$151.49
28	28	\$143.76	\$147.36	\$153.29	\$157.13
29	29	\$147.99	\$151.69	\$157.81	\$161.75
30	30	\$150.11	\$153.86	\$160.06	\$164.07
31	31	\$153.28	\$157.12	\$163.45	\$167.53
32	32	\$156.46	\$160.37	\$166.83	\$171.00
33	33	\$158.44	\$162.40	\$168.95	\$173.17
34	34	\$160.56	\$164.57	\$171.20	\$175.48
35	35	\$161.62	\$165.66	\$172.33	\$176.64
36	36	\$162.67	\$166.74	\$173.46	\$177.80
37	37	\$163.73	\$167.83	\$174.59	\$178.95
38	38	\$164.79	\$168.91	\$175.72	\$180.11
39	39	\$166.91	\$171.08	\$177.97	\$182.42
40	40	\$169.02	\$181.70	\$180.23	\$193.75
41	41	\$172.20	\$185.11	\$183.61	\$197.39
42	42	\$175.24	\$188.38	\$186.86	\$200.87
43	43	\$179.47	\$192.93	\$191.37	\$205.72
44	44	\$184.76	\$198.62	\$197.01	\$211.79
45	45	\$190.98	\$210.07	\$203.64	\$224.00
46	46	\$198.38	\$218.22	\$211.54	\$232.69
47	47	\$206.71	\$227.39	\$220.42	\$242.46
48	48	\$216.24	\$237.86	\$230.58	\$253.63
49	49	\$225.63	\$248.19	\$240.59	\$264.65
50	50	\$236.21	\$271.64	\$251.87	\$289.65
51	51	\$246.66	\$283.65	\$263.01	\$302.46
52	52	\$258.16	\$296.89	\$275.28	\$316.57
53	53	\$269.80	\$310.27	\$287.69	\$330.84
54	54	\$282.36	\$324.72	\$301.09	\$346.25
55	55	\$294.93	\$353.91	\$314.49	\$377.38
56	56	\$308.55	\$370.26	\$329.01	\$394.81
57	57	\$322.31	\$386.77	\$343.68	\$412.41
58	58	\$336.99	\$404.38	\$359.33	\$431.20
59	59	\$344.26	\$413.11	\$367.09	\$440.51
60	60	\$358.94	\$448.68	\$382.74	\$478.43

61	61	\$371.64	\$464.55	\$396.28	\$495.35
62	62	\$379.97	\$474.96	\$405.17	\$506.46
63	63	\$390.42	\$488.02	\$416.31	\$520.38
64+	64+	\$396.77	\$495.96	\$423.08	\$528.84

## Silver Plan Rates for Age 21 Non-Smoker, by Geograph

2017 On-Exchange Silv				
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4
53789PA0100009				
53789PA0110009				
53789PA0110021				
53789PA0110022				
53789PA0100006				
53789PA0110006				
53789PA0110027				
53789PA0110028				
53789PA0100017				
53789PA0110041				
53789PA0110042				
53789PA0110043				
53789PA0100015				
53789PA0110015				
53789PA0110035				
53789PA0110036				
53789PA0060001				
53789PA0040001				
53789PA0040002				
53789PA0040003				

## ic Area and Exchange Status

er Plan Rates				
Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9
	\$308.09	\$311.17		\$305.01
	\$236.94			
		\$240.55		
				\$261.48
	\$319.16	\$322.36		\$315.97
	\$245.01			
		\$248.76		
				\$270.61
	\$330.90	\$334.21		\$327.59
	\$253.57			
	\$0.00	\$257.45		
	\$0.00	\$0.00		\$280.29
	\$336.94	\$340.31		\$333.57
	\$257.97			
		\$261.93		
				\$285.26
	\$327.55	\$330.82		\$324.27
	\$251.13			
		\$254.97		
				\$277.52

## Silver Plan Rates for Age 21 Non-Smoker, by Geograph

2017 Off-Exchange Silv				
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4
53789PA0100009				
53789PA0110009				
53789PA0110021				
53789PA0110022				
53789PA0100006				
53789PA0110006				
53789PA0110027				
53789PA0110028				
53789PA0100017				
53789PA0110041				
53789PA0110042				
53789PA0110043				
53789PA0100015				
53789PA0110015				
53789PA0110035				
53789PA0110036				
53789PA0060001				
53789PA0040001				
53789PA0040002				
53789PA0040003				

## Rating Area and Exchange Status

Per Plan Rates				
Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9
	\$308.09	\$311.17		\$305.01
	\$236.94			
		\$240.55		
				\$261.48
	\$319.16	\$322.36		\$315.97
	\$245.01			
		\$248.76		
				\$270.61
	\$330.90	\$334.21		\$327.59
	\$253.57			
	\$0.00	\$257.45		
	\$0.00	\$0.00		\$280.29
	\$336.94	\$340.31		\$333.57
	\$257.97			
		\$261.93		
				\$285.26
	\$327.55	\$330.82		\$324.27
	\$251.13			
		\$254.97		
				\$277.52

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	CFJ
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Revised_KHP_HMO_CFJ_Supporting_20160517.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	PA Bulletin
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_PABulletin_Supporting_20160510.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Change Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Revised_KHP_HMO_RateChangeSummary_Supporting_20160517.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Revised_KHP_HMO_PIDRateExhibits_Supporting_20160629.pdf Ind_16-50_Revised_KHP_HMO_PIDRateExhibits_Supporting_20160629.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Redacted Actuarial Memos
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_FedActMemoRedacted_Supporting_20160607.pdf Ind_16-50_Revised_KHP_HMO_PIDActMemoRedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Federal Rates Template pdf
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_FedRatesTemplate_RateRule_20160615.pdf

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	URRT pdf
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_URRT_Supporting_20160615.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HMO Agent Agreement Redacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_AgentAgreementRedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HMO PPMA Amendment Redacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_PPMAAmendmentRedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HMO PPMA Redacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_PPMARedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Q&A Exhibits Redacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_Q&AExhibitsRedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Q&A Response Redacted
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_Q&AResponseRedacted_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Ind HMO		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	SHCE and 5Yr History
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_SHCEand5YrHistory_Supporting_20160629.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2nd Q&A Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind_16-50_Initial_KHP_HMO_Q&AExhibits201607_Supporting_20160719.pdf Ind_16-50_Initial_KHP_HMO_Q&AExhibits201607_Supporting_20160719.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

State:	Pennsylvania	Filing Company:	Keystone Health Plan Central
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Rates - KHPC Ind HMO		
Project Name/Number:	/		

***Attachment Ind\_16-50\_Revised\_KHP\_HMO\_PIDRateExhibits\_Supporting\_20160629.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Ind\_16-50\_Initial\_KHP\_HMO\_Q&AExhibits201607\_Supporting\_20160719.xlsm is not a PDF document and cannot be reproduced here.***



**KEYSTONE HEALTH PLAN CENTRAL, INC.**  
**RFJ Part II – Consumer Friendly Justification**

1. Company Name & NAIC #: Keystone Health Plan Central (KHPC), NAIC #95199
2. Market: Individual
3. Product: HMO
4. Average Rate Change (% and \$) and Range: 20.4%/\$836.09 PMPY, -13.8% to 28.7%
5. Current Covered Lives and Policyholders: 37,479/26,852
6. Financial Information:

<b>Jan. 2015-Dec. 2015 financial experience</b>	
Premiums	\$8,218,230
Claims	\$15,598,423
Administrative expenses	\$2,058,977
Company made (before taxes)	<b>-\$9,439,170</b>

7. Rate Increase Considerations:

Primary drivers of requested change

- Historical claim experience
- Loss of federal reinsurance program in 2017

Changes being requested are also based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
  - o Intensity of medical services rendered
  - o Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - o Further migration from brand prescription drugs to generic prescription drugs
  - o Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Inflation adjustment to administrative expenses

Tax Changes

- Suspension of Health Insurer Tax in 2017
- Increase in exchange fees due to on-exchange enrollment growth



**Capital BlueCross**

**May 11, 2016**

**KEYSTONE HEALTH PLAN CENTRAL, INC.  
Pennsylvania Bulletin Information**

The following is a summary prepared for the Pennsylvania Bulletin:

1. Company Name & NAIC #: Keystone Health Plan Central (KHPC), NAIC #95199
2. Market: Individual
3. Product: HMO
4. Average Rate Change (% and \$) and Range: 20.4%/\$836.09 PMPY, -13.5% to 28.7%
5. Current Covered Lives and Policyholders: 37,479/26,852
6. Experience Period Revenue: \$14.5M
7. Additional Revenue from Rate Increase: \$31.3M

## Keystone Health Plan Central (KHPC) – Individual Plans

Rate request filing ID # CAB-130539563- This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <http://www.insurance.pa.gov/Consumers/ACARelatedFilings/>

### Overview

Requested average rate change:	20.4%
Range of requested rate change:	-13.6% to 28.7%
Effective date:	1/1/2017
People impacted:	37,479
Available in:	Rating Area 6, Rating Area 7, and Rating Area 9

### Key information

#### Jan. 2015-Dec. 2015 financial experience

Premiums	\$8,218,230
Claims	\$15,598,423
Administrative expenses	\$2,058,977
Company made (before taxes)	<b>-\$9,439,170</b>

The company expects its annual medical costs to increase **7.8%**.

#### How it plans to spend your premium

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

Claims:	80.2%
Administrative:	13.6%
Taxes & fees:	4.1%
Profit:	2.0%

### Explanation of requested rate change

#### Primary drivers of requested change

- Historical claim experience
- Loss of federal reinsurance program in 2017

Changes being requested are also based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
  - o Intensity of medical services rendered
  - o Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - o Further migration from brand prescription drugs to generic prescription drugs
  - o Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Inflation adjustment to administrative expenses

#### Tax Changes

- Suspension of Health Insurer Tax in 2017
- Increase in exchange fees due to on-exchange enrollment growth

PA Rate Template Part I

Data Relevant to the Rate Filing

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of Feb. 1, 2016)	Projected Rating Period
Total	30,509	34,354	542,017
<18	2,159	2,830	42,952
18-24	4,247	2,661	42,749
25-29	9,898	4,019	65,512
30-34	2,200	2,757	44,152
35-39	1,555	2,505	39,915
40-44	1,590	2,620	41,824
45-49	1,636	3,206	51,282
50-54	2,056	3,881	61,101
55-59	2,476	4,326	67,219
60-63	1,961	4,185	63,965
64+	731	1,364	21,346

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
\$ 8,558,703.00	\$ 9,977,705.81	\$ 10,242,950.21	30,515	\$ 1,682,231.00	\$ 12,114,588.26	\$ -	\$ (350,356.00)	\$ 400,673.20	\$ -	(\$1,005,913)	\$990,730
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 398.65
Loss Ratio											123.17%

\*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Composite	Weight*
Inpatient Hospital	5.00%	1.90%	7.00%	29.43%
Outpatient Hospital	5.00%	1.90%	7.00%	32.64%
Professional	5.00%	1.90%	7.00%	18.44%
Other Medical	5.00%	1.90%	7.00%	2.25%
Capitation			3.00%	3.29%
Prescription Drugs	13.50%	0.05%	13.56%	13.96%
Total Annual Trend			7.78%	100.00%
2 Year Trend Projection Factor			1.162	

\* Express Cost, Utilization, and Weight as percentages

<- Annualized Trend Factors on URRT

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-13				#DIV/0!		#DIV/0!				#DIV/0!
Feb-13				#DIV/0!		#DIV/0!				#DIV/0!
Mar-13				#DIV/0!		#DIV/0!				#DIV/0!
Apr-13				#DIV/0!		#DIV/0!				#DIV/0!
May-13				#DIV/0!		#DIV/0!				#DIV/0!
Jun-13				#DIV/0!		#DIV/0!				#DIV/0!
Jul-13				#DIV/0!		#DIV/0!				#DIV/0!
Aug-13				#DIV/0!		#DIV/0!				#DIV/0!
Sep-13				#DIV/0!		#DIV/0!				#DIV/0!
Oct-13				#DIV/0!		#DIV/0!				#DIV/0!
Nov-13				#DIV/0!		#DIV/0!				#DIV/0!
Dec-13				#DIV/0!		#DIV/0!				#DIV/0!
Jan-14	\$ 3,952,282.00	\$ 134,270.88	1.0000	\$ 134,270.00	402	\$ 334.00	\$ 875,840.00	\$ 1,301.18	\$ 165,878.80	\$ 412.63
Feb-14		\$ 498,545.84	1.0000	\$ 498,545.00	515	\$ 968.05		\$ 2,442.52	\$ 541,130.41	\$ 1,050.74
Mar-14		\$ 495,149.05	1.0000	\$ 495,149.00	647	\$ 765.30		\$ 3,119.75	\$ 555,878.19	\$ 859.16
Apr-14		\$ 299,915.17	1.0000	\$ 299,916.00	1,006	\$ 298.13		\$ 515.93	\$ 374,633.52	\$ 372.40
May-14		\$ 415,728.89	1.0000	\$ 415,728.00	1,439	\$ 288.90		\$ 408.82	\$ 487,657.12	\$ 338.89
Jun-14		\$ 247,144.17	1.0000	\$ 247,144.00	1,418	\$ 174.29		\$ 309.35	\$ 323,403.72	\$ 228.07
Jul-14		\$ 385,727.54	1.0000	\$ 385,728.00	1,406	\$ 274.34		\$ 525.60	\$ 462,529.33	\$ 328.97
Aug-14		\$ 297,347.72	1.0000	\$ 297,348.00	1,268	\$ 234.50		\$ 524.53	\$ 364,591.53	\$ 287.53
Sep-14		\$ 496,334.71	1.0000	\$ 496,338.00	1,247	\$ 398.03		\$ 24,957.16	\$ 547,649.97	\$ 439.17
Oct-14		\$ 532,214.07	1.0000	\$ 532,222.00	1,214	\$ 438.40		\$ 941.17	\$ 609,496.23	\$ 502.06
Nov-14		\$ 256,265.17	1.0000	\$ 256,270.00	1,171	\$ 218.85		\$ 848.39	\$ 295,309.46	\$ 252.19
Dec-14		\$ 568,697.05	1.0000	\$ 568,704.00	1,132	\$ 502.39		\$ 16,571.11	\$ 616,685.86	\$ 544.78
Jan-15	\$ 8,558,703.00	\$ 748,462.92	0.9962	\$ 751,318.95	1,790	\$ 419.73	\$ 1,682,231.00	\$ 1,210.65	\$ 925,663.44	\$ 517.13
Feb-15		\$ 780,791.02	0.9964	\$ 783,599.78	2,156	\$ 363.45		\$ 756.10	\$ 962,904.97	\$ 446.62
Mar-15		\$ 722,770.93	0.9936	\$ 727,458.09	2,827	\$ 257.33		\$ 29,115.87	\$ 920,361.64	\$ 325.56
Apr-15		\$ 794,338.76	0.9890	\$ 803,141.79	2,766	\$ 290.36		\$ 41,525.08	\$ 966,877.78	\$ 349.56
May-15		\$ 814,274.76	0.9877	\$ 824,380.85	2,721	\$ 302.97		\$ 28,662.75	\$ 1,020,237.34	\$ 374.95
Jun-15		\$ 772,377.19	0.9856	\$ 783,669.63	2,706	\$ 289.60		\$ 13,502.86	\$ 961,279.78	\$ 355.24
Jul-15		\$ 1,026,759.38	0.9825	\$ 1,044,998.15	2,653	\$ 393.89		\$ 32,183.42	\$ 1,207,271.72	\$ 455.06
Aug-15		\$ 766,992.41	0.9771	\$ 784,955.69	2,628	\$ 298.69		\$ 34,095.39	\$ 951,523.82	\$ 362.07
Sep-15		\$ 848,756.11	0.9703	\$ 874,706.44	2,630	\$ 332.59		\$ 23,855.01	\$ 1,032,488.59	\$ 392.58
Oct-15		\$ 738,501.30	0.9657	\$ 764,713.48	2,563	\$ 298.37		\$ 23,597.70	\$ 897,135.25	\$ 350.03
Nov-15		\$ 1,067,049.55	0.9391	\$ 1,136,305.42	2,559	\$ 444.04		\$ 37,723.03	\$ 1,257,955.51	\$ 491.58
Dec-15		\$ 896,631.51	0.9304	\$ 963,701.95	2,516	\$ 383.03		\$ 84,128.56	\$ 1,061,205.21	\$ 421.78

\* Express Completion Factor as a percentage

\*\*Express Prescription Drug Rebates as a negative number

Table 2b. 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
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											#DIV/0!
Loss Ratio											#DIV/0!

\*Express Prescription Drug Rebates as a negative number

Table 2c. 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
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											#DIV/0!
Loss Ratio											#DIV/0!

\*Express Prescription Drug Rebates as a negative number

Table 3b. Trend Components

Service Category	Cost*	Utilization*	Composite	Weight*
Inpatient Hospital	5.00%	1.90%	7.00%	29.43%
Outpatient Hospital	5.00%	1.90%	7.00%	32.64%
Professional	5.00%	1.90%	7.00%	18.44%
Other Medical	5.00%	1.90%	7.00%	2.25%
Capitation			3.00%	3.29%
Prescription Drugs	13.50%	0.05%	13.56%	13.96%
Total Annual Trend			7.78%	100.00%
2 Year Trend Projection			1.162	

<- Annualized Trend Factors on URRT

\* Express Cost, Utilization, and Weight as percentages

Table 4b. 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-13				#DIV/0!		#DIV/0!				#DIV/0!
Feb-13				#DIV/0!		#DIV/0!				#DIV/0!
Mar-13				#DIV/0!		#DIV/0!				#DIV/0!
Apr-13				#DIV/0!		#DIV/0!				#DIV/0!
May-13				#DIV/0!		#DIV/0!				#DIV/0!
Jun-13				#DIV/0!		#DIV/0!				#DIV/0!
Jul-13				#DIV/0!		#DIV/0!				#DIV/0!
Aug-13				#DIV/0!		#DIV/0!				#DIV/0!
Sep-13				#DIV/0!		#DIV/0!				#DIV/0!
Oct-13				#DIV/0!		#DIV/0!				#DIV/0!
Nov-13				#DIV/0!		#DIV/0!				#DIV/0!
Dec-13				#DIV/0!		#DIV/0!				#DIV/0!
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!

\* Express Completion Factor as a percentage

\*\*Express Prescription Drug Rebates as a negative number

PA Rate Template Part II  
Rate Development and Change

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

2015 Total Allowed EHB Claims PMPM + EHB Capitation PMPM (net of prescription drug rebates)	\$ 398.65	<- Index Rate of Experience Period on URRT
2 Year Trend Projection Factor	1.162	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 463.13	
Single Risk Pool Adjustment Factors		<- Adj't. from Experience to Projection Period - Pop'l risk Morbidity on URRT
Change in Morbidity	0.950	
Change in Other	0.983	<- Adj't. from Experience to Projection Period - Other on URRT
Change in Demographics	1.000	
Change in Network	0.962	
Change in Benefits	1.017	
Change in Other	1.005	
Adjusted Projected Allowed EHB Claims PMPM	\$ 432.48	<- Index Rate for Projection Period on URRT - Individual (Small Group 1st Qtr)
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	\$ -	<- Index Rate for Projection Period on URRT - Small Group
Projected Paid to Allowed Ratio	0.760819365	<- Paid to Allowed Average Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM	329.0369628	
Market-wide Adjustments		
Projected Paid Net Risk Adjustment PMPM	\$ 0.13	
Projected Paid Exchange User Fees PMPM	\$ 13.18	
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 342.35	
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 449.97	<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ -	
Market-Adjusted Projected Paid Total Claims PMPM	\$ 342.35	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 449.97	

Table 6. Retention

Retention Items - Express in percentages		
Administrative Expenses	14%	
General and Claims	11.33%	
Agent/Broker Fees and Commissions	1.94%	
Quality Improvement Initiatives	0.37%	
Taxes and Fees	0.89%	
PCORI Fees (Enter \$ amount here: \$ )	0.04%	
Pa Premium Tax (if applicable)	0.14%	
Federal Income Tax	0.70%	
Health Insurance Providers Fee (only for small group market, prorated for coverage in 2018)	0.00%	
Profit/Contingency	2%	
Total Retention	17%	
Projected Required Revenue PMPM	\$ 412.43	<- Single Pool Gross Premium Avg. Rate, PMPM on URRT

Table 8. Components of Rate Change

Rate Components	2016	2017	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	205.5525997	247.4362062	\$41.88	20.4%
B. Base period allowed claims before normalization	\$ 333.01	\$ 398.65	\$65.64	32%
C. Normalization factor component of change	\$ (77.26)	-110.5548048	-\$33.30	-\$0.16
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 255.76	\$ 288.10	\$ 32.34	16%
D2. URRT Trend	\$ 32.05	\$ 46.59	\$ 14.55	7%
D3. URRT Morbidity	\$ (14.39)	\$ (16.73)	\$ (2.34)	-1%
D4. URRT Other	\$ (2.73)	\$ (5.42)	\$ (2.68)	-1%
D5. Normalized URRT RA/RI on an allowed basis	\$ 12.56	\$ 0.12	\$ (12.44)	-6%
D6. Normalized Exchange User Fee on an allowed basis	\$ 5.77	\$ 12.52	\$ 6.75	3%
D7. Subtotal - Sum(D1:D6)	\$ 289.01	\$ 325.19	\$ 36.17	18%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (86.70)	-112.1942825	\$ (25.49)	-12%
E2. Pricing AV	\$ (12.14)	\$ (0.34)	\$ 11.80	6%
E3. Benefit Richness	\$ 0.57	\$ 0.70	\$ 0.13	0%
E4. Catastrophic Eligibility	\$ (19.07)	\$ (5.58)	\$ 13.50	7%
E5. Subtotal - Sum(E1:E4)	\$ (117.35)	\$ (117.41)	\$ (0.06)	0%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 21.07	\$ 33.74	\$ 12.67	6%
F2. Taxes and Fees	\$ 2.06	\$ 2.19	\$ 0.13	0%
F3. Profit and/or Contingency	\$ 11.16	\$ 4.95	\$ (6.21)	-3%
F4. Subtotal - Sum(F1:F3)	\$ 34.29	\$ 40.88	\$ 6.59	3%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 205.95	\$ 248.65	\$ 42.70	21%

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

	January	April	July	October	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Percent of Members Months Renewing in Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Base Allowed Claims	\$ 432.48	\$ 432.48	\$ 432.48	\$ 432.48	\$ 432.48
Months of Trend	-	3	6	9	#DIV/0!
Annual Trend	7.78%	7.78%	7.78%	7.78%	7.78%
Single Risk Pool Projected Allowed Claims	\$ 432.48	\$ 440.66	\$ 448.99	\$ 457.49	\$ -

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2016	2017
Average Age Factor	1.663	1.663
Average Geographic Factor	1.004	1.004
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	0.780	0.829
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 369.66	\$ 449.97
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 283.90	\$ 325.19

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

	2016	2017
Paid-to-Allowed	0.56	0.760819365
URRT Trend (2-Year Trend Factor)	1.12529664	1.16
URRT Morbidity	0.95	0.950
URRT "Other"	0.99	0.983
Risk Adjustment	\$ (0.13)	\$ 0.13
Reinsurance	\$ 9.29	\$ -
Exchange User Fee	\$ 4.21	\$ 13.18
Capitation	\$ 13.13	\$ 13.13
Network	0.700	0.654985338
Pricing AV	0.940	0.998410339
Benefit Richness	1.003	1.003289282
Catastrophic Eligibility	0.900	0.97385923
Administrative Expenses	10.25%	13.64%
Taxes and Fees	1.00%	0.88%
Profit and/or Contingency	5.43%	2.00%

PA Rate Template Part III  
Table 10. Plan Rates

Carrier Name:	Keystone Health Plan Central
Plan Type(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2017
Market Adjusted Index Rate	\$ 449.97

Calibration	
Age Calibration Factor	1.663362523
Geographic Calibration Factor	1.004
Aggregate Calibration Factor	1.669

Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/16 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2017	1/1/17 Plan Marketing Name (If 1/1/16 Plan Discontinued)	Metallic Tier	Metallic Tier Actual 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
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							0.697			0.998	1.003	1.000	0.790	0.974	0.994	\$ 344.87	14.1%	0.9%	2.0%
Plan 1	53789PA0100013	HMO	Healthy Benefits HMO 1000	M	Gold HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.245	1.050	1.000	1.000	1.000	0.994	\$584.63	8.5%	0.9%	2.0%
Plan 2	53789PA0100015	HMO	Healthy Benefits HMO 0.0 5	M	Silver HMO 0/0/55	Silver	0.71971895	Approach 1	On/Off	1.096	1.000	1.000	1.000	1.000	0.994	\$490.06	10.0%	0.9%	2.0%
Plan 3	53789PA0100017	HMO	Healthy Benefits HMO 1500	M	Silver HMO 1500/30/0	Silver	0.69591392	Standard	On/Off	1.074	1.000	1.000	1.000	1.000	0.994	\$480.26	10.2%	0.9%	2.0%
Plan 4	53789PA0100006	HMO	Healthy Benefits HMO 2500	M	Silver HMO 2500/0/45	Silver	0.71989314	Standard	On/Off	1.032	1.000	1.000	1.000	1.000	0.994	\$461.23	10.6%	0.9%	2.0%
Plan 5	53789PA0100009	HMO	Healthy Benefits HMO 4500	M	Silver HMO 4500/0/10	Silver	0.70940505	Standard	On/Off	0.991	1.000	1.000	1.000	1.000	0.994	\$443.26	10.9%	0.9%	2.0%
Plan 6	53789PA0100008	HMO	Healthy Benefits HMO 6300	M	Bronze HMO 7000/50/60	Bronze	0.61940541	Standard	On/Off	0.816	1.000	1.000	1.000	1.000	0.994	\$364.99	13.0%	0.9%	2.0%
Plan 7	53789PA0100004	HMO	Catastrophic HMO 7150/0/7	Catastrophic	0.6194097	Standard	On/Off	0.823	1.000	1.000	1.000	0.560	0.994	\$206.16	20.8%	0.9%	2.0%		
Plan 8	53789PA0110013	HMO	Healthy Benefits Value HMO	M	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 9	53789PA0110031	HMO	Healthy Benefits Value HMO	M	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.734	1.000	0.994	\$433.57	11.2%	0.9%	2.0%
Plan 10	53789PA0110032	HMO	Healthy Benefits Value HMO	M	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.253	1.050	1.000	0.833	1.000	0.994	\$489.65	10.0%	0.9%	2.0%
Plan 11	53789PA0110015	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 0/0/55	Silver	0.71971895	Approach 1	On/Off	1.111	1.000	1.000	0.729	1.000	0.994	\$361.97	13.1%	0.9%	2.0%
Plan 12	53789PA0110035	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 0/0/55	Silver	0.71971895	Approach 1	On/Off	1.110	1.000	1.000	0.734	1.000	0.994	\$364.18	13.0%	0.9%	2.0%
Plan 13	53789PA0110036	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 0/0/55	Silver	0.71971895	Approach 1	On/Off	1.104	1.000	1.000	0.833	1.000	0.994	\$410.91	11.7%	0.9%	2.0%
Plan 14	53789PA0110041	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 1500/30/0	Silver	0.69591392	Standard	On/Off	1.089	1.000	1.000	0.729	1.000	0.994	\$354.82	13.3%	0.9%	2.0%
Plan 15	53789PA0110042	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 1500/30/0	Silver	0.69591392	Standard	On/Off	1.088	1.000	1.000	0.734	1.000	0.994	\$356.99	13.2%	0.9%	2.0%
Plan 16	53789PA0110043	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 1500/30/0	Silver	0.69591392	Standard	On/Off	1.082	1.000	1.000	0.833	1.000	0.994	\$402.75	11.9%	0.9%	2.0%
Plan 17	53789PA0110006	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 2500/0/45	Silver	0.71989314	Standard	On/Off	1.046	1.000	1.000	0.729	1.000	0.994	\$340.94	13.8%	0.9%	2.0%
Plan 18	53789PA0110027	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 2500/0/45	Silver	0.71989314	Standard	On/Off	1.046	1.000	1.000	0.734	1.000	0.994	\$343.02	13.7%	0.9%	2.0%
Plan 19	53789PA0110028	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 2500/0/45	Silver	0.71989314	Standard	On/Off	1.039	1.000	1.000	0.833	1.000	0.994	\$386.90	12.3%	0.9%	2.0%
Plan 20	53789PA0110009	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	1.006	1.000	1.000	0.729	1.000	0.994	\$327.85	14.2%	0.9%	2.0%
Plan 21	53789PA0110021	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	1.005	1.000	1.000	0.734	1.000	0.994	\$329.84	14.2%	0.9%	2.0%
Plan 22	53789PA0110022	HMO	Healthy Benefits Value HMO	M	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	0.999	1.000	1.000	0.833	1.000	0.994	\$371.95	12.8%	0.9%	2.0%
Plan 23	53789PA0110008	HMO	Healthy Benefits Value HMO	M	Bronze Value HMO 7000/50/60	Bronze	0.61940541	Standard	On/Off	0.831	1.000	1.000	0.729	1.000	0.994	\$370.78	16.7%	0.9%	2.0%
Plan 24	53789PA0110019	HMO	Healthy Benefits Value HMO	M	Bronze Value HMO 7000/50/60	Bronze	0.61940541	Standard	On/Off	0.830	1.000	1.000	0.734	1.000	0.994	\$372.43	16.6%	0.9%	2.0%
Plan 25	53789PA0110020	HMO	Healthy Benefits Value HMO	M	Bronze Value HMO 7000/50/60	Bronze	0.61940541	Standard	On/Off	0.824	1.000	1.000	0.833	1.000	0.994	\$306.78	15.1%	0.9%	2.0%
Plan 26	53789PA0110004	HMO	Healthy Benefits Value HMO	M	Catastrophic Value HMO 71	Catastrophic	0.6194097	Standard	On/Off	0.849	1.000	1.000	0.729	0.560	0.994	\$154.98	25.9%	0.9%	2.0%
Plan 27	53789PA0110017	HMO	Healthy Benefits Value HMO	M	Catastrophic Value HMO 71	Catastrophic	0.6194097	Standard	On/Off	0.848	1.000	1.000	0.734	0.560	0.994	\$155.87	25.8%	0.9%	2.0%
Plan 28	53789PA0110018	HMO	Healthy Benefits Value HMO	M	Catastrophic Value HMO 71	Catastrophic	0.6194097	Standard	On/Off	0.837	1.000	1.000	0.833	0.560	0.994	\$174.54	23.7%	0.9%	2.0%
Plan 29	53789PA030002	HMO	BlueCross Value 750.0, a Mu	M	BlueCross Value 750.0, a Mu	Gold	0.81442175	Standard	On/Off	1.288	1.050	1.000	0.729	1.000	0.994	\$440.72	11.0%	0.9%	2.0%
Plan 30	53789PA030003	HMO	BlueCross Value 750.0, a Mu	M	BlueCross Value 750.0, a Mu	Gold	0.81442175	Standard	On/Off	1.287	1.050	1.000	0.734	1.000	0.994	\$443.44	10.9%	0.9%	2.0%
Plan 31	53789PA030004	HMO	BlueCross Value 750.0, a Mu	M	BlueCross Value 750.0, a Mu	Gold	0.81442175	Standard	On/Off	1.281	1.050	1.000	0.833	1.000	0.994	\$500.85	9.8%	0.9%	2.0%
Plan 32	53789PA040001	HMO	BlueCross Value 0.50, a Mu	M	BlueCross Value 0.50, a Mu	Silver	0.71288125	Standard	On/Off	1.076	1.000	1.000	0.729	1.000	0.994	\$350.86	13.4%	0.9%	2.0%
Plan 33	53789PA040002	HMO	BlueCross Value 0.50, a Mu	M	BlueCross Value 0.50, a Mu	Silver	0.71288125	Standard	On/Off	1.076	1.000	1.000	0.734	1.000	0.994	\$353.00	13.4%	0.9%	2.0%
Plan 34	53789PA040003	HMO	BlueCross Value 0.50, a Mu	M	BlueCross Value 0.50, a Mu	Silver	0.71288125	Standard	On/Off	1.070	1.000	1.000	0.833	1.000	0.994	\$398.22	12.0%	0.9%	2.0%
Plan 35	53789PA050002	HMO	BlueCross 750.0, a Multi-Stat	M	BlueCross 750.0, a Multi-Stat	Gold	0.81442175	Standard	On/Off	1.274	1.050	1.000	1.000	1.000	0.994	\$598.08	8.3%	0.9%	2.0%
Plan 36	53789PA060001	HMO	BlueCross 0.50, a Multi-Stat	M	BlueCross 0.50, a Multi-Stat	Silver	0.71288125	Standard	On/Off	1.062	1.000	1.000	1.000	1.000	0.994	\$474.83	10.3%	0.9%	2.0%
Plan 37	53789PA0100016	HMO	Healthy Benefits HMO 0.0 10	D	Gold HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.245	1.050	1.000	1.000	1.000	0.994	\$584.63	8.5%	0.9%	2.0%
Plan 38	53789PA0100014	HMO	Healthy Benefits HMO 0.0 10	D	Gold HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.245	1.050	1.000	1.000	1.000	0.994	\$584.63	8.5%	0.9%	2.0%
Plan 39	53789PA0100010	HMO	Healthy Benefits HMO 3500	D	Silver HMO 4500/0/10	Silver	0.70940505	Standard	On/Off	0.991	1.000	1.000	1.000	1.000	0.994	\$443.26	10.9%	0.9%	2.0%
Plan 40	53789PA0110016	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 41	53789PA0110039	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 42	53789PA0110040	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 43	53789PA0110014	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 44	53789PA0110033	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 45	53789PA0110034	HMO	Healthy Benefits Value HMO	D	Gold Value HMO 1000/0/20	Gold	0.79797221	Standard	On/Off	1.259	1.050	1.000	0.729	1.000	0.994	\$430.92	11.2%	0.9%	2.0%
Plan 46	53789PA0110010	HMO	Healthy Benefits Value HMO	D	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	1.006	1.000	1.000	0.729	1.000	0.994	\$327.85	14.2%	0.9%	2.0%
Plan 47	53789PA0110023	HMO	Healthy Benefits Value HMO	D	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	1.006	1.000	1.000	0.729	1.000	0.994	\$327.85	14.2%	0.9%	2.0%
Plan 48	53789PA0110024	HMO	Healthy Benefits Value HMO	D	Silver Value HMO 4500/0/1	Silver	0.70940505	Standard	On/Off	1.006	1.000	1.000	0.729	1.000	0.994	\$327.85	14.2%	0.9%	2.0%
Plan 49							1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$449.97	0.0%	0.0%	0.0%
Plan 50							1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$449.97	0.0%	0.0%	0.0%
Plan 51							1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$449.97	0.0%	0.0%	0.0%
Plan 52							1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$449.97	0.0%	0.0%	0.0%
Plan 53							1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000</				

PA Rate Template Part IV

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

Carrier Name: Keystone Health Plan Central  
Plan Type(s): HMO  
Market Segment: Individual  
Rate Effective Date: 1/1/2017

Plan Number	HIOS Plan ID (Standard Component)	1/1/16 Plan Marketing Name	Discontinued, New, Modified, Existing (D/A/M/E) for 2017	1/1/17 Plan Marketing Name (If 1/1/16 Plan Discontinued)	Metallic Tier	Exchange On/Off or Off	These cells auto-fill using the data entered in Table 9.										
							1	2	3	4	5	6	7	8	9	Total	
Totals							-	-	-	-	-	12,952	16,936	-	4,466	34,354	
Plan 1	53789PA0100013	Healthy Benefits HMO 1	M	Gold HMO 1000/0/20	Gold	On/Off	-	-	-	-	-	38	73	-	28	140	
Plan 2	53789PA0100015	Healthy Benefits HMO 6	M	Silver HMO 0/0/55	Silver	On/Off	-	-	-	-	-	142	389	-	143	674	
Plan 3	53789PA0100017	Healthy Benefits HMO 11	M	Silver HMO 1500/30/0	Silver	On/Off	-	-	-	-	-	7	31	-	4	42	
Plan 4	53789PA0100006	Healthy Benefits HMO 21	M	Silver HMO 2500/0/45	Silver	On/Off	-	-	-	-	-	171	291	-	109	571	
Plan 5	53789PA0100009	Healthy Benefits HMO 4	M	Silver HMO 4500/0/10	Silver	On/Off	-	-	-	-	-	577	1,432	-	342	2,351	
Plan 6	53789PA0100008	Healthy Benefits HMO 6	M	Bronze HMO 7000/50/60	Bronze	On/Off	-	-	-	-	-	272	519	-	165	956	
Plan 7	53789PA0100004	Healthy Benefits HMO 6	M	Catastrophic HMO 7150/0/Catastrophic	On/Off	-	-	-	-	-	-	523	531	-	224	1,078	
Plan 8	53789PA0100013	Healthy Benefits Value H	M	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	252	-	-	-	252	
Plan 9	53789PA0100031	Healthy Benefits Value H	M	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	245	-	1	246	
Plan 10	53789PA0100032	Healthy Benefits Value H	M	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	-	66	-	66	
Plan 11	53789PA0100015	Healthy Benefits Value H	M	Silver Value HMO 0/0/55	Silver	On/Off	-	-	-	-	-	1,576	10	-	-	1,586	
Plan 12	53789PA0100035	Healthy Benefits Value H	M	Silver Value HMO 0/0/55	Silver	On/Off	-	-	-	-	-	16	1,653	-	5	1,674	
Plan 13	53789PA0100036	Healthy Benefits Value H	M	Silver Value HMO 0/0/55	Silver	On/Off	-	-	-	-	-	-	7	-	341	348	
Plan 14	53789PA0100041	Healthy Benefits Value H	M	Silver Value HMO 1500/30/Silver	On/Off	-	-	-	-	-	-	66	-	-	-	66	
Plan 15	53789PA0100042	Healthy Benefits Value H	M	Silver Value HMO 1500/30/Silver	On/Off	-	-	-	-	-	-	-	84	-	-	84	
Plan 16	53789PA0100043	Healthy Benefits Value H	M	Silver Value HMO 1500/30/Silver	On/Off	-	-	-	-	-	-	-	-	18	-	18	
Plan 17	53789PA0100006	Healthy Benefits Value H	M	Silver Value HMO 2500/0/45Silver	On/Off	-	-	-	-	-	-	806	-	-	-	807	
Plan 18	53789PA0100027	Healthy Benefits Value H	M	Silver Value HMO 2500/0/45Silver	On/Off	-	-	-	-	-	-	-	10	1,012	-	3	1,025
Plan 19	53789PA0100028	Healthy Benefits Value H	M	Silver Value HMO 2500/0/45Silver	On/Off	-	-	-	-	-	-	-	-	2	-	220	222
Plan 20	53789PA0100009	Healthy Benefits Value H	M	Silver Value HMO 4500/0/10	Silver	On/Off	-	-	-	-	-	5,340	16	-	-	5,356	
Plan 21	53789PA0100021	Healthy Benefits Value H	M	Silver Value HMO 4500/0/10Silver	On/Off	-	-	-	-	-	-	19	5,960	-	18	5,997	
Plan 22	53789PA0100022	Healthy Benefits Value H	M	Silver Value HMO 4500/0/10Silver	On/Off	-	-	-	-	-	-	-	10	-	1,537	1,547	
Plan 23	53789PA0100008	Healthy Benefits Value H	M	Bronze Value HMO 7000/50/Bronze	On/Off	-	-	-	-	-	-	1,743	-	-	-	1,751	
Plan 24	53789PA0100019	Healthy Benefits Value H	M	Bronze Value HMO 7000/50/Bronze	On/Off	-	-	-	-	-	-	14	2,632	-	12	2,658	
Plan 25	53789PA0100020	Healthy Benefits Value H	M	Bronze Value HMO 7000/50/Bronze	On/Off	-	-	-	-	-	-	-	2	-	526	528	
Plan 26	53789PA0100004	Healthy Benefits Value H	M	Catastrophic Value HMO 71Catastrophic	On/Off	-	-	-	-	-	-	257	-	-	-	257	
Plan 27	53789PA0100017	Healthy Benefits Value H	M	Catastrophic Value HMO 71Catastrophic	On/Off	-	-	-	-	-	-	3	470	-	2	475	
Plan 28	53789PA0100018	Healthy Benefits Value H	M	Catastrophic Value HMO 71Catastrophic	On/Off	-	-	-	-	-	-	-	4	-	224	229	
Plan 29	53789PA0000002	BlueCross Value 750.0, a	M	BlueCross Value 750.0, a MGold	On/Off	-	-	-	-	-	-	95	-	-	-	95	
Plan 30	53789PA0000003	BlueCross Value 750.0, a	M	BlueCross Value 750.0, a MGold	On/Off	-	-	-	-	-	-	1	109	-	-	110	
Plan 31	53789PA0000004	BlueCross Value 750.0, a	M	BlueCross Value 750.0, a MGold	On/Off	-	-	-	-	-	-	-	-	-	24	24	
Plan 32	53789PA0000001	BlueCross Value 0.50, a	M	BlueCross Value 0.50, a M/Silver	On/Off	-	-	-	-	-	-	377	3	-	-	380	
Plan 33	53789PA0000002	BlueCross Value 0.50, a	M	BlueCross Value 0.50, a M/Silver	On/Off	-	-	-	-	-	-	-	491	-	-	491	
Plan 34	53789PA0000003	BlueCross Value 0.50, a	M	BlueCross Value 0.50, a M/Silver	On/Off	-	-	-	-	-	-	-	-	77	-	77	
Plan 35	53789PA0000002	BlueCross 750.0, a Multi-	M	BlueCross 750.0, a Multi-SGold	On/Off	-	-	-	-	-	-	7	15	-	6	28	
Plan 36	53789PA0000001	BlueCross 0.50, a Multi-S	M	BlueCross 0.50, a Multi-SGold	On/Off	-	-	-	-	-	-	23	67	-	22	112	
Plan 37	53789PA0100016	Healthy Benefits HMO 0	D	Gold HMO 1000/0/20	Gold	On/Off	-	-	-	-	-	21	51	-	22	94	
Plan 38	53789PA0100014	Healthy Benefits HMO 54	D	Gold HMO 1000/0/20	Gold	On/Off	-	-	-	-	-	68	86	-	33	187	
Plan 39	53789PA0100010	Healthy Benefits HMO 3	D	Silver HMO 4500/0/30	Silver	On/Off	-	-	-	-	-	-	24	42	-	18	84
Plan 40	53789PA0100016	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	176	3	-	-	179	
Plan 41	53789PA0100019	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	161	-	-	-	161	
Plan 42	53789PA0100040	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	-	-	63	63	
Plan 43	53789PA0100014	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	290	-	-	290	
Plan 44	53789PA0100013	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	-	247	-	3	250
Plan 45	53789PA0100034	Healthy Benefits Value H	D	Gold Value HMO 1000/0/26Gold	On/Off	-	-	-	-	-	-	-	1	-	74	75	
Plan 46	53789PA0100010	Healthy Benefits Value H	D	Silver Value HMO 4500/0/10Silver	On/Off	-	-	-	-	-	-	225	1	-	-	226	
Plan 47	53789PA0100013	Healthy Benefits Value H	D	Silver Value HMO 4500/0/10Silver	On/Off	-	-	-	-	-	-	-	2	-	279	281	
Plan 48	53789PA0100024	Healthy Benefits Value H	D	Silver Value HMO 4500/0/10Silver	On/Off	-	-	-	-	-	-	-	-	-	92	92	
Plan 49	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 50	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 51	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 52	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 53	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 54	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 55	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 56	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 57	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 58	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 59	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 60	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 61	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 62	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 63	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 64	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 65	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 66	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 67	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 68	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 69	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 70	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 71	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 72	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 73	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 74	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 75	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 76	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 77	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 78	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 79	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 80	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 81	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 82	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 83	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 84	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 85	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 86	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 87	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 88	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 89	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 90	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 91	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 92	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 93	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 94	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 95	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 96	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 97	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	
Plan 98	0	0	0	0	0	0</											

## PA Rate Template Part V Consumer Factors

### Table 12. Age and Tobacco Factors

2017 Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-20	0.635			43	1.357	1.075
21	1.000	1.025		44	1.397	1.075
22	1.000	1.025		45	1.444	1.1
23	1.000	1.025		46	1.500	1.1
24	1.000	1.025		47	1.563	1.1
25	1.004	1.025		48	1.635	1.1
26	1.024	1.025		49	1.706	1.1
27	1.048	1.025		50	1.786	1.15
28	1.087	1.025		51	1.865	1.15
29	1.119	1.025		52	1.952	1.15
30	1.135	1.025		53	2.040	1.15
31	1.159	1.025		54	2.135	1.15
32	1.183	1.025		55	2.230	1.2
33	1.198	1.025		56	2.333	1.2
34	1.214	1.025		57	2.437	1.2
35	1.222	1.025		58	2.548	1.2
36	1.230	1.025		59	2.603	1.2
37	1.238	1.025		60	2.714	1.25
38	1.246	1.025		61	2.810	1.25
39	1.262	1.025		62	2.873	1.25
40	1.278	1.075		63	2.952	1.25
41	1.302	1.075		64+	3.000	1.25
42	1.325	1.075				

\*PA follows the federal default age curve.

### Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1		1.000	1.000
Rating Area 2		1.000	1.000
Rating Area 3		1.000	1.000
Rating Area 4		1.000	1.000
Rating Area 5		1.000	1.000
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schuttkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.010	1.010
Rating Area 8		1.000	1.000
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	0.990	0.990

### Table 14. Network Factors

[illegible]

# **KEYSTONE HEALTH PLAN CENTRAL, INC.**

## **ACTUARIAL MEMORANDUM**

### **Individual Rates**

**Effective January 1, 2017**

#### **General Information**

##### **Company Information**

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2017

##### **PID Company Information**

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: On/Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 20.4%
- Range of Requested Rate Change: -13.5% to 28.7%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Gold, Silver, Bronze, Catastrophic
- Current Covered Lives and Policyholders: 37,479/26,852
- Number of Plans: 36
- Contract Form #:
  - KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117
  - KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117
  - KHPC-Ind-HMO- 21cntyBroadNet-Agmt-v0117
  - KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117
  - KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117
- Form Filing SERFF #:
  - CABC-130533986
  - CABC-130533949
  - CABC-130533953
  - CABC-130533971
- Binder SERFF #:
  - CABC-PA17-125060055

- CABC-PA17-125061935
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-687332328753654825

### **Company Contact Information**

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

### **Scope and Purpose**

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2017. KHPC will offer individual products on and off the federally-facilitated exchange.

KHPC is continuing to offer an on-exchange narrow network product that will be offered to eight of the twenty-one counties in our service area. The remaining thirteen counties have the option to buy KHPC's broad network product. The narrow network is offered on-exchange only. Individuals buying off-exchange are only offered the broad network product regardless of their county. The purpose of the narrow network is to lower costs by negotiating lower reimbursements with hospitals, and removing higher costs hospitals from the network.

### **Rate History and Proposed Variations in Rate Changes**

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2014	CABC-129034249	0.00%
Individual	KHPC	1/1/2015	CABC-129635491	-8.00%
Individual	KHPC	1/1/2016	CABC-130076965	1.40%

### **Proposed Rate Increases**

KHPC is proposing an aggregate annual 20.4% rate increase. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

### **Membership**

Membership is shown in PA Rate Template Part I, Table 1.

### **Benefit Changes 2016-2017**

There are several benefit changes being implemented in 2017. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and

a new plan was created in its place. All terminated plans are listed in Exhibit R, and a summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlighted in yellow.

### **Experience Period Premium and Claims**

**Base Experience Period:** The base experience period (BEP) includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2015 and December 31, 2015.

**Paid Through Date:** Claims in the BEP are paid through March 31, 2016

**Premiums (net of MLR Rebate) in Experience Period:** Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates.

#### **Allowed and Incurred Claims during the Experience Period:**

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	\$9,653,286	\$11,361,446
Amount of claims processed outside of the issuer's claim system:	\$0	\$0
Amount of claims that represent best estimate of incurred but not paid:	\$188,991	\$402,786

Allowed claims are developed by combining paid claims with member cost-sharing.

**Estimated Incurred but Not Paid Claims:** Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a

lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.

5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

$$BEP\ Allowed\ Claims = \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

## **Benefit Categories**

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit C for a description of benefits by benefit category.

## **Projection Factors**

**Changes in Morbidity:** Found in URRT Worksheet 1, "Pop'l risk Morbidity". KHPC expects negative morbidity changes in its population in the projection period over the BEP. This is due to significant enrollment growth in 2016. As enrollment grows, KHPC expects claim costs to regress to the mean. The adjustment also accounts for the impact of risk adjustment. Due to enrollment growth, KHPC is projecting \$0 in risk adjustment. And because claims and risk are inversely proportional, that assumptions translates into a lower claims PMPM.

### **Changes in Benefits:**

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period allowed claims PMPM:
  - Pediatric dental coverage: 5.01
  - Pediatric vision coverage 0.46

This was added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims is described below. Pediatric Dental and Vision benefits are underwritten by KHPC's subsidiary, Capital Advantage Assurance Company (CAAC).

See Exhibit C for the pediatric dental and vision rate development.

**Changes in Demographics:** KHPC does not expect changes in demographics in its individual population.

**Other Adjustments:** Found in URRT, Worksheet 1, “Other”.

1. List-Billed Adjustment: KHPC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.
2. Network Adjustment: The projection period assumes a great percentage of value network members than in the experience period. Because of this movement, both incurred and allowed claims will be less than in a stable population. The network adjustment is calculated in Exhibit D – Benefit Mix Changes.

**Trend Factors:** Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. KHPC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
  - a. Intensity of medical services rendered
  - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - c. Further migration from brand prescription drugs to generic prescription drugs
  - d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2015

Type of Service	Units	Cost per Unit
X-Ray	1	\$200
MRI	1	\$5,000
Total	2	\$5,200

Year 2016

Type of Service	Units	Cost per Unit
X-Ray	0	\$200
MRI	2	\$5,000
Total	2	\$10,000

Total Annual Trend	92%
--------------------	-----

2. **Underwriting Cycle:** The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. KHPC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

### **Credibility Manual Rate Development**

KHPC individual data was used to develop rates. No credibility manual is used.

### **Credibility of Experience**

**Credibility Manual Rate Development:** KHPC experience data is given 100% credibility.

### **Paid to Allowed Ratio**

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. The URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
  - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
  - b. BEP Member Months
2. Develop BEP *Paid and Incurred Claims*:

$$BEP \text{ Paid and Incurred Claims} = \frac{BEP \text{ Paid Claims}}{Completion \text{ Factor}}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

*Trended Claim PMPM*

$$= [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

*Projected Paid and Incurred Claims PMPM*

$$\begin{aligned} &= [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \\ &\times [Morbidity\ Adjustment] \times [Network\ Adjustment] \times [List \\ &- Billed\ Adjustment] \end{aligned}$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *List-Billed Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

- a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$\text{Benefit Level Adjustment} = \frac{\text{Average Manual Cost in Projection Period}}{\text{Manual Cost of Base Plan}}$$

- c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$\begin{aligned} & \text{Base Plan Paid and Incurred Claims PMPM} \\ & \text{Benefit Adjusted Paid and Incurred Claims PMPM} \\ = & \frac{\text{Base Plan Paid and Incurred Claims PMPM}}{\text{Benefit Level Adjustment} \times \text{Avg Induced Demand} \times \text{Avg Network} \times \text{Avg Catastrophic}} \end{aligned}$$

Where Avg Induced Demand is the average premium impact of induced demand rating factor. Avg Network is the average premium impact of network factors. And Avg Catastrophic is the average premium impact of Catastrophic Adjustment factor. These factors are discussed in the Plan Adjusted Index Rate section below.

- d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$\text{Benefit Relativity A} = \frac{\text{Manual Cost of Benefit A}}{\text{Manual Cost of Base Plan}}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
- i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a HMO 2000 and HMO 1000 must be less than \$1000.
  - ii. Adjustments for plan designs that fall outside of the actuarial cost model.
- a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} & \text{Projected Claims PMPM Benefit A} \\ & = \text{Projected Claims PMPM Base Plan} \\ & \times \text{Pricing Relativity A} \end{aligned}$$

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2017. The *Total Projected Claims PMPM* :

$$\begin{aligned} = & \text{Projected Claims PMPM Benefit A} \times \text{Expected Member Dist of Benefit A} \\ & + \text{Projected Claims PMPM Benefit B} \\ & \times \text{Expected Member Dis of Benefit B} + \dots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

$$\text{Paid to Allowed Ratio} = \frac{\text{Total Projected Claims PMPM}}{\text{Projected Allowed Claims at Current Benefits}}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

## **Risk Adjustment**

### **Projected Risk Adjustments PMPM:**

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2017. The 2017 pricing impact is:

$$\begin{aligned} & [\text{Net Projected Risk Adjustments PMPM}] \\ & = [\text{Projected CRA Transfer PMPM}] - [\text{Risk Adjustment Fee PMPM}] \end{aligned}$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2016 and 2017

Given the uncertainty of the bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. Enrollment growth in 2016 further lessens our ability to predict 2017. Therefore, an appropriate estimate of [Projected CRA Transfer PMPM] is \$0.

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, “Projected Risk Adjustments PMPM”.

$$[\text{Net Projected Risk Adjustments PMPM}] = 0 - 0.13 = -0.13 \text{ PMPM}$$

## **Non-Benefit Expenses and Profit & Risk**

### **Administrative Expense Load:**

1. Administrative Expense: Calculated using an allocation method from KHPC’s finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in

percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to KHPC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".

2. Broker Expense: Calculated based on KHPC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:
  - a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of KHPC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively, the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.
  - b. Costs: The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are \$0.115 and \$1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a \$100,000 implementation fee. The implementation fee is amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of \$0.0128 and \$.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another \$0.04 PMPM. All of these items combined allow us to arrive at a requested \$0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".
4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
  - a. Complete CBC Personal Profile and receive a gift card reward.
  - b. Complete one online coaching program and receive a gift card reward.
  - c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. Identity Theft Coverage: Identity protection offering will include the following components:
  - a. Credit monitoring – Monitors activity that may affect credit

- b. Fraud detection – Identifies potentially fraudulent use of identity or credit
- c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

### **Profit (or Contribution to Surplus) & Risk Margin:**

- 6. Contingency: Contingency is included in the URRT Worksheet 1, “Profit and Risk”.

### **Taxes and Fees:**

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCOR): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount is \$2 per member per year (\$0.17 PMPM), trended annually. At an estimated trend of 4%, the 2016 projected fee is \$0.18 PMPM. PCOR is included in the URRT Worksheet 1, “Taxes and Fees”.
- 2. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015-2016, suspended in 2017, and \$14.3 billion in 2018. Because HIF is suspended in 2017, it is not included in 2017 individual rates.
- 3. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3.5% of premium to HHS. KHPC expects 93% of its membership enroll on-exchange. This translates into a projected \$13.18 PMPM. The Exchange fee is included in the URRT Worksheet 1, “Taxes and Fees”. The exchange user fee is applied as an adjustment to the Index Rate at the market level.
- 4. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, “Taxes and Fees”.
- 5. State Income Tax: Projected that State Income Tax will be collected on the 2% contingency built into the premium. The projected State Income Tax is included in the URRT Worksheet 1, “Taxes and Fees”.

See Exhibit H for all KHPC retention values.

### **Projected Loss Ratio**

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

### **Single Risk Pool**

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-

grandfathered product/plan combination for KHPC in the individual market segment. KHPC did not have any individual transitional policies in the experience period.

## **Index Rate**

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index. Only two EHB categories are not included in the experience period: pediatric dental and pediatric vision. Pediatric dental and pediatric vision claim PMPMs are added to the projected index rate as described in the Projection Factors section above.

**Projected Allowed Claims:** The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of the URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

## **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, 45 CFR Part 156.80(d)(1). So,

$$\begin{aligned} &[\textit{Market Adjusted Index Rate}] \\ &= ([\textit{Index Rate}] \times [\textit{Paid to Allowed Ratio}] \\ &\quad - [\textit{Net Projected ACA Reinsurance Recoveries}] \\ &\quad - [\textit{Net Projected Risk Adjustments PMPM}] + [\textit{Exchange Fees PMPM}]) \\ &\quad \div [\textit{Paid to Allowed Ratio}] \end{aligned}$$

See Exhibit K for the development of the Market Adjusted Index Rate.

## **Plan Adjusted Index Rate**

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of the URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. **Actuarial Value and Cost Sharing adjustment:** The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. **Induced Demand:** Higher than average utilization due to benefit richness.
3. **Provider Network:** The Provider network varies across plans. All "Narrow Network" plans have a smaller provider network than "Broad Network" plans. The provider network factor for those plans is shown in Exhibit L. Development of provider network factors is discussed in Geographic Rating Factors and Network Analysis
4. **Adjustment for benefits in addition to EHBs:** No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. **Catastrophic Plans:** Applied to catastrophic plans to reflect lower morbidity.
6. **Adjustment for distribution and administrative costs:** Described in Non-Benefit Expenses and Profit & Risk section above.
6. **Tobacco Adjustment:** Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

## **Calibration**

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

**Age Curve Calibration:** The projected average age factor is 1.663. This is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance with CMS's Standard Age Curve.

**Geographic Factor Calibration:** The projected average geographic factor is 1.004. This is calculated by taking the KHPC member-weighted average by region.

The calibration is:

$$[\text{Calibrated Plan Adjusted Index Rate}] = [\text{Plan Adjusted Index Rate}] \div ([\text{Age Curve Calibration}] \times [\text{Geographic Factor Calibration}])$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N. Age and Geographic factors are displayed in Exhibit O.

## **Geographic Rating Factors and Network Analysis**

**Geographic Factors:** CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. KHPC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions.

KHPC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims in a 12-month period by region, normalized for demographics. We then compared the claim cost for each of the three regions, and found cost differentials between the regions, mostly due to differences in hospital contracting between regions. The data from the analysis is found in Exhibit Q.

A complicating factor in the regional analysis is the introduction of KHPC's narrow network product. This product will be offered to eight of our twenty-one counties in our service area. KHPC expects cost-savings in the narrow network through lower reimbursements negotiated with providers, as well as the removal of higher-cost hospitals from the network. The complication surfaces because three geographic rating areas in our service area do not exactly match our eight/thirteen narrow/broad network split. In order to understand the GRA/network breakouts, three maps are shown in Exhibit O1 – GRA map, Network Map, and the Combined Map.

Network and region factors are not mutually-exclusive. Hospital reimbursements drive the cost differentials between regions. The narrow network product eliminates some of these costs, which in turn changes the regional impacts. To deal with the correlation of region and network, KHPC did a combined analysis using region and network data.

1. Gathered the following for both inpatient and outpatients services by hospital and county:

- 2014 cases
- 2014 payments
- Severity index
- 2014 severity-adjusted payments per case
- Expected 2016 payments per case based on newly negotiated contracts in narrow network hospitals

2. Categorized the hospitals as follows:

	In Narrow Network Area	Not in Network Area
In Narrow Network	In Net/In Area	
Not in Narrow Network	Out Net/In Area	Out Net/Out Area

3. Assumed that all cases from Out Net/In Area hospitals will move to the In Net/In Area hospitals, but at lower payment rates. So In Net/In Area hospital payments will be:

$$\begin{aligned} \text{In Net/In Area Payments} = & \text{In Net/In Area cases} \times \text{In Net/In Area 2014 payments per case} \\ & + \text{Out Net/In Area cases} \times \text{In Net/In Area severity-adjusted payments per case} \times \text{Out} \\ & \text{Net/In Area Severity index} \end{aligned}$$

4. Out Net/Out Area hospitals will have no Narrow Network impact.
5. The sum of total expected 2017 payments divided by the sum of original 2017 payments gives the expected change in cost resulting from the introduction of the narrow network.

### **Consumer Adjusted Premium Rate Development**

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$\begin{aligned} & [\text{Member} - \text{Level Consumer Adjusted Premium Rate}] \\ & = [\text{Calibrated Plan Adjusted Index Rate}] \times [\text{Age Factor}] \\ & \times [\text{Geographic Factor}] \end{aligned}$$

2.  $[\text{Family Consumer Adjusted Premium Rate}] = \sum [\text{Member} - \text{Level Consumer Adjusted Premium Rate}]$   
With no more than three child dependents under age 21 taken into account

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

### **AV Metal Values**

The AV Metal Values included in Worksheet 2 of the URRT were based on the federally issued AV Calculator. Plans 53789PA0100015, 53789PA0110015, 53789PA0110035, and 53789PA0110036 used Approach 1 under CFR 156.135(b)(2). All other plans fit into the calculator.

### **AV Pricing Values**

All AV Pricing values were developed using KHPC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

## **Membership Projection**

The membership projections found in Worksheet 2 of the URRT were developed by assuming that moderate growth and similar distribution to current.

## **Terminated Products**

See Exhibit R for a list of terminated products.

## **Attachments and Examples**

The following is a list of Exhibits and Data to support this filing:

Exhibit A – Benefit Summary  
Exhibit A1 – Benefit Change Summary  
Exhibit B – Benefit Categories  
Exhibit C – Pediatric Dental and Vision Rate Development  
Exhibit D – Benefit Changes  
Exhibit E – Trend  
Exhibit F – URRT  
Exhibit G – Paid-to-Allowed Development  
Exhibit H – Retention  
Exhibit I – Projected Loss Ratio  
Exhibit J – Index Rate  
Exhibit K – Market Adjusted Index Rate  
Exhibit L – Rate Development by Plan  
Exhibit M – Plan Adjusted Index Rates  
Exhibit N – Calibration  
Exhibit O – Rating Factors  
Exhibit P – Quarterly Base Rates  
Exhibit Q – Regional Analysis  
Exhibit R – Terminated Products

PA Rate Template Part I through Part V

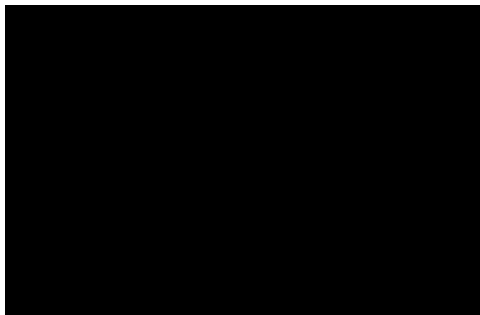
## **Actuarial Statement**

I, [REDACTED], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [REDACTED], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:

- a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
  - b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
  - c. Actuarial Standard of Practice No. 12, “Risk Classification”
  - d. Actuarial Standard of Practice No. 23, “Data Quality”
  - e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
  - f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
  - g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.
2. The index rate is:
  - a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
  - b. Developed in compliance with the applicable Actuarial Standards of Practice.
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - d. Neither excessive nor deficient.
  - e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
3. 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.
4. 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, and in accordance with CFR 156.135(b)(2) as necessary.



# **KEYSTONE HEALTH PLAN CENTRAL, INC.**

## **ACTUARIAL MEMORANDUM**

### **Individual Rates**

**Effective January 1, 2017**

#### **General Information**

##### **Company Information**

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2017

##### **PID Company Information**

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: On/Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 20.4%
- Range of Requested Rate Change: -13.5% to 28.7%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Gold, Silver, Bronze, Catastrophic
- Current Covered Lives and Policyholders: 37,479/26,852
- Number of Plans: 36
- Contract Form #:
  - KHPC-Ind-HMO 8cntyValueNet-Agmt-v0117
  - KHPC-Ind-HMO-13cntyBroadNet-Agmt-v0117
  - KHPC-Ind-HMO- 21cntyBroadNet-Agmt-v0117
  - KHPC-Ind-HMO-MSPP-8cnty-Agmt-v0117
  - KHPC-Ind-HMO-MSPP13cnty-Agmt-v0117
- Form Filing SERFF #:
  - CABC-130533986
  - CABC-130533949
  - CABC-130533953
  - CABC-130533971
- Binder SERFF #:
  - CABC-PA17-125060055

- CABC-PA17-125061935
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-687332328753654825

### **Company Contact Information**

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

### **Scope and Purpose**

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2017. KHPC will offer individual products on and off the federally-facilitated exchange.

KHPC is continuing to offer an on-exchange narrow network product that will be offered to eight of the twenty-one counties in our service area. The remaining thirteen counties have the option to buy KHPC's broad network product. The narrow network is offered on-exchange only. Individuals buying off-exchange are only offered the broad network product regardless of their county. The purpose of the narrow network is to lower costs by negotiating lower reimbursements with hospitals, and removing higher costs hospitals from the network.

### **Rate History and Proposed Variations in Rate Changes**

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2014	CABC-129034249	0.00%
Individual	KHPC	1/1/2015	CABC-129635491	-8.00%
Individual	KHPC	1/1/2016	CABC-130076965	1.40%

### **Proposed Rate Increases**

KHPC is proposing an aggregate annual 20.4% rate increase. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

### **Reason for Rate Increase**

The following are drivers of the requested rate increase, as described in the Pennsylvania Rate Change Request Summary:

- Historical Claim Experience: 20.5%. Historical claim experience is found on PA Rate Exhibit Table 2. 2015 KHPC results combined with subsidiary Capital Advantage Assurance Company (CAAC) show a combined loss ratio of 106.5%.

Given a target loss ratio of 86.1%, historical claim experience (before trend) justifies a 20.5% annual rate increase.

- Loss of Federal Reinsurance Program: 6.4%. The loss of Federal Reinsurance in 2017 is worth approximately 6 percent of premium. From CBC's Premium Deficiency Reserve (PDR) calculation, 2016 reinsurance is estimated at \$25 PMPM, or 6.4 percent of premium.
- Trend Components: 8.1%.
- Administrative Expense (AE) Inflation: 0.4%. AE trends approximately 4 percent per year, and is 10 percent of premium.
- Suspension of Health Insurer Tax: -3.6%. CBC applied 3.6% to 2016 rates. This tax is suspended for calendar year 2017.
- Increase in Exchange User Fee: 0.5%.

The sum of the above bullets is greater than the requested increase. But KHPC expects offsetting factors such as:

- Wear off of pent-up demand
- Stabilization of risk as more individuals enter the market
- Issuers' increased capability to accurately report risk scores for risk adjustment.
- HMO Managed Care Networks: Impact of referrals, capitation, and in-network only providers.

The above mitigating factors are difficult to quantify. But because of these factors, KHPC is requesting an increase less than what a typical actuarial formula (using data from a stable market) would suggest.

## **Membership**

Membership is shown in PA Rate Template Part I, Table 1.

## **Benefit Changes 2016-2017**

There are several benefit changes being implemented in 2017. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. All terminated plans are listed in Exhibit R, and a summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlighted in yellow.

## **Experience Period Premium and Claims**

**Base Experience Period:** The base experience period (BEP) includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2015 and December 31, 2015.

**Paid Through Date:** Claims in the BEP are paid through March 31, 2016

**Premiums (net of MLR Rebate) in Experience Period:** Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates.

**Allowed and Incurred Claims during the Experience Period:**

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	\$9,653,286	\$11,361,446
Amount of claims processed outside of the issuer's claim system:	\$0	\$0
Amount of claims that represent best estimate of incurred but not paid:	\$188,991	\$402,786

Allowed claims are developed by combining paid claims with member cost-sharing.

**Estimated Incurred but Not Paid Claims:** Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

*BEP Allowed Claims*

$$= \sum \frac{BEP \text{ Paid Claims} + BEP \text{ Member Cost Share by Incurred Month}}{\text{Completion by Incurred Month}}$$

## **Benefit Categories**

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit C for a description of benefits by benefit category.

## **Projection Factors**

**Changes in Morbidity:** Found in URRT Worksheet 1, "Pop'l risk Morbidity". KHPC expects negative morbidity changes in its population in the projection period over the BEP. This is due to significant enrollment growth in 2016. As enrollment grows, KHPC expects claim costs to regress to the mean. The adjustment also accounts for the impact of risk adjustment. Due to enrollment growth, KHPC is projecting \$0 in risk adjustment. And because claims and risk are inversely proportional, that assumption translates into a lower claims PMPM.

### **Changes in Benefits:**

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period allowed claims PMPM:
  - Pediatric dental coverage: 5.01 allowed/3.61 incurred
  - Pediatric vision coverage 0.46 allowed/0.46 incurred

This was added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims is described below. Pediatric Dental and Vision benefits are underwritten by KHPC's subsidiary, Capital Advantage Assurance Company (CAAC).

See Exhibit C for the pediatric dental and vision rate development.

**Changes in Demographics:** KHPC does not expect changes in demographics in its individual population.

**Other Adjustments:** Found in URRT, Worksheet 1, "Other".

1. List-Billed Adjustment: KHPC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.
2. Network Adjustment: The projection period assumes a great percentage of value network members than in the experience period. Because of this movement, both incurred and

allowed claims will be less than in a stable population. The network adjustment is calculated in Exhibit D – Benefit Mix Changes.

**Trend Factors:** Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. KHPC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
  - a. Intensity of medical services rendered
  - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - c. Further migration from brand prescription drugs to generic prescription drugs
  - d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2015

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	1	\$200
MRI	1	\$5,000
Total	2	\$5,200

Year 2016

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	0	\$200
MRI	2	\$5,000
Total	2	\$10,000

Total Annual Trend	92%
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2. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. KHPC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

### **Credibility Manual Rate Development**

KHPC individual data was used to develop rates. No credibility manual is used.

### **Credibility of Experience**

**Credibility Manual Rate Development:** KHPC experience data is given 100% credibility.

### **Paid to Allowed Ratio**

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. The URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
  - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
  - b. BEP Member Months
2. Develop BEP *Paid and Incurred Claims*:

$$BEP \text{ Paid and Incurred Claims} = \frac{BEP \text{ Paid Claims}}{Completion \text{ Factor}}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP \text{ Paid and Incurred Claim PMPM} = \frac{BEP \text{ Paid and Incurred Claims}}{BEP \text{ Member Months}}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

*Trended Claim PMPM*

$$= [\text{BEP Paid and Incurred Claim PMPM}] \times (1 + [\text{Trend\%}])^{\text{Trend Months}/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

*Projected Paid and Incurred Claims PMPM*

$$= [\text{Trended Claim PMPM}] \times [\text{Benefit Adjustment}] \\ \times [\text{Morbidity Adjustment}] \times [\text{Network Adjustment}] \times [\text{List} \\ - \text{Billed Adjustment}]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *List-Billed Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

- a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$\text{Benefit Level Adjustment} = \frac{\text{Average Manual Cost in Projection Period}}{\text{Manual Cost of Base Plan}}$$

- c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

*Base Plan Paid and Incurred Claims PMPM*

$$= \frac{\text{Benefit Adjusted Paid and Incurred Claims PMPM}}{\text{Benefit Level Adjustment} \times \text{Avg Induced Demand} \times \text{Avg Network} \times \text{Avg Catastrophic}}$$

Where Avg Induced Demand is the average premium impact of induced demand rating factor. Avg Network is the average premium impact of network factors. And

Avg Catastrophic is the average premium impact of Catastrophic Adjustment factor. These factors are discussed in the Plan Adjusted Index Rate section below.

- d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$\text{Benefit Relativity } A = \frac{\text{Manual Cost of Benefit } A}{\text{Manual Cost of Base Plan}}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
  - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a HMO 2000 and HMO 1000 must be less than \$1000.
  - ii. Adjustments for plan designs that fall outside of the actuarial cost model.

- a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} \text{Projected Claims PMPM Benefit } A \\ &= \text{Projected Claims PMPM Base Plan} \\ &\times \text{Pricing Relativity } A \end{aligned}$$

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2017. The *Total Projected Claims PMPM* :

$$\begin{aligned} &= \text{Projected Claims PMPM Benefit } A \times \text{Expected Member Dist of Benefit } A \\ &\quad + \text{Projected Claims PMPM Benefit } B \\ &\quad \times \text{Expected Member Dis of Benefit } B + \dots \end{aligned}$$

- 7. The Paid-To-Allowed Ratio is then:

$$\text{Paid to Allowed Ratio} = \frac{\text{Total Projected Claims PMPM}}{\text{Projected Allowed Claims at Current Benefits}}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

## **Risk Adjustment**

### **Projected Risk Adjustments PMPM:**

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2017. The 2017 pricing impact is:

$$\begin{aligned} & [Net\ Projected\ Risk\ Adjustments\ PMPM] \\ & = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM] \end{aligned}$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2016 and 2017

Given the uncertainty of the bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. Enrollment growth in 2016 further lessens our ability to predict 2017. Therefore, an appropriate estimate of [Projected CRA Transfer PMPM] is \$0.

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, "Projected Risk Adjustments PMPM".

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = 0 - 0.13 = -0.13\ PMPM$$

## **Non-Benefit Expenses and Profit & Risk**

### **Administrative Expense Load:**

1. Administrative Expense: Calculated using an allocation method from KHPC's finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to KHPC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on KHPC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:

- a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of KHPC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively, the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.
  - b. Costs: The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are \$0.115 and \$1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a \$100,000 implementation fee. The implementation fee is amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of \$0.0128 and \$.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another \$0.04 PMPM. All of these items combined allow us to arrive at a requested \$0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".
4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
  - a. Complete CBC Personal Profile and receive a gift card reward.
  - b. Complete one online coaching program and receive a gift card reward.
  - c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. Identity Theft Coverage: Identity protection offering will include the following components:
  - a. Credit monitoring – Monitors activity that may affect credit
  - b. Fraud detection – Identifies potentially fraudulent use of identity or credit
  - c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

### **Profit (or Contribution to Surplus) & Risk Margin:**

6. Contingency: Contingency is included in the URRT Worksheet 1, "Profit and Risk".

### **Taxes and Fees:**

1. Fee for Patient-Centered Outcomes Research Trust Fund (PCOR): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount is \$2 per member per year (\$0.17 PMPM), trended annually. At an estimated trend of 4%, the 2016 projected fee is \$0.18 PMPM. PCOR is included in the URRT Worksheet 1, "Taxes and Fees".
2. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015-2016, suspended in 2017, and \$14.3 billion in 2018. Because HIF is suspended in 2017, it is not included in 2017 individual rates.
3. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3.5% of premium to HHS. KHPC expects 93% of its membership enroll on-exchange. This translates into a projected \$13.18 PMPM. The Exchange fee is included in the URRT Worksheet 1, "Taxes and Fees". The exchange user fee is applied as an adjustment to the Index Rate at the market level.
4. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".
5. State Income Tax: Projected that State Income Tax will be collected on the 2% contingency built into the premium. The projected State Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".

See Exhibit H for all KHPC retention values.

### **Projected Loss Ratio**

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

### **Single Risk Pool**

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered product/plan combination for KHPC in the individual market segment. KHPC did not have any individual transitional policies in the experience period.

### **Index Rate**

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index. Only two EHB categories are not included in the experience period: pediatric dental and pediatric vision. Pediatric

dental and pediatric vision claim PMPMs are added to the projected index rate as described in the Projection Factors section above.

**Projected Allowed Claims:** The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of the URRT (“Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)”).

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

### **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, 45 CFR Part 156.80(d)(1). So,

$$\begin{aligned} &[\textit{Market Adjusted Index Rate}] \\ &= ([\textit{Index Rate}] \times [\textit{Paid to Allowed Ratio}] \\ &\quad - [\textit{Net Projected ACA Reinsurance Recoveries}] \\ &\quad - [\textit{Net Projected Risk Adjustments PMPM}] + [\textit{Exchange Fees PMPM}]) \\ &\div [\textit{Paid to Allowed Ratio}] \end{aligned}$$

See Exhibit K for the development of the Market Adjusted Index Rate.

### **Plan Adjusted Index Rate**

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of the URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC’s actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible,

coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

2. Induced Demand: Higher than average utilization due to benefit richness.
3. Provider Network: The Provider network varies across plans. All “Narrow Network” plans have a smaller provider network than “Broad Network” plans. The provider network factor for those plans is shown in Exhibit L. Development of provider network factors is discussed in Geographic Rating Factors and Network Analysis
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
6. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

## **Calibration**

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

**Age Curve Calibration:** The projected average age factor is 1.663. This is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance with CMS’s Standard Age Curve.

**Geographic Factor Calibration:** The projected average geographic factor is 1.004. This is calculated by taking the KHPC member-weighted average by region.

The calibration is:

$$[\textit{Calibrated Plan Adjusted Index Rate}] = [\textit{Plan Adjusted Index Rate}] \div ([\textit{Age Curve Calibration}] \times [\textit{Geographic Factor Calibration}])$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N. Age and Geographic factors are displayed in Exhibit O.

## **Geographic Rating Factors and Network Analysis**

**Geographic Factors:** CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. KHPC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions.

KHPC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims in a 12-month period by region, normalized for demographics. We then compared the claim cost for each of the three regions, and found cost differentials between the regions, mostly due to differences in hospital contracting between regions. The data from the analysis is found in Exhibit Q.

A complicating factor in the regional analysis is the introduction of KHPC's narrow network product. This product will be offered to eight of our twenty-one counties in our service area. KHPC expects cost-savings in the narrow network through lower reimbursements negotiated with providers, as well as the removal of higher-cost hospitals from the network. The complication surfaces because three geographic rating areas in our service area do not exactly match our eight/thirteen narrow/broad network split. In order to understand the GRA/network breakouts, three maps are shown in Exhibit O1 – GRA map, Network Map, and the Combined Map.

Network and region factors are not mutually-exclusive. Hospital reimbursements drive the cost differentials between regions. The narrow network product eliminates some of these costs, which in turn changes the regional impacts. To deal with the correlation of region and network, KHPC did a combined analysis using region and network data.

1. Gathered the following for both inpatient and outpatients services by hospital and county:

- 2014 cases
- 2014 payments
- Severity index
- 2014 severity-adjusted payments per case
- Expected 2016 payments per case based on newly negotiated contracts in narrow network hospitals

2. Categorized the hospitals as follows:

	In Narrow Network Area	Not in Network Area
In Narrow Network	In Net/In Area	
Not in Narrow Network	Out Net/In Area	Out Net/Out Area

3. Assumed that all cases from Out Net/In Area hospitals will move to the In Net/In Area hospitals, but at lower payment rates. So In Net/In Area hospital payments will be:

$$\begin{aligned} \text{In Net/In Area Payments} = & \text{In Net/In Area cases} \times \text{In Net/In Area 2014 payments per case} \\ & + \text{Out Net/In Area cases} \times \text{In Net/In Area severity-adjusted payments per case} \times \text{Out Net/In Area Severity index} \end{aligned}$$

4. Out Net/Out Area hospitals will have no Narrow Network impact.

5. The sum of total expected 2017 payments divided by the sum of original 2017 payments gives the expected change in cost resulting from the introduction of the narrow network.

## **Consumer Adjusted Premium Rate Development**

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$\begin{aligned} & [\textit{Member} - \textit{Level Consumer Adjusted Premium Rate}] \\ & = [\textit{Calibrated Plan Adjusted Index Rate}] \times [\textit{Age Factor}] \\ & \times [\textit{Geographic Factor}] \end{aligned}$$

2.  $[\textit{Family Consumer Adjusted Premium Rate}] = \sum [\textit{Member} - \textit{Level Consumer Adjusted Premium Rate}]$   
With no more than three child dependents under age 21 taken into account

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

## **AV Metal Values**

The AV Metal Values included in Worksheet 2 of the URRT were based on the federally issued AV Calculator. Plans 53789PA0100015, 53789PA0110015, 53789PA0110035, and 53789PA0110036 used Approach 1 under CFR 156.135(b)(2). All other plans fit into the calculator.

## **AV Pricing Values**

All AV Pricing values were developed using KHPC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

## **Membership Projection**

The membership projections found in Worksheet 2 of the URRT were developed by assuming that moderate growth and similar distribution to current.

## **Terminated Products**

See Exhibit R for a list of terminated products.

## **Attachments and Examples**

The following is a list of Exhibits and Data to support this filing:

Exhibit A – Benefit Summary

Exhibit A1 – Benefit Change Summary

Exhibit B – Benefit Categories  
Exhibit C – Pediatric Dental and Vision Rate Development  
Exhibit D – Benefit Changes  
Exhibit E – Trend  
Exhibit F – URRT  
Exhibit G – Paid-to-Allowed Development  
Exhibit H – Retention  
Exhibit I – Projected Loss Ratio  
Exhibit J – Index Rate  
Exhibit K – Market Adjusted Index Rate  
Exhibit L – Rate Development by Plan  
Exhibit M – Plan Adjusted Index Rates  
Exhibit N – Calibration  
Exhibit O – Rating Factors  
Exhibit P – Quarterly Base Rates  
Exhibit Q – Regional Analysis  
Exhibit R – Terminated Products

PA Rate Template Part I through Part V

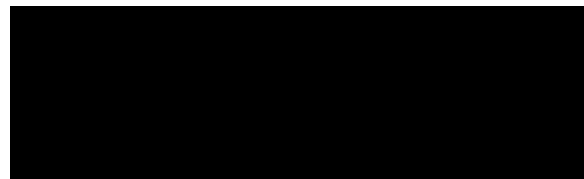
### **Actuarial Statement**

I, [REDACTED], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [REDACTED], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
  - a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
  - b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
  - c. Actuarial Standard of Practice No. 12, “Risk Classification”
  - d. Actuarial Standard of Practice No. 23, “Data Quality”
  - e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
  - f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
  - g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.
2. The index rate is:
  - a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
  - b. Developed in compliance with the applicable Actuarial Standards of Practice.

- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - d. Neither excessive nor deficient.
  - e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. 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.
- 4. 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, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
  - a. The analysis was
    - i. conducted by a member of the American Academy of Actuaries, and
    - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- 6. New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2017 Rate Filing Justification.



██████████, ASA, MAAA  
Actuarial Associate  
Capital BlueCross

2017 Rates Table Template v6.0		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 a community rating state, select Family Option under Age and fill in all columns.		
		If you are not community rating state, select 0-20 under Age 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*	53789			
Federal TIN*	23-2399845			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-20	152.79
53789PA0090004	Rating Area 6	No Preference	21	240.62
53789PA0090004	Rating Area 6	No Preference	22	240.62
53789PA0090004	Rating Area 6	No Preference	23	240.62
53789PA0090004	Rating Area 6	No Preference	24	240.62
53789PA0090004	Rating Area 6	No Preference	25	241.58
53789PA0090004	Rating Area 6	No Preference	26	246.39
53789PA0090004	Rating Area 6	No Preference	27	252.17
53789PA0090004	Rating Area 6	No Preference	28	261.55
53789PA0090004	Rating Area 6	No Preference	29	269.25
53789PA0090004	Rating Area 6	No Preference	30	273.10
53789PA0090004	Rating Area 6	No Preference	31	278.87
53789PA0090004	Rating Area 6	No Preference	32	284.65
53789PA0090004	Rating Area 6	No Preference	33	288.26
53789PA0090004	Rating Area 6	No Preference	34	292.11
53789PA0090004	Rating Area 6	No Preference	35	294.03
53789PA0090004	Rating Area 6	No Preference	36	295.96
53789PA0090004	Rating Area 6	No Preference	37	297.88
53789PA0090004	Rating Area 6	No Preference	38	299.81
53789PA0090004	Rating Area 6	No Preference	39	303.66
53789PA0090004	Rating Area 6	No Preference	40	307.51
53789PA0090004	Rating Area 6	No Preference	41	313.28
53789PA0090004	Rating Area 6	No Preference	42	318.82
53789PA0090004	Rating Area 6	No Preference	43	326.52
53789PA0090004	Rating Area 6	No Preference	44	336.14
53789PA0090004	Rating Area 6	No Preference	45	347.45
53789PA0090004	Rating Area 6	No Preference	46	360.92
53789PA0090004	Rating Area 6	No Preference	47	376.08
53789PA0090004	Rating Area 6	No Preference	48	393.41
53789PA0090004	Rating Area 6	No Preference	49	410.49
53789PA0090004	Rating Area 6	No Preference	50	429.74
53789PA0090004	Rating Area 6	No Preference	51	448.75
53789PA0090004	Rating Area 6	No Preference	52	469.68
53789PA0090004	Rating Area 6	No Preference	53	490.86
53789PA0090004	Rating Area 6	No Preference	54	513.72
53789PA0090004	Rating Area 6	No Preference	55	536.58
53789PA0090004	Rating Area 6	No Preference	56	561.36

HIOS Issuer ID*	53789			
Federal TIN*	23-2399845			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	57	586.38
53789PA0090004	Rating Area 6	No Preference	58	613.09
53789PA0090004	Rating Area 6	No Preference	59	626.33
53789PA0090004	Rating Area 6	No Preference	60	653.03
53789PA0090004	Rating Area 6	No Preference	61	676.13
53789PA0090004	Rating Area 6	No Preference	62	691.29
53789PA0090004	Rating Area 6	No Preference	63	710.30
53789PA0090004	Rating Area 6	No Preference	64	721.85
53789PA0090004	Rating Area 6	No Preference	65 and over	721.85
53789PA0090004	Rating Area 7	No Preference	0-20	154.32
53789PA0090004	Rating Area 7	No Preference	21	243.02
53789PA0090004	Rating Area 7	No Preference	22	243.02
53789PA0090004	Rating Area 7	No Preference	23	243.02
53789PA0090004	Rating Area 7	No Preference	24	243.02
53789PA0090004	Rating Area 7	No Preference	25	243.99
53789PA0090004	Rating Area 7	No Preference	26	248.86
53789PA0090004	Rating Area 7	No Preference	27	254.69
53789PA0090004	Rating Area 7	No Preference	28	264.17
53789PA0090004	Rating Area 7	No Preference	29	271.94
53789PA0090004	Rating Area 7	No Preference	30	275.83
53789PA0090004	Rating Area 7	No Preference	31	281.66
53789PA0090004	Rating Area 7	No Preference	32	287.50
53789PA0090004	Rating Area 7	No Preference	33	291.14
53789PA0090004	Rating Area 7	No Preference	34	295.03
53789PA0090004	Rating Area 7	No Preference	35	296.97
53789PA0090004	Rating Area 7	No Preference	36	298.92
53789PA0090004	Rating Area 7	No Preference	37	300.86
53789PA0090004	Rating Area 7	No Preference	38	302.81
53789PA0090004	Rating Area 7	No Preference	39	306.69
53789PA0090004	Rating Area 7	No Preference	40	310.58
53789PA0090004	Rating Area 7	No Preference	41	316.42
53789PA0090004	Rating Area 7	No Preference	42	322.01
53789PA0090004	Rating Area 7	No Preference	43	329.78
53789PA0090004	Rating Area 7	No Preference	44	339.50
53789PA0090004	Rating Area 7	No Preference	45	350.92
53789PA0090004	Rating Area 7	No Preference	46	364.53
53789PA0090004	Rating Area 7	No Preference	47	379.84
53789PA0090004	Rating Area 7	No Preference	48	397.34
53789PA0090004	Rating Area 7	No Preference	49	414.60
53789PA0090004	Rating Area 7	No Preference	50	434.04
53789PA0090004	Rating Area 7	No Preference	51	453.24
53789PA0090004	Rating Area 7	No Preference	52	474.38

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 7	No Preference	53	495.77
	Rating Area 7	No Preference	54	518.85
	Rating Area 7	No Preference	55	541.94
	Rating Area 7	No Preference	56	566.97
	Rating Area 7	No Preference	57	592.25
	Rating Area 7	No Preference	58	619.22
	Rating Area 7	No Preference	59	632.59
	Rating Area 7	No Preference	60	659.56
	Rating Area 7	No Preference	61	682.89
	Rating Area 7	No Preference	62	698.20
	Rating Area 7	No Preference	63	717.40
	Rating Area 7	No Preference	64	729.06
	Rating Area 7	No Preference	65 and over	729.06
	Rating Area 9	No Preference	0-20	151.26
	Rating Area 9	No Preference	21	238.21
53789PA0090004	Rating Area 9	No Preference	22	238.21
	Rating Area 9	No Preference	23	238.21
	Rating Area 9	No Preference	24	238.21
	Rating Area 9	No Preference	25	239.16
	Rating Area 9	No Preference	26	243.93
	Rating Area 9	No Preference	27	249.64
	Rating Area 9	No Preference	28	258.93
	Rating Area 9	No Preference	29	266.56
	Rating Area 9	No Preference	30	270.37
	Rating Area 9	No Preference	31	276.09
	Rating Area 9	No Preference	32	281.80
	Rating Area 9	No Preference	33	285.38
	Rating Area 9	No Preference	34	289.19
	Rating Area 9	No Preference	35	291.09
	Rating Area 9	No Preference	36	293.00
	Rating Area 9	No Preference	37	294.90
	Rating Area 9	No Preference	38	296.81
	Rating Area 9	No Preference	39	300.62
	Rating Area 9	No Preference	40	304.43
	Rating Area 9	No Preference	41	310.15
	Rating Area 9	No Preference	42	315.63
	Rating Area 9	No Preference	43	323.25
	Rating Area 9	No Preference	44	332.78
	Rating Area 9	No Preference	45	343.98
	Rating Area 9	No Preference	46	357.32
	Rating Area 9	No Preference	47	372.32
	Rating Area 9	No Preference	48	389.47

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 9	No Preference	49	406.39
	Rating Area 9	No Preference	50	425.44
	Rating Area 9	No Preference	51	444.26
	Rating Area 9	No Preference	52	464.99
	Rating Area 9	No Preference	53	485.95
	Rating Area 9	No Preference	54	508.58
	Rating Area 9	No Preference	55	531.21
	Rating Area 9	No Preference	56	555.74
	Rating Area 9	No Preference	57	580.52
	Rating Area 9	No Preference	58	606.96
	Rating Area 9	No Preference	59	620.06
	Rating Area 9	No Preference	60	646.50
	Rating Area 9	No Preference	61	669.37
	Rating Area 9	No Preference	62	684.38
	Rating Area 9	No Preference	63	703.20
	Rating Area 9	No Preference	64	714.62
	Rating Area 9	No Preference	65 and over	714.62
53789PA0090007	Rating Area 6	No Preference	0-20	212.43
53789PA0090007	Rating Area 6	No Preference	21	334.54
	Rating Area 6	No Preference	22	334.54
	Rating Area 6	No Preference	23	334.54
	Rating Area 6	No Preference	24	334.54
	Rating Area 6	No Preference	25	335.88
	Rating Area 6	No Preference	26	342.57
	Rating Area 6	No Preference	27	350.60
	Rating Area 6	No Preference	28	363.65
	Rating Area 6	No Preference	29	374.35
	Rating Area 6	No Preference	30	379.70
	Rating Area 6	No Preference	31	387.73
	Rating Area 6	No Preference	32	395.76
	Rating Area 6	No Preference	33	400.78
	Rating Area 6	No Preference	34	406.13
	Rating Area 6	No Preference	35	408.81
	Rating Area 6	No Preference	36	411.49
	Rating Area 6	No Preference	37	414.16
	Rating Area 6	No Preference	38	416.84
	Rating Area 6	No Preference	39	422.19
	Rating Area 6	No Preference	40	427.54
	Rating Area 6	No Preference	41	435.57
	Rating Area 6	No Preference	42	443.27
	Rating Area 6	No Preference	43	453.97
	Rating Area 6	No Preference	44	467.35

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 6	No Preference	45	483.08
	Rating Area 6	No Preference	46	501.81
	Rating Area 6	No Preference	47	522.89
	Rating Area 6	No Preference	48	546.98
	Rating Area 6	No Preference	49	570.73
	Rating Area 6	No Preference	50	597.49
	Rating Area 6	No Preference	51	623.92
	Rating Area 6	No Preference	52	653.02
	Rating Area 6	No Preference	53	682.46
	Rating Area 6	No Preference	54	714.25
	Rating Area 6	No Preference	55	746.03
	Rating Area 6	No Preference	56	780.49
	Rating Area 6	No Preference	57	815.28
	Rating Area 6	No Preference	58	852.41
	Rating Area 6	No Preference	59	870.81
	Rating Area 6	No Preference	60	907.95
	Rating Area 6	No Preference	61	940.06
	Rating Area 6	No Preference	62	961.14
	Rating Area 6	No Preference	63	987.57
	Rating Area 6	No Preference	64	1003.61
53789PA0090007	Rating Area 6	No Preference	65 and over	1003.61
53789PA0090007	Rating Area 7	No Preference	0-20	214.56
53789PA0090007	Rating Area 7	No Preference	21	337.89
	Rating Area 7	No Preference	22	337.89
	Rating Area 7	No Preference	23	337.89
	Rating Area 7	No Preference	24	337.89
	Rating Area 7	No Preference	25	339.24
	Rating Area 7	No Preference	26	346.00
	Rating Area 7	No Preference	27	354.11
	Rating Area 7	No Preference	28	367.28
	Rating Area 7	No Preference	29	378.10
	Rating Area 7	No Preference	30	383.50
	Rating Area 7	No Preference	31	391.61
	Rating Area 7	No Preference	32	399.72
	Rating Area 7	No Preference	33	404.79
	Rating Area 7	No Preference	34	410.19
	Rating Area 7	No Preference	35	412.90
	Rating Area 7	No Preference	36	415.60
	Rating Area 7	No Preference	37	418.30
	Rating Area 7	No Preference	38	421.01
	Rating Area 7	No Preference	39	426.41
	Rating Area 7	No Preference	40	431.82

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 7	No Preference	41	439.93
	Rating Area 7	No Preference	42	447.70
	Rating Area 7	No Preference	43	458.51
	Rating Area 7	No Preference	44	472.03
	Rating Area 7	No Preference	45	487.91
	Rating Area 7	No Preference	46	506.83
	Rating Area 7	No Preference	47	528.12
	Rating Area 7	No Preference	48	552.44
	Rating Area 7	No Preference	49	576.43
	Rating Area 7	No Preference	50	603.47
	Rating Area 7	No Preference	51	630.16
	Rating Area 7	No Preference	52	659.56
	Rating Area 7	No Preference	53	689.29
	Rating Area 7	No Preference	54	721.39
	Rating Area 7	No Preference	55	753.49
	Rating Area 7	No Preference	56	788.29
	Rating Area 7	No Preference	57	823.43
	Rating Area 7	No Preference	58	860.94
	Rating Area 7	No Preference	59	879.52
	Rating Area 7	No Preference	60	917.02
	Rating Area 7	No Preference	61	949.46
	Rating Area 7	No Preference	62	970.75
	Rating Area 7	No Preference	63	997.44
	Rating Area 7	No Preference	64	1013.66
	Rating Area 7	No Preference	65 and over	1013.66
53789PA0090007	Rating Area 9	No Preference	0-20	210.31
	Rating Area 9	No Preference	21	331.20
	Rating Area 9	No Preference	22	331.20
	Rating Area 9	No Preference	23	331.20
	Rating Area 9	No Preference	24	331.20
	Rating Area 9	No Preference	25	332.52
	Rating Area 9	No Preference	26	339.14
	Rating Area 9	No Preference	27	347.09
	Rating Area 9	No Preference	28	360.01
	Rating Area 9	No Preference	29	370.61
	Rating Area 9	No Preference	30	375.91
	Rating Area 9	No Preference	31	383.86
	Rating Area 9	No Preference	32	391.80
	Rating Area 9	No Preference	33	396.77
	Rating Area 9	No Preference	34	402.07
	Rating Area 9	No Preference	35	404.72
	Rating Area 9	No Preference	36	407.37

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 9	No Preference	37	410.02
	Rating Area 9	No Preference	38	412.67
	Rating Area 9	No Preference	39	417.97
	Rating Area 9	No Preference	40	423.27
	Rating Area 9	No Preference	41	431.22
	Rating Area 9	No Preference	42	438.83
	Rating Area 9	No Preference	43	449.43
	Rating Area 9	No Preference	44	462.68
	Rating Area 9	No Preference	45	478.25
	Rating Area 9	No Preference	46	496.79
	Rating Area 9	No Preference	47	517.66
	Rating Area 9	No Preference	48	541.51
	Rating Area 9	No Preference	49	565.02
	Rating Area 9	No Preference	50	591.52
	Rating Area 9	No Preference	51	617.68
	Rating Area 9	No Preference	52	646.49
	Rating Area 9	No Preference	53	675.64
	Rating Area 9	No Preference	54	707.10
	Rating Area 9	No Preference	55	738.57
	Rating Area 9	No Preference	56	772.68
	Rating Area 9	No Preference	57	807.12
	Rating Area 9	No Preference	58	843.89
	Rating Area 9	No Preference	59	862.10
	Rating Area 9	No Preference	60	898.87
	Rating Area 9	No Preference	61	930.66
	Rating Area 9	No Preference	62	951.53
	Rating Area 9	No Preference	63	977.69
	Rating Area 9	No Preference	64	993.59
	Rating Area 9	No Preference	65 and over	993.59
53789PA0090008	Rating Area 6	No Preference	0-20	216.21
53789PA0090008	Rating Area 6	No Preference	21	340.49
	Rating Area 6	No Preference	22	340.49
	Rating Area 6	No Preference	23	340.49
	Rating Area 6	No Preference	24	340.49
	Rating Area 6	No Preference	25	341.85
	Rating Area 6	No Preference	26	348.66
	Rating Area 6	No Preference	27	356.83
	Rating Area 6	No Preference	28	370.11
	Rating Area 6	No Preference	29	381.01
	Rating Area 6	No Preference	30	386.46
	Rating Area 6	No Preference	31	394.63
	Rating Area 6	No Preference	32	402.80

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 6	No Preference	33	407.91
	Rating Area 6	No Preference	34	413.35
	Rating Area 6	No Preference	35	416.08
	Rating Area 6	No Preference	36	418.80
	Rating Area 6	No Preference	37	421.53
	Rating Area 6	No Preference	38	424.25
	Rating Area 6	No Preference	39	429.70
	Rating Area 6	No Preference	40	435.15
	Rating Area 6	No Preference	41	443.32
	Rating Area 6	No Preference	42	451.15
	Rating Area 6	No Preference	43	462.04
	Rating Area 6	No Preference	44	475.66
	Rating Area 6	No Preference	45	491.67
	Rating Area 6	No Preference	46	510.73
	Rating Area 6	No Preference	47	532.18
	Rating Area 6	No Preference	48	556.70
	Rating Area 6	No Preference	49	580.87
	Rating Area 6	No Preference	50	608.11
	Rating Area 6	No Preference	51	635.01
	Rating Area 6	No Preference	52	664.63
	Rating Area 6	No Preference	53	694.60
	Rating Area 6	No Preference	54	726.94
	Rating Area 6	No Preference	55	759.29
	Rating Area 6	No Preference	56	794.36
	Rating Area 6	No Preference	57	829.77
	Rating Area 6	No Preference	58	867.57
	Rating Area 6	No Preference	59	886.29
	Rating Area 6	No Preference	60	924.09
	Rating Area 6	No Preference	61	956.77
	Rating Area 6	No Preference	62	978.23
	Rating Area 6	No Preference	63	1005.12
	Rating Area 6	No Preference	64	1021.46
	Rating Area 6	No Preference	65 and over	1021.46
53789PA0090008	Rating Area 7	No Preference	0-20	218.37
53789PA0090008	Rating Area 7	No Preference	21	343.89
	Rating Area 7	No Preference	22	343.89
	Rating Area 7	No Preference	23	343.89
	Rating Area 7	No Preference	24	343.89
	Rating Area 7	No Preference	25	345.27
	Rating Area 7	No Preference	26	352.15
	Rating Area 7	No Preference	27	360.40
	Rating Area 7	No Preference	28	373.81

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 7	No Preference	29	384.82
	Rating Area 7	No Preference	30	390.32
	Rating Area 7	No Preference	31	398.57
	Rating Area 7	No Preference	32	406.83
	Rating Area 7	No Preference	33	411.99
	Rating Area 7	No Preference	34	417.49
	Rating Area 7	No Preference	35	420.24
	Rating Area 7	No Preference	36	422.99
	Rating Area 7	No Preference	37	425.74
	Rating Area 7	No Preference	38	428.49
	Rating Area 7	No Preference	39	433.99
	Rating Area 7	No Preference	40	439.50
	Rating Area 7	No Preference	41	447.75
	Rating Area 7	No Preference	42	455.66
	Rating Area 7	No Preference	43	466.66
	Rating Area 7	No Preference	44	480.42
	Rating Area 7	No Preference	45	496.58
	Rating Area 7	No Preference	46	515.84
	Rating Area 7	No Preference	47	537.51
	Rating Area 7	No Preference	48	562.27
	Rating Area 7	No Preference	49	586.68
	Rating Area 7	No Preference	50	614.19
	Rating Area 7	No Preference	51	641.36
	Rating Area 7	No Preference	52	671.28
	Rating Area 7	No Preference	53	701.54
	Rating Area 7	No Preference	54	734.21
	Rating Area 7	No Preference	55	766.88
	Rating Area 7	No Preference	56	802.30
	Rating Area 7	No Preference	57	838.07
	Rating Area 7	No Preference	58	876.24
	Rating Area 7	No Preference	59	895.16
	Rating Area 7	No Preference	60	933.33
	Rating Area 7	No Preference	61	966.34
	Rating Area 7	No Preference	62	988.01
	Rating Area 7	No Preference	63	1015.18
	Rating Area 7	No Preference	64	1031.67
	Rating Area 7	No Preference	65 and over	1031.67
53789PA0090008	Rating Area 9	No Preference	0-20	214.05
53789PA0090008	Rating Area 9	No Preference	21	337.08
	Rating Area 9	No Preference	22	337.08
	Rating Area 9	No Preference	23	337.08
	Rating Area 9	No Preference	24	337.08

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 1/1/2017			
	Rate Expiration Date* 3/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 9	No Preference	25	338.43
	Rating Area 9	No Preference	26	345.17
	Rating Area 9	No Preference	27	353.26
	Rating Area 9	No Preference	28	366.41
	Rating Area 9	No Preference	29	377.20
	Rating Area 9	No Preference	30	382.59
	Rating Area 9	No Preference	31	390.68
	Rating Area 9	No Preference	32	398.77
	Rating Area 9	No Preference	33	403.83
	Rating Area 9	No Preference	34	409.22
	Rating Area 9	No Preference	35	411.92
	Rating Area 9	No Preference	36	414.61
	Rating Area 9	No Preference	37	417.31
	Rating Area 9	No Preference	38	420.01
	Rating Area 9	No Preference	39	425.40
	Rating Area 9	No Preference	40	430.79
	Rating Area 9	No Preference	41	438.88
	Rating Area 9	No Preference	42	446.64
	Rating Area 9	No Preference	43	457.42
	Rating Area 9	No Preference	44	470.91
	Rating Area 9	No Preference	45	486.75
	Rating Area 9	No Preference	46	505.63
	Rating Area 9	No Preference	47	526.86
	Rating Area 9	No Preference	48	551.13
	Rating Area 9	No Preference	49	575.07
	Rating Area 9	No Preference	50	602.03
	Rating Area 9	No Preference	51	628.66
	Rating Area 9	No Preference	52	657.99
	Rating Area 9	No Preference	53	687.65
	Rating Area 9	No Preference	54	719.67
	Rating Area 9	No Preference	55	751.70
	Rating Area 9	No Preference	56	786.42
	Rating Area 9	No Preference	57	821.47
	Rating Area 9	No Preference	58	858.89
	Rating Area 9	No Preference	59	877.43
	Rating Area 9	No Preference	60	914.85
	Rating Area 9	No Preference	61	947.21
	Rating Area 9	No Preference	62	968.44
	Rating Area 9	No Preference	63	995.07
	Rating Area 9	No Preference	64	1011.24
	Rating Area 9	No Preference	65 and over	1011.24
53789PA0090011	Rating Area 6	No Preference	0-20	188.09

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 1/1/2017			
	Rate Expiration Date* 3/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	21	296.20
	Rating Area 6	No Preference	22	296.20
	Rating Area 6	No Preference	23	296.20
	Rating Area 6	No Preference	24	296.20
	Rating Area 6	No Preference	25	297.39
	Rating Area 6	No Preference	26	303.31
	Rating Area 6	No Preference	27	310.42
	Rating Area 6	No Preference	28	321.97
	Rating Area 6	No Preference	29	331.45
	Rating Area 6	No Preference	30	336.19
	Rating Area 6	No Preference	31	343.30
	Rating Area 6	No Preference	32	350.41
	Rating Area 6	No Preference	33	354.85
	Rating Area 6	No Preference	34	359.59
	Rating Area 6	No Preference	35	361.96
	Rating Area 6	No Preference	36	364.33
	Rating Area 6	No Preference	37	366.70
	Rating Area 6	No Preference	38	369.07
	Rating Area 6	No Preference	39	373.81
	Rating Area 6	No Preference	40	378.55
	Rating Area 6	No Preference	41	385.66
	Rating Area 6	No Preference	42	392.47
	Rating Area 6	No Preference	43	401.95
	Rating Area 6	No Preference	44	413.80
	Rating Area 6	No Preference	45	427.72
	Rating Area 6	No Preference	46	444.30
	Rating Area 6	No Preference	47	462.97
	Rating Area 6	No Preference	48	484.29
	Rating Area 6	No Preference	49	505.32
	Rating Area 6	No Preference	50	529.02
	Rating Area 6	No Preference	51	552.42
	Rating Area 6	No Preference	52	578.19
	Rating Area 6	No Preference	53	604.25
	Rating Area 6	No Preference	54	632.39
	Rating Area 6	No Preference	55	660.53
	Rating Area 6	No Preference	56	691.04
	Rating Area 6	No Preference	57	721.85
	Rating Area 6	No Preference	58	754.73
	Rating Area 6	No Preference	59	771.02
	Rating Area 6	No Preference	60	803.90
	Rating Area 6	No Preference	61	832.33
	Rating Area 6	No Preference	62	850.99

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	63	874.39
53789PA0090011	Rating Area 6	No Preference	64	888.60
53789PA0090011	Rating Area 6	No Preference	65 and over	888.60
53789PA0090011	Rating Area 7	No Preference	0-20	189.97
53789PA0090011	Rating Area 7	No Preference	21	299.17
53789PA0090011	Rating Area 7	No Preference	22	299.17
53789PA0090011	Rating Area 7	No Preference	23	299.17
53789PA0090011	Rating Area 7	No Preference	24	299.17
53789PA0090011	Rating Area 7	No Preference	25	300.36
53789PA0090011	Rating Area 7	No Preference	26	306.35
53789PA0090011	Rating Area 7	No Preference	27	313.53
53789PA0090011	Rating Area 7	No Preference	28	325.19
53789PA0090011	Rating Area 7	No Preference	29	334.77
53789PA0090011	Rating Area 7	No Preference	30	339.55
53789PA0090011	Rating Area 7	No Preference	31	346.73
53789PA0090011	Rating Area 7	No Preference	32	353.91
53789PA0090011	Rating Area 7	No Preference	33	358.40
53789PA0090011	Rating Area 7	No Preference	34	363.19
53789PA0090011	Rating Area 7	No Preference	35	365.58
53789PA0090011	Rating Area 7	No Preference	36	367.97
53789PA0090011	Rating Area 7	No Preference	37	370.37
53789PA0090011	Rating Area 7	No Preference	38	372.76
53789PA0090011	Rating Area 7	No Preference	39	377.55
53789PA0090011	Rating Area 7	No Preference	40	382.33
53789PA0090011	Rating Area 7	No Preference	41	389.51
53789PA0090011	Rating Area 7	No Preference	42	396.39
53789PA0090011	Rating Area 7	No Preference	43	405.97
53789PA0090011	Rating Area 7	No Preference	44	417.93
53789PA0090011	Rating Area 7	No Preference	45	431.99
53789PA0090011	Rating Area 7	No Preference	46	448.75
53789PA0090011	Rating Area 7	No Preference	47	467.60
53789PA0090011	Rating Area 7	No Preference	48	489.14
53789PA0090011	Rating Area 7	No Preference	49	510.38
53789PA0090011	Rating Area 7	No Preference	50	534.31
53789PA0090011	Rating Area 7	No Preference	51	557.94
53789PA0090011	Rating Area 7	No Preference	52	583.97
53789PA0090011	Rating Area 7	No Preference	53	610.30
53789PA0090011	Rating Area 7	No Preference	54	638.72
53789PA0090011	Rating Area 7	No Preference	55	667.14
53789PA0090011	Rating Area 7	No Preference	56	697.95
53789PA0090011	Rating Area 7	No Preference	57	729.07
53789PA0090011	Rating Area 7	No Preference	58	762.27

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 7	No Preference	59	778.73
	Rating Area 7	No Preference	60	811.93
	Rating Area 7	No Preference	61	840.65
	Rating Area 7	No Preference	62	859.50
	Rating Area 7	No Preference	63	883.14
	Rating Area 7	No Preference	64	897.50
	Rating Area 7	No Preference	65 and over	897.50
53789PA0090011	Rating Area 9	No Preference	0-20	186.21
53789PA0090011	Rating Area 9	No Preference	21	293.24
	Rating Area 9	No Preference	22	293.24
	Rating Area 9	No Preference	23	293.24
	Rating Area 9	No Preference	24	293.24
	Rating Area 9	No Preference	25	294.41
	Rating Area 9	No Preference	26	300.28
	Rating Area 9	No Preference	27	307.32
	Rating Area 9	No Preference	28	318.75
	Rating Area 9	No Preference	29	328.14
	Rating Area 9	No Preference	30	332.83
	Rating Area 9	No Preference	31	339.87
	Rating Area 9	No Preference	32	346.90
	Rating Area 9	No Preference	33	351.30
	Rating Area 9	No Preference	34	355.99
	Rating Area 9	No Preference	35	358.34
	Rating Area 9	No Preference	36	360.69
	Rating Area 9	No Preference	37	363.03
	Rating Area 9	No Preference	38	365.38
	Rating Area 9	No Preference	39	370.07
	Rating Area 9	No Preference	40	374.76
	Rating Area 9	No Preference	41	381.80
	Rating Area 9	No Preference	42	388.54
	Rating Area 9	No Preference	43	397.93
	Rating Area 9	No Preference	44	409.66
	Rating Area 9	No Preference	45	423.44
	Rating Area 9	No Preference	46	439.86
	Rating Area 9	No Preference	47	458.34
	Rating Area 9	No Preference	48	479.45
	Rating Area 9	No Preference	49	500.27
	Rating Area 9	No Preference	50	523.73
	Rating Area 9	No Preference	51	546.89
	Rating Area 9	No Preference	52	572.41
	Rating Area 9	No Preference	53	598.21
	Rating Area 9	No Preference	54	626.07

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 9	No Preference	55	653.93
	Rating Area 9	No Preference	56	684.13
	Rating Area 9	No Preference	57	714.63
	Rating Area 9	No Preference	58	747.18
	Rating Area 9	No Preference	59	763.31
	Rating Area 9	No Preference	60	795.86
	Rating Area 9	No Preference	61	824.01
	Rating Area 9	No Preference	62	842.48
	Rating Area 9	No Preference	63	865.65
	Rating Area 9	No Preference	64	879.71
	Rating Area 9	No Preference	65 and over	879.71
53789PA0090012	Rating Area 6	No Preference	0-20	191.87
53789PA0090012	Rating Area 6	No Preference	21	302.15
	Rating Area 6	No Preference	22	302.15
	Rating Area 6	No Preference	23	302.15
	Rating Area 6	No Preference	24	302.15
	Rating Area 6	No Preference	25	303.36
	Rating Area 6	No Preference	26	309.40
	Rating Area 6	No Preference	27	316.65
	Rating Area 6	No Preference	28	328.44
	Rating Area 6	No Preference	29	338.11
	Rating Area 6	No Preference	30	342.94
	Rating Area 6	No Preference	31	350.19
	Rating Area 6	No Preference	32	357.44
	Rating Area 6	No Preference	33	361.98
	Rating Area 6	No Preference	34	366.81
	Rating Area 6	No Preference	35	369.23
	Rating Area 6	No Preference	36	371.65
	Rating Area 6	No Preference	37	374.06
	Rating Area 6	No Preference	38	376.48
	Rating Area 6	No Preference	39	381.31
	Rating Area 6	No Preference	40	386.15
	Rating Area 6	No Preference	41	393.40
	Rating Area 6	No Preference	42	400.35
	Rating Area 6	No Preference	43	410.02
	Rating Area 6	No Preference	44	422.11
	Rating Area 6	No Preference	45	436.31
	Rating Area 6	No Preference	46	453.23
	Rating Area 6	No Preference	47	472.26
	Rating Area 6	No Preference	48	494.02
	Rating Area 6	No Preference	49	515.47
	Rating Area 6	No Preference	50	539.64

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 6	No Preference	51	563.51
	Rating Area 6	No Preference	52	589.80
	Rating Area 6	No Preference	53	616.39
	Rating Area 6	No Preference	54	645.09
	Rating Area 6	No Preference	55	673.80
	Rating Area 6	No Preference	56	704.92
	Rating Area 6	No Preference	57	736.34
	Rating Area 6	No Preference	58	769.88
	Rating Area 6	No Preference	59	786.50
	Rating Area 6	No Preference	60	820.04
	Rating Area 6	No Preference	61	849.04
	Rating Area 6	No Preference	62	868.08
	Rating Area 6	No Preference	63	891.95
	Rating Area 6	No Preference	64	906.44
	Rating Area 6	No Preference	65 and over	906.44
53789PA0090012	Rating Area 7	No Preference	0-20	193.78
53789PA0090012	Rating Area 7	No Preference	21	305.17
	Rating Area 7	No Preference	22	305.17
	Rating Area 7	No Preference	23	305.17
	Rating Area 7	No Preference	24	305.17
	Rating Area 7	No Preference	25	306.39
	Rating Area 7	No Preference	26	312.50
	Rating Area 7	No Preference	27	319.82
	Rating Area 7	No Preference	28	331.72
	Rating Area 7	No Preference	29	341.49
	Rating Area 7	No Preference	30	346.37
	Rating Area 7	No Preference	31	353.70
	Rating Area 7	No Preference	32	361.02
	Rating Area 7	No Preference	33	365.60
	Rating Area 7	No Preference	34	370.48
	Rating Area 7	No Preference	35	372.92
	Rating Area 7	No Preference	36	375.36
	Rating Area 7	No Preference	37	377.80
	Rating Area 7	No Preference	38	380.25
	Rating Area 7	No Preference	39	385.13
	Rating Area 7	No Preference	40	390.01
	Rating Area 7	No Preference	41	397.33
	Rating Area 7	No Preference	42	404.35
	Rating Area 7	No Preference	43	414.12
	Rating Area 7	No Preference	44	426.33
	Rating Area 7	No Preference	45	440.67
	Rating Area 7	No Preference	46	457.76

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	1/1/2017		
	Rate Expiration Date*	3/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 7	No Preference	47	476.98
	Rating Area 7	No Preference	48	498.96
	Rating Area 7	No Preference	49	520.62
	Rating Area 7	No Preference	50	545.04
	Rating Area 7	No Preference	51	569.15
	Rating Area 7	No Preference	52	595.70
	Rating Area 7	No Preference	53	622.55
	Rating Area 7	No Preference	54	651.54
	Rating Area 7	No Preference	55	680.53
	Rating Area 7	No Preference	56	711.97
	Rating Area 7	No Preference	57	743.71
	Rating Area 7	No Preference	58	777.58
	Rating Area 7	No Preference	59	794.36
	Rating Area 7	No Preference	60	828.24
	Rating Area 7	No Preference	61	857.54
	Rating Area 7	No Preference	62	876.76
	Rating Area 7	No Preference	63	900.87
	Rating Area 7	No Preference	64	915.51
	Rating Area 7	No Preference	65 and over	915.51
53789PA0090012	Rating Area 9	No Preference	0-20	189.95
53789PA0090012	Rating Area 9	No Preference	21	299.13
	Rating Area 9	No Preference	22	299.13
	Rating Area 9	No Preference	23	299.13
	Rating Area 9	No Preference	24	299.13
	Rating Area 9	No Preference	25	300.33
	Rating Area 9	No Preference	26	306.31
	Rating Area 9	No Preference	27	313.49
	Rating Area 9	No Preference	28	325.15
	Rating Area 9	No Preference	29	334.73
	Rating Area 9	No Preference	30	339.51
	Rating Area 9	No Preference	31	346.69
	Rating Area 9	No Preference	32	353.87
	Rating Area 9	No Preference	33	358.36
	Rating Area 9	No Preference	34	363.14
	Rating Area 9	No Preference	35	365.54
	Rating Area 9	No Preference	36	367.93
	Rating Area 9	No Preference	37	370.32
	Rating Area 9	No Preference	38	372.72
	Rating Area 9	No Preference	39	377.50
	Rating Area 9	No Preference	40	382.29
53789PA0090012	Rating Area 9	No Preference	41	389.47
53789PA0090012	Rating Area 9	No Preference	42	396.35

HIOS Issuer ID*		53789			
Federal TIN*		23-2399845			
Rate Effective Date*		1/1/2017			
Rate Expiration Date*		3/31/2017			
Plan ID*		Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
	53789PA0090012	Rating Area 9	No Preference	43	405.92
	53789PA0090012	Rating Area 9	No Preference	44	417.88
	53789PA0090012	Rating Area 9	No Preference	45	431.94
	53789PA0090012	Rating Area 9	No Preference	46	448.69
	53789PA0090012	Rating Area 9	No Preference	47	467.54
	53789PA0090012	Rating Area 9	No Preference	48	489.08
	53789PA0090012	Rating Area 9	No Preference	49	510.32
	53789PA0090012	Rating Area 9	No Preference	50	534.25
	53789PA0090012	Rating Area 9	No Preference	51	557.88
	53789PA0090012	Rating Area 9	No Preference	52	583.90
	53789PA0090012	Rating Area 9	No Preference	53	610.22
	53789PA0090012	Rating Area 9	No Preference	54	638.64
	53789PA0090012	Rating Area 9	No Preference	55	667.06
	53789PA0090012	Rating Area 9	No Preference	56	697.87
	53789PA0090012	Rating Area 9	No Preference	57	728.98
	53789PA0090012	Rating Area 9	No Preference	58	762.18
	53789PA0090012	Rating Area 9	No Preference	59	778.63
	53789PA0090012	Rating Area 9	No Preference	60	811.84
	53789PA0090012	Rating Area 9	No Preference	61	840.55
	53789PA0090012	Rating Area 9	No Preference	62	859.40
	53789PA0090012	Rating Area 9	No Preference	63	883.03
	53789PA0090012	Rating Area 9	No Preference	64	897.38
	53789PA0090012	Rating Area 9	No Preference	65 and over	897.38

2017 Rates Table Template v6.0		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 a community rating state, select Family Option under Age and fill in all columns.		
		If you are not community rating state, select 0-20 under Age 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*	53789			
Federal TIN*	23-2399845			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-20	155.72
53789PA0090004	Rating Area 6	No Preference	21	245.23
53789PA0090004	Rating Area 6	No Preference	22	245.23
53789PA0090004	Rating Area 6	No Preference	23	245.23
53789PA0090004	Rating Area 6	No Preference	24	245.23
53789PA0090004	Rating Area 6	No Preference	25	246.21
53789PA0090004	Rating Area 6	No Preference	26	251.12
53789PA0090004	Rating Area 6	No Preference	27	257.00
53789PA0090004	Rating Area 6	No Preference	28	266.57
53789PA0090004	Rating Area 6	No Preference	29	274.41
53789PA0090004	Rating Area 6	No Preference	30	278.34
53789PA0090004	Rating Area 6	No Preference	31	284.22
53789PA0090004	Rating Area 6	No Preference	32	290.11
53789PA0090004	Rating Area 6	No Preference	33	293.79
53789PA0090004	Rating Area 6	No Preference	34	297.71
53789PA0090004	Rating Area 6	No Preference	35	299.67
53789PA0090004	Rating Area 6	No Preference	36	301.63
53789PA0090004	Rating Area 6	No Preference	37	303.59
53789PA0090004	Rating Area 6	No Preference	38	305.56
53789PA0090004	Rating Area 6	No Preference	39	309.48
53789PA0090004	Rating Area 6	No Preference	40	313.40
53789PA0090004	Rating Area 6	No Preference	41	319.29
53789PA0090004	Rating Area 6	No Preference	42	324.93
53789PA0090004	Rating Area 6	No Preference	43	332.78
53789PA0090004	Rating Area 6	No Preference	44	342.59
53789PA0090004	Rating Area 6	No Preference	45	354.11
53789PA0090004	Rating Area 6	No Preference	46	367.84
53789PA0090004	Rating Area 6	No Preference	47	383.29
53789PA0090004	Rating Area 6	No Preference	48	400.95
53789PA0090004	Rating Area 6	No Preference	49	418.36
53789PA0090004	Rating Area 6	No Preference	50	437.98
53789PA0090004	Rating Area 6	No Preference	51	457.35
53789PA0090004	Rating Area 6	No Preference	52	478.69
53789PA0090004	Rating Area 6	No Preference	53	500.27
53789PA0090004	Rating Area 6	No Preference	54	523.57
53789PA0090004	Rating Area 6	No Preference	55	546.86
53789PA0090004	Rating Area 6	No Preference	56	572.12

HIOS Issuer ID*	53789			
Federal TIN*	23-2399845			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	57	597.63
53789PA0090004	Rating Area 6	No Preference	58	624.85
53789PA0090004	Rating Area 6	No Preference	59	638.33
53789PA0090004	Rating Area 6	No Preference	60	665.55
53789PA0090004	Rating Area 6	No Preference	61	689.10
53789PA0090004	Rating Area 6	No Preference	62	704.55
53789PA0090004	Rating Area 6	No Preference	63	723.92
53789PA0090004	Rating Area 6	No Preference	64	735.68
53789PA0090004	Rating Area 6	No Preference	65 and over	735.68
53789PA0090004	Rating Area 7	No Preference	0-20	157.28
53789PA0090004	Rating Area 7	No Preference	21	247.68
53789PA0090004	Rating Area 7	No Preference	22	247.68
53789PA0090004	Rating Area 7	No Preference	23	247.68
53789PA0090004	Rating Area 7	No Preference	24	247.68
53789PA0090004	Rating Area 7	No Preference	25	248.67
53789PA0090004	Rating Area 7	No Preference	26	253.63
53789PA0090004	Rating Area 7	No Preference	27	259.57
53789PA0090004	Rating Area 7	No Preference	28	269.23
53789PA0090004	Rating Area 7	No Preference	29	277.16
53789PA0090004	Rating Area 7	No Preference	30	281.12
53789PA0090004	Rating Area 7	No Preference	31	287.06
53789PA0090004	Rating Area 7	No Preference	32	293.01
53789PA0090004	Rating Area 7	No Preference	33	296.72
53789PA0090004	Rating Area 7	No Preference	34	300.69
53789PA0090004	Rating Area 7	No Preference	35	302.67
53789PA0090004	Rating Area 7	No Preference	36	304.65
53789PA0090004	Rating Area 7	No Preference	37	306.63
53789PA0090004	Rating Area 7	No Preference	38	308.61
53789PA0090004	Rating Area 7	No Preference	39	312.58
53789PA0090004	Rating Area 7	No Preference	40	316.54
53789PA0090004	Rating Area 7	No Preference	41	322.48
53789PA0090004	Rating Area 7	No Preference	42	328.18
53789PA0090004	Rating Area 7	No Preference	43	336.10
53789PA0090004	Rating Area 7	No Preference	44	346.01
53789PA0090004	Rating Area 7	No Preference	45	357.65
53789PA0090004	Rating Area 7	No Preference	46	371.52
53789PA0090004	Rating Area 7	No Preference	47	387.13
53789PA0090004	Rating Area 7	No Preference	48	404.96
53789PA0090004	Rating Area 7	No Preference	49	422.55
53789PA0090004	Rating Area 7	No Preference	50	442.36
53789PA0090004	Rating Area 7	No Preference	51	461.93
53789PA0090004	Rating Area 7	No Preference	52	483.48

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 7	No Preference	53	505.27
	Rating Area 7	No Preference	54	528.80
	Rating Area 7	No Preference	55	552.33
	Rating Area 7	No Preference	56	577.84
	Rating Area 7	No Preference	57	603.60
	Rating Area 7	No Preference	58	631.09
	Rating Area 7	No Preference	59	644.72
	Rating Area 7	No Preference	60	672.21
	Rating Area 7	No Preference	61	695.99
	Rating Area 7	No Preference	62	711.59
	Rating Area 7	No Preference	63	731.16
	Rating Area 7	No Preference	64	743.04
	Rating Area 7	No Preference	65 and over	743.04
53789PA0090004	Rating Area 9	No Preference	0-20	154.16
53789PA0090004	Rating Area 9	No Preference	21	242.78
	Rating Area 9	No Preference	22	242.78
	Rating Area 9	No Preference	23	242.78
	Rating Area 9	No Preference	24	242.78
	Rating Area 9	No Preference	25	243.75
	Rating Area 9	No Preference	26	248.60
	Rating Area 9	No Preference	27	254.43
	Rating Area 9	No Preference	28	263.90
	Rating Area 9	No Preference	29	271.67
	Rating Area 9	No Preference	30	275.55
	Rating Area 9	No Preference	31	281.38
	Rating Area 9	No Preference	32	287.21
	Rating Area 9	No Preference	33	290.85
	Rating Area 9	No Preference	34	294.73
	Rating Area 9	No Preference	35	296.67
	Rating Area 9	No Preference	36	298.62
	Rating Area 9	No Preference	37	300.56
	Rating Area 9	No Preference	38	302.50
	Rating Area 9	No Preference	39	306.39
	Rating Area 9	No Preference	40	310.27
	Rating Area 9	No Preference	41	316.10
	Rating Area 9	No Preference	42	321.68
	Rating Area 9	No Preference	43	329.45
	Rating Area 9	No Preference	44	339.16
	Rating Area 9	No Preference	45	350.57
	Rating Area 9	No Preference	46	364.17
	Rating Area 9	No Preference	47	379.46
	Rating Area 9	No Preference	48	396.94

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 9	No Preference	49	414.18
	Rating Area 9	No Preference	50	433.60
	Rating Area 9	No Preference	51	452.78
	Rating Area 9	No Preference	52	473.90
	Rating Area 9	No Preference	53	495.27
	Rating Area 9	No Preference	54	518.33
	Rating Area 9	No Preference	55	541.39
	Rating Area 9	No Preference	56	566.40
	Rating Area 9	No Preference	57	591.65
	Rating Area 9	No Preference	58	618.60
	Rating Area 9	No Preference	59	631.95
	Rating Area 9	No Preference	60	658.90
	Rating Area 9	No Preference	61	682.21
	Rating Area 9	No Preference	62	697.50
	Rating Area 9	No Preference	63	716.68
	Rating Area 9	No Preference	64	728.33
	Rating Area 9	No Preference	65 and over	728.33
53789PA0090007	Rating Area 6	No Preference	0-20	216.52
53789PA0090007	Rating Area 6	No Preference	21	340.98
	Rating Area 6	No Preference	22	340.98
	Rating Area 6	No Preference	23	340.98
	Rating Area 6	No Preference	24	340.98
	Rating Area 6	No Preference	25	342.34
	Rating Area 6	No Preference	26	349.16
	Rating Area 6	No Preference	27	357.35
	Rating Area 6	No Preference	28	370.65
	Rating Area 6	No Preference	29	381.56
	Rating Area 6	No Preference	30	387.01
	Rating Area 6	No Preference	31	395.20
	Rating Area 6	No Preference	32	403.38
	Rating Area 6	No Preference	33	408.49
	Rating Area 6	No Preference	34	413.95
	Rating Area 6	No Preference	35	416.68
	Rating Area 6	No Preference	36	419.41
	Rating Area 6	No Preference	37	422.13
	Rating Area 6	No Preference	38	424.86
	Rating Area 6	No Preference	39	430.32
	Rating Area 6	No Preference	40	435.77
	Rating Area 6	No Preference	41	443.96
	Rating Area 6	No Preference	42	451.80
	Rating Area 6	No Preference	43	462.71
	Rating Area 6	No Preference	44	476.35

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 6	No Preference	45	492.38
	Rating Area 6	No Preference	46	511.47
	Rating Area 6	No Preference	47	532.95
	Rating Area 6	No Preference	48	557.50
	Rating Area 6	No Preference	49	581.71
	Rating Area 6	No Preference	50	608.99
	Rating Area 6	No Preference	51	635.93
	Rating Area 6	No Preference	52	665.59
	Rating Area 6	No Preference	53	695.60
	Rating Area 6	No Preference	54	727.99
	Rating Area 6	No Preference	55	760.39
	Rating Area 6	No Preference	56	795.51
	Rating Area 6	No Preference	57	830.97
	Rating Area 6	No Preference	58	868.82
	Rating Area 6	No Preference	59	887.57
	Rating Area 6	No Preference	60	925.42
	Rating Area 6	No Preference	61	958.15
	Rating Area 6	No Preference	62	979.64
	Rating Area 6	No Preference	63	1006.57
	Rating Area 6	No Preference	64	1022.93
	Rating Area 6	No Preference	65 and over	1022.93
53789PA0090007	Rating Area 7	No Preference	0-20	218.69
53789PA0090007	Rating Area 7	No Preference	21	344.39
	Rating Area 7	No Preference	22	344.39
	Rating Area 7	No Preference	23	344.39
	Rating Area 7	No Preference	24	344.39
	Rating Area 7	No Preference	25	345.77
	Rating Area 7	No Preference	26	352.66
	Rating Area 7	No Preference	27	360.92
	Rating Area 7	No Preference	28	374.35
	Rating Area 7	No Preference	29	385.37
	Rating Area 7	No Preference	30	390.88
	Rating Area 7	No Preference	31	399.15
	Rating Area 7	No Preference	32	407.41
	Rating Area 7	No Preference	33	412.58
	Rating Area 7	No Preference	34	418.09
	Rating Area 7	No Preference	35	420.84
	Rating Area 7	No Preference	36	423.60
	Rating Area 7	No Preference	37	426.35
	Rating Area 7	No Preference	38	429.11
	Rating Area 7	No Preference	39	434.62
	Rating Area 7	No Preference	40	440.13

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 7	No Preference	41	448.40
	Rating Area 7	No Preference	42	456.32
	Rating Area 7	No Preference	43	467.34
	Rating Area 7	No Preference	44	481.11
	Rating Area 7	No Preference	45	497.30
	Rating Area 7	No Preference	46	516.58
	Rating Area 7	No Preference	47	538.28
	Rating Area 7	No Preference	48	563.08
	Rating Area 7	No Preference	49	587.53
	Rating Area 7	No Preference	50	615.08
	Rating Area 7	No Preference	51	642.29
	Rating Area 7	No Preference	52	672.25
	Rating Area 7	No Preference	53	702.56
	Rating Area 7	No Preference	54	735.27
	Rating Area 7	No Preference	55	767.99
	Rating Area 7	No Preference	56	803.46
	Rating Area 7	No Preference	57	839.28
	Rating Area 7	No Preference	58	877.51
	Rating Area 7	No Preference	59	896.45
	Rating Area 7	No Preference	60	934.67
	Rating Area 7	No Preference	61	967.74
	Rating Area 7	No Preference	62	989.43
	Rating Area 7	No Preference	63	1016.64
	Rating Area 7	No Preference	64	1033.16
	Rating Area 7	No Preference	65 and over	1033.16
53789PA0090007	Rating Area 9	No Preference	0-20	214.36
53789PA0090007	Rating Area 9	No Preference	21	337.57
	Rating Area 9	No Preference	22	337.57
	Rating Area 9	No Preference	23	337.57
	Rating Area 9	No Preference	24	337.57
	Rating Area 9	No Preference	25	338.92
	Rating Area 9	No Preference	26	345.67
	Rating Area 9	No Preference	27	353.77
	Rating Area 9	No Preference	28	366.94
	Rating Area 9	No Preference	29	377.74
	Rating Area 9	No Preference	30	383.14
	Rating Area 9	No Preference	31	391.24
	Rating Area 9	No Preference	32	399.35
	Rating Area 9	No Preference	33	404.41
	Rating Area 9	No Preference	34	409.81
	Rating Area 9	No Preference	35	412.51
	Rating Area 9	No Preference	36	415.21

HIOS Issuer ID*		53789			
Federal TIN*		23-2399845			
Rate Effective Date*		4/1/2017			
Rate Expiration Date*		6/30/2017			
Plan ID*		Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
	53789PA0090007	Rating Area 9	No Preference	37	417.91
	53789PA0090007	Rating Area 9	No Preference	38	420.61
	53789PA0090007	Rating Area 9	No Preference	39	426.01
	53789PA0090007	Rating Area 9	No Preference	40	431.41
	53789PA0090007	Rating Area 9	No Preference	41	439.52
	53789PA0090007	Rating Area 9	No Preference	42	447.28
	53789PA0090007	Rating Area 9	No Preference	43	458.08
	53789PA0090007	Rating Area 9	No Preference	44	471.59
	53789PA0090007	Rating Area 9	No Preference	45	487.45
	53789PA0090007	Rating Area 9	No Preference	46	506.36
	53789PA0090007	Rating Area 9	No Preference	47	527.62
	53789PA0090007	Rating Area 9	No Preference	48	551.93
	53789PA0090007	Rating Area 9	No Preference	49	575.89
	53789PA0090007	Rating Area 9	No Preference	50	602.90
	53789PA0090007	Rating Area 9	No Preference	51	629.57
	53789PA0090007	Rating Area 9	No Preference	52	658.94
	53789PA0090007	Rating Area 9	No Preference	53	688.64
	53789PA0090007	Rating Area 9	No Preference	54	720.71
	53789PA0090007	Rating Area 9	No Preference	55	752.78
	53789PA0090007	Rating Area 9	No Preference	56	787.55
	53789PA0090007	Rating Area 9	No Preference	57	822.66
	53789PA0090007	Rating Area 9	No Preference	58	860.13
	53789PA0090007	Rating Area 9	No Preference	59	878.70
	53789PA0090007	Rating Area 9	No Preference	60	916.17
	53789PA0090007	Rating Area 9	No Preference	61	948.57
	53789PA0090007	Rating Area 9	No Preference	62	969.84
	53789PA0090007	Rating Area 9	No Preference	63	996.51
	53789PA0090007	Rating Area 9	No Preference	64	1012.70
	53789PA0090007	Rating Area 9	No Preference	65 and over	1012.70
	53789PA0090008	Rating Area 6	No Preference	0-20	220.37
	53789PA0090008	Rating Area 6	No Preference	21	347.04
	53789PA0090008	Rating Area 6	No Preference	22	347.04
	53789PA0090008	Rating Area 6	No Preference	23	347.04
	53789PA0090008	Rating Area 6	No Preference	24	347.04
	53789PA0090008	Rating Area 6	No Preference	25	348.43
	53789PA0090008	Rating Area 6	No Preference	26	355.37
	53789PA0090008	Rating Area 6	No Preference	27	363.70
	53789PA0090008	Rating Area 6	No Preference	28	377.23
	53789PA0090008	Rating Area 6	No Preference	29	388.34
	53789PA0090008	Rating Area 6	No Preference	30	393.89
	53789PA0090008	Rating Area 6	No Preference	31	402.22
	53789PA0090008	Rating Area 6	No Preference	32	410.55

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 6	No Preference	33	415.75
	Rating Area 6	No Preference	34	421.31
	Rating Area 6	No Preference	35	424.08
	Rating Area 6	No Preference	36	426.86
	Rating Area 6	No Preference	37	429.64
	Rating Area 6	No Preference	38	432.41
	Rating Area 6	No Preference	39	437.96
	Rating Area 6	No Preference	40	443.52
	Rating Area 6	No Preference	41	451.85
	Rating Area 6	No Preference	42	459.83
	Rating Area 6	No Preference	43	470.93
	Rating Area 6	No Preference	44	484.81
	Rating Area 6	No Preference	45	501.13
	Rating Area 6	No Preference	46	520.56
	Rating Area 6	No Preference	47	542.42
	Rating Area 6	No Preference	48	567.41
	Rating Area 6	No Preference	49	592.05
	Rating Area 6	No Preference	50	619.81
	Rating Area 6	No Preference	51	647.23
	Rating Area 6	No Preference	52	677.42
	Rating Area 6	No Preference	53	707.96
	Rating Area 6	No Preference	54	740.93
	Rating Area 6	No Preference	55	773.90
	Rating Area 6	No Preference	56	809.64
	Rating Area 6	No Preference	57	845.74
	Rating Area 6	No Preference	58	884.26
	Rating Area 6	No Preference	59	903.35
	Rating Area 6	No Preference	60	941.87
	Rating Area 6	No Preference	61	975.18
	Rating Area 6	No Preference	62	997.05
	Rating Area 6	No Preference	63	1024.46
	Rating Area 6	No Preference	64	1041.11
	Rating Area 6	No Preference	65 and over	1041.11
53789PA0090008	Rating Area 7	No Preference	0-20	222.57
53789PA0090008	Rating Area 7	No Preference	21	350.51
	Rating Area 7	No Preference	22	350.51
	Rating Area 7	No Preference	23	350.51
	Rating Area 7	No Preference	24	350.51
	Rating Area 7	No Preference	25	351.91
	Rating Area 7	No Preference	26	358.92
	Rating Area 7	No Preference	27	367.33
	Rating Area 7	No Preference	28	381.00

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 7	No Preference	29	392.22
	Rating Area 7	No Preference	30	397.83
	Rating Area 7	No Preference	31	406.24
	Rating Area 7	No Preference	32	414.65
	Rating Area 7	No Preference	33	419.91
	Rating Area 7	No Preference	34	425.52
	Rating Area 7	No Preference	35	428.32
	Rating Area 7	No Preference	36	431.13
	Rating Area 7	No Preference	37	433.93
	Rating Area 7	No Preference	38	436.74
	Rating Area 7	No Preference	39	442.34
	Rating Area 7	No Preference	40	447.95
	Rating Area 7	No Preference	41	456.36
	Rating Area 7	No Preference	42	464.43
	Rating Area 7	No Preference	43	475.64
	Rating Area 7	No Preference	44	489.66
	Rating Area 7	No Preference	45	506.14
	Rating Area 7	No Preference	46	525.77
	Rating Area 7	No Preference	47	547.85
	Rating Area 7	No Preference	48	573.08
	Rating Area 7	No Preference	49	597.97
	Rating Area 7	No Preference	50	626.01
	Rating Area 7	No Preference	51	653.70
	Rating Area 7	No Preference	52	684.20
	Rating Area 7	No Preference	53	715.04
	Rating Area 7	No Preference	54	748.34
	Rating Area 7	No Preference	55	781.64
	Rating Area 7	No Preference	56	817.74
	Rating Area 7	No Preference	57	854.19
	Rating Area 7	No Preference	58	893.10
	Rating Area 7	No Preference	59	912.38
	Rating Area 7	No Preference	60	951.29
	Rating Area 7	No Preference	61	984.93
	Rating Area 7	No Preference	62	1007.02
	Rating Area 7	No Preference	63	1034.71
	Rating Area 7	No Preference	64	1051.52
	Rating Area 7	No Preference	65 and over	1051.52
53789PA0090008	Rating Area 9	No Preference	0-20	218.17
53789PA0090008	Rating Area 9	No Preference	21	343.57
	Rating Area 9	No Preference	22	343.57
	Rating Area 9	No Preference	23	343.57
	Rating Area 9	No Preference	24	343.57

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*				
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 9	No Preference	25	344.94
	Rating Area 9	No Preference	26	351.82
	Rating Area 9	No Preference	27	360.06
	Rating Area 9	No Preference	28	373.46
	Rating Area 9	No Preference	29	384.45
	Rating Area 9	No Preference	30	389.95
	Rating Area 9	No Preference	31	398.20
	Rating Area 9	No Preference	32	406.44
	Rating Area 9	No Preference	33	411.60
	Rating Area 9	No Preference	34	417.09
	Rating Area 9	No Preference	35	419.84
	Rating Area 9	No Preference	36	422.59
	Rating Area 9	No Preference	37	425.34
	Rating Area 9	No Preference	38	428.09
	Rating Area 9	No Preference	39	433.58
	Rating Area 9	No Preference	40	439.08
	Rating Area 9	No Preference	41	447.33
	Rating Area 9	No Preference	42	455.23
	Rating Area 9	No Preference	43	466.22
	Rating Area 9	No Preference	44	479.97
	Rating Area 9	No Preference	45	496.11
	Rating Area 9	No Preference	46	515.35
	Rating Area 9	No Preference	47	537.00
	Rating Area 9	No Preference	48	561.74
	Rating Area 9	No Preference	49	586.13
	Rating Area 9	No Preference	50	613.62
	Rating Area 9	No Preference	51	640.76
	Rating Area 9	No Preference	52	670.65
	Rating Area 9	No Preference	53	700.88
	Rating Area 9	No Preference	54	733.52
	Rating Area 9	No Preference	55	766.16
	Rating Area 9	No Preference	56	801.55
	Rating Area 9	No Preference	57	837.28
	Rating Area 9	No Preference	58	875.42
	Rating Area 9	No Preference	59	894.31
	Rating Area 9	No Preference	60	932.45
	Rating Area 9	No Preference	61	965.43
	Rating Area 9	No Preference	62	987.08
	Rating Area 9	No Preference	63	1014.22
	Rating Area 9	No Preference	64	1030.70
	Rating Area 9	No Preference	65 and over	1030.70
53789PA0090011	Rating Area 6	No Preference	0-20	191.71

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*				
Required:Required:Required:Required:Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan				
53789PA0090011	Rating Area 6	No Preference	21	301.90
	Rating Area 6	No Preference	22	301.90
	Rating Area 6	No Preference	23	301.90
	Rating Area 6	No Preference	24	301.90
	Rating Area 6	No Preference	25	303.11
	Rating Area 6	No Preference	26	309.15
	Rating Area 6	No Preference	27	316.39
	Rating Area 6	No Preference	28	328.17
	Rating Area 6	No Preference	29	337.83
	Rating Area 6	No Preference	30	342.66
	Rating Area 6	No Preference	31	349.90
	Rating Area 6	No Preference	32	357.15
	Rating Area 6	No Preference	33	361.68
	Rating Area 6	No Preference	34	366.51
	Rating Area 6	No Preference	35	368.92
	Rating Area 6	No Preference	36	371.34
	Rating Area 6	No Preference	37	373.75
	Rating Area 6	No Preference	38	376.17
	Rating Area 6	No Preference	39	381.00
	Rating Area 6	No Preference	40	385.83
	Rating Area 6	No Preference	41	393.07
	Rating Area 6	No Preference	42	400.02
	Rating Area 6	No Preference	43	409.68
	Rating Area 6	No Preference	44	421.75
	Rating Area 6	No Preference	45	435.94
	Rating Area 6	No Preference	46	452.85
	Rating Area 6	No Preference	47	471.87
	Rating Area 6	No Preference	48	493.61
	Rating Area 6	No Preference	49	515.04
	Rating Area 6	No Preference	50	539.19
	Rating Area 6	No Preference	51	563.04
	Rating Area 6	No Preference	52	589.31
	Rating Area 6	No Preference	53	615.88
	Rating Area 6	No Preference	54	644.56
	Rating Area 6	No Preference	55	673.24
	Rating Area 6	No Preference	56	704.33
	Rating Area 6	No Preference	57	735.73
	Rating Area 6	No Preference	58	769.24
	Rating Area 6	No Preference	59	785.85
	Rating Area 6	No Preference	60	819.36
	Rating Area 6	No Preference	61	848.34
	Rating Area 6	No Preference	62	867.36

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	63	891.21
53789PA0090011	Rating Area 6	No Preference	64	905.69
53789PA0090011	Rating Area 6	No Preference	65 and over	905.69
53789PA0090011	Rating Area 7	No Preference	0-20	193.62
53789PA0090011	Rating Area 7	No Preference	21	304.92
53789PA0090011	Rating Area 7	No Preference	22	304.92
53789PA0090011	Rating Area 7	No Preference	23	304.92
53789PA0090011	Rating Area 7	No Preference	24	304.92
53789PA0090011	Rating Area 7	No Preference	25	306.14
53789PA0090011	Rating Area 7	No Preference	26	312.24
53789PA0090011	Rating Area 7	No Preference	27	319.56
53789PA0090011	Rating Area 7	No Preference	28	331.45
53789PA0090011	Rating Area 7	No Preference	29	341.20
53789PA0090011	Rating Area 7	No Preference	30	346.08
53789PA0090011	Rating Area 7	No Preference	31	353.40
53789PA0090011	Rating Area 7	No Preference	32	360.72
53789PA0090011	Rating Area 7	No Preference	33	365.29
53789PA0090011	Rating Area 7	No Preference	34	370.17
53789PA0090011	Rating Area 7	No Preference	35	372.61
53789PA0090011	Rating Area 7	No Preference	36	375.05
53789PA0090011	Rating Area 7	No Preference	37	377.49
53789PA0090011	Rating Area 7	No Preference	38	379.93
53789PA0090011	Rating Area 7	No Preference	39	384.81
53789PA0090011	Rating Area 7	No Preference	40	389.69
53789PA0090011	Rating Area 7	No Preference	41	397.00
53789PA0090011	Rating Area 7	No Preference	42	404.02
53789PA0090011	Rating Area 7	No Preference	43	413.78
53789PA0090011	Rating Area 7	No Preference	44	425.97
53789PA0090011	Rating Area 7	No Preference	45	440.30
53789PA0090011	Rating Area 7	No Preference	46	457.38
53789PA0090011	Rating Area 7	No Preference	47	476.59
53789PA0090011	Rating Area 7	No Preference	48	498.54
53789PA0090011	Rating Area 7	No Preference	49	520.19
53789PA0090011	Rating Area 7	No Preference	50	544.59
53789PA0090011	Rating Area 7	No Preference	51	568.67
53789PA0090011	Rating Area 7	No Preference	52	595.20
53789PA0090011	Rating Area 7	No Preference	53	622.03
53789PA0090011	Rating Area 7	No Preference	54	651.00
53789PA0090011	Rating Area 7	No Preference	55	679.97
53789PA0090011	Rating Area 7	No Preference	56	711.38
53789PA0090011	Rating Area 7	No Preference	57	743.09
53789PA0090011	Rating Area 7	No Preference	58	776.93

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 7	No Preference	59	793.70
	Rating Area 7	No Preference	60	827.55
	Rating Area 7	No Preference	61	856.82
	Rating Area 7	No Preference	62	876.03
	Rating Area 7	No Preference	63	900.12
	Rating Area 7	No Preference	64	914.75
	Rating Area 7	No Preference	65 and over	914.75
53789PA0090011	Rating Area 9	No Preference	0-20	189.79
53789PA0090011	Rating Area 9	No Preference	21	298.88
	Rating Area 9	No Preference	22	298.88
	Rating Area 9	No Preference	23	298.88
	Rating Area 9	No Preference	24	298.88
	Rating Area 9	No Preference	25	300.08
	Rating Area 9	No Preference	26	306.05
	Rating Area 9	No Preference	27	313.23
	Rating Area 9	No Preference	28	324.88
	Rating Area 9	No Preference	29	334.45
	Rating Area 9	No Preference	30	339.23
	Rating Area 9	No Preference	31	346.40
	Rating Area 9	No Preference	32	353.58
	Rating Area 9	No Preference	33	358.06
	Rating Area 9	No Preference	34	362.84
	Rating Area 9	No Preference	35	365.23
	Rating Area 9	No Preference	36	367.62
	Rating Area 9	No Preference	37	370.01
	Rating Area 9	No Preference	38	372.41
	Rating Area 9	No Preference	39	377.19
	Rating Area 9	No Preference	40	381.97
	Rating Area 9	No Preference	41	389.14
	Rating Area 9	No Preference	42	396.02
	Rating Area 9	No Preference	43	405.58
	Rating Area 9	No Preference	44	417.54
	Rating Area 9	No Preference	45	431.58
	Rating Area 9	No Preference	46	448.32
	Rating Area 9	No Preference	47	467.15
	Rating Area 9	No Preference	48	488.67
	Rating Area 9	No Preference	49	509.89
	Rating Area 9	No Preference	50	533.80
	Rating Area 9	No Preference	51	557.41
	Rating Area 9	No Preference	52	583.42
	Rating Area 9	No Preference	53	609.72
	Rating Area 9	No Preference	54	638.11

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 9	No Preference	55	666.50
	Rating Area 9	No Preference	56	697.29
	Rating Area 9	No Preference	57	728.37
	Rating Area 9	No Preference	58	761.55
	Rating Area 9	No Preference	59	777.99
	Rating Area 9	No Preference	60	811.16
	Rating Area 9	No Preference	61	839.86
	Rating Area 9	No Preference	62	858.69
	Rating Area 9	No Preference	63	882.30
	Rating Area 9	No Preference	64	896.63
	Rating Area 9	No Preference	65 and over	896.63
53789PA0090012	Rating Area 6	No Preference	0-20	195.55
53789PA0090012	Rating Area 6	No Preference	21	307.96
	Rating Area 6	No Preference	22	307.96
	Rating Area 6	No Preference	23	307.96
	Rating Area 6	No Preference	24	307.96
	Rating Area 6	No Preference	25	309.19
	Rating Area 6	No Preference	26	315.35
	Rating Area 6	No Preference	27	322.74
	Rating Area 6	No Preference	28	334.75
	Rating Area 6	No Preference	29	344.61
	Rating Area 6	No Preference	30	349.53
	Rating Area 6	No Preference	31	356.93
	Rating Area 6	No Preference	32	364.32
	Rating Area 6	No Preference	33	368.94
	Rating Area 6	No Preference	34	373.86
	Rating Area 6	No Preference	35	376.33
	Rating Area 6	No Preference	36	378.79
	Rating Area 6	No Preference	37	381.25
	Rating Area 6	No Preference	38	383.72
	Rating Area 6	No Preference	39	388.65
	Rating Area 6	No Preference	40	393.57
	Rating Area 6	No Preference	41	400.96
	Rating Area 6	No Preference	42	408.05
	Rating Area 6	No Preference	43	417.90
	Rating Area 6	No Preference	44	430.22
	Rating Area 6	No Preference	45	444.69
	Rating Area 6	No Preference	46	461.94
	Rating Area 6	No Preference	47	481.34
	Rating Area 6	No Preference	48	503.51
	Rating Area 6	No Preference	49	525.38
	Rating Area 6	No Preference	50	550.02

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 4/1/2017			
	Rate Expiration Date* 6/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 6	No Preference	51	574.35
	Rating Area 6	No Preference	52	601.14
	Rating Area 6	No Preference	53	628.24
	Rating Area 6	No Preference	54	657.49
	Rating Area 6	No Preference	55	686.75
	Rating Area 6	No Preference	56	718.47
	Rating Area 6	No Preference	57	750.50
	Rating Area 6	No Preference	58	784.68
	Rating Area 6	No Preference	59	801.62
	Rating Area 6	No Preference	60	835.80
	Rating Area 6	No Preference	61	865.37
	Rating Area 6	No Preference	62	884.77
	Rating Area 6	No Preference	63	909.10
	Rating Area 6	No Preference	64	923.87
	Rating Area 6	No Preference	65 and over	923.87
53789PA0090012	Rating Area 7	No Preference	0-20	197.51
53789PA0090012	Rating Area 7	No Preference	21	311.04
	Rating Area 7	No Preference	22	311.04
	Rating Area 7	No Preference	23	311.04
	Rating Area 7	No Preference	24	311.04
	Rating Area 7	No Preference	25	312.28
	Rating Area 7	No Preference	26	318.50
	Rating Area 7	No Preference	27	325.97
	Rating Area 7	No Preference	28	338.10
	Rating Area 7	No Preference	29	348.05
	Rating Area 7	No Preference	30	353.03
	Rating Area 7	No Preference	31	360.49
	Rating Area 7	No Preference	32	367.96
	Rating Area 7	No Preference	33	372.63
	Rating Area 7	No Preference	34	377.60
	Rating Area 7	No Preference	35	380.09
	Rating Area 7	No Preference	36	382.58
	Rating Area 7	No Preference	37	385.07
	Rating Area 7	No Preference	38	387.56
	Rating Area 7	No Preference	39	392.53
	Rating Area 7	No Preference	40	397.51
	Rating Area 7	No Preference	41	404.97
	Rating Area 7	No Preference	42	412.13
	Rating Area 7	No Preference	43	422.08
	Rating Area 7	No Preference	44	434.52
	Rating Area 7	No Preference	45	449.14
	Rating Area 7	No Preference	46	466.56

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	4/1/2017		
	Rate Expiration Date*	6/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 7	No Preference	47	486.15
	Rating Area 7	No Preference	48	508.55
	Rating Area 7	No Preference	49	530.63
	Rating Area 7	No Preference	50	555.52
	Rating Area 7	No Preference	51	580.09
	Rating Area 7	No Preference	52	607.15
	Rating Area 7	No Preference	53	634.52
	Rating Area 7	No Preference	54	664.07
	Rating Area 7	No Preference	55	693.62
	Rating Area 7	No Preference	56	725.66
	Rating Area 7	No Preference	57	758.00
	Rating Area 7	No Preference	58	792.53
	Rating Area 7	No Preference	59	809.64
	Rating Area 7	No Preference	60	844.16
	Rating Area 7	No Preference	61	874.02
	Rating Area 7	No Preference	62	893.62
	Rating Area 7	No Preference	63	918.19
	Rating Area 7	No Preference	64	933.11
	Rating Area 7	No Preference	65 and over	933.11
53789PA0090012	Rating Area 9	No Preference	0-20	193.60
53789PA0090012	Rating Area 9	No Preference	21	304.88
	Rating Area 9	No Preference	22	304.88
	Rating Area 9	No Preference	23	304.88
	Rating Area 9	No Preference	24	304.88
	Rating Area 9	No Preference	25	306.10
	Rating Area 9	No Preference	26	312.20
	Rating Area 9	No Preference	27	319.51
	Rating Area 9	No Preference	28	331.40
	Rating Area 9	No Preference	29	341.16
	Rating Area 9	No Preference	30	346.04
	Rating Area 9	No Preference	31	353.36
	Rating Area 9	No Preference	32	360.67
	Rating Area 9	No Preference	33	365.25
	Rating Area 9	No Preference	34	370.12
	Rating Area 9	No Preference	35	372.56
	Rating Area 9	No Preference	36	375.00
	Rating Area 9	No Preference	37	377.44
	Rating Area 9	No Preference	38	379.88
	Rating Area 9	No Preference	39	384.76
	Rating Area 9	No Preference	40	389.64
53789PA0090012	Rating Area 9	No Preference	41	396.95
53789PA0090012	Rating Area 9	No Preference	42	403.97

HIOS Issuer ID*		53789			
Federal TIN*		23-2399845			
Rate Effective Date*		4/1/2017			
Rate Expiration Date*		6/30/2017			
Plan ID*		Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
	53789PA0090012	Rating Area 9	No Preference	43	413.72
	53789PA0090012	Rating Area 9	No Preference	44	425.92
	53789PA0090012	Rating Area 9	No Preference	45	440.25
	53789PA0090012	Rating Area 9	No Preference	46	457.32
	53789PA0090012	Rating Area 9	No Preference	47	476.53
	53789PA0090012	Rating Area 9	No Preference	48	498.48
	53789PA0090012	Rating Area 9	No Preference	49	520.13
	53789PA0090012	Rating Area 9	No Preference	50	544.52
	53789PA0090012	Rating Area 9	No Preference	51	568.60
	53789PA0090012	Rating Area 9	No Preference	52	595.13
	53789PA0090012	Rating Area 9	No Preference	53	621.96
	53789PA0090012	Rating Area 9	No Preference	54	650.92
	53789PA0090012	Rating Area 9	No Preference	55	679.88
	53789PA0090012	Rating Area 9	No Preference	56	711.29
	53789PA0090012	Rating Area 9	No Preference	57	742.99
	53789PA0090012	Rating Area 9	No Preference	58	776.84
	53789PA0090012	Rating Area 9	No Preference	59	793.60
	53789PA0090012	Rating Area 9	No Preference	60	827.45
	53789PA0090012	Rating Area 9	No Preference	61	856.71
	53789PA0090012	Rating Area 9	No Preference	62	875.92
	53789PA0090012	Rating Area 9	No Preference	63	900.01
	53789PA0090012	Rating Area 9	No Preference	64	914.63
	53789PA0090012	Rating Area 9	No Preference	65 and over	914.63

2017 Rates Table Template v6.0		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 a community rating state, select Family Option under Age and fill in all columns.		
		If you are not community rating state, select 0-20 under Age 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*  Federal TIN* Rate Effective Date* Rate Expiration Date*	53789			
	23-2399845			
	7/1/2017			
	9/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-20	158.71
53789PA0090004	Rating Area 6	No Preference	21	249.93
53789PA0090004	Rating Area 6	No Preference	22	249.93
53789PA0090004	Rating Area 6	No Preference	23	249.93
53789PA0090004	Rating Area 6	No Preference	24	249.93
53789PA0090004	Rating Area 6	No Preference	25	250.93
53789PA0090004	Rating Area 6	No Preference	26	255.93
53789PA0090004	Rating Area 6	No Preference	27	261.93
53789PA0090004	Rating Area 6	No Preference	28	271.67
53789PA0090004	Rating Area 6	No Preference	29	279.67
53789PA0090004	Rating Area 6	No Preference	30	283.67
53789PA0090004	Rating Area 6	No Preference	31	289.67
53789PA0090004	Rating Area 6	No Preference	32	295.67
53789PA0090004	Rating Area 6	No Preference	33	299.42
53789PA0090004	Rating Area 6	No Preference	34	303.42
53789PA0090004	Rating Area 6	No Preference	35	305.41
53789PA0090004	Rating Area 6	No Preference	36	307.41
53789PA0090004	Rating Area 6	No Preference	37	309.41
53789PA0090004	Rating Area 6	No Preference	38	311.41
53789PA0090004	Rating Area 6	No Preference	39	315.41
53789PA0090004	Rating Area 6	No Preference	40	319.41
53789PA0090004	Rating Area 6	No Preference	41	325.41
53789PA0090004	Rating Area 6	No Preference	42	331.16
53789PA0090004	Rating Area 6	No Preference	43	339.16
53789PA0090004	Rating Area 6	No Preference	44	349.15
53789PA0090004	Rating Area 6	No Preference	45	360.90
53789PA0090004	Rating Area 6	No Preference	46	374.90
53789PA0090004	Rating Area 6	No Preference	47	390.64
53789PA0090004	Rating Area 6	No Preference	48	408.64
53789PA0090004	Rating Area 6	No Preference	49	426.38
53789PA0090004	Rating Area 6	No Preference	50	446.37
53789PA0090004	Rating Area 6	No Preference	51	466.12
53789PA0090004	Rating Area 6	No Preference	52	487.86
53789PA0090004	Rating Area 6	No Preference	53	509.86
53789PA0090004	Rating Area 6	No Preference	54	533.60
53789PA0090004	Rating Area 6	No Preference	55	557.34
53789PA0090004	Rating Area 6	No Preference	56	583.09

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	57	609.08
53789PA0090004	Rating Area 6	No Preference	58	636.82
53789PA0090004	Rating Area 6	No Preference	59	650.57
53789PA0090004	Rating Area 6	No Preference	60	678.31
53789PA0090004	Rating Area 6	No Preference	61	702.30
53789PA0090004	Rating Area 6	No Preference	62	718.05
53789PA0090004	Rating Area 6	No Preference	63	737.79
53789PA0090004	Rating Area 6	No Preference	64	749.78
53789PA0090004	Rating Area 6	No Preference	65 and over	749.78
53789PA0090004	Rating Area 7	No Preference	0-20	160.29
53789PA0090004	Rating Area 7	No Preference	21	252.43
53789PA0090004	Rating Area 7	No Preference	22	252.43
53789PA0090004	Rating Area 7	No Preference	23	252.43
53789PA0090004	Rating Area 7	No Preference	24	252.43
53789PA0090004	Rating Area 7	No Preference	25	253.44
53789PA0090004	Rating Area 7	No Preference	26	258.49
53789PA0090004	Rating Area 7	No Preference	27	264.55
53789PA0090004	Rating Area 7	No Preference	28	274.39
53789PA0090004	Rating Area 7	No Preference	29	282.47
53789PA0090004	Rating Area 7	No Preference	30	286.51
53789PA0090004	Rating Area 7	No Preference	31	292.57
53789PA0090004	Rating Area 7	No Preference	32	298.62
53789PA0090004	Rating Area 7	No Preference	33	302.41
53789PA0090004	Rating Area 7	No Preference	34	306.45
53789PA0090004	Rating Area 7	No Preference	35	308.47
53789PA0090004	Rating Area 7	No Preference	36	310.49
53789PA0090004	Rating Area 7	No Preference	37	312.51
53789PA0090004	Rating Area 7	No Preference	38	314.53
53789PA0090004	Rating Area 7	No Preference	39	318.57
53789PA0090004	Rating Area 7	No Preference	40	322.60
53789PA0090004	Rating Area 7	No Preference	41	328.66
53789PA0090004	Rating Area 7	No Preference	42	334.47
53789PA0090004	Rating Area 7	No Preference	43	342.55
53789PA0090004	Rating Area 7	No Preference	44	352.64
53789PA0090004	Rating Area 7	No Preference	45	364.51
53789PA0090004	Rating Area 7	No Preference	46	378.64
53789PA0090004	Rating Area 7	No Preference	47	394.55
53789PA0090004	Rating Area 7	No Preference	48	412.72
53789PA0090004	Rating Area 7	No Preference	49	430.64
53789PA0090004	Rating Area 7	No Preference	50	450.84
53789PA0090004	Rating Area 7	No Preference	51	470.78
53789PA0090004	Rating Area 7	No Preference	52	492.74

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 7/1/2017			
	Rate Expiration Date* 9/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 7	No Preference	53	514.96
	Rating Area 7	No Preference	54	538.94
	Rating Area 7	No Preference	55	562.92
	Rating Area 7	No Preference	56	588.92
	Rating Area 7	No Preference	57	615.17
	Rating Area 7	No Preference	58	643.19
	Rating Area 7	No Preference	59	657.07
	Rating Area 7	No Preference	60	685.09
	Rating Area 7	No Preference	61	709.33
	Rating Area 7	No Preference	62	725.23
	Rating Area 7	No Preference	63	745.17
	Rating Area 7	No Preference	64	757.28
	Rating Area 7	No Preference	65 and over	757.28
	Rating Area 9	No Preference	0-20	157.12
	Rating Area 9	No Preference	21	247.43
53789PA0090004	Rating Area 9	No Preference	22	247.43
	Rating Area 9	No Preference	23	247.43
	Rating Area 9	No Preference	24	247.43
	Rating Area 9	No Preference	25	248.42
	Rating Area 9	No Preference	26	253.37
	Rating Area 9	No Preference	27	259.31
	Rating Area 9	No Preference	28	268.96
	Rating Area 9	No Preference	29	276.87
	Rating Area 9	No Preference	30	280.83
	Rating Area 9	No Preference	31	286.77
	Rating Area 9	No Preference	32	292.71
	Rating Area 9	No Preference	33	296.42
	Rating Area 9	No Preference	34	300.38
	Rating Area 9	No Preference	35	302.36
	Rating Area 9	No Preference	36	304.34
	Rating Area 9	No Preference	37	306.32
	Rating Area 9	No Preference	38	308.30
	Rating Area 9	No Preference	39	312.26
	Rating Area 9	No Preference	40	316.22
	Rating Area 9	No Preference	41	322.15
	Rating Area 9	No Preference	42	327.85
	Rating Area 9	No Preference	43	335.76
	Rating Area 9	No Preference	44	345.66
	Rating Area 9	No Preference	45	357.29
	Rating Area 9	No Preference	46	371.15
	Rating Area 9	No Preference	47	386.73
	Rating Area 9	No Preference	48	404.55

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 9	No Preference	49	422.12
	Rating Area 9	No Preference	50	441.91
	Rating Area 9	No Preference	51	461.46
	Rating Area 9	No Preference	52	482.98
	Rating Area 9	No Preference	53	504.76
	Rating Area 9	No Preference	54	528.26
	Rating Area 9	No Preference	55	551.77
	Rating Area 9	No Preference	56	577.26
	Rating Area 9	No Preference	57	602.99
	Rating Area 9	No Preference	58	630.45
	Rating Area 9	No Preference	59	644.06
	Rating Area 9	No Preference	60	671.53
	Rating Area 9	No Preference	61	695.28
	Rating Area 9	No Preference	62	710.87
	Rating Area 9	No Preference	63	730.42
	Rating Area 9	No Preference	64	742.28
	Rating Area 9	No Preference	65 and over	742.28
53789PA0090007	Rating Area 6	No Preference	0-20	220.69
53789PA0090007	Rating Area 6	No Preference	21	347.54
	Rating Area 6	No Preference	22	347.54
	Rating Area 6	No Preference	23	347.54
	Rating Area 6	No Preference	24	347.54
	Rating Area 6	No Preference	25	348.93
	Rating Area 6	No Preference	26	355.88
	Rating Area 6	No Preference	27	364.22
	Rating Area 6	No Preference	28	377.78
	Rating Area 6	No Preference	29	388.90
	Rating Area 6	No Preference	30	394.46
	Rating Area 6	No Preference	31	402.80
	Rating Area 6	No Preference	32	411.14
	Rating Area 6	No Preference	33	416.35
	Rating Area 6	No Preference	34	421.91
	Rating Area 6	No Preference	35	424.69
	Rating Area 6	No Preference	36	427.47
	Rating Area 6	No Preference	37	430.25
	Rating Area 6	No Preference	38	433.03
	Rating Area 6	No Preference	39	438.60
	Rating Area 6	No Preference	40	444.16
	Rating Area 6	No Preference	41	452.50
	Rating Area 6	No Preference	42	460.49
	Rating Area 6	No Preference	43	471.61
	Rating Area 6	No Preference	44	485.51

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 6	No Preference	45	501.85
	Rating Area 6	No Preference	46	521.31
	Rating Area 6	No Preference	47	543.21
	Rating Area 6	No Preference	48	568.23
	Rating Area 6	No Preference	49	592.90
	Rating Area 6	No Preference	50	620.71
	Rating Area 6	No Preference	51	648.16
	Rating Area 6	No Preference	52	678.40
	Rating Area 6	No Preference	53	708.98
	Rating Area 6	No Preference	54	742.00
	Rating Area 6	No Preference	55	775.01
	Rating Area 6	No Preference	56	810.81
	Rating Area 6	No Preference	57	846.95
	Rating Area 6	No Preference	58	885.53
	Rating Area 6	No Preference	59	904.65
	Rating Area 6	No Preference	60	943.22
	Rating Area 6	No Preference	61	976.59
	Rating Area 6	No Preference	62	998.48
	Rating Area 6	No Preference	63	1025.94
	Rating Area 6	No Preference	64	1042.61
	Rating Area 6	No Preference	65 and over	1042.61
53789PA0090007	Rating Area 7	No Preference	0-20	222.89
53789PA0090007	Rating Area 7	No Preference	21	351.02
	Rating Area 7	No Preference	22	351.02
	Rating Area 7	No Preference	23	351.02
	Rating Area 7	No Preference	24	351.02
	Rating Area 7	No Preference	25	352.42
	Rating Area 7	No Preference	26	359.44
	Rating Area 7	No Preference	27	367.86
	Rating Area 7	No Preference	28	381.55
	Rating Area 7	No Preference	29	392.79
	Rating Area 7	No Preference	30	398.40
	Rating Area 7	No Preference	31	406.83
	Rating Area 7	No Preference	32	415.25
	Rating Area 7	No Preference	33	420.52
	Rating Area 7	No Preference	34	426.13
	Rating Area 7	No Preference	35	428.94
	Rating Area 7	No Preference	36	431.75
	Rating Area 7	No Preference	37	434.56
	Rating Area 7	No Preference	38	437.37
	Rating Area 7	No Preference	39	442.98
	Rating Area 7	No Preference	40	448.60

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 7	No Preference	41	457.02
	Rating Area 7	No Preference	42	465.10
	Rating Area 7	No Preference	43	476.33
	Rating Area 7	No Preference	44	490.37
	Rating Area 7	No Preference	45	506.87
	Rating Area 7	No Preference	46	526.52
	Rating Area 7	No Preference	47	548.64
	Rating Area 7	No Preference	48	573.91
	Rating Area 7	No Preference	49	598.83
	Rating Area 7	No Preference	50	626.91
	Rating Area 7	No Preference	51	654.64
	Rating Area 7	No Preference	52	685.18
	Rating Area 7	No Preference	53	716.07
	Rating Area 7	No Preference	54	749.42
	Rating Area 7	No Preference	55	782.76
	Rating Area 7	No Preference	56	818.92
	Rating Area 7	No Preference	57	855.42
	Rating Area 7	No Preference	58	894.39
	Rating Area 7	No Preference	59	913.69
	Rating Area 7	No Preference	60	952.66
	Rating Area 7	No Preference	61	986.35
	Rating Area 7	No Preference	62	1008.47
	Rating Area 7	No Preference	63	1036.20
	Rating Area 7	No Preference	64	1053.05
	Rating Area 7	No Preference	65 and over	1053.05
53789PA0090007	Rating Area 9	No Preference	0-20	218.48
53789PA0090007	Rating Area 9	No Preference	21	344.06
	Rating Area 9	No Preference	22	344.06
	Rating Area 9	No Preference	23	344.06
	Rating Area 9	No Preference	24	344.06
	Rating Area 9	No Preference	25	345.44
	Rating Area 9	No Preference	26	352.32
	Rating Area 9	No Preference	27	360.58
	Rating Area 9	No Preference	28	374.00
	Rating Area 9	No Preference	29	385.01
	Rating Area 9	No Preference	30	390.51
	Rating Area 9	No Preference	31	398.77
	Rating Area 9	No Preference	32	407.03
	Rating Area 9	No Preference	33	412.19
	Rating Area 9	No Preference	34	417.69
	Rating Area 9	No Preference	35	420.45
	Rating Area 9	No Preference	36	423.20

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 9	No Preference	37	425.95
	Rating Area 9	No Preference	38	428.70
	Rating Area 9	No Preference	39	434.21
	Rating Area 9	No Preference	40	439.71
	Rating Area 9	No Preference	41	447.97
	Rating Area 9	No Preference	42	455.89
	Rating Area 9	No Preference	43	466.90
	Rating Area 9	No Preference	44	480.66
	Rating Area 9	No Preference	45	496.83
	Rating Area 9	No Preference	46	516.10
	Rating Area 9	No Preference	47	537.77
	Rating Area 9	No Preference	48	562.55
	Rating Area 9	No Preference	49	586.97
	Rating Area 9	No Preference	50	614.50
	Rating Area 9	No Preference	51	641.68
	Rating Area 9	No Preference	52	671.61
	Rating Area 9	No Preference	53	701.89
	Rating Area 9	No Preference	54	734.58
	Rating Area 9	No Preference	55	767.26
	Rating Area 9	No Preference	56	802.70
	Rating Area 9	No Preference	57	838.49
	Rating Area 9	No Preference	58	876.68
	Rating Area 9	No Preference	59	895.60
	Rating Area 9	No Preference	60	933.79
	Rating Area 9	No Preference	61	966.82
	Rating Area 9	No Preference	62	988.50
	Rating Area 9	No Preference	63	1015.68
	Rating Area 9	No Preference	64	1032.18
	Rating Area 9	No Preference	65 and over	1032.18
53789PA0090008	Rating Area 6	No Preference	0-20	224.61
53789PA0090008	Rating Area 6	No Preference	21	353.72
	Rating Area 6	No Preference	22	353.72
	Rating Area 6	No Preference	23	353.72
	Rating Area 6	No Preference	24	353.72
	Rating Area 6	No Preference	25	355.13
	Rating Area 6	No Preference	26	362.21
	Rating Area 6	No Preference	27	370.70
	Rating Area 6	No Preference	28	384.49
	Rating Area 6	No Preference	29	395.81
	Rating Area 6	No Preference	30	401.47
	Rating Area 6	No Preference	31	409.96
	Rating Area 6	No Preference	32	418.45

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 6	No Preference	33	423.76
	Rating Area 6	No Preference	34	429.42
	Rating Area 6	No Preference	35	432.25
	Rating Area 6	No Preference	36	435.08
	Rating Area 6	No Preference	37	437.91
	Rating Area 6	No Preference	38	440.74
	Rating Area 6	No Preference	39	446.39
	Rating Area 6	No Preference	40	452.05
	Rating Area 6	No Preference	41	460.54
	Rating Area 6	No Preference	42	468.68
	Rating Area 6	No Preference	43	480.00
	Rating Area 6	No Preference	44	494.15
	Rating Area 6	No Preference	45	510.77
	Rating Area 6	No Preference	46	530.58
	Rating Area 6	No Preference	47	552.86
	Rating Area 6	No Preference	48	578.33
	Rating Area 6	No Preference	49	603.45
	Rating Area 6	No Preference	50	631.74
	Rating Area 6	No Preference	51	659.69
	Rating Area 6	No Preference	52	690.46
	Rating Area 6	No Preference	53	721.59
	Rating Area 6	No Preference	54	755.19
	Rating Area 6	No Preference	55	788.80
	Rating Area 6	No Preference	56	825.23
	Rating Area 6	No Preference	57	862.02
	Rating Area 6	No Preference	58	901.28
	Rating Area 6	No Preference	59	920.73
	Rating Area 6	No Preference	60	960.00
	Rating Area 6	No Preference	61	993.95
	Rating Area 6	No Preference	62	1016.24
	Rating Area 6	No Preference	63	1044.18
	Rating Area 6	No Preference	64	1061.15
	Rating Area 6	No Preference	65 and over	1061.15
53789PA0090008	Rating Area 7	No Preference	0-20	226.86
53789PA0090008	Rating Area 7	No Preference	21	357.26
	Rating Area 7	No Preference	22	357.26
	Rating Area 7	No Preference	23	357.26
	Rating Area 7	No Preference	24	357.26
	Rating Area 7	No Preference	25	358.69
	Rating Area 7	No Preference	26	365.83
	Rating Area 7	No Preference	27	374.41
	Rating Area 7	No Preference	28	388.34

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 7	No Preference	29	399.77
	Rating Area 7	No Preference	30	405.49
	Rating Area 7	No Preference	31	414.06
	Rating Area 7	No Preference	32	422.64
	Rating Area 7	No Preference	33	427.99
	Rating Area 7	No Preference	34	433.71
	Rating Area 7	No Preference	35	436.57
	Rating Area 7	No Preference	36	439.43
	Rating Area 7	No Preference	37	442.28
	Rating Area 7	No Preference	38	445.14
	Rating Area 7	No Preference	39	450.86
	Rating Area 7	No Preference	40	456.57
	Rating Area 7	No Preference	41	465.15
	Rating Area 7	No Preference	42	473.37
	Rating Area 7	No Preference	43	484.80
	Rating Area 7	No Preference	44	499.09
	Rating Area 7	No Preference	45	515.88
	Rating Area 7	No Preference	46	535.89
	Rating Area 7	No Preference	47	558.39
	Rating Area 7	No Preference	48	584.12
	Rating Area 7	No Preference	49	609.48
	Rating Area 7	No Preference	50	638.06
	Rating Area 7	No Preference	51	666.28
	Rating Area 7	No Preference	52	697.37
	Rating Area 7	No Preference	53	728.80
	Rating Area 7	No Preference	54	762.74
	Rating Area 7	No Preference	55	796.68
	Rating Area 7	No Preference	56	833.48
	Rating Area 7	No Preference	57	870.64
	Rating Area 7	No Preference	58	910.29
	Rating Area 7	No Preference	59	929.94
	Rating Area 7	No Preference	60	969.60
	Rating Area 7	No Preference	61	1003.89
	Rating Area 7	No Preference	62	1026.40
	Rating Area 7	No Preference	63	1054.62
	Rating Area 7	No Preference	64	1071.77
	Rating Area 7	No Preference	65 and over	1071.77
53789PA0090008	Rating Area 9	No Preference	0-20	222.37
53789PA0090008	Rating Area 9	No Preference	21	350.18
	Rating Area 9	No Preference	22	350.18
	Rating Area 9	No Preference	23	350.18
	Rating Area 9	No Preference	24	350.18

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 7/1/2017			
	Rate Expiration Date* 9/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 9	No Preference	25	351.58
	Rating Area 9	No Preference	26	358.59
	Rating Area 9	No Preference	27	366.99
	Rating Area 9	No Preference	28	380.65
	Rating Area 9	No Preference	29	391.85
	Rating Area 9	No Preference	30	397.46
	Rating Area 9	No Preference	31	405.86
	Rating Area 9	No Preference	32	414.27
	Rating Area 9	No Preference	33	419.52
	Rating Area 9	No Preference	34	425.12
	Rating Area 9	No Preference	35	427.92
	Rating Area 9	No Preference	36	430.72
	Rating Area 9	No Preference	37	433.53
	Rating Area 9	No Preference	38	436.33
	Rating Area 9	No Preference	39	441.93
	Rating Area 9	No Preference	40	447.53
	Rating Area 9	No Preference	41	455.94
	Rating Area 9	No Preference	42	463.99
	Rating Area 9	No Preference	43	475.20
	Rating Area 9	No Preference	44	489.21
	Rating Area 9	No Preference	45	505.66
	Rating Area 9	No Preference	46	525.27
	Rating Area 9	No Preference	47	547.34
	Rating Area 9	No Preference	48	572.55
	Rating Area 9	No Preference	49	597.41
	Rating Area 9	No Preference	50	625.43
	Rating Area 9	No Preference	51	653.09
	Rating Area 9	No Preference	52	683.56
	Rating Area 9	No Preference	53	714.37
	Rating Area 9	No Preference	54	747.64
	Rating Area 9	No Preference	55	780.91
	Rating Area 9	No Preference	56	816.98
	Rating Area 9	No Preference	57	853.40
	Rating Area 9	No Preference	58	892.27
	Rating Area 9	No Preference	59	911.53
	Rating Area 9	No Preference	60	950.40
	Rating Area 9	No Preference	61	984.01
	Rating Area 9	No Preference	62	1006.08
	Rating Area 9	No Preference	63	1033.74
	Rating Area 9	No Preference	64	1050.54
	Rating Area 9	No Preference	65 and over	1050.54
53789PA0090011	Rating Area 6	No Preference	0-20	195.39

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*				
Required:Required:Require:Required:Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan				
	53789PA0090011	Rating Area 6	No Preference	21307.70
	53789PA0090011	Rating Area 6	No Preference	22307.70
	53789PA0090011	Rating Area 6	No Preference	23307.70
	53789PA0090011	Rating Area 6	No Preference	24307.70
	53789PA0090011	Rating Area 6	No Preference	25308.93
	53789PA0090011	Rating Area 6	No Preference	26315.08
	53789PA0090011	Rating Area 6	No Preference	27322.47
	53789PA0090011	Rating Area 6	No Preference	28334.47
	53789PA0090011	Rating Area 6	No Preference	29344.32
	53789PA0090011	Rating Area 6	No Preference	30349.24
	53789PA0090011	Rating Area 6	No Preference	31356.62
	53789PA0090011	Rating Area 6	No Preference	32364.01
	53789PA0090011	Rating Area 6	No Preference	33368.62
	53789PA0090011	Rating Area 6	No Preference	34373.55
	53789PA0090011	Rating Area 6	No Preference	35376.01
	53789PA0090011	Rating Area 6	No Preference	36378.47
	53789PA0090011	Rating Area 6	No Preference	37380.93
	53789PA0090011	Rating Area 6	No Preference	38383.39
	53789PA0090011	Rating Area 6	No Preference	39388.32
	53789PA0090011	Rating Area 6	No Preference	40393.24
	53789PA0090011	Rating Area 6	No Preference	41400.63
	53789PA0090011	Rating Area 6	No Preference	42407.70
	53789PA0090011	Rating Area 6	No Preference	43417.55
	53789PA0090011	Rating Area 6	No Preference	44429.86
	53789PA0090011	Rating Area 6	No Preference	45444.32
	53789PA0090011	Rating Area 6	No Preference	46461.55
	53789PA0090011	Rating Area 6	No Preference	47480.94
	53789PA0090011	Rating Area 6	No Preference	48503.09
	53789PA0090011	Rating Area 6	No Preference	49524.94
	53789PA0090011	Rating Area 6	No Preference	50549.55
	53789PA0090011	Rating Area 6	No Preference	51573.86
	53789PA0090011	Rating Area 6	No Preference	52600.63
	53789PA0090011	Rating Area 6	No Preference	53627.71
	53789PA0090011	Rating Area 6	No Preference	54656.94
	53789PA0090011	Rating Area 6	No Preference	55686.17
	53789PA0090011	Rating Area 6	No Preference	56717.86
	53789PA0090011	Rating Area 6	No Preference	57749.86
	53789PA0090011	Rating Area 6	No Preference	58784.02
	53789PA0090011	Rating Area 6	No Preference	59800.94
	53789PA0090011	Rating Area 6	No Preference	60835.10
	53789PA0090011	Rating Area 6	No Preference	61864.64
	53789PA0090011	Rating Area 6	No Preference	62884.02

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	63	908.33
53789PA0090011	Rating Area 6	No Preference	64	923.09
53789PA0090011	Rating Area 6	No Preference	65 and over	923.09
53789PA0090011	Rating Area 7	No Preference	0-20	197.34
53789PA0090011	Rating Area 7	No Preference	21	310.78
53789PA0090011	Rating Area 7	No Preference	22	310.78
53789PA0090011	Rating Area 7	No Preference	23	310.78
53789PA0090011	Rating Area 7	No Preference	24	310.78
53789PA0090011	Rating Area 7	No Preference	25	312.02
53789PA0090011	Rating Area 7	No Preference	26	318.24
53789PA0090011	Rating Area 7	No Preference	27	325.69
53789PA0090011	Rating Area 7	No Preference	28	337.81
53789PA0090011	Rating Area 7	No Preference	29	347.76
53789PA0090011	Rating Area 7	No Preference	30	352.73
53789PA0090011	Rating Area 7	No Preference	31	360.19
53789PA0090011	Rating Area 7	No Preference	32	367.65
53789PA0090011	Rating Area 7	No Preference	33	372.31
53789PA0090011	Rating Area 7	No Preference	34	377.28
53789PA0090011	Rating Area 7	No Preference	35	379.77
53789PA0090011	Rating Area 7	No Preference	36	382.26
53789PA0090011	Rating Area 7	No Preference	37	384.74
53789PA0090011	Rating Area 7	No Preference	38	387.23
53789PA0090011	Rating Area 7	No Preference	39	392.20
53789PA0090011	Rating Area 7	No Preference	40	397.17
53789PA0090011	Rating Area 7	No Preference	41	404.63
53789PA0090011	Rating Area 7	No Preference	42	411.78
53789PA0090011	Rating Area 7	No Preference	43	421.72
53789PA0090011	Rating Area 7	No Preference	44	434.16
53789PA0090011	Rating Area 7	No Preference	45	448.76
53789PA0090011	Rating Area 7	No Preference	46	466.17
53789PA0090011	Rating Area 7	No Preference	47	485.74
53789PA0090011	Rating Area 7	No Preference	48	508.12
53789PA0090011	Rating Area 7	No Preference	49	530.19
53789PA0090011	Rating Area 7	No Preference	50	555.05
53789PA0090011	Rating Area 7	No Preference	51	579.60
53789PA0090011	Rating Area 7	No Preference	52	606.64
53789PA0090011	Rating Area 7	No Preference	53	633.99
53789PA0090011	Rating Area 7	No Preference	54	663.51
53789PA0090011	Rating Area 7	No Preference	55	693.03
53789PA0090011	Rating Area 7	No Preference	56	725.04
53789PA0090011	Rating Area 7	No Preference	57	757.36
53789PA0090011	Rating Area 7	No Preference	58	791.86

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 7	No Preference	59	808.95
	Rating Area 7	No Preference	60	843.45
	Rating Area 7	No Preference	61	873.28
	Rating Area 7	No Preference	62	892.86
	Rating Area 7	No Preference	63	917.41
	Rating Area 7	No Preference	64	932.33
	Rating Area 7	No Preference	65 and over	932.33
53789PA0090011	Rating Area 9	No Preference	0-20	193.44
53789PA0090011	Rating Area 9	No Preference	21	304.62
	Rating Area 9	No Preference	22	304.62
	Rating Area 9	No Preference	23	304.62
	Rating Area 9	No Preference	24	304.62
	Rating Area 9	No Preference	25	305.84
	Rating Area 9	No Preference	26	311.93
	Rating Area 9	No Preference	27	319.24
	Rating Area 9	No Preference	28	331.13
	Rating Area 9	No Preference	29	340.87
	Rating Area 9	No Preference	30	345.75
	Rating Area 9	No Preference	31	353.06
	Rating Area 9	No Preference	32	360.37
	Rating Area 9	No Preference	33	364.94
	Rating Area 9	No Preference	34	369.81
	Rating Area 9	No Preference	35	372.25
	Rating Area 9	No Preference	36	374.69
	Rating Area 9	No Preference	37	377.12
	Rating Area 9	No Preference	38	379.56
	Rating Area 9	No Preference	39	384.43
	Rating Area 9	No Preference	40	389.31
	Rating Area 9	No Preference	41	396.62
	Rating Area 9	No Preference	42	403.63
	Rating Area 9	No Preference	43	413.37
	Rating Area 9	No Preference	44	425.56
	Rating Area 9	No Preference	45	439.88
	Rating Area 9	No Preference	46	456.93
	Rating Area 9	No Preference	47	476.13
	Rating Area 9	No Preference	48	498.06
	Rating Area 9	No Preference	49	519.69
	Rating Area 9	No Preference	50	544.06
	Rating Area 9	No Preference	51	568.12
	Rating Area 9	No Preference	52	594.62
	Rating Area 9	No Preference	53	621.43
	Rating Area 9	No Preference	54	650.37

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 9	No Preference	55	679.31
	Rating Area 9	No Preference	56	710.69
	Rating Area 9	No Preference	57	742.37
	Rating Area 9	No Preference	58	776.18
	Rating Area 9	No Preference	59	792.93
	Rating Area 9	No Preference	60	826.75
	Rating Area 9	No Preference	61	855.99
	Rating Area 9	No Preference	62	875.18
	Rating Area 9	No Preference	63	899.25
	Rating Area 9	No Preference	64	913.86
	Rating Area 9	No Preference	65 and over	913.86
53789PA0090012	Rating Area 6	No Preference	0-20	199.31
53789PA0090012	Rating Area 6	No Preference	21	313.88
	Rating Area 6	No Preference	22	313.88
	Rating Area 6	No Preference	23	313.88
	Rating Area 6	No Preference	24	313.88
	Rating Area 6	No Preference	25	315.14
	Rating Area 6	No Preference	26	321.41
	Rating Area 6	No Preference	27	328.95
	Rating Area 6	No Preference	28	341.19
	Rating Area 6	No Preference	29	351.23
	Rating Area 6	No Preference	30	356.25
	Rating Area 6	No Preference	31	363.79
	Rating Area 6	No Preference	32	371.32
	Rating Area 6	No Preference	33	376.03
	Rating Area 6	No Preference	34	381.05
	Rating Area 6	No Preference	35	383.56
	Rating Area 6	No Preference	36	386.07
	Rating Area 6	No Preference	37	388.58
	Rating Area 6	No Preference	38	391.09
	Rating Area 6	No Preference	39	396.12
	Rating Area 6	No Preference	40	401.14
	Rating Area 6	No Preference	41	408.67
	Rating Area 6	No Preference	42	415.89
	Rating Area 6	No Preference	43	425.94
	Rating Area 6	No Preference	44	438.49
	Rating Area 6	No Preference	45	453.24
	Rating Area 6	No Preference	46	470.82
	Rating Area 6	No Preference	47	490.59
	Rating Area 6	No Preference	48	513.19
	Rating Area 6	No Preference	49	535.48
	Rating Area 6	No Preference	50	560.59

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 7/1/2017			
	Rate Expiration Date* 9/30/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 6	No Preference	51	585.39
	Rating Area 6	No Preference	52	612.69
	Rating Area 6	No Preference	53	640.32
	Rating Area 6	No Preference	54	670.13
	Rating Area 6	No Preference	55	699.95
	Rating Area 6	No Preference	56	732.28
	Rating Area 6	No Preference	57	764.93
	Rating Area 6	No Preference	58	799.77
	Rating Area 6	No Preference	59	817.03
	Rating Area 6	No Preference	60	851.87
	Rating Area 6	No Preference	61	882.00
	Rating Area 6	No Preference	62	901.78
	Rating Area 6	No Preference	63	926.57
	Rating Area 6	No Preference	64	941.63
	Rating Area 6	No Preference	65 and over	941.63
53789PA0090012	Rating Area 7	No Preference	0-20	201.31
53789PA0090012	Rating Area 7	No Preference	21	317.02
	Rating Area 7	No Preference	22	317.02
	Rating Area 7	No Preference	23	317.02
	Rating Area 7	No Preference	24	317.02
	Rating Area 7	No Preference	25	318.29
	Rating Area 7	No Preference	26	324.63
	Rating Area 7	No Preference	27	332.24
	Rating Area 7	No Preference	28	344.60
	Rating Area 7	No Preference	29	354.74
	Rating Area 7	No Preference	30	359.82
	Rating Area 7	No Preference	31	367.42
	Rating Area 7	No Preference	32	375.03
	Rating Area 7	No Preference	33	379.79
	Rating Area 7	No Preference	34	384.86
	Rating Area 7	No Preference	35	387.40
	Rating Area 7	No Preference	36	389.93
	Rating Area 7	No Preference	37	392.47
	Rating Area 7	No Preference	38	395.01
	Rating Area 7	No Preference	39	400.08
	Rating Area 7	No Preference	40	405.15
	Rating Area 7	No Preference	41	412.76
	Rating Area 7	No Preference	42	420.05
	Rating Area 7	No Preference	43	430.19
	Rating Area 7	No Preference	44	442.88
	Rating Area 7	No Preference	45	457.78
	Rating Area 7	No Preference	46	475.53

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	7/1/2017		
	Rate Expiration Date*	9/30/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 7	No Preference	47	495.50
	Rating Area 7	No Preference	48	518.33
	Rating Area 7	No Preference	49	540.83
	Rating Area 7	No Preference	50	566.20
	Rating Area 7	No Preference	51	591.24
	Rating Area 7	No Preference	52	618.82
	Rating Area 7	No Preference	53	646.72
	Rating Area 7	No Preference	54	676.84
	Rating Area 7	No Preference	55	706.95
	Rating Area 7	No Preference	56	739.60
	Rating Area 7	No Preference	57	772.57
	Rating Area 7	No Preference	58	807.76
	Rating Area 7	No Preference	59	825.20
	Rating Area 7	No Preference	60	860.39
	Rating Area 7	No Preference	61	890.82
	Rating Area 7	No Preference	62	910.80
	Rating Area 7	No Preference	63	935.84
	Rating Area 7	No Preference	64	951.05
	Rating Area 7	No Preference	65 and over	951.05
53789PA0090012	Rating Area 9	No Preference	0-20	197.32
53789PA0090012	Rating Area 9	No Preference	21	310.74
	Rating Area 9	No Preference	22	310.74
	Rating Area 9	No Preference	23	310.74
	Rating Area 9	No Preference	24	310.74
	Rating Area 9	No Preference	25	311.98
	Rating Area 9	No Preference	26	318.20
	Rating Area 9	No Preference	27	325.66
	Rating Area 9	No Preference	28	337.78
	Rating Area 9	No Preference	29	347.72
	Rating Area 9	No Preference	30	352.69
	Rating Area 9	No Preference	31	360.15
	Rating Area 9	No Preference	32	367.61
	Rating Area 9	No Preference	33	372.27
	Rating Area 9	No Preference	34	377.24
	Rating Area 9	No Preference	35	379.73
	Rating Area 9	No Preference	36	382.21
	Rating Area 9	No Preference	37	384.70
	Rating Area 9	No Preference	38	387.18
	Rating Area 9	No Preference	39	392.16
	Rating Area 9	No Preference	40	397.13
53789PA0090012	Rating Area 9	No Preference	41	404.59
53789PA0090012	Rating Area 9	No Preference	42	411.73

<b>HIOS Issuer ID*</b> <b>Federal TIN*</b> <b>Rate Effective Date*</b> <b>Rate Expiration Date*</b>	53789																																																																																																																																
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Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*																																																																																																																													
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2017 Rates Table Template v6.0		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 a community rating state, select Family Option under Age and fill in all columns.		
		If you are not community rating state, select 0-20 under Age 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*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-20	161.75
53789PA0090004	Rating Area 6	No Preference	21	254.73
53789PA0090004	Rating Area 6	No Preference	22	254.73
53789PA0090004	Rating Area 6	No Preference	23	254.73
53789PA0090004	Rating Area 6	No Preference	24	254.73
53789PA0090004	Rating Area 6	No Preference	25	255.75
53789PA0090004	Rating Area 6	No Preference	26	260.84
53789PA0090004	Rating Area 6	No Preference	27	266.96
53789PA0090004	Rating Area 6	No Preference	28	276.89
53789PA0090004	Rating Area 6	No Preference	29	285.04
53789PA0090004	Rating Area 6	No Preference	30	289.12
53789PA0090004	Rating Area 6	No Preference	31	295.23
53789PA0090004	Rating Area 6	No Preference	32	301.35
53789PA0090004	Rating Area 6	No Preference	33	305.17
53789PA0090004	Rating Area 6	No Preference	34	309.24
53789PA0090004	Rating Area 6	No Preference	35	311.28
53789PA0090004	Rating Area 6	No Preference	36	313.32
53789PA0090004	Rating Area 6	No Preference	37	315.36
53789PA0090004	Rating Area 6	No Preference	38	317.39
53789PA0090004	Rating Area 6	No Preference	39	321.47
53789PA0090004	Rating Area 6	No Preference	40	325.54
53789PA0090004	Rating Area 6	No Preference	41	331.66
53789PA0090004	Rating Area 6	No Preference	42	337.52
53789PA0090004	Rating Area 6	No Preference	43	345.67
53789PA0090004	Rating Area 6	No Preference	44	355.86
53789PA0090004	Rating Area 6	No Preference	45	367.83
53789PA0090004	Rating Area 6	No Preference	46	382.10
53789PA0090004	Rating Area 6	No Preference	47	398.14
53789PA0090004	Rating Area 6	No Preference	48	416.48
53789PA0090004	Rating Area 6	No Preference	49	434.57
53789PA0090004	Rating Area 6	No Preference	50	454.95
53789PA0090004	Rating Area 6	No Preference	51	475.07
53789PA0090004	Rating Area 6	No Preference	52	497.23
53789PA0090004	Rating Area 6	No Preference	53	519.65
53789PA0090004	Rating Area 6	No Preference	54	543.85
53789PA0090004	Rating Area 6	No Preference	55	568.05
53789PA0090004	Rating Area 6	No Preference	56	594.29

HIOS Issuer ID*	53789			
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Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	57	620.78
53789PA0090004	Rating Area 6	No Preference	58	649.05
53789PA0090004	Rating Area 6	No Preference	59	663.06
53789PA0090004	Rating Area 6	No Preference	60	691.34
53789PA0090004	Rating Area 6	No Preference	61	715.79
53789PA0090004	Rating Area 6	No Preference	62	731.84
53789PA0090004	Rating Area 6	No Preference	63	751.96
53789PA0090004	Rating Area 6	No Preference	64	764.18
53789PA0090004	Rating Area 6	No Preference	65 and over	764.18
53789PA0090004	Rating Area 7	No Preference	0-20	163.37
53789PA0090004	Rating Area 7	No Preference	21	257.28
53789PA0090004	Rating Area 7	No Preference	22	257.28
53789PA0090004	Rating Area 7	No Preference	23	257.28
53789PA0090004	Rating Area 7	No Preference	24	257.28
53789PA0090004	Rating Area 7	No Preference	25	258.31
53789PA0090004	Rating Area 7	No Preference	26	263.45
53789PA0090004	Rating Area 7	No Preference	27	269.63
53789PA0090004	Rating Area 7	No Preference	28	279.66
53789PA0090004	Rating Area 7	No Preference	29	287.89
53789PA0090004	Rating Area 7	No Preference	30	292.01
53789PA0090004	Rating Area 7	No Preference	31	298.18
53789PA0090004	Rating Area 7	No Preference	32	304.36
53789PA0090004	Rating Area 7	No Preference	33	308.22
53789PA0090004	Rating Area 7	No Preference	34	312.33
53789PA0090004	Rating Area 7	No Preference	35	314.39
53789PA0090004	Rating Area 7	No Preference	36	316.45
53789PA0090004	Rating Area 7	No Preference	37	318.51
53789PA0090004	Rating Area 7	No Preference	38	320.57
53789PA0090004	Rating Area 7	No Preference	39	324.68
53789PA0090004	Rating Area 7	No Preference	40	328.80
53789PA0090004	Rating Area 7	No Preference	41	334.98
53789PA0090004	Rating Area 7	No Preference	42	340.89
53789PA0090004	Rating Area 7	No Preference	43	349.13
53789PA0090004	Rating Area 7	No Preference	44	359.42
53789PA0090004	Rating Area 7	No Preference	45	371.51
53789PA0090004	Rating Area 7	No Preference	46	385.92
53789PA0090004	Rating Area 7	No Preference	47	402.12
53789PA0090004	Rating Area 7	No Preference	48	420.65
53789PA0090004	Rating Area 7	No Preference	49	438.92
53789PA0090004	Rating Area 7	No Preference	50	459.50
53789PA0090004	Rating Area 7	No Preference	51	479.82
53789PA0090004	Rating Area 7	No Preference	52	502.21

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 7	No Preference	53	524.85
	Rating Area 7	No Preference	54	549.29
	Rating Area 7	No Preference	55	573.73
	Rating Area 7	No Preference	56	600.23
	Rating Area 7	No Preference	57	626.98
	Rating Area 7	No Preference	58	655.54
	Rating Area 7	No Preference	59	669.69
	Rating Area 7	No Preference	60	698.25
	Rating Area 7	No Preference	61	722.95
	Rating Area 7	No Preference	62	739.16
	Rating Area 7	No Preference	63	759.48
	Rating Area 7	No Preference	64	771.83
	Rating Area 7	No Preference	65 and over	771.83
	Rating Area 9	No Preference	0-20	160.14
	Rating Area 9	No Preference	21	252.18
53789PA0090004	Rating Area 9	No Preference	22	252.18
	Rating Area 9	No Preference	23	252.18
	Rating Area 9	No Preference	24	252.18
	Rating Area 9	No Preference	25	252.18
	Rating Area 9	No Preference	26	253.19
	Rating Area 9	No Preference	27	258.24
	Rating Area 9	No Preference	28	264.29
	Rating Area 9	No Preference	29	274.12
	Rating Area 9	No Preference	30	282.19
	Rating Area 9	No Preference	31	286.23
	Rating Area 9	No Preference	32	292.28
	Rating Area 9	No Preference	33	298.33
	Rating Area 9	No Preference	34	302.11
	Rating Area 9	No Preference	35	306.15
	Rating Area 9	No Preference	36	308.17
	Rating Area 9	No Preference	37	310.18
	Rating Area 9	No Preference	38	312.20
	Rating Area 9	No Preference	39	314.22
	Rating Area 9	No Preference	40	318.25
	Rating Area 9	No Preference	41	322.29
	Rating Area 9	No Preference	42	328.34
	Rating Area 9	No Preference	43	334.14
	Rating Area 9	No Preference	44	342.21
	Rating Area 9	No Preference	45	352.30
	Rating Area 9	No Preference	46	364.15
	Rating Area 9	No Preference	47	378.27
	Rating Area 9	No Preference	48	394.16
	Rating Area 9	No Preference		412.32

HIOS Issuer ID*	53789			
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Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 9	No Preference	49	430.22
	Rating Area 9	No Preference	50	450.40
	Rating Area 9	No Preference	51	470.32
	Rating Area 9	No Preference	52	492.26
	Rating Area 9	No Preference	53	514.45
	Rating Area 9	No Preference	54	538.41
	Rating Area 9	No Preference	55	562.37
	Rating Area 9	No Preference	56	588.34
	Rating Area 9	No Preference	57	614.57
	Rating Area 9	No Preference	58	642.56
	Rating Area 9	No Preference	59	656.43
	Rating Area 9	No Preference	60	684.42
	Rating Area 9	No Preference	61	708.63
	Rating Area 9	No Preference	62	724.52
	Rating Area 9	No Preference	63	744.44
	Rating Area 9	No Preference	64	756.54
	Rating Area 9	No Preference	65 and over	756.54
53789PA0090007	Rating Area 6	No Preference	0-20	224.94
53789PA0090007	Rating Area 6	No Preference	21	354.23
	Rating Area 6	No Preference	22	354.23
	Rating Area 6	No Preference	23	354.23
	Rating Area 6	No Preference	24	354.23
	Rating Area 6	No Preference	25	355.65
	Rating Area 6	No Preference	26	362.73
	Rating Area 6	No Preference	27	371.23
	Rating Area 6	No Preference	28	385.05
	Rating Area 6	No Preference	29	396.38
	Rating Area 6	No Preference	30	402.05
	Rating Area 6	No Preference	31	410.55
	Rating Area 6	No Preference	32	419.05
	Rating Area 6	No Preference	33	424.37
	Rating Area 6	No Preference	34	430.04
	Rating Area 6	No Preference	35	432.87
	Rating Area 6	No Preference	36	435.70
	Rating Area 6	No Preference	37	438.54
	Rating Area 6	No Preference	38	441.37
	Rating Area 6	No Preference	39	447.04
	Rating Area 6	No Preference	40	452.71
	Rating Area 6	No Preference	41	461.21
	Rating Area 6	No Preference	42	469.35
	Rating Area 6	No Preference	43	480.69
	Rating Area 6	No Preference	44	494.86

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
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	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 6	No Preference	45	511.51
	Rating Area 6	No Preference	46	531.34
	Rating Area 6	No Preference	47	553.66
	Rating Area 6	No Preference	48	579.17
	Rating Area 6	No Preference	49	604.32
	Rating Area 6	No Preference	50	632.65
	Rating Area 6	No Preference	51	660.64
	Rating Area 6	No Preference	52	691.46
	Rating Area 6	No Preference	53	722.63
	Rating Area 6	No Preference	54	756.28
	Rating Area 6	No Preference	55	789.93
	Rating Area 6	No Preference	56	826.42
	Rating Area 6	No Preference	57	863.26
	Rating Area 6	No Preference	58	902.58
	Rating Area 6	No Preference	59	922.06
	Rating Area 6	No Preference	60	961.38
	Rating Area 6	No Preference	61	995.39
	Rating Area 6	No Preference	62	1017.70
	Rating Area 6	No Preference	63	1045.69
	Rating Area 6	No Preference	64	1062.68
	Rating Area 6	No Preference	65 and over	1062.68
53789PA0090007	Rating Area 7	No Preference	0-20	227.19
53789PA0090007	Rating Area 7	No Preference	21	357.77
	Rating Area 7	No Preference	22	357.77
	Rating Area 7	No Preference	23	357.77
	Rating Area 7	No Preference	24	357.77
	Rating Area 7	No Preference	25	359.20
	Rating Area 7	No Preference	26	366.36
	Rating Area 7	No Preference	27	374.95
	Rating Area 7	No Preference	28	388.90
	Rating Area 7	No Preference	29	400.35
	Rating Area 7	No Preference	30	406.07
	Rating Area 7	No Preference	31	414.66
	Rating Area 7	No Preference	32	423.24
	Rating Area 7	No Preference	33	428.61
	Rating Area 7	No Preference	34	434.34
	Rating Area 7	No Preference	35	437.20
	Rating Area 7	No Preference	36	440.06
	Rating Area 7	No Preference	37	442.92
	Rating Area 7	No Preference	38	445.78
	Rating Area 7	No Preference	39	451.51
	Rating Area 7	No Preference	40	457.23

HIOS Issuer ID*	53789			
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	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 7	No Preference	41	465.82
	Rating Area 7	No Preference	42	474.05
	Rating Area 7	No Preference	43	485.50
	Rating Area 7	No Preference	44	499.81
	Rating Area 7	No Preference	45	516.62
	Rating Area 7	No Preference	46	536.66
	Rating Area 7	No Preference	47	559.20
	Rating Area 7	No Preference	48	584.96
	Rating Area 7	No Preference	49	610.36
	Rating Area 7	No Preference	50	638.98
	Rating Area 7	No Preference	51	667.25
	Rating Area 7	No Preference	52	698.37
	Rating Area 7	No Preference	53	729.86
	Rating Area 7	No Preference	54	763.84
	Rating Area 7	No Preference	55	797.83
	Rating Area 7	No Preference	56	834.68
	Rating Area 7	No Preference	57	871.89
	Rating Area 7	No Preference	58	911.60
	Rating Area 7	No Preference	59	931.28
	Rating Area 7	No Preference	60	970.99
	Rating Area 7	No Preference	61	1005.34
	Rating Area 7	No Preference	62	1027.88
	Rating Area 7	No Preference	63	1056.14
	Rating Area 7	No Preference	64	1073.31
	Rating Area 7	No Preference	65 and over	1073.31
53789PA0090007	Rating Area 9	No Preference	0-20	222.69
53789PA0090007	Rating Area 9	No Preference	21	350.69
	Rating Area 9	No Preference	22	350.69
	Rating Area 9	No Preference	23	350.69
	Rating Area 9	No Preference	24	350.69
	Rating Area 9	No Preference	25	352.09
	Rating Area 9	No Preference	26	359.10
	Rating Area 9	No Preference	27	367.52
	Rating Area 9	No Preference	28	381.20
	Rating Area 9	No Preference	29	392.42
	Rating Area 9	No Preference	30	398.03
	Rating Area 9	No Preference	31	406.45
	Rating Area 9	No Preference	32	414.86
	Rating Area 9	No Preference	33	420.12
	Rating Area 9	No Preference	34	425.73
	Rating Area 9	No Preference	35	428.54
	Rating Area 9	No Preference	36	431.35

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090007	Rating Area 9	No Preference	37	434.15
	Rating Area 9	No Preference	38	436.96
	Rating Area 9	No Preference	39	442.57
	Rating Area 9	No Preference	40	448.18
	Rating Area 9	No Preference	41	456.60
	Rating Area 9	No Preference	42	464.66
	Rating Area 9	No Preference	43	475.88
	Rating Area 9	No Preference	44	489.91
	Rating Area 9	No Preference	45	506.39
	Rating Area 9	No Preference	46	526.03
	Rating Area 9	No Preference	47	548.12
	Rating Area 9	No Preference	48	573.37
	Rating Area 9	No Preference	49	598.27
	Rating Area 9	No Preference	50	626.33
	Rating Area 9	No Preference	51	654.03
	Rating Area 9	No Preference	52	684.54
	Rating Area 9	No Preference	53	715.40
	Rating Area 9	No Preference	54	748.72
	Rating Area 9	No Preference	55	782.03
	Rating Area 9	No Preference	56	818.15
	Rating Area 9	No Preference	57	854.63
	Rating Area 9	No Preference	58	893.55
	Rating Area 9	No Preference	59	912.84
	Rating Area 9	No Preference	60	951.77
	Rating Area 9	No Preference	61	985.43
	Rating Area 9	No Preference	62	1007.53
	Rating Area 9	No Preference	63	1035.23
	Rating Area 9	No Preference	64	1052.06
	Rating Area 9	No Preference	65 and over	1052.06
53789PA0090008	Rating Area 6	No Preference	0-20	228.94
53789PA0090008	Rating Area 6	No Preference	21	360.53
	Rating Area 6	No Preference	22	360.53
	Rating Area 6	No Preference	23	360.53
	Rating Area 6	No Preference	24	360.53
	Rating Area 6	No Preference	25	361.97
	Rating Area 6	No Preference	26	369.18
	Rating Area 6	No Preference	27	377.84
	Rating Area 6	No Preference	28	391.90
	Rating Area 6	No Preference	29	403.43
	Rating Area 6	No Preference	30	409.20
	Rating Area 6	No Preference	31	417.85
	Rating Area 6	No Preference	32	426.51

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 6	No Preference	33	431.91
	Rating Area 6	No Preference	34	437.68
	Rating Area 6	No Preference	35	440.57
	Rating Area 6	No Preference	36	443.45
	Rating Area 6	No Preference	37	446.34
	Rating Area 6	No Preference	38	449.22
	Rating Area 6	No Preference	39	454.99
	Rating Area 6	No Preference	40	460.76
	Rating Area 6	No Preference	41	469.41
	Rating Area 6	No Preference	42	477.70
	Rating Area 6	No Preference	43	489.24
	Rating Area 6	No Preference	44	503.66
	Rating Area 6	No Preference	45	520.61
	Rating Area 6	No Preference	46	540.79
	Rating Area 6	No Preference	47	563.51
	Rating Area 6	No Preference	48	589.47
	Rating Area 6	No Preference	49	615.06
	Rating Area 6	No Preference	50	643.91
	Rating Area 6	No Preference	51	672.39
	Rating Area 6	No Preference	52	703.75
	Rating Area 6	No Preference	53	735.48
	Rating Area 6	No Preference	54	769.73
	Rating Area 6	No Preference	55	803.98
	Rating Area 6	No Preference	56	841.12
	Rating Area 6	No Preference	57	878.61
	Rating Area 6	No Preference	58	918.63
	Rating Area 6	No Preference	59	938.46
	Rating Area 6	No Preference	60	978.48
	Rating Area 6	No Preference	61	1013.09
	Rating Area 6	No Preference	62	1035.80
	Rating Area 6	No Preference	63	1064.28
	Rating Area 6	No Preference	64	1081.58
	Rating Area 6	No Preference	65 and over	1081.58
53789PA0090008	Rating Area 7	No Preference	0-20	231.23
53789PA0090008	Rating Area 7	No Preference	21	364.14
	Rating Area 7	No Preference	22	364.14
	Rating Area 7	No Preference	23	364.14
	Rating Area 7	No Preference	24	364.14
	Rating Area 7	No Preference	25	365.59
	Rating Area 7	No Preference	26	372.87
	Rating Area 7	No Preference	27	381.61
	Rating Area 7	No Preference	28	395.82

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 7	No Preference	29	407.47
	Rating Area 7	No Preference	30	413.29
	Rating Area 7	No Preference	31	422.03
	Rating Area 7	No Preference	32	430.77
	Rating Area 7	No Preference	33	436.23
	Rating Area 7	No Preference	34	442.06
	Rating Area 7	No Preference	35	444.97
	Rating Area 7	No Preference	36	447.89
	Rating Area 7	No Preference	37	450.80
	Rating Area 7	No Preference	38	453.71
	Rating Area 7	No Preference	39	459.54
	Rating Area 7	No Preference	40	465.36
	Rating Area 7	No Preference	41	474.10
	Rating Area 7	No Preference	42	482.48
	Rating Area 7	No Preference	43	494.13
	Rating Area 7	No Preference	44	508.70
	Rating Area 7	No Preference	45	525.81
	Rating Area 7	No Preference	46	546.20
	Rating Area 7	No Preference	47	569.14
	Rating Area 7	No Preference	48	595.36
	Rating Area 7	No Preference	49	621.21
	Rating Area 7	No Preference	50	650.35
	Rating Area 7	No Preference	51	679.11
	Rating Area 7	No Preference	52	710.79
	Rating Area 7	No Preference	53	742.84
	Rating Area 7	No Preference	54	777.43
	Rating Area 7	No Preference	55	812.02
	Rating Area 7	No Preference	56	849.53
	Rating Area 7	No Preference	57	887.40
	Rating Area 7	No Preference	58	927.82
	Rating Area 7	No Preference	59	947.84
	Rating Area 7	No Preference	60	988.26
	Rating Area 7	No Preference	61	1023.22
	Rating Area 7	No Preference	62	1046.16
	Rating Area 7	No Preference	63	1074.93
	Rating Area 7	No Preference	64	1092.41
	Rating Area 7	No Preference	65 and over	1092.41
53789PA0090008	Rating Area 9	No Preference	0-20	226.65
53789PA0090008	Rating Area 9	No Preference	21	356.92
	Rating Area 9	No Preference	22	356.92
	Rating Area 9	No Preference	23	356.92
	Rating Area 9	No Preference	24	356.92

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090008	Rating Area 9	No Preference	25	358.35
	Rating Area 9	No Preference	26	365.49
	Rating Area 9	No Preference	27	374.06
	Rating Area 9	No Preference	28	387.98
	Rating Area 9	No Preference	29	399.40
	Rating Area 9	No Preference	30	405.11
	Rating Area 9	No Preference	31	413.68
	Rating Area 9	No Preference	32	422.24
	Rating Area 9	No Preference	33	427.60
	Rating Area 9	No Preference	34	433.31
	Rating Area 9	No Preference	35	436.16
	Rating Area 9	No Preference	36	439.02
	Rating Area 9	No Preference	37	441.87
	Rating Area 9	No Preference	38	444.73
	Rating Area 9	No Preference	39	450.44
	Rating Area 9	No Preference	40	456.15
	Rating Area 9	No Preference	41	464.72
	Rating Area 9	No Preference	42	472.93
	Rating Area 9	No Preference	43	484.35
	Rating Area 9	No Preference	44	498.62
	Rating Area 9	No Preference	45	515.40
	Rating Area 9	No Preference	46	535.39
	Rating Area 9	No Preference	47	557.87
	Rating Area 9	No Preference	48	583.57
	Rating Area 9	No Preference	49	608.91
	Rating Area 9	No Preference	50	637.47
	Rating Area 9	No Preference	51	665.66
	Rating Area 9	No Preference	52	696.72
	Rating Area 9	No Preference	53	728.13
	Rating Area 9	No Preference	54	762.03
	Rating Area 9	No Preference	55	795.94
	Rating Area 9	No Preference	56	832.71
	Rating Area 9	No Preference	57	869.83
	Rating Area 9	No Preference	58	909.44
	Rating Area 9	No Preference	59	929.07
	Rating Area 9	No Preference	60	968.69
	Rating Area 9	No Preference	61	1002.96
	Rating Area 9	No Preference	62	1025.44
	Rating Area 9	No Preference	63	1053.64
	Rating Area 9	No Preference	64	1070.76
	Rating Area 9	No Preference	65 and over	1070.76
53789PA0090011	Rating Area 6	No Preference	0-20	199.14

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	21	313.61
	Rating Area 6	No Preference	22	313.61
	Rating Area 6	No Preference	23	313.61
	Rating Area 6	No Preference	24	313.61
	Rating Area 6	No Preference	25	314.86
	Rating Area 6	No Preference	26	321.14
	Rating Area 6	No Preference	27	328.66
	Rating Area 6	No Preference	28	340.89
	Rating Area 6	No Preference	29	350.93
	Rating Area 6	No Preference	30	355.95
	Rating Area 6	No Preference	31	363.47
	Rating Area 6	No Preference	32	371.00
	Rating Area 6	No Preference	33	375.70
	Rating Area 6	No Preference	34	380.72
	Rating Area 6	No Preference	35	383.23
	Rating Area 6	No Preference	36	385.74
	Rating Area 6	No Preference	37	388.25
	Rating Area 6	No Preference	38	390.76
	Rating Area 6	No Preference	39	395.78
	Rating Area 6	No Preference	40	400.79
	Rating Area 6	No Preference	41	408.32
	Rating Area 6	No Preference	42	415.53
	Rating Area 6	No Preference	43	425.57
	Rating Area 6	No Preference	44	438.11
	Rating Area 6	No Preference	45	452.85
	Rating Area 6	No Preference	46	470.42
	Rating Area 6	No Preference	47	490.17
	Rating Area 6	No Preference	48	512.75
	Rating Area 6	No Preference	49	535.02
	Rating Area 6	No Preference	50	560.11
	Rating Area 6	No Preference	51	584.88
	Rating Area 6	No Preference	52	612.17
	Rating Area 6	No Preference	53	639.76
	Rating Area 6	No Preference	54	669.56
	Rating Area 6	No Preference	55	699.35
	Rating Area 6	No Preference	56	731.65
	Rating Area 6	No Preference	57	764.27
	Rating Area 6	No Preference	58	799.08
	Rating Area 6	No Preference	59	816.33
	Rating Area 6	No Preference	60	851.14
	Rating Area 6	No Preference	61	881.24
	Rating Area 6	No Preference	62	901.00

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 6	No Preference	63	925.78
53789PA0090011	Rating Area 6	No Preference	64	940.82
53789PA0090011	Rating Area 6	No Preference	65 and over	940.82
53789PA0090011	Rating Area 7	No Preference	0-20	201.13
53789PA0090011	Rating Area 7	No Preference	21	316.75
53789PA0090011	Rating Area 7	No Preference	22	316.75
53789PA0090011	Rating Area 7	No Preference	23	316.75
53789PA0090011	Rating Area 7	No Preference	24	316.75
53789PA0090011	Rating Area 7	No Preference	25	318.01
53789PA0090011	Rating Area 7	No Preference	26	324.35
53789PA0090011	Rating Area 7	No Preference	27	331.95
53789PA0090011	Rating Area 7	No Preference	28	344.30
53789PA0090011	Rating Area 7	No Preference	29	354.44
53789PA0090011	Rating Area 7	No Preference	30	359.51
53789PA0090011	Rating Area 7	No Preference	31	367.11
53789PA0090011	Rating Area 7	No Preference	32	374.71
53789PA0090011	Rating Area 7	No Preference	33	379.46
53789PA0090011	Rating Area 7	No Preference	34	384.53
53789PA0090011	Rating Area 7	No Preference	35	387.06
53789PA0090011	Rating Area 7	No Preference	36	389.60
53789PA0090011	Rating Area 7	No Preference	37	392.13
53789PA0090011	Rating Area 7	No Preference	38	394.67
53789PA0090011	Rating Area 7	No Preference	39	399.73
53789PA0090011	Rating Area 7	No Preference	40	404.80
53789PA0090011	Rating Area 7	No Preference	41	412.40
53789PA0090011	Rating Area 7	No Preference	42	419.69
53789PA0090011	Rating Area 7	No Preference	43	429.82
53789PA0090011	Rating Area 7	No Preference	44	442.49
53789PA0090011	Rating Area 7	No Preference	45	457.38
53789PA0090011	Rating Area 7	No Preference	46	475.12
53789PA0090011	Rating Area 7	No Preference	47	495.07
53789PA0090011	Rating Area 7	No Preference	48	517.88
53789PA0090011	Rating Area 7	No Preference	49	540.37
53789PA0090011	Rating Area 7	No Preference	50	565.71
53789PA0090011	Rating Area 7	No Preference	51	590.73
53789PA0090011	Rating Area 7	No Preference	52	618.29
53789PA0090011	Rating Area 7	No Preference	53	646.16
53789PA0090011	Rating Area 7	No Preference	54	676.25
53789PA0090011	Rating Area 7	No Preference	55	706.34
53789PA0090011	Rating Area 7	No Preference	56	738.97
53789PA0090011	Rating Area 7	No Preference	57	771.91
53789PA0090011	Rating Area 7	No Preference	58	807.07

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 7	No Preference	59	824.49
	Rating Area 7	No Preference	60	859.65
	Rating Area 7	No Preference	61	890.06
	Rating Area 7	No Preference	62	910.01
	Rating Area 7	No Preference	63	935.03
	Rating Area 7	No Preference	64	950.24
	Rating Area 7	No Preference	65 and over	950.24
53789PA0090011	Rating Area 9	No Preference	0-20	197.15
53789PA0090011	Rating Area 9	No Preference	21	310.47
	Rating Area 9	No Preference	22	310.47
	Rating Area 9	No Preference	23	310.47
	Rating Area 9	No Preference	24	310.47
	Rating Area 9	No Preference	25	311.72
	Rating Area 9	No Preference	26	317.93
	Rating Area 9	No Preference	27	325.38
	Rating Area 9	No Preference	28	337.49
	Rating Area 9	No Preference	29	347.42
	Rating Area 9	No Preference	30	352.39
	Rating Area 9	No Preference	31	359.84
	Rating Area 9	No Preference	32	367.29
	Rating Area 9	No Preference	33	371.95
	Rating Area 9	No Preference	34	376.92
	Rating Area 9	No Preference	35	379.40
	Rating Area 9	No Preference	36	381.88
	Rating Area 9	No Preference	37	384.37
	Rating Area 9	No Preference	38	386.85
	Rating Area 9	No Preference	39	391.82
	Rating Area 9	No Preference	40	396.79
	Rating Area 9	No Preference	41	404.24
	Rating Area 9	No Preference	42	411.38
	Rating Area 9	No Preference	43	421.31
	Rating Area 9	No Preference	44	433.73
	Rating Area 9	No Preference	45	448.32
	Rating Area 9	No Preference	46	465.71
	Rating Area 9	No Preference	47	485.27
	Rating Area 9	No Preference	48	507.62
	Rating Area 9	No Preference	49	529.67
	Rating Area 9	No Preference	50	554.51
	Rating Area 9	No Preference	51	579.03
	Rating Area 9	No Preference	52	606.05
	Rating Area 9	No Preference	53	633.37
	Rating Area 9	No Preference	54	662.86

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090011	Rating Area 9	No Preference	55	692.36
	Rating Area 9	No Preference	56	724.34
	Rating Area 9	No Preference	57	756.62
	Rating Area 9	No Preference	58	791.09
	Rating Area 9	No Preference	59	808.16
	Rating Area 9	No Preference	60	842.63
	Rating Area 9	No Preference	61	872.43
	Rating Area 9	No Preference	62	891.99
	Rating Area 9	No Preference	63	916.52
	Rating Area 9	No Preference	64	931.41
	Rating Area 9	No Preference	65 and over	931.41
53789PA0090012	Rating Area 6	No Preference	0-20	203.14
53789PA0090012	Rating Area 6	No Preference	21	319.91
	Rating Area 6	No Preference	22	319.91
	Rating Area 6	No Preference	23	319.91
	Rating Area 6	No Preference	24	319.91
	Rating Area 6	No Preference	25	321.19
	Rating Area 6	No Preference	26	327.59
	Rating Area 6	No Preference	27	335.27
	Rating Area 6	No Preference	28	347.74
	Rating Area 6	No Preference	29	357.98
	Rating Area 6	No Preference	30	363.10
	Rating Area 6	No Preference	31	370.78
	Rating Area 6	No Preference	32	378.45
	Rating Area 6	No Preference	33	383.25
	Rating Area 6	No Preference	34	388.37
	Rating Area 6	No Preference	35	390.93
	Rating Area 6	No Preference	36	393.49
	Rating Area 6	No Preference	37	396.05
	Rating Area 6	No Preference	38	398.61
	Rating Area 6	No Preference	39	403.73
	Rating Area 6	No Preference	40	408.84
	Rating Area 6	No Preference	41	416.52
	Rating Area 6	No Preference	42	423.88
	Rating Area 6	No Preference	43	434.12
	Rating Area 6	No Preference	44	446.91
	Rating Area 6	No Preference	45	461.95
	Rating Area 6	No Preference	46	479.86
	Rating Area 6	No Preference	47	500.02
	Rating Area 6	No Preference	48	523.05
	Rating Area 6	No Preference	49	545.77
	Rating Area 6	No Preference	50	571.36

HIOS Issuer ID*	53789			
	Federal TIN* 23-2399845			
	Rate Effective Date* 10/1/2017			
	Rate Expiration Date* 12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 6	No Preference	51	596.63
	Rating Area 6	No Preference	52	624.46
	Rating Area 6	No Preference	53	652.62
	Rating Area 6	No Preference	54	683.01
	Rating Area 6	No Preference	55	713.40
	Rating Area 6	No Preference	56	746.35
	Rating Area 6	No Preference	57	779.62
	Rating Area 6	No Preference	58	815.13
	Rating Area 6	No Preference	59	832.73
	Rating Area 6	No Preference	60	868.24
	Rating Area 6	No Preference	61	898.95
	Rating Area 6	No Preference	62	919.10
	Rating Area 6	No Preference	63	944.37
	Rating Area 6	No Preference	64	959.72
	Rating Area 6	No Preference	65 and over	959.72
53789PA0090012	Rating Area 7	No Preference	0-20	205.17
53789PA0090012	Rating Area 7	No Preference	21	323.11
	Rating Area 7	No Preference	22	323.11
	Rating Area 7	No Preference	23	323.11
	Rating Area 7	No Preference	24	323.11
	Rating Area 7	No Preference	25	324.40
	Rating Area 7	No Preference	26	330.86
	Rating Area 7	No Preference	27	338.62
	Rating Area 7	No Preference	28	351.22
	Rating Area 7	No Preference	29	361.56
	Rating Area 7	No Preference	30	366.73
	Rating Area 7	No Preference	31	374.48
	Rating Area 7	No Preference	32	382.24
	Rating Area 7	No Preference	33	387.08
	Rating Area 7	No Preference	34	392.25
	Rating Area 7	No Preference	35	394.84
	Rating Area 7	No Preference	36	397.42
	Rating Area 7	No Preference	37	400.01
	Rating Area 7	No Preference	38	402.59
	Rating Area 7	No Preference	39	407.76
	Rating Area 7	No Preference	40	412.93
	Rating Area 7	No Preference	41	420.69
	Rating Area 7	No Preference	42	428.12
	Rating Area 7	No Preference	43	438.46
	Rating Area 7	No Preference	44	451.38
	Rating Area 7	No Preference	45	466.57
	Rating Area 7	No Preference	46	484.66

HIOS Issuer ID*	53789			
	Federal TIN*	23-2399845		
	Rate Effective Date*	10/1/2017		
	Rate Expiration Date*	12/31/2017		
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090012	Rating Area 7	No Preference	47	505.02
	Rating Area 7	No Preference	48	528.28
	Rating Area 7	No Preference	49	551.22
	Rating Area 7	No Preference	50	577.07
	Rating Area 7	No Preference	51	602.60
	Rating Area 7	No Preference	52	630.71
	Rating Area 7	No Preference	53	659.14
	Rating Area 7	No Preference	54	689.84
	Rating Area 7	No Preference	55	720.53
	Rating Area 7	No Preference	56	753.81
	Rating Area 7	No Preference	57	787.42
	Rating Area 7	No Preference	58	823.28
	Rating Area 7	No Preference	59	841.05
	Rating Area 7	No Preference	60	876.92
	Rating Area 7	No Preference	61	907.94
	Rating Area 7	No Preference	62	928.29
	Rating Area 7	No Preference	63	953.82
	Rating Area 7	No Preference	64	969.32
	Rating Area 7	No Preference	65 and over	969.32
53789PA0090012	Rating Area 9	No Preference	0-20	201.11
53789PA0090012	Rating Area 9	No Preference	21	316.71
	Rating Area 9	No Preference	22	316.71
	Rating Area 9	No Preference	23	316.71
	Rating Area 9	No Preference	24	316.71
	Rating Area 9	No Preference	25	317.98
	Rating Area 9	No Preference	26	324.31
	Rating Area 9	No Preference	27	331.91
	Rating Area 9	No Preference	28	344.26
	Rating Area 9	No Preference	29	354.40
	Rating Area 9	No Preference	30	359.47
	Rating Area 9	No Preference	31	367.07
	Rating Area 9	No Preference	32	374.67
	Rating Area 9	No Preference	33	379.42
	Rating Area 9	No Preference	34	384.49
	Rating Area 9	No Preference	35	387.02
	Rating Area 9	No Preference	36	389.55
	Rating Area 9	No Preference	37	392.09
	Rating Area 9	No Preference	38	394.62
	Rating Area 9	No Preference	39	399.69
	Rating Area 9	No Preference	40	404.76
	Rating Area 9	No Preference	41	412.36
53789PA0090012	Rating Area 9	No Preference	42	419.64

HIOS Issuer ID*		53789			
Federal TIN*		23-2399845			
Rate Effective Date*		10/1/2017			
Rate Expiration Date*		12/31/2017			
Plan ID*		Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
	53789PA0090012	Rating Area 9	No Preference	43	429.78
	53789PA0090012	Rating Area 9	No Preference	44	442.45
	53789PA0090012	Rating Area 9	No Preference	45	457.33
	53789PA0090012	Rating Area 9	No Preference	46	475.07
	53789PA0090012	Rating Area 9	No Preference	47	495.02
	53789PA0090012	Rating Area 9	No Preference	48	517.82
	53789PA0090012	Rating Area 9	No Preference	49	540.31
	53789PA0090012	Rating Area 9	No Preference	50	565.65
	53789PA0090012	Rating Area 9	No Preference	51	590.67
	53789PA0090012	Rating Area 9	No Preference	52	618.22
	53789PA0090012	Rating Area 9	No Preference	53	646.09
	53789PA0090012	Rating Area 9	No Preference	54	676.18
	53789PA0090012	Rating Area 9	No Preference	55	706.27
	53789PA0090012	Rating Area 9	No Preference	56	738.89
	53789PA0090012	Rating Area 9	No Preference	57	771.82
	53789PA0090012	Rating Area 9	No Preference	58	806.98
	53789PA0090012	Rating Area 9	No Preference	59	824.40
	53789PA0090012	Rating Area 9	No Preference	60	859.55
	53789PA0090012	Rating Area 9	No Preference	61	889.96
	53789PA0090012	Rating Area 9	No Preference	62	909.91
	53789PA0090012	Rating Area 9	No Preference	63	934.93
	53789PA0090012	Rating Area 9	No Preference	64	950.12
	53789PA0090012	Rating Area 9	No Preference	65 and over	950.12

2017 Rates Table Template v6.0	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 a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age 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* Federal TIN* Rate Effective Date* Rate Expiration Date*	53789				
	23-2399845				
	1/1/2017				
	12/31/2017				
<div><div>Plan ID*</div><div>Required: Enter the 14-character Plan ID</div></div> <div><div>Rating Area ID*</div><div>Required: Select the Rating Area ID</div></div> <div><div>Tobacco*</div><div>Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</div></div> <div><div>Age*</div><div>Required: Select the age of a subscriber eligible for the rate</div></div> <div><div>Individual Rate*</div><div>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</div></div> <div><div>Individual Tobacco Rate*</div><div>Required: Enter the rate of an Individual tobacco enrollee on a plan</div></div>					
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	195.75	195.75
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	21	308.27	315.98
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	22	308.27	315.98
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	23	308.27	315.98
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	24	308.27	315.98
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	25	309.50	317.24
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	26	315.67	323.56
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	27	323.07	331.14
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	28	335.09	343.47
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	29	344.95	353.58
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	30	349.89	358.63
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	31	357.28	366.22
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	32	364.68	373.80
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	33	369.31	378.54
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	34	374.24	383.60
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	35	376.71	386.12
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	36	379.17	388.65
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	37	381.64	391.18

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	38	384.10	393.71
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	39	389.04	398.76
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	40	393.97	423.52
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	41	401.37	431.47
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	42	408.46	439.09
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	43	418.32	449.70
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	44	430.65	462.95
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	45	445.14	489.66
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	46	462.40	508.65
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	47	481.83	530.01
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	48	504.02	554.42
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	49	525.91	578.50
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	50	550.57	633.16
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	51	574.92	661.16
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	52	601.74	692.00
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	53	628.87	723.20
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	54	658.16	756.88
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	55	687.44	824.93
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	56	719.19	863.03
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	57	751.25	901.50
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	58	785.47	942.57

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
<div><div>Plan ID*</div><div>Rating Area ID*</div><div>Tobacco*</div><div>Age*</div><div>Individual Rate*</div><div>Individual Tobacco Rate*</div></div>					
<div><div>Required: Enter the 14-character Plan ID</div><div>Required: Select the Rating Area ID</div><div>Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</div><div>Required: Select the age of a subscriber eligible for the rate</div><div>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</div><div>Required: Enter the rate of an Individual tobacco enrollee on a plan</div></div>					
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	59	802.43	962.91
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	60	836.64	1045.81
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	61	866.24	1082.80
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	62	885.66	1107.07
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	63	910.01	1137.52
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	64	924.80	1156.01
53789PA0030002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	924.80	1156.01
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	198.79	198.79
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	21	313.05	320.88
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	22	313.05	320.88
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	23	313.05	320.88
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	24	313.05	320.88
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	25	314.30	322.16
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	26	320.56	328.58
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	27	328.08	336.28
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	28	340.28	348.79
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	29	350.30	359.06
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	30	355.31	364.19
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	31	362.82	371.89
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	32	370.34	379.60
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	33	375.03	384.41

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	34	380.04	389.54
	Rating Area 7	Tobacco User/Non-Tobacco User	35	382.55	392.11
	Rating Area 7	Tobacco User/Non-Tobacco User	36	385.05	394.68
	Rating Area 7	Tobacco User/Non-Tobacco User	37	387.56	397.24
	Rating Area 7	Tobacco User/Non-Tobacco User	38	390.06	399.81
	Rating Area 7	Tobacco User/Non-Tobacco User	39	395.07	404.95
	Rating Area 7	Tobacco User/Non-Tobacco User	40	400.08	430.08
	Rating Area 7	Tobacco User/Non-Tobacco User	41	407.59	438.16
	Rating Area 7	Tobacco User/Non-Tobacco User	42	414.79	445.90
	Rating Area 7	Tobacco User/Non-Tobacco User	43	424.81	456.67
	Rating Area 7	Tobacco User/Non-Tobacco User	44	437.33	470.13
	Rating Area 7	Tobacco User/Non-Tobacco User	45	452.04	497.25
	Rating Area 7	Tobacco User/Non-Tobacco User	46	469.57	516.53
	Rating Area 7	Tobacco User/Non-Tobacco User	47	489.30	538.23
	Rating Area 7	Tobacco User/Non-Tobacco User	48	511.84	563.02
	Rating Area 7	Tobacco User/Non-Tobacco User	49	534.06	587.47
	Rating Area 7	Tobacco User/Non-Tobacco User	50	559.11	642.97
	Rating Area 7	Tobacco User/Non-Tobacco User	51	583.84	671.41
	Rating Area 7	Tobacco User/Non-Tobacco User	52	611.07	702.73
	Rating Area 7	Tobacco User/Non-Tobacco User	53	638.62	734.41
	Rating Area 7	Tobacco User/Non-Tobacco User	54	668.36	768.61

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Required: Require: Required: Required: Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a planEnter the rate of an Individual tobacco enrollee on a plan					
53789PA0030003	Rating Area 7	Tobacco User/Non-Tobacco User	55	698.10	837.72
	Rating Area 7	Tobacco User/Non-Tobacco User	56	730.34	876.41
	Rating Area 7	Tobacco User/Non-Tobacco User	57	762.90	915.48
	Rating Area 7	Tobacco User/Non-Tobacco User	58	797.65	957.18
	Rating Area 7	Tobacco User/Non-Tobacco User	59	814.87	977.84
	Rating Area 7	Tobacco User/Non-Tobacco User	60	849.62	1062.02
	Rating Area 7	Tobacco User/Non-Tobacco User	61	879.67	1099.59
	Rating Area 7	Tobacco User/Non-Tobacco User	62	899.39	1124.24
	Rating Area 7	Tobacco User/Non-Tobacco User	63	924.12	1155.15
	Rating Area 7	Tobacco User/Non-Tobacco User	64	939.14	1173.94
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	939.14	1173.94
53789PA0030004	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	217.24	217.24
53789PA0030004	Rating Area 9	Tobacco User/Non-Tobacco User	21	342.11	350.67
	Rating Area 9	Tobacco User/Non-Tobacco User	22	342.11	350.67
	Rating Area 9	Tobacco User/Non-Tobacco User	23	342.11	350.67
	Rating Area 9	Tobacco User/Non-Tobacco User	24	342.11	350.67
	Rating Area 9	Tobacco User/Non-Tobacco User	25	343.48	352.07
	Rating Area 9	Tobacco User/Non-Tobacco User	26	350.33	359.08
	Rating Area 9	Tobacco User/Non-Tobacco User	27	358.54	367.50
	Rating Area 9	Tobacco User/Non-Tobacco User	28	371.88	381.18
	Rating Area 9	Tobacco User/Non-Tobacco User	29	382.83	392.40

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0030004	Rating Area 9	Tobacco User/Non-Tobacco User	30	388.30	398.01
	Rating Area 9	Tobacco User/Non-Tobacco User	31	396.51	406.42
	Rating Area 9	Tobacco User/Non-Tobacco User	32	404.72	414.84
	Rating Area 9	Tobacco User/Non-Tobacco User	33	409.85	420.10
	Rating Area 9	Tobacco User/Non-Tobacco User	34	415.33	425.71
	Rating Area 9	Tobacco User/Non-Tobacco User	35	418.06	428.52
	Rating Area 9	Tobacco User/Non-Tobacco User	36	420.80	431.32
	Rating Area 9	Tobacco User/Non-Tobacco User	37	423.54	434.13
	Rating Area 9	Tobacco User/Non-Tobacco User	38	426.27	436.93
	Rating Area 9	Tobacco User/Non-Tobacco User	39	431.75	442.54
	Rating Area 9	Tobacco User/Non-Tobacco User	40	437.22	470.01
	Rating Area 9	Tobacco User/Non-Tobacco User	41	445.43	478.84
	Rating Area 9	Tobacco User/Non-Tobacco User	42	453.30	487.30
	Rating Area 9	Tobacco User/Non-Tobacco User	43	464.25	499.07
	Rating Area 9	Tobacco User/Non-Tobacco User	44	477.93	513.78
	Rating Area 9	Tobacco User/Non-Tobacco User	45	494.01	543.41
	Rating Area 9	Tobacco User/Non-Tobacco User	46	513.17	564.49
	Rating Area 9	Tobacco User/Non-Tobacco User	47	534.72	588.20
	Rating Area 9	Tobacco User/Non-Tobacco User	48	559.36	615.29
	Rating Area 9	Tobacco User/Non-Tobacco User	49	583.65	642.01
	Rating Area 9	Tobacco User/Non-Tobacco User	50	611.02	702.67

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0030004	Rating Area 9	Tobacco User/Non-Tobacco User	51	638.04	733.75
	Rating Area 9	Tobacco User/Non-Tobacco User	52	667.81	767.98
	Rating Area 9	Tobacco User/Non-Tobacco User	53	697.91	802.60
	Rating Area 9	Tobacco User/Non-Tobacco User	54	730.41	839.98
	Rating Area 9	Tobacco User/Non-Tobacco User	55	762.91	915.50
	Rating Area 9	Tobacco User/Non-Tobacco User	56	798.15	957.78
	Rating Area 9	Tobacco User/Non-Tobacco User	57	833.73	1000.48
	Rating Area 9	Tobacco User/Non-Tobacco User	58	871.71	1046.05
	Rating Area 9	Tobacco User/Non-Tobacco User	59	890.52	1068.63
	Rating Area 9	Tobacco User/Non-Tobacco User	60	928.50	1160.62
	Rating Area 9	Tobacco User/Non-Tobacco User	61	961.34	1201.68
	Rating Area 9	Tobacco User/Non-Tobacco User	62	982.89	1228.62
	Rating Area 9	Tobacco User/Non-Tobacco User	63	1009.92	1262.40
	Rating Area 9	Tobacco User/Non-Tobacco User	64	1026.33	1282.93
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	1026.33	1282.93
53789PA0040001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	160.34	160.34
53789PA0040001	Rating Area 6	Tobacco User/Non-Tobacco User	21	252.50	258.81
	Rating Area 6	Tobacco User/Non-Tobacco User	22	252.50	258.81
	Rating Area 6	Tobacco User/Non-Tobacco User	23	252.50	258.81
	Rating Area 6	Tobacco User/Non-Tobacco User	24	252.50	258.81
	Rating Area 6	Tobacco User/Non-Tobacco User	25	253.51	259.85

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0040001	Rating Area 6	Tobacco User/Non-Tobacco User	26	258.56	265.02
	Rating Area 6	Tobacco User/Non-Tobacco User	27	264.62	271.24
	Rating Area 6	Tobacco User/Non-Tobacco User	28	274.47	281.33
	Rating Area 6	Tobacco User/Non-Tobacco User	29	282.55	289.61
	Rating Area 6	Tobacco User/Non-Tobacco User	30	286.59	293.75
	Rating Area 6	Tobacco User/Non-Tobacco User	31	292.65	299.96
	Rating Area 6	Tobacco User/Non-Tobacco User	32	298.71	306.18
	Rating Area 6	Tobacco User/Non-Tobacco User	33	302.50	310.06
	Rating Area 6	Tobacco User/Non-Tobacco User	34	306.53	314.20
	Rating Area 6	Tobacco User/Non-Tobacco User	35	308.56	316.27
	Rating Area 6	Tobacco User/Non-Tobacco User	36	310.58	318.34
	Rating Area 6	Tobacco User/Non-Tobacco User	37	312.59	320.41
	Rating Area 6	Tobacco User/Non-Tobacco User	38	314.62	322.48
	Rating Area 6	Tobacco User/Non-Tobacco User	39	318.66	326.62
	Rating Area 6	Tobacco User/Non-Tobacco User	40	322.70	346.90
	Rating Area 6	Tobacco User/Non-Tobacco User	41	328.76	353.41
	Rating Area 6	Tobacco User/Non-Tobacco User	42	334.56	359.65
	Rating Area 6	Tobacco User/Non-Tobacco User	43	342.64	368.34
	Rating Area 6	Tobacco User/Non-Tobacco User	44	352.74	379.20
	Rating Area 6	Tobacco User/Non-Tobacco User	45	364.61	401.07
	Rating Area 6	Tobacco User/Non-Tobacco User	46	378.75	416.63

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0040001	Rating Area 6	Tobacco User/Non-Tobacco User	47	394.66	434.12
	Rating Area 6	Tobacco User/Non-Tobacco User	48	412.84	454.12
	Rating Area 6	Tobacco User/Non-Tobacco User	49	430.76	473.84
	Rating Area 6	Tobacco User/Non-Tobacco User	50	450.96	518.61
	Rating Area 6	Tobacco User/Non-Tobacco User	51	470.91	541.55
	Rating Area 6	Tobacco User/Non-Tobacco User	52	492.88	566.81
	Rating Area 6	Tobacco User/Non-Tobacco User	53	515.10	592.36
	Rating Area 6	Tobacco User/Non-Tobacco User	54	539.09	619.95
	Rating Area 6	Tobacco User/Non-Tobacco User	55	563.08	675.69
	Rating Area 6	Tobacco User/Non-Tobacco User	56	589.08	706.90
	Rating Area 6	Tobacco User/Non-Tobacco User	57	615.34	738.41
	Rating Area 6	Tobacco User/Non-Tobacco User	58	643.37	772.04
	Rating Area 6	Tobacco User/Non-Tobacco User	59	657.26	788.71
	Rating Area 6	Tobacco User/Non-Tobacco User	60	685.28	856.61
	Rating Area 6	Tobacco User/Non-Tobacco User	61	709.52	886.91
	Rating Area 6	Tobacco User/Non-Tobacco User	62	725.43	906.79
	Rating Area 6	Tobacco User/Non-Tobacco User	63	745.38	931.72
	Rating Area 6	Tobacco User/Non-Tobacco User	64	757.49	946.88
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	757.49	946.88
53789PA0040002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	162.79	162.79
53789PA0040002	Rating Area 7	Tobacco User/Non-Tobacco User	21	256.37	262.78

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0040002	Rating Area 7	Tobacco User/Non-Tobacco User	22	256.37	262.78
	Rating Area 7	Tobacco User/Non-Tobacco User	23	256.37	262.78
	Rating Area 7	Tobacco User/Non-Tobacco User	24	256.37	262.78
	Rating Area 7	Tobacco User/Non-Tobacco User	25	257.39	263.83
	Rating Area 7	Tobacco User/Non-Tobacco User	26	262.52	269.08
	Rating Area 7	Tobacco User/Non-Tobacco User	27	268.67	275.39
	Rating Area 7	Tobacco User/Non-Tobacco User	28	278.67	285.64
	Rating Area 7	Tobacco User/Non-Tobacco User	29	286.88	294.05
	Rating Area 7	Tobacco User/Non-Tobacco User	30	290.98	298.25
	Rating Area 7	Tobacco User/Non-Tobacco User	31	297.13	304.56
	Rating Area 7	Tobacco User/Non-Tobacco User	32	303.28	310.87
	Rating Area 7	Tobacco User/Non-Tobacco User	33	307.13	314.81
	Rating Area 7	Tobacco User/Non-Tobacco User	34	311.23	319.01
	Rating Area 7	Tobacco User/Non-Tobacco User	35	313.28	321.11
	Rating Area 7	Tobacco User/Non-Tobacco User	36	315.33	323.22
	Rating Area 7	Tobacco User/Non-Tobacco User	37	317.38	325.32
	Rating Area 7	Tobacco User/Non-Tobacco User	38	319.43	327.42
	Rating Area 7	Tobacco User/Non-Tobacco User	39	323.54	331.63
	Rating Area 7	Tobacco User/Non-Tobacco User	40	327.64	352.21
	Rating Area 7	Tobacco User/Non-Tobacco User	41	333.79	358.83
	Rating Area 7	Tobacco User/Non-Tobacco User	42	339.69	365.16

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	43	347.89	373.98
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	44	358.15	385.01
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	45	370.20	407.22
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	46	384.55	423.01
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	47	400.70	440.77
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	48	419.16	461.08
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	49	437.36	481.10
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	50	457.87	526.55
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	51	478.13	549.85
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	52	500.43	575.50
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	53	522.99	601.44
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	54	547.35	629.45
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	55	571.70	686.04
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	56	598.11	717.73
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	57	624.77	749.72
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	58	653.23	783.87
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	59	667.33	800.79
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	60	695.78	869.73
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	61	720.39	900.49
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	62	736.55	920.68
53789PA0040002 Rating Area 7		Tobacco User/Non-Tobacco User	63	756.80	946.00

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0040002	Rating Area 7	Tobacco User/Non-Tobacco User	64	769.10	961.38
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	769.10	961.38
53789PA0040003	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	177.21	177.21
53789PA0040003	Rating Area 9	Tobacco User/Non-Tobacco User	21	279.07	286.05
	Rating Area 9	Tobacco User/Non-Tobacco User	22	279.07	286.05
	Rating Area 9	Tobacco User/Non-Tobacco User	23	279.07	286.05
	Rating Area 9	Tobacco User/Non-Tobacco User	24	279.07	286.05
	Rating Area 9	Tobacco User/Non-Tobacco User	25	280.19	287.19
	Rating Area 9	Tobacco User/Non-Tobacco User	26	285.77	292.91
	Rating Area 9	Tobacco User/Non-Tobacco User	27	292.47	299.78
	Rating Area 9	Tobacco User/Non-Tobacco User	28	303.35	310.93
	Rating Area 9	Tobacco User/Non-Tobacco User	29	312.28	320.09
	Rating Area 9	Tobacco User/Non-Tobacco User	30	316.75	324.66
	Rating Area 9	Tobacco User/Non-Tobacco User	31	323.44	331.53
	Rating Area 9	Tobacco User/Non-Tobacco User	32	330.14	338.39
	Rating Area 9	Tobacco User/Non-Tobacco User	33	334.33	342.69
	Rating Area 9	Tobacco User/Non-Tobacco User	34	338.79	347.26
	Rating Area 9	Tobacco User/Non-Tobacco User	35	341.02	349.55
	Rating Area 9	Tobacco User/Non-Tobacco User	36	343.26	351.84
	Rating Area 9	Tobacco User/Non-Tobacco User	37	345.49	354.13
	Rating Area 9	Tobacco User/Non-Tobacco User	38	347.72	356.42

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0040003	Rating Area 9	Tobacco User/Non-Tobacco User	39	352.19	360.99
	Rating Area 9	Tobacco User/Non-Tobacco User	40	356.65	383.40
	Rating Area 9	Tobacco User/Non-Tobacco User	41	363.35	390.60
	Rating Area 9	Tobacco User/Non-Tobacco User	42	369.77	397.50
	Rating Area 9	Tobacco User/Non-Tobacco User	43	378.70	407.10
	Rating Area 9	Tobacco User/Non-Tobacco User	44	389.86	419.10
	Rating Area 9	Tobacco User/Non-Tobacco User	45	402.98	443.28
	Rating Area 9	Tobacco User/Non-Tobacco User	46	418.61	460.47
	Rating Area 9	Tobacco User/Non-Tobacco User	47	436.19	479.81
	Rating Area 9	Tobacco User/Non-Tobacco User	48	456.28	501.91
	Rating Area 9	Tobacco User/Non-Tobacco User	49	476.10	523.70
	Rating Area 9	Tobacco User/Non-Tobacco User	50	498.42	573.18
	Rating Area 9	Tobacco User/Non-Tobacco User	51	520.47	598.54
	Rating Area 9	Tobacco User/Non-Tobacco User	52	544.75	626.46
	Rating Area 9	Tobacco User/Non-Tobacco User	53	569.31	654.70
	Rating Area 9	Tobacco User/Non-Tobacco User	54	595.82	685.19
	Rating Area 9	Tobacco User/Non-Tobacco User	55	622.33	746.79
	Rating Area 9	Tobacco User/Non-Tobacco User	56	651.07	781.29
	Rating Area 9	Tobacco User/Non-Tobacco User	57	680.10	816.12
	Rating Area 9	Tobacco User/Non-Tobacco User	58	711.07	853.29
	Rating Area 9	Tobacco User/Non-Tobacco User	59	726.42	871.71

HIOS Issuer ID*	53789				
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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0040003	Rating Area 9	Tobacco User/Non-Tobacco User	60	757.40	946.75
	Rating Area 9	Tobacco User/Non-Tobacco User	61	784.19	980.24
	Rating Area 9	Tobacco User/Non-Tobacco User	62	801.77	1002.21
	Rating Area 9	Tobacco User/Non-Tobacco User	63	823.82	1029.77
	Rating Area 9	Tobacco User/Non-Tobacco User	64	837.20	1046.52
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	837.20	1046.52
53789PA0050002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	257.75	257.75
53789PA0050002	Rating Area 6	Tobacco User/Non-Tobacco User	21	405.91	416.06
	Rating Area 6	Tobacco User/Non-Tobacco User	22	405.91	416.06
	Rating Area 6	Tobacco User/Non-Tobacco User	23	405.91	416.06
	Rating Area 6	Tobacco User/Non-Tobacco User	24	405.91	416.06
	Rating Area 6	Tobacco User/Non-Tobacco User	25	407.53	417.72
	Rating Area 6	Tobacco User/Non-Tobacco User	26	415.65	426.04
	Rating Area 6	Tobacco User/Non-Tobacco User	27	425.39	436.03
	Rating Area 6	Tobacco User/Non-Tobacco User	28	441.22	452.25
	Rating Area 6	Tobacco User/Non-Tobacco User	29	454.21	465.57
	Rating Area 6	Tobacco User/Non-Tobacco User	30	460.71	472.23
	Rating Area 6	Tobacco User/Non-Tobacco User	31	470.45	482.21
	Rating Area 6	Tobacco User/Non-Tobacco User	32	480.19	492.20
	Rating Area 6	Tobacco User/Non-Tobacco User	33	486.28	498.44
	Rating Area 6	Tobacco User/Non-Tobacco User	34	492.77	505.09

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	35	496.02	508.42
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	36	499.27	511.75
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	37	502.52	515.08
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	38	505.76	518.41
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	39	512.26	525.06
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	40	518.75	557.66
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	41	528.49	568.13
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	42	537.83	578.17
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	43	550.82	592.13
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	44	567.06	609.59
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	45	586.13	644.75
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	46	608.86	669.75
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	47	634.44	697.88
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	48	663.66	730.03
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	49	692.48	761.73
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	50	724.96	833.70
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	51	757.02	870.58
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	52	792.34	911.19
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	53	828.06	952.26
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	54	866.62	996.61
53789PA0050002 Rating Area 6		Tobacco User/Non-Tobacco User	55	905.18	1086.22

HIOS Issuer ID*	53789				
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Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0050002	Rating Area 6	Tobacco User/Non-Tobacco User	56	946.99	1136.39
	Rating Area 6	Tobacco User/Non-Tobacco User	57	989.20	1187.04
	Rating Area 6	Tobacco User/Non-Tobacco User	58	1034.26	1241.11
	Rating Area 6	Tobacco User/Non-Tobacco User	59	1056.58	1267.90
	Rating Area 6	Tobacco User/Non-Tobacco User	60	1101.64	1377.05
	Rating Area 6	Tobacco User/Non-Tobacco User	61	1140.61	1425.76
	Rating Area 6	Tobacco User/Non-Tobacco User	62	1166.18	1457.72
	Rating Area 6	Tobacco User/Non-Tobacco User	63	1198.25	1497.81
	Rating Area 6	Tobacco User/Non-Tobacco User	64	1217.72	1522.16
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1217.72	1522.16
53789PA0050002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	260.33	260.33
53789PA0050002	Rating Area 7	Tobacco User/Non-Tobacco User	21	409.97	420.22
	Rating Area 7	Tobacco User/Non-Tobacco User	22	409.97	420.22
	Rating Area 7	Tobacco User/Non-Tobacco User	23	409.97	420.22
	Rating Area 7	Tobacco User/Non-Tobacco User	24	409.97	420.22
	Rating Area 7	Tobacco User/Non-Tobacco User	25	411.61	421.90
	Rating Area 7	Tobacco User/Non-Tobacco User	26	419.81	430.30
	Rating Area 7	Tobacco User/Non-Tobacco User	27	429.65	440.39
	Rating Area 7	Tobacco User/Non-Tobacco User	28	445.64	456.78
	Rating Area 7	Tobacco User/Non-Tobacco User	29	458.76	470.22
	Rating Area 7	Tobacco User/Non-Tobacco User	30	465.31	476.95

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	31	475.15	487.03
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	32	484.99	497.12
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	33	491.14	503.42
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	34	497.70	510.15
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	35	500.98	513.51
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	36	504.26	516.87
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	37	507.54	520.23
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	38	510.82	523.59
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	39	517.38	530.32
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	40	523.94	563.24
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	41	533.78	573.81
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	42	543.21	583.95
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	43	556.33	598.05
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	44	572.73	615.68
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	45	592.00	651.19
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	46	614.95	676.45
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	47	640.78	704.86
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	48	670.30	737.33
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	49	699.41	769.35
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	50	732.20	842.04
53789PA0050002 Rating Area 7		Tobacco User/Non-Tobacco User	51	764.59	879.28

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0050002	Rating Area 7	Tobacco User/Non-Tobacco User	52	800.26	920.30
	Rating Area 7	Tobacco User/Non-Tobacco User	53	836.34	961.79
	Rating Area 7	Tobacco User/Non-Tobacco User	54	875.28	1006.58
	Rating Area 7	Tobacco User/Non-Tobacco User	55	914.23	1097.08
	Rating Area 7	Tobacco User/Non-Tobacco User	56	956.46	1147.75
	Rating Area 7	Tobacco User/Non-Tobacco User	57	999.09	1198.91
	Rating Area 7	Tobacco User/Non-Tobacco User	58	1044.60	1253.52
	Rating Area 7	Tobacco User/Non-Tobacco User	59	1067.15	1280.58
	Rating Area 7	Tobacco User/Non-Tobacco User	60	1112.66	1390.82
	Rating Area 7	Tobacco User/Non-Tobacco User	61	1152.01	1440.02
	Rating Area 7	Tobacco User/Non-Tobacco User	62	1177.84	1472.30
	Rating Area 7	Tobacco User/Non-Tobacco User	63	1210.23	1512.79
	Rating Area 7	Tobacco User/Non-Tobacco User	64	1229.90	1537.38
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	1229.90	1537.38
53789PA0050002	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	255.18	255.18
53789PA0050002	Rating Area 9	Tobacco User/Non-Tobacco User	21	401.85	411.90
	Rating Area 9	Tobacco User/Non-Tobacco User	22	401.85	411.90
	Rating Area 9	Tobacco User/Non-Tobacco User	23	401.85	411.90
	Rating Area 9	Tobacco User/Non-Tobacco User	24	401.85	411.90
	Rating Area 9	Tobacco User/Non-Tobacco User	25	403.46	413.54
	Rating Area 9	Tobacco User/Non-Tobacco User	26	411.50	421.78

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0050002	Rating Area 9	Tobacco User/Non-Tobacco User	27	421.14	431.67
	Rating Area 9	Tobacco User/Non-Tobacco User	28	436.81	447.73
	Rating Area 9	Tobacco User/Non-Tobacco User	29	449.67	460.91
	Rating Area 9	Tobacco User/Non-Tobacco User	30	456.10	467.50
	Rating Area 9	Tobacco User/Non-Tobacco User	31	465.75	477.39
	Rating Area 9	Tobacco User/Non-Tobacco User	32	475.39	487.27
	Rating Area 9	Tobacco User/Non-Tobacco User	33	481.42	493.45
	Rating Area 9	Tobacco User/Non-Tobacco User	34	487.85	500.04
	Rating Area 9	Tobacco User/Non-Tobacco User	35	491.06	503.34
	Rating Area 9	Tobacco User/Non-Tobacco User	36	494.28	506.63
	Rating Area 9	Tobacco User/Non-Tobacco User	37	497.49	509.93
	Rating Area 9	Tobacco User/Non-Tobacco User	38	500.71	513.22
	Rating Area 9	Tobacco User/Non-Tobacco User	39	507.14	519.81
	Rating Area 9	Tobacco User/Non-Tobacco User	40	513.57	552.08
	Rating Area 9	Tobacco User/Non-Tobacco User	41	523.21	562.45
	Rating Area 9	Tobacco User/Non-Tobacco User	42	532.45	572.39
	Rating Area 9	Tobacco User/Non-Tobacco User	43	545.31	586.21
	Rating Area 9	Tobacco User/Non-Tobacco User	44	561.39	603.49
	Rating Area 9	Tobacco User/Non-Tobacco User	45	580.27	638.30
	Rating Area 9	Tobacco User/Non-Tobacco User	46	602.78	663.05
	Rating Area 9	Tobacco User/Non-Tobacco User	47	628.09	690.90

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0050002	Rating Area 9	Tobacco User/Non-Tobacco User	48	657.03	722.73
	Rating Area 9	Tobacco User/Non-Tobacco User	49	685.56	754.11
	Rating Area 9	Tobacco User/Non-Tobacco User	50	717.71	825.36
	Rating Area 9	Tobacco User/Non-Tobacco User	51	749.45	861.87
	Rating Area 9	Tobacco User/Non-Tobacco User	52	784.41	902.07
	Rating Area 9	Tobacco User/Non-Tobacco User	53	819.78	942.74
	Rating Area 9	Tobacco User/Non-Tobacco User	54	857.95	986.64
	Rating Area 9	Tobacco User/Non-Tobacco User	55	896.13	1075.35
	Rating Area 9	Tobacco User/Non-Tobacco User	56	937.52	1125.02
	Rating Area 9	Tobacco User/Non-Tobacco User	57	979.31	1175.17
	Rating Area 9	Tobacco User/Non-Tobacco User	58	1023.92	1228.70
	Rating Area 9	Tobacco User/Non-Tobacco User	59	1046.02	1255.22
	Rating Area 9	Tobacco User/Non-Tobacco User	60	1090.62	1363.28
	Rating Area 9	Tobacco User/Non-Tobacco User	61	1129.20	1411.50
	Rating Area 9	Tobacco User/Non-Tobacco User	62	1154.52	1443.15
	Rating Area 9	Tobacco User/Non-Tobacco User	63	1186.26	1482.83
	Rating Area 9	Tobacco User/Non-Tobacco User	64	1205.54	1506.94
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	1205.54	1506.94
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	209.19	209.19
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	21	329.43	337.67
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	22	329.43	337.67

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	23	329.43	337.67
	Rating Area 6	Tobacco User/Non-Tobacco User	24	329.43	337.67
	Rating Area 6	Tobacco User/Non-Tobacco User	25	330.75	339.02
	Rating Area 6	Tobacco User/Non-Tobacco User	26	337.34	345.77
	Rating Area 6	Tobacco User/Non-Tobacco User	27	345.24	353.87
	Rating Area 6	Tobacco User/Non-Tobacco User	28	358.09	367.04
	Rating Area 6	Tobacco User/Non-Tobacco User	29	368.63	377.85
	Rating Area 6	Tobacco User/Non-Tobacco User	30	373.90	383.25
	Rating Area 6	Tobacco User/Non-Tobacco User	31	381.81	391.35
	Rating Area 6	Tobacco User/Non-Tobacco User	32	389.72	399.46
	Rating Area 6	Tobacco User/Non-Tobacco User	33	394.66	404.52
	Rating Area 6	Tobacco User/Non-Tobacco User	34	399.93	409.93
	Rating Area 6	Tobacco User/Non-Tobacco User	35	402.56	412.63
	Rating Area 6	Tobacco User/Non-Tobacco User	36	405.20	415.33
	Rating Area 6	Tobacco User/Non-Tobacco User	37	407.83	418.03
	Rating Area 6	Tobacco User/Non-Tobacco User	38	410.47	420.73
	Rating Area 6	Tobacco User/Non-Tobacco User	39	415.74	426.13
	Rating Area 6	Tobacco User/Non-Tobacco User	40	421.01	452.59
	Rating Area 6	Tobacco User/Non-Tobacco User	41	428.92	461.09
	Rating Area 6	Tobacco User/Non-Tobacco User	42	436.49	469.23
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	43	447.04	480.56

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	44	460.21	494.73
	Rating Area 6	Tobacco User/Non-Tobacco User	45	475.70	523.27
	Rating Area 6	Tobacco User/Non-Tobacco User	46	494.14	543.56
	Rating Area 6	Tobacco User/Non-Tobacco User	47	514.90	566.39
	Rating Area 6	Tobacco User/Non-Tobacco User	48	538.62	592.48
	Rating Area 6	Tobacco User/Non-Tobacco User	49	562.01	618.21
	Rating Area 6	Tobacco User/Non-Tobacco User	50	588.36	676.62
	Rating Area 6	Tobacco User/Non-Tobacco User	51	614.39	706.54
	Rating Area 6	Tobacco User/Non-Tobacco User	52	643.05	739.50
	Rating Area 6	Tobacco User/Non-Tobacco User	53	672.04	772.84
	Rating Area 6	Tobacco User/Non-Tobacco User	54	703.33	808.83
	Rating Area 6	Tobacco User/Non-Tobacco User	55	734.63	881.55
	Rating Area 6	Tobacco User/Non-Tobacco User	56	768.56	922.27
	Rating Area 6	Tobacco User/Non-Tobacco User	57	802.82	963.39
	Rating Area 6	Tobacco User/Non-Tobacco User	58	839.39	1007.27
	Rating Area 6	Tobacco User/Non-Tobacco User	59	857.51	1029.01
	Rating Area 6	Tobacco User/Non-Tobacco User	60	894.07	1117.59
	Rating Area 6	Tobacco User/Non-Tobacco User	61	925.70	1157.12
	Rating Area 6	Tobacco User/Non-Tobacco User	62	946.45	1183.07
	Rating Area 6	Tobacco User/Non-Tobacco User	63	972.48	1215.60
	Rating Area 6	Tobacco User/Non-Tobacco User	64	988.28	1235.36

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
<div><div>Plan ID*</div><div>Required: Enter the 14-character Plan ID</div></div> <div><div>Rating Area ID*</div><div>Required: Select the Rating Area ID</div></div> <div><div>Tobacco*</div><div>Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</div></div> <div><div>Age*</div><div>Required: Select the age of a subscriber eligible for the rate</div></div> <div><div>Individual Rate*</div><div>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</div></div> <div><div>Individual Tobacco Rate*</div><div>Required: Enter the rate of an Individual tobacco enrollee on a plan</div></div>					
53789PA0060001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	988.28	1235.36
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	211.28	211.28
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	21	332.72	341.04
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	22	332.72	341.04
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	23	332.72	341.04
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	24	332.72	341.04
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	25	334.06	342.41
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	26	340.71	349.23
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	27	348.70	357.41
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	28	361.67	370.71
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	29	372.32	381.63
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	30	377.64	387.08
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	31	385.63	395.27
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	32	393.61	403.45
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	33	398.60	408.57
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	34	403.93	414.03
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	35	406.59	416.75
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	36	409.25	419.48
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	37	411.91	422.21
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	38	414.57	424.94
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	39	419.90	430.40

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	40	425.22	457.11
	Rating Area 7	Tobacco User/Non-Tobacco User	41	433.21	465.70
	Rating Area 7	Tobacco User/Non-Tobacco User	42	440.86	473.92
	Rating Area 7	Tobacco User/Non-Tobacco User	43	451.51	485.37
	Rating Area 7	Tobacco User/Non-Tobacco User	44	464.82	499.68
	Rating Area 7	Tobacco User/Non-Tobacco User	45	480.45	528.50
	Rating Area 7	Tobacco User/Non-Tobacco User	46	499.09	549.00
	Rating Area 7	Tobacco User/Non-Tobacco User	47	520.05	572.05
	Rating Area 7	Tobacco User/Non-Tobacco User	48	544.00	598.40
	Rating Area 7	Tobacco User/Non-Tobacco User	49	567.63	624.39
	Rating Area 7	Tobacco User/Non-Tobacco User	50	594.25	683.38
	Rating Area 7	Tobacco User/Non-Tobacco User	51	620.53	713.61
	Rating Area 7	Tobacco User/Non-Tobacco User	52	649.48	746.90
	Rating Area 7	Tobacco User/Non-Tobacco User	53	678.76	780.57
	Rating Area 7	Tobacco User/Non-Tobacco User	54	710.37	816.92
	Rating Area 7	Tobacco User/Non-Tobacco User	55	741.98	890.37
	Rating Area 7	Tobacco User/Non-Tobacco User	56	776.25	931.49
	Rating Area 7	Tobacco User/Non-Tobacco User	57	810.85	973.02
	Rating Area 7	Tobacco User/Non-Tobacco User	58	847.78	1017.34
	Rating Area 7	Tobacco User/Non-Tobacco User	59	866.08	1039.30
	Rating Area 7	Tobacco User/Non-Tobacco User	60	903.01	1128.77

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0060001	Rating Area 7	Tobacco User/Non-Tobacco User	61	934.96	1168.69
	Rating Area 7	Tobacco User/Non-Tobacco User	62	955.92	1194.90
	Rating Area 7	Tobacco User/Non-Tobacco User	63	982.20	1227.75
	Rating Area 7	Tobacco User/Non-Tobacco User	64	998.16	1247.72
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	998.16	1247.72
53789PA0060001	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	207.10	207.10
53789PA0060001	Rating Area 9	Tobacco User/Non-Tobacco User	21	326.14	334.29
	Rating Area 9	Tobacco User/Non-Tobacco User	22	326.14	334.29
	Rating Area 9	Tobacco User/Non-Tobacco User	23	326.14	334.29
	Rating Area 9	Tobacco User/Non-Tobacco User	24	326.14	334.29
	Rating Area 9	Tobacco User/Non-Tobacco User	25	327.44	335.63
	Rating Area 9	Tobacco User/Non-Tobacco User	26	333.96	342.31
	Rating Area 9	Tobacco User/Non-Tobacco User	27	341.79	350.33
	Rating Area 9	Tobacco User/Non-Tobacco User	28	354.51	363.37
	Rating Area 9	Tobacco User/Non-Tobacco User	29	364.95	374.07
	Rating Area 9	Tobacco User/Non-Tobacco User	30	370.16	379.42
	Rating Area 9	Tobacco User/Non-Tobacco User	31	377.99	387.44
	Rating Area 9	Tobacco User/Non-Tobacco User	32	385.82	395.46
	Rating Area 9	Tobacco User/Non-Tobacco User	33	390.71	400.48
	Rating Area 9	Tobacco User/Non-Tobacco User	34	395.93	405.83
	Rating Area 9	Tobacco User/Non-Tobacco User	35	398.54	408.50

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0060001	Rating Area 9	Tobacco User/Non-Tobacco User	36	401.15	411.18
	Rating Area 9	Tobacco User/Non-Tobacco User	37	403.76	413.85
	Rating Area 9	Tobacco User/Non-Tobacco User	38	406.37	416.52
	Rating Area 9	Tobacco User/Non-Tobacco User	39	411.58	421.87
	Rating Area 9	Tobacco User/Non-Tobacco User	40	416.80	448.06
	Rating Area 9	Tobacco User/Non-Tobacco User	41	424.63	456.48
	Rating Area 9	Tobacco User/Non-Tobacco User	42	432.13	464.54
	Rating Area 9	Tobacco User/Non-Tobacco User	43	442.57	475.76
	Rating Area 9	Tobacco User/Non-Tobacco User	44	455.61	489.78
	Rating Area 9	Tobacco User/Non-Tobacco User	45	470.94	518.03
	Rating Area 9	Tobacco User/Non-Tobacco User	46	489.20	538.12
	Rating Area 9	Tobacco User/Non-Tobacco User	47	509.75	560.73
	Rating Area 9	Tobacco User/Non-Tobacco User	48	533.23	586.56
	Rating Area 9	Tobacco User/Non-Tobacco User	49	556.39	612.03
	Rating Area 9	Tobacco User/Non-Tobacco User	50	582.48	669.85
	Rating Area 9	Tobacco User/Non-Tobacco User	51	608.24	699.48
	Rating Area 9	Tobacco User/Non-Tobacco User	52	636.62	732.11
	Rating Area 9	Tobacco User/Non-Tobacco User	53	665.32	765.11
	Rating Area 9	Tobacco User/Non-Tobacco User	54	696.30	800.74
	Rating Area 9	Tobacco User/Non-Tobacco User	55	727.28	872.74
	Rating Area 9	Tobacco User/Non-Tobacco User	56	760.87	913.05

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Required: Require: Required: Required: Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a planEnter the rate of an Individual tobacco enrollee on a plan					
53789PA0060001	Rating Area 9	Tobacco User/Non-Tobacco User	57	794.79	953.75
	Rating Area 9	Tobacco User/Non-Tobacco User	58	830.99	997.19
	Rating Area 9	Tobacco User/Non-Tobacco User	59	848.93	1018.72
	Rating Area 9	Tobacco User/Non-Tobacco User	60	885.13	1106.42
	Rating Area 9	Tobacco User/Non-Tobacco User	61	916.44	1145.55
	Rating Area 9	Tobacco User/Non-Tobacco User	62	936.99	1171.23
	Rating Area 9	Tobacco User/Non-Tobacco User	63	962.75	1203.44
	Rating Area 9	Tobacco User/Non-Tobacco User	64	978.41	1223.01
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	978.41	1223.01
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	103.32	103.32
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	21	162.71	166.78
	Rating Area 6	Tobacco User/Non-Tobacco User	22	162.71	166.78
	Rating Area 6	Tobacco User/Non-Tobacco User	23	162.71	166.78
	Rating Area 6	Tobacco User/Non-Tobacco User	24	162.71	166.78
	Rating Area 6	Tobacco User/Non-Tobacco User	25	163.36	167.44
	Rating Area 6	Tobacco User/Non-Tobacco User	26	166.62	170.78
	Rating Area 6	Tobacco User/Non-Tobacco User	27	170.52	174.78
	Rating Area 6	Tobacco User/Non-Tobacco User	28	176.87	181.29
	Rating Area 6	Tobacco User/Non-Tobacco User	29	182.07	186.62
	Rating Area 6	Tobacco User/Non-Tobacco User	30	184.68	189.29
	Rating Area 6	Tobacco User/Non-Tobacco User	31	188.58	193.30

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	32	192.49	197.30
	Rating Area 6	Tobacco User/Non-Tobacco User	33	194.93	199.80
	Rating Area 6	Tobacco User/Non-Tobacco User	34	197.53	202.47
	Rating Area 6	Tobacco User/Non-Tobacco User	35	198.83	203.80
	Rating Area 6	Tobacco User/Non-Tobacco User	36	200.13	205.14
	Rating Area 6	Tobacco User/Non-Tobacco User	37	201.43	206.47
	Rating Area 6	Tobacco User/Non-Tobacco User	38	202.74	207.81
	Rating Area 6	Tobacco User/Non-Tobacco User	39	205.34	210.47
	Rating Area 6	Tobacco User/Non-Tobacco User	40	207.94	223.54
	Rating Area 6	Tobacco User/Non-Tobacco User	41	211.85	227.74
	Rating Area 6	Tobacco User/Non-Tobacco User	42	215.59	231.76
	Rating Area 6	Tobacco User/Non-Tobacco User	43	220.80	237.36
	Rating Area 6	Tobacco User/Non-Tobacco User	44	227.31	244.35
	Rating Area 6	Tobacco User/Non-Tobacco User	45	234.95	258.45
	Rating Area 6	Tobacco User/Non-Tobacco User	46	244.06	268.47
	Rating Area 6	Tobacco User/Non-Tobacco User	47	254.32	279.75
	Rating Area 6	Tobacco User/Non-Tobacco User	48	266.03	292.63
	Rating Area 6	Tobacco User/Non-Tobacco User	49	277.58	305.34
	Rating Area 6	Tobacco User/Non-Tobacco User	50	290.60	334.19
	Rating Area 6	Tobacco User/Non-Tobacco User	51	303.45	348.97
	Rating Area 6	Tobacco User/Non-Tobacco User	52	317.61	365.25

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	53	331.93	381.72
	Rating Area 6	Tobacco User/Non-Tobacco User	54	347.39	399.49
	Rating Area 6	Tobacco User/Non-Tobacco User	55	362.84	435.41
	Rating Area 6	Tobacco User/Non-Tobacco User	56	379.60	455.52
	Rating Area 6	Tobacco User/Non-Tobacco User	57	396.52	475.83
	Rating Area 6	Tobacco User/Non-Tobacco User	58	414.59	497.50
	Rating Area 6	Tobacco User/Non-Tobacco User	59	423.53	508.24
	Rating Area 6	Tobacco User/Non-Tobacco User	60	441.59	551.99
	Rating Area 6	Tobacco User/Non-Tobacco User	61	457.22	571.52
	Rating Area 6	Tobacco User/Non-Tobacco User	62	467.47	584.33
	Rating Area 6	Tobacco User/Non-Tobacco User	63	480.32	600.40
	Rating Area 6	Tobacco User/Non-Tobacco User	64	488.12	610.16
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	488.12	610.16
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	104.35	104.35
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	21	164.34	168.45
	Rating Area 7	Tobacco User/Non-Tobacco User	22	164.34	168.45
	Rating Area 7	Tobacco User/Non-Tobacco User	23	164.34	168.45
	Rating Area 7	Tobacco User/Non-Tobacco User	24	164.34	168.45
	Rating Area 7	Tobacco User/Non-Tobacco User	25	164.99	169.12
	Rating Area 7	Tobacco User/Non-Tobacco User	26	168.28	172.49
	Rating Area 7	Tobacco User/Non-Tobacco User	27	172.23	176.53

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	28	178.63	183.10
	Rating Area 7	Tobacco User/Non-Tobacco User	29	183.89	188.49
	Rating Area 7	Tobacco User/Non-Tobacco User	30	186.52	191.19
	Rating Area 7	Tobacco User/Non-Tobacco User	31	190.47	195.23
	Rating Area 7	Tobacco User/Non-Tobacco User	32	194.41	199.27
	Rating Area 7	Tobacco User/Non-Tobacco User	33	196.88	201.80
	Rating Area 7	Tobacco User/Non-Tobacco User	34	199.51	204.49
	Rating Area 7	Tobacco User/Non-Tobacco User	35	200.82	205.84
	Rating Area 7	Tobacco User/Non-Tobacco User	36	202.13	207.19
	Rating Area 7	Tobacco User/Non-Tobacco User	37	203.45	208.54
	Rating Area 7	Tobacco User/Non-Tobacco User	38	204.76	209.88
	Rating Area 7	Tobacco User/Non-Tobacco User	39	207.39	212.58
	Rating Area 7	Tobacco User/Non-Tobacco User	40	210.02	225.77
	Rating Area 7	Tobacco User/Non-Tobacco User	41	213.97	230.01
	Rating Area 7	Tobacco User/Non-Tobacco User	42	217.75	234.08
	Rating Area 7	Tobacco User/Non-Tobacco User	43	223.01	239.73
	Rating Area 7	Tobacco User/Non-Tobacco User	44	229.58	246.80
	Rating Area 7	Tobacco User/Non-Tobacco User	45	237.30	261.03
	Rating Area 7	Tobacco User/Non-Tobacco User	46	246.51	271.16
	Rating Area 7	Tobacco User/Non-Tobacco User	47	256.86	282.54
	Rating Area 7	Tobacco User/Non-Tobacco User	48	268.69	295.56

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	49	280.36	308.40
	Rating Area 7	Tobacco User/Non-Tobacco User	50	293.51	337.53
	Rating Area 7	Tobacco User/Non-Tobacco User	51	306.49	352.46
	Rating Area 7	Tobacco User/Non-Tobacco User	52	320.79	368.90
	Rating Area 7	Tobacco User/Non-Tobacco User	53	335.25	385.53
	Rating Area 7	Tobacco User/Non-Tobacco User	54	350.86	403.49
	Rating Area 7	Tobacco User/Non-Tobacco User	55	366.47	439.77
	Rating Area 7	Tobacco User/Non-Tobacco User	56	383.40	460.08
	Rating Area 7	Tobacco User/Non-Tobacco User	57	400.49	480.59
	Rating Area 7	Tobacco User/Non-Tobacco User	58	418.73	502.48
	Rating Area 7	Tobacco User/Non-Tobacco User	59	427.77	513.32
	Rating Area 7	Tobacco User/Non-Tobacco User	60	446.01	557.51
	Rating Area 7	Tobacco User/Non-Tobacco User	61	461.79	577.23
	Rating Area 7	Tobacco User/Non-Tobacco User	62	472.14	590.18
	Rating Area 7	Tobacco User/Non-Tobacco User	63	485.12	606.40
	Rating Area 7	Tobacco User/Non-Tobacco User	64	493.01	616.26
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	493.01	616.26
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	102.29	102.29
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	21	161.08	165.11
	Rating Area 9	Tobacco User/Non-Tobacco User	22	161.08	165.11
	Rating Area 9	Tobacco User/Non-Tobacco User	23	161.08	165.11

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	24	161.08	165.11
	Rating Area 9	Tobacco User/Non-Tobacco User	25	161.73	165.77
	Rating Area 9	Tobacco User/Non-Tobacco User	26	164.95	169.07
	Rating Area 9	Tobacco User/Non-Tobacco User	27	168.81	173.04
	Rating Area 9	Tobacco User/Non-Tobacco User	28	175.10	179.47
	Rating Area 9	Tobacco User/Non-Tobacco User	29	180.25	184.76
	Rating Area 9	Tobacco User/Non-Tobacco User	30	182.83	187.40
	Rating Area 9	Tobacco User/Non-Tobacco User	31	186.70	191.36
	Rating Area 9	Tobacco User/Non-Tobacco User	32	190.56	195.33
	Rating Area 9	Tobacco User/Non-Tobacco User	33	192.98	197.80
	Rating Area 9	Tobacco User/Non-Tobacco User	34	195.55	200.44
	Rating Area 9	Tobacco User/Non-Tobacco User	35	196.84	201.76
	Rating Area 9	Tobacco User/Non-Tobacco User	36	198.13	203.09
	Rating Area 9	Tobacco User/Non-Tobacco User	37	199.42	204.41
	Rating Area 9	Tobacco User/Non-Tobacco User	38	200.71	205.73
	Rating Area 9	Tobacco User/Non-Tobacco User	39	203.29	208.37
	Rating Area 9	Tobacco User/Non-Tobacco User	40	205.86	221.30
	Rating Area 9	Tobacco User/Non-Tobacco User	41	209.73	225.46
	Rating Area 9	Tobacco User/Non-Tobacco User	42	213.43	229.44
	Rating Area 9	Tobacco User/Non-Tobacco User	43	218.59	234.98
	Rating Area 9	Tobacco User/Non-Tobacco User	44	225.03	241.91

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	45	232.60	255.86
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	46	241.62	265.79
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	47	251.77	276.95
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	48	263.37	289.71
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	49	274.81	302.29
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	50	287.69	330.85
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	51	300.42	345.48
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	52	314.43	361.60
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	53	328.61	377.90
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	54	343.91	395.50
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	55	359.21	431.06
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	56	375.81	450.97
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	57	392.56	471.07
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	58	410.44	492.53
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	59	419.30	503.16
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	60	437.18	546.47
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	61	452.64	565.80
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	62	462.79	578.49
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	63	475.52	594.40
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	64	483.24	604.06
53789PA0100004 Rating Area 9		Tobacco User/Non-Tobacco User	65 and over	483.24	604.06

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	203.83	203.83
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	21	320.99	329.01
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	22	320.99	329.01
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	23	320.99	329.01
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	24	320.99	329.01
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	25	322.27	330.33
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	26	328.69	336.91
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	27	336.40	344.81
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	28	348.92	357.64
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	29	359.19	368.17
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	30	364.32	373.43
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	31	372.03	381.33
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	32	379.73	389.22
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	33	384.55	394.16
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	34	389.68	399.42
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	35	392.25	402.06
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	36	394.82	404.69
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	37	397.39	407.32
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	38	399.95	409.95
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	39	405.09	415.22
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	40	410.23	440.99

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	41	417.93	449.27
	Rating Area 6	Tobacco User/Non-Tobacco User	42	425.31	457.21
	Rating Area 6	Tobacco User/Non-Tobacco User	43	435.58	468.25
	Rating Area 6	Tobacco User/Non-Tobacco User	44	448.42	482.05
	Rating Area 6	Tobacco User/Non-Tobacco User	45	463.51	509.86
	Rating Area 6	Tobacco User/Non-Tobacco User	46	481.48	529.63
	Rating Area 6	Tobacco User/Non-Tobacco User	47	501.71	551.88
	Rating Area 6	Tobacco User/Non-Tobacco User	48	524.82	577.30
	Rating Area 6	Tobacco User/Non-Tobacco User	49	547.61	602.37
	Rating Area 6	Tobacco User/Non-Tobacco User	50	573.29	659.28
	Rating Area 6	Tobacco User/Non-Tobacco User	51	598.65	688.44
	Rating Area 6	Tobacco User/Non-Tobacco User	52	626.57	720.56
	Rating Area 6	Tobacco User/Non-Tobacco User	53	654.82	753.04
	Rating Area 6	Tobacco User/Non-Tobacco User	54	685.31	788.11
	Rating Area 6	Tobacco User/Non-Tobacco User	55	715.81	858.97
	Rating Area 6	Tobacco User/Non-Tobacco User	56	748.87	898.64
	Rating Area 6	Tobacco User/Non-Tobacco User	57	782.25	938.70
	Rating Area 6	Tobacco User/Non-Tobacco User	58	817.88	981.46
	Rating Area 6	Tobacco User/Non-Tobacco User	59	835.54	1002.64
	Rating Area 6	Tobacco User/Non-Tobacco User	60	871.17	1088.96
	Rating Area 6	Tobacco User/Non-Tobacco User	61	901.98	1127.48

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100006	Rating Area 6	Tobacco User/Non-Tobacco User	62	922.20	1152.76
	Rating Area 6	Tobacco User/Non-Tobacco User	63	947.56	1184.45
	Rating Area 6	Tobacco User/Non-Tobacco User	64	962.96	1203.71
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	962.96	1203.71
53789PA0100006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	205.87	205.87
53789PA0100006	Rating Area 7	Tobacco User/Non-Tobacco User	21	324.20	332.30
	Rating Area 7	Tobacco User/Non-Tobacco User	22	324.20	332.30
	Rating Area 7	Tobacco User/Non-Tobacco User	23	324.20	332.30
	Rating Area 7	Tobacco User/Non-Tobacco User	24	324.20	332.30
	Rating Area 7	Tobacco User/Non-Tobacco User	25	325.50	333.63
	Rating Area 7	Tobacco User/Non-Tobacco User	26	331.98	340.28
	Rating Area 7	Tobacco User/Non-Tobacco User	27	339.76	348.26
	Rating Area 7	Tobacco User/Non-Tobacco User	28	352.41	361.22
	Rating Area 7	Tobacco User/Non-Tobacco User	29	362.78	371.85
	Rating Area 7	Tobacco User/Non-Tobacco User	30	367.97	377.17
	Rating Area 7	Tobacco User/Non-Tobacco User	31	375.75	385.14
	Rating Area 7	Tobacco User/Non-Tobacco User	32	383.53	393.12
	Rating Area 7	Tobacco User/Non-Tobacco User	33	388.39	398.10
	Rating Area 7	Tobacco User/Non-Tobacco User	34	393.58	403.42
	Rating Area 7	Tobacco User/Non-Tobacco User	35	396.17	406.08
	Rating Area 7	Tobacco User/Non-Tobacco User	36	398.77	408.74

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100006	Rating Area 7	Tobacco User/Non-Tobacco User	37	401.36	411.39
	Rating Area 7	Tobacco User/Non-Tobacco User	38	403.95	414.05
	Rating Area 7	Tobacco User/Non-Tobacco User	39	409.14	419.37
	Rating Area 7	Tobacco User/Non-Tobacco User	40	414.33	445.40
	Rating Area 7	Tobacco User/Non-Tobacco User	41	422.11	453.77
	Rating Area 7	Tobacco User/Non-Tobacco User	42	429.56	461.78
	Rating Area 7	Tobacco User/Non-Tobacco User	43	439.94	472.93
	Rating Area 7	Tobacco User/Non-Tobacco User	44	452.91	486.88
	Rating Area 7	Tobacco User/Non-Tobacco User	45	468.14	514.96
	Rating Area 7	Tobacco User/Non-Tobacco User	46	486.30	534.93
	Rating Area 7	Tobacco User/Non-Tobacco User	47	506.72	557.40
	Rating Area 7	Tobacco User/Non-Tobacco User	48	530.07	583.07
	Rating Area 7	Tobacco User/Non-Tobacco User	49	553.09	608.39
	Rating Area 7	Tobacco User/Non-Tobacco User	50	579.02	665.87
	Rating Area 7	Tobacco User/Non-Tobacco User	51	604.63	695.33
	Rating Area 7	Tobacco User/Non-Tobacco User	52	632.84	727.76
	Rating Area 7	Tobacco User/Non-Tobacco User	53	661.37	760.57
	Rating Area 7	Tobacco User/Non-Tobacco User	54	692.17	795.99
	Rating Area 7	Tobacco User/Non-Tobacco User	55	722.97	867.56
	Rating Area 7	Tobacco User/Non-Tobacco User	56	756.36	907.63
	Rating Area 7	Tobacco User/Non-Tobacco User	57	790.08	948.09

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100006	Rating Area 7	Tobacco User/Non-Tobacco User	58	826.06	991.27
	Rating Area 7	Tobacco User/Non-Tobacco User	59	843.89	1012.67
	Rating Area 7	Tobacco User/Non-Tobacco User	60	879.88	1099.85
	Rating Area 7	Tobacco User/Non-Tobacco User	61	911.00	1138.75
	Rating Area 7	Tobacco User/Non-Tobacco User	62	931.43	1164.28
	Rating Area 7	Tobacco User/Non-Tobacco User	63	957.04	1196.30
	Rating Area 7	Tobacco User/Non-Tobacco User	64	972.59	1215.75
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	972.59	1215.75
53789PA0100006	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	201.79	201.79
53789PA0100006	Rating Area 9	Tobacco User/Non-Tobacco User	21	317.78	325.72
	Rating Area 9	Tobacco User/Non-Tobacco User	22	317.78	325.72
	Rating Area 9	Tobacco User/Non-Tobacco User	23	317.78	325.72
	Rating Area 9	Tobacco User/Non-Tobacco User	24	317.78	325.72
	Rating Area 9	Tobacco User/Non-Tobacco User	25	319.05	327.03
	Rating Area 9	Tobacco User/Non-Tobacco User	26	325.41	333.54
	Rating Area 9	Tobacco User/Non-Tobacco User	27	333.03	341.36
	Rating Area 9	Tobacco User/Non-Tobacco User	28	345.43	354.06
	Rating Area 9	Tobacco User/Non-Tobacco User	29	355.60	364.49
	Rating Area 9	Tobacco User/Non-Tobacco User	30	360.68	369.70
	Rating Area 9	Tobacco User/Non-Tobacco User	31	368.31	377.51
	Rating Area 9	Tobacco User/Non-Tobacco User	32	375.93	385.33

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100006	Rating Area 9	Tobacco User/Non-Tobacco User	33	380.70	390.22
	Rating Area 9	Tobacco User/Non-Tobacco User	34	385.79	395.43
	Rating Area 9	Tobacco User/Non-Tobacco User	35	388.33	398.04
	Rating Area 9	Tobacco User/Non-Tobacco User	36	390.87	400.64
	Rating Area 9	Tobacco User/Non-Tobacco User	37	393.41	403.25
	Rating Area 9	Tobacco User/Non-Tobacco User	38	395.95	405.85
	Rating Area 9	Tobacco User/Non-Tobacco User	39	401.04	411.06
	Rating Area 9	Tobacco User/Non-Tobacco User	40	406.12	436.58
	Rating Area 9	Tobacco User/Non-Tobacco User	41	413.75	444.78
	Rating Area 9	Tobacco User/Non-Tobacco User	42	421.06	452.64
	Rating Area 9	Tobacco User/Non-Tobacco User	43	431.23	463.57
	Rating Area 9	Tobacco User/Non-Tobacco User	44	443.94	477.23
	Rating Area 9	Tobacco User/Non-Tobacco User	45	458.87	504.76
	Rating Area 9	Tobacco User/Non-Tobacco User	46	476.67	524.34
	Rating Area 9	Tobacco User/Non-Tobacco User	47	496.69	546.36
	Rating Area 9	Tobacco User/Non-Tobacco User	48	519.57	571.53
	Rating Area 9	Tobacco User/Non-Tobacco User	49	542.13	596.35
	Rating Area 9	Tobacco User/Non-Tobacco User	50	567.56	652.69
	Rating Area 9	Tobacco User/Non-Tobacco User	51	592.66	681.56
	Rating Area 9	Tobacco User/Non-Tobacco User	52	620.31	713.35
	Rating Area 9	Tobacco User/Non-Tobacco User	53	648.27	745.51

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100006	Rating Area 9	Tobacco User/Non-Tobacco User	54	678.46	780.23
	Rating Area 9	Tobacco User/Non-Tobacco User	55	708.65	850.38
	Rating Area 9	Tobacco User/Non-Tobacco User	56	741.38	889.66
	Rating Area 9	Tobacco User/Non-Tobacco User	57	774.43	929.32
	Rating Area 9	Tobacco User/Non-Tobacco User	58	809.70	971.64
	Rating Area 9	Tobacco User/Non-Tobacco User	59	827.18	992.62
	Rating Area 9	Tobacco User/Non-Tobacco User	60	862.46	1078.07
	Rating Area 9	Tobacco User/Non-Tobacco User	61	892.96	1116.20
	Rating Area 9	Tobacco User/Non-Tobacco User	62	912.98	1141.23
	Rating Area 9	Tobacco User/Non-Tobacco User	63	938.09	1172.61
	Rating Area 9	Tobacco User/Non-Tobacco User	64	953.33	1191.68
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	953.33	1191.68
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	165.91	165.91
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	21	261.27	267.80
	Rating Area 6	Tobacco User/Non-Tobacco User	22	261.27	267.80
	Rating Area 6	Tobacco User/Non-Tobacco User	23	261.27	267.80
	Rating Area 6	Tobacco User/Non-Tobacco User	24	261.27	267.80
	Rating Area 6	Tobacco User/Non-Tobacco User	25	262.32	268.87
	Rating Area 6	Tobacco User/Non-Tobacco User	26	267.54	274.23
	Rating Area 6	Tobacco User/Non-Tobacco User	27	273.81	280.66
	Rating Area 6	Tobacco User/Non-Tobacco User	28	284.00	291.10

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	29	292.36	299.67
	Rating Area 6	Tobacco User/Non-Tobacco User	30	296.54	303.95
	Rating Area 6	Tobacco User/Non-Tobacco User	31	302.81	310.38
	Rating Area 6	Tobacco User/Non-Tobacco User	32	309.08	316.81
	Rating Area 6	Tobacco User/Non-Tobacco User	33	313.00	320.83
	Rating Area 6	Tobacco User/Non-Tobacco User	34	317.18	325.11
	Rating Area 6	Tobacco User/Non-Tobacco User	35	319.27	327.25
	Rating Area 6	Tobacco User/Non-Tobacco User	36	321.36	329.40
	Rating Area 6	Tobacco User/Non-Tobacco User	37	323.45	331.54
	Rating Area 6	Tobacco User/Non-Tobacco User	38	325.54	333.68
	Rating Area 6	Tobacco User/Non-Tobacco User	39	329.72	337.97
	Rating Area 6	Tobacco User/Non-Tobacco User	40	333.90	358.95
	Rating Area 6	Tobacco User/Non-Tobacco User	41	340.17	365.69
	Rating Area 6	Tobacco User/Non-Tobacco User	42	346.18	372.15
	Rating Area 6	Tobacco User/Non-Tobacco User	43	354.54	381.13
	Rating Area 6	Tobacco User/Non-Tobacco User	44	364.99	392.37
	Rating Area 6	Tobacco User/Non-Tobacco User	45	377.27	415.00
	Rating Area 6	Tobacco User/Non-Tobacco User	46	391.90	431.10
	Rating Area 6	Tobacco User/Non-Tobacco User	47	408.37	449.20
	Rating Area 6	Tobacco User/Non-Tobacco User	48	427.18	469.89
	Rating Area 6	Tobacco User/Non-Tobacco User	49	445.73	490.30

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	50	466.63	536.62
	Rating Area 6	Tobacco User/Non-Tobacco User	51	487.27	560.36
	Rating Area 6	Tobacco User/Non-Tobacco User	52	510.00	586.50
	Rating Area 6	Tobacco User/Non-Tobacco User	53	532.99	612.94
	Rating Area 6	Tobacco User/Non-Tobacco User	54	557.81	641.48
	Rating Area 6	Tobacco User/Non-Tobacco User	55	582.63	699.16
	Rating Area 6	Tobacco User/Non-Tobacco User	56	609.54	731.45
	Rating Area 6	Tobacco User/Non-Tobacco User	57	636.71	764.06
	Rating Area 6	Tobacco User/Non-Tobacco User	58	665.72	798.86
	Rating Area 6	Tobacco User/Non-Tobacco User	59	680.09	816.10
	Rating Area 6	Tobacco User/Non-Tobacco User	60	709.09	886.36
	Rating Area 6	Tobacco User/Non-Tobacco User	61	734.17	917.71
	Rating Area 6	Tobacco User/Non-Tobacco User	62	750.63	938.29
	Rating Area 6	Tobacco User/Non-Tobacco User	63	771.27	964.09
	Rating Area 6	Tobacco User/Non-Tobacco User	64	783.80	979.76
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	783.80	979.76
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	167.57	167.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	21	263.88	270.48
	Rating Area 7	Tobacco User/Non-Tobacco User	22	263.88	270.48
	Rating Area 7	Tobacco User/Non-Tobacco User	23	263.88	270.48
	Rating Area 7	Tobacco User/Non-Tobacco User	24	263.88	270.48

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	25	264.94	271.56
	Rating Area 7	Tobacco User/Non-Tobacco User	26	270.22	276.97
	Rating Area 7	Tobacco User/Non-Tobacco User	27	276.55	283.46
	Rating Area 7	Tobacco User/Non-Tobacco User	28	286.84	294.01
	Rating Area 7	Tobacco User/Non-Tobacco User	29	295.28	302.67
	Rating Area 7	Tobacco User/Non-Tobacco User	30	299.51	306.99
	Rating Area 7	Tobacco User/Non-Tobacco User	31	305.84	313.49
	Rating Area 7	Tobacco User/Non-Tobacco User	32	312.17	319.98
	Rating Area 7	Tobacco User/Non-Tobacco User	33	316.13	324.03
	Rating Area 7	Tobacco User/Non-Tobacco User	34	320.35	328.36
	Rating Area 7	Tobacco User/Non-Tobacco User	35	322.46	330.53
	Rating Area 7	Tobacco User/Non-Tobacco User	36	324.58	332.69
	Rating Area 7	Tobacco User/Non-Tobacco User	37	326.69	334.85
	Rating Area 7	Tobacco User/Non-Tobacco User	38	328.80	337.02
	Rating Area 7	Tobacco User/Non-Tobacco User	39	333.02	341.35
	Rating Area 7	Tobacco User/Non-Tobacco User	40	337.24	362.54
	Rating Area 7	Tobacco User/Non-Tobacco User	41	343.58	369.34
	Rating Area 7	Tobacco User/Non-Tobacco User	42	349.64	375.87
	Rating Area 7	Tobacco User/Non-Tobacco User	43	358.09	384.95
	Rating Area 7	Tobacco User/Non-Tobacco User	44	368.64	396.29
	Rating Area 7	Tobacco User/Non-Tobacco User	45	381.05	419.15

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	46	395.82	435.41
	Rating Area 7	Tobacco User/Non-Tobacco User	47	412.45	453.69
	Rating Area 7	Tobacco User/Non-Tobacco User	48	431.45	474.59
	Rating Area 7	Tobacco User/Non-Tobacco User	49	450.18	495.20
	Rating Area 7	Tobacco User/Non-Tobacco User	50	471.29	541.99
	Rating Area 7	Tobacco User/Non-Tobacco User	51	492.14	565.96
	Rating Area 7	Tobacco User/Non-Tobacco User	52	515.10	592.36
	Rating Area 7	Tobacco User/Non-Tobacco User	53	538.32	619.07
	Rating Area 7	Tobacco User/Non-Tobacco User	54	563.39	647.90
	Rating Area 7	Tobacco User/Non-Tobacco User	55	588.46	706.15
	Rating Area 7	Tobacco User/Non-Tobacco User	56	615.64	738.77
	Rating Area 7	Tobacco User/Non-Tobacco User	57	643.08	771.70
	Rating Area 7	Tobacco User/Non-Tobacco User	58	672.37	806.85
	Rating Area 7	Tobacco User/Non-Tobacco User	59	686.89	824.26
	Rating Area 7	Tobacco User/Non-Tobacco User	60	716.18	895.22
	Rating Area 7	Tobacco User/Non-Tobacco User	61	741.51	926.89
	Rating Area 7	Tobacco User/Non-Tobacco User	62	758.13	947.67
	Rating Area 7	Tobacco User/Non-Tobacco User	63	778.98	973.73
	Rating Area 7	Tobacco User/Non-Tobacco User	64	791.64	989.56
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	791.64	989.56
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	164.25	164.25

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	21	258.66	265.12
	Rating Area 9	Tobacco User/Non-Tobacco User	22	258.66	265.12
	Rating Area 9	Tobacco User/Non-Tobacco User	23	258.66	265.12
	Rating Area 9	Tobacco User/Non-Tobacco User	24	258.66	265.12
	Rating Area 9	Tobacco User/Non-Tobacco User	25	259.69	266.18
	Rating Area 9	Tobacco User/Non-Tobacco User	26	264.87	271.49
	Rating Area 9	Tobacco User/Non-Tobacco User	27	271.07	277.85
	Rating Area 9	Tobacco User/Non-Tobacco User	28	281.16	288.19
	Rating Area 9	Tobacco User/Non-Tobacco User	29	289.44	296.67
	Rating Area 9	Tobacco User/Non-Tobacco User	30	293.58	300.92
	Rating Area 9	Tobacco User/Non-Tobacco User	31	299.78	307.28
	Rating Area 9	Tobacco User/Non-Tobacco User	32	305.99	313.64
	Rating Area 9	Tobacco User/Non-Tobacco User	33	309.87	317.62
	Rating Area 9	Tobacco User/Non-Tobacco User	34	314.01	321.86
	Rating Area 9	Tobacco User/Non-Tobacco User	35	316.08	323.98
	Rating Area 9	Tobacco User/Non-Tobacco User	36	318.15	326.10
	Rating Area 9	Tobacco User/Non-Tobacco User	37	320.22	328.22
	Rating Area 9	Tobacco User/Non-Tobacco User	38	322.29	330.34
	Rating Area 9	Tobacco User/Non-Tobacco User	39	326.43	334.59
	Rating Area 9	Tobacco User/Non-Tobacco User	40	330.56	355.36
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	41	336.77	362.03

HIOS Issuer ID*	53789				
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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	42	342.72	368.42
	Rating Area 9	Tobacco User/Non-Tobacco User	43	351.00	377.32
	Rating Area 9	Tobacco User/Non-Tobacco User	44	361.34	388.45
	Rating Area 9	Tobacco User/Non-Tobacco User	45	373.50	410.85
	Rating Area 9	Tobacco User/Non-Tobacco User	46	387.99	426.78
	Rating Area 9	Tobacco User/Non-Tobacco User	47	404.28	444.71
	Rating Area 9	Tobacco User/Non-Tobacco User	48	422.90	465.20
	Rating Area 9	Tobacco User/Non-Tobacco User	49	441.27	485.40
	Rating Area 9	Tobacco User/Non-Tobacco User	50	461.96	531.26
	Rating Area 9	Tobacco User/Non-Tobacco User	51	482.40	554.76
	Rating Area 9	Tobacco User/Non-Tobacco User	52	504.90	580.63
	Rating Area 9	Tobacco User/Non-Tobacco User	53	527.66	606.81
	Rating Area 9	Tobacco User/Non-Tobacco User	54	552.23	635.07
	Rating Area 9	Tobacco User/Non-Tobacco User	55	576.81	692.17
	Rating Area 9	Tobacco User/Non-Tobacco User	56	603.45	724.14
	Rating Area 9	Tobacco User/Non-Tobacco User	57	630.35	756.42
	Rating Area 9	Tobacco User/Non-Tobacco User	58	659.06	790.87
	Rating Area 9	Tobacco User/Non-Tobacco User	59	673.28	807.94
	Rating Area 9	Tobacco User/Non-Tobacco User	60	702.00	877.49
	Rating Area 9	Tobacco User/Non-Tobacco User	61	726.83	908.53
	Rating Area 9	Tobacco User/Non-Tobacco User	62	743.12	928.90

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	63	763.56	954.45
	Rating Area 9	Tobacco User/Non-Tobacco User	64	775.97	969.96
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	775.97	969.96
53789PA0100009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	196.75	196.75
53789PA0100009	Rating Area 6	Tobacco User/Non-Tobacco User	21	309.84	317.59
	Rating Area 6	Tobacco User/Non-Tobacco User	22	309.84	317.59
	Rating Area 6	Tobacco User/Non-Tobacco User	23	309.84	317.59
	Rating Area 6	Tobacco User/Non-Tobacco User	24	309.84	317.59
	Rating Area 6	Tobacco User/Non-Tobacco User	25	311.08	318.86
	Rating Area 6	Tobacco User/Non-Tobacco User	26	317.28	325.21
	Rating Area 6	Tobacco User/Non-Tobacco User	27	324.71	332.83
	Rating Area 6	Tobacco User/Non-Tobacco User	28	336.80	345.22
	Rating Area 6	Tobacco User/Non-Tobacco User	29	346.71	355.38
	Rating Area 6	Tobacco User/Non-Tobacco User	30	351.67	360.46
	Rating Area 6	Tobacco User/Non-Tobacco User	31	359.10	368.08
	Rating Area 6	Tobacco User/Non-Tobacco User	32	366.54	375.70
	Rating Area 6	Tobacco User/Non-Tobacco User	33	371.19	380.47
	Rating Area 6	Tobacco User/Non-Tobacco User	34	376.15	385.55
	Rating Area 6	Tobacco User/Non-Tobacco User	35	378.62	388.09
	Rating Area 6	Tobacco User/Non-Tobacco User	36	381.10	390.63
	Rating Area 6	Tobacco User/Non-Tobacco User	37	383.58	393.17

HIOS Issuer ID*	53789				
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	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100009	Rating Area 6	Tobacco User/Non-Tobacco User	38	386.06	395.71
	Rating Area 6	Tobacco User/Non-Tobacco User	39	391.02	400.79
	Rating Area 6	Tobacco User/Non-Tobacco User	40	395.98	425.67
	Rating Area 6	Tobacco User/Non-Tobacco User	41	403.41	433.67
	Rating Area 6	Tobacco User/Non-Tobacco User	42	410.54	441.33
	Rating Area 6	Tobacco User/Non-Tobacco User	43	420.45	451.99
	Rating Area 6	Tobacco User/Non-Tobacco User	44	432.85	465.31
	Rating Area 6	Tobacco User/Non-Tobacco User	45	447.41	492.15
	Rating Area 6	Tobacco User/Non-Tobacco User	46	464.76	511.24
	Rating Area 6	Tobacco User/Non-Tobacco User	47	484.28	532.71
	Rating Area 6	Tobacco User/Non-Tobacco User	48	506.59	557.25
	Rating Area 6	Tobacco User/Non-Tobacco User	49	528.59	581.45
	Rating Area 6	Tobacco User/Non-Tobacco User	50	553.37	636.38
	Rating Area 6	Tobacco User/Non-Tobacco User	51	577.85	664.53
	Rating Area 6	Tobacco User/Non-Tobacco User	52	604.81	695.53
	Rating Area 6	Tobacco User/Non-Tobacco User	53	632.07	726.88
	Rating Area 6	Tobacco User/Non-Tobacco User	54	661.51	760.73
	Rating Area 6	Tobacco User/Non-Tobacco User	55	690.94	829.13
	Rating Area 6	Tobacco User/Non-Tobacco User	56	722.86	867.43
	Rating Area 6	Tobacco User/Non-Tobacco User	57	755.08	906.10
	Rating Area 6	Tobacco User/Non-Tobacco User	58	789.47	947.37

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100009	Rating Area 6	Tobacco User/Non-Tobacco User	59	806.51	967.82
	Rating Area 6	Tobacco User/Non-Tobacco User	60	840.91	1051.13
	Rating Area 6	Tobacco User/Non-Tobacco User	61	870.65	1088.31
	Rating Area 6	Tobacco User/Non-Tobacco User	62	890.17	1112.71
	Rating Area 6	Tobacco User/Non-Tobacco User	63	914.65	1143.31
	Rating Area 6	Tobacco User/Non-Tobacco User	64	929.51	1161.90
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	929.51	1161.90
53789PA0100009	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	198.72	198.72
53789PA0100009	Rating Area 7	Tobacco User/Non-Tobacco User	21	312.94	320.76
	Rating Area 7	Tobacco User/Non-Tobacco User	22	312.94	320.76
	Rating Area 7	Tobacco User/Non-Tobacco User	23	312.94	320.76
	Rating Area 7	Tobacco User/Non-Tobacco User	24	312.94	320.76
	Rating Area 7	Tobacco User/Non-Tobacco User	25	314.19	322.04
	Rating Area 7	Tobacco User/Non-Tobacco User	26	320.45	328.46
	Rating Area 7	Tobacco User/Non-Tobacco User	27	327.96	336.16
	Rating Area 7	Tobacco User/Non-Tobacco User	28	340.16	348.67
	Rating Area 7	Tobacco User/Non-Tobacco User	29	350.18	358.93
	Rating Area 7	Tobacco User/Non-Tobacco User	30	355.19	364.06
	Rating Area 7	Tobacco User/Non-Tobacco User	31	362.70	371.76
	Rating Area 7	Tobacco User/Non-Tobacco User	32	370.21	379.46
	Rating Area 7	Tobacco User/Non-Tobacco User	33	374.90	384.27

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100009	Rating Area 7	Tobacco User/Non-Tobacco User	34	379.91	389.40
	Rating Area 7	Tobacco User/Non-Tobacco User	35	382.41	391.97
	Rating Area 7	Tobacco User/Non-Tobacco User	36	384.91	394.54
	Rating Area 7	Tobacco User/Non-Tobacco User	37	387.42	397.10
	Rating Area 7	Tobacco User/Non-Tobacco User	38	389.92	399.67
	Rating Area 7	Tobacco User/Non-Tobacco User	39	394.93	404.80
	Rating Area 7	Tobacco User/Non-Tobacco User	40	399.94	429.93
	Rating Area 7	Tobacco User/Non-Tobacco User	41	407.45	438.00
	Rating Area 7	Tobacco User/Non-Tobacco User	42	414.64	445.74
	Rating Area 7	Tobacco User/Non-Tobacco User	43	424.66	456.51
	Rating Area 7	Tobacco User/Non-Tobacco User	44	437.17	469.96
	Rating Area 7	Tobacco User/Non-Tobacco User	45	451.88	497.07
	Rating Area 7	Tobacco User/Non-Tobacco User	46	469.41	516.35
	Rating Area 7	Tobacco User/Non-Tobacco User	47	489.12	538.03
	Rating Area 7	Tobacco User/Non-Tobacco User	48	511.65	562.82
	Rating Area 7	Tobacco User/Non-Tobacco User	49	533.87	587.26
	Rating Area 7	Tobacco User/Non-Tobacco User	50	558.91	642.74
	Rating Area 7	Tobacco User/Non-Tobacco User	51	583.63	671.17
	Rating Area 7	Tobacco User/Non-Tobacco User	52	610.86	702.48
	Rating Area 7	Tobacco User/Non-Tobacco User	53	638.39	734.15
	Rating Area 7	Tobacco User/Non-Tobacco User	54	668.12	768.34

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100009	Rating Area 7	Tobacco User/Non-Tobacco User	55	697.85	837.42
	Rating Area 7	Tobacco User/Non-Tobacco User	56	730.09	876.10
	Rating Area 7	Tobacco User/Non-Tobacco User	57	762.63	915.16
	Rating Area 7	Tobacco User/Non-Tobacco User	58	797.37	956.84
	Rating Area 7	Tobacco User/Non-Tobacco User	59	814.58	977.49
	Rating Area 7	Tobacco User/Non-Tobacco User	60	849.31	1061.64
	Rating Area 7	Tobacco User/Non-Tobacco User	61	879.36	1099.20
	Rating Area 7	Tobacco User/Non-Tobacco User	62	899.07	1123.84
	Rating Area 7	Tobacco User/Non-Tobacco User	63	923.79	1154.74
	Rating Area 7	Tobacco User/Non-Tobacco User	64	938.81	1173.52
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	938.81	1173.52
53789PA0100009	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	194.78	194.78
53789PA0100009	Rating Area 9	Tobacco User/Non-Tobacco User	21	306.74	314.41
	Rating Area 9	Tobacco User/Non-Tobacco User	22	306.74	314.41
	Rating Area 9	Tobacco User/Non-Tobacco User	23	306.74	314.41
	Rating Area 9	Tobacco User/Non-Tobacco User	24	306.74	314.41
	Rating Area 9	Tobacco User/Non-Tobacco User	25	307.97	315.67
	Rating Area 9	Tobacco User/Non-Tobacco User	26	314.10	321.96
	Rating Area 9	Tobacco User/Non-Tobacco User	27	321.47	329.50
	Rating Area 9	Tobacco User/Non-Tobacco User	28	333.43	341.76
	Rating Area 9	Tobacco User/Non-Tobacco User	29	343.24	351.82

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100009	Rating Area 9	Tobacco User/Non-Tobacco User	30	348.15	356.86
	Rating Area 9	Tobacco User/Non-Tobacco User	31	355.51	364.40
	Rating Area 9	Tobacco User/Non-Tobacco User	32	362.88	371.95
	Rating Area 9	Tobacco User/Non-Tobacco User	33	367.48	376.66
	Rating Area 9	Tobacco User/Non-Tobacco User	34	372.38	381.69
	Rating Area 9	Tobacco User/Non-Tobacco User	35	374.84	384.21
	Rating Area 9	Tobacco User/Non-Tobacco User	36	377.29	386.72
	Rating Area 9	Tobacco User/Non-Tobacco User	37	379.75	389.24
	Rating Area 9	Tobacco User/Non-Tobacco User	38	382.20	391.76
	Rating Area 9	Tobacco User/Non-Tobacco User	39	387.11	396.79
	Rating Area 9	Tobacco User/Non-Tobacco User	40	392.02	421.42
	Rating Area 9	Tobacco User/Non-Tobacco User	41	399.38	429.33
	Rating Area 9	Tobacco User/Non-Tobacco User	42	406.43	436.92
	Rating Area 9	Tobacco User/Non-Tobacco User	43	416.25	447.47
	Rating Area 9	Tobacco User/Non-Tobacco User	44	428.52	460.66
	Rating Area 9	Tobacco User/Non-Tobacco User	45	442.93	487.23
	Rating Area 9	Tobacco User/Non-Tobacco User	46	460.11	506.12
	Rating Area 9	Tobacco User/Non-Tobacco User	47	479.44	527.38
	Rating Area 9	Tobacco User/Non-Tobacco User	48	501.52	551.67
	Rating Area 9	Tobacco User/Non-Tobacco User	49	523.30	575.63
	Rating Area 9	Tobacco User/Non-Tobacco User	50	547.84	630.02

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100009	Rating Area 9	Tobacco User/Non-Tobacco User	51	572.07	657.88
	Rating Area 9	Tobacco User/Non-Tobacco User	52	598.76	688.57
	Rating Area 9	Tobacco User/Non-Tobacco User	53	625.75	719.62
	Rating Area 9	Tobacco User/Non-Tobacco User	54	654.89	753.13
	Rating Area 9	Tobacco User/Non-Tobacco User	55	684.03	820.84
	Rating Area 9	Tobacco User/Non-Tobacco User	56	715.63	858.75
	Rating Area 9	Tobacco User/Non-Tobacco User	57	747.53	897.04
	Rating Area 9	Tobacco User/Non-Tobacco User	58	781.58	937.89
	Rating Area 9	Tobacco User/Non-Tobacco User	59	798.45	958.14
	Rating Area 9	Tobacco User/Non-Tobacco User	60	832.50	1040.62
	Rating Area 9	Tobacco User/Non-Tobacco User	61	861.94	1077.43
	Rating Area 9	Tobacco User/Non-Tobacco User	62	881.27	1101.59
	Rating Area 9	Tobacco User/Non-Tobacco User	63	905.50	1131.88
	Rating Area 9	Tobacco User/Non-Tobacco User	64	920.21	1150.28
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	920.21	1150.28
53789PA0100013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	252.46	252.46
53789PA0100013	Rating Area 6	Tobacco User/Non-Tobacco User	21	397.57	407.51
	Rating Area 6	Tobacco User/Non-Tobacco User	22	397.57	407.51
	Rating Area 6	Tobacco User/Non-Tobacco User	23	397.57	407.51
	Rating Area 6	Tobacco User/Non-Tobacco User	24	397.57	407.51
	Rating Area 6	Tobacco User/Non-Tobacco User	25	399.16	409.14

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100013	Rating Area 6	Tobacco User/Non-Tobacco User	26	407.11	417.29
	Rating Area 6	Tobacco User/Non-Tobacco User	27	416.65	427.07
	Rating Area 6	Tobacco User/Non-Tobacco User	28	432.16	442.96
	Rating Area 6	Tobacco User/Non-Tobacco User	29	444.88	456.00
	Rating Area 6	Tobacco User/Non-Tobacco User	30	451.24	462.52
	Rating Area 6	Tobacco User/Non-Tobacco User	31	460.78	472.30
	Rating Area 6	Tobacco User/Non-Tobacco User	32	470.33	482.08
	Rating Area 6	Tobacco User/Non-Tobacco User	33	476.29	488.20
	Rating Area 6	Tobacco User/Non-Tobacco User	34	482.65	494.72
	Rating Area 6	Tobacco User/Non-Tobacco User	35	485.83	497.98
	Rating Area 6	Tobacco User/Non-Tobacco User	36	489.01	501.24
	Rating Area 6	Tobacco User/Non-Tobacco User	37	492.19	504.50
	Rating Area 6	Tobacco User/Non-Tobacco User	38	495.37	507.76
	Rating Area 6	Tobacco User/Non-Tobacco User	39	501.73	514.28
	Rating Area 6	Tobacco User/Non-Tobacco User	40	508.09	546.20
	Rating Area 6	Tobacco User/Non-Tobacco User	41	517.64	556.46
	Rating Area 6	Tobacco User/Non-Tobacco User	42	526.78	566.29
	Rating Area 6	Tobacco User/Non-Tobacco User	43	539.50	579.97
	Rating Area 6	Tobacco User/Non-Tobacco User	44	555.41	597.06
	Rating Area 6	Tobacco User/Non-Tobacco User	45	574.09	631.50
	Rating Area 6	Tobacco User/Non-Tobacco User	46	596.36	655.99

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100013	Rating Area 6	Tobacco User/Non-Tobacco User	47	621.40	683.54
	Rating Area 6	Tobacco User/Non-Tobacco User	48	650.03	715.03
	Rating Area 6	Tobacco User/Non-Tobacco User	49	678.25	746.08
	Rating Area 6	Tobacco User/Non-Tobacco User	50	710.06	816.57
	Rating Area 6	Tobacco User/Non-Tobacco User	51	741.47	852.69
	Rating Area 6	Tobacco User/Non-Tobacco User	52	776.06	892.47
	Rating Area 6	Tobacco User/Non-Tobacco User	53	811.04	932.70
	Rating Area 6	Tobacco User/Non-Tobacco User	54	848.81	976.13
	Rating Area 6	Tobacco User/Non-Tobacco User	55	886.58	1063.90
	Rating Area 6	Tobacco User/Non-Tobacco User	56	927.53	1113.04
	Rating Area 6	Tobacco User/Non-Tobacco User	57	968.88	1162.65
	Rating Area 6	Tobacco User/Non-Tobacco User	58	1013.01	1215.61
	Rating Area 6	Tobacco User/Non-Tobacco User	59	1034.87	1241.85
	Rating Area 6	Tobacco User/Non-Tobacco User	60	1079.00	1348.76
	Rating Area 6	Tobacco User/Non-Tobacco User	61	1117.17	1396.46
	Rating Area 6	Tobacco User/Non-Tobacco User	62	1142.22	1427.77
	Rating Area 6	Tobacco User/Non-Tobacco User	63	1173.63	1467.03
	Rating Area 6	Tobacco User/Non-Tobacco User	64	1192.70	1490.89
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1192.70	1490.89
53789PA0100013	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	254.98	254.98
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	21	401.55	411.58

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100013	Rating Area 7	Tobacco User/Non-Tobacco User	22	401.55	411.58
	Rating Area 7	Tobacco User/Non-Tobacco User	23	401.55	411.58
	Rating Area 7	Tobacco User/Non-Tobacco User	24	401.55	411.58
	Rating Area 7	Tobacco User/Non-Tobacco User	25	403.15	413.23
	Rating Area 7	Tobacco User/Non-Tobacco User	26	411.18	421.46
	Rating Area 7	Tobacco User/Non-Tobacco User	27	420.82	431.34
	Rating Area 7	Tobacco User/Non-Tobacco User	28	436.48	447.39
	Rating Area 7	Tobacco User/Non-Tobacco User	29	449.33	460.56
	Rating Area 7	Tobacco User/Non-Tobacco User	30	455.75	467.15
	Rating Area 7	Tobacco User/Non-Tobacco User	31	465.39	477.03
	Rating Area 7	Tobacco User/Non-Tobacco User	32	475.03	486.90
	Rating Area 7	Tobacco User/Non-Tobacco User	33	481.05	493.08
	Rating Area 7	Tobacco User/Non-Tobacco User	34	487.48	499.66
	Rating Area 7	Tobacco User/Non-Tobacco User	35	490.69	502.96
	Rating Area 7	Tobacco User/Non-Tobacco User	36	493.90	506.25
	Rating Area 7	Tobacco User/Non-Tobacco User	37	497.11	509.54
	Rating Area 7	Tobacco User/Non-Tobacco User	38	500.33	512.83
	Rating Area 7	Tobacco User/Non-Tobacco User	39	506.75	519.42
	Rating Area 7	Tobacco User/Non-Tobacco User	40	513.18	551.66
	Rating Area 7	Tobacco User/Non-Tobacco User	41	522.81	562.02
	Rating Area 7	Tobacco User/Non-Tobacco User	42	532.05	571.95

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	43	544.90	585.76
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	44	560.96	603.03
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	45	579.83	637.82
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	46	602.32	662.55
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	47	627.62	690.38
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	48	656.53	722.18
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	49	685.04	753.54
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	50	717.16	824.73
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	51	748.88	861.22
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	52	783.82	901.39
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	53	819.15	942.03
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	54	857.30	985.90
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	55	895.45	1074.54
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	56	936.81	1124.17
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	57	978.57	1174.28
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	58	1023.14	1227.77
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	59	1045.22	1254.27
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	60	1089.80	1362.24
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	61	1128.34	1410.43
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	62	1153.64	1442.05
53789PA0100013 Rating Area 7		Tobacco User/Non-Tobacco User	63	1185.36	1481.70

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100013	Rating Area 7	Tobacco User/Non-Tobacco User	64	1204.64	1505.80
			65 and over	1204.64	1505.80
53789PA0100013	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	249.93	249.93
53789PA0100013	Rating Area 9	Tobacco User/Non-Tobacco User	21	393.59	403.43
			22	393.59	403.43
			23	393.59	403.43
			24	393.59	403.43
			25	395.17	405.05
			26	403.04	413.12
			27	412.49	422.80
			28	427.84	438.53
			29	440.43	451.44
			30	446.73	457.90
			31	456.18	467.58
			32	465.62	477.26
			33	471.53	483.31
			34	477.82	489.77
			35	480.97	493.00
			36	484.12	496.22
			37	487.27	499.45
			38	490.42	502.68

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100013	Rating Area 9	Tobacco User/Non-Tobacco User	39	496.72	509.13
	Rating Area 9	Tobacco User/Non-Tobacco User	40	503.01	540.74
	Rating Area 9	Tobacco User/Non-Tobacco User	41	512.46	550.89
	Rating Area 9	Tobacco User/Non-Tobacco User	42	521.51	560.63
	Rating Area 9	Tobacco User/Non-Tobacco User	43	534.11	574.17
	Rating Area 9	Tobacco User/Non-Tobacco User	44	549.85	591.09
	Rating Area 9	Tobacco User/Non-Tobacco User	45	568.35	625.19
	Rating Area 9	Tobacco User/Non-Tobacco User	46	590.39	649.43
	Rating Area 9	Tobacco User/Non-Tobacco User	47	615.19	676.71
	Rating Area 9	Tobacco User/Non-Tobacco User	48	643.53	707.88
	Rating Area 9	Tobacco User/Non-Tobacco User	49	671.47	738.62
	Rating Area 9	Tobacco User/Non-Tobacco User	50	702.96	808.40
	Rating Area 9	Tobacco User/Non-Tobacco User	51	734.05	844.16
	Rating Area 9	Tobacco User/Non-Tobacco User	52	768.30	883.54
	Rating Area 9	Tobacco User/Non-Tobacco User	53	802.93	923.37
	Rating Area 9	Tobacco User/Non-Tobacco User	54	840.32	966.37
	Rating Area 9	Tobacco User/Non-Tobacco User	55	877.72	1053.26
	Rating Area 9	Tobacco User/Non-Tobacco User	56	918.26	1101.91
	Rating Area 9	Tobacco User/Non-Tobacco User	57	959.19	1151.03
	Rating Area 9	Tobacco User/Non-Tobacco User	58	1002.88	1203.45
	Rating Area 9	Tobacco User/Non-Tobacco User	59	1024.53	1229.43

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	60	1068.21	1335.27
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	61	1106.00	1382.50
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	62	1130.80	1413.50
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	63	1161.89	1452.36
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	64	1180.77	1475.98
53789PA0100013 Rating Area 9		Tobacco User/Non-Tobacco User	65 and over	1180.77	1475.98
53789PA0100015	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	215.19	215.19
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	21	338.88	347.35
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	22	338.88	347.35
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	23	338.88	347.35
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	24	338.88	347.35
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	25	340.24	348.74
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	26	347.01	355.69
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	27	355.15	364.02
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	28	368.36	377.57
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	29	379.21	388.69
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	30	384.63	394.24
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	31	392.76	402.58
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	32	400.90	410.92
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	33	405.98	416.13
53789PA0100015 Rating Area 6		Tobacco User/Non-Tobacco User	34	411.40	421.69

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100015	Rating Area 6	Tobacco User/Non-Tobacco User	35	414.11	424.46
	Rating Area 6	Tobacco User/Non-Tobacco User	36	416.82	427.24
	Rating Area 6	Tobacco User/Non-Tobacco User	37	419.53	430.02
	Rating Area 6	Tobacco User/Non-Tobacco User	38	422.24	432.80
	Rating Area 6	Tobacco User/Non-Tobacco User	39	427.67	438.36
	Rating Area 6	Tobacco User/Non-Tobacco User	40	433.09	465.57
	Rating Area 6	Tobacco User/Non-Tobacco User	41	441.22	474.31
	Rating Area 6	Tobacco User/Non-Tobacco User	42	449.02	482.69
	Rating Area 6	Tobacco User/Non-Tobacco User	43	459.86	494.35
	Rating Area 6	Tobacco User/Non-Tobacco User	44	473.42	508.92
	Rating Area 6	Tobacco User/Non-Tobacco User	45	489.34	538.28
	Rating Area 6	Tobacco User/Non-Tobacco User	46	508.32	559.15
	Rating Area 6	Tobacco User/Non-Tobacco User	47	529.67	582.64
	Rating Area 6	Tobacco User/Non-Tobacco User	48	554.07	609.48
	Rating Area 6	Tobacco User/Non-Tobacco User	49	578.13	635.94
	Rating Area 6	Tobacco User/Non-Tobacco User	50	605.24	696.03
	Rating Area 6	Tobacco User/Non-Tobacco User	51	632.01	726.81
	Rating Area 6	Tobacco User/Non-Tobacco User	52	661.49	760.72
	Rating Area 6	Tobacco User/Non-Tobacco User	53	691.32	795.01
	Rating Area 6	Tobacco User/Non-Tobacco User	54	723.51	832.04
	Rating Area 6	Tobacco User/Non-Tobacco User	55	755.70	906.84

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100015	Rating Area 6	Tobacco User/Non-Tobacco User	56	790.61	948.73
	Rating Area 6	Tobacco User/Non-Tobacco User	57	825.85	991.02
	Rating Area 6	Tobacco User/Non-Tobacco User	58	863.47	1036.16
	Rating Area 6	Tobacco User/Non-Tobacco User	59	882.10	1058.53
	Rating Area 6	Tobacco User/Non-Tobacco User	60	919.72	1149.65
	Rating Area 6	Tobacco User/Non-Tobacco User	61	952.25	1190.32
	Rating Area 6	Tobacco User/Non-Tobacco User	62	973.60	1217.00
	Rating Area 6	Tobacco User/Non-Tobacco User	63	1000.37	1250.47
	Rating Area 6	Tobacco User/Non-Tobacco User	64	1016.63	1270.80
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1016.63	1270.80
53789PA0100015	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	217.34	217.34
53789PA0100015	Rating Area 7	Tobacco User/Non-Tobacco User	21	342.27	350.83
	Rating Area 7	Tobacco User/Non-Tobacco User	22	342.27	350.83
	Rating Area 7	Tobacco User/Non-Tobacco User	23	342.27	350.83
	Rating Area 7	Tobacco User/Non-Tobacco User	24	342.27	350.83
	Rating Area 7	Tobacco User/Non-Tobacco User	25	343.64	352.23
	Rating Area 7	Tobacco User/Non-Tobacco User	26	350.48	359.25
	Rating Area 7	Tobacco User/Non-Tobacco User	27	358.70	367.67
	Rating Area 7	Tobacco User/Non-Tobacco User	28	372.05	381.35
	Rating Area 7	Tobacco User/Non-Tobacco User	29	383.00	392.57
	Rating Area 7	Tobacco User/Non-Tobacco User	30	388.48	398.19

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	31	396.69	406.61
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	32	404.90	415.03
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	33	410.04	420.29
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	34	415.51	425.90
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	35	418.25	428.71
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	36	420.99	431.52
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	37	423.73	434.32
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	38	426.47	437.13
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	39	431.94	442.74
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	40	437.42	470.23
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	41	445.63	479.06
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	42	453.51	487.52
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	43	464.46	499.29
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	44	478.15	514.01
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	45	494.24	543.66
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	46	513.40	564.74
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	47	534.97	588.46
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	48	559.61	615.57
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	49	583.91	642.30
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	50	611.29	702.99
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	51	638.33	734.08

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	52	668.11	768.33
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	53	698.23	802.96
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	54	730.74	840.36
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	55	763.26	915.91
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	56	798.51	958.22
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	57	834.11	1000.93
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	58	872.10	1046.52
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	59	890.93	1069.11
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	60	928.92	1161.15
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	61	961.78	1202.22
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	62	983.34	1229.17
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	63	1010.38	1262.97
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	64	1026.80	1283.51
53789PA0100015 Rating Area 7		Tobacco User/Non-Tobacco User	65 and over	1026.80	1283.51
53789PA0100015	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	213.04	213.04
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	21	335.49	343.88
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	22	335.49	343.88
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	23	335.49	343.88
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	24	335.49	343.88
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	25	336.83	345.25
53789PA0100015 Rating Area 9		Tobacco User/Non-Tobacco User	26	343.54	352.13

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100015	Rating Area 9	Tobacco User/Non-Tobacco User	27	351.59	360.38
	Rating Area 9	Tobacco User/Non-Tobacco User	28	364.68	373.80
	Rating Area 9	Tobacco User/Non-Tobacco User	29	375.41	384.80
	Rating Area 9	Tobacco User/Non-Tobacco User	30	380.78	390.30
	Rating Area 9	Tobacco User/Non-Tobacco User	31	388.83	398.56
	Rating Area 9	Tobacco User/Non-Tobacco User	32	396.89	406.81
	Rating Area 9	Tobacco User/Non-Tobacco User	33	401.92	411.97
	Rating Area 9	Tobacco User/Non-Tobacco User	34	407.29	417.47
	Rating Area 9	Tobacco User/Non-Tobacco User	35	409.97	420.22
	Rating Area 9	Tobacco User/Non-Tobacco User	36	412.65	422.97
	Rating Area 9	Tobacco User/Non-Tobacco User	37	415.34	425.72
	Rating Area 9	Tobacco User/Non-Tobacco User	38	418.02	428.47
	Rating Area 9	Tobacco User/Non-Tobacco User	39	423.39	433.97
	Rating Area 9	Tobacco User/Non-Tobacco User	40	428.76	460.91
	Rating Area 9	Tobacco User/Non-Tobacco User	41	436.81	469.57
	Rating Area 9	Tobacco User/Non-Tobacco User	42	444.53	477.87
	Rating Area 9	Tobacco User/Non-Tobacco User	43	455.26	489.41
	Rating Area 9	Tobacco User/Non-Tobacco User	44	468.68	503.83
	Rating Area 9	Tobacco User/Non-Tobacco User	45	484.45	532.89
	Rating Area 9	Tobacco User/Non-Tobacco User	46	503.24	553.56
	Rating Area 9	Tobacco User/Non-Tobacco User	47	524.37	576.81

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100015	Rating Area 9	Tobacco User/Non-Tobacco User	48	548.53	603.38
	Rating Area 9	Tobacco User/Non-Tobacco User	49	572.35	629.58
	Rating Area 9	Tobacco User/Non-Tobacco User	50	599.19	689.07
	Rating Area 9	Tobacco User/Non-Tobacco User	51	625.69	719.54
	Rating Area 9	Tobacco User/Non-Tobacco User	52	654.88	753.11
	Rating Area 9	Tobacco User/Non-Tobacco User	53	684.40	787.06
	Rating Area 9	Tobacco User/Non-Tobacco User	54	716.27	823.71
	Rating Area 9	Tobacco User/Non-Tobacco User	55	748.15	897.77
	Rating Area 9	Tobacco User/Non-Tobacco User	56	782.70	939.24
	Rating Area 9	Tobacco User/Non-Tobacco User	57	817.59	981.11
	Rating Area 9	Tobacco User/Non-Tobacco User	58	854.83	1025.80
	Rating Area 9	Tobacco User/Non-Tobacco User	59	873.28	1047.94
	Rating Area 9	Tobacco User/Non-Tobacco User	60	910.52	1138.15
	Rating Area 9	Tobacco User/Non-Tobacco User	61	942.73	1178.41
	Rating Area 9	Tobacco User/Non-Tobacco User	62	963.87	1204.83
	Rating Area 9	Tobacco User/Non-Tobacco User	63	990.37	1237.96
	Rating Area 9	Tobacco User/Non-Tobacco User	64	1006.46	1258.09
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	1006.46	1258.09
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	211.33	211.33
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	21	332.80	341.12
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	22	332.80	341.12

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	23	332.80	341.12
	Rating Area 6	Tobacco User/Non-Tobacco User	24	332.80	341.12
	Rating Area 6	Tobacco User/Non-Tobacco User	25	334.13	342.48
	Rating Area 6	Tobacco User/Non-Tobacco User	26	340.79	349.31
	Rating Area 6	Tobacco User/Non-Tobacco User	27	348.77	357.49
	Rating Area 6	Tobacco User/Non-Tobacco User	28	361.75	370.80
	Rating Area 6	Tobacco User/Non-Tobacco User	29	372.40	381.71
	Rating Area 6	Tobacco User/Non-Tobacco User	30	377.73	387.17
	Rating Area 6	Tobacco User/Non-Tobacco User	31	385.72	395.36
	Rating Area 6	Tobacco User/Non-Tobacco User	32	393.70	403.54
	Rating Area 6	Tobacco User/Non-Tobacco User	33	398.69	408.66
	Rating Area 6	Tobacco User/Non-Tobacco User	34	404.02	414.12
	Rating Area 6	Tobacco User/Non-Tobacco User	35	406.68	416.85
	Rating Area 6	Tobacco User/Non-Tobacco User	36	409.34	419.58
	Rating Area 6	Tobacco User/Non-Tobacco User	37	412.01	422.31
	Rating Area 6	Tobacco User/Non-Tobacco User	38	414.67	425.04
	Rating Area 6	Tobacco User/Non-Tobacco User	39	419.99	430.49
	Rating Area 6	Tobacco User/Non-Tobacco User	40	425.32	457.22
	Rating Area 6	Tobacco User/Non-Tobacco User	41	433.31	465.80
	Rating Area 6	Tobacco User/Non-Tobacco User	42	440.96	474.03
	Rating Area 6	Tobacco User/Non-Tobacco User	43	451.61	485.48

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	44	464.92	499.79
	Rating Area 6	Tobacco User/Non-Tobacco User	45	480.56	528.62
	Rating Area 6	Tobacco User/Non-Tobacco User	46	499.20	549.12
	Rating Area 6	Tobacco User/Non-Tobacco User	47	520.17	572.18
	Rating Area 6	Tobacco User/Non-Tobacco User	48	544.13	598.54
	Rating Area 6	Tobacco User/Non-Tobacco User	49	567.76	624.53
	Rating Area 6	Tobacco User/Non-Tobacco User	50	594.38	683.54
	Rating Area 6	Tobacco User/Non-Tobacco User	51	620.67	713.77
	Rating Area 6	Tobacco User/Non-Tobacco User	52	649.63	747.07
	Rating Area 6	Tobacco User/Non-Tobacco User	53	678.91	780.75
	Rating Area 6	Tobacco User/Non-Tobacco User	54	710.53	817.11
	Rating Area 6	Tobacco User/Non-Tobacco User	55	742.14	890.57
	Rating Area 6	Tobacco User/Non-Tobacco User	56	776.42	931.71
	Rating Area 6	Tobacco User/Non-Tobacco User	57	811.03	973.24
	Rating Area 6	Tobacco User/Non-Tobacco User	58	847.97	1017.57
	Rating Area 6	Tobacco User/Non-Tobacco User	59	866.28	1039.53
	Rating Area 6	Tobacco User/Non-Tobacco User	60	903.22	1129.02
	Rating Area 6	Tobacco User/Non-Tobacco User	61	935.17	1168.96
	Rating Area 6	Tobacco User/Non-Tobacco User	62	956.13	1195.17
	Rating Area 6	Tobacco User/Non-Tobacco User	63	982.43	1228.03
	Rating Area 6	Tobacco User/Non-Tobacco User	64	998.39	1248.00

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100017	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	998.39	1248.00
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	213.44	213.44
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	21	336.13	344.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	22	336.13	344.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	23	336.13	344.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	24	336.13	344.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	25	337.47	345.91
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	26	344.20	352.80
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	27	352.26	361.07
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	28	365.37	374.51
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	29	376.13	385.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	30	381.51	391.04
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	31	389.57	399.31
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	32	397.64	407.58
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	33	402.68	412.75
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	34	408.06	418.26
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	35	410.75	421.02
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	36	413.44	423.77
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	37	416.13	426.53
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	38	418.82	429.29
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	39	424.19	434.80

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	40	429.57	461.79
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	41	437.64	470.46
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	42	445.37	478.77
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	43	456.13	490.34
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	44	469.57	504.79
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	45	485.37	533.91
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	46	504.19	554.61
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	47	525.37	577.90
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	48	549.57	604.53
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	49	573.43	630.78
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	50	600.32	690.37
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	51	626.88	720.91
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	52	656.12	754.54
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	53	685.70	788.56
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	54	717.63	825.28
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	55	749.57	899.48
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	56	784.19	941.02
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	57	819.14	982.97
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	58	856.45	1027.74
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	59	874.94	1049.93
53789PA0100017 Rating Area 7		Tobacco User/Non-Tobacco User	60	912.25	1140.31

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100017	Rating Area 7	Tobacco User/Non-Tobacco User	61	944.52	1180.65
	Rating Area 7	Tobacco User/Non-Tobacco User	62	965.70	1207.12
	Rating Area 7	Tobacco User/Non-Tobacco User	63	992.25	1240.31
	Rating Area 7	Tobacco User/Non-Tobacco User	64	1008.38	1260.48
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	1008.38	1260.48
53789PA0100017	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	209.21	209.21
53789PA0100017	Rating Area 9	Tobacco User/Non-Tobacco User	21	329.47	337.71
	Rating Area 9	Tobacco User/Non-Tobacco User	22	329.47	337.71
	Rating Area 9	Tobacco User/Non-Tobacco User	23	329.47	337.71
	Rating Area 9	Tobacco User/Non-Tobacco User	24	329.47	337.71
	Rating Area 9	Tobacco User/Non-Tobacco User	25	330.79	339.06
	Rating Area 9	Tobacco User/Non-Tobacco User	26	337.38	345.81
	Rating Area 9	Tobacco User/Non-Tobacco User	27	345.29	353.92
	Rating Area 9	Tobacco User/Non-Tobacco User	28	358.14	367.09
	Rating Area 9	Tobacco User/Non-Tobacco User	29	368.68	377.90
	Rating Area 9	Tobacco User/Non-Tobacco User	30	373.95	383.30
	Rating Area 9	Tobacco User/Non-Tobacco User	31	381.86	391.40
	Rating Area 9	Tobacco User/Non-Tobacco User	32	389.77	399.51
	Rating Area 9	Tobacco User/Non-Tobacco User	33	394.71	404.58
	Rating Area 9	Tobacco User/Non-Tobacco User	34	399.98	409.98
	Rating Area 9	Tobacco User/Non-Tobacco User	35	402.61	412.68

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0100017	Rating Area 9	Tobacco User/Non-Tobacco User	36	405.25	415.38
	Rating Area 9	Tobacco User/Non-Tobacco User	37	407.89	418.08
	Rating Area 9	Tobacco User/Non-Tobacco User	38	410.52	420.79
	Rating Area 9	Tobacco User/Non-Tobacco User	39	415.79	426.19
	Rating Area 9	Tobacco User/Non-Tobacco User	40	421.07	452.65
	Rating Area 9	Tobacco User/Non-Tobacco User	41	428.97	461.15
	Rating Area 9	Tobacco User/Non-Tobacco User	42	436.55	469.29
	Rating Area 9	Tobacco User/Non-Tobacco User	43	447.09	480.63
	Rating Area 9	Tobacco User/Non-Tobacco User	44	460.27	494.79
	Rating Area 9	Tobacco User/Non-Tobacco User	45	475.76	523.33
	Rating Area 9	Tobacco User/Non-Tobacco User	46	494.21	543.63
	Rating Area 9	Tobacco User/Non-Tobacco User	47	514.96	566.46
	Rating Area 9	Tobacco User/Non-Tobacco User	48	538.69	592.56
	Rating Area 9	Tobacco User/Non-Tobacco User	49	562.08	618.29
	Rating Area 9	Tobacco User/Non-Tobacco User	50	588.44	676.70
	Rating Area 9	Tobacco User/Non-Tobacco User	51	614.47	706.64
	Rating Area 9	Tobacco User/Non-Tobacco User	52	643.13	739.60
	Rating Area 9	Tobacco User/Non-Tobacco User	53	672.12	772.94
	Rating Area 9	Tobacco User/Non-Tobacco User	54	703.42	808.94
	Rating Area 9	Tobacco User/Non-Tobacco User	55	734.72	881.67
	Rating Area 9	Tobacco User/Non-Tobacco User	56	768.66	922.39

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0100017	Rating Area 9	Tobacco User/Non-Tobacco User	57	802.92	963.51
	Rating Area 9	Tobacco User/Non-Tobacco User	58	839.49	1007.39
	Rating Area 9	Tobacco User/Non-Tobacco User	59	857.62	1029.14
	Rating Area 9	Tobacco User/Non-Tobacco User	60	894.19	1117.73
	Rating Area 9	Tobacco User/Non-Tobacco User	61	925.82	1157.27
	Rating Area 9	Tobacco User/Non-Tobacco User	62	946.57	1183.22
	Rating Area 9	Tobacco User/Non-Tobacco User	63	972.60	1215.75
	Rating Area 9	Tobacco User/Non-Tobacco User	64	988.41	1235.52
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	988.41	1235.52
53789PA0110004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	83.15	83.15
53789PA0110004	Rating Area 6	Tobacco User/Non-Tobacco User	21	130.95	134.22
	Rating Area 6	Tobacco User/Non-Tobacco User	22	130.95	134.22
	Rating Area 6	Tobacco User/Non-Tobacco User	23	130.95	134.22
	Rating Area 6	Tobacco User/Non-Tobacco User	24	130.95	134.22
	Rating Area 6	Tobacco User/Non-Tobacco User	25	131.47	134.76
	Rating Area 6	Tobacco User/Non-Tobacco User	26	134.09	137.45
	Rating Area 6	Tobacco User/Non-Tobacco User	27	137.24	140.67
	Rating Area 6	Tobacco User/Non-Tobacco User	28	142.34	145.90
	Rating Area 6	Tobacco User/Non-Tobacco User	29	146.53	150.20
	Rating Area 6	Tobacco User/Non-Tobacco User	30	148.63	152.34
	Rating Area 6	Tobacco User/Non-Tobacco User	31	151.77	155.57

HIOS Issuer ID*	53789				
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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110004	Rating Area 6	Tobacco User/Non-Tobacco User	32	154.91	158.79
	Rating Area 6	Tobacco User/Non-Tobacco User	33	156.88	160.80
	Rating Area 6	Tobacco User/Non-Tobacco User	34	158.97	162.95
	Rating Area 6	Tobacco User/Non-Tobacco User	35	160.02	164.02
	Rating Area 6	Tobacco User/Non-Tobacco User	36	161.07	165.10
	Rating Area 6	Tobacco User/Non-Tobacco User	37	162.12	166.17
	Rating Area 6	Tobacco User/Non-Tobacco User	38	163.16	167.24
	Rating Area 6	Tobacco User/Non-Tobacco User	39	165.26	169.39
	Rating Area 6	Tobacco User/Non-Tobacco User	40	167.35	179.91
	Rating Area 6	Tobacco User/Non-Tobacco User	41	170.50	183.28
	Rating Area 6	Tobacco User/Non-Tobacco User	42	173.51	186.52
	Rating Area 6	Tobacco User/Non-Tobacco User	43	177.70	191.03
	Rating Area 6	Tobacco User/Non-Tobacco User	44	182.94	196.66
	Rating Area 6	Tobacco User/Non-Tobacco User	45	189.09	208.00
	Rating Area 6	Tobacco User/Non-Tobacco User	46	196.42	216.07
	Rating Area 6	Tobacco User/Non-Tobacco User	47	204.67	225.14
	Rating Area 6	Tobacco User/Non-Tobacco User	48	214.10	235.51
	Rating Area 6	Tobacco User/Non-Tobacco User	49	223.40	245.74
	Rating Area 6	Tobacco User/Non-Tobacco User	50	233.88	268.96
	Rating Area 6	Tobacco User/Non-Tobacco User	51	244.22	280.86
	Rating Area 6	Tobacco User/Non-Tobacco User	52	255.61	293.96

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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110004	Rating Area 6	Tobacco User/Non-Tobacco User	53	267.14	307.21
	Rating Area 6	Tobacco User/Non-Tobacco User	54	279.58	321.51
	Rating Area 6	Tobacco User/Non-Tobacco User	55	292.02	350.42
	Rating Area 6	Tobacco User/Non-Tobacco User	56	305.51	366.61
	Rating Area 6	Tobacco User/Non-Tobacco User	57	319.13	382.95
	Rating Area 6	Tobacco User/Non-Tobacco User	58	333.66	400.39
	Rating Area 6	Tobacco User/Non-Tobacco User	59	340.86	409.04
	Rating Area 6	Tobacco User/Non-Tobacco User	60	355.40	444.25
	Rating Area 6	Tobacco User/Non-Tobacco User	61	367.97	459.96
	Rating Area 6	Tobacco User/Non-Tobacco User	62	376.22	470.27
	Rating Area 6	Tobacco User/Non-Tobacco User	63	386.56	483.21
	Rating Area 6	Tobacco User/Non-Tobacco User	64	392.84	491.06
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	392.84	491.06
53789PA0110006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	156.43	156.43
53789PA0110006	Rating Area 6	Tobacco User/Non-Tobacco User	21	246.35	252.51
	Rating Area 6	Tobacco User/Non-Tobacco User	22	246.35	252.51
	Rating Area 6	Tobacco User/Non-Tobacco User	23	246.35	252.51
	Rating Area 6	Tobacco User/Non-Tobacco User	24	246.35	252.51
	Rating Area 6	Tobacco User/Non-Tobacco User	25	247.34	253.52
	Rating Area 6	Tobacco User/Non-Tobacco User	26	252.26	258.57
	Rating Area 6	Tobacco User/Non-Tobacco User	27	258.17	264.63

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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110006	Rating Area 6	Tobacco User/Non-Tobacco User	28	267.78	274.48
	Rating Area 6	Tobacco User/Non-Tobacco User	29	275.67	282.56
	Rating Area 6	Tobacco User/Non-Tobacco User	30	279.61	286.60
	Rating Area 6	Tobacco User/Non-Tobacco User	31	285.52	292.66
	Rating Area 6	Tobacco User/Non-Tobacco User	32	291.43	298.72
	Rating Area 6	Tobacco User/Non-Tobacco User	33	295.13	302.51
	Rating Area 6	Tobacco User/Non-Tobacco User	34	299.07	306.55
	Rating Area 6	Tobacco User/Non-Tobacco User	35	301.04	308.57
	Rating Area 6	Tobacco User/Non-Tobacco User	36	303.01	310.59
	Rating Area 6	Tobacco User/Non-Tobacco User	37	304.98	312.61
	Rating Area 6	Tobacco User/Non-Tobacco User	38	306.95	314.63
	Rating Area 6	Tobacco User/Non-Tobacco User	39	310.89	318.67
	Rating Area 6	Tobacco User/Non-Tobacco User	40	314.84	338.45
	Rating Area 6	Tobacco User/Non-Tobacco User	41	320.75	344.80
	Rating Area 6	Tobacco User/Non-Tobacco User	42	326.41	350.89
	Rating Area 6	Tobacco User/Non-Tobacco User	43	334.30	359.37
	Rating Area 6	Tobacco User/Non-Tobacco User	44	344.15	369.96
	Rating Area 6	Tobacco User/Non-Tobacco User	45	355.73	391.30
	Rating Area 6	Tobacco User/Non-Tobacco User	46	369.52	406.48
	Rating Area 6	Tobacco User/Non-Tobacco User	47	385.05	423.55
	Rating Area 6	Tobacco User/Non-Tobacco User	48	402.78	443.06

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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110006	Rating Area 6	Tobacco User/Non-Tobacco User	49	420.27	462.30
	Rating Area 6	Tobacco User/Non-Tobacco User	50	439.98	505.98
	Rating Area 6	Tobacco User/Non-Tobacco User	51	459.44	528.36
	Rating Area 6	Tobacco User/Non-Tobacco User	52	480.88	553.01
	Rating Area 6	Tobacco User/Non-Tobacco User	53	502.55	577.94
	Rating Area 6	Tobacco User/Non-Tobacco User	54	525.96	604.85
	Rating Area 6	Tobacco User/Non-Tobacco User	55	549.36	659.23
	Rating Area 6	Tobacco User/Non-Tobacco User	56	574.73	689.68
	Rating Area 6	Tobacco User/Non-Tobacco User	57	600.35	720.43
	Rating Area 6	Tobacco User/Non-Tobacco User	58	627.70	753.24
	Rating Area 6	Tobacco User/Non-Tobacco User	59	641.25	769.50
	Rating Area 6	Tobacco User/Non-Tobacco User	60	668.59	835.74
	Rating Area 6	Tobacco User/Non-Tobacco User	61	692.24	865.30
	Rating Area 6	Tobacco User/Non-Tobacco User	62	707.76	884.70
	Rating Area 6	Tobacco User/Non-Tobacco User	63	727.23	909.03
	Rating Area 6	Tobacco User/Non-Tobacco User	64	739.04	923.81
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	739.04	923.81
53789PA0110008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	128.78	128.78
53789PA0110008	Rating Area 6	Tobacco User/Non-Tobacco User	21	202.81	207.88
	Rating Area 6	Tobacco User/Non-Tobacco User	22	202.81	207.88
	Rating Area 6	Tobacco User/Non-Tobacco User	23	202.81	207.88

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110008	Rating Area 6	Tobacco User/Non-Tobacco User	24	202.81	207.88
	Rating Area 6	Tobacco User/Non-Tobacco User	25	203.62	208.71
	Rating Area 6	Tobacco User/Non-Tobacco User	26	207.68	212.87
	Rating Area 6	Tobacco User/Non-Tobacco User	27	212.54	217.86
	Rating Area 6	Tobacco User/Non-Tobacco User	28	220.45	225.97
	Rating Area 6	Tobacco User/Non-Tobacco User	29	226.94	232.62
	Rating Area 6	Tobacco User/Non-Tobacco User	30	230.19	235.94
	Rating Area 6	Tobacco User/Non-Tobacco User	31	235.06	240.93
	Rating Area 6	Tobacco User/Non-Tobacco User	32	239.92	245.92
	Rating Area 6	Tobacco User/Non-Tobacco User	33	242.97	249.04
	Rating Area 6	Tobacco User/Non-Tobacco User	34	246.21	252.37
	Rating Area 6	Tobacco User/Non-Tobacco User	35	247.83	254.03
	Rating Area 6	Tobacco User/Non-Tobacco User	36	249.46	255.69
	Rating Area 6	Tobacco User/Non-Tobacco User	37	251.08	257.36
	Rating Area 6	Tobacco User/Non-Tobacco User	38	252.70	259.02
	Rating Area 6	Tobacco User/Non-Tobacco User	39	255.95	262.34
	Rating Area 6	Tobacco User/Non-Tobacco User	40	259.19	278.63
	Rating Area 6	Tobacco User/Non-Tobacco User	41	264.06	283.86
	Rating Area 6	Tobacco User/Non-Tobacco User	42	268.72	288.88
	Rating Area 6	Tobacco User/Non-Tobacco User	43	275.21	295.85
	Rating Area 6	Tobacco User/Non-Tobacco User	44	283.33	304.57

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110008	Rating Area 6	Tobacco User/Non-Tobacco User	45	292.86	322.14
	Rating Area 6	Tobacco User/Non-Tobacco User	46	304.21	334.64
	Rating Area 6	Tobacco User/Non-Tobacco User	47	316.99	348.69
	Rating Area 6	Tobacco User/Non-Tobacco User	48	331.59	364.75
	Rating Area 6	Tobacco User/Non-Tobacco User	49	345.99	380.59
	Rating Area 6	Tobacco User/Non-Tobacco User	50	362.22	416.55
	Rating Area 6	Tobacco User/Non-Tobacco User	51	378.24	434.98
	Rating Area 6	Tobacco User/Non-Tobacco User	52	395.89	455.27
	Rating Area 6	Tobacco User/Non-Tobacco User	53	413.73	475.79
	Rating Area 6	Tobacco User/Non-Tobacco User	54	433.00	497.95
	Rating Area 6	Tobacco User/Non-Tobacco User	55	452.27	542.72
	Rating Area 6	Tobacco User/Non-Tobacco User	56	473.16	567.79
	Rating Area 6	Tobacco User/Non-Tobacco User	57	494.25	593.10
	Rating Area 6	Tobacco User/Non-Tobacco User	58	516.76	620.11
	Rating Area 6	Tobacco User/Non-Tobacco User	59	527.91	633.50
	Rating Area 6	Tobacco User/Non-Tobacco User	60	550.43	688.03
	Rating Area 6	Tobacco User/Non-Tobacco User	61	569.90	712.37
	Rating Area 6	Tobacco User/Non-Tobacco User	62	582.67	728.34
	Rating Area 6	Tobacco User/Non-Tobacco User	63	598.70	748.37
	Rating Area 6	Tobacco User/Non-Tobacco User	64	608.42	760.54
53789PA0110008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	608.42	760.54

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	151.27	151.27
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	21	238.22	244.18
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	22	238.22	244.18
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	23	238.22	244.18
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	24	238.22	244.18
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	25	239.17	245.15
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	26	243.94	250.04
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	27	249.65	255.90
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	28	258.95	265.42
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	29	266.57	273.23
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	30	270.38	277.14
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	31	276.10	283.00
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	32	281.81	288.86
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	33	285.39	292.52
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	34	289.20	296.43
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	35	291.10	298.38
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	36	293.01	300.34
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	37	294.92	302.29
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	38	296.82	304.24
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	39	300.63	308.15
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	40	304.45	327.28

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	41	310.16	333.42
	Rating Area 6	Tobacco User/Non-Tobacco User	42	315.64	339.31
	Rating Area 6	Tobacco User/Non-Tobacco User	43	323.26	347.51
	Rating Area 6	Tobacco User/Non-Tobacco User	44	332.79	357.75
	Rating Area 6	Tobacco User/Non-Tobacco User	45	343.99	378.39
	Rating Area 6	Tobacco User/Non-Tobacco User	46	357.33	393.06
	Rating Area 6	Tobacco User/Non-Tobacco User	47	372.34	409.57
	Rating Area 6	Tobacco User/Non-Tobacco User	48	389.49	428.44
	Rating Area 6	Tobacco User/Non-Tobacco User	49	406.40	447.04
	Rating Area 6	Tobacco User/Non-Tobacco User	50	425.46	489.28
	Rating Area 6	Tobacco User/Non-Tobacco User	51	444.28	510.92
	Rating Area 6	Tobacco User/Non-Tobacco User	52	465.01	534.76
	Rating Area 6	Tobacco User/Non-Tobacco User	53	485.97	558.86
	Rating Area 6	Tobacco User/Non-Tobacco User	54	508.60	584.89
	Rating Area 6	Tobacco User/Non-Tobacco User	55	531.23	637.48
	Rating Area 6	Tobacco User/Non-Tobacco User	56	555.77	666.92
	Rating Area 6	Tobacco User/Non-Tobacco User	57	580.54	696.65
	Rating Area 6	Tobacco User/Non-Tobacco User	58	606.98	728.38
	Rating Area 6	Tobacco User/Non-Tobacco User	59	620.09	744.10
	Rating Area 6	Tobacco User/Non-Tobacco User	60	646.53	808.16
	Rating Area 6	Tobacco User/Non-Tobacco User	61	669.40	836.75

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110009	Rating Area 6	Tobacco User/Non-Tobacco User	62	684.41	855.51
	Rating Area 6	Tobacco User/Non-Tobacco User	63	703.23	879.03
	Rating Area 6	Tobacco User/Non-Tobacco User	64	714.65	893.33
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	714.65	893.33
53789PA0110013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	191.88	191.88
53789PA0110013	Rating Area 6	Tobacco User/Non-Tobacco User	21	302.18	309.73
	Rating Area 6	Tobacco User/Non-Tobacco User	22	302.18	309.73
	Rating Area 6	Tobacco User/Non-Tobacco User	23	302.18	309.73
	Rating Area 6	Tobacco User/Non-Tobacco User	24	302.18	309.73
	Rating Area 6	Tobacco User/Non-Tobacco User	25	303.39	310.97
	Rating Area 6	Tobacco User/Non-Tobacco User	26	309.43	317.17
	Rating Area 6	Tobacco User/Non-Tobacco User	27	316.68	324.60
	Rating Area 6	Tobacco User/Non-Tobacco User	28	328.47	336.68
	Rating Area 6	Tobacco User/Non-Tobacco User	29	338.14	346.59
	Rating Area 6	Tobacco User/Non-Tobacco User	30	342.97	351.55
	Rating Area 6	Tobacco User/Non-Tobacco User	31	350.23	358.98
	Rating Area 6	Tobacco User/Non-Tobacco User	32	357.48	366.42
	Rating Area 6	Tobacco User/Non-Tobacco User	33	362.01	371.06
	Rating Area 6	Tobacco User/Non-Tobacco User	34	366.85	376.02
	Rating Area 6	Tobacco User/Non-Tobacco User	35	369.26	378.50
	Rating Area 6	Tobacco User/Non-Tobacco User	36	371.68	380.97

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110013	Rating Area 6	Tobacco User/Non-Tobacco User	37	374.10	383.45
	Rating Area 6	Tobacco User/Non-Tobacco User	38	376.52	385.93
	Rating Area 6	Tobacco User/Non-Tobacco User	39	381.35	390.88
	Rating Area 6	Tobacco User/Non-Tobacco User	40	386.19	415.15
	Rating Area 6	Tobacco User/Non-Tobacco User	41	393.44	422.95
	Rating Area 6	Tobacco User/Non-Tobacco User	42	400.39	430.42
	Rating Area 6	Tobacco User/Non-Tobacco User	43	410.06	440.81
	Rating Area 6	Tobacco User/Non-Tobacco User	44	422.15	453.81
	Rating Area 6	Tobacco User/Non-Tobacco User	45	436.35	479.98
	Rating Area 6	Tobacco User/Non-Tobacco User	46	453.27	498.60
	Rating Area 6	Tobacco User/Non-Tobacco User	47	472.31	519.54
	Rating Area 6	Tobacco User/Non-Tobacco User	48	494.06	543.47
	Rating Area 6	Tobacco User/Non-Tobacco User	49	515.52	567.07
	Rating Area 6	Tobacco User/Non-Tobacco User	50	539.69	620.65
	Rating Area 6	Tobacco User/Non-Tobacco User	51	563.57	648.10
	Rating Area 6	Tobacco User/Non-Tobacco User	52	589.86	678.33
	Rating Area 6	Tobacco User/Non-Tobacco User	53	616.45	708.91
	Rating Area 6	Tobacco User/Non-Tobacco User	54	645.15	741.93
	Rating Area 6	Tobacco User/Non-Tobacco User	55	673.86	808.63
	Rating Area 6	Tobacco User/Non-Tobacco User	56	704.99	845.98
	Rating Area 6	Tobacco User/Non-Tobacco User	57	736.41	883.70

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110013	Rating Area 6	Tobacco User/Non-Tobacco User	58	769.95	923.95
	Rating Area 6	Tobacco User/Non-Tobacco User	59	786.57	943.89
	Rating Area 6	Tobacco User/Non-Tobacco User	60	820.12	1025.15
	Rating Area 6	Tobacco User/Non-Tobacco User	61	849.13	1061.41
	Rating Area 6	Tobacco User/Non-Tobacco User	62	868.16	1085.20
	Rating Area 6	Tobacco User/Non-Tobacco User	63	892.04	1115.04
	Rating Area 6	Tobacco User/Non-Tobacco User	64	906.53	1133.18
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	906.53	1133.18
53789PA0110015	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	164.71	164.71
53789PA0110015	Rating Area 6	Tobacco User/Non-Tobacco User	21	259.39	265.87
	Rating Area 6	Tobacco User/Non-Tobacco User	22	259.39	265.87
	Rating Area 6	Tobacco User/Non-Tobacco User	23	259.39	265.87
	Rating Area 6	Tobacco User/Non-Tobacco User	24	259.39	265.87
	Rating Area 6	Tobacco User/Non-Tobacco User	25	260.43	266.94
	Rating Area 6	Tobacco User/Non-Tobacco User	26	265.62	272.26
	Rating Area 6	Tobacco User/Non-Tobacco User	27	271.84	278.64
	Rating Area 6	Tobacco User/Non-Tobacco User	28	281.96	289.01
	Rating Area 6	Tobacco User/Non-Tobacco User	29	290.26	297.51
	Rating Area 6	Tobacco User/Non-Tobacco User	30	294.41	301.77
	Rating Area 6	Tobacco User/Non-Tobacco User	31	300.63	308.15
	Rating Area 6	Tobacco User/Non-Tobacco User	32	306.86	314.53

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	33	310.75	318.52
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	34	314.90	322.77
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	35	316.97	324.90
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	36	319.05	327.03
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	37	321.12	329.15
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	38	323.20	331.28
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	39	327.35	335.53
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	40	331.50	356.36
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	41	337.73	363.06
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	42	343.69	369.47
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	43	351.99	378.39
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	44	362.37	389.55
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	45	374.56	412.02
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	46	389.08	427.99
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	47	405.43	445.97
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	48	424.10	466.51
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	49	442.52	486.77
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	50	463.27	532.76
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	51	483.76	556.33
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	52	506.33	582.28
53789PA0110015 Rating Area 6		Tobacco User/Non-Tobacco User	53	529.16	608.53

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110015	Rating Area 6	Tobacco User/Non-Tobacco User	54	553.80	636.87
	Rating Area 6	Tobacco User/Non-Tobacco User	55	578.44	694.13
	Rating Area 6	Tobacco User/Non-Tobacco User	56	605.16	726.19
	Rating Area 6	Tobacco User/Non-Tobacco User	57	632.13	758.56
	Rating Area 6	Tobacco User/Non-Tobacco User	58	660.93	793.11
	Rating Area 6	Tobacco User/Non-Tobacco User	59	675.19	810.23
	Rating Area 6	Tobacco User/Non-Tobacco User	60	703.98	879.98
	Rating Area 6	Tobacco User/Non-Tobacco User	61	728.89	911.11
	Rating Area 6	Tobacco User/Non-Tobacco User	62	745.23	931.53
	Rating Area 6	Tobacco User/Non-Tobacco User	63	765.72	957.15
	Rating Area 6	Tobacco User/Non-Tobacco User	64	778.16	972.71
	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	778.16	972.71
53789PA0110017	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	84.34	84.34
53789PA0110017	Rating Area 7	Tobacco User/Non-Tobacco User	21	132.82	136.14
	Rating Area 7	Tobacco User/Non-Tobacco User	22	132.82	136.14
	Rating Area 7	Tobacco User/Non-Tobacco User	23	132.82	136.14
	Rating Area 7	Tobacco User/Non-Tobacco User	24	132.82	136.14
	Rating Area 7	Tobacco User/Non-Tobacco User	25	133.35	136.68
	Rating Area 7	Tobacco User/Non-Tobacco User	26	136.00	139.40
	Rating Area 7	Tobacco User/Non-Tobacco User	27	139.19	142.67
	Rating Area 7	Tobacco User/Non-Tobacco User	28	144.37	147.98

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Required:Require:Required:Required:Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a planEnter the rate of an Individual tobacco enrollee on a plan					
53789PA0110017	Rating Area 7	Tobacco User/Non-Tobacco User	29	148.62	152.34
	Rating Area 7	Tobacco User/Non-Tobacco User	30	150.75	154.51
	Rating Area 7	Tobacco User/Non-Tobacco User	31	153.93	157.78
	Rating Area 7	Tobacco User/Non-Tobacco User	32	157.12	161.05
	Rating Area 7	Tobacco User/Non-Tobacco User	33	159.11	163.09
	Rating Area 7	Tobacco User/Non-Tobacco User	34	161.24	165.27
	Rating Area 7	Tobacco User/Non-Tobacco User	35	162.30	166.36
	Rating Area 7	Tobacco User/Non-Tobacco User	36	163.36	167.45
	Rating Area 7	Tobacco User/Non-Tobacco User	37	164.42	168.54
	Rating Area 7	Tobacco User/Non-Tobacco User	38	165.49	169.62
	Rating Area 7	Tobacco User/Non-Tobacco User	39	167.61	171.80
	Rating Area 7	Tobacco User/Non-Tobacco User	40	169.74	182.47
	Rating Area 7	Tobacco User/Non-Tobacco User	41	172.93	185.89
	Rating Area 7	Tobacco User/Non-Tobacco User	42	175.98	189.18
	Rating Area 7	Tobacco User/Non-Tobacco User	43	180.23	193.75
	Rating Area 7	Tobacco User/Non-Tobacco User	44	185.54	199.46
	Rating Area 7	Tobacco User/Non-Tobacco User	45	191.78	210.96
	Rating Area 7	Tobacco User/Non-Tobacco User	46	199.22	219.14
	Rating Area 7	Tobacco User/Non-Tobacco User	47	207.59	228.35
	Rating Area 7	Tobacco User/Non-Tobacco User	48	217.15	238.87
	Rating Area 7	Tobacco User/Non-Tobacco User	49	226.58	249.24

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110017	Rating Area 7	Tobacco User/Non-Tobacco User	50	237.21	272.79
	Rating Area 7	Tobacco User/Non-Tobacco User	51	247.70	284.85
	Rating Area 7	Tobacco User/Non-Tobacco User	52	259.25	298.14
	Rating Area 7	Tobacco User/Non-Tobacco User	53	270.94	311.58
	Rating Area 7	Tobacco User/Non-Tobacco User	54	283.56	326.09
	Rating Area 7	Tobacco User/Non-Tobacco User	55	296.18	355.41
	Rating Area 7	Tobacco User/Non-Tobacco User	56	309.86	371.83
	Rating Area 7	Tobacco User/Non-Tobacco User	57	323.67	388.40
	Rating Area 7	Tobacco User/Non-Tobacco User	58	338.41	406.10
	Rating Area 7	Tobacco User/Non-Tobacco User	59	345.72	414.86
	Rating Area 7	Tobacco User/Non-Tobacco User	60	360.46	450.57
	Rating Area 7	Tobacco User/Non-Tobacco User	61	373.21	466.51
	Rating Area 7	Tobacco User/Non-Tobacco User	62	381.58	476.97
	Rating Area 7	Tobacco User/Non-Tobacco User	63	392.07	490.09
	Rating Area 7	Tobacco User/Non-Tobacco User	64	398.45	498.06
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	398.45	498.06
53789PA0110018	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	89.95	89.95
53789PA0110018	Rating Area 9	Tobacco User/Non-Tobacco User	21	141.65	145.19
	Rating Area 9	Tobacco User/Non-Tobacco User	22	141.65	145.19
	Rating Area 9	Tobacco User/Non-Tobacco User	23	141.65	145.19
	Rating Area 9	Tobacco User/Non-Tobacco User	24	141.65	145.19

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110018	Rating Area 9	Tobacco User/Non-Tobacco User	25	142.22	145.77
	Rating Area 9	Tobacco User/Non-Tobacco User	26	145.05	148.68
	Rating Area 9	Tobacco User/Non-Tobacco User	27	148.45	152.16
	Rating Area 9	Tobacco User/Non-Tobacco User	28	153.97	157.82
	Rating Area 9	Tobacco User/Non-Tobacco User	29	158.51	162.47
	Rating Area 9	Tobacco User/Non-Tobacco User	30	160.77	164.79
	Rating Area 9	Tobacco User/Non-Tobacco User	31	164.17	168.28
	Rating Area 9	Tobacco User/Non-Tobacco User	32	167.57	171.76
	Rating Area 9	Tobacco User/Non-Tobacco User	33	169.70	173.94
	Rating Area 9	Tobacco User/Non-Tobacco User	34	171.96	176.26
	Rating Area 9	Tobacco User/Non-Tobacco User	35	173.10	177.42
	Rating Area 9	Tobacco User/Non-Tobacco User	36	174.23	178.58
	Rating Area 9	Tobacco User/Non-Tobacco User	37	175.36	179.75
	Rating Area 9	Tobacco User/Non-Tobacco User	38	176.49	180.91
	Rating Area 9	Tobacco User/Non-Tobacco User	39	178.76	183.23
	Rating Area 9	Tobacco User/Non-Tobacco User	40	181.03	194.60
	Rating Area 9	Tobacco User/Non-Tobacco User	41	184.43	198.26
	Rating Area 9	Tobacco User/Non-Tobacco User	42	187.69	201.76
	Rating Area 9	Tobacco User/Non-Tobacco User	43	192.22	206.63
	Rating Area 9	Tobacco User/Non-Tobacco User	44	197.88	212.73
	Rating Area 9	Tobacco User/Non-Tobacco User	45	204.54	225.00

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Required: Require: Required: Required: Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a planEnter the rate of an Individual tobacco enrollee on a plan					
53789PA0110018	Rating Area 9	Tobacco User/Non-Tobacco User	46	212.47	233.72
	Rating Area 9	Tobacco User/Non-Tobacco User	47	221.40	243.54
	Rating Area 9	Tobacco User/Non-Tobacco User	48	231.60	254.76
	Rating Area 9	Tobacco User/Non-Tobacco User	49	241.65	265.82
	Rating Area 9	Tobacco User/Non-Tobacco User	50	252.99	290.93
	Rating Area 9	Tobacco User/Non-Tobacco User	51	264.18	303.80
	Rating Area 9	Tobacco User/Non-Tobacco User	52	276.50	317.97
	Rating Area 9	Tobacco User/Non-Tobacco User	53	288.96	332.31
	Rating Area 9	Tobacco User/Non-Tobacco User	54	302.42	347.78
	Rating Area 9	Tobacco User/Non-Tobacco User	55	315.88	379.05
	Rating Area 9	Tobacco User/Non-Tobacco User	56	330.47	396.56
	Rating Area 9	Tobacco User/Non-Tobacco User	57	345.20	414.24
	Rating Area 9	Tobacco User/Non-Tobacco User	58	360.92	433.11
	Rating Area 9	Tobacco User/Non-Tobacco User	59	368.71	442.46
	Rating Area 9	Tobacco User/Non-Tobacco User	60	384.44	480.54
	Rating Area 9	Tobacco User/Non-Tobacco User	61	398.03	497.54
	Rating Area 9	Tobacco User/Non-Tobacco User	62	406.96	508.70
	Rating Area 9	Tobacco User/Non-Tobacco User	63	418.15	522.69
	Rating Area 9	Tobacco User/Non-Tobacco User	64	424.94	531.18
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	424.94	531.18
53789PA0110019	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	130.72	130.72

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110019	Rating Area 7	Tobacco User/Non-Tobacco User	21	205.86	211.00
	Rating Area 7	Tobacco User/Non-Tobacco User	22	205.86	211.00
	Rating Area 7	Tobacco User/Non-Tobacco User	23	205.86	211.00
	Rating Area 7	Tobacco User/Non-Tobacco User	24	205.86	211.00
	Rating Area 7	Tobacco User/Non-Tobacco User	25	206.68	211.85
	Rating Area 7	Tobacco User/Non-Tobacco User	26	210.80	216.07
	Rating Area 7	Tobacco User/Non-Tobacco User	27	215.74	221.13
	Rating Area 7	Tobacco User/Non-Tobacco User	28	223.77	229.36
	Rating Area 7	Tobacco User/Non-Tobacco User	29	230.36	236.11
	Rating Area 7	Tobacco User/Non-Tobacco User	30	233.65	239.49
	Rating Area 7	Tobacco User/Non-Tobacco User	31	238.59	244.55
	Rating Area 7	Tobacco User/Non-Tobacco User	32	243.53	249.62
	Rating Area 7	Tobacco User/Non-Tobacco User	33	246.62	252.78
	Rating Area 7	Tobacco User/Non-Tobacco User	34	249.91	256.16
	Rating Area 7	Tobacco User/Non-Tobacco User	35	251.56	257.85
	Rating Area 7	Tobacco User/Non-Tobacco User	36	253.21	259.54
	Rating Area 7	Tobacco User/Non-Tobacco User	37	254.85	261.22
	Rating Area 7	Tobacco User/Non-Tobacco User	38	256.50	262.91
	Rating Area 7	Tobacco User/Non-Tobacco User	39	259.79	266.29
	Rating Area 7	Tobacco User/Non-Tobacco User	40	263.09	282.82
	Rating Area 7	Tobacco User/Non-Tobacco User	41	268.03	288.13

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110019	Rating Area 7	Tobacco User/Non-Tobacco User	42	272.76	293.22
	Rating Area 7	Tobacco User/Non-Tobacco User	43	279.35	300.30
	Rating Area 7	Tobacco User/Non-Tobacco User	44	287.58	309.15
	Rating Area 7	Tobacco User/Non-Tobacco User	45	297.26	326.99
	Rating Area 7	Tobacco User/Non-Tobacco User	46	308.79	339.67
	Rating Area 7	Tobacco User/Non-Tobacco User	47	321.76	353.93
	Rating Area 7	Tobacco User/Non-Tobacco User	48	336.58	370.24
	Rating Area 7	Tobacco User/Non-Tobacco User	49	351.19	386.31
	Rating Area 7	Tobacco User/Non-Tobacco User	50	367.66	422.81
	Rating Area 7	Tobacco User/Non-Tobacco User	51	383.93	441.51
	Rating Area 7	Tobacco User/Non-Tobacco User	52	401.84	462.11
	Rating Area 7	Tobacco User/Non-Tobacco User	53	419.95	482.94
	Rating Area 7	Tobacco User/Non-Tobacco User	54	439.51	505.43
	Rating Area 7	Tobacco User/Non-Tobacco User	55	459.06	550.88
	Rating Area 7	Tobacco User/Non-Tobacco User	56	480.27	576.32
	Rating Area 7	Tobacco User/Non-Tobacco User	57	501.68	602.01
	Rating Area 7	Tobacco User/Non-Tobacco User	58	524.53	629.43
	Rating Area 7	Tobacco User/Non-Tobacco User	59	535.85	643.02
	Rating Area 7	Tobacco User/Non-Tobacco User	60	558.70	698.37
	Rating Area 7	Tobacco User/Non-Tobacco User	61	578.46	723.08
	Rating Area 7	Tobacco User/Non-Tobacco User	62	591.43	739.29

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110019	Rating Area 7	Tobacco User/Non-Tobacco User	63	607.69	759.62
	Rating Area 7	Tobacco User/Non-Tobacco User	64	617.57	771.97
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	617.57	771.97
53789PA0110020	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	141.54	141.54
53789PA0110020	Rating Area 9	Tobacco User/Non-Tobacco User	21	222.90	228.47
	Rating Area 9	Tobacco User/Non-Tobacco User	22	222.90	228.47
	Rating Area 9	Tobacco User/Non-Tobacco User	23	222.90	228.47
	Rating Area 9	Tobacco User/Non-Tobacco User	24	222.90	228.47
	Rating Area 9	Tobacco User/Non-Tobacco User	25	223.79	229.38
	Rating Area 9	Tobacco User/Non-Tobacco User	26	228.25	233.95
	Rating Area 9	Tobacco User/Non-Tobacco User	27	233.60	239.44
	Rating Area 9	Tobacco User/Non-Tobacco User	28	242.29	248.35
	Rating Area 9	Tobacco User/Non-Tobacco User	29	249.42	255.66
	Rating Area 9	Tobacco User/Non-Tobacco User	30	252.99	259.31
	Rating Area 9	Tobacco User/Non-Tobacco User	31	258.34	264.80
	Rating Area 9	Tobacco User/Non-Tobacco User	32	263.69	270.28
	Rating Area 9	Tobacco User/Non-Tobacco User	33	267.03	273.71
	Rating Area 9	Tobacco User/Non-Tobacco User	34	270.60	277.36
	Rating Area 9	Tobacco User/Non-Tobacco User	35	272.38	279.19
	Rating Area 9	Tobacco User/Non-Tobacco User	36	274.17	281.02
	Rating Area 9	Tobacco User/Non-Tobacco User	37	275.95	282.85

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	38	277.73	284.67
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	39	281.30	288.33
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	40	284.86	306.23
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	41	290.21	311.98
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	42	295.34	317.49
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	43	302.47	325.16
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	44	311.39	334.74
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	45	321.87	354.05
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	46	334.35	367.78
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	47	348.39	383.23
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	48	364.44	400.88
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	49	380.26	418.29
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	50	398.10	457.81
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	51	415.71	478.06
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	52	435.10	500.36
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	53	454.71	522.92
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	54	475.89	547.27
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	55	497.06	596.48
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	56	520.02	624.03
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	57	543.20	651.84
53789PA0110020 Rating Area 9		Tobacco User/Non-Tobacco User	58	567.95	681.53

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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110020	Rating Area 9	Tobacco User/Non-Tobacco User	59	580.20	696.25
	Rating Area 9	Tobacco User/Non-Tobacco User	60	604.95	756.18
	Rating Area 9	Tobacco User/Non-Tobacco User	61	626.34	782.93
	Rating Area 9	Tobacco User/Non-Tobacco User	62	640.39	800.48
	Rating Area 9	Tobacco User/Non-Tobacco User	63	658.00	822.50
	Rating Area 9	Tobacco User/Non-Tobacco User	64	668.69	835.87
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	668.69	835.87
53789PA0110021	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	153.58	153.58
53789PA0110021	Rating Area 7	Tobacco User/Non-Tobacco User	21	241.85	247.90
	Rating Area 7	Tobacco User/Non-Tobacco User	22	241.85	247.90
	Rating Area 7	Tobacco User/Non-Tobacco User	23	241.85	247.90
	Rating Area 7	Tobacco User/Non-Tobacco User	24	241.85	247.90
	Rating Area 7	Tobacco User/Non-Tobacco User	25	242.82	248.89
	Rating Area 7	Tobacco User/Non-Tobacco User	26	247.66	253.85
	Rating Area 7	Tobacco User/Non-Tobacco User	27	253.46	259.80
	Rating Area 7	Tobacco User/Non-Tobacco User	28	262.90	269.47
	Rating Area 7	Tobacco User/Non-Tobacco User	29	270.64	277.40
	Rating Area 7	Tobacco User/Non-Tobacco User	30	274.50	281.37
	Rating Area 7	Tobacco User/Non-Tobacco User	31	280.31	287.32
	Rating Area 7	Tobacco User/Non-Tobacco User	32	286.11	293.27
	Rating Area 7	Tobacco User/Non-Tobacco User	33	289.74	296.99

HIOS Issuer ID*	53789				
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Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	34	293.61	300.95
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	35	295.55	302.93
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	36	297.48	304.92
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	37	299.42	306.90
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	38	301.35	308.88
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	39	305.22	312.85
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	40	309.09	332.27
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	41	314.89	338.51
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	42	320.46	344.49
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	43	328.20	352.81
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	44	337.87	363.21
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	45	349.24	384.16
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	46	362.78	399.06
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	47	378.02	415.82
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	48	395.43	434.98
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	49	412.60	453.86
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	50	431.95	496.75
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	51	451.06	518.72
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	52	472.10	542.92
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	53	493.38	567.39
53789PA0110021 Rating Area 7		Tobacco User/Non-Tobacco User	54	516.36	593.81

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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110021	Rating Area 7	Tobacco User/Non-Tobacco User	55	539.34	647.20
	Rating Area 7	Tobacco User/Non-Tobacco User	56	564.25	677.10
	Rating Area 7	Tobacco User/Non-Tobacco User	57	589.40	707.28
	Rating Area 7	Tobacco User/Non-Tobacco User	58	616.25	739.49
	Rating Area 7	Tobacco User/Non-Tobacco User	59	629.55	755.46
	Rating Area 7	Tobacco User/Non-Tobacco User	60	656.39	820.49
	Rating Area 7	Tobacco User/Non-Tobacco User	61	679.61	849.51
	Rating Area 7	Tobacco User/Non-Tobacco User	62	694.85	868.56
	Rating Area 7	Tobacco User/Non-Tobacco User	63	713.95	892.44
	Rating Area 7	Tobacco User/Non-Tobacco User	64	725.55	906.95
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	725.55	906.95
53789PA0110022	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	166.96	166.96
53789PA0110022	Rating Area 9	Tobacco User/Non-Tobacco User	21	262.93	269.51
	Rating Area 9	Tobacco User/Non-Tobacco User	22	262.93	269.51
	Rating Area 9	Tobacco User/Non-Tobacco User	23	262.93	269.51
	Rating Area 9	Tobacco User/Non-Tobacco User	24	262.93	269.51
	Rating Area 9	Tobacco User/Non-Tobacco User	25	263.99	270.59
	Rating Area 9	Tobacco User/Non-Tobacco User	26	269.24	275.98
	Rating Area 9	Tobacco User/Non-Tobacco User	27	275.55	282.44
	Rating Area 9	Tobacco User/Non-Tobacco User	28	285.81	292.95
	Rating Area 9	Tobacco User/Non-Tobacco User	29	294.22	301.58

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	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110022	Rating Area 9	Tobacco User/Non-Tobacco User	30	298.43	305.89
	Rating Area 9	Tobacco User/Non-Tobacco User	31	304.74	312.36
	Rating Area 9	Tobacco User/Non-Tobacco User	32	311.05	318.83
	Rating Area 9	Tobacco User/Non-Tobacco User	33	315.00	322.87
	Rating Area 9	Tobacco User/Non-Tobacco User	34	319.20	327.18
	Rating Area 9	Tobacco User/Non-Tobacco User	35	321.31	329.34
	Rating Area 9	Tobacco User/Non-Tobacco User	36	323.41	331.49
	Rating Area 9	Tobacco User/Non-Tobacco User	37	325.51	333.65
	Rating Area 9	Tobacco User/Non-Tobacco User	38	327.62	335.81
	Rating Area 9	Tobacco User/Non-Tobacco User	39	331.82	340.12
	Rating Area 9	Tobacco User/Non-Tobacco User	40	336.03	361.23
	Rating Area 9	Tobacco User/Non-Tobacco User	41	342.34	368.02
	Rating Area 9	Tobacco User/Non-Tobacco User	42	348.39	374.52
	Rating Area 9	Tobacco User/Non-Tobacco User	43	356.80	383.56
	Rating Area 9	Tobacco User/Non-Tobacco User	44	367.32	394.87
	Rating Area 9	Tobacco User/Non-Tobacco User	45	379.68	417.64
	Rating Area 9	Tobacco User/Non-Tobacco User	46	394.40	433.84
	Rating Area 9	Tobacco User/Non-Tobacco User	47	410.97	452.06
	Rating Area 9	Tobacco User/Non-Tobacco User	48	429.90	472.89
	Rating Area 9	Tobacco User/Non-Tobacco User	49	448.57	493.42
	Rating Area 9	Tobacco User/Non-Tobacco User	50	469.60	540.04

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110022	Rating Area 9	Tobacco User/Non-Tobacco User	51	490.37	563.93
	Rating Area 9	Tobacco User/Non-Tobacco User	52	513.25	590.23
	Rating Area 9	Tobacco User/Non-Tobacco User	53	536.39	616.84
	Rating Area 9	Tobacco User/Non-Tobacco User	54	561.36	645.57
	Rating Area 9	Tobacco User/Non-Tobacco User	55	586.34	703.61
	Rating Area 9	Tobacco User/Non-Tobacco User	56	613.43	736.11
	Rating Area 9	Tobacco User/Non-Tobacco User	57	640.77	768.92
	Rating Area 9	Tobacco User/Non-Tobacco User	58	669.96	803.95
	Rating Area 9	Tobacco User/Non-Tobacco User	59	684.42	821.30
	Rating Area 9	Tobacco User/Non-Tobacco User	60	713.60	892.00
	Rating Area 9	Tobacco User/Non-Tobacco User	61	738.84	923.56
	Rating Area 9	Tobacco User/Non-Tobacco User	62	755.41	944.26
	Rating Area 9	Tobacco User/Non-Tobacco User	63	776.18	970.23
	Rating Area 9	Tobacco User/Non-Tobacco User	64	788.79	986.00
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	788.79	986.00
53789PA0110027	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	158.82	158.82
53789PA0110027	Rating Area 7	Tobacco User/Non-Tobacco User	21	250.12	256.37
	Rating Area 7	Tobacco User/Non-Tobacco User	22	250.12	256.37
	Rating Area 7	Tobacco User/Non-Tobacco User	23	250.12	256.37
	Rating Area 7	Tobacco User/Non-Tobacco User	24	250.12	256.37
	Rating Area 7	Tobacco User/Non-Tobacco User	25	251.12	257.39

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110027	Rating Area 7	Tobacco User/Non-Tobacco User	26	256.12	262.52
	Rating Area 7	Tobacco User/Non-Tobacco User	27	262.12	268.68
	Rating Area 7	Tobacco User/Non-Tobacco User	28	271.88	278.67
	Rating Area 7	Tobacco User/Non-Tobacco User	29	279.88	286.88
	Rating Area 7	Tobacco User/Non-Tobacco User	30	283.88	290.98
	Rating Area 7	Tobacco User/Non-Tobacco User	31	289.88	297.13
	Rating Area 7	Tobacco User/Non-Tobacco User	32	295.89	303.28
	Rating Area 7	Tobacco User/Non-Tobacco User	33	299.64	307.13
	Rating Area 7	Tobacco User/Non-Tobacco User	34	303.64	311.23
	Rating Area 7	Tobacco User/Non-Tobacco User	35	305.64	313.28
	Rating Area 7	Tobacco User/Non-Tobacco User	36	307.64	315.33
	Rating Area 7	Tobacco User/Non-Tobacco User	37	309.64	317.39
	Rating Area 7	Tobacco User/Non-Tobacco User	38	311.65	319.44
	Rating Area 7	Tobacco User/Non-Tobacco User	39	315.65	323.54
	Rating Area 7	Tobacco User/Non-Tobacco User	40	319.65	343.62
	Rating Area 7	Tobacco User/Non-Tobacco User	41	325.65	350.08
	Rating Area 7	Tobacco User/Non-Tobacco User	42	331.40	356.26
	Rating Area 7	Tobacco User/Non-Tobacco User	43	339.41	364.86
	Rating Area 7	Tobacco User/Non-Tobacco User	44	349.41	375.62
	Rating Area 7	Tobacco User/Non-Tobacco User	45	361.17	397.28
	Rating Area 7	Tobacco User/Non-Tobacco User	46	375.17	412.69

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan IDRequired: Select the Rating Area IDRequire: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired: Select the age of a subscriber eligible for the rateRequired: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired: Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110027	Rating Area 7	Tobacco User/Non-Tobacco User	47	390.93	430.03
	Rating Area 7	Tobacco User/Non-Tobacco User	48	408.94	449.83
	Rating Area 7	Tobacco User/Non-Tobacco User	49	426.70	469.37
	Rating Area 7	Tobacco User/Non-Tobacco User	50	446.71	513.71
	Rating Area 7	Tobacco User/Non-Tobacco User	51	466.47	536.44
	Rating Area 7	Tobacco User/Non-Tobacco User	52	488.23	561.46
	Rating Area 7	Tobacco User/Non-Tobacco User	53	510.24	586.77
	Rating Area 7	Tobacco User/Non-Tobacco User	54	534.00	614.10
	Rating Area 7	Tobacco User/Non-Tobacco User	55	557.76	669.31
	Rating Area 7	Tobacco User/Non-Tobacco User	56	583.52	700.23
	Rating Area 7	Tobacco User/Non-Tobacco User	57	609.53	731.44
	Rating Area 7	Tobacco User/Non-Tobacco User	58	637.30	764.76
	Rating Area 7	Tobacco User/Non-Tobacco User	59	651.05	781.26
	Rating Area 7	Tobacco User/Non-Tobacco User	60	678.82	848.52
	Rating Area 7	Tobacco User/Non-Tobacco User	61	702.83	878.53
	Rating Area 7	Tobacco User/Non-Tobacco User	62	718.58	898.23
	Rating Area 7	Tobacco User/Non-Tobacco User	63	738.34	922.93
	Rating Area 7	Tobacco User/Non-Tobacco User	64	750.35	937.94
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	750.35	937.94
53789PA0110028	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	172.80	172.80
53789PA0110028	Rating Area 9	Tobacco User/Non-Tobacco User	21	272.12	278.92

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110028	Rating Area 9	Tobacco User/Non-Tobacco User	22	272.12	278.92
	Rating Area 9	Tobacco User/Non-Tobacco User	23	272.12	278.92
	Rating Area 9	Tobacco User/Non-Tobacco User	24	272.12	278.92
	Rating Area 9	Tobacco User/Non-Tobacco User	25	273.21	280.04
	Rating Area 9	Tobacco User/Non-Tobacco User	26	278.65	285.62
	Rating Area 9	Tobacco User/Non-Tobacco User	27	285.18	292.31
	Rating Area 9	Tobacco User/Non-Tobacco User	28	295.80	303.19
	Rating Area 9	Tobacco User/Non-Tobacco User	29	304.50	312.12
	Rating Area 9	Tobacco User/Non-Tobacco User	30	308.86	316.58
	Rating Area 9	Tobacco User/Non-Tobacco User	31	315.39	323.27
	Rating Area 9	Tobacco User/Non-Tobacco User	32	321.92	329.97
	Rating Area 9	Tobacco User/Non-Tobacco User	33	326.00	334.15
	Rating Area 9	Tobacco User/Non-Tobacco User	34	330.36	338.61
	Rating Area 9	Tobacco User/Non-Tobacco User	35	332.53	340.85
	Rating Area 9	Tobacco User/Non-Tobacco User	36	334.71	343.08
	Rating Area 9	Tobacco User/Non-Tobacco User	37	336.89	345.31
	Rating Area 9	Tobacco User/Non-Tobacco User	38	339.06	347.54
	Rating Area 9	Tobacco User/Non-Tobacco User	39	343.42	352.00
	Rating Area 9	Tobacco User/Non-Tobacco User	40	347.77	373.85
	Rating Area 9	Tobacco User/Non-Tobacco User	41	354.30	380.87
	Rating Area 9	Tobacco User/Non-Tobacco User	42	360.56	387.60

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110028	Rating Area 9	Tobacco User/Non-Tobacco User	43	369.27	396.96
	Rating Area 9	Tobacco User/Non-Tobacco User	44	380.15	408.66
	Rating Area 9	Tobacco User/Non-Tobacco User	45	392.94	432.24
	Rating Area 9	Tobacco User/Non-Tobacco User	46	408.18	449.00
	Rating Area 9	Tobacco User/Non-Tobacco User	47	425.33	467.86
	Rating Area 9	Tobacco User/Non-Tobacco User	48	444.92	489.41
	Rating Area 9	Tobacco User/Non-Tobacco User	49	464.24	510.66
	Rating Area 9	Tobacco User/Non-Tobacco User	50	486.01	558.91
	Rating Area 9	Tobacco User/Non-Tobacco User	51	507.51	583.63
	Rating Area 9	Tobacco User/Non-Tobacco User	52	531.18	610.86
	Rating Area 9	Tobacco User/Non-Tobacco User	53	555.13	638.40
	Rating Area 9	Tobacco User/Non-Tobacco User	54	580.98	668.13
	Rating Area 9	Tobacco User/Non-Tobacco User	55	606.83	728.20
	Rating Area 9	Tobacco User/Non-Tobacco User	56	634.86	761.83
	Rating Area 9	Tobacco User/Non-Tobacco User	57	663.16	795.79
	Rating Area 9	Tobacco User/Non-Tobacco User	58	693.37	832.04
	Rating Area 9	Tobacco User/Non-Tobacco User	59	708.33	850.00
	Rating Area 9	Tobacco User/Non-Tobacco User	60	738.54	923.17
	Rating Area 9	Tobacco User/Non-Tobacco User	61	764.66	955.83
	Rating Area 9	Tobacco User/Non-Tobacco User	62	781.80	977.26
	Rating Area 9	Tobacco User/Non-Tobacco User	63	803.30	1004.13

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110028	Rating Area 9	Tobacco User/Non-Tobacco User	64	816.35	1020.45
			65 and over	816.35	1020.45
53789PA0110031	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	194.86	194.86
53789PA0110031	Rating Area 7	Tobacco User/Non-Tobacco User	21	306.87	314.54
			22	306.87	314.54
			23	306.87	314.54
			24	306.87	314.54
			25	308.10	315.80
			26	314.23	322.09
			27	321.60	329.64
			28	333.57	341.90
			29	343.39	351.97
			30	348.30	357.00
			31	355.66	364.55
			32	363.03	372.10
			33	367.63	376.82
			34	372.54	381.85
			35	374.99	384.37
			36	377.45	386.88
			37	379.90	389.40
			38	382.36	391.92

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110031	Rating Area 7	Tobacco User/Non-Tobacco User	39	387.27	396.95
	Rating Area 7	Tobacco User/Non-Tobacco User	40	392.18	421.59
	Rating Area 7	Tobacco User/Non-Tobacco User	41	399.54	429.51
	Rating Area 7	Tobacco User/Non-Tobacco User	42	406.60	437.10
	Rating Area 7	Tobacco User/Non-Tobacco User	43	416.42	447.65
	Rating Area 7	Tobacco User/Non-Tobacco User	44	428.70	460.85
	Rating Area 7	Tobacco User/Non-Tobacco User	45	443.12	487.43
	Rating Area 7	Tobacco User/Non-Tobacco User	46	460.30	506.33
	Rating Area 7	Tobacco User/Non-Tobacco User	47	479.64	527.60
	Rating Area 7	Tobacco User/Non-Tobacco User	48	501.73	551.90
	Rating Area 7	Tobacco User/Non-Tobacco User	49	523.52	575.87
	Rating Area 7	Tobacco User/Non-Tobacco User	50	548.07	630.28
	Rating Area 7	Tobacco User/Non-Tobacco User	51	572.31	658.16
	Rating Area 7	Tobacco User/Non-Tobacco User	52	599.01	688.86
	Rating Area 7	Tobacco User/Non-Tobacco User	53	626.01	719.91
	Rating Area 7	Tobacco User/Non-Tobacco User	54	655.16	753.44
	Rating Area 7	Tobacco User/Non-Tobacco User	55	684.32	821.18
	Rating Area 7	Tobacco User/Non-Tobacco User	56	715.92	859.11
	Rating Area 7	Tobacco User/Non-Tobacco User	57	747.84	897.41
	Rating Area 7	Tobacco User/Non-Tobacco User	58	781.90	938.28
	Rating Area 7	Tobacco User/Non-Tobacco User	59	798.78	958.53

HIOS Issuer ID*	53789				
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Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110031	Rating Area 7	Tobacco User/Non-Tobacco User	60	832.84	1041.05
	Rating Area 7	Tobacco User/Non-Tobacco User	61	862.30	1077.87
	Rating Area 7	Tobacco User/Non-Tobacco User	62	881.63	1102.04
	Rating Area 7	Tobacco User/Non-Tobacco User	63	905.88	1132.34
	Rating Area 7	Tobacco User/Non-Tobacco User	64	920.60	1150.76
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	920.60	1150.76
53789PA0110032	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	212.88	212.88
53789PA0110032	Rating Area 9	Tobacco User/Non-Tobacco User	21	335.24	343.62
	Rating Area 9	Tobacco User/Non-Tobacco User	22	335.24	343.62
	Rating Area 9	Tobacco User/Non-Tobacco User	23	335.24	343.62
	Rating Area 9	Tobacco User/Non-Tobacco User	24	335.24	343.62
	Rating Area 9	Tobacco User/Non-Tobacco User	25	336.58	345.00
	Rating Area 9	Tobacco User/Non-Tobacco User	26	343.29	351.87
	Rating Area 9	Tobacco User/Non-Tobacco User	27	351.34	360.12
	Rating Area 9	Tobacco User/Non-Tobacco User	28	364.41	373.52
	Rating Area 9	Tobacco User/Non-Tobacco User	29	375.14	384.52
	Rating Area 9	Tobacco User/Non-Tobacco User	30	380.50	390.01
	Rating Area 9	Tobacco User/Non-Tobacco User	31	388.55	398.26
	Rating Area 9	Tobacco User/Non-Tobacco User	32	396.59	406.51
	Rating Area 9	Tobacco User/Non-Tobacco User	33	401.62	411.66
	Rating Area 9	Tobacco User/Non-Tobacco User	34	406.99	417.16

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	35	409.67	419.91
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	36	412.35	422.66
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	37	415.03	425.41
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	38	417.71	428.16
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	39	423.08	433.65
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	40	428.44	460.57
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	41	436.49	469.22
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	42	444.20	477.51
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	43	454.93	489.05
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	44	468.34	503.46
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	45	484.09	532.50
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	46	502.87	553.15
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	47	523.99	576.38
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	48	548.12	602.94
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	49	571.93	629.12
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	50	598.75	688.56
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	51	625.23	719.01
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	52	654.40	752.56
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	53	683.90	786.48
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	54	715.75	823.11
53789PA0110032 Rating Area 9		Tobacco User/Non-Tobacco User	55	747.59	897.11

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110032	Rating Area 9	Tobacco User/Non-Tobacco User	56	782.12	938.55
	Rating Area 9	Tobacco User/Non-Tobacco User	57	816.99	980.39
	Rating Area 9	Tobacco User/Non-Tobacco User	58	854.20	1025.04
	Rating Area 9	Tobacco User/Non-Tobacco User	59	872.64	1047.17
	Rating Area 9	Tobacco User/Non-Tobacco User	60	909.85	1137.31
	Rating Area 9	Tobacco User/Non-Tobacco User	61	942.03	1177.54
	Rating Area 9	Tobacco User/Non-Tobacco User	62	963.16	1203.94
	Rating Area 9	Tobacco User/Non-Tobacco User	63	989.64	1237.05
	Rating Area 9	Tobacco User/Non-Tobacco User	64	1005.72	1257.16
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	1005.72	1257.16
53789PA0110035	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	167.24	167.24
53789PA0110035	Rating Area 7	Tobacco User/Non-Tobacco User	21	263.38	269.96
	Rating Area 7	Tobacco User/Non-Tobacco User	22	263.38	269.96
	Rating Area 7	Tobacco User/Non-Tobacco User	23	263.38	269.96
	Rating Area 7	Tobacco User/Non-Tobacco User	24	263.38	269.96
	Rating Area 7	Tobacco User/Non-Tobacco User	25	264.43	271.04
	Rating Area 7	Tobacco User/Non-Tobacco User	26	269.70	276.44
	Rating Area 7	Tobacco User/Non-Tobacco User	27	276.02	282.92
	Rating Area 7	Tobacco User/Non-Tobacco User	28	286.29	293.45
	Rating Area 7	Tobacco User/Non-Tobacco User	29	294.72	302.09
	Rating Area 7	Tobacco User/Non-Tobacco User	30	298.93	306.41

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110035	Rating Area 7	Tobacco User/Non-Tobacco User	31	305.25	312.89
	Rating Area 7	Tobacco User/Non-Tobacco User	32	311.58	319.37
	Rating Area 7	Tobacco User/Non-Tobacco User	33	315.53	323.41
	Rating Area 7	Tobacco User/Non-Tobacco User	34	319.74	327.73
	Rating Area 7	Tobacco User/Non-Tobacco User	35	321.85	329.89
	Rating Area 7	Tobacco User/Non-Tobacco User	36	323.95	332.05
	Rating Area 7	Tobacco User/Non-Tobacco User	37	326.06	334.21
	Rating Area 7	Tobacco User/Non-Tobacco User	38	328.17	336.37
	Rating Area 7	Tobacco User/Non-Tobacco User	39	332.38	340.69
	Rating Area 7	Tobacco User/Non-Tobacco User	40	336.60	361.84
	Rating Area 7	Tobacco User/Non-Tobacco User	41	342.92	368.64
	Rating Area 7	Tobacco User/Non-Tobacco User	42	348.98	375.15
	Rating Area 7	Tobacco User/Non-Tobacco User	43	357.40	384.21
	Rating Area 7	Tobacco User/Non-Tobacco User	44	367.94	395.53
	Rating Area 7	Tobacco User/Non-Tobacco User	45	380.32	418.35
	Rating Area 7	Tobacco User/Non-Tobacco User	46	395.07	434.57
	Rating Area 7	Tobacco User/Non-Tobacco User	47	411.66	452.83
	Rating Area 7	Tobacco User/Non-Tobacco User	48	430.62	473.68
	Rating Area 7	Tobacco User/Non-Tobacco User	49	449.32	494.25
	Rating Area 7	Tobacco User/Non-Tobacco User	50	470.39	540.95
	Rating Area 7	Tobacco User/Non-Tobacco User	51	491.20	564.88

HIOS Issuer ID*	53789				
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	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110035	Rating Area 7	Tobacco User/Non-Tobacco User	52	514.11	591.23
	Rating Area 7	Tobacco User/Non-Tobacco User	53	537.29	617.88
	Rating Area 7	Tobacco User/Non-Tobacco User	54	562.31	646.66
	Rating Area 7	Tobacco User/Non-Tobacco User	55	587.33	704.80
	Rating Area 7	Tobacco User/Non-Tobacco User	56	614.46	737.35
	Rating Area 7	Tobacco User/Non-Tobacco User	57	641.85	770.22
	Rating Area 7	Tobacco User/Non-Tobacco User	58	671.09	805.30
	Rating Area 7	Tobacco User/Non-Tobacco User	59	685.57	822.69
	Rating Area 7	Tobacco User/Non-Tobacco User	60	714.81	893.51
	Rating Area 7	Tobacco User/Non-Tobacco User	61	740.09	925.11
	Rating Area 7	Tobacco User/Non-Tobacco User	62	756.68	945.86
	Rating Area 7	Tobacco User/Non-Tobacco User	63	777.49	971.86
	Rating Area 7	Tobacco User/Non-Tobacco User	64	790.13	987.67
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	790.13	987.67
53789PA0110036	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	182.16	182.16
53789PA0110036	Rating Area 9	Tobacco User/Non-Tobacco User	21	286.87	294.04
	Rating Area 9	Tobacco User/Non-Tobacco User	22	286.87	294.04
	Rating Area 9	Tobacco User/Non-Tobacco User	23	286.87	294.04
	Rating Area 9	Tobacco User/Non-Tobacco User	24	286.87	294.04
	Rating Area 9	Tobacco User/Non-Tobacco User	25	288.02	295.22
	Rating Area 9	Tobacco User/Non-Tobacco User	26	293.76	301.10

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110036	Rating Area 9	Tobacco User/Non-Tobacco User	27	300.64	308.16
	Rating Area 9	Tobacco User/Non-Tobacco User	28	311.83	319.63
	Rating Area 9	Tobacco User/Non-Tobacco User	29	321.01	329.04
	Rating Area 9	Tobacco User/Non-Tobacco User	30	325.60	333.74
	Rating Area 9	Tobacco User/Non-Tobacco User	31	332.48	340.80
	Rating Area 9	Tobacco User/Non-Tobacco User	32	339.37	347.85
	Rating Area 9	Tobacco User/Non-Tobacco User	33	343.67	352.26
	Rating Area 9	Tobacco User/Non-Tobacco User	34	348.26	356.97
	Rating Area 9	Tobacco User/Non-Tobacco User	35	350.56	359.32
	Rating Area 9	Tobacco User/Non-Tobacco User	36	352.85	361.67
	Rating Area 9	Tobacco User/Non-Tobacco User	37	355.15	364.03
	Rating Area 9	Tobacco User/Non-Tobacco User	38	357.44	366.38
	Rating Area 9	Tobacco User/Non-Tobacco User	39	362.03	371.08
	Rating Area 9	Tobacco User/Non-Tobacco User	40	366.62	394.12
	Rating Area 9	Tobacco User/Non-Tobacco User	41	373.51	401.52
	Rating Area 9	Tobacco User/Non-Tobacco User	42	380.11	408.61
	Rating Area 9	Tobacco User/Non-Tobacco User	43	389.29	418.48
	Rating Area 9	Tobacco User/Non-Tobacco User	44	400.76	430.82
	Rating Area 9	Tobacco User/Non-Tobacco User	45	414.24	455.67
	Rating Area 9	Tobacco User/Non-Tobacco User	46	430.31	473.34
	Rating Area 9	Tobacco User/Non-Tobacco User	47	448.38	493.22

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Required: Require: Required: Required: Required: Enter the 14-character Plan IDSelect the Rating Area IDSelect if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planSelect the age of a subscriber eligible for the rateEnter the rate of an Individual Non-Tobacco or No Preference enrollee on a planEnter the rate of an Individual tobacco enrollee on a plan					
53789PA0110036	Rating Area 9	Tobacco User/Non-Tobacco User	48	469.04	515.94
	Rating Area 9	Tobacco User/Non-Tobacco User	49	489.40	538.34
	Rating Area 9	Tobacco User/Non-Tobacco User	50	512.35	589.21
	Rating Area 9	Tobacco User/Non-Tobacco User	51	535.02	615.27
	Rating Area 9	Tobacco User/Non-Tobacco User	52	559.97	643.97
	Rating Area 9	Tobacco User/Non-Tobacco User	53	585.22	673.00
	Rating Area 9	Tobacco User/Non-Tobacco User	54	612.47	704.34
	Rating Area 9	Tobacco User/Non-Tobacco User	55	639.73	767.67
	Rating Area 9	Tobacco User/Non-Tobacco User	56	669.27	803.13
	Rating Area 9	Tobacco User/Non-Tobacco User	57	699.11	838.93
	Rating Area 9	Tobacco User/Non-Tobacco User	58	730.95	877.14
	Rating Area 9	Tobacco User/Non-Tobacco User	59	746.73	896.07
	Rating Area 9	Tobacco User/Non-Tobacco User	60	778.57	973.21
	Rating Area 9	Tobacco User/Non-Tobacco User	61	806.11	1007.64
	Rating Area 9	Tobacco User/Non-Tobacco User	62	824.18	1030.23
	Rating Area 9	Tobacco User/Non-Tobacco User	63	846.85	1058.56
	Rating Area 9	Tobacco User/Non-Tobacco User	64	860.61	1075.77
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	860.61	1075.77
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	161.90	161.90
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	21	254.96	261.33
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	22	254.96	261.33

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	23	254.96	261.33
	Rating Area 6	Tobacco User/Non-Tobacco User	24	254.96	261.33
	Rating Area 6	Tobacco User/Non-Tobacco User	25	255.98	262.38
	Rating Area 6	Tobacco User/Non-Tobacco User	26	261.08	267.61
	Rating Area 6	Tobacco User/Non-Tobacco User	27	267.20	273.88
	Rating Area 6	Tobacco User/Non-Tobacco User	28	277.14	284.07
	Rating Area 6	Tobacco User/Non-Tobacco User	29	285.30	292.43
	Rating Area 6	Tobacco User/Non-Tobacco User	30	289.38	296.61
	Rating Area 6	Tobacco User/Non-Tobacco User	31	295.50	302.89
	Rating Area 6	Tobacco User/Non-Tobacco User	32	301.62	309.16
	Rating Area 6	Tobacco User/Non-Tobacco User	33	305.44	313.08
	Rating Area 6	Tobacco User/Non-Tobacco User	34	309.52	317.26
	Rating Area 6	Tobacco User/Non-Tobacco User	35	311.56	319.35
	Rating Area 6	Tobacco User/Non-Tobacco User	36	313.60	321.44
	Rating Area 6	Tobacco User/Non-Tobacco User	37	315.64	323.53
	Rating Area 6	Tobacco User/Non-Tobacco User	38	317.68	325.62
	Rating Area 6	Tobacco User/Non-Tobacco User	39	321.76	329.80
	Rating Area 6	Tobacco User/Non-Tobacco User	40	325.84	350.28
	Rating Area 6	Tobacco User/Non-Tobacco User	41	331.96	356.85
	Rating Area 6	Tobacco User/Non-Tobacco User	42	337.82	363.16
	Rating Area 6	Tobacco User/Non-Tobacco User	43	345.98	371.93

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	44	356.18	382.89
	Rating Area 6	Tobacco User/Non-Tobacco User	45	368.16	404.98
	Rating Area 6	Tobacco User/Non-Tobacco User	46	382.44	420.68
	Rating Area 6	Tobacco User/Non-Tobacco User	47	398.50	438.35
	Rating Area 6	Tobacco User/Non-Tobacco User	48	416.86	458.55
	Rating Area 6	Tobacco User/Non-Tobacco User	49	434.96	478.46
	Rating Area 6	Tobacco User/Non-Tobacco User	50	455.36	523.66
	Rating Area 6	Tobacco User/Non-Tobacco User	51	475.50	546.83
	Rating Area 6	Tobacco User/Non-Tobacco User	52	497.68	572.33
	Rating Area 6	Tobacco User/Non-Tobacco User	53	520.12	598.14
	Rating Area 6	Tobacco User/Non-Tobacco User	54	544.34	625.99
	Rating Area 6	Tobacco User/Non-Tobacco User	55	568.56	682.27
	Rating Area 6	Tobacco User/Non-Tobacco User	56	594.82	713.79
	Rating Area 6	Tobacco User/Non-Tobacco User	57	621.34	745.61
	Rating Area 6	Tobacco User/Non-Tobacco User	58	649.64	779.57
	Rating Area 6	Tobacco User/Non-Tobacco User	59	663.66	796.39
	Rating Area 6	Tobacco User/Non-Tobacco User	60	691.96	864.95
	Rating Area 6	Tobacco User/Non-Tobacco User	61	716.44	895.55
	Rating Area 6	Tobacco User/Non-Tobacco User	62	732.50	915.63
	Rating Area 6	Tobacco User/Non-Tobacco User	63	752.64	940.80
	Rating Area 6	Tobacco User/Non-Tobacco User	64	764.87	956.10

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
<div><div>Plan ID*</div><div>Required: Enter the 14-character Plan ID</div></div> <div><div>Rating Area ID*</div><div>Required: Select the Rating Area ID</div></div> <div><div>Tobacco*</div><div>Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</div></div> <div><div>Age*</div><div>Required: Select the age of a subscriber eligible for the rate</div></div> <div><div>Individual Rate*</div><div>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</div></div> <div><div>Individual Tobacco Rate*</div><div>Required: Enter the rate of an Individual tobacco enrollee on a plan</div></div>					
53789PA0110041	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	764.87	956.10
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	164.38	164.38
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	21	258.87	265.34
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	22	258.87	265.34
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	23	258.87	265.34
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	24	258.87	265.34
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	25	259.91	266.41
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	26	265.09	271.71
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	27	271.30	278.08
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	28	281.40	288.43
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	29	289.68	296.92
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	30	293.82	301.17
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	31	300.03	307.53
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	32	306.25	313.90
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	33	310.13	317.88
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	34	314.27	322.13
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	35	316.34	324.25
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	36	318.41	326.37
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	37	320.48	328.50
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	38	322.56	330.62
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	39	326.70	334.87

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	40	330.84	355.65
	Rating Area 7	Tobacco User/Non-Tobacco User	41	337.05	362.33
	Rating Area 7	Tobacco User/Non-Tobacco User	42	343.01	368.73
	Rating Area 7	Tobacco User/Non-Tobacco User	43	351.29	377.64
	Rating Area 7	Tobacco User/Non-Tobacco User	44	361.65	388.77
	Rating Area 7	Tobacco User/Non-Tobacco User	45	373.81	411.19
	Rating Area 7	Tobacco User/Non-Tobacco User	46	388.31	427.14
	Rating Area 7	Tobacco User/Non-Tobacco User	47	404.62	445.08
	Rating Area 7	Tobacco User/Non-Tobacco User	48	423.26	465.58
	Rating Area 7	Tobacco User/Non-Tobacco User	49	441.64	485.80
	Rating Area 7	Tobacco User/Non-Tobacco User	50	462.35	531.70
	Rating Area 7	Tobacco User/Non-Tobacco User	51	482.80	555.22
	Rating Area 7	Tobacco User/Non-Tobacco User	52	505.32	581.12
	Rating Area 7	Tobacco User/Non-Tobacco User	53	528.10	607.32
	Rating Area 7	Tobacco User/Non-Tobacco User	54	552.69	635.60
	Rating Area 7	Tobacco User/Non-Tobacco User	55	577.29	692.74
	Rating Area 7	Tobacco User/Non-Tobacco User	56	603.95	724.74
	Rating Area 7	Tobacco User/Non-Tobacco User	57	630.87	757.05
	Rating Area 7	Tobacco User/Non-Tobacco User	58	659.61	791.53
	Rating Area 7	Tobacco User/Non-Tobacco User	59	673.85	808.62
	Rating Area 7	Tobacco User/Non-Tobacco User	60	702.58	878.23

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0110042	Rating Area 7	Tobacco User/Non-Tobacco User	61	727.43	909.29
	Rating Area 7	Tobacco User/Non-Tobacco User	62	743.74	929.68
	Rating Area 7	Tobacco User/Non-Tobacco User	63	764.19	955.24
	Rating Area 7	Tobacco User/Non-Tobacco User	64	776.61	970.77
	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	776.61	970.77
53789PA0110043	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	178.98	178.98
53789PA0110043	Rating Area 9	Tobacco User/Non-Tobacco User	21	281.85	288.90
	Rating Area 9	Tobacco User/Non-Tobacco User	22	281.85	288.90
	Rating Area 9	Tobacco User/Non-Tobacco User	23	281.85	288.90
	Rating Area 9	Tobacco User/Non-Tobacco User	24	281.85	288.90
	Rating Area 9	Tobacco User/Non-Tobacco User	25	282.98	290.05
	Rating Area 9	Tobacco User/Non-Tobacco User	26	288.62	295.83
	Rating Area 9	Tobacco User/Non-Tobacco User	27	295.38	302.77
	Rating Area 9	Tobacco User/Non-Tobacco User	28	306.37	314.03
	Rating Area 9	Tobacco User/Non-Tobacco User	29	315.39	323.28
	Rating Area 9	Tobacco User/Non-Tobacco User	30	319.90	327.90
	Rating Area 9	Tobacco User/Non-Tobacco User	31	326.67	334.83
	Rating Area 9	Tobacco User/Non-Tobacco User	32	333.43	341.77
	Rating Area 9	Tobacco User/Non-Tobacco User	33	337.66	346.10
	Rating Area 9	Tobacco User/Non-Tobacco User	34	342.17	350.72
	Rating Area 9	Tobacco User/Non-Tobacco User	35	344.42	353.03

HIOS Issuer ID*	53789				
	Federal TIN*	23-2399845			
	Rate Effective Date*	1/1/2017			
	Rate Expiration Date*	12/31/2017			
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required:Enter the 14-character Plan IDRequired:Select the Rating Area IDRequire:Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a planRequired:Select the age of a subscriber eligible for the rateRequired:Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a planRequired:Enter the rate of an Individual tobacco enrollee on a plan					
53789PA0110043	Rating Area 9	Tobacco User/Non-Tobacco User	36	346.68	355.35
	Rating Area 9	Tobacco User/Non-Tobacco User	37	348.93	357.66
	Rating Area 9	Tobacco User/Non-Tobacco User	38	351.19	359.97
	Rating Area 9	Tobacco User/Non-Tobacco User	39	355.70	364.59
	Rating Area 9	Tobacco User/Non-Tobacco User	40	360.21	387.22
	Rating Area 9	Tobacco User/Non-Tobacco User	41	366.97	394.50
	Rating Area 9	Tobacco User/Non-Tobacco User	42	373.46	401.46
	Rating Area 9	Tobacco User/Non-Tobacco User	43	382.47	411.16
	Rating Area 9	Tobacco User/Non-Tobacco User	44	393.75	423.28
	Rating Area 9	Tobacco User/Non-Tobacco User	45	407.00	447.70
	Rating Area 9	Tobacco User/Non-Tobacco User	46	422.78	465.06
	Rating Area 9	Tobacco User/Non-Tobacco User	47	440.54	484.59
	Rating Area 9	Tobacco User/Non-Tobacco User	48	460.83	506.91
	Rating Area 9	Tobacco User/Non-Tobacco User	49	480.84	528.93
	Rating Area 9	Tobacco User/Non-Tobacco User	50	503.39	578.90
	Rating Area 9	Tobacco User/Non-Tobacco User	51	525.66	604.50
	Rating Area 9	Tobacco User/Non-Tobacco User	52	550.18	632.70
	Rating Area 9	Tobacco User/Non-Tobacco User	53	574.98	661.23
	Rating Area 9	Tobacco User/Non-Tobacco User	54	601.76	692.02
	Rating Area 9	Tobacco User/Non-Tobacco User	55	628.53	754.24
	Rating Area 9	Tobacco User/Non-Tobacco User	56	657.56	789.08

HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date*	53789				
	23-2399845				
	1/1/2017				
	12/31/2017				
Plan ID*Rating Area ID*Tobacco*Age*Individual Rate*Individual Tobacco Rate*					
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0110043	Rating Area 9	Tobacco User/Non-Tobacco User	57	686.88	824.25
	Rating Area 9	Tobacco User/Non-Tobacco User	58	718.16	861.79
	Rating Area 9	Tobacco User/Non-Tobacco User	59	733.66	880.40
	Rating Area 9	Tobacco User/Non-Tobacco User	60	764.95	956.19
	Rating Area 9	Tobacco User/Non-Tobacco User	61	792.01	990.01
	Rating Area 9	Tobacco User/Non-Tobacco User	62	809.76	1012.20
	Rating Area 9	Tobacco User/Non-Tobacco User	63	832.03	1040.04
	Rating Area 9	Tobacco User/Non-Tobacco User	64	845.55	1056.95
	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	845.55	1056.95



Product-Plan Data Collection

Company Legal Name: Keystone Health Plan Central  
HIOS Issuer ID: 53789  
Effective Date of Rate Change(s): 1/1/2017

State:  
Market:

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		HMO									
Product ID:		53789PA010									
Metal:		Gold	Silver	Silver	Silver	Silver	Bronze	Catastrophic	Platinum	Gold	Gold
AV Metal Value		0.798	0.720	0.696	0.720	0.709	0.619	0.619	0.900	0.800	0.800
AV Pricing Value		1.245	1.096	1.074	1.032	0.991	0.816	0.823	0.900	0.800	0.800
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Gold HMO 1000/0/20	Silver HMO 0/0/55	Silver HMO 1500/30/0	Silver HMO 2500/0/45	Silver HMO 4500/0/10	Bronze HMO 7000/50/60	Catastrophic HMO 7150/0/75	Healthy Benefits HMO 0.0.10	Healthy Benefits HMO 3000.0	Healthy Benefits HMO 500.0
Plan ID (Standard Component ID):		53789PA0100013	53789PA0100015	53789PA0100017	53789PA0100006	53789PA0100009	53789PA0100008	53789PA0100004	53789PA0100016	53789PA0100011	53789PA0100014
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%									
Historical Rate Increase - Calendar Year - 1		-7.90%									
Historical Rate Increase - Calendar Year 0		3.44%									
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		26.78%	23.18%	23.12%	23.01%	22.88%	23.21%	25.66%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		26.78%	23.18%	23.12%	23.01%	22.88%	23.21%	25.66%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		34.21%	23.43%	#DIV/0!	29.13%	24.14%	23.26%	125.53%	-100.00%	-100.00%	-100.00%
Product Rate Increase %		23.60%									

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

Plan ID (Standard Component ID):	Total	53789PA0100013	53789PA0100015	53789PA0100017	53789PA0100006	53789PA0100009	53789PA0100008	53789PA0100004	53789PA0100016	53789PA0100011	53789PA0100014
Inpatient	\$16.28	\$37.47	\$26.16	\$25.74	\$24.93	\$24.16	\$15.60	\$16.20	\$0.00	\$0.00	\$0.00
Outpatient	\$18.05	\$41.56	\$29.01	\$28.55	\$27.65	\$26.79	\$17.30	\$17.96	\$0.00	\$0.00	\$0.00
Professional	\$10.20	\$23.48	\$16.39	\$16.13	\$15.62	\$15.14	\$9.78	\$10.15	\$0.00	\$0.00	\$0.00
Prescription Drug	\$7.72	\$17.78	\$12.41	\$12.21	\$11.83	\$11.46	\$7.40	\$7.68	\$0.00	\$0.00	\$0.00
Other	\$1.24	\$2.86	\$2.00	\$1.96	\$1.90	\$1.84	\$1.19	\$1.24	\$0.00	\$0.00	\$0.00
Capitation	\$1.82	\$4.19	\$2.93	\$2.88	\$2.79	\$2.70	\$1.75	\$1.81	\$0.00	\$0.00	\$0.00
Administration	\$3.26	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	-\$5.43	-\$10.62	-\$9.60	-\$9.47	-\$9.22	-\$8.98	-\$7.91	-\$5.71	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$53.15	\$120.70	\$83.29	\$82.00	\$79.49	\$77.11	\$49.11	\$53.34	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$339.81	\$523.29	\$459.09	\$451.07	\$435.45	\$420.75	\$353.85	\$216.06	\$678.46	\$0.00	\$538.91
Projected Member Months	542,016	6,253	10,781	723	9,159	37,801	15,014	17,315	0	0	0

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	53789PA0100013	53789PA0100015	53789PA0100017	53789PA0100006	53789PA0100009	53789PA0100008	53789PA0100004	53789PA0100016	53789PA0100011	53789PA0100014
Premium Information	Plan Adjusted Index Rate	\$278.23	\$479.83	\$439.43	\$0.00	\$398.77	\$401.06	\$326.91	\$119.45	\$381.08	\$368.28	\$380.87
	Member Months	30,746	51	472	0	503	346	599	5,964	589	19	233
	Total Premium (TP)	\$8,554,507	\$24,471	\$207,412	\$0	\$200,582	\$138,767	\$195,817	\$712,398	\$224,454	\$6,997	\$88,742
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$11,488,277	\$4,478	\$229,523	\$0	\$210,030	\$304,596	\$299,345	\$642,924	\$346,263	\$17,715	\$308,705
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$1,697,183	\$2,196	\$21,467	\$0	\$53,674	\$58,692	\$53,888	\$313,428	\$13,192	\$2,644	\$17,732
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%			
	Total Incurred claims, payable with issuer funds	\$9,791,094	\$2,282	\$208,056	\$0	\$156,355	\$245,904	\$245,457	\$329,497	\$333,071	\$15,071	\$290,973
	Net Amt of Rein	\$990,729.80	\$0.00	\$23,694.70	\$0.00	\$0.00	\$39,257.47	\$53,001.33	\$9,852.36	\$8,003.90	\$0.00	\$75,235.11
	Net Amt of Risk Adj	-\$1,005,912.87	-\$13,868.42	\$131,536.91	\$0.00	-\$48,950.37	\$38,547.52	\$6,689.65	-\$422,508.08	\$72,798.32	\$3,645.36	-\$14,114.05
	Incurred Claims PMPM	\$318.45	\$44.74	\$440.80	#DIV/0!	\$310.85	\$710.71	\$409.78	\$55.25	\$565.49	\$793.21	\$1,248.81
	Allowed Claims PMPM	\$373.65	\$87.80	\$486.28	#DIV/0!	\$417.55	\$880.34	\$499.74	\$107.80	\$587.88	\$932.36	\$1,324.92
	EHB portion of Allowed Claims, PMPM	\$373.65	\$87.80	\$486.28	#DIV/0!	\$417.55	\$880.34	\$499.74	\$107.80	\$587.88	\$932.36	\$1,324.92

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	53789PA0100013	53789PA0100015	53789PA0100017	53789PA0100006	53789PA0100009	53789PA0100008	53789PA0100004	53789PA0100016	53789PA0100011	53789PA0100014
Premium Information	Plan Adjusted Index Rate	\$413.65	\$643.99	\$542.38	\$533.07	\$514.94	\$497.86	\$402.96	\$269.40	\$0.00	\$0.00	\$0.00
	Member Months	542,016	6,253	10,781	723	9,159	37,801	15,014	17,315	-	-	-
	Total Premium (TP)	\$224,204,093	\$4,026,899	\$5,847,425	\$385,408	\$4,716,323	\$18,819,658	\$6,050,040	\$4,664,604	\$0	\$0	\$0
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$234,409,867	\$2,751,020	\$4,462,843	\$299,518	\$3,800,073	\$15,708,518	\$5,987,654	\$7,407,671	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	\$56,066,301	\$438,533	\$986,967	\$71,865	\$839,872	\$3,601,810	\$1,798,112	\$2,224,523	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
	Total Incurred claims, payable with issuer funds	\$178,343,566	\$2,312,487	\$3,475,875	\$227,653	\$2,960,201	\$12,106,708	\$4,189,542	\$5,183,148	\$0	\$0	\$0
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Incurred Claims PMPM	\$329.04	\$369.82	\$322.41	\$314.87	\$323.20	\$320.27	\$279.04	\$299.34	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	\$432.48	\$439.95	\$413.95	\$414.27	\$414.90	\$415.56	\$398.80	\$427.82	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	\$432.48	\$439.95	\$413.95	\$414.27	\$414.90	\$415.56	\$398.80	\$427.82	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:

PA

HIOS Issuer ID:

Individual

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Silver	Silver	Silver	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.700	0.700	0.700	0.798	0.798	0.798	0.720	0.720	0.720	0.696	0.696
AV Pricing Value	0.700	0.700	0.700	1.259	1.259	1.253	1.111	1.110	1.104	1.089	1.088
Plan Category	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Healthy Benefits HMO 0.50	Healthy Benefits HMO 2000.0	Healthy Benefits HMO 3500.0	Gold Value HMO 1000/0/20	Gold Value HMO 1000/0/20	Gold Value HMO 1000/0/20	Silver Value HMO 0/0/55	Silver Value HMO 0/0/55	Silver Value HMO 0/0/55	Silver Value HMO 1500/30/0	Silver Value HMO 1500/30/0
Plan ID (Standard Component ID):	53789PA0100005	53789PA0100012	53789PA0100010	53789PA0110013	53789PA0110031	53789PA0110032	53789PA0110015	53789PA0110035	53789PA0110036	53789PA0110041	53789PA0110042
Exchange Plan?	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	23.11%	24.37%	25.02%	20.45%	21.68%	21.95%	20.50%	21.72%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	23.11%	24.37%	25.02%	20.45%	21.68%	21.95%	20.50%	21.72%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	64.12%	-1.66%	74.79%	9.38%	23.18%	1.17%	#DIV/0!	#DIV/0!
Product Rate Increase %											

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	53789PA0100005	53789PA0100012	53789PA0100010	53789PA0110013	53789PA0110031	53789PA0110032	53789PA0110015	53789PA0110035	53789PA0110036	53789PA0110041	53789PA0110042
Inpatient	\$0.00	\$0.00	\$0.00	\$34.06	\$32.82	\$36.60	\$25.21	\$24.15	\$26.69	\$24.88	\$23.85
Outpatient	\$0.00	\$0.00	\$0.00	\$37.78	\$36.40	\$40.60	\$27.96	\$26.79	\$29.60	\$27.60	\$26.45
Professional	\$0.00	\$0.00	\$0.00	\$21.34	\$20.56	\$22.94	\$15.80	\$15.13	\$16.72	\$15.59	\$14.94
Prescription Drug	\$0.00	\$0.00	\$0.00	\$16.16	\$15.57	\$17.37	\$11.96	\$11.46	\$12.66	\$11.81	\$11.31
Other	\$0.00	\$0.00	\$0.00	\$2.60	\$2.50	\$2.79	\$1.92	\$1.84	\$2.04	\$1.90	\$1.82
Capitation	\$0.00	\$0.00	\$0.00	\$3.81	\$3.67	\$4.10	\$2.82	\$2.70	\$2.99	\$2.79	\$2.67
Administration	\$0.00	\$0.00	\$0.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	-\$8.80	-\$8.84	-\$9.41	-\$8.00	-\$8.03	-\$8.53	-\$7.90	-\$7.93
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$110.95	\$106.69	\$118.99	\$81.67	\$78.04	\$86.16	\$80.67	\$77.11
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00	\$0.00	\$427.87	\$409.60	\$411.72	\$447.45	\$359.35	\$361.21	\$392.54	\$353.06	\$354.90
Projected Member Months	0	0	0	10,958	10,236	3,141	25,191	26,430	5,457	1,077	1,298

tion III: Experience Period Information

Plan ID (Standard Component ID):	53789PA0100005	53789PA0100012	53789PA0100010	53789PA0110013	53789PA0110031	53789PA0110032	53789PA0110015	53789PA0110035	53789PA0110036	53789PA0110041	53789PA0110042
Plan Adjusted Index Rate	\$414.11	\$331.42	\$337.23	\$317.18	\$527.18	\$324.06	\$403.22	\$356.59	\$473.16	\$0.00	\$0.00
Member Months	100	134	14	18	29	72	666	976	239	0	0
Total Premium (TP)	\$41,411	\$44,410	\$4,721	\$5,709	\$15,288	\$23,333	\$268,543	\$348,034	\$113,085	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$91,616	\$76,263	\$3,225	\$13,006	\$1,547	\$9,327	\$369,619	\$486,749	\$74,801	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$16,571	\$17,624	\$570	\$3,153	\$1,037	\$2,884	\$44,119	\$36,635	\$13,048	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$75,044	\$58,639	\$2,655	\$9,853	\$510	\$6,443	\$325,500	\$450,115	\$61,753	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$3,771.37	-\$13,151.30	-\$2,263.99	\$15,628.98	-\$5,132.49	\$6,179.25	-\$7,329.17	-\$11,527.40	-\$3,091.94	\$0.00	\$0.00

Incurred Claims PMPM	\$750.44	\$437.61	\$189.64	\$547.40	\$17.58	\$89.48	\$488.74	\$461.18	\$258.38	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$916.16	\$569.13	\$230.36	\$722.54	\$53.34	\$129.55	\$554.98	\$498.72	\$312.98	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$916.16	\$569.13	\$230.36	\$722.54	\$53.34	\$129.55	\$554.98	\$498.72	\$312.98	#DIV/0!	#DIV/0!

tion IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	53789PA0100005	53789PA0100012	53789PA0100010	53789PA0110013	53789PA0110031	53789PA0110032	53789PA0110015	53789PA0110035	53789PA0110036	53789PA0110041	53789PA0110042
Plan Adjusted Index Rate	\$0.00	\$0.00	\$0.00	\$520.55	\$518.41	\$566.44	\$441.02	\$439.25	\$478.70	\$433.73	\$432.01
Member Months	-	-	-	10,958	10,236	3,141	25,191	26,430	5,457	1,077	1,298
Total Premium (TP)	\$0	\$0	\$0	\$5,704,161	\$5,306,453	\$1,779,180	\$11,109,751	\$11,609,408	\$2,612,252	\$467,123	\$560,744
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$5,125,876	\$4,742,686	\$1,426,872	\$11,074,639	\$11,511,969	\$2,331,349	\$473,733	\$565,705
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$0	\$0	\$0	\$817,103	\$756,019	\$227,454	\$2,449,181	\$2,545,897	\$515,583	\$113,665	\$135,733
Portion of above payable by HHS's funds on behalf of insured person, in dollars				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$4,308,773	\$3,986,666	\$1,199,418	\$8,625,458	\$8,966,072	\$1,815,766	\$360,068	\$429,973
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	\$393.21	\$389.48	\$381.86	\$342.40	\$339.24	\$332.74	\$334.32	\$331.26
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	\$467.77	\$463.33	\$454.27	\$439.63	\$435.56	\$427.22	\$439.86	\$435.83
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	\$467.77	\$463.33	\$454.27	\$439.63	\$435.56	\$427.22	\$439.86	\$435.83

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	HMO										
Product ID:	53789										
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
AV Metal Value	0.696	0.720	0.720	0.720	0.709	0.709	0.709	0.619	0.619	0.619	0.619
AV Pricing Value	1.082	1.046	1.046	1.039	1.006	1.005	0.999	0.831	0.830	0.824	0.849
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Silver Value HMO 1500/30/0	Silver Value HMO 2500/0/45	Silver Value HMO 2500/0/45	Silver Value HMO 2500/0/45	Silver Value HMO 4500/0/10	Silver Value HMO 4500/0/10	Silver Value HMO 4500/0/10	Bronze Value HMO 7000/50/60	Bronze Value HMO 7000/50/60	Bronze Value HMO 7000/50/60	Catastrophic Value HMO 7150/0/75
Plan ID (Standard Component ID):	53789PA0110043	53789PA0110006	53789PA0110027	53789PA0110028	53789PA0110009	53789PA0110021	53789PA0110022	53789PA0110008	53789PA0110019	53789PA0110020	53789PA0110004
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.0%										
Historical Rate Increase - Calendar Year - 1	-7.9%										
Historical Rate Increase - Calendar Year 0	0.2%										
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	21.94%	20.61%	21.82%	21.96%	20.70%	21.91%	21.96%	22.19%	23.39%	22.93%	29.21%
Cum'tive Rate Change % (over 12 mos prior)	21.94%	20.61%	21.82%	21.96%	20.70%	21.91%	21.96%	22.19%	23.39%	22.93%	29.21%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	-2.06%	-4.64%	-5.90%	29.59%	17.10%	9.45%	1.27%	3.87%	-3.32%	128.93%
Product Rate Increase %	21.9%										

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	53789PA0110043	53789PA0110006	53789PA0110027	53789PA0110028	53789PA0110009	53789PA0110021	53789PA0110022	53789PA0110008	53789PA0110019	53789PA0110020	53789PA0110004
Inpatient	\$26.30	\$24.25	\$23.25	\$25.56	\$23.64	\$22.68	\$24.87	\$16.95	\$16.17	\$17.32	\$17.41
Outpatient	\$29.17	\$26.89	\$25.78	\$28.35	\$26.23	\$25.16	\$27.58	\$18.80	\$17.94	\$19.20	\$19.32
Professional	\$16.48	\$15.19	\$14.57	\$16.02	\$14.82	\$14.21	\$15.58	\$10.62	\$10.13	\$10.85	\$10.91
Prescription Drug	\$12.48	\$11.50	\$11.03	\$12.13	\$11.22	\$10.76	\$11.80	\$8.04	\$7.67	\$8.21	\$8.26
Other	\$2.01	\$1.85	\$1.77	\$1.95	\$1.80	\$1.73	\$1.90	\$1.29	\$1.23	\$1.32	\$1.33
Capitation	\$2.94	\$2.71	\$2.60	\$2.86	\$2.65	\$2.54	\$2.78	\$1.90	\$1.81	\$1.94	\$1.95
Administration	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00
Taxes & Fees	-\$8.42	-\$7.70	-\$7.73	-\$8.21	-\$7.52	-\$7.55	-\$8.01	-\$6.68	-\$6.70	-\$7.09	-\$4.96
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$84.96	\$78.70	\$75.26	\$82.67	\$76.84	\$73.54	\$80.50	\$54.93	\$52.25	\$55.75	\$58.23
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$385.69	\$340.85	\$342.62	\$372.34	\$329.33	\$331.04	\$359.75	\$276.97	\$278.41	\$302.57	\$169.12
Projected Member Months	251	12,640	16,386	3,628	88,478	97,563	25,412	29,026	42,683	8,215	4,203

tion III: Experience Period Information

Plan ID (Standard Component ID):	53789PA0110043	53789PA0110006	53789PA0110027	53789PA0110028	53789PA0110009	53789PA0110021	53789PA0110022	53789PA0110008	53789PA0110019	53789PA0110020	53789PA0110004
Plan Adjusted Index Rate	\$0.00	\$428.38	\$438.20	\$483.56	\$313.41	\$345.50	\$402.24	\$327.75	\$318.35	\$370.64	\$99.31
Member Months	0	1,047	1,098	294	1,159	2,054	461	623	1,359	266	1,976
Total Premium (TP)	\$0	\$448,512	\$481,144	\$142,167	\$363,246	\$709,667	\$185,433	\$204,188	\$432,632	\$98,591	\$196,232
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$661,048	\$854,238	\$401,047	\$535,162	\$1,184,872	\$261,912	\$95,559	\$326,261	\$147,559	\$408,172
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$57,596	\$58,155	\$28,397	\$57,564	\$97,345	\$18,230	\$56,906	\$116,781	\$31,663	\$128,752
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$0	\$603,452	\$796,083	\$372,649	\$477,598	\$1,087,526	\$243,682	\$38,653	\$209,480	\$115,896	\$279,420
Net Amt of Rein	\$0.00	\$101,629.81	\$140,685.09	\$102,500.00	\$26,065.47	\$123,045.23	\$41,933.93	\$0.00	\$42,726.70	\$26,747.69	\$40,735.64
Net Amt of Risk Adj	\$0.00	-\$111,896.83	\$229,002.00	\$49,961.66	-\$43,794.33	\$12,145.69	-\$401.68	-\$72,936.87	-\$178,265.82	-\$46,538.12	-\$108,741.41
Incurred Claims PMPM	#DIV/0!	\$576.36	\$725.03	\$1,267.51	\$412.08	\$529.47	\$528.59	\$62.04	\$154.14	\$435.70	\$141.41
Allowed Claims PMPM	#DIV/0!	\$631.37	\$777.99	\$1,364.10	\$461.74	\$576.86	\$568.14	\$153.38	\$240.07	\$554.73	\$206.56
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$631.37	\$777.99	\$1,364.10	\$461.74	\$576.86	\$568.14	\$153.38	\$240.07	\$554.73	\$206.56

tion IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	53789PA0110043	53789PA0110006	53789PA0110027	53789PA0110028	53789PA0110009	53789PA0110021	53789PA0110022	53789PA0110008	53789PA0110019	53789PA0110020	53789PA0110004
Plan Adjusted Index Rate	\$470.65	\$419.55	\$417.88	\$455.01	\$406.17	\$404.58	\$440.25	\$331.90	\$330.66	\$358.32	\$227.35
Member Months	251	12,640	16,386	3,628	88,478	97,563	25,412	29,026	42,683	8,215	4,203
Total Premium (TP)	\$118,133	\$5,303,151	\$6,847,443	\$1,650,775	\$35,936,668	\$39,471,955	\$11,187,703	\$9,633,627	\$14,113,610	\$2,943,615	\$955,536
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$107,302	\$5,566,037	\$7,149,556	\$1,553,034	\$39,003,089	\$42,619,336	\$10,892,681	\$12,278,466	\$17,899,523	\$3,380,081	\$1,884,360
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$25,746	\$1,230,176	\$1,580,157	\$343,244	\$8,943,028	\$9,772,198	\$2,497,585	\$3,687,264	\$5,375,286	\$1,015,050	\$565,873
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$81,557	\$4,335,861	\$5,569,399	\$1,209,791	\$30,060,061	\$32,847,138	\$8,395,095	\$8,591,202	\$12,524,237	\$2,365,032	\$1,318,487
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims PMPM	\$324.93	\$343.03	\$339.89	\$333.46	\$339.75	\$336.68	\$330.36	\$295.98	\$293.42	\$287.89	\$313.70
Allowed Claims PMPM	\$427.50	\$440.35	\$436.32	\$428.07	\$440.82	\$436.84	\$428.64	\$423.02	\$419.36	\$411.45	\$448.34
EHB portion of Allowed Claims, PMPM	\$427.50	\$440.35	\$436.32	\$428.07	\$440.82	\$436.84	\$428.64	\$423.02	\$419.36	\$411.45	\$448.34

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Value										
Product ID:	PA011										
Metal:	Catastrophic	Catastrophic	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver
AV Metal Value	0.619	0.619	0.900	0.900	0.900	0.800	0.800	0.800	0.800	0.800	0.700
AV Pricing Value	0.848	0.837	0.900	0.900	0.900	0.800	0.800	0.800	0.800	0.800	0.700
Plan Category	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Catastrophic Value HMO 7150/0/75	Catastrophic Value HMO 7150/0/75	Healthy Benefits Value HMO 0.0.10	Healthy Benefits Value HMO 0.0.10	Healthy Benefits Value HMO 0.0.10	Healthy Benefits Value HMO 3000.0	Healthy Benefits Value HMO 3000.0	Healthy Benefits Value HMO 500.0	Healthy Benefits Value HMO 500.0	Healthy Benefits Value HMO 500.0	Healthy Benefits Value HMO 0.50
Plan ID (Standard Component ID):	53789PA0110017	53789PA0110018	53789PA0110016	53789PA0110039	53789PA0110040	53789PA0110011	53789PA0110025	53789PA0110014	53789PA0110033	53789PA0110034	53789PA0110005
Exchange Plan?	Yes	Yes	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0%										
Historical Rate Increase - Calendar Year - 1	0%										
Historical Rate Increase - Calendar Year 0	6%										
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	30.37%	27.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	30.37%	27.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	123.63%	123.65%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Rate Increase %	95%										

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	53789PA0110017	53789PA0110018	53789PA0110016	53789PA0110039	53789PA0110040	53789PA0110011	53789PA0110025	53789PA0110014	53789PA0110033	53789PA0110034	53789PA0110005
Inpatient	\$16.95	\$17.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$18.80	\$19.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$10.62	\$10.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$8.04	\$8.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1.29	\$1.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$1.90	\$1.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$4.00	\$4.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	-\$4.97	-\$5.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$56.62	\$58.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$170.01	\$184.76	\$531.06	\$533.82	\$580.12	\$0.00	\$0.00	\$421.81	\$424.00	\$460.79	\$0.00
Projected Member Months	7,861	3,820	0	0	0	0	0	0	0	0	0

tion III: Experience Period Information

Plan ID (Standard Component ID):	53789PA0110017	53789PA0110018	53789PA0110016	53789PA0110039	53789PA0110040	53789PA0110011	53789PA0110025	53789PA0110014	53789PA0110033	53789PA0110034	53789PA0110005
Plan Adjusted Index Rate	\$101.34	\$108.64	\$423.23	\$416.38	\$494.66	\$728.91	\$427.71	\$473.60	\$375.19	\$296.26	\$379.43
Member Months	2,755	1,316	927	1,455	395	13	46	315	245	85	143
Total Premium (TP)	\$279,190	\$142,977	\$392,334	\$605,839	\$195,390	\$9,476	\$19,675	\$149,185	\$91,921	\$25,182	\$54,259
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$217,781	\$175,015	\$554,162	\$599,491	\$395,171	\$16,251	\$1,872	\$267,741	\$110,332	\$19,911	\$23,274
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$112,204	\$48,390	\$24,619	\$40,412	\$15,011	\$2,460	\$814	\$17,468	\$10,061	\$3,452	\$4,353
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0							\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%							0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$105,577	\$126,625	\$529,543	\$559,079	\$380,161	\$13,791	\$1,059	\$250,274	\$100,272	\$16,460	\$18,922
Net Amt of Rein	\$0.00	\$23,231.87	\$32,997.43	\$2,348.54	\$35,091.68	\$0.00	\$0.00	\$27,415.83	\$2,801.67	\$0.00	\$0.00
Net Amt of Risk Adj	-\$136,292.55	-\$107,890.98	-\$78,404.27	-\$35,797.09	\$72,292.59	-\$5,998.78	-\$12,088.29	-\$1,034.02	-\$5,589.47	-\$5,086.16	-\$17,955.58

Incurred Claims PMPM	\$38.32	\$96.22	\$571.24	\$384.25	\$962.43	\$1,060.83	\$23.01	\$794.52	\$409.27	\$193.64	\$132.32
Allowed Claims PMPM	\$79.05	\$132.99	\$597.80	\$412.02	\$1,000.43	\$1,250.04	\$40.70	\$849.97	\$450.34	\$234.25	\$162.76
EHB portion of Allowed Claims, PMPM	\$79.05	\$132.99	\$597.80	\$412.02	\$1,000.43	\$1,250.04	\$40.70	\$849.97	\$450.34	\$234.25	\$162.76

tion IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	53789PA0110017	53789PA0110018	53789PA0110016	53789PA0110039	53789PA0110040	53789PA0110011	53789PA0110025	53789PA0110014	53789PA0110033	53789PA0110034	53789PA0110005
Plan Adjusted Index Rate	\$226.63	\$242.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	7,861	3,820	-	-	-	-	-	-	-	-	-
Total Premium (TP)	\$1,781,526	\$928,214	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$3,498,673	\$1,675,672	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$1,050,651	\$503,204	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0							\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%							#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$2,448,021	\$1,172,468	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Incurred Claims PMPM	\$311.41	\$306.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$445.07	\$438.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$445.07	\$438.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product									BlueCross Multi-State Gold HMO Narrow		
Product ID:									53789PA003		
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold
AV Metal Value	0.700	0.700	0.700	0.700	0.700	0.700	0.700	0.700	0.814	0.814	0.814
AV Pricing Value	0.700	0.700	0.700	0.700	0.700	0.700	0.700	0.700	1.288	1.287	1.281
Plan Category	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Healthy Benefits Value HMO 0.50	Healthy Benefits Value HMO 0.50	Healthy Benefits Value HMO 2000.0	Healthy Benefits Value HMO 2000.0	Healthy Benefits Value HMO 2000.0	Healthy Benefits Value HMO 3500.0	Healthy Benefits Value HMO 3500.0	Healthy Benefits Value HMO 3500.0	BlueCross Value 750.0, a Multi-State Plan STD	BlueCross Value 750.0, a Multi-State Plan STD	BlueCross Value 750.0, a Multi-State Plan STD
Plan ID (Standard Component ID):	53789PA0110037	53789PA0110038	53789PA0110012	53789PA0110029	53789PA0110030	53789PA0110010	53789PA0110023	53789PA0110024	53789PA0030002	53789PA0030003	53789PA0030004
Exchange Plan?	No	No	No	No	No	No	No	No	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2									0.00%		
Historical Rate Increase - Calendar Year - 1									-7.90%		
Historical Rate Increase - Calendar Year 0									-1.53%		
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.07%	24.33%	25.03%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.07%	24.33%	25.03%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	46.52%	10.47%	0.50%
Product Rate Increase %									23.88%		

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	53789PA0110037	53789PA0110038	53789PA0110012	53789PA0110029	53789PA0110030	53789PA0110010	53789PA0110023	53789PA0110024	53789PA0030002	53789PA0030003	53789PA0030004
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.64	\$33.37	\$37.27
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.42	\$37.01	\$41.33
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.71	\$20.91	\$23.35
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.43	\$15.83	\$17.68
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.64	\$2.55	\$2.84
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.88	\$3.74	\$4.17
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.00	\$4.00	\$4.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$8.94	-\$8.97	-\$9.56
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.78	\$108.43	\$121.10
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$334.91	\$336.64	\$365.86	\$417.98	\$420.15	\$456.61
Projected Member Months	0	0	0	0	0	0	0	0	1,416	1,622	324

tion III: Experience Period Information

Plan ID (Standard Component ID):	53789PA0110037	53789PA0110038	53789PA0110012	53789PA0110029	53789PA0110030	53789PA0110010	53789PA0110023	53789PA0110024	53789PA0030002	53789PA0030003	53789PA0030004
Plan Adjusted Index Rate	\$337.23	\$311.36	\$434.52	\$395.17	\$661.66	\$338.21	\$387.71	\$495.13	\$362.23	\$478.50	\$574.82
Member Months	177	48	76	283	60	160	98	43	89	244	44
Total Premium (TP)	\$59,691	\$14,945	\$33,023	\$111,833	\$39,699	\$54,114	\$37,996	\$21,291	\$32,239	\$116,753	\$25,292
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$23,413	\$9,970	\$48,134	\$124,605	\$5,514	\$116,973	\$42,551	\$86,910	\$10,005	\$123,790	\$26,486
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$5,204	\$4,731	\$10,271	\$14,216	\$2,704	\$6,056	\$7,079	\$2,310	\$2,809	\$16,573	\$3,339
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$18,209	\$5,239	\$37,863	\$110,389	\$2,810	\$110,916	\$35,473	\$84,600	\$7,196	\$107,217	\$23,146
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$9,402.50	\$0.00	\$2,325.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$22,003.80	-\$5,717.86	\$29,139.40	-\$30,100.06	-\$19,396.90	-\$27,294.54	\$2,480.92	\$5,147.37	-\$14,239.94	-\$40,164.31	-\$4,741.08
Incurred Claims PMPM	\$102.88	\$109.14	\$498.20	\$390.07	\$46.83	\$693.23	\$361.97	\$1,967.44	\$80.85	\$439.41	\$526.05
Allowed Claims PMPM	\$132.27	\$207.70	\$633.34	\$440.30	\$91.90	\$731.08	\$434.20	\$2,021.16	\$112.41	\$507.33	\$601.94
EHB portion of Allowed Claims, PMPM	\$132.27	\$207.70	\$633.34	\$440.30	\$91.90	\$731.08	\$434.20	\$2,021.16	\$112.41	\$507.33	\$601.94

tion IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	53789PA0110037	53789PA0110038	53789PA0110012	53789PA0110029	53789PA0110030	53789PA0110010	53789PA0110023	53789PA0110024	53789PA0030002	53789PA0030003	53789PA0030004
Plan Adjusted Index Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$530.76	\$528.58	\$577.71
Member Months	-	-	-	-	-	-	-	-	1,416	1,622	324
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$751,562	\$857,352	\$187,177
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$662,053	\$751,140	\$147,096
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,943	\$109,988	\$21,539
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$565,110	\$641,152	\$125,557
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$399.09	\$395.29	\$387.52
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$467.55	\$463.10	\$454.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$467.55	\$463.10	\$454.00

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information					
Product	BlueCross Multi-State Silver HMO Narrow			oss Multi-State Gold	loss Multi-State Silver HMO
Product ID:	53789PA004			53789PA005	53789PA006
Metal:	Silver	Silver	Silver	Gold	Silver
AV Metal Value	0.713	0.713	0.713	0.814	0.713
AV Pricing Value	1.076	1.076	1.070	1.274	1.062
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO
Plan Name	BlueCross Value 0.50, a Multi-State Plan STD	BlueCross Value 0.50, a Multi-State Plan STD	BlueCross Value 0.50, a Multi-State Plan STD	BlueCross 750.0, a Multi-State Plan STD	BlueCross 0.50, a Multi-State Plan STD
Plan ID (Standard Component ID):	53789PA0040001	53789PA0040002	53789PA0040003	53789PA0050002	53789PA0060001
Exchange Plan?	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%			0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	-7.90%			-7.90%	-7.90%
Historical Rate Increase - Calendar Year 0	-5.89%			0.49%	-4.90%
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	20.53%	21.75%	21.95%	26.84%	23.09%
Cum'tive Rate Change % (over 12 mos prior)	20.53%	21.75%	21.95%	26.84%	23.09%
Proj'd Per Rate Change % (over Exper. Period)	48.23%	51.07%	3.29%	80.45%	37.06%
Product Rate Increase %	21.30%			26.84%	23.09%

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	53789PA0040001	53789PA0040002	53789PA0040003	53789PA0050002	53789PA0060001
Inpatient	\$24.70	\$23.68	\$26.10	\$38.20	\$25.51
Outpatient	\$27.40	\$26.26	\$28.94	\$42.37	\$28.30
Professional	\$15.48	\$14.84	\$16.35	\$23.94	\$15.99
Prescription Drug	\$11.72	\$11.23	\$12.38	\$18.12	\$12.10
Other	\$1.88	\$1.81	\$1.99	\$2.91	\$1.95
Capitation	\$2.77	\$2.65	\$2.92	\$4.28	\$2.86
Administration	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00
Taxes & Fees	-\$7.84	-\$7.87	-\$8.36	-\$10.79	-\$9.40
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$80.11	\$76.59	\$84.32	\$123.03	\$81.30
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$349.58	\$351.38	\$381.87	\$534.00	\$446.59
Projected Member Months	6,003	8,112	1,401	339	1,799

tion III: Experience Period Information

Plan ID (Standard Component ID):	53789PA0040001	53789PA0040002	53789PA0040003	53789PA0050002	53789PA0060001
Plan Adjusted Index Rate	\$289.88	\$283.30	\$451.33	\$364.11	\$385.16
Member Months	31	206	12	113	6
Total Premium (TP)	\$8,986	\$58,360	\$5,416	\$41,144	\$2,311
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,227	\$56,890	\$251	\$63,332	\$1,664
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$374	\$10,276	\$138	\$7,212	\$704
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$853	\$46,614	\$113	\$56,121	\$960
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$5,260.67	-\$822.97	-\$3,087.81	\$7,508.43	-\$1,366.15

Incurred Claims PMPM	\$27.53	\$226.28	\$9.45	\$496.64	\$159.94
Allowed Claims PMPM	\$39.59	\$276.16	\$20.92	\$560.46	\$277.28
EHB portion of Allowed Claims, PMPM	\$39.59	\$276.16	\$20.92	\$560.46	\$277.28

tion IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	53789PA0040001	53789PA0040002	53789PA0040003	53789PA0050002	53789PA0060001
Plan Adjusted Index Rate	\$429.69	\$427.97	\$466.19	\$657.03	\$527.89
Member Months	6,003	8,112	1,401	339	1,799
Total Premium (TP)	\$2,579,404	\$3,471,664	\$653,138	\$222,734	\$949,679
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,641,362	\$3,536,489	\$599,161	\$149,037	\$745,593
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$598,394	\$801,182	\$135,738	\$21,823	\$168,912
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$2,042,968	\$2,735,306	\$463,423	\$127,214	\$576,681
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0

Incurred Claims PMPM	\$340.32	\$337.19	\$330.78	\$375.26	\$320.56
Allowed Claims PMPM	\$440.01	\$435.96	\$427.67	\$439.64	\$414.45
EHB portion of Allowed Claims, PMPM	\$440.01	\$435.96	\$427.67	\$439.64	\$414.45

## AGENT AGREEMENT

Under this Agreement (the "Agreement"), effective \_\_\_\_\_, 20\_\_\_\_, and subject to all terms thereof, \_\_\_\_\_, (hereinafter referred to as "WBE"), a \_\_\_\_\_ corporation, with an office located at \_\_\_\_\_ is authorized to market and solicit insurance applications from members of the general public residing in twenty-one specific counties in the Commonwealth of Pennsylvania listed on Attachment A to this Agreement, for only those products specified herein written or sold by Capital BlueCross, a Pennsylvania non-profit hospital plan corporation, and its Affiliates and Subsidiaries listed on Attachment B to this Agreement, with an office located at 2500 Elmerton Avenue, Harrisburg, PA, 17111 (hereinafter collectively referred to as "Company").

To the extent any activities of WBE in any way relate to an affiliate of Company or a program of such affiliate –

- Each and every duty or obligation owed by WBE to Company under the Agreement shall be owed to such affiliate.
- Each and every duty or obligation owed to WBE by Company under the Agreement shall be owed by each affiliate; and
- Any right or claim accruing in favor of WBE under the Agreement shall be enforceable against the affiliates, jointly or severally.
- Company as used in this Agreement refers jointly and severally to Capital BlueCross and its affiliates and subsidiaries listed on Attachment B.

### ARTICLE I - GENERAL PROVISIONS

- 1.1 Appointment. The Company hereby appoints WBE, including any applicable subagents, to conduct producer-related activities on its behalf. Company and WBE shall comply with all laws and regulations applicable to their businesses, their licenses and the transactions into which they enter in connection with this Agreement.
- 1.2 Assignment. This Agreement or the right to receive money under this Agreement may not be assigned by WBE without the prior written consent of Company provided that such consent shall not be unreasonably withheld. WBE may use properly licensed subagents in connection with this Agreement in accordance with Section 1.3 below.
- 1.3 Subagents. Subject to the following, WBE may use subagents in WBE's performance under this Agreement:
  - 1.3.1 WBE may utilize, at its sole discretion, the services of any person or entity (hereinafter "Representative") as a subagent.
  - 1.3.2 As necessary, WBE will ensure that any Representative used by WBE as a subagent in performance under this Agreement is properly licensed to act in such capacity. WBE shall, at WBE's sole cost and expense, file whatever documents with the respective Department of Insurance as are necessary for any Representative to

lawfully act in that capacity. WBE will promptly notify the Company of any termination, suspension, or expiration of WBE's license, or of any termination, suspension, or expiration of a Representative's license. WBE will promptly notify Capital in the event WBE, or any Representative, is charged with any wrongdoing for which the penalty of suspension or revocation is possible under Pennsylvania law. A designated licensee of WBE will complete and submit Form A Appointment Disclosure Form (Agency), as amended or supplemented from time to time by Company. Each Representative that will provide services under this Agreement will complete and submit Form B, Appointment Disclosure Form (Individual), as amended or supplemented from time to time by Company. Attachment F contains the current Form A and Form B.

- 1.3.3 If required by law, WBE shall submit to Company and Company shall promptly execute and file with the applicable state insurance regulatory authorities a Representative's application for appointment form. WBE shall be responsible for the accuracy and completeness of such application submitted and shall ensure that each person for whom such application is submitted shall have read and understood such application. Any costs associated with the appointment shall be directly paid to the applicable state insurance regulatory authorities by Company. **Redacted**

- 1.3.4 WBE shall be responsible for the payment of any and all compensation, of whatever kind, including, but not limited to, commissions, service fees or expense allowances due to or claimed by any Representative of WBE. WBE agrees to indemnify, defend and save Company harmless from and against any claim for reimbursement, compensation or other payment made by a Representative of WBE.

- 1.3.5 WBE shall be responsible for the appropriate training and guidance of its Representatives to the extent that Representatives are used in the marketing of Company products. WBE will be responsible to Company for the acts or omissions of Representatives.

- 1.3.6 WBE agrees that the same requirements under this Agreement for WBE to procure and maintain a certain level of Errors and Omissions Insurance in a form reasonably satisfactory to Company shall apply to Representatives. WBE shall ensure that each Representative used in the marketing of Company products procures and maintains any required Errors and Omissions Insurance, or WBE shall include each Representative as an additional named insured under WBE's coverage or otherwise ensure that this requirement is satisfied by each Representative used in the marketing of Company products.

- 1.3.7 WBE agrees that it shall require Representatives to be bound by the terms and conditions of this Agreement.

- 1.4 Notice. Any notice required from Company under this Agreement shall be deemed given on the day such notice is deposited in the United States mail first class postage pre-paid and addressed to:

**[WBE Address]**

Any notice required from WBE shall be deemed given on the day after such notice is deposited in the United States mail with first class postage pre-paid and addressed to:

Capital BlueCross Legal Department  
2500 Elmerton Avenue  
Harrisburg, PA, 17111  
Attn: Vice President & General Counsel

- 1.5 Entire Agreement. This Agreement is the entire contract between the parties on this subject matter and supersedes any and all prior understandings or agreements between the parties whether oral or in writing on this subject matter. Subject to Company's right of modification set out in Section 6.3, no modification or amendment to this Agreement shall be effective unless it is in writing, attached to and made a part of this Agreement, and is executed by a duly authorized representative of WBE and by an officer of Company.
- 1.6 Terminology. In this Agreement the words "shall" and "will" are used in the mandatory sense. Unless the context otherwise clearly requires, any one gender includes all others, the singular includes the plural, and the plural includes the singular.
- 1.7 Waiver. No forbearance or neglect on the part of Company to insist upon compliance with the terms of this Agreement shall be construed as or constitute a waiver of any provision of this Agreement or a grant of authority under this Agreement.

## **ARTICLE II – OBLIGATIONS OF WBE**

- 2.1 Solicitation. WBE shall use commercially reasonable efforts to solicit from members of the general public residing in the twenty-one Pennsylvania counties listed in Attachment A in which Company, as applicable, is authorized to transact insurance and in which Company has authorized WBE to solicit on Company's behalf applications for Company's individual and family health insurance products identified in the commission schedules attached hereto as Attachment C and made part of this Agreement. WBE is not authorized to solicit on behalf of Company, nor will WBE earn commissions for any other products that Company shall decline to offer through WBE. WBE shall generally perform under this Agreement as described in such administrative guidelines, bulletins, directives, manuals or the like as Company may publish for its agents and has delivered to WBE from time to time, which do not conflict with any term or provision of this Agreement.
- 2.2 Service. WBE will service Company members enrolled through applications submitted by WBE or assigned by Company. Such service will include the following:
  - 2.2.1 Acting as liaison between the member and Company if requested by Company or the member.
  - 2.2.2 Maintaining a working and current knowledge of Company products and the ability to explain benefits and/or coverage.

For any members assigned to WBE by Company, WBE shall receive compensation from Company in accordance with the provisions of this Agreement.

- 2.3 Licensure. WBE agrees to maintain such licenses as are necessary to transact business on

behalf of Company. WBE further agrees to notify Company immediately of any expiration, termination, suspension or other action of any Department of Insurance or insurance regulator, or any other government agency against or affecting said license in any of the states in which WBE is marketing Company products.

2.4 Applications. WBE agrees to comply with the reasonable rules of Company relating to the completion and submission of applications, and to make no representation with respect to the benefits of any product offered by Company not in conformity with the material prepared and furnished to WBE for that purpose by Company. WBE shall use commercially reasonable efforts to ensure that, prior to forwarding to Company for processing, each application is fully and truthfully completed by the applicant and the completed application fully and accurately reflects and discloses the circumstances of persons for whom coverage is sought in the application. Nonetheless, Company understands and acknowledges that WBE's business practice is to have applicants submit applications via the internet and therefore, WBE may not directly speak with any applicant to verify the veracity of the information.

2.5 Right to Reject Applications. WBE agrees that Company reserves the right to reject any and all applications submitted by WBE. Company will not treat applications from WBE differently from applications submitted by other agents.

## 2.6 Forms and Advertising.

2.6.1 WBE agrees to use only such material as provided by Company or approved in writing by Company before use (including billing forms, all advertising, promotional materials, reprints and enrollment forms). WBE shall not make use of any advertisement or any other material in which the name or logo of the Company, or any service mark of Company is used without the Company's prior written consent.

2.6.2 Company will have approval rights over any Internet marketing materials that use the name, logo or other identifier of Company ("Company Marks"). Company will approve any such material within ten (10) business days of receipt of a request for approval from WBE. Company approves use of the Company Marks on WBE's ecommerce website, [www.\\_\\_\\_\\_\\_](http://www._____) and \_\_\_\_\_ (or any URLs that it uses to replace these sites (the "WBE Site"), provided that such use:

2.6.2.1 Is substantially similar to the example attached hereto as Attachment E; and

2.6.2.2 Is displayed only to users who are seeking information concerning health insurance available in the Company's Service Area; and


2.6.2.3 Clearly and prominently include a statement when Company Marks are used as follows: "Serving Central Pennsylvania and the Lehigh Valley," and

2.6.2.4 Except in the cases of Advertising Sponsorships, the Company Marks must be the same size as the marks of other insurers listed on the same webpage. WBE will provide the Company with copies of any internet pages using the company Marks within ten (10) business days after the Company Marks first appear. Company may also find examples of how information is presented by viewing the WBE Site. Company may have Company Logos removed from any specific landing page within the site by providing written notice to

WBE, who will remove it within a reasonable business time. Specific text related to Company or products offered by Company will require Company's prior written approval. Notwithstanding the foregoing, WBE may make changes to a previously approved internet site if such changes do not affect (i) the name, logo or other identifier of the Company, (ii) text related to Company products, or (iii) the relative size, placement or dominance of either (i) or (ii) above.

- 2.6.3 This agreement constitutes a contract between WBE and the Company. The Company is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, permitting Company to use the Blue Cross Mark in a portion of the Commonwealth of Pennsylvania. WBE acknowledges that it is not licensed the use the Blue Cross Service Mark and any reference or use of the Blue Cross Service Mark made by WBE in connection with the Company Marks (in a portion of the Commonwealth of Pennsylvania) in its own materials are subject to prior review and approval by Company.
- 2.7 Application Records. WBE agrees to maintain complete records (i) of all transactions pertaining to applications submitted to and accepted by Company, (ii) as may be required by any respective Department of Insurance or any other governmental entity, and (iii) in connection with WBE's relationship with Company. Any and all records described above or as may otherwise relate to WBE's activities in connection with Company business shall be accessible and available to representatives of Company who may audit them from time to time while this Agreement is in effect or within one (1) year after termination reasonably thereof. However, as to completed applications, which must be kept by WBE for six (6) years pursuant to Pennsylvania law, Company may have access to all such documents during the time WBE is required to keep the documents. WBE also agrees to keep any other applicable documents or records for the period required by applicable law, including, but not limited to, applicable Document Retention requirements issued by the Pennsylvania Insurance Department. Company shall notify WBE of its intention to conduct an audit no less than two weeks prior to the date of the audit. Any audit shall take place at WBE's office during normal business hours. Company or its agents shall have access to any records or staff necessary to complete its audit; however, Company may not copy or duplicate any records without the prior written consent of WBE.
- 2.8 Insurance. Within thirty (30) days of a request by Company, but not later than the effective date of this Agreement WBE agrees to obtain and maintain Errors and Omissions Insurance in force in the amount of \$1,000,000.00 for each occurrence and \$1,000,000.00 general aggregate. Once Company has requested that WBE obtain and maintain such insurance, the obtaining and maintenance of such insurance shall be a material requirement of this Agreement.
- 2.9 Benefit Changes. WBE agrees that Company has the right to reasonably discontinue, to modify, or exercise all lawful rights in connection with, any of its benefit contracts, or programs without liability to WBE by providing WBE prior written notice within the timeframe(s) required by applicable law. WBE may sell only those products specifically authorized by Company.
- 2.10 Compensation. WBE shall seek compensation for performing under this Agreement only from Company. WBE is an independent contractor and shall have no claim to

compensation except as provided in this Agreement and shall not be entitled to reimbursement from Company for any expenses incurred in performing this Agreement. WBE further agrees that to the extent of any indebtedness of WBE to Company, Company shall have a first lien against any commissions due WBE from Company, and such indebtedness may be deducted, at the Company's option, from commissions due to WBE.

- 2.11 Confidentiality. WBE agrees to maintain the confidentiality of any trade secret or proprietary information of Company. WBE may not divulge or use any confidential and/or proprietary information about Company's business, except as authorized by Company in writing. Confidential and proprietary information about the business of Company includes, but is not limited to, policies, procedures, underwriting guidelines, and/or group specific proposals of Company, in any form whatsoever, and the terms of this Agreement. WBE shall ensure that its Representatives abide by the terms and conditions of this confidentiality provision. WBE and its Representatives shall be jointly and severally responsible to Company for any acts or omissions by Representatives which result in the unauthorized disclosure or use of any confidential or proprietary information. WBE's obligations under this Section 2.11 shall survive termination of this Agreement.
- 2.12 Records Related to Agreement. WBE will keep regular and accurate records of all transactions related to this Agreement which records shall be reserved for the longer of three (3) years or any period required by applicable law, including, but not limited to, applicable document retention requirements issued by the Pennsylvania Insurance Department and, upon request, shall be open to examination by Company. Any manuals, applications, and all supplies furnished by Company shall remain the property of Company and at the request of Company, said property shall be immediately returned to Company or destroyed upon termination of this Agreement.
- 2.13 Business Associate Agreement. WBE shall comply with the terms of the HIPAA Business Associate Agreement attached hereto as Attachment D and incorporated herein by reference.
- 2.14 Fees. WBE will waive any start-up and/or maintenance fees for Company for the placement of Company products on the WBE website (www.\_\_\_\_\_).
- 2.15 Customer Data. **Redacted**  

- 2.16 Other Party Marketing Agreements. As part of WBE's activities to market and sell health insurance products, including Company's products, WBE may enter into marketing agreements with other parties (e.g., associations, employers and other "affinity groups"). Such agreements may include the placement or syndication of WBE's website within another party's site, or the placement of links from another party's site to WBE's website. Any such activities or agreements in any way related to or in connection with the Company, this Agreement, or WBE's performance hereof shall be in strict compliance with this Agreement; provided, however, that any such activity must receive prior written approval from the Company if such activity includes use of the name, logo or other identifier of the Company in any manner that has not been previously approved by Company.

2.17 Prohibited Acts. WBE will not perform any of the following acts:

- 2.17.1 Waive, modify, or change any terms, conditions, rates, proposals, or limitations of any benefit contract issued by Company.
- 2.17.2 Bind or commit Company in any manner.
- 2.17.3 Extend the time for any premium payment.
- 2.17.4 Reinstate any coverage terminated by Company.
- 2.17.5 As applicable, use any forms not authorized by Company.
- 2.17.6 Extend credit or incur any indebtedness, liability, or obligation on behalf of Company.
- 2.17.7 Sign an application on behalf of an applicant.
- 2.17.8 Enter into any legal proceeding pertaining to Company as a representative of Company, including the acceptance of legal process on behalf of Company.

2.18 Portable Document Format (.PDF) of Company's Health Insurance Application.

- 2.18.1 WBE shall enable an applicant to electronically sign the .PDF version of the Company's health insurance application in a manner consistent with the federal Electronic Signatures in Global and National Commerce Act and other applicable laws. WBE and the Company shall mutually agree on a commercially reasonable process to evidence an applicant's intent (i) to warrant that the information provided by the applicant is true, accurate and complete, (ii) to authorize the obtaining of or release of medical information, (iii) to agree to the terms and conditions within the insurance application, (iv) to authorize the initial premium payment by credit card (if permissible by the Company) or electronic funds transfer and subsequent premium payments by the method the applicant selects on the insurance application, and (v) to bind themselves to other terms and conditions required by the Company in its standard insurance application. WBE warrants that it submits, and shall allow applicants to submit, electronically signed applications to Company only when the above processes have been followed.
- 2.18.2 WBE shall use a methodology which will not permit an applicant who chooses to electronically sign his application to change any data entered by the applicant once the applicant takes the appropriate action to submit the data to WBE. Any subsequent changes to the data shall be completed in writing by the applicant on a paper medium. WBE shall enable the use of 128 bit Secure Sockets Layer (SSL) encryption technology or better to ensure data integrity and security during the electronic transmission of the data from the applicant to WBE. WBE shall archive the applicant's data and the HTML screens seen by the applicant when entering the data.
- 2.18.3 WBE shall not modify or in any way alter the data received from an applicant, although WBE personnel may review the applicant's data for completeness. WBE

shall promptly make available to Company, in a form and manner satisfactory to Company, the applicant's insurance application in .PDF format utilizing 128 bit Secure Sockets Layer (SSL) encryption technology or better to ensure data integrity and security.

- 2.18.3 WBE shall archive a copy of each Applicant's electronically signed .PDF version of the applicant's application for a period of no less than six (6) years from the date the application is submitted to the Company, or otherwise in accordance with the retention periods under applicable law. Such archived .PDF shall be accessible to the Company via Carrier Underwriting Extranet, if Company elects to use the Extranet, or via written request to WBE. WBE shall fulfill any request to receive an archived application within ten (10) business days. Prior to permanently removing an archived application from WBE's database, WBE shall offer a copy of the archived application and any associated records to the Company. All copies shall be offered to Company first in an electronic format readable to Company, and if no such format exists, then in paper copy.
- 2.18.4 WBE shall archive the code creating the HTML screens viewed by an applicant for a period of no less than six (6) years, or otherwise in accordance with the retention periods under applicable law. Each time an HTML screen is changed, WBE shall archive the version of the code prior to making any change. WBE shall provide an archived version of an HTML screen to the Company within thirty (30) days of receiving a written request from the Company. WBE shall offer a copy of an archived HTML screen and any associated records to the Company prior to permanently removing the archived code from WBE's database. All copies shall be offered to Company first in an electronic format readable to Company, and if no such format exists, then in paper copy.
- 2.23 Health Insurance Portability and Accountability Act of 1996 (HIPAA). Agent acknowledges that pursuant to HIPAA the United States Department of Health and Human Services has promulgated some, and is in the process of promulgating other, regulations, becoming effective in the future, relating to the privacy of individually identifiable health information and the security of such information when transmitted by electronic means and further that such regulations may require that contracts contemplating the collection of individually identifiable health information and/or the transmission of such information electronically include certain provisions. Therefore, WBE agrees that its activities shall comply with all such applicable regulations, when and as they become effective, and this compliance shall be interpreted as meeting at least the minimum requirements of such regulations when and as they become effective.
- 2.24 Web-broker.
  - 2.24.1 Under regulations and written guidance promulgated by the United States Department of Health and Human Services ("HHS") pursuant to the Patient Protection and Affordable Care Act (as amended, "PPACA" and the "Regulations"), WBE is a Web-broker, and the Company is certified as a Qualified Health Plan Issuer to offer Qualified Health Plans on the Health Insurance Marketplace ("Marketplace"). As a Web-broker, WBE acknowledges that it is solely responsible to comply with all applicable privacy and security standards imposed for Web-brokers as required under the Regulations.

2.24.2 WBE further agrees that all of the Company's Qualified Health Plans that are displayed on WBE's website, including all benefit and rate information, and any other information required by HHS to be displayed by Web-brokers, will (i) be displayed in the exact manner as WBE receives such Qualified Health Plan information from the Marketplace or the Company to the extent required by applicable standards under the Regulations; and (ii) comply with all other applicable standards under the Regulations. If WBE or the Company discovers any error in the Qualified Health Plan information displayed on WBE's website, WBE agrees to promptly correct such information and notify the Company regarding the same, but in no event later than a commercially reasonable time after the discovery of such error.

2.24.3 As a Delegated Entity, and in Company's authority and responsibility to oversee and monitor all delegated activities, WBE agrees to the requirements set forth in Attachment G (the "Marketplace Required Provisions"), which are hereby incorporated into the Agreement. The Marketplace Required Provisions will apply only to services provided to Company relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and will to the extent inconsistent with any other terms of the Agreement, supersede such inconsistent terms solely as they relate to services rendered to such Contract Holders. WBE shall comply with the Marketplace Required Provisions, as applicable.

### ARTICLE III – OBLIGATIONS OF COMPANY

3.1 Applications and Rates. Company shall provide WBE with applications and basic rates for individual and family health insurance products; provided that WBE acknowledges that such basic rates are subject to change upon completion of the Company's processing of an application. Company shall provide WBE with such information in a mutually agreed upon electronic format.

3.2 Preliminary Approval. Company shall use the private extranet capability provided by WBE to review and offer preliminary approval for individual and family insurance applications not requiring additional information.

3.3 Minimum Service Levels. **Redacted**

3.4 Commission. Company will pay WBE first year and renewal commissions at the rates set out in Attachment C on premiums generated from applications obtained by WBE and accepted by Company for which WBE has been designated Agent of Record. Such products and associated commissions shall be set forth in the Products and Commission as Attachment C.

3.5 Renewal Commission Conditions. Renewal commissions, as set forth in Attachment C, for all products sold by WBE in connection with this Agreement shall be payable to WBE by Company as long as (i) the Company retains the enrollment produced by WBE for each policy of health insurance issued by the Company; and (ii) this Agreement is not terminated for

cause under Section 6.4 herein. If this Agreement is terminated for cause under Section 6.4, the Company shall have no obligation to remit any commission payments to WBE, and any rights by WBE to commission payments shall immediately cease.

### 3.6 Assignment Rights.

3.6.1 If all the following conditions are satisfied, WBE may assign any or all business written under this Agreement to an independent licensed agent or entity:

3.6.1.1 Redacted

Redacted

3.6.1.3 Redacted

3.6.1.3.1 Redacted

Redacted

Redacted

Redacted

Redacted

Redacted

3.9 Compensation Payment. Company will pay to WBE compensation due within Redacted days following the end of each calendar month based on premium payments actually received and reconciled by Company, and either due or received and reconciled by Company, whichever is later, during the calendar month on WBE generated business, except Redacted

If a return of premium charge is due on WBE generated business by reason a cancelled policy of health insurance, Company will charge back to WBE the amount of commission previously paid to WBE on the amount of returned premium, which shall be offset on future premium payments due to WBE.

Compensation payments by Company will be accompanied by sufficient detail to permit WBE

to identify the name and address of each insured for which compensation is being paid, as well as the amount of premium paid by such insured on which the payment is based, the commission earned, the policy or certificate number, and other information as WBE may reasonably require. Such accompanying information shall be submitted to WBE in an electronic format mutually agreed to by the parties. Neither Company nor WBE shall dispute or otherwise request an adjustment in the compensation payments made to WBE after ninety (90) days from the date that such compensation was paid to WBE by Company unless a compensation payment was made, in whole or in part, based on fraud by WBE or a Company member.

3.10 Records. Company agrees to maintain complete records (i) of all transactions pertaining to applications submitted to and accepted by Company, (ii) as may be required by any respective Department of Insurance or any other governmental entity, and (iii) in connection with Company's relationship with WBE. Any and all records described above or as may otherwise relate to Company's activities in connection with WBE business shall be accessible and available to representatives of WBE who may audit them from time to time while this Agreement is in effect or within one (1) year after termination reasonably thereof. WBE shall notify Company of its intention to conduct an audit no less than two weeks prior to the date of the audit. Any audit shall take place at Company's office during normal business hours. WBE or its agents shall not copy or duplicate any records without the prior written consent of the Company. Any audit shall be conducted at WBE's sole expense unless the audit reveals an act of fraud by the Company.

3.11 Product Responsibilities. Except to the extent responsibility is expressly and explicitly delegated under this Agreement, Company shall be responsible for, and may exercise its discretion in connection with, all aspects of the underwriting and administration of any Company products including, but not limited to, the following:

Redacted

3.12 Electronic Marketing. Subject to the Company's prior written approval for each proposed use of the Company Marks not otherwise approved in this Agreement, WBE may use electronic means, such as but not limited to, the internet and email as well as traditional mediums such as, but not limited to, radio, television, telephone, direct mail and print mediums to market, sell and service Company's products.

3.13 Health Plan Information. For maintenance purposes, Company shall provide WBE with updated health plan information including, but not limited to, health plan applications, basic rates unrelated to medical underwriting, benefit summaries, exclusions and limitations information, provider directories and other content which WBE may require to comply with Company's general updates for all agents. Company, at Company's expense, shall provide WBE said information in an industry standard electronic format mutually agreed upon by

both parties. WBE recognizes that such health plan information may be preliminary and shall be subject to final approval by the relevant regulatory agencies in the states where the Company will offer updated health plan products. Such health plan information shall be provided to WBE no less than thirty (30) days prior to their effective date. Subject to the Company's prior written approval, Company shall permit WBE to link the WBE website to Company's web pages as necessary to provide potential applicants with health plan information.

3.13.1 Notwithstanding anything to the contrary within this Agreement, Company agrees to provide WBE and WBE agrees to make available on its website Summary of Benefits and Coverage (SBC) information that meets the minimum requirements under applicable law for all applicable Company health plans. The information provided by Company and presented by WBE on its website will be in a form mutually agreed to by the parties. Company will have no further obligation to provide WBE website users with any SBC information.

3.14 Company's Confidentiality Responsibilities. Company agrees to keep all trade secrets, proprietary information, agreements, financial arrangements, and technology activities of WBE strictly confidential. Company's obligations under this Section 3.14 shall survive termination of this Agreement.

3.15 HIPAA Cooperation. Company agrees to cooperate with WBE to implement the processes described in Sections 2.18 in a commercially reasonable time period.

#### **ARTICLE IV – DISPUTE RESOLUTION**

4.1 Dispute Resolution. Company and WBE agree to meet and confer in good faith on all matters affecting this Agreement. The parties agree that any unresolved dispute will be resolved by binding arbitration in accordance with the Commercial Rules of the American Arbitration Association.

#### **ARTICLE V – INDEMNITY**

5.1 Third Party Liability. Neither Company nor WBE shall be liable to any third party for any act or failure to act of the other party to this Agreement.

5.2 WBE Indemnification. WBE agrees to indemnify and save Company, including directors, officers, corporate affiliates, shareholders and employees of Company, harmless from any and all liability, losses, damages, costs or expenses arising out of any and every claim, demand, lawsuit or cause of action asserted against Company by a third party, which claim, demand, lawsuit or cause of action results from or arises in connection with any negligence or otherwise intentional wrongful act or omission of WBE or of any director, officer, or employee of WBE, including any breach of this Agreement. Such indemnity shall include reasonable attorney fees.

5.3 Company Indemnification. Company agrees to indemnify and save WBE, including partners, directors, officers, corporate affiliates, shareholders and employees of WBE harmless from any and all liability, losses, damages, costs or expenses arising out of any and every claim, demand, lawsuit or cause of action asserted against WBE by a third party, which claim, demand, lawsuit or cause of action results from or arises in connection with any negligent or otherwise wrongful act or omission of Company or of any director, officer or employee of


Company, including any breach of this Agreement. Such indemnity shall include reasonable attorney fees.

- 5.4 Comparative Fault. Should Company and WBE each claim indemnity from the other under Sections 5.2 and 5.3 of this ARTICLE V and should it be determined that each is entitled to some indemnity from the other under the terms of said sections, then the amount of indemnity due from each to the other shall be determined according to comparative fault principles.
- 5.5 Indemnification Survival. The obligations of this ARTICLE V will survive termination of this Agreement as to acts or omissions committed during the term of this Agreement.

## **ARTICLE VI – TERM, TERMINATION & EXCLUSIVITY**

- 6.1 Effective Date. This Agreement shall become effective following execution by duly authorized representatives of both parties.
- 6.2 Term. Subject to Section 6.4, this Agreement will remain in force for a period of one (1) year from the date signed on the contract marked by Company, and shall thereafter be automatically renewed for successive one (1) year periods unless either party gives written notice of nonrenewal at least ninety (90) days prior to the expiration of the then current term. Thereafter, either party may elect to terminate this Agreement, without cause, by giving the other party ninety (90) days written notice.
- 6.3 Modification. Modifications to this Agreement shall be in writing and agreed to by both parties, excluding such modifications that are identified in other sections of this agreement; provided, however, that the Agreement may be amended automatically, without the consent of WBE, in order to meet applicable local, state or federal statutory or regulatory requirements. Company shall provide WBE with written notice of such amendments for statutory or regulatory compliance. **Redacted**
- 6.4 For Cause Termination. A party to this Agreement may terminate this Agreement for the other party's material failure to comply with any provision of this Agreement (including any amendments) if the failing party does not cure the material failure upon ten (10) days prior receipt of written notice of a failure to comply. A party's failure to comply with any provision of this Agreement shall, unless otherwise specifically provided, be material if such failure affects the party's ability to perform under this Agreement or if the other party could reasonably be expected to be materially prejudiced or injured by the particular failure. A party may immediately, upon written notice to the other party, terminate this Agreement upon the other party's commission of any act of fraud or dishonesty, or breach of any fiduciary duty. The right to terminate this Agreement for cause shall not be exclusive, but shall be cumulative with all other remedies available by law or in equity. A failure to terminate this Agreement for cause shall not be a waiver of the right to do so with respect to any future defaults.

## **ARTICLE VII– MISCELLANEOUS**

- 7.1 Severability. The invalidity of any one or more of the words, phrases, sentences, clauses, sections, or subsections contained in this Agreement shall not affect the enforceability of the remaining portions of this Agreement.
- 7.2 No Third Party Beneficiaries. Except as expressly set forth in this Agreement, there are no third party beneficiaries of this Agreement.
- 7.3 Governing Law. This Agreement shall be governed by and construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania.
- 7.4 Compliance With Law. The parties shall comply with all relevant state, federal and local laws, rules, statutes, ordinances, orders and regulations that are relevant to the terms and conditions of this Agreement.
- 7.5 Section Headings. The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of any provisions of this Agreement.
- 7.6 Exhibits Incorporated. All exhibits, attachments, tables or schedules referenced herein, attached or incorporated by reference are incorporated herein to the same extent as if set forth in full herein.
- 7.7 Counterparts. This Agreement may be executed in one or more counterparts, which when taken together shall constitute one agreement.
- 7.8 Redacted
- 
- 7.9 Complaints or Inquiries. WBE shall forward to Company immediately upon receipt any and all governmental or other communications, complaints, and/or inquiries, written or oral, regarding or pertaining to the subject matter of this Agreement or any Representative.
- 7.10 Discrimination. Company does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

[Signature page follows]

**IN WITNESS WHEREOF**, this Agent Agreement has been duly executed by the authorized representatives of the Company and WBE on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Capital BlueCross:**

**[LEGAL NAME OF WBE:]**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**List of Counties in Company's 21-County Service Area**

Adams  
Berk  
Centre  
Columbia  
Cumberland  
Dauphin  
Franklin  
Fulton  
Juniata  
Lancaster  
Lebanon  
Lehigh  
Mifflin  
Montour  
Northampton  
Northumberland  
Perry  
Schuylkill  
Snyder  
Union  
York

**AFFILIATES & SUBSIDIARIES**

Capital BlueCross

Capital Advantage Insurance Company

Capital Advantage Assurance Company

Keystone Health Plan Central

Dominion Dental USA, Inc.

Dominion Dental Services, Inc.

Dominion Dental Services USA, Inc.

Dominion Dental Services of New Jersey, Inc.

**PRODUCTS & COMMISSIONS**

The commission rates set forth in this Attachment C (the “Commission Rates”) shall be effective as of the date set forth on the signature page of this Agreement (the “Agreement Effective Date”). Company shall pay to WBE the applicable commission payments and provide the related commission statements with respect to every sale of the Company products. For the avoidance of doubt, the Commission Rates shall be applicable only prospectively to New Business, so commissions with respect to Existing Business shall continue to be calculated and paid in accordance with the compensation schedule that was in effect as of the date WBE first became producer of record for the applicable policy. For purposes of this provision, “New Business” means any policy issued after the Agreement Effective Date, and “Existing Business” means any policy issued before the Agreement Effective Date. Subject to Section 3.7 of the Agreement, this provision shall survive expiration or termination of this Agreement.

**Healthy Benefits PPO**

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [REDACTED] of the monthly premium on Healthy Benefits PPO products.

**Healthy Benefits HMO**

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [REDACTED] of the monthly premium on Healthy Benefits HMO products, with the exception of the Catastrophic Plan. WBE will earn [REDACTED] of the monthly premium on the Catastrophic Plan.

**Healthy Dental PPO**

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [REDACTED] of the monthly premium on Healthy Dental PPO products.

**Select Dental HMO**

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [REDACTED] of the monthly premium on Healthy Dental HMO products.

**Healthy Vision Plan 1**

For all contract types (Single Contract, Parent/Child Contract, Parent/Children Contract, Husband/Wife Contract, Family Contract), WBE will earn [REDACTED] of the monthly premium on Healthy Vision Plan 1 products.

**Attachment D**

Business Associate Agreement

## Sample Logos

Samples of how logos appear on WBE website

**Attachment F**

**Sample Form A, Appointment Disclosure Form (Agency) and  
Form B, Appointment Disclosure Form (Individual)**

**MARKETPLACE REQUIRED PROVISIONS**

**Definitions**

For purposes of these Marketplace Required Provisions and Section 2.24.3, the following capitalized terms will have the meanings set forth below. All other capitalized terms will have the meaning set forth in the Agreement.

“Breach” has the meaning contained in the Office of Management and Budget (OMB) Memoranda M-07-16 (May 22, 2007), and means the compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, loss of control, or any similar term or phrase that refers to situations where persons other than authorized users or for an other than authorized purpose have access or potential access to Personally Identifiable information (PII), whether physical or electronic.

“Centers for Medicare and Medicaid Services (CMS) Data Services Hub Web Services (Hub Web Services)” means business and technical services made available by CMS to enable the determination of certain eligibility and enrollment or Federal financial payment data through the Federally-facilitated Exchange web site, including the collection of personal and financial information necessary for Consumer, applicant, Qualified Individual, Qualified Employer, Qualified Employee, or Enrollee account creations; Qualified Health Plan (QHP) application submissions; and Insurance Affordability Program eligibility determinations.

“Delegated Entity” has the meaning set forth in 45 C.F.R. §156.20.

“Downstream Entity” has the meaning set forth in 45 C.F.R. §156.20.

“Enrollee” has the meaning set forth in 45 C.F.R. §155.20

“Federally-facilitated Exchange” means an Exchange (or Marketplace) established by HHS and operated by the Centers for Medicare and Medicaid Services under §1321(c)(1) of PPACA for individual or small group market coverage, including the Federally-facilitated Small Business Health Options Program (FF-SHOP).

“Incident” means the act of violating an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, system hardware, firmware, or software characteristics without the owner’s knowledge, instruction, or consent.

“Qualified Employee” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Health Plan” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Health Plan Issuer” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Individual” has the meaning set forth in 45 CFR 155.20

## **Provisions**

- 1.1 In the course of performing its duties and obligations set forth in the Agreement, WBE constitutes a Delegated Entity, and may contract with other individuals or entities that constitute Downstream Entities to assist in performing such duties and obligations. WBE is obligated to make all necessary reports to Company that (i) are specified in the Agreement; or (ii) required under applicable federal or state law.
- 1.2 If the Department of Health and Human Services (HHS) or Company determines that WBE, or any Downstream Entity that WBE contracts with as described herein, has not performed satisfactorily the duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as their dependents, Company may terminate the Agreement in accordance with the procedures for termination within the Agreement.
- 1.3 WBE must comply with all of the laws and regulations relating to the following standards, if applicable to WBE, in performing its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents: (i) 45 C.F.R. Part 156, Subpart C with respect to each Qualified Health Plan on an ongoing basis; (ii) Marketplace processes, procedures and standards pertaining to Qualified Health Plan certification under 45 C.F.R. Part 155, Subparts H and K; (iii) 45 C.F.R. §155.220 with respect to assisting with enrollment in Qualified Health Plans; and (iv) 45 C.F.R. §156.705 and §156.715 for maintenance of records and compliance reviews for Company operating in a Federally-facilitated Exchange or FF-SHOP.
- 1.4 If WBE receives personally identifiable information (PII) directly from Exchange applicants or from Hub Web Services, WBE agrees to the following:
  - 1.4.1 WBE shall create, collect, disclose, access, maintain, use, or store PII that it receives directly from Exchange applicants or from Hub Web Services only in accordance with all laws as applicable, including HIPAA and Section 11411(g) of the Patient Protection and Affordable Care Act.
  - 1.4.2 WBE agrees to monitor, periodically assess, and update its security controls and related system risks to ensure the continued effectiveness of those controls in accordance with 45 C.F.R. 155.260(a)(5); and to inform Company of any material change in its administrative, technical, or operational environments, that would require an alteration of the privacy and security standards required by this Agreement or applicable law.
  - 1.4.3 WBE agrees to enter into written agreements with any downstream entity which receives PII directly from Exchange applicants or from Hub Web Services whereby the downstream entity agrees the requirements set forth in this section 1.4.
  - 1.4.4 WBE agrees to the following standards for communication with the Hub:
    - 1.4.4.1 WBE must complete and pass testing with CMS for each type of transaction that it will implement.

1.4.4.2 As applicable, all transactions must be formatted in accordance with the Accredited Standards Committee Implementation Guides.

1.4.4.3 WBE agrees to enter into written agreements with any entity for submitting or receiving FFE data, such entity must agree in writing to be bound by the terms set forth in this section 1.4, test software, and receive Company's approval of software as being the proper format and compatible with the FFE system.

1.4.4.4 WBE agrees to report any Incident or Breach of PII to Company within seventy-two (72) hours after discovery of the Incident or breach.

- 1.5 WBE must permit access by HHS and the Office of the Inspector General ("OIG"), or their designees, through audit, inspection, or other means as determined by HHS or the OIG, or their designees, to WBE's books, contracts, computers, or other electronic systems, including medical records and documentation, in connection with its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents for the duration of the period in which the Agreement is effective, and until ten (10) years from the effective date that the Agreement expires or is terminated.
- 1.6 Compliance by Downstream Entities. WBE shall include in its contract(s) with any Downstream Entities, and require such Downstream Entities to include in their contract(s) with any Downstream Entities, language that is the same or substantially similar to that contained in these Marketplace Required Provisions, which expressly requires each Downstream Entity to: (i) comply with all applicable laws and regulations, including but not limited to the provisions in Section 1.3 above, to the extent relevant, in performing or assisting in the performance of the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and (ii) grant access to its books, contracts, computers, or other electronic systems (including medical records and documentation), relating to such Downstream Entity's compliance with applicable provisions Section 1.3 above in connection with the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, to HHS and or the OIG, or their designees, for the duration of the period in which the contract(s) is effective, and for a minimum of ten (10) years from the date the contract(s) expires or is terminated.
- 1.7 No later than ten (10) days following any written request by Company, WBE shall provide Company with a copy of the pertinent contract language (including any amendments thereto) between WBE and any Downstream Entities, and among two or more Downstream Entities, as applicable, to demonstrate compliance with Section 1.6.
- 1.8 The provisions of these Marketplace Required Provisions shall in no way be interpreted as an assumption by Company of legal liability for the actions of WBE or any Downstream Entities, including but not limited to malpractice liability.

**NOTICE OF AMENDMENT TO THE  
PREFERRED PRODUCER MASTER AGREEMENT (INDIVIDUAL)**

This Notice of Amendment (“Amendment”) is hereby issued by Capital BlueCross and its subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company, and Keystone Health Plan Central (individually and collectively “Capital”) to the individual producer or legal entity identified on the signature page (“Preferred Producer”) of the Preferred Producer Master Agreement (Individual) between Capital and Preferred Producer (as amended, the “Agreement”).

**WHEREAS**, Capital and Preferred Producer have previously entered into the Agreement whereby Capital appointed Preferred Producer to conduct producer-related activities on Capital’s behalf regarding Capital policyholders and perspective policyholders;

**WHEREAS**, beginning on April 1, 2016, Capital will change its commission schedule for all Healthy Benefits products with effective dates of April 1, 2016 or later; and

**WHEREAS**, Capital desires to amend the Agreement to reflect the change set forth above.

**NOW, THEREFORE**, the Agreement is hereby modified as follows:

**ARTICLE I  
AMENDMENTS**

1.1 Amendments. The Agreement is hereby amended as follows:

1.1.1 Commission. Schedule “A-1”, Section 4.0 to the Agreement is hereby deleted in its entirety.

1.2 Effective Date. This Amendment will be effective April 1, 2016 for all products with effective dates of April 1, 2016 or later.

**ARTICLE II  
MISCELLANEOUS**

2.1 Confidentiality. Preferred Producer agrees to (i) to keep confidential this Amendment, which includes confidential and proprietary information, and (ii) not to disclose any of the information contained in this Amendment to any person without the prior written consent of Capital.

2.2 Full Force and Effect. Except as modified by this Amendment, the Agreement remains in full force and effect.

2.3 Defined Terms. Capitalized terms used herein without definition shall have the meanings assigned to such terms in the Agreement.

[Signature Page Follows]

**IN WITNESS WHEREOF**, this Amendment has been duly executed by an authorized representative of Capital as of \_\_\_\_\_, 2016.

**CAPITAL BLUE CROSS  
CAPITAL ADVANTAGE INSURANCE COMPANY  
CAPITAL ADVANTAGE ASSURANCE COMPANY  
KEYSTONE HEALTH PLAN CENTRAL**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## PREFERRED PRODUCER MASTER AGREEMENT (Individual)

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THIS PREFERRED PRODUCER MASTER AGREEMENT among \_\_\_\_\_ (the "Preferred Producer") and Capital BlueCross and its wholly-owned subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central (collectively "Capital") is effective as of \_\_\_\_\_.

Intending to be legally bound, the Preferred Producer and Capital agree as follows:

### **SECTION 1. DEFINITIONS**

- 1.1 "Agreement" means this Preferred Producer Master Agreement.
- 1.2 "Capital" means Capital BlueCross and its wholly owned subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central, and their respective directors, officers, and employees. Capital BlueCross, Capital Advantage Insurance Company, Capital Advantage Assurance Company and Keystone Health Plan Central are independent licensees of the Blue Cross and Blue Shield Association.
- 1.3 "Change in Control" means a transaction that results in either (i) holding **Redacted** or more of the outstanding voting securities of an entity; (ii) if an organized corporate entity, having the contractual power to designate a majority of the directors of the entity, or, if not an organized corporate entity, of individuals exercising similar functions; or (iii) in the case of an entity without outstanding voting securities, having the right to **Redacted** or more of the entity's assets, or the right, in the event of dissolution, to **Redacted** or more of the entity's assets.
- 1.4 "Contract Holder" means the individual entering into a contract with Capital for a Health Benefits Program.
- 1.5 "Health Benefits Programs" means any one or a combination of the individual health benefits plans insured or administered by Capital, including, but not limited to, Medicare Supplement plans, as well as any individual prescription drug, dental, and vision plans insured or administered Capital. "Health Benefits Programs" does not include Medicare Advantage products (e.g. SeniorBlue HMO and SeniorBlue PPO), or CHIP products.
- 1.6 "Preferred Producer" means the entity (and its directors, officers, employees, and agents) entering into this Agreement with Capital.
- 1.7 "Producer of Record" means a Standard Producer or a Preferred Producer as designated by a Contract Holder on the appropriate forms as determined by Capital.

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Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

- 1.8 “Replacement Preferred Producer” means the entity (and its directors, officers, employees and agents) which enters into a Preferred Producer Master Agreement with Capital and which enters into a contract with a Standard Producer if (i) the contract between Preferred Producer and the Standard Producer terminates, or (ii) the contract between Capital and Preferred Producer terminates pursuant to Section 20.2.
- 1.9 “Service Area” means the following twenty-one counties within the Commonwealth of Pennsylvania: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union and York.
- 1.10 “Standard Producer” means any licensed agent, agency, or broker who has executed a Standard Producer Acknowledgment Form and entered into a contractual relationship with the Preferred Producer, as well as the individual licensed producers who have completed the Appointment Disclosure Form pursuant to Section 5.3.2 of the Standard Producer Acknowledgment Form.

## **SECTION 2. APPOINTMENT OF THE PREFERRED PRODUCER**

- 2.1 Capital hereby appoints the Preferred Producer to represent it in accordance with this Agreement.

## **SECTION 3. RELATIONSHIP BETWEEN THE PREFERRED PRODUCER AND CAPITAL**

- 3.1 The Preferred Producer’s relationship to Capital is that of an independent contractor, and nothing contained in this Agreement may be construed to make either the Preferred Producer or a Standard Producer employees of Capital. The Preferred Producer has no authority except that which is expressly set forth in this Agreement. No authority may be implied from the authority expressly granted.
- 3.2 The Preferred Producer shall not represent that it is an employee of Capital.
- 3.3 The Preferred Producer will not conduct itself in any manner that may adversely affect the business, good standing and reputation of Capital.
- 3.4 As a Delegated Entity, and in Capital’s authority and responsibility to oversee and monitor all delegated activities, Preferred Producer agrees to the requirements set forth in Schedule “H” (the “Marketplace Required Provisions”), which are hereby incorporated into the Agreement. The Marketplace Required Provisions will apply only to services provided to Capital relating to contract holders or prospective contract holders who are or who may be Enrollees, as well as any covered dependents, and will to the extent inconsistent with any other terms of the Agreement, supersede such inconsistent terms solely as they relate to services rendered to such contract holders. Preferred Producer shall comply with the Marketplace Required Provisions, as applicable.

## **SECTION 4. AUTHORIZATION OF PREFERRED PRODUCER AND STANDARD PRODUCER**

- 4.1 Capital authorizes the Preferred Producer, along with those Standard Producers who are contracted with Preferred Producer, as applicable as determined by Capital, to do the following:

- 4.1.1 To represent Capital to Contract Holders in the Service Area, provided that the Preferred Producer or the Standard Producer has been designated by the Contract Holder as Producer of Record.
- 4.1.2 To obtain and present premium rate quotations for coverage under the Health Benefits Programs.
- 4.1.3 To solicit applications, enrollment cards, and similar or related documents required by Capital (the "Application Materials") prior to effectuating coverage under contracts for Health Benefits Programs.
- 4.1.4 To be governed strictly by all Capital underwriting and participation rules, regulations, and instructions contained in manuals, proposals or otherwise in effect from time to time. In the event of any dispute between the parties as to the interpretation of underwriting rules, regulations and instructions of Capital, Capital shall make the final determination of all such disputes.
- 4.1.5 To ensure that all underwriting, participation, and marketing guidelines of Capital applicable to the Health Benefits Programs are communicated to and adhered to by the Standard Producers.
- 4.1.6 **Redacted**
- 4.1.7 To observe and comply with all applicable insurance laws and Pennsylvania Insurance Department regulations, and any federal requirements.
- 4.1.8 To keep such records and forms as may be reasonably required by Capital and/or required under applicable laws and regulations. Such records together with all manuals and all supplies furnished to the Preferred Producer by Capital shall remain the property of Capital and shall be subject to examination by and/or surrender to Capital at any time.

## **SECTION 5. LIMITATIONS ON AUTHORITY OF PREFERRED AND STANDARD PRODUCERS**

- 5.1 The Preferred Producer's authority does not permit the Preferred Producer, or any Standard Producer, to perform any of the following acts:
  - 5.1.1 To waive, modify, or change any terms, conditions, rates, proposals, or limitations of any contract issued for Health Benefits Programs.
  - 5.1.2 To bind or commit Capital in any manner.
  - 5.1.3 To receive any money for Capital.
  - 5.1.4 To extend the time for any premium payment.
  - 5.1.5 To reinstate any coverage terminated.
  - 5.1.6 To adjust, settle, or admit liability on any claim.
  - 5.1.7 To solicit applications or enrollment forms outside the Service Area.
  - 5.1.8 To effect any verbal contracts for Health Benefits Programs.

5.1.9 To effect any contracts for Health Benefits Programs except by means of authorized forms duly executed by authorized Capital representatives.

5.1.10 To publish or cause to be published, circulate or cause to be circulated, or utilize in the marketing effort contemplated under this Agreement any advertising material other than that approved in writing by or furnished by Capital.

For purposes of this section “advertising material” includes, but is not limited to: (i) printed and published material, audiovisual material, or descriptive literature used in direct mail, newspaper, magazines, radio and television scripts, electronic commerce, billboards and similar displays; (ii) descriptive literature and sales aids of all kinds but not limited to circulars, leaflets, booklets, illustrations, computer proposals, and form letters; and (iii) all materials containing service marks owned by Capital, any Capital affiliate or the Blue Cross and Blue Shield Association.

5.1.11 To extend credit or incur any indebtedness, liability, or obligation on behalf of Capital.

5.1.12 To sign an application on behalf of an applicant.

5.1.13 To pay, allow, or offer to pay or allow as an inducement to any person or Contract Holder, any rebate of premium or other form of consideration.

5.1.14 Redacted



5.1.15 To enter into any legal proceeding pertaining to Capital as a representative of Capital, including the acceptance of legal process on behalf of Capital.

5.1.16 To act in a manner contrary to any laws, rules, or regulations of any governmental or other regulatory authority having jurisdiction over the subject matter of this Agreement.

5.1.17 Redacted



## **SECTION 6. ELIGIBLE CONTRACT HOLDERS**

6.1 In order to be eligible for the Health Benefits Programs offered by Capital, a Contract Holder must comply with current eligibility and underwriting standards/guidelines of Capital. These standards/guidelines are subject to change without notice.

- 6.2 All necessary enrollment materials and premium rate quotation requests must be received by Capital within any deadlines set by Capital before a Contract Holder will be considered for coverage.
- 6.3 A Contract Holder must execute the required documentation established by Capital from time to time and be formally accepted by Capital in order to be enrolled.

## **SECTION 7. RESERVATION OF RIGHTS**

- 7.1 Capital reserves the right to reject any application for enrollment in Health Benefits Programs.
- 7.2 Capital reserves the right to discontinue or withdraw from sale any Health Benefits Programs, amendment, or endorsement.
- 7.3 Capital reserves the right to amend or cancel any Health Benefits Programs.
- 7.4 Capital reserves the right to determine all terms, conditions, and limitations on any Health Benefits Programs contracts.
- 7.5 Capital reserves the right to amend, delete, or add any Capital procedure.
- 7.6 **Redacted**
- 7.7 Capital reserves the right to audit Contract Holders in accordance with the terms and conditions of the Health Benefits Programs. Capital may conduct such audits to determine, for example, whether the Contract Holders are in compliance with the underwriting and enrollment guidelines. Preferred Producer shall assist and cooperate with Capital as necessary in order for Capital to conduct such audits, including production of all Contract Holder documentation in Preferred Producer's possession.
- 7.8 If Capital does not extend coverage under a contract for Health Benefits Programs for one of the reasons listed above, no commission shall be paid.

## **SECTION 8. SERVICE MARKS**

- 8.1 The Preferred Producer may not use in any form any registered or unregistered trademark, trade name, or service mark owned by Capital, any Capital affiliate or by the Blue Cross and Blue Shield Association, nor may the Preferred Producer place any advertisement pertaining to Capital in any medium, or issue or distribute any circular, letter, or publication referring to Capital without Capital's prior written approval. (See Section 5.1.10 for additional limitations on the Preferred Producer's authority to conduct marketing efforts under this Agreement.)

## **SECTION 9. COMMISSIONS AND ADMINISTRATIVE FEES**

- 9.1 As a condition precedent to the receipt of commission payments, the Preferred Producer or Standard Producer, as applicable, must be designated in writing as the Producer of Record by the Contract Holder on the appropriate documentation in effect from time to time as determined by Capital. The Producer of Record's designation shall remain in

effect throughout the term of the Contract Holder's then-current Health Benefit Programs contract with Capital, including any renewal thereof.

9.2

Redacted

9.3

The commission payment level to be used to determine the commission payment for the Preferred Producer will remain in effect until the termination of Contract Holder's contract.

9.4

Redacted

## **SECTION 10. COMMISSION PAYMENT RULES**

10.1

Capital will remit commissions as set forth on Schedule "A."

Redacted

10.2

Capital will remit commissions to the Preferred Producer.

10.3

Redacted

10.4

If a Contract Holder's contract is terminated for any reason by Capital or the Contract Holder, all rights to commissions shall cease as of the next month immediately following the date of termination.

10.5

Commissions shall be payable monthly

Redacted

10.6

Redacted

10.7

Neither the Preferred Producer nor the Standard Producer shall be entitled to a commission for any benefit contracts initially procured directly by Capital.

## **SECTION 11. COMMISSIONS AND THE STANDARD PRODUCER**

11.1

Redacted

Standard Producer is Producer of Record, the Contract Holder's name and the commission paid by Capital pursuant to Schedule "A."

11.2 Redacted

11.3 Redacted

11.4 Redacted

11.5 Reserved

11.6 Redacted

## **SECTION 12. BONUS AND INCENTIVE PROGRAMS**

12.1 Redacted

## **SECTION 13. ACCOUNTING**

13.1 Each month Capital shall provide to the Preferred Producer a written commission detail statement, showing all Contract Holder business activity represented by the Preferred Producer during the preceding month. Capital shall then credit all commissions and administrative fees earned to the Preferred Producer. Any commissions or administrative fees to be repaid by the Preferred Producer, and any debts or debits due or to become due Capital by the Preferred Producer including, but not limited to, obligations which arise under Section 16, shall be debited to the Preferred Producer's account as an offset

against payable credits. The amount of any remaining credit shall be remitted to the Preferred Producer, with a copy of such accounting.

- 13.2 Upon receipt from Capital of any written commission detail statement, the Preferred Producer agrees to examine the same immediately and to notify Capital at once of any difference between said statement and the Preferred Producer's records. Failure of the Preferred Producer to notify Capital within sixty (60) days of any difference shall be an admission of the correctness of such statement. After the sixty-day period, the Preferred Producer shall not be permitted to present a claim for additional monies.

#### **SECTION 14. RECORDS RETENTION**

- 14.1 The Preferred Producer shall maintain complete records of all transactions pertaining to Contract Holders and correspondence to and from Contract Holders for the longer of (i) the current year plus the six preceding calendar years or (ii) any period required by applicable law.

#### **SECTION 15. LICENSES AND COMPLIANCE WITH REGULATIONS**

- 15.1 The Preferred Producer hereby represents and warrants that it is properly licensed to conduct all insurance business required pursuant to this Agreement.

- 15.2 **Redacted**

- 15.3 The Preferred Producer shall immediately notify Capital of any termination, suspension, or expiration of the Preferred Producer's license or of any termination, suspension, or expiration of a Standard Producer's license. The Preferred Producer shall immediately notify Capital in the event the Preferred Producer is charged with any wrongdoing for which the penalty of suspension or revocation is possible. Upon receiving such notice, Capital shall have the right, in its sole discretion, to terminate the Agreement. The failure on the part of Capital to elect to terminate this Agreement immediately shall not be construed as a waiver of the right to do so subsequently.

#### **SECTION 16. PREFERRED PRODUCER RESPONSIBLE FOR ACTIONS OF STANDARD PRODUCERS; TRANSFER OF STANDARD PRODUCER**

- 16.1 The Standard Producer shall be permitted to submit applications for enrollment only after:
- 16.1.1 The Standard Producer executes the Standard Producer Acknowledgment Form (a copy is attached as Schedule "C"), as amended or supplemented from time to time by Capital.
- 16.1.2 The Standard Producer executes the appropriate Producer/Applicant Disclosure Form (copies of Form C-7 and Form C-8 are attached as Schedule "D"), as amended or supplemented from time to time by Capital.
- 16.1.3 The Standard Producer has been appointed by Capital.

16.2 The Preferred Producer shall be responsible for the completion and submission to Capital of all forms required for appointing the Standard Producers. The responsibilities of the Preferred Producer are not satisfied or dismissed by the Standard Producer completing the Standard Producer Acknowledgment Form.

16.3 Redacted

16.4 The Standard Producer shall not represent that it is an employee of Capital.

16.5 Redacted

16.6 Redacted

16.6.1 Redacted

## **SECTION 17. CONFIDENTIALITY**

17.1 During the term of this Agreement and any extension thereof, or at any time after termination of the Agreement, the Preferred Producer shall not divulge or use any confidential and/or proprietary information about the business of Capital, except as authorized by Capital in writing. Confidential and proprietary information about the business of Capital includes, but is not limited to, policies, procedures, underwriting guidelines, and/or specific proposals of Capital, in any form whatsoever, which the Preferred Producer obtained by reason of this Agreement.

17.2 Redacted

17.3 Redacted

## **SECTION 18. INDEMNIFICATION**

18.1 Indemnification by the Preferred Producer. The Preferred Producer agrees to indemnify and save Capital, its affiliates and subsidiaries and its officers, directors, and employees harmless from any damage and against any liability for loss, cost, expenses, fines, penalties, including punitive or exemplary damages and all costs of defense; (i) resulting

from any act, error or omission, whether intentional or unintentional, by the Preferred Producer and its officers, directors, employees and its Standard Producers, related to or which arise out of the business covered by this Agreement, or (ii) resulting from any obligation, act or transaction created or performed by the Preferred Producer in violation of, in excess of, or in contravention of the power and authority of the Preferred Producer set forth in this Agreement.

18.1.1 In cases in which the Preferred Producer's errors and omissions liability insurer does not tender a defense for a lawsuit hereunder, (i) Capital shall select its own defense counsel, (ii) the Preferred Producer shall pay all expenses incurred by Capital relating to its defense, and (iii) Capital shall decide in its sole opinion whether claims or suits may be settled.

18.1.2 In cases in which the Preferred Producer's errors and omissions liability insurer tenders a defense for a lawsuit hereunder, (i) the Preferred Producer shall submit a written request to its errors and omissions liability insurer to retain counsel recommended by Capital, and (ii) the Preferred Producer shall obtain the consent of Capital before agreeing to any settlement, which consent shall not be unreasonably withheld.

18.1.3 The Preferred Producer expressly authorizes Capital, without precluding Capital from exercising any other remedy it may have, to charge against all compensation due or to become due to the Preferred Producer under this Agreement any monies paid or liabilities incurred by Capital by reason of any occurrence described herein.

18.2 Indemnification by Capital. Capital agrees to indemnify and save the Preferred Producer and the Standard Producer, their respective officers, directors, partners, and employees harmless from any damage and against any liability for loss, cost, expenses, fines, penalties, including punitive or exemplary damages and all costs of defense resulting from any act, error or omission, whether intentional or unintentional, by Capital and its officers, directors, and employees related to or which arise out of the business covered by this Agreement.

## **SECTION 19. ERRORS AND OMISSIONS INSURANCE**

19.1 During the entire term of this Agreement, the Preferred Producer and the Standard Producer are required to maintain errors and omissions insurance coverage with an insurance company have an A.M. Best rating of "A" or higher. Preferred Producer shall maintain coverage with an aggregate limit of liability of at least Three Million (\$3,000,000) Dollars. Standard Producer shall maintain coverage with an aggregate limit of liability of at least One Million (\$1,000,000) Dollars.

19.2 The Preferred Producer is further required to provide Capital, at its request, with a copy of such errors and omissions insurance policy.

19.3 The Preferred Producer shall notify Capital within five (5) days if the Preferred Producer receives notice that the errors and omissions insurance carrier intends to terminate, cancel, non-renew, or rescind the errors and omissions insurance coverage.

## **SECTION 20. TERM AND TERMINATION**

- 20.1 This Agreement shall be effective from the date first above written and shall continue in full force and effect for twelve (12) consecutive months, at which time, unless terminated as set forth below, this Agreement shall automatically renew for a further period of twelve (12) consecutive months and thereafter from year to year.
- 20.2 This Agreement may be terminated at any time by any party hereto upon thirty (30) days written notice to the other parties.
- 20.3 The Agreement may be terminated immediately upon the occurrence of any of the following:
- 20.3.1 Such termination is required by state or federal law or regulation, or by an order of any state or federal agency or court with authority to issue such an order.
  - 20.3.2 Enforcement of any disciplinary regulatory action against, or suspension or termination of the Preferred Producer's license.
  - 20.3.3 The Preferred Producer withholds, converts for its own use, or otherwise misappropriates funds of Capital or a Contract Holder.
  - 20.3.4 The Preferred Producer commits any illegal act or fraud in the performance of its duties under this Agreement.
  - 20.3.5 The Preferred Producer fails to maintain errors and omissions coverage as set forth in Section 19 above.
  - 20.3.6 Upon the Preferred Producer's death or dissolution, bankruptcy or insolvency.
  - 20.3.7 Upon the assignment of the Agreement by the Preferred Producer for the benefit of creditors.
  - 20.3.8 Upon the Preferred Producer's breach of any of the terms of this Agreement or of Capital underwriting rules, regulations and instructions.
  - 20.3.9 Upon the Preferred Producer's conviction, entry of a plea of *nolo contendere*, or the imposition of probation without verdict for any felony, or a misdemeanor related to the business of insurance, including but not limited to fraud, theft, embezzlement, or any other offense related to the misuse or taking of funds.
  - 20.3.10 Upon the Preferred Producer's breach of any provision of the HIPAA Business Associate Addendum to which Section 29 refers.

20.4

Redacted

20.5

Redacted

20.5.2 Enter into a Preferred Producer Master Agreement directly with a Standard Producer who qualifies for such an Agreement.

## **SECTION 21. EFFECT OF TERMINATION UPON COMMISSIONS AND ADMINISTRATIVE FEES**

21.1 Upon termination of this Agreement by the Preferred Producer, without cause, pursuant to Section 20.2, the Preferred Producer shall have no right to receive the commissions and administrative fees described in Schedule "A-1".

21.2 Upon termination of the Agreement by Capital, without cause, pursuant to Section 20.2, **Redacted** Section 20.4:

21.2.1 **Redacted**

21.2.2 **Redacted**

21.3 Upon termination of this Agreement for any one of the reasons enumerated at Section 20.3 ("the Terminating Event"), the Preferred Producer shall have no right to receive commissions or administrative fees. Commission and administrative fee payment shall cease as of the last day of the month in which the Terminating Event occurred.

21.4 This Section 21 shall survive any termination of this Agreement.

## **SECTION 22. JOINT AND SEVERAL LIABILITY**

22.1 In the event of a transfer of ownership of the Preferred Producer's business, the Preferred Producer shall remain jointly and severally liable with the purchaser/transferee for all premium remittances received and all debts and obligations incurred under this Agreement, unless otherwise agreed to in writing by Capital.

## **SECTION 23. ASSIGNMENT OF COMMISSIONS**

23.1 Any assignment of commissions payable under this Agreement shall be valid only with Capital's prior written approval, which approval will not be unreasonably withheld. Any assignment will be subject also to the terms of Section 9.4 above.

## **SECTION 24. ASSIGNMENT OF THE AGREEMENT**

24.1 This Agreement shall not be sold, pledged, or assigned by the Preferred Producer without Capital's prior written approval.

## **SECTION 25. NON-SOLICITATION OF EMPLOYEES**

25.1

Redacted

## **SECTION 26. NOTICES**

- 26.1 All notices required or permitted to be given hereunder shall be in writing and shall be delivered (i) by prepaid certified or registered mail or a nationally recognized overnight courier or (ii) by any electronic method for which receipt is documented, addressed to the party to whom it is directed at its address set forth below, or to such other address as may from time to time be specified by one party to the other. All notices shall be effective upon the earlier of (i) receipt, or (ii) with respect to notices that are sent by certified or registered mail, three (3) business days after mailing, and with respect to notices sent by overnight courier one (1) business day after sending.

### **TO: CAPITAL**

Senior Director, Producer Relations  
Capital BlueCross  
2500 Elmerton Avenue  
Harrisburg, PA 17110

### **TO: PREFERRED PRODUCER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any party may at any time change or amend its address for notification purposes, by mailing a notice as required hereinabove, stating the change and setting forth the new address. The new address shall be effective on the date specified in such notice, or if no date is specified, on the tenth (10th) day following the date such notice is received.

## **SECTION 27. AMENDMENT OR MODIFICATION**

- 27.1 The terms of this Agreement, including but not limited to Schedule "A-1" and Schedule "A-2", may be waived, amended, modified or supplemented in writing as agreed to by the parties; provided, however that the Agreement may be amended automatically, without the consent of Preferred Producer, in order to meet applicable local, state or federal statutory or regulatory requirements. Capital shall provide Preferred Producer with written notice of such amendments for statutory or regulatory compliance. Redacted

27.2

Redacted

## **SECTION 28. NOTIFICATION OF COMPLAINTS OR INQUIRIES**

- 28.1 The Preferred Producer shall forward to Capital immediately upon receipt any and all governmental or other communications, complaints, and/or inquiries, written or oral, regarding or pertaining to the subject matter of this Agreement.

## **SECTION 29. HIPAA COMPLIANCE**

- 29.1 The Preferred Producer shall comply with the terms of the HIPAA Business Associate Addendum attached hereto, marked as Schedule "E," and incorporated herein by reference.

## **SECTION 30. WAIVER**

- 30.1 No forbearance or neglect on the part of Capital to insist upon compliance with the terms of this Agreement shall be construed as or constitute a waiver of any provision of this Agreement or a grant of authority under this Agreement.

## **SECTION 31. SEVERABILITY**

- 31.1 The invalidity of any one or more of the words, phrases, sentences, clauses, sections, or subsections contained in this Agreement shall not affect the enforceability of the remaining portions of this Agreement.
- 31.2 The parties agree that their reciprocal rights and obligations under this Agreement constitute good and valuable consideration for the several obligations imposed upon each party hereunder. To the extent required by law, each individual provision in this Agreement shall be deemed adequately supported by separate and independent consideration.

## **SECTION 32. SECTION HEADINGS**

- 32.1 The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of any provisions of this Agreement.

## **SECTION 33. GOVERNING LAW.**

- 33.1 This Agreement shall be governed by and construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania.
- 33.2 If the parties are unable to informally resolve any controversy or claim arising out of or relating to this Agreement, or the breach thereof as alleged by Standard Producer, such claim or breach shall be settled by binding arbitration administered by the American Arbitration Association ("AAA") and conducted by a panel of three (3) Arbitrators, one selected by Capital, one selected by the Preferred Producer, and the third selected by the other two (2) Arbitrators ("Arbitrators") in accordance with the AAA's Commercial Arbitration Rules ("Rules"). The Arbitrators' decision shall be in satisfaction of all claims by all parties. Arbitrators' fees and expenses shall be borne equally by the parties unless otherwise awarded by the Arbitrators. Each party shall bear all other fees and expenses it incurs, including all filing, witness, expert witness, transcript, and attorneys' fees.
- 33.3 Notwithstanding the provisions of Section 33.2 above, nothing shall preclude Capital from seeking relief against the Preferred Producer in a Court of Law or in Equity under appropriate circumstances, including but not limited to, a request for injunctive relief. The Preferred Producer acknowledges that its obligations under this Agreement are unique

and that monetary redress may be inadequate to compensate Capital for the breach thereof. The parties hereby agree that the venue for any such equity proceedings shall be the Court of Common Pleas of Dauphin County. The Preferred Producer, wherever it may be located, hereby consents to personal jurisdiction and venue before the Court of Common Pleas of Dauphin County.

#### **SECTION 34. EXHIBITS INCORPORATED**

34.1 All exhibits, attachments, tables or schedules referenced herein, attached or incorporated by reference are incorporated herein to the same extent as if set forth in full herein.

#### **SECTION 35. ENTIRE AGREEMENT**

35.1 This Agreement, together with the Schedules attached hereto, constitutes the entire agreement between the parties with respect to the matters contained herein. This Agreement supersedes all prior agreements, understandings, negotiations, and discussions among the parties pertaining to the Preferred Producer program.

#### **SECTION 36 – RESERVED**

#### **SECTION 37. DISCRIMINATION**

37.1 Capital does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of Health Benefit Programs, including enrollment and benefit determinations.

The parties hereto, each acting under due and proper authority and intending to legally bound, have executed this Agreement.

**PREFERRED PRODUCER**

**CAPITAL BLUECROSS  
CAPITAL ADVANTAGE INSURANCE COMPANY  
CAPITAL ADVANTAGE ASSURANCE COMPANY  
KEYSTONE HEALTH PLAN CENTRAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tracy Onorofsky  
Senior Vice President Commercial Group  
Sales

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**COMMISSION SCHEDULE**

In consideration of and as full compensation for services performed as a Capital-appointed producer under this Agreement, Capital will remit payment of monthly commissions and administrative fees, as applicable, according to its then-current standard commission schedule as follows:

1.

Redacted

Redacted

2.

PersonalBlue PPO. Redacted

2.1 Non-Qualified Plan. Redacted

Redacted

Redacted

2.2 Qualified High Deductible Health Plan. CRedacted

										Total	POR	Preferred Over
Redacted		Redacted		Redacted		Redacted		Redacted				Redacted
Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted
Redacted												

Redacted

Redacted

Redacted

## ***Confidential & Proprietary Information***

### **4.0 Healthy Benefits.**

- 4.1 If Preferred Producer is the Producer of Record, Preferred Producer will earn **Redacted** each month on Healthy Benefits PPO products, except Catastrophic. If a Standard Producer is the Producer of Record, the Standard Producer will earn **Redacted** each month and the Preferred Producer will receive **Redacted** each month on Healthy Benefits PPO products, except Catastrophic. This Section 4.1 is subject to the limitation of Section 4.4 below.
- 4.2 If Preferred Producer is the Producer of Record, Preferred Producer will earn **Redacted** each month on Healthy Benefits HMO products, except Catastrophic. If a Standard Producer is the Producer of Record, the Standard Producer will earn **Redacted** each month and Preferred Producer will receive **Redacted** each month Healthy Benefits HMO products, except Catastrophic. This Section 4.2 is subject to the limitation of Section 4.4 below.
- 4.3 If Preferred Producer is the Producer of Record, Preferred Producer will earn **Redacted** per contract, per month on Healthy Benefits Catastrophic products. If a Standard Producer is the Producer of Record, the Standard Producer will earn **Redacted** per contract, per month and Preferred Producer will receive **Redacted** a month on Healthy Benefits Catastrophic products. This Section 4.3 is subject to the limitation of Section 4.4 below.
- 4.4 On all Family Plans commission will be paid for the first **Redacted** individuals on the Family Plan. After **Redacted** individuals have been added to the Family Plan no additional commission shall be paid.

### **5.0 Healthy Vision Plan 1.**

#### **5.1.1 Redacted**

### **6.0 SecureBlue.**

#### **6.1.1 Redacted**

December 2015 SecureBlue Commission Chart



**BONUS AND INCENTIVE PROGRAMS**

**PRODUCTION STANDARDS AND ADMINISTRATIVE REQUIREMENTS**

Subject to the terms of the Preferred Producer Master Agreement to which this schedule is attached, the Preferred Producer shall comply with Capital's contract production and administrative requirements in effect from time to time.

1. **Production Standards**

1.1 Redacted

2. **Administrative Requirements**

2.1 Redacted

Redacted





# BUSINESS ASSOCIATE AGREEMENT

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**MARKETPLACE REQUIRED PROVISIONS**

**Definitions**

For purposes of these Marketplace Required Provisions and Section 3.4, the following capitalized terms will have the meanings set forth below. All other capitalized terms will have the meaning set forth in the Agreement.

“Delegated Entity” has the meaning set forth in 45 C.F.R. §156.20.

“Downstream Entity” has the meaning set forth in 45 C.F.R. §156.20.

“Enrollee” has the meaning set forth in 45 C.F.R. §155.20

“Federally-facilitated Exchange” means an Exchange (or Marketplace) established by HHS and operated by the Centers for Medicare and Medicaid Services under §1321(c)(1) of PPACA for individual or small group market coverage, including the Federally-facilitated Small Business Health Options Program (FF-SHOP)

“Qualified Employee” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Health Plan” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Health Plan Issuer” has the meaning set forth in 45 C.F.R. §155.20

“Qualified Individual” has the meaning set forth in 45 CFR 155.20

**Provisions**

1.1 In the course of performing its duties and obligations set forth in the Agreement, Preferred Producer may constitute a Delegated Entity, and may contract with other individuals or entities that constitute Downstream Entities to assist in performing such duties and obligations. Preferred Producer is obligated to make all necessary reports to Capital that (i) are specified in the Agreement; or (ii) required under applicable federal or state law.

1.2 If HHS or Capital determines that Preferred Producer, or any Downstream Entity that Preferred Producer contracts with as described herein, has not performed satisfactorily the duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as their dependents, Capital may terminate the Agreement in accordance with the procedures for termination within the Agreement.

1.3 Preferred Producer must comply with all of the laws and regulations relating to the following standards, if applicable to Preferred Producer, in performing its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents: (i) 45 C.F.R. Part 156, Subpart C with respect to each Qualified Health Plan on an ongoing basis; (ii) Marketplace processes, procedures and standards pertaining to Qualified Health Plan certification under 45 C.F.R. Part 155, Subparts H and K; (iii) 45 C.F.R. §155.220 with respect to assisting with enrollment in Qualified Health Plans; and (iv) 45 C.F.R. §156.705 and §156.715 for maintenance of records and compliance reviews for Capital operating in a Federally-facilitated Exchange or FF-SHOP.

1.4 Preferred Producer must permit access by HHS and the Office of the Inspector General (“OIG”), or their designees, through audit, inspection, or other means as determined by HHS or the OIG, or their designees, to Preferred Producer’s books, contracts, computers, or other electronic systems, including medical records and documentation, in connection with its duties and obligations set forth in the Agreement relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents for the duration of the period in which the Agreement is effective, and until ten (10) years from the effective date that the Agreement expires or is terminated.

1.5 Preferred Producer shall include in its contract(s) with any Downstream Entities, and require such Downstream Entities to include in their contract(s) with any Downstream Entities, language that is the same or substantially similar to that contained in these Marketplace Required Provisions, which expressly requires each Downstream Entity to: (i) comply with all applicable laws and regulations, including but not limited to the provisions in Section 1.3 above, to the extent relevant, in performing or assisting in the performance of the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, and (ii) grant access to its books, contracts, computers, or other electronic systems (including medical records and documentation), relating to such Downstream Entity’s compliance with applicable provisions Section 1.3 above in connection with the duties and obligations set forth in the contract(s) relating to Contract Holders or prospective Contract Holders who are or who may be Enrollees, as well as any covered dependents, to HHS and or the OIG, or their designees, for the duration of the period in which the contract(s) is effective, and for a minimum of ten (10) years from the date the contract(s) expires or is terminated.

1.6 No later than ten (10) days following any written request by Capital, Preferred Producer shall provide Capital with a copy of the pertinent contract language (including any amendments thereto) between Preferred Producer and any Downstream Entities, and among two or more Downstream Entities, as applicable, to demonstrate compliance with Section 1.5.

1.7 The provisions of these Marketplace Required Provisions shall in no way be interpreted as an assumption by Capital of legal liability for the actions of Preferred Producer or any Downstream Entities, including but not limited to malpractice liability.

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 1

Enrollment Date	Projected Members	
3/1/2016	37,479	*
4/1/2016	37,979	**
5/1/2016	38,479	
6/1/2016	38,979	
7/1/2016	39,479	
8/1/2016	39,979	
9/1/2016	40,479	
10/1/2016	40,979	
11/1/2016	41,479	
12/1/2016	41,979	
Enrollment Growth in 2017	7.6%	
2017 Projected Members	45,168	
2017 Projected Member Months	542,017	

\* Actual Enrollment  
\*Assumes 500 net membership growth per month through the end of 2016

Current Month Age Distribution	
Total	37,479
AGE	Members
0	174
1	172
2	153
3	162
4	146
5	149
6	147
7	181
8	135
9	157
10	148
11	137
12	163
13	165
14	177
15	203
16	192
17	209
18	216
19	364
20	408
21	481
22	523
23	476
24	488
25	520
26	1123
27	1058
28	960
29	869
30	720
31	641
32	570
33	564
34	558
35	618
36	560
37	503
38	515
39	564
40	499
41	538
42	570
43	606
44	679
45	742
46	700
47	661
48	699
49	744
50	776
51	806
52	841
53	899
54	903
55	871
56	907
57	944
58	1015
59	911
60	986
61	1009
62	1158
63	1270
64	1268
65	69
66	27
67	26
68	10
69	13
70	7
71	14
72	5
73	8
74	4
76	3
77	1
78	4
79	3
80	1
81	2
82	2
84	2
86	1
87	1
89	2
90	1
91	2

Age Range	Current Members	Distribution	Projected Member
			Months
	37479	100%	542,017
<18	2970	8%	42,952
18-24	2956	8%	42,749
25-29	4530	12%	65,512
30-34	3053	8%	44,152
35-39	2760	7%	39,915
40-44	2892	8%	41,824
45-49	3546	9%	51,282
50-54	4225	11%	61,101
55-59	4648	12%	67,219
60-63	4423	12%	63,965
64+	1476	4%	21,346

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 2

KHPC

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-13				#DIV/0!		#DIV/0!				#DIV/0!
Feb-13				#DIV/0!		#DIV/0!				#DIV/0!
Mar-13				#DIV/0!		#DIV/0!				#DIV/0!
Apr-13				#DIV/0!		#DIV/0!				#DIV/0!
May-13				#DIV/0!		#DIV/0!				#DIV/0!
Jun-13				#DIV/0!		#DIV/0!				#DIV/0!
Jul-13				#DIV/0!		#DIV/0!				#DIV/0!
Aug-13				#DIV/0!		#DIV/0!				#DIV/0!
Sep-13				#DIV/0!		#DIV/0!				#DIV/0!
Oct-13				#DIV/0!		#DIV/0!				#DIV/0!
Nov-13				#DIV/0!		#DIV/0!				#DIV/0!
Dec-13				#DIV/0!		#DIV/0!				#DIV/0!
Jan-14		\$ 134,270.88	1.0000	\$ 134,270.00	402	\$ 334.00		\$ 1,301.18	\$ 165,878.80	\$ 412.63
Feb-14		\$ 498,545.84	1.0000	\$ 498,545.00	515	\$ 968.05		\$ 2,442.52	\$ 541,130.41	\$ 1,050.74
Mar-14		\$ 495,149.05	1.0000	\$ 495,149.00	647	\$ 765.30		\$ 3,119.75	\$ 555,878.19	\$ 859.16
Apr-14		\$ 299,915.17	1.0000	\$ 299,916.00	1,006	\$ 298.13		\$ 515.93	\$ 374,633.52	\$ 372.40
May-14		\$ 415,728.89	1.0000	\$ 415,728.00	1,439	\$ 288.90		\$ 408.82	\$ 487,657.12	\$ 338.89
Jun-14		\$ 247,144.17	1.0000	\$ 247,144.00	1,418	\$ 174.29		\$ 309.35	\$ 323,403.72	\$ 228.07
Jul-14		\$ 385,727.54	1.0000	\$ 385,728.00	1,406	\$ 274.34		\$ 525.60	\$ 462,529.33	\$ 328.97
Aug-14		\$ 297,347.72	1.0000	\$ 297,348.00	1,268	\$ 234.50		\$ 524.53	\$ 364,591.53	\$ 287.53
Sep-14		\$ 496,334.71	1.0000	\$ 496,338.00	1,247	\$ 398.03		\$ 24,957.16	\$ 547,649.97	\$ 439.17
Oct-14		\$ 532,214.07	1.0000	\$ 532,222.00	1,214	\$ 438.40		\$ 941.17	\$ 609,496.23	\$ 502.06
Nov-14		\$ 256,265.17	1.0000	\$ 256,270.00	1,171	\$ 218.85		\$ 848.39	\$ 295,309.46	\$ 252.19
Dec-14		\$ 3,952,282.00	\$ 568,697.05	1.0000	\$ 568,704.00	1,132		\$ 502.39	\$ 875,840.00	\$ 16,571.11
Jan-15		\$ 748,462.92	0.9962	\$ 751,318.95	1,790	\$ 419.73		\$ 1,210.65	\$ 925,663.44	\$ 517.13
Feb-15		\$ 780,791.02	0.9964	\$ 783,599.78	2,156	\$ 363.45		\$ 756.10	\$ 962,904.97	\$ 446.62
Mar-15		\$ 722,770.93	0.9936	\$ 727,458.09	2,827	\$ 257.33		\$ 29,115.87	\$ 920,361.64	\$ 325.56
Apr-15		\$ 794,338.76	0.9890	\$ 803,141.79	2,766	\$ 290.36		\$ 41,525.08	\$ 966,877.78	\$ 349.56
May-15		\$ 814,274.76	0.9877	\$ 824,380.85	2,721	\$ 302.97		\$ 28,662.75	\$ 1,020,237.34	\$ 374.95
Jun-15		\$ 772,377.19	0.9856	\$ 783,669.63	2,706	\$ 289.60		\$ 13,502.86	\$ 961,279.78	\$ 355.24
Jul-15		\$ 1,026,759.38	0.9825	\$ 1,044,998.15	2,653	\$ 393.89		\$ 32,183.42	\$ 1,207,271.72	\$ 455.06
Aug-15		\$ 766,992.41	0.9771	\$ 784,955.69	2,628	\$ 298.69		\$ 34,095.39	\$ 951,523.82	\$ 362.07
Sep-15		\$ 848,756.11	0.9703	\$ 874,706.44	2,630	\$ 332.59		\$ 23,855.01	\$ 1,032,488.59	\$ 392.58
Oct-15		\$ 738,501.30	0.9657	\$ 764,713.48	2,563	\$ 298.37		\$ 23,597.70	\$ 897,135.25	\$ 350.03
Nov-15		\$ 1,067,049.55	0.9391	\$ 1,136,305.42	2,559	\$ 444.04		\$ 37,723.03	\$ 1,257,955.51	\$ 491.58
Dec-15		\$ 8,558,703.00	\$ 896,631.51	0.9304	\$ 963,701.95	2,516		\$ 383.03	\$ 1,682,231.00	\$ 84,128.56

CY2013	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CY2014	\$ 3,952,282	\$ 4,627,340		\$ 4,627,362	12,865	\$ 359.69	\$ 875,840	\$ 52,466	\$ 5,344,844	\$ 415.46
CY2015	\$ 8,558,703	\$ 9,977,706		\$ 10,242,950	30,515	\$ 335.67	\$ 1,682,231	\$ 350,356	\$ 12,164,905	\$ 398.65
Grand Total	\$ 12,510,985	\$ 14,605,046	\$ -	\$ 14,870,312	43,380	\$ 342.79	\$ 2,558,071	\$ 402,822	\$ 17,509,749	\$ 403.64

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 3**

<u>Primary drivers of requested change</u>	<u>% Change</u>
Historical claim experience	20.5%
Loss of federal reinsurance program in 2017	6.4%
<u>Changes being requested are also based upon consideration of the factors that influence future period cost structures.</u>	
<u>The primary drivers of change in future costs are (Trend Components):</u>	8.1%
Anticipated changes in prescription drug unit costs	
Continuing change in utilization such as	
Intensity of medical services rendered	
Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)	
Further migration from brand prescription drugs to generic prescription drugs	
Favorable impacts of value based benefits designs	
Prescription drug patent expirations and new to market brand drugs	
Leveraging associated with unchanged cost share components such as deductible and copays	
Inflation adjustment to administrative expenses	0.4%
<u>Tax Changes</u>	
Suspension of Health Insurer Tax in 2017	-3.6%
Increase in exchange fees due to on-exchange enrollment growth	0.5%
Total Rate Change Given Above Drivers	32.3%
<u>Market Stabilization</u>	-11.9%
Wear off of pent-up demand	
Stabilization of risk as more individuals enter the market	
Issuers' increased capability to accurately capture risk scores	
KHPC management of its HMO Value Network Program	
Total Rate Change Request	20.4%

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 3a

Historical Experience

CAAC 2015 Experience

<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Ultimate Incurred Claims</u>	<u>Member Months</u>	<u>Estimated Cost Sharing (Member &amp; HHS)</u>	<u>Allowed Claims (Non-Capitated)</u>	<u>Non-EHB portion of Allowed Claims</u>	<u>Total Prescription Drug Rebates*</u>	<u>Total EHB Capitation</u>	<u>Total Non-EHB Capitation</u>	<u>Estimated Risk Adjustment</u>	<u>Estimated Reinsurance Recoveries</u>
\$ 35,385,259.00	\$ 45,240,891.97	\$ 46,145,972.10	116,230	\$ 7,844,405.00	\$ 55,259,054.09	\$ -	\$ (879,403.06)	\$ -	\$ -	\$ 4,507,139.92	\$ 3,986,384.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 467.86
Loss Ratio											103.48%

KHPC 2015 Experience

<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Ultimate Incurred Claims</u>	<u>Member Months</u>	<u>Estimated Cost Sharing (Member &amp; HHS)</u>	<u>Allowed Claims (Non-Capitated)</u>	<u>Non-EHB portion of Allowed Claims</u>	<u>Total Prescription Drug Rebates*</u>	<u>Total EHB Capitation</u>	<u>Total Non-EHB Capitation</u>	<u>Estimated Risk Adjustment</u>	<u>Estimated Reinsurance Recoveries</u>
\$ 8,558,703.00	\$ 9,977,705.81	\$ 10,242,950.21	30,515	\$ 1,682,231.00	\$ 12,114,588.26	\$ -	\$ (350,356.00)	\$ 400,673.20	\$ -	\$ (1,005,913.00)	\$990,730
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 398.65
Loss Ratio											123.17%

Total PPACA

<u>Earned Premium</u>		<u>Paid Claims</u>	<u>Ultimate Incurred Claims</u>	<u>Member Months</u>	<u>Estimated Cost Sharing (Member &amp; HHS)</u>	<u>Allowed Claims (Non-Capitated)</u>	<u>Non-EHB portion of Allowed Claims</u>	<u>Total Prescription Drug Rebates*</u>	<u>Total EHB Capitation</u>	<u>Total Non-EHB Capitation</u>	<u>Estimated Risk Adjustment</u>	<u>Estimated Reinsurance Recoveries</u>
\$	43,943,962.00	\$ 55,218,597.78	\$ 56,388,922.31	146,745	\$ 9,526,636.00	\$ 67,373,642.35	\$ -	\$ (1,229,759.06)	\$ 400,673.20	\$ -	\$ 3,501,226.92	\$ 4,977,114.25
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)												\$ 453.47
Loss Ratio												106.61%

2017 Projected Retention

	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>
Total	9.4%	2.0%	2.5%
Claims	7.8%		
Broker	1.3%		
Quality Improvement	0.3%		

Target Loss Ratio	86.1%
Increase attributed to historical claim experience	20.54%

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 3b**

**Justification for Loss of Federal Reinsurance Program**

Loss of Federal Reinsurance Program impact to Premium	6.4%
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**From 2016 Premium Definiciency Reserve Calculation**

Projected 2016 Adjusted for Risk Adjustment and Reinsurance						
Members						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO		2,851	20,672	4,492	1,813	29,828
HMO	1,841	5,422	22,333	1,720	530	31,846
Total	1,841	8,273	43,005	6,212	2,343	61,674
Claims PMPM						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	-	193.52	373.58	423.97	1158.94	411.70
HMO	90.27	175.69	328.56	445.89	567.61	299.07
Total	90.27	181.83	350.20	430.04	1025.18	353.54
Premium PMPM						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	-	395.33	445.01	505.60	576.56	457.38
HMO	111.23	302.40	348.48	415.68	458.51	332.38
Total	111.23	334.42	394.88	480.70	549.85	392.84
MLR						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	#DIV/0!	49.0%	84.0%	83.9%	201.0%	90.0%
HMO	81.2%	58.1%	94.3%	107.3%	123.8%	90.0%
Total	81.2%	54.4%	88.7%	89.5%	186.4%	90.0%

Risk Adjustment and Reinsurance Projections						
	<u>Cat</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
Risk Adjustment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Reinsurance	\$0.00	\$15.00	\$20.00	\$60.00	\$78.75	\$25.00

**Without Risk Adjustment and Reinsurance**

Projected 2016 Unadjusted						
Members						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO		2,851	20,672	4,492	1,813	29,828
HMO	1,841	5,422	22,333	1,720	530	31,846
Total	1,841	8,273	43,005	6,212	2,343	61,674
Claims PMPM						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	-	193.52	373.58	423.97	1158.94	411.70
HMO	90.27	175.69	328.56	445.89	567.61	299.07
Total	90.27	181.83	350.20	430.04	1025.18	353.54
Premium PMPM						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	-	380.33	425.01	445.60	497.81	428.26
HMO	111.23	287.40	328.48	355.68	379.76	311.25
Total	111.23	319.42	374.88	420.70	471.10	367.84
MLR						
<u>Product</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Platinum</u>	<u>Total</u>
PPO	#DIV/0!	50.9%	87.9%	95.1%	232.8%	96.1%
HMO	81.2%	61.1%	100.0%	125.4%	149.5%	96.1%
Total	81.2%	56.9%	93.4%	102.2%	217.6%	96.1%

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 3c**

**Change in Exchange User Fee**

2016 Exchange User Fee	\$7.25
2017 Exchange User Fee	\$10.42
2017 Average Premium	\$596.41
Increase due to Exchange Fees	0.5%

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 4

<u>Metal Level</u>	<u>Value Network</u>	<u>COMPANY</u>	<u>MARKET</u>	<u>BEP LR w RRRs</u>	<u>Projected Member</u>		<u>Projected %</u>	<u>LR with Change in</u>	<u>% Change in</u>
					<u>Months</u>	<u>BEP Enroll %</u>		<u>Mix</u>	<u>Morbidity Due to</u>
Catastrophic	Y	KHP	Individual	170%	15,884	20%	3%		
Catastrophic	N	KHP	Individual	207%	17,315	20%	3%		
Bronze	Y	KHP	Individual	65%	79,924	7%	15%		
Bronze	N	KHP	Individual	101%	15,014	2%	3%		
Silver	Y	KHP	Individual	122%	319,327	30%	59%		
Silver	N	KHP	Individual	95%	60,263	5%	11%		
Gold	Y	KHP	Individual	104%	27,697	4%	5%		
Gold	N	KHP	Individual	238%	6,592	1%	1%		
Platinum	Y	KHP	Individual	118%	-	9%	0%		
Platinum	N	KHP	Individual	168%	-	2%	0%		
Total				123%	542,016	100%	100%	114.7%	-8%

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 5**

**Commerical Medical Trend**

		<u>2016</u>	<u>2017</u>	<u>Average</u>
<b>Total</b>		<b>7.5%</b>	<b>7.2%</b>	<b>7.3%</b>
Cost	Total	5.4%	5.1%	5.2%
	Facility	6.4%	6.2%	6.3%
	Professional	3.3%	2.6%	3.0%
Utilization		2.0%	2.0%	2.0%

**Commercial Drug Trend**

		<u>2016</u>	<u>2017</u>	<u>Average</u>
<b>Total</b>		<b>13.8%</b>	<b>16.3%</b>	<b>15.1%</b>
Cost		13.3%	15.7%	14.5%
Utilization		0.5%	0.5%	0.5%

**Aggregate Pricing Trend**

Medical	7.0%
Drug	13.6%

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 5a

CAAC Individual Trend Data

# Product HMO  
Market Segment INDIV

Total

Incurred Claims									Allowed Amount						Utilization						Days						Allowed Cost/Service					
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stay/1,000	12-Month Avg Stay/1,000	3 Month Trend	12 Month Trend	Days	Days/1,000	3-Month Avg Days/1,000	12-Month Avg Days/1000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend	
201306	172	1.8785	79,616	\$ 462.88	\$ 290.09	\$ 414.94	-38.4%	4.5%	95,296	\$ 554.04	\$ 378.74	\$ 443.97	-21.5%	8.5%	222	15,488	14,755	16,101	-1.3%	2.5%	1	70	114	302	-90.2%	-36.7%	\$ 429.26	\$ 308.02	\$ 330.89	-20.4%	5.9%	
201307	166	1.8990	124,537	\$ 750.22	\$ 503.66	\$ 422.68	17.4%	5.5%	138,164	\$ 832.31	\$ 591.58	\$ 457.06	33.9%	10.7%	226	16,337	15,712	16,016	1.5%	0.8%	3	217	187	264	-85.3%	-49.2%	\$ 611.34	\$ 451.81	\$ 342.47	32.0%	9.8%	
201308	164	1.9226	74,133	\$ 452.03	\$ 554.35	\$ 433.84	48.8%	11.2%	84,306	\$ 514.06	\$ 633.00	\$ 472.44	64.7%	17.5%	227	16,610	16,135	15,926	1.4%	2.1%	-	-	96	271	-54.0%	-43.5%	\$ 371.39	\$ 470.76	\$ 355.98	62.4%	15.0%	
201309	163	1.9241	85,747	\$ 526.05	\$ 576.91	\$ 439.45	27.3%	11.4%	94,780	\$ 581.47	\$ 643.51	\$ 482.21	38.4%	18.6%	238	17,521	16,819	16,178	2.7%	5.7%	6	442	219	262	-41.1%	-43.8%	\$ 398.23	\$ 459.12	\$ 357.67	34.7%	12.2%	
201310	160	1.9436	131,926	\$ 824.54	\$ 599.19	\$ 484.98	70.6%	27.4%	141,047	\$ 881.54	\$ 657.36	\$ 532.09	81.5%	35.6%	347	26,025	20,008	16,922	24.9%	12.6%	16	1,200	542	291	43.3%	-44.3%	\$ 406.47	\$ 394.25	\$ 377.33	45.3%	20.4%	
201311	156	1.9302	76,737	\$ 491.90	\$ 614.63	\$ 474.36	40.8%	14.1%	84,995	\$ 544.84	\$ 669.77	\$ 525.24	49.7%	22.8%	253	19,462	20,994	16,844	25.6%	8.6%	-	-	551	269	13.4%	-51.4%	\$ 335.95	\$ 382.84	\$ 374.20	19.2%	13.1%	
201312	142	1.8955	173,398	\$ 1,221.11	\$ 834.19	\$ 529.53	92.0%	22.7%	182,239	\$ 1,283.37	\$ 891.44	\$ 585.01	99.9%	31.9%	245	20,704	22,140	17,333	31.9%	11.8%	3	254	498	282	34.7%	-50.0%	\$ 743.83	\$ 483.17	\$ 405.02	51.6%	18.1%	
201401	402	1.5716	135,456	\$ 336.96	\$ 550.84	\$ 489.99	1.3%	9.1%	166,658	\$ 414.57	\$ 619.85	\$ 552.87	11.3%	19.9%	445	13,296	16,173	16,487	-8.6%	3.8%	38	1,134	703	400	93.0%	-34.1%	\$ 374.17	\$ 459.92	\$ 402.39	21.7%	15.4%	
201402	515	1.4915	494,703	\$ 960.59	\$ 758.79	\$ 591.68	60.6%	30.1%	537,056	\$ 1,042.83	\$ 836.59	\$ 662.24	72.4%	41.8%	621	14,474	14,862	16,307	18.2%	2.8%	80	1,864	1,371	717	372.5%	18.2%	\$ 864.61	\$ 675.50	\$ 487.33	81.1%	37.9%	
201403	647	1.3650	492,188	\$ 760.72	\$ 717.61	\$ 638.30	54.5%	40.0%	551,701	\$ 852.71	\$ 802.70	\$ 716.81	68.1%	53.1%	940	17,440	15,398	16,532	-5.4%	3.0%	53	983	1,312	805	310.4%	38.5%	\$ 586.72	\$ 625.56	\$ 520.31	77.7%	48.7%	
201404	1,006	1.3314	290,340	\$ 288.61	\$ 589.13	\$ 572.11	94.6%	40.3%	360,952	\$ 358.80	\$ 668.69	\$ 648.18	97.5%	52.4%	1,039	12,391	14,392	15,597	-0.7%	-2.1%	66	787	1,101	837	1159.8%	48.7%	\$ 347.49	\$ 557.53	\$ 498.70	98.9%	55.7%	
201405	1,439	1.2425	405,709	\$ 281.94	\$ 384.29	\$ 499.71	39.3%	27.5%	471,199	\$ 327.45	\$ 447.56	\$ 566.72	32.2%	36.7%	1,041	8,678	11,719	13,665	-22.6%	-13.9%	38	317	609	711	288.8%	146.0%	\$ 452.81	\$ 458.28	\$ 497.65	70.8%	58.8%	
201406	1,418	1.2380	227,204	\$ 160.23	\$ 239.00	\$ 425.22	-17.6%	2.5%	296,339	\$ 208.98	\$ 292.13	\$ 487.53	-22.9%	9.8%	920	7,789	9,318	12,310	-36.8%	-23.5%	50	423	478	664	320.2%	120.0%	\$ 321.98	\$ 376.20	\$ 475.26	22.1%	43.6%	
201407	1,406	1.2350	364,684	\$ 259.38	\$ 234.01	\$ 387.53	-53.5%	-8.3%	433,062	\$ 308.01	\$ 281.63	\$ 446.88	-52.4%	-2.2%	1,002	8,552	8,341	11,528	-46.9%	-28.0%	14	119	287	573	53.7%	117.5%	\$ 432.18	\$ 405.20	\$ 465.16	-10.3%	35.8%	
201408	1,268	1.2631	228,701	\$ 180.36	\$ 200.53	\$ 356.20	-63.8%	-17.9%	291,147	\$ 229.61	\$ 249.40	\$ 414.03	-60.6%	-12.4%	916	8,672	8,325	11,018	-48.4%	-30.8%	7	66	208	510	117.8%	88.4%	\$ 317.72	\$ 359.50	\$ 450.95	-23.6%	26.7%	
201409	1,247	1.2545	416,987	\$ 334.39	\$ 257.68	\$ 350.61	-55.3%	-20.2%	483,945	\$ 388.09	\$ 308.12	\$ 407.95	-52.1%	-15.4%	1,017	9,786	8,983	10,753	-46.6%	-33.5%	49	472	214	507	-2.2%	93.5%	\$ 475.88	\$ 411.59	\$ 455.26	-10.4%	27.3%	
201410	1,214	1.2534	457,088	\$ 376.51	\$ 295.73	\$ 346.52	-50.6%	-28.5%	530,224	\$ 436.76	\$ 350.04	\$ 404.19	-46.7%	-24.0%	1,019	10,074	9,501	10,452	-52.5%	-38.2%	49	484	338	494	-37.7%	69.6%	\$ 520.26	\$ 442.11	\$ 464.05	12.1%	23.0%	
201411	1,171	1.2652	227,438	\$ 194.23	\$ 303.28	\$ 329.59	-50.7%	-30.5%	262,824	\$ 224.44	\$ 351.59	\$ 384.62	-47.5%	-26.8%	770	7,892	9,272	10,081	-55.8%	-40.1%	12	123	363	464	-34.1%	72.4%	\$ 341.28	\$ 455.06	\$ 457.82	18.9%	22.3%	
201412	1,131	1.2661	530,312	\$ 468.89	\$ 345.52	\$ 332.00	-58.6%	-37.3%	585,477	\$ 517.66	\$ 392.07	\$ 386.39	-56.0%	-34.0%	883	9,373	9,122	9,902	-58.8%	-42.9%	24	255	290	448	-41.7%	58.7%	\$ 662.73	\$ 515.78	\$ 468.28	6.7%	15.6%	
201501	1,789	1.1751	712,383	\$ 398.20	\$ 359.36	\$ 340.17	-34.8%	-30.6%	818,883	\$ 457.73	\$ 407.52	\$ 394.56	-34.3%	-28.6%	1,357	9,101	8,830	9,706	-45.4%	-41.1%	108	724	422	463	-39.9%	15.8%	\$ 603.51	\$ 553.81	\$ 487.83	20.4%	21.2%	
201502	2,155	1.1636	735,103	\$ 341.12	\$ 389.71	\$ 320.19	-48.6%	-45.9%	849,206	\$ 394.06	\$ 444.05	\$ 373.48	-46.9%	-43.6%	1,616	9,000	9,119	9,455	-38.6%	-42.0%	81	451	504	416	-63.3%	-42.0%	\$ 525.44	\$ 584.36	\$ 474.00	-13.5%	-2.7%	
201503	2,826	1.1308	654,881	\$ 231.73	\$ 310.54	\$ 290.58	-56.7%	-54.5%	794,158	\$ 281.02	\$ 363.70	\$ 341.86	-54.7%	-52.3%	2,037	8,651	8,881	9,044	-42.3%	-45.3%	38	161	402	356	-69.3%	-55.8%	\$ 389.83	\$ 491.44	\$ 453.62	-21.4%	-12.8%	
201504	2,765	1.1315	640,135	\$ 231.51	\$ 262.09	\$ 282.45	-55.5%	-50.6%	772,523	\$ 279.39	\$ 311.89	\$ 332.29	-53.4%	-48.7%	2,106	9,139	8,922	8,887	-38.0%	-43.0%	102	443	342	346	-68.9%	-58.7%	\$ 366.86	\$ 419.48	\$ 448.69	-24.8%	-10.0%	
201505	2,720	1.1450	693,692	\$ 255.03	\$ 239.29	\$ 278.95	-37.7%	-44.2%	840,920	\$ 309.16	\$ 289.69	\$ 329.64	-35.3%	-41.8%	1,975	8,712	8,833	8,879	-24.6%	-35.0%	81	357	319	350	-47.6%	-50.8%	\$ 425.87	\$ 393.55	\$ 445.53	-14.1%	-10.5%	
201506	2,705	1.1529	686,318	\$ 253.72	\$ 246.66	\$ 283.42	3.2%	-33.3%	797,692	\$ 294.90	\$ 294.40	\$ 333.08	0.8%	-31.7%	2,173	9,641	9,163	9,040	-1.7%	-26.6%	58	257	353	334	-26.2%	-49.7%	\$ 367.03	\$ 385.55	\$ 442.16	2.5%	-7.0%	
201507	2,653	1.1490	890,883	\$ 335.80	\$ 281.12	\$ 290.73	20.1%	-25.0%	1,014,256	\$ 382.31	\$ 328.41	\$ 340.10	16.6%	-23.9%	2,085	9,432	9,260	9,113	11.0%	-21.0%	141	638	416	381	44.9%	-33.6%	\$ 486.39	\$ 425.60	\$ 447.85	5.0%	-3.7%	
201508	2,627	1.1489	645,286	\$ 245.64	\$ 278.33	\$ 291.59	38.8%	-18.1%	771,149	\$ 293.55	\$ 323.49	\$ 340.81	29.7%	-17.7%	1,977	9,031	9,371	9,127	12.6%	-17.2%	56	256	383	383	84.1%	-24.9%	\$ 390.04	\$ 414.24	\$ 448.11	15.2%	-0.6%	
201509	2,630	1.1429	754,185	\$ 286.76	\$ 289.55	\$ 289.08	12.4%	-17.5%	865,687	\$ 329.16	\$ 335.16	\$ 337.41	8.8%	-17.3%	2,152	9,819	9,428	9,164	4.9%	-14.8%	49	224	373	363	74.2%	-28.3%	\$ 402.27	\$ 426.61	\$ 441.81	3.6%	-3.0%	
201510	2,563	1.1428	649,358	\$ 253.36	\$ 262.00	\$ 281.95	-11.4%	-18.6%	731,510	\$ 285.41	\$ 302.86	\$ 328.26	-13.5%	-18.8%	2,179	10,204	9,681	9,221	1.9%	-11.8%	70	328	269	355	-20.5%	-28.2%	\$ 335.65	\$ 375.42	\$ 427.20	-15.1%	-7.9%	
201511	2,559	1.1406	949,687	\$ 371.12	\$ 303.56	\$ 293.32	0.1%	-11.0%	1,039,286	\$ 406.13	\$ 340.10	\$ 339.28	-3.3%	-11.8%	1,997	9,367	9,797	9,287	5.7%	-7.9%	92	431	327	371	-10.1%	-20.0%	\$ 52					

Inpatient																																	
Incurred Claims										Allowed Amount						Utilization						Days						Allowed Cost/Service					
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Days	Days/1,000	3-Month Avg Days/1,000	12-Month Avg Days/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend		
201306	172	1.8785	31,183	\$ 181.30	\$ 80.47	\$ 114.78	52.0%	109.1%	31,483	\$ 183.04	\$ 81.42	\$ 116.12	49.9%	106.8%	1	70	46	81	-45.1%	6.6%	1	70	114	302	-90.2%	-36.7%	\$ 31,483.00	\$ 21,453.00	\$ 17,308.95	173.1%	93.9%		
201307	166	1.8990	31,279	\$ 188.43	\$ 143.36	\$ 111.54	39.4%	80.7%	31,479	\$ 189.63	\$ 144.72	\$ 112.74	38.5%	78.6%	1	72	70	67	-41.1%	-24.0%	3	217	187	264	-85.3%	-49.2%	\$ 31,479.00	\$ 24,795.00	\$ 20,137.33	135.2%	135.0%		
201308	164	1.9226	-	\$ -	\$ 124.43	\$ 114.65	87.3%	92.6%	-	\$ -	\$ 125.42	\$ 115.89	86.4%	90.5%	-	-	48	69	-31.0%	-19.0%	-	-	96	271	-54.0%	-43.5%	\$ -	\$ 31,481.00	\$ 20,137.33	170.0%	135.2%		
201309	163	1.9241	13,938	\$ 85.51	\$ 91.72	\$ 98.86	-38.7%	34.8%	14,138	\$ 86.74	\$ 92.53	\$ 100.04	-38.8%	33.9%	1	74	49	65	-54.2%	-24.3%	6	442	219	262	-41.1%	-43.8%	\$ 14,138.00	\$ 22,808.51	\$ 18,341.36	33.6%	77.0%		
201310	160	1.9436	55,003	\$ 343.77	\$ 141.56	\$ 122.68	45.0%	57.5%	55,803	\$ 348.77	\$ 143.62	\$ 124.17	45.7%	56.6%	4	300	123	84	127.9%	-8.8%	16	1,200	542	291	43.3%	-44.3%	\$ 13,950.69	\$ 13,988.15	\$ 17,739.67	-36.1%	71.6%		
201311	156	1.9302	-	\$ -	\$ 143.93	\$ 123.57	34.1%	53.2%	-	\$ -	\$ 146.01	\$ 125.00	34.5%	52.1%	-	-	125	80	67.5%	-18.2%	-	-	551	269	13.4%	-51.4%	\$ -	\$ 13,988.15	\$ 18,715.00	-19.7%	86.0%		
201312	142	1.8955	19,098	\$ 134.50	\$ 161.79	\$ 126.89	206.1%	47.7%	19,298	\$ 135.90	\$ 163.98	\$ 128.31	203.7%	46.6%	1	85	131	82	124.5%	-17.5%	3	254	498	282	34.7%	-50.0%	\$ 19,298.50	\$ 15,020.25	\$ 18,705.89	35.3%	77.7%		
201401	402	1.5716	35,850	\$ 89.18	\$ 78.50	\$ 113.69	-25.0%	16.7%	35,850	\$ 89.18	\$ 78.78	\$ 114.71	-26.0%	15.7%	4	119	86	80	-15.3%	-24.7%	38	1,134	703	400	93.0%	-34.1%	\$ 8,962.60	\$ 11,029.78	\$ 17,206.60	-12.7%	53.7%		
201402	515	1.4915	337,777	\$ 655.88	\$ 370.85	\$ 219.97	152.3%	112.4%	353,245	\$ 685.91	\$ 385.64	\$ 226.79	159.0%	115.5%	13	303	204	126	96.8%	20.8%	80	1,864	1,371	717	372.5%	18.2%	\$ 27,172.77	\$ 22,688.61	\$ 21,637.17	31.6%	78.5%		
201403	647	1.3650	221,905	\$ 342.97	\$ 380.77	\$ 248.93	120.4%	138.3%	222,888	\$ 344.49	\$ 391.29	\$ 254.97	124.2%	140.8%	7	130	184	130	72.8%	47.4%	53	983	1,312	805	310.4%	38.5%	\$ 31,841.15	\$ 25,499.36	\$ 23,503.30	29.8%	63.4%		
201404	1,006	1.3314	80,779	\$ 80.30	\$ 295.42	\$ 216.60	178.5%	111.2%	87,617	\$ 87.09	\$ 306.16	\$ 223.11	186.7%	114.8%	8	95	155	127	254.5%	56.7%	66	787	1,101	837	1159.8%	48.7%	\$ 10,952.16	\$ 23,705.40	\$ 21,054.29	-19.1%	37.0%		
201405	1,439	1.2425	102,762	\$ 71.41	\$ 131.13	\$ 181.13	65.4%	83.0%	111,329	\$ 77.37	\$ 136.43	\$ 181.13	70.4%	87.3%	10	83	97	117	116.7%	59.1%	38	317	609	711	288.8%	146.0%	\$ 11,132.91	\$ 16,873.37	\$ 19,262.64	-21.3%	17.7%		
201406	1,418	1.2380	54,652	\$ 38.54	\$ 61.66	\$ 149.43	-23.4%	30.2%	61,915	\$ 43.66	\$ 67.53	\$ 155.78	-17.1%	34.2%	9	76	84	109	84.2%	35.6%	50	423	478	664	320.2%	120.0%	\$ 6,879.50	\$ 9,661.55	\$ 17,130.42	-55.0%	-1.0%		
201407	1,406	1.2350	104,823	\$ 74.55	\$ 61.51	\$ 134.76	-57.1%	20.8%	111,792	\$ 79.51	\$ 66.86	\$ 140.97	-53.8%	25.0%	5	43	68	98	-3.5%	45.4%	14	119	287	573	53.7%	117.5%	\$ 22,358.35	\$ 11,876.52	\$ 17,320.60	-52.1%	-14.0%		
201408	1,268	1.2631	46,504	\$ 36.68	\$ 50.34	\$ 123.03	-59.5%	7.3%	52,576	\$ 41.46	\$ 55.30	\$ 129.15	-55.9%	11.4%	4	38	53	91	10.4%	31.5%	7	66	208	510	117.8%	88.4%	\$ 13,144.03	\$ 12,571.31	\$ 17,067.48	-60.1%	-15.2%		
201409	1,247	1.2545	241,738	\$ 193.86	\$ 100.25	\$ 132.66	9.3%	34.2%	251,897	\$ 202.00	\$ 106.16	\$ 139.12	14.7%	39.1%	19	183	86	103	76.0%	57.0%	49	472	214	507	-2.2%	93.5%	\$ 13,257.68	\$ 14,866.56	\$ 16,240.61	-34.8%	-11.5%		
201410	1,214	1.2534	170,611	\$ 140.54	\$ 123.05	\$ 130.43	-13.1%	6.3%	189,781	\$ 156.33	\$ 132.54	\$ 137.95	-7.7%	11.1%	10	99	106	99	-13.8%	18.4%	49	484	338	494	-37.7%	69.6%	\$ 18,978.11	\$ 14,977.36	\$ 16,646.55	7.1%	-6.2%		
201411	1,171	1.2652	49,254	\$ 42.06	\$ 127.09	\$ 123.43	-11.7%	-0.1%	55,630	\$ 47.51	\$ 136.92	\$ 130.85	-6.2%	4.7%	4	41	109	95	-13.0%	18.5%	12	123	363	464	-34.1%	72.4%	\$ 13,907.57	\$ 15,069.91	\$ 16,530.00	7.7%	-11.7%		
201412	1,131	1.2661	290,821	\$ 257.14	\$ 145.25	\$ 135.06	-10.2%	6.4%	298,653	\$ 264.06	\$ 154.74	\$ 142.50	-5.6%	11.1%	8	85	75	94	-42.7%	14.5%	24	255	290	448	-41.7%	58.7%	\$ 37,331.77	\$ 24,730.23	\$ 18,150.25	64.6%	-3.0%		
201501	1,789	1.1751	445,692	\$ 249.13	\$ 192.07	\$ 150.68	144.7%	32.5%	467,861	\$ 261.52	\$ 200.96	\$ 158.95	155.1%	38.6%	17	114	85	96	-0.8%	20.0%	108	724	422	463	-39.9%	15.8%	\$ 27,521.18	\$ 28,349.80	\$ 19,870.04	157.0%	15.5%		
201502	2,155	1.1636	419,824	\$ 194.81	\$ 227.85	\$ 140.29	-38.6%	-36.2%	443,279	\$ 205.70	\$ 238.38	\$ 148.21	-38.2%	-34.6%	20	111	106	91	-47.8%	-27.4%	81	451	504	416	-63.3%	-42.0%	\$ 22,163.92	\$ 26,884.27	\$ 19,464.61	18.5%	-10.0%		
201503	2,826	1.1308	226,710	\$ 80.22	\$ 161.33	\$ 123.64	-57.6%	-50.3%	234,726	\$ 83.06	\$ 169.26	\$ 130.99	-56.7%	-48.6%	13	55	89	84	-51.9%	-35.2%	38	161	402	356	-69.3%	-55.8%	\$ 18,055.82	\$ 22,917.28	\$ 18,638.23	-10.1%	-20.7%		
201504	2,765	1.1315	182,972	\$ 66.17	\$ 107.09	\$ 117.83	-63.7%	-45.6%	203,972	\$ 73.77	\$ 113.86	\$ 125.24	-62.8%	-43.9%	25	108	90	87	-42.0%	-31.5%	102	443	342	346	-68.9%	-58.7%	\$ 8,158.89	\$ 15,206.50	\$ 17,245.91	-35.9%	-18.1%		
201505	2,720	1.1450	208,213	\$ 76.55	\$ 74.35	\$ 115.67	-43.3%	-36.1%	234,235	\$ 86.12	\$ 80.97	\$ 123.46	-40.7%	-34.2%	22	97	87	89	-10.7%	-24.2%	81	357	319	350	-47.6%	-50.8%	\$ 10,647.03	\$ 11,215.55	\$ 16,707.15	-33.5%	-13.3%		
201506	2,705	1.1529	206,793	\$ 76.45	\$ 73.01	\$ 115.82	18.4%	-22.5%	212,123	\$ 78.42	\$ 79.41	\$ 123.08	17.6%	-21.0%	21	93	100	90	18.8%	-17.5%	58	257	353	334	-26.2%	-49.7%	\$ 10,101.12	\$ 9,563.69	\$ 16,407.88	-1.0%	-4.2%		
201507	2,653	1.1490	359,308	\$ 135.43	\$ 95.85	\$ 120.47	55.8%	-10.6%	382,289	\$ 144.10	\$ 102.58	\$ 128.02	53.4%	-9.2%	28	127	105	97	56.1%	-0.7%	141	638	416	381	44.9%	-33.6%	\$ 13,653.14	\$ 11,671.07	\$ 15,848.27	-1.7%	-8.5%		
201508	2,627	1.1489	199,096	\$ 75.79	\$ 95.83	\$ 120.03	90.4%	-2.4%	208,451	\$ 79.35	\$ 100.55	\$ 127.30	81.8%	-1.4%	18	82	101	98	90.7%	8.4%	56	256	383	383	84.1%	-24.9%	\$ 11,580.62	\$ 11,983.03	\$ 15,526.32	-4.7%	-9.0%		
201509	2,630	1.1429	175,851	\$ 66.86	\$ 92.83	\$ 111.24	-7.4%	-16.1%	184,374	\$ 70.10	\$ 97.99	\$ 118.07	-7.7%	-15.1%	12	55	88	90	2.7%	-12.4%	49	224	373	363	74.2%	-28.3%	\$ 15,364.54	\$ 13,364.03	\$ 15,734.21	-10.1%	-3.1%		
201510	2,563	1.1428	168,586	\$ 65.78	\$ 69.51	\$ 105.76	-43.5%	-18.9%	173,246	\$ 67.60	\$ 72.39	\$ 111.73	-45.4%	-19.0%	20	94	77	90	-27.7%	-9.5%	70	328	269	355	-20.5%	-28.2%	\$ 8,662.31	\$ 11,321.43	\$ 14,898.26	-24.4%	-10.5%		
201511	2,559	1.1406	486,623	\$ 190.16	\$ 107.21	\$ 115.73	-15.6%	-6.2%	499,858	\$ 195.33	\$ 110.61	\$ 121.66	-19.2%	-7.0%	27	127	91	95	-16.2%	0.2%	92	431	327	371	-10.1%	-20.0%	\$ 18,513.27	\$ 14,533.54	\$ 15,337.95	-3.6%	-7.2%		
201512	2,515	1.1446	248,165	\$ 98.67	\$ 118.29	\$ 109.08	-18.6%	-19.2%	263,112	\$ 104.62	\$ 12																						

Outpatient																																							
Incurred Claims													Allowed Amount						Utilization						Allowed Cost/Service														
Date	Members	Demo	Factor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend													
201306	172	1.8785		35,816	\$ 208.23	\$ 141.26	\$ 166.49	-45.9%	-17.9%	40,579	\$ 235.92	\$ 172.93	\$ 175.13	-34.3%	-14.3%	45	3,140	3,712	3,774	10.2%	7.8%	\$ 901.75	\$ 559.12	\$ 556.92	-40.4%	-20.5%													
201307	166	1.8990		70,865	\$ 426.90	\$ 262.29	\$ 185.09	75.0%	-3.6%	78,241	\$ 471.33	\$ 295.06	\$ 196.83	93.4%	1.6%	56	4,048	3,922	3,721	6.3%	7.2%	\$ 1,397.16	\$ 902.74	\$ 634.79	81.9%	-5.2%													
201308	164	1.9226		49,524	\$ 301.97	\$ 311.16	\$ 194.89	124.6%	7.5%	52,082	\$ 317.57	\$ 340.44	\$ 207.96	141.6%	13.5%	54	3,951	3,705	3,687	-7.8%	9.6%	\$ 964.48	\$ 1,102.59	\$ 676.92	162.0%	3.5%													
201309	163	1.9241		55,166	\$ 338.44	\$ 356.09	\$ 220.37	174.9%	31.0%	57,093	\$ 350.26	\$ 380.15	\$ 234.61	189.7%	38.0%	56	4,123	4,041	3,840	7.7%	20.4%	\$ 1,019.52	\$ 1,129.01	\$ 733.16	169.0%	14.6%													
201310	160	1.9436		54,564	\$ 341.02	\$ 327.01	\$ 239.91	190.8%	57.6%	58,465	\$ 365.41	\$ 344.23	\$ 256.21	203.1%	66.4%	94	7,050	5,027	4,082	43.1%	29.0%	\$ 621.97	\$ 821.76	\$ 753.15	111.9%	29.0%													
201311	156	1.9302		60,533	\$ 388.04	\$ 355.46	\$ 239.30	109.5%	36.4%	64,566	\$ 413.89	\$ 355.46	\$ 257.68	119.9%	56.8%	84	6,462	5,862	4,168	23.8%	23.8%	\$ 768.65	\$ 769.76	\$ 741.90	40.2%	17.5%													
201312	142	1.8955		130,009	\$ 915.56	\$ 535.17	\$ 288.16	132.9%	53.0%	133,116	\$ 937.44	\$ 559.27	\$ 308.29	141.2%	62.2%	54	4,563	6,079	4,321	55.5%	27.4%	\$ 2,465.11	\$ 1,104.08	\$ 856.09	55.1%	27.3%													
201401	402	1.5716		76,800	\$ 191.05	\$ 381.92	\$ 275.27	39.7%	42.1%	95,412	\$ 237.34	\$ 418.71	\$ 301.52	51.6%	54.1%	107	3,194	4,200	4,139	4.8%	17.3%	\$ 891.70	\$ 1,196.30	\$ 874.24	44.7%	31.4%													
201402	515	1.4915		111,818	\$ 217.12	\$ 300.88	\$ 274.86	55.3%	41.1%	121,415	\$ 235.76	\$ 330.45	\$ 301.38	68.3%	53.1%	94	2,190	2,890	3,797	-17.0%	5.1%	\$ 1,291.65	\$ 1,372.33	\$ 952.58	102.8%	45.8%													
201403	647	1.3650		205,057	\$ 163.93	\$ 251.71	\$ 292.17	52.3%	47.5%	237,318	\$ 366.80	\$ 290.37	\$ 325.06	72.9%	62.3%	163	3,023	2,793	3,649	-24.7%	-0.7%	\$ 1,455.94	\$ 1,247.65	\$ 1,069.02	129.7%	63.4%													
201404	1,006	1.3314		138,443	\$ 137.62	\$ 210.02	\$ 262.79	99.0%	64.8%	174,853	\$ 173.81	\$ 246.12	\$ 296.20	104.7%	80.3%	214	2,553	2,607	3,375	-25.0%	-8.1%	\$ 817.07	\$ 1,132.88	\$ 1,053.29	172.8%	96.1%													
201405	1,439	1.2425		225,660	\$ 156.82	\$ 184.07	\$ 236.60	56.7%	52.5%	259,548	\$ 180.37	\$ 217.24	\$ 267.48	54.5%	65.3%	229	1,910	2,352	2,923	-38.6%	-22.6%	\$ 1,133.40	\$ 1,108.45	\$ 1,098.15	151.4%	113.5%													
201406	1,418	1.2380		105,744	\$ 74.57	\$ 121.63	\$ 201.35	-13.9%	20.9%	144,941	\$ 102.21	\$ 149.97	\$ 231.59	-13.3%	32.2%	195	1,650	1,982	2,634	-46.6%	-30.2%	\$ 743.29	\$ 908.06	\$ 1,055.04	62.4%	89.4%													
201407	1,406	1.2350		177,058	\$ 125.93	\$ 119.27	\$ 182.51	-54.5%	-1.4%	215,143	\$ 153.02	\$ 145.35	\$ 211.86	-50.7%	7.6%	220	1,878	1,813	2,464	-53.8%	-33.8%	\$ 977.92	\$ 962.16	\$ 1,031.94	6.6%	62.6%													
201408	1,268	1.2631		118,818	\$ 93.71	\$ 98.15	\$ 167.35	-68.5%	-14.1%	156,471	\$ 123.40	\$ 126.24	\$ 197.01	-62.9%	-5.3%	226	2,141	1,880	2,389	-49.3%	-35.2%	\$ 691.75	\$ 805.61	\$ 989.72	-26.9%	46.2%													
201409	1,247	1.2545		91,657	\$ 73.50	\$ 98.84	\$ 152.58	-72.2%	-30.8%	126,960	\$ 101.81	\$ 127.15	\$ 182.36	-66.6%	-22.3%	227	2,186	2,061	2,334	-49.0%	-39.2%	\$ 558.85	\$ 740.41	\$ 937.52	-34.4%	27.9%													
201410	1,214	1.2534		206,455	\$ 170.06	\$ 111.81	\$ 151.75	-65.8%	-36.7%	235,627	\$ 194.09	\$ 139.20	\$ 180.97	-59.6%	-29.4%	192	1,899	2,077	2,216	-58.7%	-45.7%	\$ 1,226.26	\$ 804.08	\$ 979.98	-2.2%	30.1%													
201411	1,171	1.2652		125,973	\$ 107.58	\$ 116.76	\$ 144.29	-67.2%	-39.7%	140,824	\$ 120.26	\$ 138.60	\$ 171.93	-63.1%	-33.3%	178	1,825	1,974	2,122	-66.3%	-49.1%	\$ 790.57	\$ 842.58	\$ 972.36	9.5%	31.1%													
201412	1,131	1.2661		173,825	\$ 153.69	\$ 143.99	\$ 136.61	-73.1%	-52.6%	200,936	\$ 177.66	\$ 164.22	\$ 163.98	-70.6%	-46.8%	179	1,900	1,875	2,075	-69.2%	-52.0%	\$ 1,121.79	\$ 1,050.94	\$ 948.16	-4.8%	10.8%													
201501	1,789	1.1751		172,186	\$ 96.25	\$ 115.37	\$ 130.00	-69.8%	-52.8%	216,765	\$ 121.17	\$ 136.53	\$ 156.54	-67.4%	-48.1%	227	1,524	1,715	1,975	-59.2%	-52.3%	\$ 953.77	\$ 955.53	\$ 951.28	-20.1%	8.8%													
201502	2,155	1.1636		161,914	\$ 75.13	\$ 100.08	\$ 119.74	-66.7%	-56.4%	209,320	\$ 97.13	\$ 123.55	\$ 145.91	-62.6%	-51.6%	256	1,428	1,567	1,894	-45.8%	-50.1%	\$ 816.26	\$ 945.97	\$ 924.71	-31.1%	-2.9%													
201503	2,826	1.1308		278,701	\$ 98.62	\$ 90.52	\$ 109.38	-64.0%	-62.6%	363,611	\$ 128.67	\$ 116.65	\$ 135.31	-59.8%	-58.4%	442	1,875	1,640	1,850	-41.3%	-49.3%	\$ 823.57	\$ 853.52	\$ 877.60	-31.6%	-17.9%													
201504	2,765	1.1315		300,545	\$ 108.70	\$ 95.68	\$ 107.85	-54.4%	-59.0%	370,141	\$ 133.87	\$ 121.75	\$ 133.15	-50.5%	-55.0%	447	1,938	1,773	1,827	-32.0%	-45.9%	\$ 828.68	\$ 823.93	\$ 874.66	-27.3%	-17.0%													
201505	2,720	1.1450		292,312	\$ 107.47	\$ 104.87	\$ 104.46	-43.0%	-55.8%	365,056	\$ 134.21	\$ 132.21	\$ 130.07	-39.1%	-51.4%	450	1,986	1,932	1,842	-17.8%	-37.0%	\$ 810.83	\$ 820.99	\$ 847.50	-25.9%	-22.8%													
201506	2,705	1.1529		308,736	\$ 114.14	\$ 110.08	\$ 107.52	-9.5%	-46.6%	369,015	\$ 136.42	\$ 134.82	\$ 132.60	-10.1%	-42.7%	396	1,757	1,894	1,844	-4.4%	-30.0%	\$ 931.79	\$ 854.05	\$ 863.10	-5.4%	-18.2%													
201507	2,653	1.1490		360,848	\$ 136.02	\$ 119.08	\$ 109.62	-0.2%	-39.9%	417,611	\$ 157.41	\$ 142.57	\$ 134.17	-1.9%	-36.7%	426	1,926	1,890	1,851	4.2%	-24.9%	\$ 980.70	\$ 905.35	\$ 869.91	-5.9%	-15.7%													
201508	2,627	1.1489		262,013	\$ 99.74	\$ 116.67	\$ 109.39	18.9%	-34.6%	337,108	\$ 128.32	\$ 140.73	\$ 134.10	11.5%	-31.9%	395	1,806	1,829	1,831	-2.7%	-23.3%	\$ 852.55	\$ 923.16	\$ 876.67	14.6%	-11.2%													
201509	2,630	1.1429		391,170	\$ 148.73	\$ 128.20	\$ 115.01	29.7%	-24.6%	456,942	\$ 173.74	\$ 153.18	\$ 139.58	20.5%	-23.5%	469	2,138	1,957	1,845	-5.0%	-20.9%	\$ 975.15	\$ 939.39	\$ 907.72	26.9%	-3.2%													
201510	2,563	1.1428		277,864	\$ 108.41	\$ 119.06	\$ 111.99	6.5%	-26.2%	319,014	\$ 124.47	\$ 142.34	\$ 135.80	2.3%	-25.0%	409	1,913	1,953	1,849	-6.0%	-16.6%	\$ 780.80	\$ 874.66	\$ 881.27	8.0%	-10.1%													
201511	2,559	1.1406		274,415	\$ 107.24	\$ 121.70	\$ 111.75	4.2%	-22.6%	316,091	\$ 123.52	\$ 140.87	\$ 135.34	1.6%	-21.3%	381	1,787	1,948	1,845	-1.3%	-13.1%	\$ 829.39	\$ 867.90	\$ 880.46	3.0%	-9.5%													
201512	2,515	1.1446		219,179	\$ 87.15	\$ 101.02	\$ 108.17	-29.8%	-20.8%	261,900	\$ 104.14	\$ 117.46	\$ 131.20	-28.5%	-20.0%	392	1,868	1,856	1,844	-1.0%	-11.1%	\$ 668.95	\$ 759.41	\$ 853.58	-27.7%	-10.0%													
201601	31,476	1.3974		2,495,300	\$ 79.28	\$ 81.78	\$ 93.41	-29.1%	-28.1%	3,115,934	\$ 98.99	\$ 101.06	\$ 114.66	-26.0%	-26.8%	3,569	1,361	1,425	1,601	-16.9%	-18.9%	\$ 873.06	\$ 850.82	\$ 859.40	-11.0%	-9.7%													
201602	34,463	1.3853		3,173,752	\$ 92.09	\$ 86.02	\$ 93.35	-14.1%	-22.0%	3,986,559	\$ 115.68	\$ 107.58	\$ 115.45	-12.9%	-20.9%	4,760	1,657	1,529	1,626	-2.5%	-14.1%	\$ 837.52	\$ 844.49	\$ 851.97	-10.7%	-7.9%													
201603	36,898	1.3785		3,922,477	\$ 106.31	\$ 93.27	\$ 97.01	3.0%	-11.3%	4,918,862	\$ 133.31	\$ 116.90	\$ 120.36	0.2%	-11.0%	6,150	2,000	1,690	1,636	3.0%	-6.5%	\$ 799.76	\$ 830.24	\$ 835.06	-2.7%	-4.8%													
201604	37,437	1.3770		4,109,383	\$ 109.77	\$ 102.99	\$ 99.77	7.6%	-7.5%	5,158,991	\$ 137.80	\$ 129.27	\$ 124.18	6.2%	-6.7%	6,385	2,047	1,908	1,800	7.6%	-1.5%	\$ 807.98	\$ 813.18	\$ 828.02	-1.3%	-5.3%													
201605	37,316	1.3811		4,210,812	\$ 112.84	\$ 109.65	\$ 102.15	4.6%	-2.2%	5,299,158	\$ 142.01	\$ 137.72	\$ 127.44	4.2%	-2.0%	6,479	2,083	2,044	1,851	5.8%	0.5%	\$ 817.94	\$ 808.71	\$ 826.12	-1.5%	-2.5%													
6-month average								-9.6%	-15.3%									-9.5%	-14.6%									-0.7%	-8.6%									-9.2%	-6.7%
12-month average								-0.7%	-23.9%									-2.7%	-22.4%									-1.6%	-15.0%									-1.1%	-9.0%
6-month average (excl last 3 months)								-5.4%	-24.1%									-7.2%	-22.9%									-5.5%	-15.8%									-1.8%	-8.4%
12-month average (excl last 1 or 3 months)								-15.4%	-28.3%									-16.1%	-26.5%									-10.6%	-18.2%									-7.7%	-10.7%
6-month average (excl last 3 months, drop high and low)								-8.1%	-23.9%									-8.8%	-22.6%									-3.7%	-15.7%									-2.5%	-9.2%
12-month average (excl last 1 or 3 months, drop high and low)								-15.1%	-27.7%									-15.4%	-26.0%									-9.0%	-17.9%									-8.8%	-10.2%

Professional																													
Incurred Claims										Allowed Amount						Utilization						Allowed Cost/Service							
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Stays	Stays/1,000	3-Month Avg Stays/1,000	12-Month Avg Stays/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Svc	3-Month Avg Allowed Cost/Svc	12-Month Avg Allowed Cost/Svc	3 Month Trend	12 Month Trend				
201306	172	1.8785	12,617	\$ 73.35	\$ 68.37	\$ 133.68	-56.4%	-4.1%	23,234	\$ 135.08	\$ 124.39	\$ 152.71	-24.5%	2.8%	176	12,279	10,998	12,247	-4.4%	0.9%	\$ 132.01	\$ 135.72	\$ 149.64	-21.0%	1.9%				
201307	166	1.8990	22,393	\$ 134.90	\$ 98.01	\$ 126.06	-44.4%	-14.2%	28,443	\$ 171.35	\$ 151.80	\$ 147.49	-17.8%	-5.5%	169	12,217	11,720	12,227	0.4%	-0.8%	\$ 168.30	\$ 155.43	\$ 144.75	-18.1%	-4.7%				
201308	164	1.9226	24,609	\$ 150.06	\$ 118.76	\$ 124.31	-29.1%	-16.7%	32,224	\$ 196.49	\$ 167.13	\$ 148.59	-5.1%	-6.1%	173	12,659	12,382	12,170	4.7%	0.2%	\$ 186.27	\$ 161.97	\$ 146.52	-9.4%	-6.3%				
201309	163	1.9241	16,643	\$ 102.10	\$ 129.10	\$ 120.22	-25.8%	-21.4%	23,549	\$ 144.47	\$ 170.82	\$ 147.56	-6.5%	-8.8%	181	13,325	12,730	12,273	1.7%	2.0%	\$ 130.10	\$ 161.03	\$ 144.28	-8.1%	-10.6%				
201310	160	1.9436	22,359	\$ 139.75	\$ 130.62	\$ 122.39	-7.5%	-18.6%	26,779	\$ 167.37	\$ 169.51	\$ 151.72	13.0%	-4.7%	249	18,675	14,858	12,756	19.3%	8.4%	\$ 107.55	\$ 136.90	\$ 142.73	-5.3%	-12.1%				
201311	156	1.9302	16,203	\$ 103.87	\$ 115.25	\$ 111.48	-27.7%	-30.1%	20,428	\$ 130.95	\$ 147.72	\$ 142.55	-11.9%	-15.3%	169	13,000	15,006	12,595	16.4%	4.6%	\$ 120.88	\$ 118.12	\$ 135.81	-24.3%	-19.0%				
201312	142	1.8955	24,291	\$ 171.06	\$ 137.23	\$ 114.49	-9.6%	-27.2%	29,825	\$ 210.03	\$ 168.19	\$ 148.41	5.1%	-10.5%	190	16,056	15,930	12,929	24.3%	7.6%	\$ 156.97	\$ 126.70	\$ 137.74	-15.5%	-16.8%				
201401	402	1.5716	22,805	\$ 56.73	\$ 90.43	\$ 101.03	-45.4%	-36.0%	35,396	\$ 88.05	\$ 122.36	\$ 136.64	-29.8%	-17.9%	334	9,982	11,887	12,269	-12.5%	0.2%	\$ 105.85	\$ 123.52	\$ 133.64	-19.8%	-18.1%				
201402	515	1.4915	45,108	\$ 87.59	\$ 87.07	\$ 96.85	-34.0%	-38.2%	62,396	\$ 121.16	\$ 120.51	\$ 134.07	-13.9%	-18.8%	514	11,980	11,768	12,385	-2.1%	2.0%	\$ 121.36	\$ 122.88	\$ 129.91	-12.0%	-20.4%				
201403	647	1.3650	65,227	\$ 100.81	\$ 85.13	\$ 97.20	-32.6%	-36.7%	91,495	\$ 141.41	\$ 121.03	\$ 136.78	-10.5%	-15.5%	770	14,287	12,421	12,753	-0.4%	3.7%	\$ 118.78	\$ 116.92	\$ 128.71	-10.1%	-18.5%				
201404	1,006	1.3314	71,119	\$ 70.69	\$ 83.70	\$ 92.72	-8.2%	-36.4%	98,482	\$ 97.89	\$ 116.41	\$ 128.87	4.4%	-17.9%	817	9,743	11,630	12,095	6.0%	-0.7%	\$ 120.58	\$ 120.11	\$ 127.86	-1.5%	-17.4%				
201405	1,439	1.2425	77,286	\$ 53.71	\$ 69.09	\$ 81.97	-12.8%	-40.4%	100,323	\$ 69.72	\$ 93.89	\$ 111.57	-20.3%	-26.9%	802	6,685	9,270	10,626	-17.7%	-11.7%	\$ 125.15	\$ 121.53	\$ 126.00	-3.1%	-17.2%				
201406	1,418	1.2380	66,808	\$ 47.11	\$ 55.71	\$ 74.45	-18.5%	-44.3%	89,483	\$ 63.11	\$ 74.63	\$ 100.16	-40.0%	-34.4%	716	6,062	7,253	9,567	-34.1%	-21.9%	\$ 124.91	\$ 123.48	\$ 125.64	-9.0%	-16.0%				
201407	1,406	1.2350	82,803	\$ 58.89	\$ 53.22	\$ 70.26	-45.7%	-44.3%	106,127	\$ 75.48	\$ 69.42	\$ 94.05	-54.3%	-36.2%	777	6,632	6,460	8,967	-44.9%	-26.7%	\$ 136.58	\$ 128.95	\$ 125.87	-17.0%	-13.0%				
201408	1,268	1.2631	63,379	\$ 49.98	\$ 52.05	\$ 65.81	-56.2%	-47.1%	82,100	\$ 64.75	\$ 67.87	\$ 87.87	-59.4%	-40.9%	686	6,494	6,392	8,538	-48.4%	-29.8%	\$ 119.65	\$ 127.41	\$ 123.49	-21.3%	-15.7%				
201409	1,247	1.2545	83,592	\$ 67.03	\$ 58.60	\$ 65.37	-54.6%	-45.6%	105,088	\$ 84.27	\$ 74.81	\$ 86.47	-56.2%	-41.4%	771	7,417	6,837	8,316	-46.3%	-32.2%	\$ 136.34	\$ 131.30	\$ 124.78	-18.5%	-13.5%				
201410	1,214	1.2534	80,022	\$ 65.92	\$ 60.87	\$ 64.33	-53.4%	-47.4%	104,815	\$ 86.34	\$ 78.31	\$ 85.26	-53.8%	-43.8%	817	8,076	7,318	8,137	-50.8%	-36.2%	\$ 128.29	\$ 128.41	\$ 125.75	-6.2%	-11.9%				
201411	1,171	1.2652	52,212	\$ 44.59	\$ 59.42	\$ 61.87	-48.4%	-44.5%	66,370	\$ 56.68	\$ 76.07	\$ 81.84	-48.5%	-42.6%	588	6,025	7,189	7,864	-52.1%	-37.6%	\$ 112.88	\$ 126.98	\$ 124.88	7.5%	-8.0%				
201412	1,131	1.2661	65,667	\$ 58.06	\$ 56.29	\$ 60.33	-59.0%	-47.3%	85,887	\$ 75.94	\$ 73.12	\$ 79.91	-56.5%	-46.2%	696	7,388	7,172	7,732	-55.0%	-40.2%	\$ 123.35	\$ 122.34	\$ 124.02	-3.4%	-10.0%				
201501	1,789	1.1751	94,505	\$ 52.83	\$ 51.91	\$ 59.49	-42.6%	-41.1%	134,258	\$ 75.05	\$ 70.04	\$ 79.07	-42.8%	-42.1%	1,113	7,463	7,031	7,635	-40.9%	-37.8%	\$ 120.67	\$ 119.54	\$ 124.28	-3.2%	-7.0%				
201502	2,155	1.1636	153,365	\$ 71.17	\$ 61.78	\$ 60.16	-29.0%	-37.9%	196,607	\$ 91.23	\$ 82.12	\$ 79.36	-31.9%	-40.8%	1,340	7,460	7,445	7,470	-36.7%	-39.7%	\$ 146.75	\$ 132.36	\$ 127.47	7.7%	-1.9%				
201503	2,826	1.1308	149,470	\$ 52.89	\$ 58.69	\$ 57.57	-31.1%	-40.8%	195,821	\$ 69.29	\$ 77.80	\$ 75.56	-35.7%	-44.8%	1,583	6,721	7,152	7,109	-42.4%	-44.3%	\$ 123.73	\$ 130.53	\$ 127.54	11.6%	-0.9%				
201504	2,765	1.1315	156,618	\$ 56.64	\$ 59.31	\$ 56.77	-29.1%	-38.8%	198,410	\$ 71.76	\$ 76.28	\$ 73.90	-34.5%	-42.7%	1,634	7,092	7,059	6,973	-39.3%	-42.3%	\$ 121.42	\$ 129.67	\$ 127.17	8.0%	-0.5%				
201505	2,720	1.1450	193,167	\$ 71.02	\$ 60.07	\$ 58.82	-13.1%	-28.2%	241,628	\$ 88.83	\$ 76.51	\$ 76.11	-18.5%	-31.8%	1,502	6,628	6,814	6,948	-26.5%	-34.6%	\$ 160.83	\$ 134.74	\$ 131.44	10.9%	4.3%				
201506	2,705	1.1529	170,788	\$ 63.14	\$ 63.56	\$ 60.08	14.1%	-19.3%	216,553	\$ 80.06	\$ 80.17	\$ 77.41	7.4%	-22.7%	1,756	7,791	7,169	7,106	-1.2%	-25.7%	\$ 123.30	\$ 134.20	\$ 130.71	8.7%	4.0%				
201507	2,653	1.1490	170,726	\$ 64.35	\$ 66.19	\$ 60.63	24.4%	-13.7%	214,356	\$ 80.80	\$ 83.26	\$ 77.90	19.9%	-17.2%	1,631	7,379	7,264	7,165	12.4%	-20.1%	\$ 131.39	\$ 137.53	\$ 130.47	6.7%	3.7%				
201508	2,627	1.1489	184,178	\$ 70.11	\$ 65.83	\$ 62.16	26.5%	-5.5%	225,589	\$ 85.87	\$ 82.22	\$ 79.41	21.1%	-9.6%	1,564	7,143	7,441	7,197	16.4%	-15.7%	\$ 144.27	\$ 132.59	\$ 132.40	4.1%	7.2%				
201509	2,630	1.1429	187,165	\$ 71.17	\$ 68.53	\$ 62.83	16.9%	-3.9%	224,371	\$ 85.31	\$ 83.98	\$ 79.76	12.3%	-7.8%	1,671	7,626	7,383	7,229	8.0%	-13.1%	\$ 134.24	\$ 136.51	\$ 132.40	4.0%	6.1%				
201510	2,563	1.1428	202,908	\$ 79.17	\$ 73.43	\$ 64.21	20.6%	-0.2%	239,251	\$ 93.35	\$ 88.13	\$ 80.73	12.6%	-5.3%	1,751	8,197	7,651	7,282	4.6%	-10.5%	\$ 136.65	\$ 138.23	\$ 133.05	7.6%	5.8%				
201511	2,559	1.1406	188,649	\$ 73.72	\$ 74.65	\$ 65.83	25.6%	6.4%	223,337	\$ 87.27	\$ 88.62	\$ 82.27	16.5%	0.5%	1,589	7,453	7,758	7,347	7.9%	-6.6%	\$ 140.52	\$ 137.07	\$ 134.38	8.0%	7.6%				
201512	2,515	1.1446	196,915	\$ 78.30	\$ 77.06	\$ 67.15	36.9%	11.3%	231,598	\$ 92.09	\$ 90.90	\$ 83.32	24.3%	4.3%	1,525	7,275	7,644	7,340	6.6%	-5.1%	\$ 151.89	\$ 142.69	\$ 136.22	16.6%	9.8%				
201601	31,476	1.3974	1,493,824	\$ 47.46	\$ 51.42	\$ 57.28	-1.0%	-3.7%	1,942,219	\$ 61.70	\$ 65.59	\$ 72.26	-6.4%	-8.6%	15,383	5,865	6,073	6,565	-13.6%	-14.0%	\$ 126.25	\$ 129.59	\$ 132.09	8.4%	6.3%				
201602	34,463	1.3853	2,057,112	\$ 59.69	\$ 54.75	\$ 57.85	-11.4%	-3.8%	2,637,817	\$ 76.54	\$ 70.29	\$ 73.41	-14.4%	-7.5%	20,369	7,092	6,535	6,740	-12.2%	-9.8%	\$ 129.50	\$ 129.08	\$ 130.70	-2.5%	2.5%				
201603	36,898	1.3785	2,705,629	\$ 73.33	\$ 60.84	\$ 62.47	3.7%	8.5%	3,411,094	\$ 92.45	\$ 77.71	\$ 79.05	-0.1%	4.6%	26,312	8,557	7,242	7,271	1.3%	2.3%	\$ 129.64	\$ 128.76	\$ 130.48	-1.4%	2.3%				
201604	37,437	1.3770	2,826,755	\$ 75.51	\$ 69.76	\$ 65.60	17.6%	15.6%	3,521,809	\$ 94.07	\$ 87.97	\$ 82.67	15.3%	11.9%	26,594	8,524	8,082	7,565	14.5%	8.5%	\$ 132.43	\$ 130.62	\$ 131.14	0.7%	3.1%				
201605	37,316	1.3811	2,373,085	\$ 63.59	\$ 70.81	\$ 65.14	17.9%	10.8%	2,947,884	\$ 79.00	\$ 88.50	\$ 81.88	15.7%	7.6%	20,142	6,477	7,851	7,370	15.2%	6.1%	\$ 146.36	\$ 135.27	\$ 133.31	0.4%	1.4%				
6-month average							10.6%	6.4%							5.7%	2.0%							2.0%	-2.0%				3.7%	4.3%
12-month average							16.0%	0.2%							10.4%	-4.2%							5.0%	-8.6%				5.1%	5.0%
6-month average (excl last 3 months)							14.6%	1.0%							7.5%	-4.1%							0.2%	-9.8%				7.0%	6.4%
12-month average (excl last 1 or 3 months)							6.6%	-3.1%							0.4%	-7.4%							-6.6%	-12.0%				7.7%	5.2%
6-month average (excl last 3 months, drop high and low)							15.6%	-0.3%							8.7%	-5.0%							1.7%	-10.0%				7.0%	6.5%
12-month average (excl last 1 or 3 months, drop high and low)							7.4%	-2.4%							1.6%	-6.9%							-5.3%	-11.8%				7.8%	5.1%

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 5b**

**MEDSTATS Inpatient Authorization Summary**

**Individual Insured**

Row Labels	Acute				SNF				MHSA				Rehab				Total			
	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS	Auths	MM	Days/ 1000	ALOS
<b>2014</b>																				
1	41	12,051	166.29	4.07	4	12,051	46.80	11.75	3	12,051	13.94	4.67	3	12,051	42.82	14.33	51	12,051	269.85	5.31
2	39	11,873	130.38	3.31	1	11,873	63.67	63.00	1	11,873	9.10	9.00					41	11,873	203.15	4.90
3	37	11,718	209.93	5.54	3	11,718	37.89	12.33	5	11,718	60.42	11.80	2	11,718	12.29	6.00	47	11,718	320.53	6.66
4	29	11,859	154.82	5.28	2	11,859	20.24	10.00	3	11,859	57.68	19.00	4	11,859	58.69	14.50	38	11,859	291.42	7.58
5	19	12,113	82.23	4.37	3	12,113	40.62	13.67	5	12,113	64.39	13.00	1	12,113	6.93	7.00	28	12,113	194.17	7.00
6	27	11,895	100.88	3.70	1	11,895	24.21	24.00	4	11,895	57.50	14.25					32	11,895	182.60	5.66
7	25	11,712	84.02	3.28	1	11,712	17.42	17.00	5	11,712	61.48	12.00	1	11,712	3.07	3.00	32	11,712	165.98	5.06
8	31	11,422	91.40	2.81	1	11,422	17.86	17.00	2	11,422	29.42	14.00	1	11,422	9.46	9.00	35	11,422	148.14	4.03
9	30	11,261	155.58	4.87					5	11,261	33.03	6.20	1	11,261	2.13	2.00	36	11,261	190.75	4.97
10	22	11,107	115.60	4.86					3	11,107	9.72	3.00					25	11,107	125.33	4.64
11	18	10,924	67.01	3.39					1	10,924	5.49	5.00					19	10,924	72.50	3.47
12	35	10,790	143.47	3.69	2	10,790	16.68	7.50	5	10,790	46.71	8.40					42	10,790	206.86	4.43
<b>YTD</b>	<b>165</b>	<b>59,614</b>	<b>148.35</b>	<b>4.47</b>	<b>13</b>	<b>59,614</b>	<b>41.87</b>	<b>16.00</b>	<b>17</b>	<b>59,614</b>	<b>41.06</b>	<b>12.00</b>	<b>10</b>	<b>59,614</b>	<b>24.16</b>	<b>12.00</b>	<b>205</b>	<b>59,614</b>	<b>255.44</b>	<b>6.19</b>
<b>Total</b>	<b>353</b>	<b>138,725</b>	<b>125.34</b>	<b>4.10</b>	<b>18</b>	<b>138,725</b>	<b>24.31</b>	<b>15.61</b>	<b>42</b>	<b>138,725</b>	<b>37.71</b>	<b>10.38</b>	<b>13</b>	<b>138,725</b>	<b>11.59</b>	<b>10.31</b>	<b>426</b>	<b>138,725</b>	<b>198.95</b>	<b>5.40</b>
<b>2015</b>																				
1	37	11,640	126.80	3.32	2	11,640	59.79	29.00	7	11,640	68.04	9.43					46	11,640	254.64	5.37
2	41	12,106	256.73	6.32	2	12,106	44.61	22.50	3	12,106	32.71	11.00	1	12,106	18.83	19.00	47	12,106	352.88	7.57
3	46	12,728	167.82	3.87	2	12,728	77.31	41.00	19	12,728	162.16	9.05					67	12,728	407.29	6.45
4	34	12,585	140.17	4.32	2	12,585	27.65	14.50	12	12,585	184.03	16.08					48	12,585	351.85	7.69
5	31	12,479	102.89	3.45					17	12,479	112.51	6.88	3	12,479	29.81	10.33	51	12,479	245.21	5.00
6	45	12,396	167.47	3.84					11	12,396	99.71	9.36	1	12,396	24.20	25.00	57	12,396	291.38	5.28
7	30	12,272	108.54	3.70	1	12,272	28.36	29.00	10	12,272	117.34	12.00					41	12,272	254.24	6.34
8	29	12,203	121.94	4.28	2	12,203	21.63	11.00	10	12,203	123.90	12.60					41	12,203	267.48	6.63
9	27	12,166	110.47	4.15	1	12,166	16.77	17.00	12	12,166	124.28	10.50	2	12,166	44.39	22.50	42	12,166	295.91	7.14
10	37	12,114	251.61	6.86	2	12,114	46.56	23.50	6	12,114	68.35	11.50					45	12,114	366.52	8.22
11	47	12,066	236.70	5.06	1	12,066	31.82	32.00	10	12,066	64.64	6.50					58	12,066	333.17	5.78
12	50	11,973	173.39	3.46	2	11,973	8.02	4.00	4	11,973	39.09	9.75	2	11,973	24.05	12.00	58	11,973	244.55	4.21
<b>YTD</b>	<b>189</b>	<b>61,538</b>	<b>158.73</b>	<b>4.31</b>	<b>8</b>	<b>61,538</b>	<b>41.73</b>	<b>26.75</b>	<b>58</b>	<b>61,538</b>	<b>113.30</b>	<b>10.02</b>	<b>4</b>	<b>61,538</b>	<b>9.75</b>	<b>12.50</b>	<b>259</b>	<b>61,538</b>	<b>323.51</b>	<b>6.41</b>
<b>Total</b>	<b>454</b>	<b>146,728</b>	<b>163.49</b>	<b>4.40</b>	<b>17</b>	<b>146,728</b>	<b>30.18</b>	<b>21.71</b>	<b>121</b>	<b>146,728</b>	<b>100.51</b>	<b>10.16</b>	<b>9</b>	<b>146,728</b>	<b>11.78</b>	<b>16.00</b>	<b>601</b>	<b>146,728</b>	<b>305.95</b>	<b>6.22</b>
<b>2016</b>																				
1	200	66,852	154.55	4.30	6	66,852	15.62	14.50	58	66,852	65.34	6.28	7	66,852	8.98	7.14	271	66,852	244.48	5.03
2	220	71,476	175.78	4.76	7	71,476	24.34	20.71	69	71,476	119.54	10.32	6	71,476	10.07	10.00	302	71,476	329.73	6.50
3	246	74,714	197.07	4.99	12	74,714	17.51	9.08	46	74,714	85.61	11.59	12	74,714	30.03	15.58	316	74,714	330.22	6.51
4	222	75,266	175.06	4.95	3	75,266	17.54	36.67	63	75,266	112.40	11.19	10	75,266	24.55	15.40	298	75,266	329.55	6.94
5	208	75,360	185.99	5.62	7	75,360	15.91	15.14	54	75,360	108.25	12.62	4	75,360	10.33	14.75	273	75,360	320.48	7.38
<b>YTD</b>	<b>1,096</b>	<b>363,668</b>	<b>178.22</b>	<b>4.93</b>	<b>35</b>	<b>363,668</b>	<b>18.18</b>	<b>15.92</b>	<b>290</b>	<b>363,668</b>	<b>98.79</b>	<b>10.33</b>	<b>39</b>	<b>363,668</b>	<b>17.02</b>	<b>13.09</b>	<b>1,460</b>	<b>363,668</b>	<b>312.21</b>	<b>6.48</b>
<b>Total</b>	<b>1,096</b>	<b>363,668</b>	<b>178.22</b>	<b>4.93</b>	<b>35</b>	<b>363,668</b>	<b>18.18</b>	<b>15.92</b>	<b>290</b>	<b>363,668</b>	<b>98.79</b>	<b>10.33</b>	<b>39</b>	<b>363,668</b>	<b>17.02</b>	<b>13.09</b>	<b>1,460</b>	<b>363,668</b>	<b>312.21</b>	<b>6.48</b>

Inpatient Utilization Trend	12.3%
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Product  
Market Segment

DRUG  
INDIV

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 5c

Total

Incurred Claims										Allowed Amount										Utilization										Allowed Cost/Rx (Excl. Disp. Fee)										Avg Dispensing Fee										Avg Copay										Avg Discount									
Date		Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Rx	12-Month Avg Cost/Rx	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																												
201306	11,529	1,4149		84,599	\$ 7.34	\$ 8.26	\$ 8.93	-34.0%	-27.0%	149,383	\$ 12.96	\$ 14.01	\$ 15.84	-36.2%	-29.4%	3,394	3,533	3,577	4,015	-32.2%	-94.0%	\$ 43.10	\$ 46.09	\$ 46.88	-7.8%	1851.6%	\$ 0.91	\$ 0.91	\$ 0.48	0.0%	-71.1%	\$ 7.80	\$ 7.89	\$ 8.11	-3.2%	1262.1%	\$ 66.85	\$ 64.76	\$ 63.50	53.5%	-85.9%																												
201307	11,804	1,4113		126,203	\$ 10.69	\$ 8.84	\$ 8.97	-36.5%	-28.7%	199,589	\$ 16.91	\$ 14.71	\$ 15.69	-37.4%	-31.2%	3,870	3,934	3,728	3,964	-29.6%	-93.0%	\$ 50.89	\$ 46.53	\$ 46.99	-12.6%	1425.1%	\$ 0.69	\$ 0.83	\$ 0.52	0.0%	-69.9%	\$ 8.12	\$ 7.92	\$ 7.97	-16.0%	985.5%	\$ 68.33	\$ 66.06	\$ 64.33	9.9%	-86.6%																												
201308	12,128	1,4027		119,168	\$ 9.83	\$ 9.31	\$ 8.84	-36.0%	-31.3%	192,496	\$ 15.87	\$ 15.27	\$ 15.36	-37.0%	-33.6%	4,066	4,023	3,834	3,913	-28.2%	-91.8%	\$ 46.65	\$ 47.04	\$ 46.55	-13.7%	1082.3%	\$ 0.69	\$ 0.76	\$ 0.57	0.0%	-69.3%	\$ 8.05	\$ 8.00	\$ 7.86	-21.5%	768.2%	\$ 65.83	\$ 66.99	\$ 64.75	12.6%	-87.5%																												
201309	12,415	1,4015		122,699	\$ 9.88	\$ 10.13	\$ 8.78	-29.4%	-32.2%	195,762	\$ 15.77	\$ 16.17	\$ 15.14	-32.4%	-34.6%	3,976	3,843	3,933	3,865	-25.3%	-90.3%	\$ 48.53	\$ 48.66	\$ 46.41	-10.8%	837.7%	\$ 0.70	\$ 0.69	\$ 0.61	0.0%	-69.5%	\$ 8.16	\$ 8.11	\$ 7.80	-21.9%	604.3%	\$ 64.78	\$ 66.29	\$ 64.90	10.6%	-88.5%																												
201310	12,707	1,3969		118,773	\$ 9.35	\$ 9.68	\$ 8.67	-31.0%	-33.0%	200,857	\$ 15.81	\$ 15.82	\$ 14.95	-32.4%	-35.2%	4,309	4,069	3,979	3,829	-25.6%	-88.2%	\$ 45.91	\$ 47.00	\$ 46.21	-10.6%	626.9%	\$ 0.71	\$ 0.70	\$ 0.65	0.0%	-70.4%	\$ 8.13	\$ 8.11	\$ 7.71	-19.9%	449.6%	\$ 62.74	\$ 64.41	\$ 64.81	5.3%	-89.7%																												
201311	13,009	1,3900		130,809	\$ 10.06	\$ 9.76	\$ 8.79	-18.5%	-30.9%	211,723	\$ 16.28	\$ 15.95	\$ 15.02	-21.9%	-33.5%	4,388	4,048	3,988	3,799	-24.0%	-28.6%	\$ 47.54	\$ 47.30	\$ 46.76	1.3%	14.4%	\$ 0.71	\$ 0.71	\$ 0.69	0.0%	-93.1%	\$ 8.60	\$ 8.31	\$ 7.76	-13.0%	-10.8%	\$ 65.69	\$ 64.40	\$ 65.14	5.2%	-97.9%																												
201312	14,213	1,3880		142,647	\$ 10.04	\$ 9.82	\$ 8.85	-10.5%	-28.5%	229,542	\$ 16.15	\$ 16.08	\$ 14.98	-17.0%	-32.3%	4,829	4,077	4,065	3,759	-25.6%	-29.8%	\$ 46.81	\$ 46.76	\$ 47.09	9.8%	10.0%	\$ 0.72	\$ 0.71	\$ 0.73	0.0%	-89.1%	\$ 8.34	\$ 8.36	\$ 7.73	-11.2%	-12.8%	\$ 66.16	\$ 64.92	\$ 65.27	4.0%	-97.0%																												
201401	14,355	1,4043		276,521	\$ 19.26	\$ 13.23	\$ 10.09	67.5%	-10.6%	480,507	\$ 33.47	\$ 22.17	\$ 16.92	40.0%	-17.3%	7,283	6,088	4,762	4,000	4.0%	-20.6%	\$ 65.29	\$ 55.16	\$ 49.99	32.9%	11.5%	\$ 0.69	\$ 0.70	\$ 0.77	0.0%	-80.0%	\$ 8.29	\$ 8.39	\$ 8.05	19.1%	-4.1%	\$ 79.38	\$ 71.87	\$ 67.39	12.7%	-94.6%																												
201402	14,003	1,4009		288,119	\$ 19.15	\$ 16.14	\$ 11.17	127.4%	7.9%	424,480	\$ 30.31	\$ 26.65	\$ 18.47	86.3%	-1.8%	6,891	5,905	5,357	4,238	39.4%	-9.7%	\$ 60.91	\$ 59.01	\$ 51.55	32.9%	11.3%	\$ 0.69	\$ 0.70	\$ 0.75	133.1%	-58.4%	\$ 9.20	\$ 8.63	\$ 8.26	82.6%	-0.7%	\$ 82.86	\$ 77.28	\$ 69.70	20.7%	-86.5%																												
201403	13,603	1,3857		417,447	\$ 30.69	\$ 22.93	\$ 13.17	246.1%	34.4%	592,343	\$ 43.55	\$ 35.68	\$ 21.06	172.2%	19.0%	7,393	6,522	6,168	4,507	85.0%	1.8%	\$ 79.49	\$ 68.76	\$ 55.36	47.6%	16.0%	\$ 0.64	\$ 0.67	\$ 0.73	11.2%	251.1%	\$ 11.23	\$ 9.59	\$ 8.69	61.3%	5.9%	\$ 100.85	\$ 87.86	\$ 73.96	35.2%	24.0%																												
201404	12,069	1,2988		515,412	\$ 42.71	\$ 30.27	\$ 15.79	290.9%	62.8%	678,804	\$ 56.24	\$ 42.74	\$ 24.27	213.4%	40.9%	7,192	7,151	6,496	4,787	96.9%	12.4%	\$ 93.73	\$ 78.30	\$ 60.13	60.9%	24.7%	\$ 0.65	\$ 0.66	\$ 0.71	-28.6%	132.0%	\$ 11.85	\$ 10.79	\$ 9.10	45.0%	10.4%	\$ 101.99	\$ 95.46	\$ 77.64	47.6%	23.4%																												
201405	12,334	1,2833		407,183	\$ 33.01	\$ 35.26	\$ 17.71	323.9%	89.0%	557,426	\$ 45.19	\$ 48.11	\$ 26.68	239.4%	61.1%	6,972	6,783	6,806	5,025	94.3%	21.6%	\$ 79.31	\$ 84.18	\$ 63.01	76.7%	32.2%	\$ 0.64	\$ 0.64	\$ 0.69	-30.2%	73.6%	\$ 11.23	\$ 11.44	\$ 9.39	47.4%	14.7%	\$ 92.85	\$ 98.64	\$ 80.08	52.2%	27.2%																												
201406	12,161	1,2811		422,420	\$ 34.74	\$ 36.79	\$ 19.82	345.3%	121.8%	564,323	\$ 46.40	\$ 49.24	\$ 29.25	251.5%	84.6%	6,786	6,696	6,876	5,268	92.2%	31.2%	\$ 82.55	\$ 85.31	\$ 65.96	85.1%	40.7%	\$ 0.61	\$ 0.63	\$ 0.67	-30.7%	41.2%	\$ 12.79	\$ 11.95	\$ 9.81	51.4%	21.0%	\$ 106.60	\$ 100.44	\$ 83.39	55.1%	31.3%																												
201407	12,016	1,2853		452,317	\$ 37.64	\$ 35.11	\$ 21.89	297.1%	144.2%	590,835	\$ 49.17	\$ 46.91	\$ 31.73	218.8%	102.2%	6,955	6,946	6,808	5,499	82.6%	38.7%	\$ 84.30	\$ 82.05	\$ 68.58	76.3%	45.9%	\$ 0.65	\$ 0.63	\$ 0.67	-23.6%	27.8%	\$ 11.81	\$ 11.93	\$ 10.10	50.6%	26.7%	\$ 97.06	\$ 98.77	\$ 85.55	49.5%	33.0%																												
201408	11,763	1,2942		690,985	\$ 58.74	\$ 43.56	\$ 25.64	368.2%	190.2%	823,101	\$ 69.97	\$ 55.04	\$ 35.89	260.5%	133.6%	6,646	6,780	6,807	5,713	77.5%	46.0%	\$ 123.23	\$ 96.41	\$ 74.72	105.0%	60.5%	\$ 0.62	\$ 0.63	\$ 0.66	-17.2%	16.3%	\$ 12.87	\$ 12.48	\$ 10.46	56.0%	33.1%	\$ 125.54	\$ 109.52	\$ 90.25	63.5%	39.4%																												
201409	11,635	1,2950		550,267	\$ 47.29	\$ 47.82	\$ 28.55	372.2%	225.3%	691,767	\$ 59.46	\$ 59.46	\$ 39.29	267.6%	159.4%	6,810	7,024	6,916	5,963	75.9%	54.3%	\$ 100.96	\$ 102.54	\$ 78.42	110.7%	69.0%	\$ 0.62	\$ 0.63	\$ 0.66	-9.2%	7.5%	\$ 12.55	\$ 12.40	\$ 10.77	52.9%	38.1%	\$ 115.14	\$ 112.36	\$ 93.79	69.5%	44.5%																												
201410	11,491	1,2968		664,123	\$ 57.80	\$ 54.61	\$ 32.35	464.1%	272.9%	906,001	\$ 70.14	\$ 66.52	\$ 43.57	320.6%	191.4%	6,901	7,207	7,002	6,214	76.9%	62.3%	\$ 116.17	\$ 113.99	\$ 83.49	141.3%	80.7%	\$ 0.62	\$ 0.62	\$ 0.65	-11.4%	-0.3%	\$ 12.86	\$ 12.76	\$ 11.10	57.2%	43.8%	\$ 119.79	\$ 120.11	\$ 97.75	88.5%	50.8%																												
201411	11,301	1,3059		524,055	\$ 46.37	\$ 50.50	\$ 35.32	417.2%	302.0%	662,868	\$ 58.66	\$ 62.76	\$ 47.05	293.4%	213.2%	6,353	6,746	6,994	6,440	75.4%	69.5%	\$ 103.70	\$ 107.06	\$ 87.02	126.4%	86.1%	\$ 0.64	\$ 0.63	\$ 0.65	-11.4%	-6.7%	\$ 12.98	\$ 12.79	\$ 11.38	54.0%	46.7%	\$ 118.21	\$ 117.71	\$ 101.09	82.8%	55.2%																												
201412	11,188	1,3124		685,453	\$ 61.27	\$ 55.14	\$ 39.71	461.3%	348.5%	844,757	\$ 75.51	\$ 68.09	\$ 52.17	323.4%	248.2%	7,553	8,101	7,348	6,793	80.8%	80.7%	\$ 111.23	\$ 110.57	\$ 91.52	136.5%	94.3%	\$ 0.62	\$ 0.62	\$ 0.64	-12.5%	-12.8%	\$ 13.28	\$ 13.05	\$ 11.73	56.1%	51.6%	\$ 119.26	\$ 119.12	\$ 104.75	83.5%	60.5%																												
201501	16,963	1,2912		806,326	\$ 47.53	\$ 51.10	\$ 42.54	286.3%	321.6%	1,007,224	\$ 59.38	\$ 63.74	\$ 54.77	187.5%	223.7%	13,335	9,433	8,286	7,158	74.0%	79.0%	\$ 74.85	\$ 91.66	\$ 91.17	66.2%	82.4%	\$ 0.68	\$ 0.65	\$ 0.64	-7.0%	-16.5%	\$ 5.70	\$ 9.50	\$ 11.11	13.3%	38.0%	\$ 95.60	\$ 107.43	\$ 105.45	49.5%	56.5%																												
201502	23,240	1,2623		1,259,126	\$ 54.18	\$ 53.53	\$ 46.29	231.6%	314.4%	1,452,289	\$ 62.49	\$ 64.30	\$ 58.03	141.3%	214.2%	17,538	9,056	8,973	7,544	67.5%	78.0%	\$ 82.11	\$ 85.31	\$ 91.67	44.6%	77.8%	\$ 0.69	\$ 0.68	\$ 0.65	-3.0%	-13.8%	\$ 4.86	\$ 6.81	\$ 10.15	-21.1%	22.0%	\$ 100.68	\$ 102.57	\$ 106.16	32.7%	52.3%																												
201503	27,748	1,2495		1,402,206	\$ 50.53	\$ 51.03	\$ 48.19	122.6%	265.8%	1,612,583	\$ 58.12	\$ 59.93	\$ 59.18	67.9%	181.0%	23,484	10,156	9,599	8,040	55.6%	78.4%	\$ 67.97	\$ 74.22	\$ 87.66	7.9%	58.4%	\$ 0.70	\$ 0.69	\$ 0.66	3.7%	-9.4%	\$ 4.57	\$ 4.94	\$ 8.96	-48.5%	3.0%	\$ 94.59	\$ 96.81	\$ 104.17	10.2%	41.0%																												
201504	30,883	1,2543		1,875,913	\$ 60.74	\$ 55.42	\$ 50.54	83.1%	220.1%	2,066,394	\$ 66.91	\$ 62.68	\$ 60.60	46.6%	149.7%	26,004	10,104	9,824	8,427	51.2%	76.0%	\$ 78.77	\$ 75.86	\$ 85.63	-3.1%	42.4%	\$ 0.69	\$ 0.70	\$ 0.67	5.9%	-6.0%	\$ 4.29	\$ 4.54	\$ 7.90	-58.0%	-13.1%	\$ 96.68	\$ 97.00	\$ 102.85	1.6%	32.5%																												
201505	32,148	1,2576		1,735,063	\$ 53.97	\$ 55.22	\$ 52.08	56.6%	194.1%	1,918,568	\$ 59.68	\$ 61.66	\$ 61.36	28.2%	130.0%	26,290	9,813	10,017	8,732	47.2%	73.8%	\$ 72.28	\$ 73.17	\$ 83.65	-13.1%	32.7%	\$ 0.70	\$ 0.70	\$ 0.67	8.7%	-2.5%	\$ 3.98	\$ 4.27	\$ 7.09	-62.7%	-24.6%	\$ 95.15	\$ 95.50	\$ 101.99	-3.2%	27.4%																												
201506	24,552	1,2853		1,473,367	\$ 60.01	\$ 58.05	\$ 53.88	57.8%	171.9%	1,658,677	\$ 67.56	\$ 64.44	\$ 62.84	30.9%	114.9%	17,810	9,194	9,742	8,892	41.7%	68.8%	\$ 87.50	\$ 78.68	\$ 84.13	-7.8%	27.5%	\$ 0.68	\$ 0.69	\$ 0.68	9.2%	0.8%																																						

RetailGeneric

Incurred Claims										Allowed Amount										Utilization										Allowed Cost/Rx (Excl. Disp. Fee)										Avg Dispensing Fee										Avg Copay										Avg Discount									
Date	Members	Demo/Factor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Monthly Avg Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Svc	12-Month Avg Cost/Svc	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																													
201306	11,529	1,4149	29,068	\$ 2.52	\$ 2.56	\$ 2.53	-7.1%	22.4%	57,925	\$ 5.02	\$ 5.19	\$ 5.83	-31.1%	-13.9%	2,799	2,913	2,962	3,303	-30.4%	-18.5%	19.75	\$ 21.11	\$ 21.17	-1.1%	5.7%	0.95	\$ 0.95	\$ 0.72	-2.9%	-27.0%	0.95	\$ 0.95	\$ 0.72	-2.9%	-27.0%	4.52	\$ 4.40	\$ 4.37	7.5%	13.5%	\$ 56.53	\$ 55.31	\$ 53.32	8.9%	9.7%																								
201307	11,804	1,4113	32,755	\$ 2.77	\$ 2.68	\$ 2.54	-11.1%	14.9%	64,574	\$ 5.47	\$ 5.32	\$ 5.72	-30.5%	-17.8%	3,204	3,257	3,082	3,266	-27.5%	-20.5%	19.44	\$ 20.70	\$ 21.03	-4.1%	3.5%	0.72	\$ 0.87	\$ 0.70	-10.7%	-28.0%	0.72	\$ 0.87	\$ 0.70	-10.7%	-28.0%	4.64	\$ 4.54	\$ 4.37	-2.6%	9.8%	\$ 56.73	\$ 55.75	\$ 53.81	7.7%	8.9%																								
201308	12,128	1,4027	38,671	\$ 3.19	\$ 2.83	\$ 2.59	-8.4%	10.0%	69,166	\$ 5.70	\$ 5.40	\$ 5.65	-29.4%	-21.1%	3,347	3,312	3,164	3,228	-26.4%	-23.0%	19.95	\$ 20.50	\$ 20.99	-4.1%	2.4%	0.72	\$ 0.79	\$ 0.69	-18.2%	-29.0%	0.72	\$ 0.79	\$ 0.69	-18.2%	-29.0%	4.73	\$ 4.64	\$ 4.39	-6.1%	7.9%	\$ 56.19	\$ 56.48	\$ 54.22	8.9%	8.1%																								
201309	12,415	1,4015	35,686	\$ 2.87	\$ 2.95	\$ 2.62	-0.7%	8.3%	67,609	\$ 5.45	\$ 5.54	\$ 5.57	-25.8%	-22.9%	3,271	3,162	3,243	3,188	-24.0%	-24.5%	19.94	\$ 20.50	\$ 20.97	-2.4%	2.0%	0.72	\$ 0.72	\$ 0.69	-24.9%	-29.7%	0.72	\$ 0.72	\$ 0.69	-24.9%	-29.7%	5.00	\$ 4.79	\$ 4.41	-6.9%	5.6%	\$ 56.31	\$ 56.41	\$ 54.69	11.4%	8.7%																								
201310	12,707	1,3969	38,605	\$ 3.04	\$ 3.03	\$ 2.63	-2.7%	2.5%	73,267	\$ 5.77	\$ 5.64	\$ 5.50	-26.3%	-25.8%	3,565	3,367	3,280	3,161	-24.5%	-26.0%	19.82	\$ 20.63	\$ 20.89	-2.3%	0.4%	0.73	\$ 0.72	\$ 0.68	-24.4%	-30.4%	0.73	\$ 0.72	\$ 0.68	-24.4%	-30.4%	5.02	\$ 4.92	\$ 4.42	-7.1%	2.9%	\$ 56.88	\$ 56.47	\$ 55.09	11.4%	9.0%																								
201311	13,009	1,3900	40,634	\$ 3.12	\$ 3.01	\$ 2.66	-5.8%	-2.0%	74,186	\$ 5.70	\$ 5.64	\$ 5.45	-25.6%	-27.8%	3,617	3,336	3,290	3,131	-24.4%	-27.6%	19.78	\$ 20.57	\$ 20.87	-1.7%	-0.1%	0.73	\$ 0.73	\$ 0.72	-19.8%	-15.9%	0.73	\$ 0.73	\$ 0.72	-19.8%	-15.9%	5.10	\$ 5.04	\$ 4.43	-8.3%	0.6%	\$ 55.83	\$ 56.34	\$ 55.44	12.0%	9.4%																								
201312	14,213	1,3880	45,363	\$ 3.19	\$ 3.12	\$ 2.68	-8.9%	-5.0%	82,816	\$ 5.83	\$ 5.77	\$ 5.39	-26.8%	-29.0%	3,995	3,373	3,359	3,101	-25.8%	-28.9%	20.00	\$ 20.60	\$ 20.87	-1.3%	-0.2%	0.73	\$ 0.73	\$ 0.76	-148.7%	2.8%	0.73	\$ 0.73	\$ 0.76	-148.7%	2.8%	5.35	\$ 5.16	\$ 4.47	-7.0%	-1.0%	\$ 58.38	\$ 57.07	\$ 55.92	11.1%	9.5%																								
201401	14,355	1,4043	43,901	\$ 3.06	\$ 3.12	\$ 2.80	27.0%	5.2%	127,484	\$ 8.88	\$ 6.84	\$ 5.76	5.6%	-19.5%	5,913	4,943	3,904	3,291	2.7%	-20.0%	20.84	\$ 21.03	\$ 21.01	2.9%	0.6%	0.72	\$ 0.72	\$ 0.80	0.0%	27.7%	0.72	\$ 0.72	\$ 0.80	0.0%	27.7%	3.44	\$ 4.45	\$ 4.48	8.0%	3.6%	\$ 67.86	\$ 61.84	\$ 57.82	18.2%	12.3%																								
201402	14,003	1,4009	55,435	\$ 3.96	\$ 3.40	\$ 2.96	64.7%	14.9%	120,805	\$ 8.63	\$ 7.78	\$ 6.09	39.2%	-9.7%	5,604	4,802	4,373	3,482	38.1%	-9.2%	20.84	\$ 21.35	\$ 21.00	0.8%	-0.6%	0.72	\$ 0.72	\$ 0.78	131.1%	21.0%	0.72	\$ 0.72	\$ 0.78	131.1%	21.0%	4.44	\$ 4.29	\$ 4.53	24.9%	5.0%	\$ 67.11	\$ 65.15	\$ 59.29	22.8%	15.0%																								
201403	13,603	1,3857	72,047	\$ 5.30	\$ 4.08	\$ 3.22	117.8%	26.8%	144,994	\$ 10.66	\$ 9.37	\$ 6.58	90.3%	2.7%	5,992	5,286	5,007	3,697	82.7%	2.0%	23.52	\$ 22.46	\$ 21.37	4.1%	0.7%	0.68	\$ 0.70	\$ 0.76	13.0%	14.0%	0.68	\$ 0.70	\$ 0.76	13.0%	14.0%	5.37	\$ 4.42	\$ 4.67	50.8%	8.3%	\$ 76.95	\$ 70.73	\$ 61.74	30.9%	18.6%																								
201404	12,069	1,2988	73,099	\$ 6.06	\$ 5.06	\$ 3.50	129.0%	37.9%	141,262	\$ 11.70	\$ 10.26	\$ 7.09	107.4%	14.7%	5,814	5,781	5,266	3,919	94.4%	12.4%	23.61	\$ 23.38	\$ 21.71	6.7%	2.1%	0.69	\$ 0.69	\$ 0.74	-27.1%	8.6%	0.69	\$ 0.69	\$ 0.74	-27.1%	8.6%	5.61	\$ 5.15	\$ 4.81	36.0%	10.5%	\$ 76.08	\$ 73.49	\$ 63.72	34.6%	21.0%																								
201405	12,334	1,2833	74,607	\$ 6.05	\$ 5.78	\$ 3.76	47.4%	133.7%	136,108	\$ 11.04	\$ 11.11	\$ 7.53	115.4%	153.7%	5,688	5,534	5,524	4,110	91.6%	21.8%	23.25	\$ 24.14	\$ 21.97	12.4%	3.3%	0.68	\$ 0.68	\$ 0.72	-28.1%	3.0%	0.68	\$ 0.68	\$ 0.72	-28.1%	3.0%	5.58	\$ 5.52	\$ 4.91	32.1%	12.2%	\$ 75.68	\$ 76.25	\$ 65.55	38.8%	23.9%																								
201406	12,161	1,2811	72,110	\$ 5.93	\$ 6.01	\$ 4.02	59.4%	134.8%	130,256	\$ 10.71	\$ 11.15	\$ 7.96	114.6%	136.6%	5,452	5,380	5,564	4,299	88.5%	30.2%	23.23	\$ 24.04	\$ 22.22	13.9%	5.0%	0.68	\$ 0.68	\$ 0.70	-28.7%	-1.8%	0.68	\$ 0.68	\$ 0.70	-28.7%	-1.8%	6.28	\$ 5.81	\$ 5.06	32.2%	15.7%	\$ 88.50	\$ 79.94	\$ 68.26	44.5%	28.0%																								
201407	12,016	1,2853	75,163	\$ 6.26	\$ 6.08	\$ 4.29	127.2%	68.9%	136,020	\$ 11.32	\$ 11.02	\$ 8.41	107.3%	47.0%	5,709	5,701	5,538	4,487	79.7%	37.4%	23.15	\$ 23.88	\$ 22.50	15.4%	7.0%	0.68	\$ 0.67	\$ 0.70	-22.2%	-0.7%	0.68	\$ 0.67	\$ 0.70	-22.2%	-0.7%	5.94	\$ 5.93	\$ 5.17	30.6%	18.3%	\$ 80.60	\$ 81.49	\$ 70.11	46.2%	30.3%																								
201408	11,763	1,2942	83,614	\$ 7.11	\$ 6.42	\$ 4.59	126.7%	77.1%	138,295	\$ 11.76	\$ 11.26	\$ 8.88	108.3%	57.3%	5,351	5,459	5,513	4,653	74.2%	44.2%	25.17	\$ 24.50	\$ 22.90	19.5%	9.1%	0.67	\$ 0.67	\$ 0.70	-14.7%	0.4%	0.67	\$ 0.67	\$ 0.70	-14.7%	0.4%	6.44	\$ 6.22	\$ 5.31	34.1%	21.1%	\$ 86.80	\$ 85.22	\$ 72.38	50.9%	33.5%																								
201409	11,635	1,2950	83,084	\$ 7.14	\$ 6.83	\$ 4.92	131.8%	88.2%	142,628	\$ 12.26	\$ 11.77	\$ 9.41	112.5%	68.9%	5,520	5,693	5,618	4,852	73.3%	52.2%	25.19	\$ 25.15	\$ 23.27	22.7%	11.0%	0.65	\$ 0.67	\$ 0.69	-7.2%	0.9%	0.65	\$ 0.67	\$ 0.69	-7.2%	0.9%	6.57	\$ 6.31	\$ 5.44	31.8%	23.4%	\$ 89.65	\$ 88.61	\$ 74.75	51.9%	36.7%																								
201410	11,491	1,2968	88,117	\$ 7.67	\$ 7.30	\$ 5.29	140.8%	100.8%	148,382	\$ 12.91	\$ 12.30	\$ 9.98	118.2%	81.3%	5,607	5,855	5,688	5,052	72.8%	59.8%	25.80	\$ 26.05	\$ 23.70	26.3%	13.5%	0.67	\$ 0.66	\$ 0.69	-8.2%	1.7%	0.67	\$ 0.66	\$ 0.69	-8.2%	1.7%	6.57	\$ 6.53	\$ 5.56	32.8%	25.8%	\$ 87.27	\$ 87.92	\$ 76.84	55.7%	39.5%																								
201411	11,301	1,3059	80,193	\$ 7.10	\$ 7.30	\$ 5.61	142.3%	111.3%	133,703	\$ 11.83	\$ 12.34	\$ 10.49	118.7%	92.5%	5,156	5,475	5,676	5,231	72.5%	67.1%	25.27	\$ 26.08	\$ 24.05	26.8%	15.2%	0.66	\$ 0.66	\$ 0.68	-9.3%	-4.7%	0.66	\$ 0.66	\$ 0.68	-9.3%	-4.7%	6.57	\$ 6.57	\$ 5.67	30.3%	27.8%	\$ 92.33	\$ 89.68	\$ 79.21	59.2%	42.9%																								
201412	11,188	1,3124	107,873	\$ 9.64	\$ 8.13	\$ 6.15	160.5%	129.5%	174,040	\$ 15.56	\$ 13.42	\$ 11.32	132.8%	109.9%	6,098	6,541	5,954	5,509	77.3%	77.7%	27.89	\$ 27.05	\$ 24.65	31.3%	18.1%	0.65	\$ 0.66	\$ 0.68	-9.6%	-10.6%	0.65	\$ 0.66	\$ 0.68	-9.6%	-10.6%	6.95	\$ 6.71	\$ 5.80	29.9%	27.6%	\$ 94.09	\$ 91.28	\$ 81.77	59.9%	46.2%																								
201501	16,963	1,2912	173,201	\$ 10.21	\$ 9.16	\$ 6.90	193.1%	146.6%	257,342	\$ 15.17	\$ 14.32	\$ 11.98	109.3%	108.0%	11,331	8,016	6,870	5,845	76.0%	77.6%	22.00	\$ 23.02	\$ 24.60	19.0%	17.1%	0.71	\$ 0.68	\$ 0.68	-6.1%	-14.8%	0.71	\$ 0.68	\$ 0.68	-6.1%	-14.8%	2.29	\$ 4.58	\$ 4.46	2.9%	22.1%	\$ 84.38	\$ 88.82	\$ 83.29	43.8%	44.1%																								
201502	23,240	1,2623	267,139	\$ 11.49	\$ 10.67	\$ 7.83	213.8%	164.0%	349,937	\$ 15.06	\$ 15.20	\$ 12.72	95.5%	108.0%	16,196	7,846	7,618	6,228	74.2%	78.9%	22.32	\$ 25.95	\$ 24.52	12.2%	16.8%	0.71	\$ 0.70	\$ 0.68	-3.0%	-12.3%	0.71	\$ 0.70	\$ 0.68	-3.0%	-12.3%	2.31	\$ 3.16	\$ 4.94	-26.5%	9.0%	\$ 86.11	\$ 87.00	\$ 84.90	33.5%	43.2%																								
201503	27,748	1,2495	360,806	\$ 13.00	\$ 11.79	\$ 8.85	188.7%	174.7%	449,160	\$ 16.19	\$ 15.55	\$ 13.44	65.9%	104.2%	20,391	8,818	8,286	6,715	65.5%	81.6%	21.32	\$ 22.52	\$ 24.02	0.2%	12.4%	0.71	\$ 0.71	\$ 0.69	0.9%	-9.0%	0.71	\$ 0.71	\$ 0.69	0.9%	-9.0%	2.13	\$ 2.22	\$ 4.32	-49.8%	-7.5%	\$ 86.26	\$ 85.76	\$ 85.68	21.2%	38.8%																								
201504	30,883	1,2543	408,729	\$ 13.23	\$ 12.66	\$ 9.73	150.5%	177.8%	491,830	\$ 15.93	\$ 15.77	\$ 13.95	53.7%	96.7%	22,590	8,778	8,527	7,104	61.9%	81.3%	21.07	\$ 22.19	\$ 23.56	-5.1%	8.5%	0.70	\$ 0.71	\$ 0.69	2.2%	-6.4%	0.70	\$ 0.71	\$ 0.69	2.2%	-6.4%	2.07	\$ 2.12	\$ 3.81	-58.8%	-20.8%	\$ 84.53	\$ 85.55	\$ 85.94	16.4%	34.9%																								
201505	32,148	1,2576	434,834	\$ 13.53	\$ 13.27	\$ 10.52	129.5%	179.8%	517,554	\$ 16.10	\$ 16.07	\$ 14.44	44.6%	91.9%	22,888	9,543	8,707	7,413																																																			

Retail Brand Non-Formulary

Incurred Claims										Allowed Amount										Utilization										Allowed Cost/Rx (Excl. Disp. Fee)										Avg Dispensing Fee										Avg Copay										Avg Discount									
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend		Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend		Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend		Monthly Allowed Cost/Rx	3-Month Avg Cost/Rx	12-Month Avg Cost/Rx	3 Month Trend	12 Month Trend		Monthly Fee/Fee Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend		Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend		Monthly Discount	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																							
201306	11,529	1,4149	16,256	\$ 1.41	\$ 1.44	\$ 1.47	-23.4%	-27.9%		31,702	\$ 2.75	\$ 2.69	\$ 2.84	-36.7%	-35.6%		204	212	228	255	-42.9%	-37.7%		\$ 154.41	\$ 141.38	\$ 133.77	10.9%	12.0%	3.5%	\$ 0.99	\$ 0.98	\$ 1.11	-12.0%	2.0%		\$ 20.18	\$ 22.64	\$ 25.14	-32.4%	-21.0%		\$ 34.57	\$ 49.19	\$ 55.89	31.3%	89.4%																							
201307	11,804	1,4113	23,793	\$ 2.02	\$ 1.65	\$ 1.53	-12.4%	-22.7%		43,630	\$ 3.70	\$ 3.07	\$ 2.90	-28.1%	-33.5%		258	262	241	251	-39.3%	-38.1%		\$ 168.36	\$ 152.86	\$ 138.49	18.5%	7.4%		\$ 0.75	\$ 0.90	\$ 1.05	-22.7%	-5.6%		\$ 21.23	\$ 21.33	\$ 23.81	-43.0%	-27.2%		\$ 66.13	\$ 52.36	\$ 58.42	47.7%	94.7%																							
201308	12,128	1,4027	23,199	\$ 1.91	\$ 1.78	\$ 1.55	-11.5%	-18.8%		43,080	\$ 3.55	\$ 3.34	\$ 2.94	-21.3%	-30.8%		289	286	254	251	-35.3%	-38.1%		\$ 148.19	\$ 157.67	\$ 140.80	21.6%	11.8%		\$ 0.88	\$ 0.86	\$ 1.03	-23.9%	-6.6%		\$ 21.85	\$ 21.18	\$ 23.03	-43.1%	-29.7%		\$ 59.79	\$ 55.12	\$ 59.84	57.2%	97.3%																							
201309	12,415	1,4015	19,161	\$ 1.54	\$ 1.82	\$ 1.53	-7.9%	-21.8%		36,709	\$ 2.96	\$ 3.40	\$ 2.90	-16.6%	-31.8%		250	242	263	245	-30.6%	-38.8%		\$ 146.09	\$ 154.85	\$ 141.79	20.2%	11.4%		\$ 0.75	\$ 0.79	\$ 1.00	-28.3%	-9.5%		\$ 20.01	\$ 21.07	\$ 22.43	-37.4%	-31.0%		\$ 39.25	\$ 55.40	\$ 57.51	25.1%	68.5%																							
201310	12,707	1,3969	23,713	\$ 1.87	\$ 1.77	\$ 1.52	-25.5%	-25.7%		45,998	\$ 3.62	\$ 3.38	\$ 2.91	-21.2%	-32.2%		299	282	270	245	-28.0%	-38.3%		\$ 153.08	\$ 150.10	\$ 142.62	9.4%	9.9%		\$ 0.76	\$ 0.80	\$ 0.96	-25.0%	-13.3%		\$ 22.06	\$ 21.45	\$ 21.69	-33.8%	-34.2%		\$ 41.83	\$ 47.25	\$ 54.35	-21.6%	37.1%																							
201311	13,009	1,3900	19,074	\$ 1.47	\$ 1.62	\$ 1.51	-25.6%	-25.1%		39,382	\$ 3.03	\$ 3.20	\$ 2.92	-16.7%	-29.2%		277	256	260	244	-24.3%	-36.3%		\$ 141.16	\$ 147.81	\$ 143.91	9.9%	11.0%		\$ 1.02	\$ 0.84	\$ 0.96	-23.4%	-13.7%		\$ 21.44	\$ 21.30	\$ 21.49	-29.0%	-33.4%		\$ 36.73	\$ 39.34	\$ 51.85	-44.4%	19.5%																							
201312	14,213	1,3880	19,432	\$ 1.37	\$ 1.56	\$ 1.49	-23.7%	-25.1%		40,586	\$ 2.86	\$ 3.15	\$ 2.90	-12.6%	-28.2%		301	254	264	241	-21.9%	-36.3%		\$ 133.88	\$ 143.63	\$ 144.30	12.0%	12.7%		\$ 0.96	\$ 0.91	\$ 0.94	-26.9%	-19.1%		\$ 19.34	\$ 12.70	\$ 20.90	-30.0%	-33.2%		\$ 31.48	\$ 26.97	\$ 49.60	-45.3%	9.7%																							
201401	14,355	1,4043	42,688	\$ 2.97	\$ 1.95	\$ 1.67	47.9%	-7.0%		82,229	\$ 5.73	\$ 3.90	\$ 3.23	-46.9%	-12.1%		404	338	283	253	6.3%	-27.0%		\$ 202.71	\$ 165.17	\$ 153.11	38.1%	20.3%		\$ 0.83	\$ 0.92	\$ 0.92	-23.9%	-22.8%		\$ 38.03	\$ 23.51	\$ 22.31	9.5%	-24.6%		\$ 46.43	\$ 39.11	\$ 48.45	-36.3%	0.5%																							
201402	14,003	1,4009	35,423	\$ 2.53	\$ 2.29	\$ 1.80	108.8%	9.6%		62,994	\$ 4.50	\$ 4.36	\$ 3.44	89.4%	2.9%		337	289	294	261	31.3%	-17.0%		\$ 186.03	\$ 178.32	\$ 157.80	44.2%	24.0%		\$ 0.90	\$ 0.89	\$ 0.80	-28.2%	-20.7%		\$ 26.03	\$ 36.36	\$ 23.26	31.0%	-19.6%		\$ 42.85	\$ 48.35	\$ 47.93	-27.7%	-5.7%																							
201403	13,603	1,3857	42,368	\$ 3.11	\$ 2.87	\$ 1.96	179.2%	26.8%		70,261	\$ 5.17	\$ 5.14	\$ 3.66	136.5%	17.0%		337	297	308	268	56.1%	-7.6%		\$ 207.64	\$ 199.89	\$ 163.74	51.6%	26.6%		\$ 0.86	\$ 0.85	\$ 0.88	-24.3%	-14.8%		\$ 33.54	\$ 30.56	\$ 24.37	68.7%	-23.3%		\$ 52.98	\$ 49.19	\$ 47.41	-23.1%	13.8%																							
201404	12,069	1,2988	57,361	\$ 4.75	\$ 3.41	\$ 2.22	188.8%	46.1%		86,618	\$ 7.18	\$ 5.54	\$ 4.01	140.3%	33.5%		365	363	314	279	54.0%	0.9%		\$ 236.42	\$ 211.62	\$ 172.79	56.1%	32.3%		\$ 0.89	\$ 0.88	\$ 0.88	-21.9%	-23.2%		\$ 34.22	\$ 32.84	\$ 25.32	44.4%	-6.0%		\$ 65.20	\$ 55.89	\$ 48.53	-10.9%	-14.1%																							
201405	12,334	1,2833	52,306	\$ 4.24	\$ 4.00	\$ 2.43	60.8%	189.4%		77,227	\$ 6.26	\$ 6.16	\$ 4.28	136.8%	46.1%		342	333	330	285	44.2%	6.6%		\$ 224.95	\$ 224.24	\$ 180.29	64.2%	17.3%		\$ 0.86	\$ 0.87	\$ 0.87	-17.3%	-0.2%		\$ 59.58	\$ 59.41	\$ 49.23	59.4%	0.2%		\$ 48.29	\$ 51.25	\$ 48.93	-2.0%	-13.7%																							
201406	12,161	1,2811	52,635	\$ 4.33	\$ 4.44	\$ 2.66	208.5%	80.8%		76,595	\$ 6.30	\$ 6.58	\$ 4.56	144.7%	60.3%		308	304	333	292	46.1%	14.6%		\$ 247.77	\$ 236.89	\$ 187.23	67.6%	40.0%		\$ 0.91	\$ 0.89	\$ 0.86	-9.5%	-22.0%		\$ 37.65	\$ 35.75	\$ 27.73	57.9%	10.3%		\$ 64.14	\$ 62.98	\$ 51.20	28.1%	-8.2%																							
201407	12,016	1,2853	65,820	\$ 5.48	\$ 4.68	\$ 2.92	183.9%	91.4%		91,154	\$ 7.59	\$ 6.71	\$ 4.86	118.5%	67.4%		340	340	325	298	35.0%	18.6%		\$ 267.07	\$ 247.45	\$ 195.59	61.9%	41.2%		\$ 1.03	\$ 0.94	\$ 0.89	4.6%	-15.7%		\$ 72.04	\$ 65.69	\$ 52.25	25.5%	-10.6%																													
201408	11,763	1,2942	46,346	\$ 3.94	\$ 4.59	\$ 3.08	96.2%	157.1%		70,997	\$ 6.04	\$ 6.64	\$ 5.05	98.9%	71.7%		324	331	325	301	27.7%	20.3%		\$ 218.36	\$ 245.62	\$ 201.02	55.8%	42.8%		\$ 0.77	\$ 0.91	\$ 0.88	4.8%	-15.1%		\$ 37.83	\$ 37.64	\$ 30.29	77.7%	31.5%		\$ 62.11	\$ 66.65	\$ 52.21	20.9%	-12.2%																							
201409	11,635	1,2950	62,499	\$ 5.37	\$ 4.93	\$ 3.38	171.0%	120.6%		88,021	\$ 7.57	\$ 7.06	\$ 5.41	108.0%	86.7%		339	350	340	310	29.2%	26.4%		\$ 258.58	\$ 249.42	\$ 209.43	61.1%	47.7%		\$ 1.07	\$ 0.96	\$ 0.90	20.7%	-9.8%		\$ 60.09	\$ 66.89	\$ 54.42	20.7%	-5.4%																													
201410	11,491	1,2968	63,615	\$ 5.54	\$ 4.94	\$ 3.67	178.7%	141.7%		90,694	\$ 7.89	\$ 7.16	\$ 5.74	112.0%	97.6%		318	332	337	314	25.0%	28.3%		\$ 284.43	\$ 254.55	\$ 219.63	69.6%	54.0%		\$ 0.77	\$ 0.87	\$ 0.90	9.7%	-6.4%		\$ 67.37	\$ 90.30	\$ 32.79	76.7%	51.2%		\$ 73.61	\$ 66.87	\$ 56.89	41.5%	4.7%																							
201411	11,301	1,3059	56,455	\$ 5.00	\$ 5.30	\$ 3.95	226.4%	161.8%		82,150	\$ 7.27	\$ 7.58	\$ 6.09	136.7%	108.3%		300	319	334	319	28.3%	30.9%		\$ 272.57	\$ 272.59	\$ 229.02	84.4%	59.1%		\$ 1.27	\$ 1.03	\$ 0.92	22.6%	-4.4%		\$ 39.42	\$ 38.40	\$ 34.07	80.0%	26.6%		\$ 68.62	\$ 69.03	\$ 56.16	75.5%	14.1%																							
201412	11,188	1,3124	70,435	\$ 6.30	\$ 5.61	\$ 4.38	259.8%	194.7%		97,855	\$ 8.75	\$ 7.97	\$ 6.60	152.5%	127.8%		337	361	337	329	28.0%	36.3%		\$ 289.22	\$ 283.46	\$ 241.12	97.3%	67.1%		\$ 1.16	\$ 1.06	\$ 0.94	16.7%	0.1%		\$ 38.74	\$ 38.60	\$ 35.55	83.9%	70.1%		\$ 77.18	\$ 71.31	\$ 62.71	69.9%	26.4%																							
201501	16,963	1,2912	98,924	\$ 5.83	\$ 5.72	\$ 4.68	193.1%	180.4%		128,522	\$ 7.58	\$ 7.82	\$ 6.80	100.5%	110.6%		440	311	328	326	15.6%	28.8%		\$ 291.29	\$ 286.47	\$ 250.33	73.4%	65.5%		\$ 0.81	\$ 1.04	\$ 0.94	13.2%	2.0%		\$ 31.99	\$ 31.92	\$ 34.81	70.0%	34.4%																													
201502	23,240	1,2623	130,873	\$ 5.63	\$ 5.84	\$ 5.01	177.9%	155.0%		162,134	\$ 6.98	\$ 7.56	\$ 7.02	73.2%	104.0%		554	286	311	323	5.8%	23.7%		\$ 291.92	\$ 291.89	\$ 260.74	63.7%	65.2%		\$ 0.75	\$ 0.87	\$ 0.91	7.2%	1.3%		\$ 20.64	\$ 25.59	\$ 33.32	-2.9%	43.2%		\$ 69.97	\$ 71.82	\$ 62.02	67.6%	38.8%																							
201503	27,748	1,2495	182,782	\$ 6.59	\$ 6.07	\$ 5.41	111.5%	176.2%		210,929	\$ 7.60	\$ 7.38	\$ 7.26	43.7%	98.6%		759	328	310	326	0.4%	21.7%		\$ 276.95	\$ 286.13	\$ 267.22	43.1%	63.2%		\$ 0.95	\$ 0.85	\$ 0.92	-0.9%	5.1%		\$ 19.53	\$ 20.44	\$ 31.09	-33.1%	27.6%		\$ 63.87	\$ 67.34	\$ 67.91	36.9%	42.4%																							
201504	30,883	1,2543	205,661	\$ 6.66	\$ 6.34	\$ 5.65	86.2%	154.7%		229,422	\$ 7.43	\$ 7.36	\$ 7.29	32.8%	81.8%		844	328	316	324	0.6%	16.3%		\$ 270.98	\$ 279.32	\$ 270.07	32.0%	56.3%		\$ 0.84	\$ 0.86	\$ 0.91	32.0%	4.4%		\$ 18.58	\$ 18.39	\$ 28.40	-44.0%	12.1%		\$ 63.18	\$ 62.71	\$ 66.97	16.6%	38.0%																							
201505	32,148	1,2576	211,203	\$ 6.57	\$ 6.61	\$ 5.87	65.1%	141.4%		235,143	\$ 7.31	\$ 7.44	\$ 7.36	20.8%	71.7%		832	311	322	322	-2.4%	12.8%		\$ 281.73	\$ 277.41	\$ 274.56	23.7%	52.3%		\$ 0.90	\$ 0.90	\$ 0.91	3.1%	5.4%		\$ 15.09	\$ 16.75	\$ 26.02	-51.4%	-1.7%		\$ 64.94	\$ 63.99	\$ 67.12	7.7%	36.2%																							
201506	24,552	1,2853	153,265	\$ 6.24	\$ 6.51	\$ 5.99	46.7%	125.6%		177,987	\$ 7.25	\$ 7.34	\$ 7.40	11.6%	62.5%		805	296	313	320	-6.2%	9.5%		\$ 293.14	\$ 281.70	\$ 277.87	18.9%	48.4%		\$ 1.05	\$ 0.92	\$ 0.93	3.5%	7.4%		\$ 21.01	\$ 48.45	\$ 24.92	-52.6%	-10.1%		\$ 71.37	\$ 65.99	\$ 67.02	48.4%	32.0%																							
201507	22,672	1,2907	154,009	\$ 6.79	\$ 6.53	\$ 6.10	39.7%	106.5%		180,619	\$ 7.97	\$ 7.48	\$ 7.45	11.5%	53.3%		522	276	296	314	-9.0%	5.5%		\$ 345.07	\$ 303.09	\$ 284.17	22.5%	45.3%		\$ 0.94	\$ 0.96	\$ 0.92	2.4%	4.2%		\$ 22.04	\$ 18.77	\$ 23.98	-49.1%	-17.4%		\$ 82.20	\$ 71.																										

Retail Specialty

Incurred Claims										Allowed Amount										Utilization										Allowed Cost/Rx (Excl. Disp. Fee)										Avg Dispensing Fee										Avg Copay										Avg Discount									
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend		Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend		Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend		Monthly Allowed Cost/Rx	3-Month Avg Cost/Rx	12-Month Avg Cost/Rx	3 Month Trend	12 Month Trend		Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend		Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend		Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																							
201306	11,529	1,4149	5,956	\$ 0.52	\$ 1.25	\$ 1.67	-52.7%	-41.8%		6,486	\$ 0.56	\$ 1.31	\$ 1.80	-53.0%	-37.5%		22	23	22	25	-30.2%	-9.6%		\$ 293.84	\$ 720.04	\$ 864.30	-32.6%	-30.9%		\$ 0.95	\$ 0.82	\$ 0.78	23.0%	32.4%		\$ 21.67	\$ 27.98	\$ 28.83	-37.3%	-153.0%		\$ 507.93	\$ 376.03	\$ 360.78	27.9%	-20.6%																							
201307	11,804	1,4113	25,648	\$ 2.17	\$ 1.32	\$ 1.85	-61.2%	-45.6%		26,263	\$ 2.22	\$ 1.37	\$ 1.77	-61.2%	-42.0%		21	21	19	24	-34.6%	-13.5%		\$ 1,250.07	\$ 847.91	\$ 869.49	-40.6%	-32.9%		\$ 0.57	\$ 0.75	\$ 0.77	28.6%	32.3%		\$ 28.26	\$ 28.30	\$ 25.47	-36.8%	-162.1%		\$ 380.71	\$ 423.15	\$ 366.83	42.0%	-17.2%																							
201308	12,128	1,4027	15,908	\$ 1.31	\$ 1.34	\$ 1.51	-67.4%	-52.4%		16,502	\$ 1.36	\$ 1.39	\$ 1.62	-67.4%	-49.4%		20	20	21	24	-23.1%	-16.7%		\$ 824.52	\$ 781.76	\$ 821.76	-57.6%	-39.3%		\$ 0.56	\$ 0.70	\$ 0.76	53.2%	33.8%		\$ 26.18	\$ 25.30	\$ 24.08	-52.8%	-172.6%		\$ 314.35	\$ 404.07	\$ 374.97	63.2%	-6.2%																							
201309	12,415	1,4015	23,562	\$ 1.90	\$ 1.79	\$ 1.47	-55.9%	-54.2%		24,242	\$ 1.95	\$ 1.84	\$ 1.58	-55.8%	-51.4%		20	19	20	23	-27.3%	-16.1%		\$ 1,211.62	\$ 1,098.48	\$ 817.49	-39.2%	-42.0%		\$ 0.48	\$ 0.54	\$ 0.75	8.2%	33.1%		\$ 31.94	\$ 28.79	\$ 24.61	-33.1%	-178.2%		\$ 188.16	\$ 295.82	\$ 361.36	45.4%	-8.4%																							
201310	12,707	1,3969	14,159	\$ 1.11	\$ 1.44	\$ 1.38	-61.2%	-56.8%		14,751	\$ 1.16	\$ 1.49	\$ 1.48	-61.2%	-54.3%		15	14	18	21	-49.7%	-29.8%		\$ 982.95	\$ 1,009.00	\$ 832.12	-22.8%	-34.9%		\$ 0.45	\$ 0.50	\$ 0.73	-21.0%	20.3%		\$ 32.14	\$ 29.90	\$ 25.37	-8.9%	-203.4%		\$ 320.54	\$ 270.15	\$ 358.73	0.9%	-8.4%																							
201311	13,009	1,3900	26,155	\$ 2.01	\$ 1.68	\$ 1.45	-34.9%	-52.4%		26,970	\$ 2.07	\$ 1.73	\$ 1.55	-35.2%	-51.2%		12	11	15	20	-57.0%	-34.6%		\$ 2,247.08	\$ 1,403.46	\$ 929.08	50.7%	-25.3%		\$ 0.38	\$ 0.45	\$ 0.70	-41.5%	8.1%		\$ 57.28	\$ 38.47	\$ 27.70	80.5%	282.1%		\$ 431.60	\$ 292.56	\$ 359.46	-19.0%	0.7%																							
201312	14,213	1,3880	34,645	\$ 2.44	\$ 1.88	\$ 1.55	3.6%	-46.8%		35,995	\$ 2.53	\$ 1.95	\$ 1.65	1.3%	-47.0%		28	24	17	19	-60.1%	-41.2%		\$ 1,285.01	\$ 1,413.02	\$ 1,020.03	154.2%	-9.8%		\$ 0.54	\$ 0.48	\$ 0.66	-44.3%	1,020.03		\$ 39.45	\$ 41.35	\$ 29.89	115.8%	-12.1%		\$ 429.88	\$ 400.44	\$ 343.39	-17.9%	0.7%																							
201401	14,355	1,4043	101,230	\$ 7.05	\$ 3.90	\$ 2.15	263.7%	-14.1%		106,430	\$ 7.41	\$ 4.07	\$ 2.24	186.4%	-17.7%		53	44	27	22	-5.6%	-27.8%		\$ 2,007.53	\$ 1,821.45	\$ 1,220.12	203.3%	14.0%		\$ 0.59	\$ 0.55	\$ 0.64	-37.1%	-10.4%		\$ 61.62	\$ 54.38	\$ 37.25	245.7%	17.1%		\$ 818.87	\$ 651.78	\$ 439.80	33.3%	27.2%																							
201402	14,003	1,4009	60,857	\$ 4.35	\$ 4.62	\$ 2.40	281.2%	7.9%		64,164	\$ 4.58	\$ 4.85	\$ 2.50	224.3%	3.4%		50	43	37	22	-6.8%	-12.7%		\$ 1,282.68	\$ 1,577.02	\$ 1,233.62	102.1%	16.5%		\$ 0.61	\$ 0.59	\$ 0.63	-29.2%	-13.5%		\$ 57.26	\$ 55.22	\$ 40.97	187.0%	33.8%		\$ 842.80	\$ 744.86	\$ 513.61	56.1%	48.2%																							
201403	13,603	1,3867	161,166	\$ 11.85	\$ 7.70	\$ 3.33	163.0%	63.7%		168,036	\$ 12.35	\$ 8.07	\$ 3.47	175.5%	20.7%		68	60	49	28	-10.5%	-17.3%		\$ 2,470.57	\$ 1,980.30	\$ 1,515.16	132.6%	79.4%		\$ 0.55	\$ 0.58	\$ 0.60	-50.2%	-12.2%		\$ 1,547.17	\$ 1,115.48	\$ 729.18	122.0%	12.0%																													
201404	12,069	1,2988	255,905	\$ 21.20	\$ 12.05	\$ 4.83	675.3%	136.0%		264,558	\$ 21.92	\$ 12.52	\$ 5.02	672.7%	127.7%		69	69	57	31	141.1%	10.9%		\$ 3,833.66	\$ 2,656.46	\$ 1,967.09	220.4%	105.3%		\$ 0.51	\$ 0.55	\$ 0.57	-31.0%	-23.9%		\$ 115.69	\$ 88.03	\$ 63.30	241.5%	131.7%		\$ 1,729.64	\$ 1,426.16	\$ 935.71	405.2%	177.1%																							
201405	12,334	1,2833	173,211	\$ 14.04	\$ 15.53	\$ 5.83	953.5%	203.0%		186,099	\$ 15.09	\$ 16.28	\$ 6.10	958.7%	195.1%		54	53	60	34	170.1%	33.2%		\$ 3,454.89	\$ 3,239.23	\$ 2,177.07	292.2%	121.5%		\$ 0.38	\$ 0.49	\$ 0.54	-37.8%	-26.9%		\$ 1,017.00	\$ 1,463.20	\$ 963.55	288.9%	178.6%																													
201406	12,161	1,2811	161,558	\$ 13.28	\$ 16.15	\$ 6.81	1192.7%	307.5%		170,658	\$ 14.03	\$ 16.99	\$ 7.14	1198.7%	295.6%		54	53	58	38	166.4%	43.6%		\$ 3,160.05	\$ 3,510.25	\$ 2,380.75	387.5%	175.5%		\$ 0.28	\$ 0.40	\$ 0.49	-51.4%	-37.0%		\$ 154.77	\$ 131.74	\$ 84.25	370.8%	226.2%		\$ 660.75	\$ 1,186.12	\$ 949.91	215.4%	163.3%																							
201407	12,016	1,2853	177,447	\$ 14.19	\$ 13.84	\$ 7.73	944.7%	368.7%		177,447	\$ 14.77	\$ 14.63	\$ 8.10	965.9%	356.6%		50	50	52	38	167.3%	55.9%		\$ 3,548.65	\$ 3,381.03	\$ 2,547.37	298.6%	193.0%		\$ 0.29	\$ 0.31	\$ 0.47	-58.2%	-39.2%		\$ 298.61	\$ 137.76	\$ 72.05	451.4%	159.2%		\$ 801.40	\$ 950.89	\$ 895.49	49.4%	159.2%																							
201408	11,763	1,2942	415,362	\$ 35.31	\$ 20.80	\$ 10.33	1452.1%	585.5%		423,808	\$ 36.03	\$ 21.48	\$ 10.75	1446.4%	563.5%		52	53	52	41	144.3%	72.1%		\$ 8,149.90	\$ 4,948.16	\$ 3,167.92	533.0%	285.5%		\$ 0.26	\$ 0.27	\$ 0.44	-61.0%	-41.8%		\$ 147.63	\$ 144.00	\$ 99.21	469.2%	312.0%		\$ 3,555.12	\$ 1,644.67	\$ 1,233.08	307.0%	228.8%																							
201409	11,635	1,2950	268,810	\$ 23.10	\$ 24.13	\$ 11.98	1247.0%	687.8%		277,349	\$ 23.84	\$ 24.81	\$ 12.45	1245.8%	1247.0%		54	56	53	44	162.5%	87.9%		\$ 5,135.85	\$ 5,632.07	\$ 3,428.02	412.7%	319.3%		\$ 0.24	\$ 0.26	\$ 0.42	-52.0%	-20.3%		\$ 133.96	\$ 136.80	\$ 104.97	375.2%	326.0%		\$ 1,782.65	\$ 2,033.02	\$ 1,323.55	587.2%	266.3%																							
201410	11,491	1,2968	378,499	\$ 32.76	\$ 30.40	\$ 14.45	2011.6%	948.5%		386,549	\$ 33.64	\$ 31.18	\$ 14.99	1992.7%	913.5%		61	64	57	48	224.2%	123.0%		\$ 6,336.70	\$ 6,513.21	\$ 3,781.92	545.5%	354.5%		\$ 0.17	\$ 0.22	\$ 0.40	-56.4%	-45.3%		\$ 164.05	\$ 149.21	\$ 112.73	399.0%	344.3%		\$ 2,487.44	\$ 2,591.99	\$ 1,465.77	859.9%	308.6%																							
201411	11,301	1,3059	243,781	\$ 21.57	\$ 25.83	\$ 16.06	1411.7%	1008.7%		256,299	\$ 22.68	\$ 26.73	\$ 16.68	1400.5%	978.9%		41	44	54	50	267.6%	152.4%		\$ 6,251.10	\$ 5,898.70	\$ 3,970.05	320.3%	327.4%		\$ 0.11	\$ 0.18	\$ 0.38	-60.2%	-45.5%		\$ 171.68	\$ 155.64	\$ 150.97	340.5%	324.6%		\$ 2,157.56	\$ 2,156.77	\$ 1,530.08	426.2%	325.7%																							
201412	11,318	1,3124	338,766	\$ 30.28	\$ 28.22	\$ 18.44	1403.4%	1086.9%		349,527	\$ 31.24	\$ 29.20	\$ 18.14	1400.5%	1059.1%		66	71	59	55	258.9%	180.7%		\$ 5,295.65	\$ 5,907.00	\$ 4,212.69	318.0%	313.0%		\$ 0.22	\$ 0.17	\$ 0.36	-63.5%	-45.9%		\$ 160.08	\$ 164.35	\$ 125.02	297.5%	218.3%		\$ 1,744.49	\$ 2,115.06	\$ 1,596.98	269.2%	365.1%																							
201501	16,963	1,2912	284,724	\$ 16.78	\$ 21.98	\$ 19.34	801.5%	798.1%		297,042	\$ 17.51	\$ 22.89	\$ 20.07	812.6%	788.1%		37	26	44	52	63.2%	137.9%		\$ 8,038.10	\$ 6,268.92	\$ 4,806.00	404.7%	285.7%		\$ 0.15	\$ 0.15	\$ 0.32	-68.7%	-49.7%		\$ 183.66	\$ 165.72	\$ 136.57	229.0%	214.9%		\$ 2,484.66	\$ 2,052.28	\$ 1,709.92	214.9%	214.9%																							
201502	23,240	1,2823	545,363	\$ 23.47	\$ 22.74	\$ 21.25	392.2%	796.9%		560,681	\$ 24.13	\$ 23.49	\$ 22.02	384.1%	779.9%		54	28	37	50	-0.7%	103.7%		\$ 10,382.77	\$ 7,689.49	\$ 5,330.38	387.6%	332.0%		\$ 0.21	\$ 0.18	\$ 0.29	-69.8%	-51.8%		\$ 185.67	\$ 187.48	\$ 126.09	239.5%	257.8%		\$ 4,131.98	\$ 2,740.10	\$ 1,973.78	426.9%	284.3%																							
201503	27,748	1,2495	424,659	\$ 15.30	\$ 18.47	\$ 21.04	139.7%	532.1%		446,701	\$ 16.10	\$ 19.20	\$ 21.83	137.9%	528.5%		72	31	29	46	-41.1%	66.6%		\$ 6,203.94	\$ 8,002.60	\$ 5,717.95	304.1%	277.4%		\$ 0.24	\$ 0.19	\$ 0.26	-67.5%	-57.0%		\$ 144.57	\$ 179.62	\$ 152.93	161.5%	204.4%		\$ 2,233.68	\$ 2,919.54	\$ 2,045.65	161.7%	190.5%																							
201504	30,883	1,2543	767,332	\$ 24.85	\$ 21.22	\$ 21.64	76.2%	348.1%		783,926	\$ 25.38	\$ 21.88	\$ 22.40	74.7%	345.8%		93	36	32	43	-43.2%	39.8%		\$ 8,429.12	\$ 8,179.49	\$ 6,273.38	207.9%	218.9%		\$ 0.19	\$ 0.21	\$ 0.22	-61.5%	-60.9%		\$ 145.28	\$ 153.86	\$ 155.27	74.8%	145.3%		\$ 3,091.96	\$ 3,066.23	\$ 2,218.77	115.0%	137.1%																							
201505	32,148	1,2576	564,810	\$ 17.57	\$ 19.35	\$ 21.47	24.6%	268.3%		583,597	\$ 18.15	\$ 19.99	\$ 22.18	22.8%	263.5%		79	29	32	48	-46.5%	19.7%		\$ 7,387.06	\$ 7,435.34	\$ 6,610.92	129.5%	203.7%		\$ 0.24	\$ 0.22	\$ 0.21	-54.5%	-60.7%		\$ 135.41	\$ 140.84	\$ 155.04	30.7%	114.5%		\$ 2,642.74	\$ 2,693.26	\$ 2,356.77	84.1%	144.6%																							
201506	24,552	1,2853	565,374	\$ 23.03	\$ 21.67	\$ 22.08	34.1%	224.3%		588,462	\$ 23.97	\$ 22.33	\$ 22.81	31.4%	219.7%		85	42	35	40	-39.4%	10.4%		\$ 6,922.85	\$ 7,610.84	\$ 6,897.03	116.8%	189.7%		\$ 0.23	\$ 0.22	\$ 0.21	-45.0%	-53.3%		\$ 152.89	\$ 138.21	\$ 152.89	4.9%	81.6%		\$ 2,929.90	\$ 2,900.27	\$ 2,545.35	144.5%	168.0%																							
201507	22,672	1,2907	682,650	\$ 30.11	\$ 22.84	\$ 23.25	65.1%	200.7%		700,542	\$ 30.80	\$ 23.59	\$ 24.00	61.2%	196.3%		84	44	37	40	-27.8%	3.8%		\$ 8,339.57	\$ 7,550.81	\$ 7,267.97	123.3%	185.3%		\$ 0.21	\$ 0.23	\$ 0.21	-27.6%	-56.0%		\$ 123.30	\$ 131.72	\$ 151.32	-4.4%	66.0%		\$ 3,714.79	\$ 3,104.28	\$ 2,788.89	287.4%	193.3%																							
201508	20,986	1,2941	928,052	\$ 44.22	\$ 31.90	\$ 24.47	53.4%	204.7%		946,661	\$ 45.11	\$ 32.78	\$ 25.23	52.6%	134.6%		105	60																																																			

MailGeneric

Incurred Claims										Allowed Amount										Utilization										Allowed Cost/Rx (Excl. Disp. Fee)										Avg Dispensing Fee										Avg Copay										Avg Discount									
Date	Members	Demo/Factor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Sec	12-Month Avg Cost/Sec	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																													
201306	11,529	1,4149	5,010	\$ 0.43	\$ 0.40	\$ 0.50	-31.6%	24.6%	9,012	\$ 0.78	\$ 0.71	\$ 0.89	-40.0%	-3.7%	159	165	149	163	-30.2%	-10.4%	\$ 56.68	\$ 57.18	\$ 55.77	-14.2%	7.5%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 15.07	\$ 14.48	\$ 15.69	-20.9%	-1.8%	\$ 249.71	\$ 231.04	\$ 217.71	33.7%	28.4%																													
201307	11,804	1,4113	5,907	\$ 0.50	\$ 0.48	\$ 0.50	-26.9%	13.8%	10,043	\$ 0.85	\$ 0.80	\$ 0.88	-36.5%	-9.2%	162	165	161	162	-28.7%	-12.6%	\$ 61.99	\$ 60.09	\$ 65.35	-11.0%	3.8%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 16.25	\$ 15.06	\$ 15.52	-21.8%	-7.0%	\$ 252.54	\$ 242.59	\$ 222.96	37.2%	28.3%																													
201308	12,128	1,4027	4,762	\$ 0.39	\$ 0.44	\$ 0.46	-46.3%	-15.1%	9,383	\$ 0.77	\$ 0.80	\$ 0.83	-42.9%	-24.6%	175	173	168	159	-26.2%	-18.7%	\$ 53.61	\$ 57.33	\$ 62.48	-22.5%	-7.3%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 14.79	\$ 15.36	\$ 14.88	-28.0%	-16.9%	\$ 229.82	\$ 243.62	\$ 224.90	28.6%	24.8%																													
201309	12,415	1,4015	4,313	\$ 0.35	\$ 0.41	\$ 0.45	-46.0%	-19.2%	8,591	\$ 0.69	\$ 0.77	\$ 0.82	-38.5%	-25.0%	181	175	171	161	-16.4%	-16.3%	\$ 47.46	\$ 54.08	\$ 60.83	-26.4%	-10.3%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 14.87	\$ 15.27	\$ 14.80	-29.3%	-17.4%	\$ 228.20	\$ 236.36	\$ 225.79	15.9%	22.7%																													
201310	12,707	1,3969	5,202	\$ 0.41	\$ 0.38	\$ 0.44	-49.6%	-22.5%	8,643	\$ 0.68	\$ 0.71	\$ 0.79	-45.2%	-29.4%	163	154	167	158	-22.7%	-19.9%	\$ 53.02	\$ 51.28	\$ 59.83	-29.1%	-11.9%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 14.73	\$ 14.80	\$ 14.63	-26.8%	-18.5%	\$ 217.38	\$ 225.35	\$ 226.92	12.7%	23.4%																													
201311	13,009	1,3900	6,692	\$ 0.51	\$ 0.43	\$ 0.44	-29.8%	-27.3%	11,882	\$ 0.91	\$ 0.76	\$ 0.79	-26.4%	-30.8%	214	197	176	162	-4.5%	-17.2%	\$ 55.52	\$ 52.18	\$ 58.59	-22.9%	-16.2%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 17.97	\$ 16.02	\$ 14.81	-13.9%	-19.1%	\$ 249.33	\$ 233.14	\$ 230.47	16.8%	24.0%																													
201312	14,213	1,3880	7,065	\$ 0.50	\$ 0.47	\$ 0.43	-28.5%	-29.0%	11,365	\$ 0.80	\$ 0.80	\$ 0.78	-29.1%	-31.4%	209	176	176	161	-13.3%	-18.9%	\$ 54.38	\$ 54.42	\$ 58.08	-18.2%	-15.4%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 15.97	\$ 16.36	\$ 14.86	-9.9%	-17.6%	\$ 232.93	\$ 234.59	\$ 232.75	21.5%	24.6%																													
201401	14,355	1,4043	7,255	\$ 0.51	\$ 0.51	\$ 0.45	-0.9%	-22.2%	19,870	\$ 1.38	\$ 1.04	\$ 0.85	-19.9%	-20.3%	322	269	215	174	-35.6%	-6.5%	\$ 61.71	\$ 57.88	\$ 58.46	-11.6%	-14.7%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 12.76	\$ 15.16	\$ 14.87	6.8%	-13.7%	\$ 231.17	\$ 236.88	\$ 232.34	12.2%	18.6%																													
201402	14,003	1,4009	12,576	\$ 0.90	\$ 0.83	\$ 0.49	39.6%	-14.3%	25,112	\$ 1.79	\$ 1.32	\$ 0.93	58.6%	-9.5%	377	323	256	191	70.5%	6.1%	\$ 66.61	\$ 62.06	\$ 58.89	-7.0%	-14.7%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 12.83	\$ 13.53	\$ 14.70	15.0%	-12.3%	\$ 250.13	\$ 239.44	\$ 236.56	14.1%	19.7%																													
201403	13,603	1,3857	14,612	\$ 1.07	\$ 0.82	\$ 0.54	83.4%	-5.7%	28,220	\$ 2.19	\$ 1.78	\$ 1.04	109.3%	1.2%	437	386	325	210	126.8%	18.3%	\$ 68.07	\$ 65.78	\$ 59.65	-7.7%	-14.4%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 16.80	\$ 14.34	\$ 14.99	17.8%	-10.1%	\$ 249.62	\$ 244.56	\$ 238.64	8.1%	17.0%																													
201404	12,069	1,2988	17,502	\$ 1.45	\$ 1.13	\$ 0.63	165.9%	17.8%	28,220	\$ 2.34	\$ 2.09	\$ 1.18	157.9%	21.4%	396	394	366	230	154.4%	34.5%	\$ 71.26	\$ 68.66	\$ 61.50	1.4%	-9.7%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 17.84	\$ 15.90	\$ 15.39	12.4%	-6.1%	\$ 255.45	\$ 251.69	\$ 241.84	14.3%	17.5%																													
201405	12,334	1,2833	10,245	\$ 0.83	\$ 1.11	\$ 0.66	159.9%	27.0%	18,538	\$ 1.50	\$ 2.01	\$ 1.24	161.3%	34.8%	400	389	389	249	165.5%	51.3%	\$ 46.35	\$ 62.05	\$ 69.59	-1.6%	-10.9%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 14.66	\$ 16.37	\$ 15.35	11.2%	-3.0%	\$ 246.76	\$ 250.56	\$ 243.28	10.9%	15.8%																													
201406	12,161	1,2811	17,534	\$ 1.44	\$ 1.24	\$ 0.73	209.3%	45.4%	28,176	\$ 2.32	\$ 2.05	\$ 1.35	188.5%	51.6%	480	474	419	273	180.9%	67.3%	\$ 58.70	\$ 58.73	\$ 59.60	2.7%	-9.4%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 15.63	\$ 15.95	\$ 15.40	10.1%	-1.9%	\$ 284.71	\$ 263.73	\$ 248.65	14.2%	14.2%																													
201407	12,016	1,2853	13,683	\$ 1.14	\$ 1.14	\$ 0.78	138.8%	56.1%	22,465	\$ 1.87	\$ 1.89	\$ 1.43	135.6%	62.4%	399	398	420	291	161.7%	79.4%	\$ 56.30	\$ 54.09	\$ 59.15	-10.0%	-9.5%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 17.62	\$ 15.89	\$ 15.60	5.5%	0.5%	\$ 264.97	\$ 266.68	\$ 250.22	9.9%	12.2%																													
201408	11,763	1,2942	17,473	\$ 1.49	\$ 1.35	\$ 0.87	266.4%	88.1%	27,255	\$ 2.32	\$ 2.17	\$ 1.55	170.3%	87.0%	458	467	446	313	166.0%	96.6%	\$ 59.51	\$ 58.26	\$ 59.43	1.6%	-4.9%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 15.91	\$ 16.32	\$ 15.67	6.3%	5.3%	\$ 254.39	\$ 268.43	\$ 251.57	10.2%	11.9%																													
201409	11,635	1,2950	13,887	\$ 1.19	\$ 1.27	\$ 0.93	208.6%	107.9%	24,117	\$ 2.07	\$ 2.08	\$ 1.66	170.5%	102.9%	421	434	433	333	153.2%	166.7%	\$ 57.28	\$ 57.78	\$ 59.73	6.8%	-1.8%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 17.63	\$ 17.01	\$ 15.89	11.4%	7.4%	\$ 285.01	\$ 267.78	\$ 255.85	13.3%	13.3%																													
201410	11,491	1,2968	15,660	\$ 1.36	\$ 1.35	\$ 1.01	251.6%	129.8%	24,810	\$ 2.16	\$ 2.18	\$ 1.78	205.6%	125.7%	426	445	449	357	168.5%	125.7%	\$ 58.24	\$ 58.38	\$ 59.83	13.8%	0.0%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 18.52	\$ 17.32	\$ 16.18	17.0%	10.6%	\$ 277.48	\$ 271.81	\$ 259.27	20.6%	14.3%																													
201411	11,301	1,3059	14,657	\$ 1.30	\$ 1.28	\$ 1.07	202.1%	146.5%	22,757	\$ 2.01	\$ 2.08	\$ 1.87	172.7%	137.2%	380	404	428	374	143.6%	131.5%	\$ 59.89	\$ 58.42	\$ 60.03	12.0%	2.5%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 18.62	\$ 18.25	\$ 16.30	13.9%	10.1%	\$ 304.00	\$ 288.28	\$ 263.33	23.6%	14.3%																													
201412	11,188	1,3124	19,919	\$ 1.78	\$ 1.48	\$ 1.18	211.3%	172.1%	30,446	\$ 2.72	\$ 2.30	\$ 2.04	187.5%	161.0%	483	518	455	404	158.5%	150.3%	\$ 63.03	\$ 60.52	\$ 60.56	11.2%	4.3%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 18.43	\$ 18.52	\$ 16.32	13.2%	11.2%	\$ 263.78	\$ 280.17	\$ 264.65	19.4%	13.7%																													
201501	16,963	1,2912	17,788	\$ 1.05	\$ 1.33	\$ 1.23	162.6%	174.4%	28,836	\$ 1.70	\$ 2.08	\$ 2.06	100.5%	142.7%	415	294	389	404	80.8%	131.8%	\$ 69.48	\$ 64.19	\$ 61.21	10.9%	4.7%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 9.55	\$ 15.60	\$ 16.19	2.9%	8.8%	\$ 287.29	\$ 283.37	\$ 268.63	19.6%	15.6%																													
201502	23,240	1,2623	9,219	\$ 0.40	\$ 0.91	\$ 1.14	44.5%	133.1%	18,348	\$ 0.79	\$ 1.51	\$ 1.90	14.1%	103.3%	383	198	299	381	16.9%	100.2%	\$ 47.91	\$ 60.60	\$ 59.81	-2.3%	1.6%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 10.02	\$ 13.04	\$ 15.97	-3.6%	8.6%	\$ 269.75	\$ 273.18	\$ 270.09	14.1%	14.2%																													
201503	27,748	1,2495	16,759	\$ 0.60	\$ 0.64	\$ 1.06	-21.5%	96.6%	27,966	\$ 1.01	\$ 1.11	\$ 1.74	-37.9%	66.3%	462	200	223	352	-31.5%	67.6%	\$ 60.53	\$ 59.64	\$ 59.17	-9.3%	-0.8%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 11.01	\$ 10.23	\$ 15.45	-28.7%	3.1%	\$ 288.39	\$ 282.36	\$ 273.50	15.5%	14.6%																													
201504	30,883	1,2543	18,303	\$ 0.59	\$ 0.54	\$ 0.96	-52.0%	52.5%	28,617	\$ 0.93	\$ 0.92	\$ 1.57	-56.3%	33.0%	477	185	194	323	-47.1%	40.2%	\$ 59.99	\$ 56.68	\$ 58.32	-17.4%	-5.2%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 12.20	\$ 11.15	\$ 14.97	-29.9%	-2.7%	\$ 266.81	\$ 275.20	\$ 274.50	9.3%	13.4%																													
201505	32,148	1,2576	19,480	\$ 0.61	\$ 0.60	\$ 0.91	-46.1%	39.4%	29,277	\$ 0.91	\$ 0.95	\$ 1.47	-53.0%	19.3%	487	182	189	298	-51.6%	19.7%	\$ 60.12	\$ 60.21	\$ 59.39	-3.0%	-0.3%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 12.68	\$ 11.98	\$ 14.80	-26.9%	-3.6%	\$ 276.98	\$ 277.27	\$ 276.60	10.7%	13.7%																													
201506	24,552	1,2853	17,566	\$ 0.72	\$ 0.63	\$ 0.86	-49.0%	17.7%	27,370	\$ 1.11	\$ 0.97	\$ 1.39	-52.5%	2.5%	487	237	199	282	-52.5%	3.3%	\$ 56.20	\$ 58.76	\$ 59.16	0.1%	-0.7%	\$ -	\$ -	\$ -	\$ -	0.0%	\$ 12.25	\$ 12.38	\$ 14.49	-22.4%	-5.9%	\$ 278.03	\$ 273.99	\$ 275.99	3.9%	11.0%																													
201507	22,672	1,2907	11,991	\$ 0.97	\$ 0.74	\$ 0.86	-34.5%	9.8%	33,719	\$ 1.49	\$ 1.14	\$ 1.37	-39.9%	-4.1%	545	288																																																					

Mail Brand Non-Formulary

Incurred Claims												Allowed Amount				Utilization				Allowed Cost/Rx (Excl. Disp. Fee)				Avg Dispensing Fee				Avg Copay				Avg Discount								
Date	Members	DemoFactor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Rx	12-Month Avg Cost/Rx	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend					
201306	11,529	1,4149	1,430	\$ 0.12	\$ 0.20	\$ 0.23	-67.0%	-57.7%	3,108	\$ 0.27	\$ 0.37	\$ 0.43	-45.3%	-37.8%	12	12	16	17	-59.7%	-51.2%	\$ 258.96	\$ 283.08	\$ 293.83	35.8%	27.3%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 42.75	\$ 54.78	\$ 67.21	558.3%	250.8%	\$ 123.98	\$ 120.69	\$ 131.15	-42.8%	-40.0%
201307	11,804	1,4113	4,859	\$ 0.41	\$ 0.25	\$ 0.23	-64.3%	-59.2%	7,402	\$ 0.63	\$ 0.43	\$ 0.43	-45.6%	-37.5%	18	18	15	17	-56.0%	-47.3%	\$ 411.25	\$ 334.49	\$ 299.31	23.5%	18.6%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 89.03	\$ 68.53	\$ 70.06	339.1%	186.3%	\$ 155.33	\$ 136.49	\$ 128.25	-39.5%	-42.8%
201308	12,128	1,4027	5,136	\$ 0.42	\$ 0.32	\$ 0.26	-50.1%	-50.1%	6,918	\$ 0.57	\$ 0.49	\$ 0.45	-24.0%	-31.0%	16	16	16	17	-38.7%	-45.3%	\$ 432.41	\$ 378.88	\$ 316.11	24.1%	26.2%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 54.38	\$ 64.90	\$ 68.20	40.9%	147.3%	\$ 177.94	\$ 155.02	\$ 134.51	-12.0%	-37.3%
201309	12,415	1,4015	3,720	\$ 0.30	\$ 0.38	\$ 0.25	-23.1%	-53.6%	5,219	\$ 0.42	\$ 0.54	\$ 0.42	-33.4%	-42.5%	16	15	17	16	-32.6%	-48.9%	\$ 326.16	\$ 390.79	\$ 310.09	-1.1%	12.6%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 49.74	\$ 65.37	\$ 64.36	-20.7%	71.8%	\$ 133.92	\$ 155.71	\$ 132.42	-11.5%	-35.8%
201310	12,707	1,3969	1,631	\$ 0.13	\$ 0.28	\$ 0.24	-51.9%	-13.8%	2,806	\$ 0.22	\$ 0.40	\$ 0.40	-39.0%	-42.0%	14	13	15	16	-36.9%	-46.8%	\$ 200.44	\$ 324.85	\$ 301.17	-3.2%	8.9%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 50.81	\$ 51.68	\$ 61.24	-45.2%	45.6%	\$ 87.45	\$ 135.09	\$ 129.02	-0.8%	-36.9%
201311	13,009	1,3900	5,762	\$ 0.44	\$ 0.29	\$ 0.26	-10.1%	-40.6%	7,429	\$ 0.57	\$ 0.41	\$ 0.42	-38.3%	-35.4%	19	18	15	16	-39.2%	-44.9%	\$ 391.00	\$ 315.38	\$ 316.73	1.4%	17.2%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 78.87	\$ 61.34	\$ 62.76	-31.4%	38.0%	\$ 183.88	\$ 140.01	\$ 135.37	0.8%	-30.2%
201312	14,213	1,3880	1,885	\$ 0.13	\$ 0.23	\$ 0.25	-7.6%	-39.5%	2,740	\$ 0.19	\$ 0.32	\$ 0.39	-36.2%	-38.0%	10	8	13	15	-41.3%	-45.2%	\$ 274.05	\$ 301.76	\$ 312.90	8.7%	13.2%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 83.16	\$ 70.74	\$ 62.12	-21.2%	13.4%	\$ 137.15	\$ 141.62	\$ 135.49	11.2%	-26.3%
201401	14,355	1,4043	7,070	\$ 0.49	\$ 0.35	\$ 0.28	65.1%	-26.4%	12,758	\$ 0.89	\$ 0.55	\$ 0.44	21.6%	-25.8%	52	43	23	18	23.4%	-29.3%	\$ 245.35	\$ 283.06	\$ 296.27	-1.4%	4.9%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 62.86	\$ 69.12	\$ 62.69	-4.3%	13.7%	\$ 109.66	\$ 130.46	\$ 127.64	-8.6%	-30.4%
201402	14,003	1,4009	3,988	\$ 0.28	\$ 0.30	\$ 0.28	16.4%	-25.2%	6,691	\$ 0.48	\$ 0.52	\$ 0.44	16.2%	-23.0%	19	16	23	18	34.2%	-26.7%	\$ 352.16	\$ 273.95	\$ 300.87	-13.4%	5.1%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 56.63	\$ 63.91	\$ 61.44	-13.6%	5.8%	\$ 164.70	\$ 125.96	\$ 131.11	-10.2%	-24.5%
201403	13,603	1,3857	6,281	\$ 0.46	\$ 0.41	\$ 0.31	150.8%	1.7%	9,742	\$ 0.72	\$ 0.70	\$ 0.49	129.2%	-0.7%	29	26	29	19	98.5%	-12.6%	\$ 335.92	\$ 291.91	\$ 312.92	15.5%	13.6%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 52.58	\$ 67.39	\$ 65.23	20.1%	15.4%	\$ 169.09	\$ 137.35	\$ 138.91	16.7%	-11.1%
201404	12,069	1,2988	6,788	\$ 0.56	\$ 0.43	\$ 0.33	120.2%	14.3%	9,095	\$ 0.75	\$ 0.64	\$ 0.51	87.8%	5.1%	24	24	22	19	32.6%	-8.3%	\$ 378.95	\$ 354.55	\$ 321.46	41.6%	14.6%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 93.92	\$ 79.51	\$ 68.79	41.4%	18.0%	\$ 237.49	\$ 190.73	\$ 150.29	82.1%	2.0%
201405	12,334	1,2833	4,705	\$ 0.38	\$ 0.47	\$ 0.35	32.9%	180.4%	6,672	\$ 0.54	\$ 0.67	\$ 0.52	105.8%	13.7%	19	18	23	19	45.4%	2.0%	\$ 351.15	\$ 354.28	\$ 324.92	41.5%	11.5%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 81.34	\$ 86.03	\$ 70.01	62.4%	6.8%	\$ 343.14	\$ 237.82	\$ 166.60	127.6%	24.1%
201406	12,161	1,2811	7,602	\$ 0.63	\$ 0.52	\$ 0.38	163.9%	64.8%	11,422	\$ 0.94	\$ 0.74	\$ 0.57	100.4%	34.6%	31	31	24	21	54.4%	18.8%	\$ 368.44	\$ 367.41	\$ 332.94	29.8%	13.3%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 85.11	\$ 87.00	\$ 72.99	58.8%	8.6%	\$ 210.86	\$ 253.46	\$ 173.66	110.0%	32.4%
201407	12,016	1,2853	5,389	\$ 0.45	\$ 0.48	\$ 0.39	94.6%	64.6%	7,515	\$ 0.63	\$ 0.70	\$ 0.57	64.9%	32.3%	24	24	24	21	59.3%	21.5%	\$ 313.14	\$ 346.07	\$ 326.03	3.5%	8.9%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 73.50	\$ 80.38	\$ 71.97	17.3%	2.7%	\$ 248.18	\$ 256.93	\$ 181.42	88.2%	41.5%
201408	11,753	1,2942	14,659	\$ 1.25	\$ 0.77	\$ 0.45	138.8%	72.3%	18,386	\$ 1.56	\$ 1.04	\$ 0.65	111.3%	43.8%	32	33	29	22	86.6%	30.7%	\$ 574.55	\$ 429.00	\$ 347.66	13.2%	10.0%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 111.65	\$ 91.67	\$ 77.34	41.2%	13.4%	\$ 268.50	\$ 242.36	\$ 191.25	56.3%	42.2%
201409	11,635	1,2950	4,378	\$ 0.38	\$ 0.69	\$ 0.46	82.8%	79.7%	7,689	\$ 0.66	\$ 0.95	\$ 0.67	76.4%	57.7%	25	26	27	23	66.3%	41.5%	\$ 307.54	\$ 414.69	\$ 345.45	6.1%	11.4%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 80.24	\$ 90.65	\$ 79.07	38.7%	22.8%	\$ 315.21	\$ 276.90	\$ 204.73	77.8%	54.6%
201410	11,491	1,2968	3,455	\$ 0.30	\$ 0.64	\$ 0.47	129.0%	96.4%	6,124	\$ 0.53	\$ 0.92	\$ 0.70	130.0%	73.4%	22	23	27	24	83.4%	50.4%	\$ 278.34	\$ 407.57	\$ 347.26	25.5%	15.3%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 55.43	\$ 86.05	\$ 78.66	66.5%	28.4%	\$ 146.60	\$ 249.33	\$ 205.92	84.6%	59.6%
201411	11,301	1,3059	6,677	\$ 0.59	\$ 0.42	\$ 0.48	44.6%	83.4%	9,647	\$ 0.85	\$ 0.68	\$ 0.72	68.1%	72.3%	29	31	26	25	71.8%	58.9%	\$ 332.67	\$ 308.68	\$ 343.29	-2.1%	8.4%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 100.27	\$ 80.70	\$ 80.63	31.6%	28.5%	\$ 218.83	\$ 226.63	\$ 208.43	64.0%	54.0%
201412	11,188	1,3124	6,768	\$ 0.60	\$ 0.50	\$ 0.53	114.0%	112.2%	9,436	\$ 0.84	\$ 0.74	\$ 0.78	128.3%	101.1%	29	31	28	27	118.6%	83.0%	\$ 325.38	\$ 315.09	\$ 343.81	4.4%	9.9%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 72.79	\$ 77.98	\$ 79.88	10.2%	28.6%	\$ 257.80	\$ 213.09	\$ 214.83	50.5%	58.6%
201501	16,963	1,2912	5,801	\$ 0.34	\$ 0.49	\$ 0.51	37.8%	83.9%	7,758	\$ 0.46	\$ 0.68	\$ 0.73	23.4%	67.2%	18	13	23	24	-1.1%	35.3%	\$ 430.98	\$ 353.17	\$ 366.03	24.8%	23.5%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 72.56	\$ 83.22	\$ 82.38	20.4%	31.4%	\$ 251.95	\$ 241.54	\$ 235.22	85.1%	84.3%
201502	23,240	1,2623	9,022	\$ 0.39	\$ 0.42	\$ 0.51	38.2%	85.3%	11,930	\$ 0.51	\$ 0.57	\$ 0.72	8.7%	68.5%	23	12	16	23	-28.4%	30.0%	\$ 518.69	\$ 416.05	\$ 378.41	51.9%	25.8%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 72.25	\$ 72.56	\$ 83.22	13.5%	35.5%	\$ 285.13	\$ 265.27	\$ 243.37	110.6%	85.6%
201503	27,748	1,2495	6,196	\$ 0.22	\$ 0.31	\$ 0.47	-25.1%	51.3%	9,271	\$ 0.33	\$ 0.43	\$ 0.66	-38.7%	35.3%	24	10	11	21	-59.9%	10.5%	\$ 386.31	\$ 445.52	\$ 383.15	52.6%	22.4%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 83.84	\$ 76.61	\$ 83.33	13.7%	27.7%	\$ 322.19	\$ 289.63	\$ 256.86	110.9%	84.9%
201504	30,883	1,2543	9,687	\$ 0.31	\$ 0.30	\$ 0.44	-29.2%	31.7%	12,169	\$ 0.39	\$ 0.41	\$ 0.61	-36.7%	20.0%	26	10	11	19	-50.9%	-1.3%	\$ 468.06	\$ 457.13	\$ 390.79	28.9%	21.6%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 69.06	\$ 74.92	\$ 81.26	-5.8%	18.1%	\$ 320.79	\$ 310.01	\$ 263.90	62.5%	75.6%
201505	32,148	1,2576	7,100	\$ 0.22	\$ 0.25	\$ 0.41	-45.9%	18.1%	9,300	\$ 0.29	\$ 0.34	\$ 0.57	-49.5%	8.8%	28	10	10	18	-54.6%	-9.0%	\$ 332.14	\$ 394.11	\$ 387.93	11.2%	19.4%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 63.15	\$ 71.48	\$ 79.62	-16.9%	13.7%	\$ 165.56	\$ 265.50	\$ 250.21	11.6%	50.2%
201506	24,552	1,2853	3,621	\$ 0.15	\$ 0.23	\$ 0.37	-55.4%	-4.2%	5,090	\$ 0.21	\$ 0.30	\$ 0.51	-59.2%	-11.5%	18	9	10	16	-59.4%	-23.2%	\$ 282.79	\$ 368.88	\$ 383.61	0.4%	15.2%	\$ -	\$ -	\$ -	0.0%	0.0%	\$ 72.65	\$ 67.66	\$ 78.63	-22.2%	7.7%	\$ 220.05	\$ 235.24	\$ 252.48	-7.2%	45.4%
201507	22,672	1,2907	9,574	\$ 0.42	\$ 0.26	\$ 0.37	-47.2%	-4.6%	12,561	\$ 0.55	\$ 0.34	\$ 0.51	-51.6%	-11.8%	23	12	10	15	-57.1%	-28.4%	\$																			

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 6**

**Pediatric Dental Rate Development \***

Total Annual Claims	280.44
Value of Deductible	19.64
Value of OOP	68.43
Dominion Annual Claims	192.37
Monthly Claims	16.03
Adverse Selection	0.16
Risk Adjusted Claims per Child	18.60
% of Members Age 0-18	19.4%
<b>Projected Claims PMPM</b>	<b>\$3.61</b>

\* Claim details are found in 2017 Stand-Alone Dental Filing CAB-130539624

**Pediatric Vision Rate Development \***

<u>Category</u>	<u>Claim Cost per Child per Month</u>	
	<u>In-Network</u>	<u>OON</u>
Exam	\$ 1.35	\$ 0.04
Contact Lens Eval/Fitting	\$ -	\$ -
Frame	\$ 0.41	\$ 0.05
Eyeglass Lenses	\$ 0.81	\$ 0.05
Contact Lenses	\$ 0.58	\$ 0.02
Lens Option	\$ -	\$ -
Value Added Benefits	\$ 0.00	\$ -
Value of Combined Max	\$ 0.00	
Total	\$ 3.15	\$ 0.16
CBC Adjustment	72%	0.72
Voluntary Adjustment	45%	1.00
Low Vision Aid Adj		1.00
Estimated Claims Cost per Child		\$2.38
% of Members Age 0-18		19.4%
<b>Projected Claims PMPM</b>		<b>\$0.46</b>

\* From CBC's internal vision quote model

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 7**

**Comparison of Calibrated Index Rates**

<u>HIOS Plan ID</u>	<u>Calibrated Index Rate</u>	
	<u>Exhibit P</u>	<u>Table 10</u>
53789PA0050002	\$403.54	\$403.54
53789PA0030002	\$306.52	\$306.52
53789PA0030003	\$308.20	\$308.20
53789PA0030004	\$343.59	\$343.59
53789PA0100013	\$395.25	\$395.25
53789PA0110013	\$300.48	\$300.48
53789PA0110031	\$302.11	\$302.11
53789PA0110032	\$336.69	\$336.69
53789PA0060001	\$327.55	\$327.55
53789PA0040001	\$251.13	\$251.13
53789PA0040002	\$252.45	\$252.45
53789PA0040003	\$280.33	\$280.33
53789PA0100009	\$308.09	\$308.09
53789PA0110009	\$236.94	\$236.94
53789PA0110021	\$238.17	\$238.17
53789PA0110022	\$264.12	\$264.12
53789PA0100006	\$319.16	\$319.16
53789PA0110006	\$245.01	\$245.01
53789PA0110027	\$246.29	\$246.29
53789PA0110028	\$273.34	\$273.34
53789PA0100017	\$330.90	\$330.90
53789PA0110041	\$253.57	\$253.57
53789PA0110042	\$254.90	\$254.90
53789PA0110043	\$283.12	\$283.12
53789PA0100015	\$336.94	\$336.94
53789PA0110015	\$257.97	\$257.97
53789PA0110035	\$259.34	\$259.34
53789PA0110036	\$288.14	\$288.14
53789PA0100008	\$259.84	\$259.84
53789PA0110008	\$201.77	\$201.77
53789PA0110019	\$202.77	\$202.77
53789PA0110020	\$223.95	\$223.95
53789PA0100004	\$161.93	\$161.93
53789PA0110004	\$130.40	\$130.40
53789PA0110017	\$130.95	\$130.95
53789PA0110018	\$142.45	\$142.45

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 8

Product Type			
	PPO	HMO	
Total Current Month Members	31,306	34,354	
	PPO	HMO	Tobacco Factor
Members without Tobacco Surcharge	29,992	31,970	1.00
Members with Tobacco Surcharge			
Age	Current Month Members		Tobacco Factor
0	0	0	1.00
1	0	0	1.00
2	0	0	1.00
3	0	0	1.00
4	0	0	1.00
5	0	0	1.00
6	0	0	1.00
7	0	0	1.00
8	0	0	1.00
9	0	0	1.00
10	0	0	1.00
11	0	0	1.00
12	0	0	1.00
13	0	0	1.00
14	0	0	1.00
15	0	0	1.00
16	0	0	1.00
17	0	0	1.00
18	1	0	1.00
19	2	1	1.00
20	5	6	1.00
21	3	17	1.03
22	11	17	1.03
23	9	19	1.03
24	10	12	1.03
25	8	33	1.03
26	24	54	1.03
27	24	54	1.03
28	26	71	1.03
29	24	47	1.03
30	22	49	1.03
31	29	29	1.03
32	23	46	1.03
33	28	47	1.03
34	25	44	1.03
35	32	33	1.03
36	31	51	1.03
37	32	49	1.03
38	29	51	1.03
39	30	71	1.03
40	23	41	1.08
41	26	46	1.08
42	28	60	1.08
43	34	42	1.08
44	35	54	1.08
45	36	47	1.10
46	36	62	1.10
47	45	52	1.10
48	37	74	1.10
49	33	63	1.10
50	34	74	1.15
51	36	65	1.15
52	30	69	1.15
53	47	60	1.15
54	40	82	1.15
55	45	68	1.20
56	41	59	1.20
57	37	74	1.20
58	40	84	1.20
59	53	54	1.20
60	27	62	1.25
61	22	54	1.25
62	20	73	1.25
63	32	65	1.25
64	40	74	1.25
65	6	25	1.25
66	3	0	1.25
67	0	0	1.25
68	0	0	1.25
69	0	0	1.25
70	0	0	1.25
71	0	0	1.25
72	0	0	1.25
73	0	0	1.25
74	0	0	1.25
75	0	0	1.25
76	0	0	1.25
77	0	0	1.25
78	0	0	1.25
79	0	0	1.25
80	0	0	1.25
81	0	0	1.25
82	0	0	1.25
83	0	0	1.25
84	0	0	1.25
85	0	0	1.25
86	0	0	1.25
87	0	0	1.25
88	0	0	1.25
89	0	0	1.25
90	0	0	1.25

Tobacco Calibration Factor		
PPO	HMO	Final Factor
0.995	0.992	0.994

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 9

CY2014 - Actual

Enrollment (Member Months)	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		2,001	2,822	13,707	18,530
HMO	6,569	1,017	4,472	806	12,864
Total	6,569	3,018	7,294	14,513	31,394

UNADJUSTED (Gross of RRRs)					
Premium	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		\$ 1,199,925	\$ 1,777,233	\$ 8,761,319	\$ 11,738,476
HMO	\$ 771,617	\$ 494,875	\$ 2,267,233	\$ 417,748	\$ 3,951,473
Total	\$ 771,617	\$ 1,694,800	\$ 4,044,466	\$ 9,179,067	\$ 15,689,950
Claims	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO	\$ -	\$ 755,721	\$ 1,843,525	\$ 16,939,000	\$ 19,538,246
HMO	\$ 471,849	\$ 474,966	\$ 2,801,043	\$ 905,836	\$ 4,653,694
Total	\$ 471,849	\$ 1,230,687	\$ 4,644,569	\$ 17,844,836	\$ 24,191,940
Prem PMPM	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		\$ 599.66	\$ 629.78	\$ 639.19	\$ 633.48
HMO	\$ 117.46	\$ 486.60	\$ 506.98	\$ 518.30	\$ 307.17
Total	\$ 117.46	\$ 561.56	\$ 554.49	\$ 632.47	\$ 499.78
Claims PMPM	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		\$ 377.67	\$ 653.27	\$ 1,235.79	\$ 1,054.41
HMO	\$ 71.83	\$ 467.03	\$ 626.35	\$ 1,123.87	\$ 361.76
Total	\$ 71.83	\$ 407.78	\$ 636.77	\$ 1,229.58	\$ 770.59
MLR	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		63.0%	103.7%	193.3%	166.4%
HMO	61.2%	96.0%	123.5%	216.8%	117.8%
Total	61.2%	72.6%	114.8%	194.4%	154.2%

ADJUSTED FOR 3 Rs, Rx Rebates, & Capitation*					
Premium	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO	\$ -	\$ 1,453,171	\$ 2,263,740	\$ 11,842,486	\$ 15,559,397
HMO	\$ 740,441	\$ 438,212	\$ 2,500,883	\$ 525,008	\$ 4,204,544
Total	\$ 740,441	\$ 1,891,383	\$ 4,764,623	\$ 12,367,494	\$ 19,763,941
Claims	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO	\$ -	\$ 559,831	\$ 1,455,269	\$ 12,442,602	\$ 14,457,702
HMO	\$ 525,012	\$ 305,714	\$ 2,122,920	\$ 623,698	\$ 3,577,344
Total	\$ 525,012	\$ 865,545	\$ 3,578,190	\$ 13,066,300	\$ 18,035,046
Prem PMPM	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		\$ 726.22	\$ 802.18	\$ 863.97	\$ 839.69
HMO	\$ 112.72	\$ 430.89	\$ 559.23	\$ 651.37	\$ 326.85
Total	\$ 112.72	\$ 626.70	\$ 653.22	\$ 852.17	\$ 629.55
Claims PMPM	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		\$ 279.78	\$ 515.69	\$ 907.76	\$ 780.23
HMO	\$ 79.92	\$ 300.60	\$ 474.71	\$ 773.82	\$ 278.09
Total	\$ 79.92	\$ 286.79	\$ 490.57	\$ 900.32	\$ 574.47
MLR	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO		38.5%	64.3%	105.1%	92.9%
HMO	70.9%	69.8%	84.9%	118.8%	85.1%
Total	70.9%	45.8%	75.1%	105.7%	91.3%

3Rs - Dollars					
RA	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ -	\$ 252,099	\$ 483,709	\$ 3,055,453	\$ 3,791,261
HMO	\$ (31,176)	\$ (58,330)	\$ 223,817	\$ 104,080	\$ 238,390
TOTAL	\$ (31,176)	\$ 193,768	\$ 707,526	\$ 3,159,533	\$ 4,029,651
RI	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ -	\$ 183,461	\$ 342,873	\$ 4,265,896	\$ 4,792,230
HMO	\$ 10,204	\$ 177,050	\$ 694,186	\$ 297,874	\$ 1,179,315
TOTAL	\$ 10,204	\$ 360,511	\$ 1,037,060	\$ 4,563,771	\$ 5,971,546
Risk Corridor	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ -	\$ 1,147	\$ 2,799	\$ 25,714	\$ 29,660
HMO Non-CAT	\$ -	\$ 1,667	\$ 9,833	\$ 3,180	\$ 14,680
TOTAL	\$ -	\$ 2,815	\$ 12,631	\$ 28,894	\$ 44,340
Rx Rebates	Catastrophic	Bronze	Silver	Gold	Grand Total
PPO	\$ -	\$ 12,430	\$ 45,383	\$ 230,502	\$ 288,314
HMO	\$ 2,991	\$ 1,061	\$ 46,593	\$ 2,344	\$ 52,989
Total	\$ 2,991	\$ 13,491	\$ 91,976	\$ 232,846	\$ 341,304
Capitation					
HMO	\$ 66,358	\$ 8,860	\$ 62,656	\$ 18,080	\$ 155,955

3Rs - PMPM					
RA	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ 125.99	\$ 171.41	\$ 171.41	\$ 222.91	\$ 204.60
HMO	\$ (4.75)	\$ (57.36)	\$ 50.05	\$ 129.13	\$ 18.53
TOTAL	\$ (4.75)	\$ 64.20	\$ 97.00	\$ 217.70	\$ 128.36
RI	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ 91.68	\$ 121.50	\$ 121.50	\$ 311.22	\$ 258.62
HMO	\$ 1.55	\$ 174.09	\$ 155.23	\$ 369.57	\$ 91.68
TOTAL	\$ 1.55	\$ 119.45	\$ 142.18	\$ 314.46	\$ 190.21
Risk Corridor	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ 0.57	\$ 0.99	\$ 0.99	\$ 1.88	\$ 1.60
HMO Non-CAT	\$ -	\$ 1.64	\$ 2.20	\$ 3.95	\$ 1.14
TOTAL	\$ -	\$ 0.93	\$ 1.73	\$ 1.99	\$ 1.41
Rx Rebates	Catastrophic	Bronze	Silver	Gold	Total
PPO	\$ 6.21	\$ 16.08	\$ 16.08	\$ 16.82	\$ 15.56
HMO Non-CAT	\$ 0.46	\$ 1.04	\$ 10.42	\$ 2.91	\$ 4.12
TOTAL	\$ 0.46	\$ 4.47	\$ 12.61	\$ 16.04	\$ 10.87
Capitation					
HMO	\$ 10.10	\$ 8.71	\$ 14.01	\$ 22.43	\$ 12.12

\* Premium is adjusted for Risk Adjustment & Risk Corridor

\* Claims are adjusted for Reinsurance, Capitation (HMO only) & Rebates

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>									
	53789PA0050002	53789PA0050002	53789PA0050002	53789PA0050002	53789PA0050002	53789PA0050002	53789PA0030002	53789PA0030002	53789PA0030003
Region	6	6	Z	Z	9	9	6	6	Z
Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
Calibrated Plan Adjusted Index Rate	403.54	403.54	403.54	403.54	403.54	403.54	306.52	306.52	308.20
0-20	\$256.25	\$256.25	\$258.81	\$258.81	\$253.68	\$253.68	\$194.64	\$194.64	\$197.66
21	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
22	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
23	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
24	\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
25	\$405.15	\$415.28	\$409.20	\$419.43	\$401.10	\$411.13	\$307.75	\$315.44	\$312.52
26	\$413.22	\$423.55	\$417.36	\$427.79	\$409.09	\$419.32	\$313.88	\$321.73	\$318.75
27	\$422.91	\$433.48	\$427.14	\$437.82	\$418.68	\$429.15	\$321.24	\$329.27	\$326.22
28	\$438.65	\$449.61	\$443.03	\$454.11	\$434.26	\$445.12	\$333.19	\$341.52	\$338.36
29	\$451.56	\$462.85	\$456.07	\$467.48	\$447.04	\$458.22	\$343.00	\$351.57	\$348.32
30	\$458.02	\$469.47	\$462.60	\$474.16	\$453.44	\$464.77	\$347.90	\$356.60	\$353.30
31	\$467.70	\$479.39	\$472.38	\$484.19	\$463.02	\$474.60	\$355.26	\$364.14	\$360.77
32	\$477.39	\$489.32	\$482.16	\$494.21	\$472.61	\$484.43	\$362.62	\$371.68	\$368.24
33	\$483.44	\$495.52	\$488.27	\$500.48	\$478.60	\$490.57	\$367.21	\$376.40	\$372.91
34	\$489.90	\$502.14	\$494.79	\$507.16	\$485.00	\$497.12	\$372.12	\$381.42	\$377.89
35	\$493.12	\$505.45	\$498.05	\$510.51	\$488.19	\$500.40	\$374.57	\$383.94	\$380.38
36	\$496.35	\$508.76	\$501.32	\$513.85	\$491.39	\$503.67	\$377.02	\$386.45	\$382.87
37	\$499.58	\$512.07	\$504.58	\$517.19	\$494.58	\$506.95	\$379.48	\$388.96	\$385.36
38	\$502.81	\$515.38	\$507.84	\$520.53	\$497.78	\$510.22	\$381.93	\$391.48	\$387.85
39	\$509.27	\$522.00	\$514.36	\$527.22	\$504.17	\$516.78	\$386.83	\$396.50	\$392.84
40	\$515.72	\$554.40	\$520.88	\$559.94	\$510.56	\$548.86	\$391.74	\$421.12	\$397.82
41	\$525.41	\$564.81	\$530.66	\$570.46	\$520.15	\$559.16	\$399.09	\$429.03	\$405.29
42	\$534.69	\$574.79	\$540.03	\$580.54	\$529.34	\$569.04	\$406.14	\$436.60	\$412.45
43	\$547.60	\$588.67	\$553.08	\$594.56	\$542.13	\$582.78	\$415.95	\$447.15	\$422.41
44	\$563.74	\$606.02	\$569.38	\$612.08	\$558.11	\$599.96	\$428.21	\$460.33	\$434.86
45	\$582.71	\$640.98	\$588.54	\$647.39	\$576.88	\$634.57	\$442.62	\$486.88	\$449.49
46	\$605.31	\$665.84	\$611.36	\$672.50	\$599.25	\$659.18	\$459.78	\$505.76	\$466.92
47	\$630.73	\$693.80	\$637.04	\$700.74	\$624.42	\$686.87	\$479.10	\$527.01	\$486.53
48	\$659.78	\$725.76	\$666.38	\$733.02	\$653.19	\$718.51	\$501.17	\$551.28	\$508.94
49	\$688.44	\$757.28	\$695.32	\$764.85	\$681.55	\$749.71	\$522.93	\$575.22	\$531.04
50	\$720.72	\$828.83	\$727.93	\$837.12	\$713.51	\$820.54	\$547.45	\$629.57	\$555.95
51	\$752.60	\$865.49	\$760.12	\$874.14	\$745.07	\$856.83	\$571.67	\$657.42	\$580.54
52	\$787.71	\$905.86	\$795.58	\$914.92	\$779.83	\$896.80	\$598.33	\$688.08	\$607.62
53	\$823.22	\$946.70	\$831.45	\$956.17	\$814.99	\$937.23	\$625.31	\$719.10	\$635.01
54	\$861.55	\$990.79	\$870.17	\$1,000.69	\$852.94	\$980.88	\$654.43	\$752.59	\$664.58
55	\$899.89	\$1,079.87	\$908.89	\$1,090.67	\$890.89	\$1,069.07	\$683.55	\$820.26	\$694.15
56	\$941.45	\$1,129.75	\$950.87	\$1,141.04	\$932.04	\$1,118.45	\$715.12	\$858.14	\$726.22
57	\$983.42	\$1,180.11	\$993.26	\$1,191.91	\$973.59	\$1,168.31	\$747.00	\$896.40	\$758.59
58	\$1,028.22	\$1,233.86	\$1,038.50	\$1,246.20	\$1,017.93	\$1,221.52	\$781.02	\$937.23	\$793.14
59	\$1,050.41	\$1,260.49	\$1,060.91	\$1,273.10	\$1,039.91	\$1,247.89	\$797.88	\$957.46	\$810.26
60	\$1,095.20	\$1,369.00	\$1,106.15	\$1,382.69	\$1,084.25	\$1,355.31	\$831.90	\$1,039.88	\$844.81
61	\$1,133.94	\$1,417.43	\$1,145.28	\$1,431.60	\$1,122.60	\$1,403.25	\$861.33	\$1,076.66	\$874.70
62	\$1,159.37	\$1,449.21	\$1,170.96	\$1,463.70	\$1,147.77	\$1,434.71	\$880.64	\$1,100.80	\$894.31
63	\$1,191.24	\$1,489.06	\$1,203.16	\$1,503.95	\$1,179.33	\$1,474.17	\$904.86	\$1,131.07	\$918.90
64+	\$1,210.61	\$1,513.27	\$1,222.72	\$1,528.40	\$1,198.51	\$1,498.14	\$919.57	\$1,149.46	\$933.84

	From PA Rate Tables		N	Y	N	Y	N	Y	N	Y	N
			<u>53789PA0050002</u>	<u>53789PA0050002</u>	<u>53789PA0050002</u>	<u>53789PA0050002</u>	<u>53789PA0050002</u>	<u>53789PA0050002</u>	<u>53789PA0030002</u>	<u>53789PA0030002</u>	<u>53789PA0030003</u>
			<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
			Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
0			\$256.25	\$256.25	\$258.81	\$258.81	\$253.68	\$253.68	\$194.64	\$194.64	\$197.66
21			\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
22			\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
23			\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
24			\$403.54	\$413.63	\$407.57	\$417.76	\$399.50	\$409.49	\$306.52	\$314.19	\$311.28
25			\$405.15	\$415.28	\$409.20	\$419.43	\$401.10	\$411.13	\$307.75	\$315.44	\$312.52
26			\$413.22	\$423.55	\$417.36	\$427.79	\$409.09	\$419.32	\$313.88	\$321.73	\$318.75
27			\$422.91	\$433.48	\$427.14	\$437.82	\$418.68	\$429.15	\$321.24	\$329.27	\$326.22
28			\$438.65	\$449.61	\$443.03	\$454.11	\$434.26	\$445.12	\$333.19	\$341.52	\$338.36
29			\$451.56	\$462.85	\$456.07	\$467.48	\$447.04	\$458.22	\$343.00	\$351.57	\$348.32
30			\$458.02	\$469.47	\$462.60	\$474.16	\$453.44	\$464.77	\$347.90	\$356.60	\$353.30
31			\$467.70	\$479.39	\$472.38	\$484.19	\$463.02	\$474.60	\$355.26	\$364.14	\$360.77
32			\$477.39	\$489.32	\$482.16	\$494.21	\$472.61	\$484.43	\$362.62	\$371.68	\$368.24
33			\$483.44	\$495.52	\$488.27	\$500.48	\$478.60	\$490.57	\$367.21	\$376.40	\$372.91
34			\$489.90	\$502.14	\$494.79	\$507.16	\$485.00	\$497.12	\$372.12	\$381.42	\$377.89
35			\$493.12	\$505.45	\$498.05	\$510.51	\$488.19	\$500.40	\$374.57	\$383.94	\$380.38
36			\$496.35	\$508.76	\$501.32	\$513.85	\$491.39	\$503.67	\$377.02	\$386.45	\$382.87
37			\$499.58	\$512.07	\$504.58	\$517.19	\$494.58	\$506.95	\$379.48	\$388.96	\$385.36
38			\$502.81	\$515.38	\$507.84	\$520.53	\$497.78	\$510.23	\$381.93	\$391.48	\$387.85
39			\$509.27	\$522.00	\$514.36	\$527.22	\$504.17	\$516.78	\$386.83	\$396.50	\$392.84
40			\$515.72	\$554.40	\$520.88	\$559.94	\$510.56	\$548.86	\$391.74	\$421.12	\$397.82
41			\$525.41	\$564.81	\$530.66	\$570.46	\$520.15	\$559.16	\$399.09	\$429.03	\$405.29
42			\$534.69	\$574.79	\$540.03	\$580.54	\$529.34	\$569.04	\$406.14	\$436.60	\$412.45
43			\$547.60	\$588.67	\$553.08	\$594.56	\$542.13	\$582.78	\$415.95	\$447.15	\$422.41
44			\$563.74	\$606.02	\$569.38	\$612.08	\$558.11	\$599.96	\$428.21	\$460.33	\$434.86
45			\$582.71	\$640.98	\$588.54	\$647.39	\$576.88	\$634.57	\$442.62	\$486.88	\$449.49
46			\$605.31	\$665.84	\$611.36	\$672.50	\$599.25	\$659.18	\$459.78	\$505.76	\$466.92
47			\$630.73	\$693.80	\$637.04	\$700.74	\$624.42	\$686.87	\$479.10	\$527.01	\$486.53
48			\$659.78	\$725.76	\$666.38	\$733.02	\$653.19	\$718.51	\$501.17	\$551.28	\$508.94
49			\$688.44	\$757.28	\$695.32	\$764.85	\$681.55	\$749.71	\$522.93	\$575.22	\$531.04
50			\$720.72	\$828.83	\$727.93	\$837.12	\$713.51	\$820.54	\$547.45	\$629.57	\$555.95
51			\$752.60	\$865.49	\$760.12	\$874.14	\$745.07	\$856.83	\$571.67	\$657.42	\$580.54
52			\$787.71	\$905.86	\$795.58	\$914.92	\$779.83	\$896.80	\$598.33	\$688.08	\$607.62
53			\$823.22	\$946.70	\$831.45	\$956.17	\$814.99	\$937.23	\$625.31	\$719.10	\$635.01
54			\$861.55	\$990.79	\$870.17	\$1,000.70	\$852.94	\$980.88	\$654.43	\$752.59	\$664.58
55			\$899.89	\$1,079.87	\$908.89	\$1,090.67	\$890.89	\$1,069.07	\$683.55	\$820.26	\$694.15
56			\$941.45	\$1,129.75	\$950.87	\$1,141.04	\$932.04	\$1,118.45	\$715.12	\$858.14	\$726.22
57			\$983.42	\$1,180.11	\$993.26	\$1,191.91	\$973.59	\$1,168.31	\$747.00	\$896.40	\$758.59
58			\$1,028.22	\$1,233.86	\$1,038.50	\$1,246.20	\$1,017.93	\$1,221.52	\$781.02	\$937.23	\$793.14
59			\$1,050.41	\$1,260.49	\$1,060.91	\$1,273.10	\$1,039.91	\$1,247.89	\$797.88	\$957.46	\$810.26
60			\$1,095.20	\$1,369.00	\$1,106.15	\$1,382.69	\$1,084.25	\$1,355.31	\$831.90	\$1,039.88	\$844.81
61			\$1,133.94	\$1,417.43	\$1,145.28	\$1,431.60	\$1,122.60	\$1,403.25	\$861.33	\$1,076.66	\$874.70
62			\$1,159.37	\$1,449.21	\$1,170.96	\$1,463.70	\$1,147.77	\$1,434.71	\$880.64	\$1,100.80	\$894.31
63			\$1,191.24	\$1,489.06	\$1,203.16	\$1,503.95	\$1,179.33	\$1,474.17	\$904.86	\$1,131.07	\$918.90
64+			\$1,210.61	\$1,513.27	\$1,222.71	\$1,528.40	\$1,198.50	\$1,498.14	\$919.56	\$1,149.46	\$933.83

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>									
	53789PA0030003	53789PA0030004	53789PA0030004	53789PA0100013	53789PA0100013	53789PA0100013	53789PA0100013	53789PA0100013	53789PA0100013
Region	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	308.20	343.59	343.59	395.25	395.25	395.25	395.25	395.25	395.25
0-20	\$197.66	\$216.00	\$216.00	\$250.98	\$250.98	\$253.49	\$253.49	\$248.47	\$248.47
21	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08
22	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08
23	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08
24	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08
25	\$320.34	\$341.52	\$350.05	\$396.83	\$406.75	\$400.80	\$410.82	\$392.86	\$402.68
26	\$326.72	\$348.32	\$357.03	\$404.73	\$414.85	\$408.78	\$419.00	\$400.69	\$410.70
27	\$334.38	\$356.48	\$365.39	\$414.22	\$424.57	\$418.36	\$428.82	\$410.08	\$420.33
28	\$346.82	\$369.75	\$378.99	\$429.63	\$440.37	\$433.93	\$444.78	\$425.34	\$435.97
29	\$357.03	\$380.63	\$390.15	\$442.28	\$453.34	\$446.70	\$457.87	\$437.86	\$448.81
30	\$362.14	\$386.08	\$395.73	\$448.61	\$459.82	\$453.09	\$464.42	\$444.12	\$455.22
31	\$369.79	\$394.24	\$404.10	\$458.09	\$469.54	\$462.67	\$474.24	\$453.51	\$464.85
32	\$377.45	\$402.40	\$412.46	\$467.58	\$479.27	\$472.25	\$484.06	\$462.90	\$474.47
33	\$382.24	\$407.51	\$417.69	\$473.51	\$485.34	\$478.24	\$490.20	\$468.77	\$480.49
34	\$387.34	\$412.95	\$423.27	\$479.83	\$491.83	\$484.63	\$496.74	\$475.03	\$486.91
35	\$389.89	\$415.67	\$426.06	\$482.99	\$495.07	\$487.82	\$500.02	\$478.16	\$490.12
36	\$392.45	\$418.39	\$428.85	\$486.15	\$498.31	\$491.02	\$503.29	\$481.29	\$493.32
37	\$395.00	\$421.11	\$431.64	\$489.32	\$501.55	\$494.21	\$506.56	\$484.42	\$496.53
38	\$397.55	\$423.83	\$434.43	\$492.48	\$504.79	\$497.40	\$509.84	\$487.55	\$499.74
39	\$402.66	\$429.28	\$440.01	\$498.80	\$511.27	\$503.79	\$516.38	\$493.81	\$506.16
40	\$427.65	\$434.72	\$467.32	\$505.13	\$543.01	\$510.18	\$548.44	\$500.07	\$537.58
41	\$435.68	\$442.88	\$476.10	\$514.61	\$553.21	\$519.76	\$558.74	\$509.47	\$547.68
42	\$443.38	\$450.70	\$484.51	\$523.70	\$562.98	\$528.94	\$568.61	\$518.47	\$557.35
43	\$454.09	\$461.59	\$496.21	\$536.35	\$576.58	\$541.71	\$582.34	\$530.99	\$570.81
44	\$467.47	\$475.20	\$510.84	\$552.16	\$593.57	\$557.68	\$599.51	\$546.64	\$587.64
45	\$494.44	\$491.18	\$540.30	\$570.74	\$627.81	\$576.44	\$634.09	\$565.03	\$621.53
46	\$513.61	\$510.23	\$561.26	\$592.87	\$652.16	\$598.80	\$658.68	\$586.94	\$645.64
47	\$535.18	\$531.66	\$584.83	\$617.77	\$679.55	\$623.95	\$686.34	\$611.59	\$672.75
48	\$559.84	\$556.15	\$611.77	\$646.23	\$710.85	\$652.69	\$717.96	\$639.77	\$703.74
49	\$584.15	\$580.30	\$638.33	\$674.29	\$741.72	\$681.03	\$749.14	\$667.55	\$734.30
50	\$639.34	\$607.52	\$698.64	\$705.91	\$811.80	\$712.97	\$819.92	\$698.85	\$803.68
51	\$667.62	\$634.39	\$729.55	\$737.14	\$847.71	\$744.51	\$856.18	\$729.76	\$839.23
52	\$698.76	\$663.98	\$763.58	\$771.52	\$887.25	\$779.24	\$896.12	\$763.81	\$878.38
53	\$730.26	\$693.92	\$798.00	\$806.30	\$927.25	\$814.37	\$936.52	\$798.24	\$917.98
54	\$764.27	\$726.23	\$835.16	\$843.85	\$970.43	\$852.29	\$980.13	\$835.41	\$960.73
55	\$832.98	\$758.54	\$910.25	\$881.40	\$1,057.68	\$890.21	\$1,068.26	\$872.59	\$1,047.10
56	\$871.46	\$793.58	\$952.30	\$922.11	\$1,106.53	\$931.33	\$1,117.60	\$912.89	\$1,095.47
57	\$910.31	\$828.96	\$994.75	\$963.22	\$1,155.86	\$972.85	\$1,167.42	\$953.58	\$1,144.30
58	\$951.77	\$866.71	\$1,040.06	\$1,007.09	\$1,208.51	\$1,017.16	\$1,220.59	\$997.02	\$1,196.42
59	\$972.31	\$885.42	\$1,062.51	\$1,028.83	\$1,234.59	\$1,039.12	\$1,246.94	\$1,018.54	\$1,222.25
60	\$1,056.02	\$923.18	\$1,153.97	\$1,072.70	\$1,340.88	\$1,083.43	\$1,354.28	\$1,061.97	\$1,327.47
61	\$1,093.37	\$955.83	\$1,194.79	\$1,110.64	\$1,388.31	\$1,121.75	\$1,402.19	\$1,099.54	\$1,374.42
62	\$1,117.88	\$977.26	\$1,221.58	\$1,135.54	\$1,419.43	\$1,146.90	\$1,433.63	\$1,124.19	\$1,405.24
63	\$1,148.62	\$1,004.14	\$1,255.17	\$1,166.77	\$1,458.46	\$1,178.44	\$1,473.05	\$1,155.10	\$1,443.88
64+	\$1,167.30	\$1,020.46	\$1,275.58	\$1,185.74	\$1,482.18	\$1,197.60	\$1,497.00	\$1,173.88	\$1,467.35

	From PA Rate Tables									
	Y	N	Y	N	Y	N	Y	N	Y	
	<u>53789PA0030003</u>	<u>53789PA0030004</u>	<u>53789PA0030004</u>	<u>53789PA0100013</u>	<u>53789PA0100013</u>	<u>53789PA0100013</u>	<u>53789PA0100013</u>	<u>53789PA0100013</u>	<u>53789PA0100013</u>	
	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	
	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
0	\$197.66	\$216.00	\$216.00	\$250.98	\$250.98	\$253.49	\$253.49	\$248.47	\$248.47	
21	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08	
22	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08	
23	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08	
24	\$319.06	\$340.15	\$348.66	\$395.25	\$405.13	\$399.20	\$409.18	\$391.29	\$401.08	
25	\$320.34	\$341.52	\$350.05	\$396.83	\$406.75	\$400.80	\$410.82	\$392.86	\$402.68	
26	\$326.72	\$348.32	\$357.03	\$404.73	\$414.85	\$408.78	\$419.00	\$400.69	\$410.70	
27	\$334.38	\$356.48	\$365.39	\$414.22	\$424.57	\$418.36	\$428.82	\$410.08	\$420.33	
28	\$346.82	\$369.75	\$378.99	\$429.63	\$440.37	\$433.93	\$444.78	\$425.34	\$435.97	
29	\$357.03	\$380.63	\$390.15	\$442.28	\$453.34	\$446.70	\$457.87	\$437.86	\$448.81	
30	\$362.14	\$386.08	\$395.73	\$448.61	\$459.82	\$453.09	\$464.42	\$444.12	\$455.22	
31	\$369.79	\$394.24	\$404.10	\$458.09	\$469.54	\$462.67	\$474.24	\$453.51	\$464.85	
32	\$377.45	\$402.40	\$412.46	\$467.58	\$479.27	\$472.25	\$484.06	\$462.90	\$474.47	
33	\$382.24	\$407.51	\$417.69	\$473.51	\$485.34	\$478.24	\$490.20	\$468.77	\$480.49	
34	\$387.34	\$412.95	\$423.27	\$479.83	\$491.83	\$484.63	\$496.74	\$475.03	\$486.91	
35	\$389.89	\$415.67	\$426.06	\$482.99	\$495.07	\$487.82	\$500.02	\$478.16	\$490.12	
36	\$392.45	\$418.39	\$428.85	\$486.15	\$498.31	\$491.02	\$503.29	\$481.29	\$493.32	
37	\$395.00	\$421.11	\$431.64	\$489.32	\$501.55	\$494.21	\$506.56	\$484.42	\$496.53	
38	\$397.55	\$423.83	\$434.43	\$492.48	\$504.79	\$497.40	\$509.84	\$487.55	\$499.74	
39	\$402.66	\$429.28	\$440.01	\$498.80	\$511.27	\$503.79	\$516.38	\$493.81	\$506.16	
40	\$427.65	\$434.72	\$467.32	\$505.13	\$543.01	\$510.18	\$548.44	\$500.07	\$537.58	
41	\$435.68	\$442.88	\$476.10	\$514.61	\$553.21	\$519.76	\$558.74	\$509.47	\$547.68	
42	\$443.38	\$450.70	\$484.51	\$523.70	\$562.98	\$528.94	\$568.61	\$518.47	\$557.35	
43	\$454.09	\$461.59	\$496.21	\$536.35	\$576.58	\$541.71	\$582.34	\$530.99	\$570.81	
44	\$467.47	\$475.20	\$510.84	\$552.16	\$593.57	\$557.68	\$599.51	\$546.64	\$587.64	
45	\$494.44	\$491.18	\$540.30	\$570.74	\$627.81	\$576.44	\$634.09	\$565.03	\$621.53	
46	\$513.61	\$510.23	\$561.26	\$592.87	\$652.16	\$598.80	\$658.68	\$586.94	\$645.64	
47	\$535.18	\$531.66	\$584.83	\$617.77	\$679.55	\$623.95	\$686.34	\$611.59	\$672.75	
48	\$559.84	\$556.15	\$611.77	\$646.23	\$710.85	\$652.69	\$717.96	\$639.77	\$703.74	
49	\$584.15	\$580.30	\$638.33	\$674.29	\$741.72	\$681.03	\$749.14	\$667.55	\$734.30	
50	\$639.34	\$607.52	\$698.64	\$705.91	\$811.80	\$712.97	\$819.92	\$698.85	\$803.68	
51	\$667.62	\$634.39	\$729.55	\$737.14	\$847.71	\$744.51	\$856.18	\$729.76	\$839.23	
52	\$698.76	\$663.98	\$763.58	\$771.52	\$887.25	\$779.24	\$896.12	\$763.81	\$878.38	
53	\$730.26	\$693.92	\$798.00	\$806.30	\$927.25	\$814.37	\$936.52	\$798.24	\$917.98	
54	\$764.27	\$726.23	\$835.16	\$843.85	\$970.43	\$852.29	\$980.13	\$835.41	\$960.73	
55	\$832.98	\$758.54	\$910.25	\$881.40	\$1,057.68	\$890.21	\$1,068.26	\$872.59	\$1,047.10	
56	\$871.46	\$793.58	\$952.30	\$922.11	\$1,106.53	\$931.33	\$1,117.60	\$912.89	\$1,095.47	
57	\$910.31	\$828.96	\$994.75	\$963.22	\$1,155.86	\$972.85	\$1,167.42	\$953.58	\$1,144.30	
58	\$951.77	\$866.71	\$1,040.06	\$1,007.09	\$1,208.51	\$1,017.16	\$1,220.59	\$997.02	\$1,196.42	
59	\$972.31	\$885.42	\$1,062.51	\$1,028.83	\$1,234.59	\$1,039.12	\$1,246.94	\$1,018.54	\$1,222.25	
60	\$1,056.02	\$923.18	\$1,153.97	\$1,072.70	\$1,340.88	\$1,083.43	\$1,354.28	\$1,061.97	\$1,327.47	
61	\$1,093.37	\$955.83	\$1,194.79	\$1,110.64	\$1,388.31	\$1,121.75	\$1,402.19	\$1,099.54	\$1,374.42	
62	\$1,117.88	\$977.26	\$1,221.58	\$1,135.54	\$1,419.43	\$1,146.90	\$1,433.63	\$1,124.19	\$1,405.24	
63	\$1,148.62	\$1,004.14	\$1,255.17	\$1,166.77	\$1,458.46	\$1,178.44	\$1,473.05	\$1,155.10	\$1,443.88	
64+	\$1,167.30	\$1,020.45	\$1,275.58	\$1,185.74	\$1,482.18	\$1,197.59	\$1,497.00	\$1,173.87	\$1,467.35	

### Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>									
	<u>53789PA0110013</u>	<u>53789PA0110013</u>	<u>53789PA0110031</u>	<u>53789PA0110031</u>	<u>53789PA0110032</u>	<u>53789PA0110032</u>	<u>53789PA0100009</u>	<u>53789PA0100009</u>	<u>53789PA0100009</u>
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>
Calibrated Plan Adjusted Index Rate	300.48	300.48	302.11	302.11	336.69	336.69	308.09	308.09	308.09
0-20	\$190.80	\$190.80	\$193.76	\$193.76	\$211.66	\$211.66	\$195.64	\$195.64	\$197.59
21	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
22	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
23	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
24	\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
25	\$301.68	\$309.22	\$306.36	\$314.02	\$334.65	\$343.02	\$309.32	\$317.06	\$312.42
26	\$307.69	\$315.38	\$312.46	\$320.27	\$341.32	\$349.85	\$315.49	\$323.37	\$318.64
27	\$314.90	\$322.78	\$319.78	\$327.78	\$349.32	\$358.05	\$322.88	\$330.95	\$326.11
28	\$326.62	\$334.79	\$331.68	\$339.97	\$362.32	\$371.38	\$334.89	\$343.27	\$338.24
29	\$336.24	\$344.64	\$341.45	\$349.98	\$372.99	\$382.31	\$344.75	\$353.37	\$348.20
30	\$341.04	\$349.57	\$346.33	\$354.99	\$378.32	\$387.78	\$349.68	\$358.43	\$353.18
31	\$348.26	\$356.96	\$353.65	\$362.49	\$386.32	\$395.98	\$357.08	\$366.00	\$360.65
32	\$355.47	\$364.35	\$360.98	\$370.00	\$394.32	\$404.18	\$364.47	\$373.58	\$368.12
33	\$359.97	\$368.97	\$365.55	\$374.69	\$399.32	\$409.30	\$369.09	\$378.32	\$372.78
34	\$364.78	\$373.90	\$370.43	\$379.70	\$404.65	\$414.77	\$374.02	\$383.37	\$377.76
35	\$367.19	\$376.37	\$372.88	\$382.20	\$407.32	\$417.50	\$376.49	\$385.90	\$380.25
36	\$369.59	\$378.83	\$375.32	\$384.70	\$409.98	\$420.23	\$378.95	\$388.43	\$382.74
37	\$371.99	\$381.29	\$377.76	\$387.20	\$412.65	\$422.97	\$381.42	\$390.95	\$385.23
38	\$374.40	\$383.76	\$380.20	\$389.70	\$415.32	\$425.70	\$383.88	\$393.48	\$387.72
39	\$379.21	\$388.69	\$385.08	\$394.71	\$420.65	\$431.17	\$388.81	\$398.53	\$392.70
40	\$384.01	\$412.81	\$389.96	\$419.21	\$425.98	\$457.93	\$393.74	\$423.27	\$397.68
41	\$391.22	\$420.57	\$397.29	\$427.08	\$433.98	\$466.53	\$401.13	\$431.22	\$405.15
42	\$398.14	\$428.00	\$404.30	\$434.63	\$441.65	\$474.77	\$408.22	\$438.84	\$412.30
43	\$407.75	\$438.33	\$414.07	\$445.12	\$452.32	\$486.24	\$418.08	\$449.44	\$422.26
44	\$419.77	\$451.25	\$426.27	\$458.25	\$465.65	\$500.57	\$430.40	\$462.68	\$434.71
45	\$433.89	\$477.28	\$440.62	\$484.68	\$481.31	\$529.45	\$444.88	\$489.37	\$449.33
46	\$450.72	\$495.79	\$457.70	\$503.47	\$499.98	\$549.98	\$462.14	\$508.35	\$466.76
47	\$469.65	\$516.61	\$476.93	\$524.62	\$520.98	\$573.08	\$481.55	\$529.70	\$486.36
48	\$491.28	\$540.41	\$498.90	\$548.79	\$544.98	\$599.48	\$503.73	\$554.10	\$508.77
49	\$512.62	\$563.88	\$520.56	\$572.62	\$568.64	\$625.51	\$525.60	\$578.16	\$530.86
50	\$536.66	\$617.16	\$544.97	\$626.72	\$595.31	\$684.61	\$550.25	\$632.79	\$555.75
51	\$560.39	\$644.45	\$569.08	\$654.44	\$621.64	\$714.89	\$574.59	\$660.78	\$580.34
52	\$586.54	\$674.52	\$595.62	\$684.97	\$650.64	\$748.24	\$601.39	\$691.60	\$607.41
53	\$612.98	\$704.93	\$622.48	\$715.85	\$679.97	\$781.97	\$628.51	\$722.78	\$634.79
54	\$641.52	\$737.75	\$651.46	\$749.18	\$711.64	\$818.38	\$657.77	\$756.44	\$664.35
55	\$670.07	\$804.08	\$680.45	\$816.54	\$743.30	\$891.96	\$687.04	\$824.45	\$693.91
56	\$701.02	\$841.22	\$711.88	\$854.26	\$777.64	\$933.16	\$718.78	\$862.53	\$725.96
57	\$732.27	\$878.72	\$743.62	\$892.34	\$812.30	\$974.76	\$750.82	\$900.98	\$758.33
58	\$765.62	\$918.75	\$777.49	\$932.98	\$849.30	\$1,019.16	\$785.02	\$942.02	\$792.87
59	\$782.15	\$938.58	\$794.27	\$953.12	\$867.63	\$1,041.16	\$801.96	\$962.35	\$809.98
60	\$815.50	\$1,019.38	\$828.14	\$1,035.17	\$904.63	\$1,130.79	\$836.16	\$1,045.20	\$844.52
61	\$844.35	\$1,055.44	\$857.43	\$1,071.79	\$936.63	\$1,170.79	\$865.74	\$1,082.17	\$874.39
62	\$863.28	\$1,079.10	\$876.65	\$1,095.82	\$957.63	\$1,197.04	\$885.15	\$1,106.43	\$894.00
63	\$887.02	\$1,108.77	\$900.76	\$1,125.95	\$983.96	\$1,229.95	\$909.48	\$1,136.86	\$918.58
64+	\$901.44	\$1,126.80	\$915.41	\$1,144.26	\$999.96	\$1,249.95	\$924.27	\$1,155.34	\$933.52

	From PA Rate Tables		N	Y	N	Y	N	Y	N	Y	N
			<u>53789PA0110013</u>	<u>53789PA0110013</u>	<u>53789PA0110031</u>	<u>53789PA0110031</u>	<u>53789PA0110032</u>	<u>53789PA0110032</u>	<u>53789PA0100009</u>	<u>53789PA0100009</u>	<u>53789PA0100009</u>
			<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
			Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
0			\$190.80	\$190.80	\$193.76	\$193.76	\$211.66	\$211.66	\$195.64	\$195.64	\$197.59
21			\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
22			\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
23			\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
24			\$300.48	\$307.99	\$305.14	\$312.76	\$333.32	\$341.65	\$308.09	\$315.79	\$311.17
25			\$301.68	\$309.22	\$306.36	\$314.02	\$334.65	\$343.02	\$309.32	\$317.06	\$312.42
26			\$307.69	\$315.38	\$312.46	\$320.27	\$341.32	\$349.85	\$315.49	\$323.37	\$318.64
27			\$314.90	\$322.78	\$319.78	\$327.78	\$349.32	\$358.05	\$322.88	\$330.95	\$326.11
28			\$326.62	\$334.79	\$331.68	\$339.97	\$362.32	\$371.38	\$334.89	\$343.27	\$338.24
29			\$336.24	\$344.64	\$341.45	\$349.98	\$372.99	\$382.31	\$344.75	\$353.37	\$348.20
30			\$341.04	\$349.57	\$346.33	\$354.99	\$378.32	\$387.78	\$349.68	\$358.43	\$353.18
31			\$348.26	\$356.96	\$353.65	\$362.49	\$386.32	\$395.98	\$357.08	\$366.00	\$360.65
32			\$355.47	\$364.35	\$360.98	\$370.00	\$394.32	\$404.18	\$364.47	\$373.58	\$368.12
33			\$359.97	\$368.97	\$365.55	\$374.69	\$399.32	\$409.30	\$369.09	\$378.32	\$372.78
34			\$364.78	\$373.90	\$370.43	\$379.70	\$404.65	\$414.77	\$374.02	\$383.37	\$377.76
35			\$367.19	\$376.37	\$372.88	\$382.20	\$407.32	\$417.50	\$376.49	\$385.90	\$380.25
36			\$369.59	\$378.83	\$375.32	\$384.70	\$409.98	\$420.23	\$378.95	\$388.43	\$382.74
37			\$371.99	\$381.29	\$377.76	\$387.20	\$412.65	\$422.97	\$381.42	\$390.95	\$385.23
38			\$374.40	\$383.76	\$380.20	\$389.70	\$415.32	\$425.70	\$383.88	\$393.48	\$387.72
39			\$379.21	\$388.69	\$385.08	\$394.71	\$420.65	\$431.17	\$388.81	\$398.53	\$392.70
40			\$384.01	\$412.81	\$389.96	\$419.21	\$425.98	\$457.93	\$393.74	\$423.27	\$397.68
41			\$391.22	\$420.57	\$397.29	\$427.08	\$433.98	\$466.53	\$401.13	\$431.22	\$405.15
42			\$398.14	\$428.00	\$404.30	\$434.63	\$441.65	\$474.77	\$408.22	\$438.84	\$412.30
43			\$407.75	\$438.33	\$414.07	\$445.12	\$452.32	\$486.24	\$418.08	\$449.44	\$422.26
44			\$419.77	\$451.25	\$426.27	\$458.25	\$465.65	\$500.57	\$430.40	\$462.68	\$434.71
45			\$433.89	\$477.28	\$440.62	\$484.68	\$481.31	\$529.45	\$444.88	\$489.37	\$449.33
46			\$450.72	\$495.79	\$457.70	\$503.47	\$499.98	\$549.98	\$462.14	\$508.35	\$466.76
47			\$469.65	\$516.61	\$476.93	\$524.62	\$520.98	\$573.08	\$481.55	\$529.70	\$486.36
48			\$491.28	\$540.41	\$498.90	\$548.79	\$544.98	\$599.48	\$503.73	\$554.10	\$508.77
49			\$512.62	\$563.88	\$520.56	\$572.62	\$568.64	\$625.51	\$525.60	\$578.16	\$530.86
50			\$536.66	\$617.16	\$544.97	\$626.72	\$595.31	\$684.61	\$550.25	\$632.79	\$555.75
51			\$560.39	\$644.45	\$569.08	\$654.44	\$621.64	\$714.89	\$574.59	\$660.78	\$580.34
52			\$586.54	\$674.52	\$595.62	\$684.97	\$650.64	\$748.24	\$601.39	\$691.60	\$607.41
53			\$612.98	\$704.93	\$622.48	\$715.85	\$679.97	\$781.97	\$628.51	\$722.78	\$634.79
54			\$641.52	\$737.75	\$651.46	\$749.18	\$711.64	\$818.38	\$657.77	\$756.44	\$664.35
55			\$670.07	\$804.08	\$680.45	\$816.54	\$743.30	\$891.96	\$687.04	\$824.45	\$693.91
56			\$701.02	\$841.22	\$711.88	\$854.26	\$777.64	\$933.16	\$718.78	\$862.53	\$725.96
57			\$732.27	\$878.72	\$743.62	\$892.34	\$812.30	\$974.76	\$750.82	\$900.98	\$758.33
58			\$765.62	\$918.75	\$777.49	\$932.98	\$849.30	\$1,019.16	\$785.02	\$942.02	\$792.87
59			\$782.15	\$938.58	\$794.27	\$953.12	\$867.63	\$1,041.16	\$801.96	\$962.35	\$809.98
60			\$815.50	\$1,019.38	\$828.14	\$1,035.17	\$904.63	\$1,130.79	\$836.16	\$1,045.20	\$844.52
61			\$844.35	\$1,055.44	\$857.43	\$1,071.79	\$936.63	\$1,170.79	\$865.74	\$1,082.17	\$874.39
62			\$863.28	\$1,079.10	\$876.65	\$1,095.82	\$957.63	\$1,197.04	\$885.15	\$1,106.43	\$894.00
63			\$887.02	\$1,108.77	\$900.76	\$1,125.95	\$983.96	\$1,229.95	\$909.48	\$1,136.86	\$918.58
64+			\$901.43	\$1,126.80	\$915.41	\$1,144.26	\$999.95	\$1,249.95	\$924.26	\$1,155.34	\$933.51

### Difference

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>									
	53789PA0100009	53789PA0100009	53789PA0100009	53789PA0110009	53789PA0110009	53789PA0110021	53789PA0110021	53789PA0110022	53789PA0110022
Region	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	308.09	308.09	308.09	236.94	236.94	238.17	238.17	264.12	264.12
0-20	\$197.59	\$193.68	\$193.68	\$150.46	\$150.46	\$152.75	\$152.75	\$166.04	\$166.04
21	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
22	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
23	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
24	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
25	\$320.23	\$306.23	\$313.89	\$237.89	\$243.84	\$241.51	\$247.55	\$262.53	\$269.09
26	\$326.61	\$312.33	\$320.14	\$242.63	\$248.69	\$246.32	\$252.48	\$267.76	\$274.45
27	\$334.26	\$319.65	\$327.64	\$248.31	\$254.52	\$252.10	\$258.40	\$274.03	\$280.89
28	\$346.70	\$331.55	\$339.83	\$257.56	\$263.99	\$261.48	\$268.01	\$284.23	\$291.34
29	\$356.91	\$341.31	\$349.84	\$265.14	\$271.77	\$269.18	\$275.91	\$292.60	\$299.91
30	\$362.01	\$346.19	\$354.84	\$268.93	\$275.65	\$273.02	\$279.85	\$296.78	\$304.20
31	\$369.66	\$353.51	\$362.34	\$274.62	\$281.48	\$278.80	\$285.77	\$303.06	\$310.64
32	\$377.32	\$360.83	\$369.85	\$280.30	\$287.31	\$284.57	\$291.69	\$309.33	\$317.07
33	\$382.10	\$365.40	\$374.54	\$283.86	\$290.95	\$288.18	\$295.38	\$313.26	\$321.09
34	\$387.21	\$370.28	\$379.54	\$287.65	\$294.84	\$292.03	\$299.33	\$317.44	\$325.38
35	\$389.76	\$372.72	\$382.04	\$289.54	\$296.78	\$293.95	\$301.30	\$319.53	\$327.52
36	\$392.31	\$375.16	\$384.54	\$291.44	\$298.72	\$295.88	\$303.27	\$321.62	\$329.66
37	\$394.86	\$377.60	\$387.04	\$293.33	\$300.67	\$297.80	\$305.25	\$323.72	\$331.81
38	\$397.41	\$380.04	\$389.54	\$295.23	\$302.61	\$299.73	\$307.22	\$325.81	\$333.95
39	\$402.52	\$384.92	\$394.55	\$299.02	\$306.50	\$303.57	\$311.16	\$329.99	\$338.24
40	\$427.50	\$389.80	\$419.04	\$302.81	\$325.52	\$307.42	\$330.48	\$334.18	\$359.24
41	\$435.53	\$397.12	\$426.91	\$308.50	\$331.64	\$313.20	\$336.69	\$340.45	\$365.98
42	\$443.23	\$404.14	\$434.45	\$313.95	\$337.49	\$318.73	\$342.63	\$346.47	\$372.45
43	\$453.93	\$413.90	\$444.94	\$321.53	\$345.64	\$326.43	\$350.91	\$354.83	\$381.45
44	\$467.31	\$426.10	\$458.06	\$331.01	\$355.83	\$336.05	\$361.25	\$365.29	\$392.69
45	\$494.27	\$440.43	\$484.48	\$342.14	\$376.36	\$347.35	\$382.09	\$377.58	\$415.34
46	\$513.43	\$457.51	\$503.27	\$355.41	\$390.95	\$360.83	\$396.91	\$392.22	\$431.45
47	\$535.00	\$476.73	\$524.40	\$370.34	\$407.37	\$375.98	\$413.58	\$408.70	\$449.57
48	\$559.64	\$498.69	\$548.56	\$387.40	\$426.14	\$393.30	\$432.63	\$427.52	\$470.28
49	\$583.94	\$520.35	\$572.38	\$404.22	\$444.64	\$410.38	\$451.42	\$446.09	\$490.70
50	\$639.12	\$544.75	\$626.46	\$423.18	\$486.65	\$429.62	\$494.07	\$467.01	\$537.06
51	\$667.39	\$568.84	\$654.17	\$441.90	\$508.18	\$448.63	\$515.92	\$487.67	\$560.82
52	\$698.52	\$595.38	\$684.69	\$462.51	\$531.89	\$469.55	\$539.99	\$510.42	\$586.98
53	\$730.01	\$622.22	\$715.55	\$483.36	\$555.86	\$490.72	\$564.33	\$533.43	\$613.44
54	\$764.00	\$651.20	\$748.88	\$505.87	\$581.75	\$513.57	\$590.61	\$558.27	\$642.01
55	\$832.70	\$680.17	\$816.21	\$528.38	\$634.06	\$536.43	\$643.71	\$583.11	\$699.73
56	\$871.16	\$711.59	\$853.91	\$552.78	\$663.34	\$561.20	\$673.44	\$610.04	\$732.05
57	\$909.99	\$743.31	\$891.97	\$577.43	\$692.91	\$586.22	\$703.46	\$637.23	\$764.68
58	\$951.44	\$777.17	\$932.60	\$603.73	\$724.47	\$612.92	\$735.51	\$666.26	\$799.51
59	\$971.98	\$793.94	\$952.73	\$616.76	\$740.11	\$626.15	\$751.38	\$680.64	\$816.77
60	\$1,055.65	\$827.80	\$1,034.75	\$643.06	\$803.82	\$652.85	\$816.07	\$709.67	\$887.08
61	\$1,092.99	\$857.08	\$1,071.35	\$665.81	\$832.26	\$675.95	\$844.93	\$734.77	\$918.46
62	\$1,117.50	\$876.29	\$1,095.37	\$680.73	\$850.92	\$691.10	\$863.88	\$751.24	\$939.05
63	\$1,148.22	\$900.39	\$1,125.49	\$699.45	\$874.31	\$710.10	\$887.63	\$771.90	\$964.87
64+	\$1,166.89	\$915.03	\$1,143.79	\$710.82	\$888.53	\$721.65	\$902.06	\$784.45	\$980.56

	From PA Rate Tables								
	Y	N	Y	N	Y	N	Y	N	Y
	<u>53789PA0100009</u>	<u>53789PA0100009</u>	<u>53789PA0100009</u>	<u>53789PA0110009</u>	<u>53789PA0110009</u>	<u>53789PA0110021</u>	<u>53789PA0110021</u>	<u>53789PA0110022</u>	<u>53789PA0110022</u>
	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
0	\$197.59	\$193.68	\$193.68	\$150.46	\$150.46	\$152.75	\$152.75	\$166.04	\$166.04
21	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
22	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
23	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
24	\$318.95	\$305.01	\$312.64	\$236.94	\$242.87	\$240.55	\$246.56	\$261.48	\$268.02
25	\$320.23	\$306.23	\$313.89	\$237.89	\$243.84	\$241.51	\$247.55	\$262.53	\$269.09
26	\$326.61	\$312.33	\$320.14	\$242.63	\$248.69	\$246.32	\$252.48	\$267.76	\$274.45
27	\$334.26	\$319.65	\$327.64	\$248.31	\$254.52	\$252.10	\$258.40	\$274.03	\$280.89
28	\$346.70	\$331.55	\$339.83	\$257.56	\$263.99	\$261.48	\$268.02	\$284.23	\$291.34
29	\$356.91	\$341.31	\$349.84	\$265.14	\$271.77	\$269.18	\$275.91	\$292.60	\$299.91
30	\$362.01	\$346.19	\$354.84	\$268.93	\$275.65	\$273.02	\$279.85	\$296.78	\$304.20
31	\$369.66	\$353.51	\$362.34	\$274.62	\$281.48	\$278.80	\$285.77	\$303.06	\$310.64
32	\$377.32	\$360.83	\$369.85	\$280.30	\$287.31	\$284.57	\$291.69	\$309.33	\$317.07
33	\$382.10	\$365.40	\$374.54	\$283.86	\$290.95	\$288.18	\$295.38	\$313.26	\$321.09
34	\$387.21	\$370.28	\$379.54	\$287.65	\$294.84	\$292.03	\$299.33	\$317.44	\$325.38
35	\$389.76	\$372.72	\$382.04	\$289.54	\$296.78	\$293.95	\$301.30	\$319.53	\$327.52
36	\$392.31	\$375.16	\$384.54	\$291.44	\$298.72	\$295.88	\$303.27	\$321.62	\$329.66
37	\$394.86	\$377.60	\$387.04	\$293.33	\$300.67	\$297.80	\$305.25	\$323.72	\$331.81
38	\$397.41	\$380.04	\$389.54	\$295.23	\$302.61	\$299.73	\$307.22	\$325.81	\$333.95
39	\$402.52	\$384.92	\$394.55	\$299.02	\$306.50	\$303.57	\$311.16	\$329.99	\$338.24
40	\$427.50	\$389.80	\$419.04	\$302.81	\$325.52	\$307.42	\$330.48	\$334.18	\$359.24
41	\$435.53	\$397.12	\$426.91	\$308.50	\$331.64	\$313.20	\$336.69	\$340.45	\$365.98
42	\$443.23	\$404.14	\$434.45	\$313.95	\$337.49	\$318.73	\$342.63	\$346.47	\$372.45
43	\$453.93	\$413.90	\$444.94	\$321.53	\$345.64	\$326.43	\$350.91	\$354.83	\$381.45
44	\$467.31	\$426.10	\$458.06	\$331.01	\$355.83	\$336.05	\$361.25	\$365.29	\$392.69
45	\$494.27	\$440.43	\$484.48	\$342.14	\$376.36	\$347.35	\$382.09	\$377.58	\$415.34
46	\$513.43	\$457.51	\$503.27	\$355.41	\$390.95	\$360.83	\$396.91	\$392.22	\$431.45
47	\$535.00	\$476.73	\$524.40	\$370.34	\$407.37	\$375.98	\$413.58	\$408.70	\$449.57
48	\$559.64	\$498.69	\$548.56	\$387.40	\$426.14	\$393.30	\$432.63	\$427.52	\$470.28
49	\$583.95	\$520.35	\$572.38	\$404.22	\$444.64	\$410.38	\$451.42	\$446.09	\$490.70
50	\$639.12	\$544.75	\$626.46	\$423.18	\$486.65	\$429.62	\$494.07	\$467.01	\$537.06
51	\$667.39	\$568.84	\$654.17	\$441.90	\$508.18	\$448.63	\$515.92	\$487.67	\$560.82
52	\$698.52	\$595.38	\$684.69	\$462.51	\$531.89	\$469.55	\$539.99	\$510.42	\$586.98
53	\$730.01	\$622.22	\$715.55	\$483.36	\$555.86	\$490.72	\$564.33	\$533.43	\$613.44
54	\$764.00	\$651.20	\$748.88	\$505.87	\$581.75	\$513.57	\$590.61	\$558.27	\$642.01
55	\$832.70	\$680.17	\$816.21	\$528.38	\$634.06	\$536.43	\$643.71	\$583.11	\$699.73
56	\$871.16	\$711.59	\$853.91	\$552.78	\$663.34	\$561.20	\$673.44	\$610.04	\$732.05
57	\$909.99	\$743.31	\$891.97	\$577.43	\$692.91	\$586.22	\$703.46	\$637.23	\$764.68
58	\$951.44	\$777.17	\$932.60	\$603.73	\$724.47	\$612.92	\$735.51	\$666.26	\$799.51
59	\$971.98	\$793.94	\$952.73	\$616.76	\$740.11	\$626.15	\$751.38	\$680.64	\$816.77
60	\$1,055.65	\$827.80	\$1,034.75	\$643.06	\$803.82	\$652.85	\$816.07	\$709.67	\$887.08
61	\$1,092.99	\$857.08	\$1,071.35	\$665.81	\$832.26	\$675.95	\$844.93	\$734.77	\$918.46
62	\$1,117.50	\$876.29	\$1,095.37	\$680.73	\$850.92	\$691.10	\$863.88	\$751.24	\$939.05
63	\$1,148.22	\$900.39	\$1,125.49	\$699.45	\$874.31	\$710.10	\$887.63	\$771.90	\$964.87
64+	\$1,166.89	\$915.02	\$1,143.79	\$710.81	\$888.53	\$721.64	\$902.06	\$784.44	\$980.56

### Difference

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>						
	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	319.16	319.16	319.16	319.16	319.16	319.16
0-20	\$202.67	\$202.67	\$204.70	\$204.70	\$200.64	\$200.64
21	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
22	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
23	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
24	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
25	\$320.44	\$328.45	\$323.65	\$331.74	\$317.24	\$325.17
26	\$326.82	\$334.99	\$330.09	\$338.34	\$323.56	\$331.64
27	\$334.48	\$342.85	\$337.83	\$346.27	\$331.14	\$339.42
28	\$346.93	\$355.60	\$350.40	\$359.16	\$343.46	\$352.05
29	\$357.14	\$366.07	\$360.72	\$369.73	\$353.57	\$362.41
30	\$362.25	\$371.31	\$365.87	\$375.02	\$358.63	\$367.59
31	\$369.91	\$379.16	\$373.61	\$382.95	\$366.21	\$375.37
32	\$377.57	\$387.01	\$381.35	\$390.88	\$373.80	\$383.14
33	\$382.36	\$391.92	\$386.18	\$395.84	\$378.53	\$388.00
34	\$387.47	\$397.15	\$391.34	\$401.12	\$383.59	\$393.18
35	\$390.02	\$399.77	\$393.92	\$403.77	\$386.12	\$395.77
36	\$392.57	\$402.39	\$396.50	\$406.41	\$388.65	\$398.36
37	\$395.13	\$405.00	\$399.08	\$409.05	\$391.17	\$400.95
38	\$397.68	\$407.62	\$401.66	\$411.70	\$393.70	\$403.54
39	\$402.78	\$412.85	\$406.81	\$416.98	\$398.76	\$408.73
40	\$407.89	\$438.48	\$411.97	\$442.87	\$403.81	\$434.10
41	\$415.55	\$446.72	\$419.71	\$451.19	\$411.40	\$442.25
42	\$422.89	\$454.61	\$427.12	\$459.16	\$418.66	\$450.06
43	\$433.11	\$465.59	\$437.44	\$470.24	\$428.77	\$460.93
44	\$445.87	\$479.31	\$450.33	\$484.11	\$441.41	\$474.52
45	\$460.87	\$506.96	\$465.48	\$512.03	\$456.26	\$501.89
46	\$478.75	\$526.62	\$483.53	\$531.89	\$473.96	\$521.35
47	\$498.85	\$548.74	\$503.84	\$554.23	\$493.86	\$543.25
48	\$521.83	\$574.02	\$527.05	\$579.76	\$516.61	\$568.28
49	\$544.49	\$598.94	\$549.94	\$604.93	\$539.05	\$592.95
50	\$570.03	\$655.53	\$575.73	\$662.09	\$564.33	\$648.98
51	\$595.24	\$684.53	\$601.19	\$691.37	\$589.29	\$677.68
52	\$623.01	\$716.46	\$629.24	\$723.62	\$616.78	\$709.29
53	\$651.09	\$748.76	\$657.61	\$756.25	\$644.58	\$741.27
54	\$681.42	\$783.63	\$688.23	\$791.46	\$674.60	\$775.79
55	\$711.74	\$854.08	\$718.85	\$862.62	\$704.62	\$845.54
56	\$744.61	\$893.53	\$752.06	\$902.47	\$737.16	\$884.60
57	\$777.80	\$933.36	\$785.58	\$942.70	\$770.02	\$924.03
58	\$813.23	\$975.88	\$821.36	\$985.63	\$805.10	\$966.12
59	\$830.78	\$996.94	\$839.09	\$1,006.91	\$822.48	\$986.97
60	\$866.21	\$1,082.76	\$874.87	\$1,093.59	\$857.55	\$1,071.94
61	\$896.85	\$1,121.06	\$905.82	\$1,132.27	\$887.88	\$1,109.85
62	\$916.96	\$1,146.20	\$926.13	\$1,157.66	\$907.79	\$1,134.74
63	\$942.17	\$1,177.72	\$951.59	\$1,189.49	\$932.75	\$1,165.94
64+	\$957.49	\$1,196.87	\$967.07	\$1,208.83	\$947.92	\$1,184.90

	From PA Rate Tables					
	N		Y		N	
	53789PA0100006	53789PA0100006	53789PA0100006	53789PA0100006	53789PA0100006	53789PA0100006
	<u>6</u>	<u>6</u>	<u>7</u>	<u>7</u>	<u>9</u>	<u>9</u>
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
0	\$202.67	\$202.67	\$204.70	\$204.70	\$200.64	\$200.64
21	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
22	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
23	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
24	\$319.16	\$327.14	\$322.36	\$330.41	\$315.97	\$323.87
25	\$320.44	\$328.45	\$323.65	\$331.74	\$317.24	\$325.17
26	\$326.82	\$334.99	\$330.09	\$338.34	\$323.56	\$331.64
27	\$334.48	\$342.85	\$337.83	\$346.27	\$331.14	\$339.42
28	\$346.93	\$355.60	\$350.40	\$359.16	\$343.46	\$352.05
29	\$357.14	\$366.07	\$360.72	\$369.73	\$353.57	\$362.41
30	\$362.25	\$371.31	\$365.87	\$375.02	\$358.63	\$367.59
31	\$369.91	\$379.16	\$373.61	\$382.95	\$366.21	\$375.37
32	\$377.57	\$387.01	\$381.35	\$390.88	\$373.80	\$383.14
33	\$382.36	\$391.92	\$386.18	\$395.84	\$378.53	\$388.00
34	\$387.47	\$397.15	\$391.34	\$401.12	\$383.59	\$393.18
35	\$390.02	\$399.77	\$393.92	\$403.77	\$386.12	\$395.77
36	\$392.57	\$402.39	\$396.50	\$406.41	\$388.65	\$398.36
37	\$395.13	\$405.00	\$399.08	\$409.05	\$391.17	\$400.95
38	\$397.68	\$407.62	\$401.66	\$411.70	\$393.70	\$403.54
39	\$402.78	\$412.85	\$406.81	\$416.98	\$398.76	\$408.73
40	\$407.89	\$438.48	\$411.97	\$442.87	\$403.81	\$434.10
41	\$415.55	\$446.72	\$419.71	\$451.19	\$411.40	\$442.25
42	\$422.89	\$454.61	\$427.12	\$459.16	\$418.66	\$450.06
43	\$433.11	\$465.59	\$437.44	\$470.24	\$428.77	\$460.93
44	\$445.87	\$479.31	\$450.33	\$484.11	\$441.41	\$474.52
45	\$460.87	\$506.96	\$465.48	\$512.03	\$456.26	\$501.89
46	\$478.75	\$526.62	\$483.53	\$531.89	\$473.96	\$521.35
47	\$498.85	\$548.74	\$503.84	\$554.23	\$493.86	\$543.25
48	\$521.83	\$574.02	\$527.05	\$579.76	\$516.61	\$568.28
49	\$544.49	\$598.94	\$549.94	\$604.93	\$539.05	\$592.95
50	\$570.03	\$655.53	\$575.73	\$662.09	\$564.33	\$648.98
51	\$595.24	\$684.53	\$601.19	\$691.37	\$589.29	\$677.68
52	\$623.01	\$716.46	\$629.24	\$723.62	\$616.78	\$709.29
53	\$651.09	\$748.76	\$657.61	\$756.25	\$644.58	\$741.27
54	\$681.42	\$783.63	\$688.23	\$791.46	\$674.60	\$775.79
55	\$711.74	\$854.08	\$718.85	\$862.62	\$704.62	\$845.54
56	\$744.61	\$893.53	\$752.06	\$902.47	\$737.16	\$884.60
57	\$777.80	\$933.36	\$785.58	\$942.70	\$770.02	\$924.03
58	\$813.23	\$975.88	\$821.36	\$985.63	\$805.10	\$966.12
59	\$830.78	\$996.94	\$839.09	\$1,006.91	\$822.48	\$986.97
60	\$866.21	\$1,082.76	\$874.87	\$1,093.59	\$857.55	\$1,071.94
61	\$896.85	\$1,121.06	\$905.82	\$1,132.27	\$887.88	\$1,109.85
62	\$916.96	\$1,146.20	\$926.13	\$1,157.66	\$907.79	\$1,134.74
63	\$942.17	\$1,177.72	\$951.59	\$1,189.49	\$932.75	\$1,165.94
64+	\$957.48	\$1,196.87	\$967.07	\$1,208.83	\$947.91	\$1,184.90

<u>Difference</u>		N	Y	N	Y	N	Y
		<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>	<u>53789PA0100006</u>
		<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
		<u>Non Tobacco</u>	<u>Non Tobacco</u>	<u>Non Tobacco</u>	<u>Non Tobacco</u>	<u>Non Tobacco</u>	<u>Non Tobacco</u>
0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
46		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
54		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
56		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
57		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
58		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
59		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
60		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
61		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
62		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
63		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
64+		-\$0.01	\$0.00	\$0.00	\$0.00	-\$0.01	\$0.00

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

**Calculated Rates**

	53789PA0110006	53789PA0110006	53789PA0110027	53789PA0110027	53789PA0110028	53789PA0110028	53789PA0100017	53789PA0100017	53789PA0100017
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>
Calibrated Plan Adjusted Index Rate	245.01	245.01	246.29	246.29	273.34	273.34	330.90	330.90	330.90
0-20	\$155.58	\$155.58	\$157.96	\$157.96	\$171.84	\$171.84	\$210.12	\$210.12	\$212.22
21	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
22	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
23	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
24	\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
25	\$245.99	\$252.14	\$249.75	\$255.99	\$271.69	\$278.49	\$332.23	\$340.53	\$335.55
26	\$250.89	\$257.17	\$254.73	\$261.09	\$277.10	\$284.03	\$338.84	\$347.31	\$342.23
27	\$256.77	\$263.19	\$260.70	\$267.21	\$283.60	\$290.69	\$346.79	\$355.45	\$350.25
28	\$266.33	\$272.99	\$270.40	\$277.16	\$294.15	\$301.51	\$359.69	\$368.68	\$363.29
29	\$274.17	\$281.02	\$278.36	\$285.32	\$302.81	\$310.38	\$370.28	\$379.54	\$373.98
30	\$278.09	\$285.04	\$282.34	\$289.40	\$307.14	\$314.82	\$375.57	\$384.96	\$379.33
31	\$283.97	\$291.07	\$288.31	\$295.52	\$313.64	\$321.48	\$383.52	\$393.10	\$387.35
32	\$289.85	\$297.10	\$294.28	\$301.63	\$320.13	\$328.14	\$391.46	\$401.24	\$395.37
33	\$293.53	\$300.86	\$298.01	\$305.46	\$324.19	\$332.30	\$396.42	\$406.33	\$400.38
34	\$297.45	\$304.88	\$301.99	\$309.54	\$328.52	\$336.73	\$401.72	\$411.76	\$405.73
35	\$299.41	\$306.89	\$303.98	\$311.58	\$330.69	\$338.95	\$404.36	\$414.47	\$408.41
36	\$301.37	\$308.90	\$305.97	\$313.62	\$332.85	\$341.17	\$407.01	\$417.18	\$411.08
37	\$303.33	\$310.91	\$307.96	\$315.66	\$335.02	\$343.39	\$409.66	\$419.90	\$413.75
38	\$305.29	\$312.92	\$309.95	\$317.70	\$337.18	\$345.61	\$412.30	\$422.61	\$416.43
39	\$309.21	\$316.94	\$313.93	\$321.78	\$341.51	\$350.05	\$417.60	\$428.04	\$421.77
40	\$313.13	\$336.61	\$317.91	\$341.75	\$345.84	\$371.78	\$422.89	\$454.61	\$427.12
41	\$319.01	\$342.93	\$323.88	\$348.17	\$352.33	\$378.76	\$430.83	\$463.15	\$435.14
42	\$324.64	\$348.99	\$329.60	\$354.32	\$358.56	\$385.45	\$438.45	\$471.33	\$442.83
43	\$332.48	\$357.42	\$337.56	\$362.88	\$367.22	\$394.76	\$449.03	\$482.71	\$453.52
44	\$342.28	\$367.96	\$347.51	\$373.58	\$378.04	\$406.40	\$462.27	\$496.94	\$466.89
45	\$353.80	\$389.18	\$359.20	\$395.12	\$390.76	\$429.84	\$477.82	\$525.60	\$482.60
46	\$367.52	\$404.27	\$373.13	\$410.45	\$405.92	\$446.51	\$496.35	\$545.99	\$501.32
47	\$382.96	\$421.25	\$388.81	\$427.69	\$422.96	\$465.26	\$517.20	\$568.92	\$522.37
48	\$400.60	\$440.66	\$406.72	\$447.39	\$442.45	\$486.69	\$541.02	\$595.13	\$546.43
49	\$417.99	\$459.79	\$424.38	\$466.81	\$461.66	\$507.83	\$564.52	\$620.97	\$570.16
50	\$437.59	\$503.23	\$444.28	\$510.92	\$483.31	\$555.81	\$590.99	\$679.64	\$596.90
51	\$456.95	\$525.49	\$463.93	\$533.52	\$504.69	\$580.39	\$617.13	\$709.70	\$623.30
52	\$478.27	\$550.01	\$485.57	\$558.41	\$528.23	\$607.47	\$645.92	\$742.81	\$652.38
53	\$499.83	\$574.80	\$507.46	\$583.58	\$552.04	\$634.85	\$675.04	\$776.30	\$681.79
54	\$523.10	\$601.57	\$531.09	\$610.76	\$577.75	\$664.42	\$706.48	\$812.45	\$713.54
55	\$546.38	\$655.66	\$554.73	\$665.67	\$603.46	\$724.15	\$737.91	\$885.49	\$745.29
56	\$571.62	\$685.94	\$580.35	\$696.42	\$631.33	\$757.60	\$771.99	\$926.39	\$779.71
57	\$597.10	\$716.52	\$606.22	\$727.46	\$659.48	\$791.37	\$806.41	\$967.69	\$814.47
58	\$624.29	\$749.15	\$633.83	\$760.60	\$689.52	\$827.42	\$843.14	\$1,011.77	\$851.57
59	\$637.77	\$765.32	\$647.51	\$777.01	\$704.40	\$845.28	\$861.34	\$1,033.61	\$869.95
60	\$664.97	\$831.21	\$675.12	\$843.90	\$734.44	\$918.05	\$898.07	\$1,122.58	\$907.05
61	\$688.49	\$860.61	\$699.00	\$873.75	\$760.41	\$950.52	\$929.83	\$1,162.29	\$939.13
62	\$703.92	\$879.91	\$714.68	\$893.34	\$777.46	\$971.83	\$950.68	\$1,188.35	\$960.19
63	\$723.28	\$904.10	\$734.33	\$917.91	\$798.84	\$998.55	\$976.82	\$1,221.03	\$986.59
64+	\$735.04	\$918.80	\$746.27	\$932.83	\$811.83	\$1,014.79	\$992.71	\$1,240.88	\$1,002.63

	From PA Rate Tables		N	Y	N	Y	N	Y	N	Y	N
			<u>53789PA0110006</u>	<u>53789PA0110006</u>	<u>53789PA0110027</u>	<u>53789PA0110027</u>	<u>53789PA0110028</u>	<u>53789PA0110028</u>	<u>53789PA0100017</u>	<u>53789PA0100017</u>	<u>53789PA0100017</u>
			<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
			Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
0			\$155.58	\$155.58	\$157.96	\$157.96	\$171.84	\$171.84	\$210.12	\$210.12	\$212.22
21			\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
22			\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
23			\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
24			\$245.01	\$251.14	\$248.76	\$254.97	\$270.61	\$277.38	\$330.90	\$339.17	\$334.21
25			\$245.99	\$252.14	\$249.75	\$255.99	\$271.69	\$278.49	\$332.23	\$340.53	\$335.55
26			\$250.89	\$257.17	\$254.73	\$261.09	\$277.10	\$284.03	\$338.84	\$347.31	\$342.23
27			\$256.77	\$263.19	\$260.70	\$267.21	\$283.60	\$290.69	\$346.79	\$355.45	\$350.25
28			\$266.33	\$272.99	\$270.40	\$277.16	\$294.15	\$301.51	\$359.69	\$368.68	\$363.29
29			\$274.17	\$281.02	\$278.36	\$285.32	\$302.81	\$310.38	\$370.28	\$379.54	\$373.98
30			\$278.09	\$285.04	\$282.34	\$289.40	\$307.14	\$314.82	\$375.57	\$384.96	\$379.33
31			\$283.97	\$291.07	\$288.31	\$295.52	\$313.64	\$321.48	\$383.52	\$393.10	\$387.35
32			\$289.85	\$297.10	\$294.28	\$301.63	\$320.13	\$328.14	\$391.46	\$401.24	\$395.37
33			\$293.53	\$300.86	\$298.01	\$305.46	\$324.19	\$332.30	\$396.42	\$406.33	\$400.38
34			\$297.45	\$304.88	\$301.99	\$309.54	\$328.52	\$336.73	\$401.72	\$411.76	\$405.73
35			\$299.41	\$306.89	\$303.98	\$311.58	\$330.69	\$338.95	\$404.36	\$414.47	\$408.41
36			\$301.37	\$308.90	\$305.97	\$313.62	\$332.85	\$341.17	\$407.01	\$417.18	\$411.08
37			\$303.33	\$310.91	\$307.96	\$315.66	\$335.02	\$343.39	\$409.66	\$419.90	\$413.75
38			\$305.29	\$312.92	\$309.95	\$317.70	\$337.18	\$345.61	\$412.30	\$422.61	\$416.43
39			\$309.21	\$316.94	\$313.93	\$321.78	\$341.51	\$350.05	\$417.60	\$428.04	\$421.77
40			\$313.13	\$336.61	\$317.91	\$341.75	\$345.84	\$371.78	\$422.89	\$454.61	\$427.12
41			\$319.01	\$342.93	\$323.88	\$348.17	\$352.33	\$378.76	\$430.83	\$463.15	\$435.14
42			\$324.64	\$348.99	\$329.60	\$354.32	\$358.56	\$385.45	\$438.45	\$471.33	\$442.83
43			\$332.48	\$357.42	\$337.56	\$362.88	\$367.22	\$394.76	\$449.03	\$482.71	\$453.52
44			\$342.28	\$367.96	\$347.51	\$373.57	\$378.04	\$406.40	\$462.27	\$496.94	\$466.89
45			\$353.80	\$389.18	\$359.20	\$395.12	\$390.76	\$429.84	\$477.82	\$525.60	\$482.60
46			\$367.52	\$404.27	\$373.13	\$410.45	\$405.92	\$446.51	\$496.35	\$545.99	\$501.32
47			\$382.96	\$421.25	\$388.81	\$427.69	\$422.96	\$465.26	\$517.20	\$568.92	\$522.37
48			\$400.60	\$440.66	\$406.72	\$447.39	\$442.45	\$486.69	\$541.02	\$595.13	\$546.44
49			\$417.99	\$459.79	\$424.38	\$466.81	\$461.66	\$507.83	\$564.52	\$620.97	\$570.16
50			\$437.59	\$503.23	\$444.28	\$510.92	\$483.31	\$555.81	\$590.99	\$679.64	\$596.90
51			\$456.95	\$525.49	\$463.93	\$533.52	\$504.69	\$580.39	\$617.13	\$709.70	\$623.30
52			\$478.27	\$550.01	\$485.57	\$558.41	\$528.23	\$607.47	\$645.92	\$742.81	\$652.38
53			\$499.83	\$574.80	\$507.46	\$583.58	\$552.04	\$634.85	\$675.04	\$776.30	\$681.79
54			\$523.10	\$601.57	\$531.09	\$610.76	\$577.75	\$664.42	\$706.48	\$812.45	\$713.54
55			\$546.38	\$655.66	\$554.73	\$665.67	\$603.46	\$724.15	\$737.91	\$885.49	\$745.29
56			\$571.62	\$685.94	\$580.35	\$696.42	\$631.33	\$757.60	\$771.99	\$926.39	\$779.71
57			\$597.10	\$716.52	\$606.22	\$727.46	\$659.48	\$791.37	\$806.41	\$967.69	\$814.47
58			\$624.29	\$749.15	\$633.83	\$760.60	\$689.51	\$827.42	\$843.14	\$1,011.77	\$851.57
59			\$637.77	\$765.32	\$647.51	\$777.01	\$704.40	\$845.28	\$861.34	\$1,033.61	\$869.95
60			\$664.97	\$831.21	\$675.12	\$843.90	\$734.44	\$918.05	\$898.07	\$1,122.59	\$907.05
61			\$688.49	\$860.61	\$699.00	\$873.75	\$760.41	\$950.52	\$929.83	\$1,162.29	\$939.13
62			\$703.92	\$879.91	\$714.67	\$893.34	\$777.46	\$971.83	\$950.68	\$1,188.35	\$960.19
63			\$723.28	\$904.10	\$734.33	\$917.91	\$798.84	\$998.55	\$976.82	\$1,221.03	\$986.59
64+			\$735.03	\$918.80	\$746.27	\$932.83	\$811.82	\$1,014.79	\$992.70	\$1,240.88	\$1,002.62

## Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

Calculated Rates

	53789PA0100017	53789PA0100017	53789PA0100017	53789PA0110041	53789PA0110041	53789PA0110042	53789PA0110042	53789PA0110043	53789PA0110043
Region	<u>7</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>7</u>	<u>7</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	330.90	330.90	330.90	253.57	253.57	254.90	254.90	283.12	283.12
0-20	\$212.22	\$208.02	\$208.02	\$161.02	\$161.02	\$163.48	\$163.48	\$177.98	\$177.98
21	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
22	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
23	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
24	\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
25	\$343.94	\$328.90	\$337.13	\$254.59	\$260.95	\$258.48	\$264.95	\$281.41	\$288.44
26	\$350.79	\$335.46	\$343.84	\$259.66	\$266.15	\$263.63	\$270.22	\$287.01	\$294.19
27	\$359.01	\$343.32	\$351.90	\$265.74	\$272.39	\$269.81	\$276.56	\$293.74	\$301.08
28	\$372.37	\$356.09	\$365.00	\$275.63	\$282.52	\$279.85	\$286.85	\$304.67	\$312.29
29	\$383.33	\$366.58	\$375.74	\$283.75	\$290.84	\$288.09	\$295.29	\$313.64	\$321.48
30	\$388.81	\$371.82	\$381.11	\$287.80	\$295.00	\$292.21	\$299.51	\$318.12	\$326.08
31	\$397.03	\$379.68	\$389.17	\$293.89	\$301.24	\$298.39	\$305.85	\$324.85	\$332.97
32	\$405.26	\$387.54	\$397.23	\$299.97	\$307.47	\$304.57	\$312.18	\$331.58	\$339.87
33	\$410.39	\$392.46	\$402.27	\$303.78	\$311.37	\$308.43	\$316.14	\$335.78	\$344.18
34	\$415.88	\$397.70	\$407.64	\$307.84	\$315.53	\$312.55	\$320.36	\$340.27	\$348.77
35	\$418.62	\$400.32	\$410.33	\$309.86	\$317.61	\$314.61	\$322.47	\$342.51	\$351.07
36	\$421.36	\$402.94	\$413.01	\$311.89	\$319.69	\$316.67	\$324.58	\$344.75	\$353.37
37	\$424.10	\$405.56	\$415.70	\$313.92	\$321.77	\$318.73	\$326.70	\$346.99	\$355.67
38	\$426.84	\$408.18	\$418.39	\$315.95	\$323.85	\$320.79	\$328.81	\$349.24	\$357.97
39	\$432.32	\$413.42	\$423.76	\$320.01	\$328.01	\$324.91	\$333.03	\$353.72	\$362.56
40	\$459.16	\$418.66	\$450.06	\$324.06	\$348.37	\$329.03	\$353.70	\$358.20	\$385.07
41	\$467.78	\$426.53	\$458.52	\$330.15	\$354.91	\$335.20	\$360.34	\$364.93	\$392.30
42	\$476.04	\$434.06	\$466.62	\$335.98	\$361.18	\$341.13	\$366.71	\$371.38	\$399.23
43	\$487.54	\$444.54	\$477.88	\$344.10	\$369.90	\$349.36	\$375.57	\$380.35	\$408.87
44	\$501.91	\$457.65	\$491.97	\$354.24	\$380.81	\$359.66	\$386.64	\$391.56	\$420.93
45	\$530.86	\$473.04	\$520.35	\$366.16	\$402.77	\$371.76	\$408.94	\$404.73	\$445.21
46	\$551.45	\$491.39	\$540.53	\$380.36	\$418.39	\$386.18	\$424.80	\$420.43	\$462.47
47	\$574.61	\$512.03	\$563.23	\$396.33	\$435.96	\$402.40	\$442.64	\$438.09	\$481.89
48	\$601.08	\$535.61	\$589.18	\$414.59	\$456.05	\$420.94	\$463.03	\$458.27	\$504.09
49	\$627.18	\$558.87	\$614.76	\$432.59	\$475.85	\$439.22	\$483.14	\$478.17	\$525.98
50	\$686.44	\$585.08	\$672.84	\$452.88	\$520.81	\$459.81	\$528.78	\$500.59	\$575.68
51	\$716.80	\$610.96	\$702.61	\$472.91	\$543.85	\$480.15	\$552.17	\$522.73	\$601.14
52	\$750.24	\$639.46	\$735.38	\$494.97	\$569.22	\$502.55	\$577.93	\$547.12	\$629.18
53	\$784.06	\$668.29	\$768.53	\$517.28	\$594.88	\$525.20	\$603.99	\$571.78	\$657.55
54	\$820.57	\$699.41	\$804.32	\$541.37	\$622.58	\$549.66	\$632.11	\$598.41	\$688.17
55	\$894.35	\$730.53	\$876.64	\$565.46	\$678.56	\$574.12	\$688.94	\$625.04	\$750.04
56	\$935.66	\$764.27	\$917.13	\$591.58	\$709.90	\$600.64	\$720.77	\$653.91	\$784.69
57	\$977.37	\$798.34	\$958.01	\$617.95	\$741.54	\$627.41	\$752.90	\$683.06	\$819.67
58	\$1,021.88	\$834.71	\$1,001.65	\$646.10	\$775.32	\$655.99	\$787.19	\$714.17	\$857.00
59	\$1,043.94	\$852.72	\$1,023.27	\$660.04	\$792.05	\$670.15	\$804.18	\$729.58	\$875.50
60	\$1,133.81	\$889.09	\$1,111.36	\$688.19	\$860.24	\$698.73	\$873.41	\$760.69	\$950.87
61	\$1,173.92	\$920.54	\$1,150.67	\$712.53	\$890.67	\$723.44	\$904.30	\$787.60	\$984.50
62	\$1,200.24	\$941.17	\$1,176.47	\$728.51	\$910.64	\$739.66	\$924.58	\$805.26	\$1,006.58
63	\$1,233.24	\$967.05	\$1,208.82	\$748.54	\$935.68	\$760.00	\$950.00	\$827.40	\$1,034.25
64+	\$1,253.29	\$982.78	\$1,228.47	\$760.71	\$950.89	\$772.36	\$965.45	\$840.86	\$1,051.07

	From PA Rate Tables		Y	N	Y	N	Y	N	Y	N	Y
			<u>53789PA0100017</u>	<u>53789PA0100017</u>	<u>53789PA0100017</u>	<u>53789PA0110041</u>	<u>53789PA0110041</u>	<u>53789PA0110042</u>	<u>53789PA0110042</u>	<u>53789PA0110043</u>	<u>53789PA0110043</u>
			<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
			Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
0			\$212.22	\$208.02	\$208.02	\$161.02	\$161.02	\$163.48	\$163.48	\$177.98	\$177.98
21			\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
22			\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
23			\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
24			\$342.57	\$327.59	\$335.78	\$253.57	\$259.91	\$257.45	\$263.89	\$280.29	\$287.29
25			\$343.94	\$328.90	\$337.13	\$254.59	\$260.95	\$258.48	\$264.95	\$281.41	\$288.44
26			\$350.79	\$335.46	\$343.84	\$259.66	\$266.15	\$263.63	\$270.22	\$287.01	\$294.19
27			\$359.01	\$343.32	\$351.90	\$265.74	\$272.39	\$269.81	\$276.56	\$293.74	\$301.08
28			\$372.37	\$356.09	\$365.00	\$275.63	\$282.52	\$279.85	\$286.85	\$304.67	\$312.29
29			\$383.33	\$366.58	\$375.74	\$283.75	\$290.84	\$288.09	\$295.29	\$313.64	\$321.48
30			\$388.81	\$371.82	\$381.11	\$287.80	\$295.00	\$292.21	\$299.51	\$318.12	\$326.08
31			\$397.03	\$379.68	\$389.17	\$293.89	\$301.24	\$298.39	\$305.85	\$324.85	\$332.97
32			\$405.26	\$387.54	\$397.23	\$299.97	\$307.47	\$304.57	\$312.18	\$331.58	\$339.87
33			\$410.39	\$392.46	\$402.27	\$303.78	\$311.37	\$308.43	\$316.14	\$335.78	\$344.18
34			\$415.88	\$397.70	\$407.64	\$307.84	\$315.53	\$312.55	\$320.36	\$340.27	\$348.77
35			\$418.62	\$400.32	\$410.33	\$309.86	\$317.61	\$314.61	\$322.47	\$342.51	\$351.07
36			\$421.36	\$402.94	\$413.01	\$311.89	\$319.69	\$316.67	\$324.58	\$344.75	\$353.37
37			\$424.10	\$405.56	\$415.70	\$313.92	\$321.77	\$318.73	\$326.70	\$346.99	\$355.67
38			\$426.84	\$408.18	\$418.39	\$315.95	\$323.85	\$320.79	\$328.81	\$349.24	\$357.97
39			\$432.32	\$413.42	\$423.76	\$320.01	\$328.01	\$324.91	\$333.03	\$353.72	\$362.56
40			\$459.16	\$418.66	\$450.06	\$324.06	\$348.37	\$329.03	\$353.70	\$358.20	\$385.07
41			\$467.78	\$426.53	\$458.52	\$330.15	\$354.91	\$335.20	\$360.34	\$364.93	\$392.30
42			\$476.04	\$434.06	\$466.62	\$335.98	\$361.18	\$341.13	\$366.71	\$371.38	\$399.23
43			\$487.54	\$444.54	\$477.88	\$344.10	\$369.90	\$349.36	\$375.57	\$380.35	\$408.87
44			\$501.91	\$457.65	\$491.97	\$354.24	\$380.81	\$359.66	\$386.64	\$391.56	\$420.93
45			\$530.86	\$473.04	\$520.35	\$366.16	\$402.77	\$371.76	\$408.94	\$404.73	\$445.21
46			\$551.45	\$491.39	\$540.53	\$380.36	\$418.39	\$386.18	\$424.80	\$420.43	\$462.47
47			\$574.61	\$512.03	\$563.23	\$396.33	\$435.96	\$402.40	\$442.64	\$438.09	\$481.89
48			\$601.08	\$535.61	\$589.18	\$414.59	\$456.05	\$420.94	\$463.03	\$458.27	\$504.09
49			\$627.18	\$558.87	\$614.76	\$432.59	\$475.85	\$439.22	\$483.14	\$478.17	\$525.98
50			\$686.44	\$585.08	\$672.84	\$452.88	\$520.81	\$459.81	\$528.78	\$500.59	\$575.68
51			\$716.80	\$610.96	\$702.61	\$472.91	\$543.85	\$480.15	\$552.17	\$522.73	\$601.14
52			\$750.24	\$639.46	\$735.38	\$494.97	\$569.22	\$502.55	\$577.93	\$547.12	\$629.18
53			\$784.06	\$668.29	\$768.53	\$517.28	\$594.88	\$525.20	\$603.99	\$571.78	\$657.55
54			\$820.57	\$699.41	\$804.32	\$541.37	\$622.58	\$549.66	\$632.11	\$598.41	\$688.17
55			\$894.35	\$730.53	\$876.64	\$565.46	\$678.56	\$574.12	\$688.94	\$625.04	\$750.04
56			\$935.66	\$764.27	\$917.13	\$591.58	\$709.90	\$600.64	\$720.77	\$653.91	\$784.69
57			\$977.37	\$798.34	\$958.01	\$617.95	\$741.54	\$627.41	\$752.90	\$683.06	\$819.67
58			\$1,021.88	\$834.71	\$1,001.65	\$646.10	\$775.32	\$655.99	\$787.19	\$714.17	\$857.00
59			\$1,043.94	\$852.72	\$1,023.27	\$660.05	\$792.05	\$670.15	\$804.18	\$729.58	\$875.50
60			\$1,133.81	\$889.09	\$1,111.36	\$688.19	\$860.24	\$698.73	\$873.41	\$760.69	\$950.87
61			\$1,173.92	\$920.54	\$1,150.67	\$712.53	\$890.67	\$723.44	\$904.30	\$787.60	\$984.50
62			\$1,200.24	\$941.17	\$1,176.47	\$728.51	\$910.64	\$739.66	\$924.58	\$805.26	\$1,006.58
63			\$1,233.24	\$967.05	\$1,208.82	\$748.54	\$935.68	\$760.00	\$950.00	\$827.40	\$1,034.25
64+			\$1,253.29	\$982.77	\$1,228.47	\$760.70	\$950.89	\$772.35	\$965.45	\$840.86	\$1,051.07

### Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

Calculated Rates

	53789PA0100015	53789PA0100015	53789PA0100015	53789PA0100015	53789PA0100015	53789PA0100015	53789PA0110015	53789PA0110015	53789PA0110035
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>
Calibrated Plan Adjusted Index Rate	336.94	336.94	336.94	336.94	336.94	336.94	257.97	257.97	259.34
0-20	\$213.96	\$213.96	\$216.10	\$216.10	\$211.82	\$211.82	\$163.81	\$163.81	\$166.33
21	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93
22	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93
23	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93
24	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93
25	\$338.29	\$346.75	\$341.67	\$350.21	\$334.91	\$343.28	\$259.01	\$265.48	\$262.98
26	\$345.03	\$353.65	\$348.48	\$357.19	\$341.58	\$350.12	\$264.17	\$270.77	\$268.22
27	\$353.12	\$361.94	\$356.65	\$365.56	\$349.58	\$358.32	\$270.36	\$277.12	\$274.50
28	\$366.26	\$375.41	\$369.92	\$379.17	\$362.59	\$371.66	\$280.42	\$287.43	\$284.72
29	\$377.04	\$386.46	\$380.81	\$390.33	\$373.27	\$382.60	\$288.67	\$295.89	\$293.10
30	\$382.43	\$391.99	\$386.25	\$395.91	\$378.61	\$388.07	\$292.80	\$300.12	\$297.29
31	\$390.52	\$400.28	\$394.42	\$404.28	\$386.61	\$396.28	\$298.99	\$306.47	\$303.58
32	\$398.60	\$408.57	\$402.59	\$412.65	\$394.62	\$404.48	\$305.18	\$312.81	\$309.86
33	\$403.66	\$413.75	\$407.69	\$417.89	\$399.62	\$409.61	\$309.05	\$316.78	\$313.79
34	\$409.05	\$419.27	\$413.14	\$423.47	\$404.96	\$415.08	\$313.18	\$321.01	\$317.98
35	\$411.74	\$422.04	\$415.86	\$426.26	\$407.63	\$417.82	\$315.25	\$323.13	\$320.08
36	\$414.44	\$424.80	\$418.58	\$429.05	\$410.29	\$420.55	\$317.31	\$325.24	\$322.17
37	\$417.13	\$427.56	\$421.31	\$431.84	\$412.96	\$423.29	\$319.37	\$327.36	\$324.27
38	\$419.83	\$430.33	\$424.03	\$434.63	\$415.63	\$426.02	\$321.44	\$329.47	\$326.36
39	\$425.22	\$435.85	\$429.47	\$440.21	\$420.97	\$431.49	\$325.56	\$333.70	\$330.55
40	\$430.61	\$462.91	\$434.92	\$467.54	\$426.31	\$458.28	\$329.69	\$354.42	\$334.75
41	\$438.70	\$471.60	\$443.09	\$476.32	\$434.31	\$466.89	\$335.88	\$361.07	\$341.03
42	\$446.45	\$479.93	\$450.91	\$484.73	\$441.98	\$475.13	\$341.82	\$367.45	\$347.06
43	\$457.23	\$491.52	\$461.80	\$496.44	\$452.66	\$486.61	\$350.07	\$376.33	\$355.44
44	\$470.71	\$506.01	\$475.42	\$511.07	\$466.00	\$500.95	\$360.39	\$387.42	\$365.92
45	\$486.54	\$535.20	\$491.41	\$540.55	\$481.68	\$529.85	\$372.52	\$409.77	\$378.23
46	\$505.41	\$555.95	\$510.47	\$561.51	\$500.36	\$550.40	\$386.96	\$425.66	\$392.89
47	\$526.64	\$579.30	\$531.91	\$585.10	\$521.37	\$573.51	\$403.21	\$443.54	\$409.40
48	\$550.90	\$605.99	\$556.41	\$612.05	\$545.39	\$599.93	\$421.79	\$463.97	\$428.25
49	\$574.82	\$632.31	\$580.57	\$638.63	\$569.08	\$625.98	\$440.10	\$484.12	\$446.85
50	\$601.78	\$692.05	\$607.80	\$698.97	\$595.76	\$685.13	\$460.74	\$529.85	\$467.81
51	\$628.40	\$722.66	\$634.68	\$729.88	\$622.11	\$715.43	\$481.12	\$553.29	\$488.50
52	\$657.71	\$756.37	\$664.29	\$763.93	\$651.13	\$748.80	\$503.57	\$579.10	\$511.29
53	\$687.36	\$790.47	\$694.24	\$798.37	\$680.49	\$782.56	\$526.27	\$605.21	\$534.34
54	\$719.37	\$827.28	\$726.57	\$835.55	\$712.18	\$819.00	\$550.78	\$633.39	\$559.22
55	\$751.38	\$901.66	\$758.89	\$910.67	\$743.87	\$892.64	\$575.28	\$690.34	\$584.10
56	\$786.09	\$943.30	\$793.95	\$952.74	\$778.23	\$933.87	\$601.85	\$722.23	\$611.08
57	\$821.13	\$985.35	\$829.34	\$995.21	\$812.92	\$975.50	\$628.68	\$754.42	\$638.32
58	\$858.53	\$1,030.23	\$867.11	\$1,040.54	\$849.94	\$1,019.93	\$657.32	\$788.78	\$667.40
59	\$877.06	\$1,052.47	\$885.83	\$1,063.00	\$868.29	\$1,041.95	\$671.51	\$805.81	\$681.80
60	\$914.46	\$1,143.08	\$923.61	\$1,154.51	\$905.32	\$1,131.65	\$700.14	\$875.18	\$710.88
61	\$946.81	\$1,183.51	\$956.28	\$1,195.34	\$937.34	\$1,171.67	\$724.91	\$906.14	\$736.02
62	\$968.03	\$1,210.04	\$977.72	\$1,222.14	\$958.35	\$1,197.94	\$741.16	\$926.45	\$752.52
63	\$994.65	\$1,243.32	\$1,004.60	\$1,255.75	\$984.71	\$1,230.88	\$761.54	\$951.93	\$773.22
64+	\$1,010.83	\$1,263.53	\$1,020.93	\$1,276.17	\$1,000.72	\$1,250.90	\$773.92	\$967.40	\$785.79

	From PA Rate Tables									
	N	Y	N	Y	N	Y	N	Y	N	
	<u>53789PA0100015</u>	<u>53789PA0100015</u>	<u>53789PA0100015</u>	<u>53789PA0100015</u>	<u>53789PA0100015</u>	<u>53789PA0100015</u>	<u>53789PA0110015</u>	<u>53789PA0110015</u>	<u>53789PA0110035</u>	
	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	
	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	
0	\$213.96	\$213.96	\$216.10	\$216.10	\$211.82	\$211.82	\$163.81	\$163.81	\$166.33	
21	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	
22	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	
23	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	
24	\$336.94	\$345.37	\$340.31	\$348.82	\$333.57	\$341.91	\$257.97	\$264.42	\$261.93	
25	\$338.29	\$346.75	\$341.67	\$350.21	\$334.91	\$343.28	\$259.01	\$265.48	\$262.98	
26	\$345.03	\$353.65	\$348.48	\$357.19	\$341.58	\$350.12	\$264.17	\$270.77	\$268.22	
27	\$353.12	\$361.94	\$356.65	\$365.56	\$349.58	\$358.32	\$270.36	\$277.12	\$274.50	
28	\$366.26	\$375.41	\$369.92	\$379.17	\$362.59	\$371.66	\$280.42	\$287.43	\$284.72	
29	\$377.04	\$386.46	\$380.81	\$390.33	\$373.27	\$382.60	\$288.67	\$295.89	\$293.10	
30	\$382.43	\$391.99	\$386.25	\$395.91	\$378.61	\$388.07	\$292.80	\$300.12	\$297.29	
31	\$390.52	\$400.28	\$394.42	\$404.28	\$386.61	\$396.28	\$298.99	\$306.47	\$303.58	
32	\$398.60	\$408.57	\$402.59	\$412.65	\$394.62	\$404.48	\$305.18	\$312.81	\$309.86	
33	\$403.66	\$413.75	\$407.69	\$417.89	\$399.62	\$409.61	\$309.05	\$316.78	\$313.79	
34	\$409.05	\$419.27	\$413.14	\$423.47	\$404.96	\$415.08	\$313.18	\$321.01	\$317.98	
35	\$411.74	\$422.04	\$415.86	\$426.26	\$407.63	\$417.82	\$315.25	\$323.13	\$320.08	
36	\$414.44	\$424.80	\$418.58	\$429.05	\$410.29	\$420.55	\$317.31	\$325.24	\$322.17	
37	\$417.13	\$427.56	\$421.31	\$431.84	\$412.96	\$423.29	\$319.37	\$327.36	\$324.27	
38	\$419.83	\$430.33	\$424.03	\$434.63	\$415.63	\$426.02	\$321.44	\$329.47	\$326.36	
39	\$425.22	\$435.85	\$429.47	\$440.21	\$420.97	\$431.49	\$325.56	\$333.70	\$330.55	
40	\$430.61	\$462.91	\$434.92	\$467.54	\$426.31	\$458.28	\$329.69	\$354.42	\$334.75	
41	\$438.70	\$471.60	\$443.09	\$476.32	\$434.31	\$466.89	\$335.88	\$361.07	\$341.03	
42	\$446.45	\$479.93	\$450.91	\$484.73	\$441.98	\$475.13	\$341.82	\$367.45	\$347.06	
43	\$457.23	\$491.52	\$461.80	\$496.44	\$452.66	\$486.61	\$350.07	\$376.33	\$355.44	
44	\$470.71	\$506.01	\$475.42	\$511.07	\$466.00	\$500.95	\$360.39	\$387.42	\$365.92	
45	\$486.54	\$535.20	\$491.41	\$540.55	\$481.68	\$529.85	\$372.52	\$409.77	\$378.23	
46	\$505.41	\$555.95	\$510.47	\$561.51	\$500.36	\$550.40	\$386.96	\$425.66	\$392.89	
47	\$526.64	\$579.30	\$531.91	\$585.10	\$521.37	\$573.51	\$403.21	\$443.54	\$409.40	
48	\$550.90	\$605.99	\$556.41	\$612.05	\$545.39	\$599.93	\$421.79	\$463.97	\$428.25	
49	\$574.82	\$632.31	\$580.57	\$638.63	\$569.08	\$625.98	\$440.10	\$484.12	\$446.85	
50	\$601.78	\$692.05	\$607.80	\$698.97	\$595.76	\$685.13	\$460.74	\$529.85	\$467.81	
51	\$628.40	\$722.66	\$634.68	\$729.88	\$622.11	\$715.43	\$481.12	\$553.29	\$488.50	
52	\$657.71	\$756.37	\$664.29	\$763.93	\$651.13	\$748.80	\$503.57	\$579.10	\$511.29	
53	\$687.36	\$790.47	\$694.24	\$798.37	\$680.49	\$782.56	\$526.27	\$605.21	\$534.34	
54	\$719.37	\$827.28	\$726.57	\$835.55	\$712.18	\$819.00	\$550.78	\$633.39	\$559.22	
55	\$751.38	\$901.66	\$758.89	\$910.67	\$743.87	\$892.64	\$575.28	\$690.34	\$584.10	
56	\$786.09	\$943.30	\$793.95	\$952.74	\$778.23	\$933.87	\$601.85	\$722.23	\$611.08	
57	\$821.13	\$985.35	\$829.34	\$995.21	\$812.92	\$975.50	\$628.68	\$754.42	\$638.32	
58	\$858.53	\$1,030.23	\$867.11	\$1,040.54	\$849.94	\$1,019.93	\$657.32	\$788.78	\$667.40	
59	\$877.06	\$1,052.47	\$885.83	\$1,063.00	\$868.29	\$1,041.95	\$671.51	\$805.81	\$681.80	
60	\$914.46	\$1,143.08	\$923.61	\$1,154.51	\$905.32	\$1,131.65	\$700.14	\$875.18	\$710.88	
61	\$946.81	\$1,183.51	\$956.28	\$1,195.34	\$937.34	\$1,171.67	\$724.91	\$906.14	\$736.02	
62	\$968.03	\$1,210.04	\$977.72	\$1,222.14	\$958.35	\$1,197.94	\$741.16	\$926.45	\$752.52	
63	\$994.65	\$1,243.32	\$1,004.60	\$1,255.75	\$984.71	\$1,230.88	\$761.54	\$951.93	\$773.22	
64+	\$1,010.82	\$1,263.53	\$1,020.92	\$1,276.17	\$1,000.71	\$1,250.90	\$773.91	\$967.41	\$785.78	

### Difference

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

**Calculated Rates**

	53789PA0110035	53789PA0110036	53789PA0110036	53789PA0060001	53789PA0060001	53789PA0060001	53789PA0060001	53789PA0060001	53789PA0060001
Region	<u>7</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>7</u>	<u>7</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	259.34	288.14	288.14	327.55	327.55	327.55	327.55	327.55	327.55
0-20	\$166.33	\$181.14	\$181.14	\$207.99	\$207.99	\$210.07	\$210.07	\$205.91	\$205.91
21	\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.83	\$339.10	\$324.27	\$332.38
22	\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.83	\$339.10	\$324.27	\$332.38
23	\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.83	\$339.10	\$324.27	\$332.38
24	\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.83	\$339.10	\$324.27	\$332.38
25	\$269.55	\$286.40	\$293.56	\$328.86	\$337.08	\$332.15	\$340.45	\$325.57	\$333.71
26	\$274.92	\$292.11	\$299.41	\$335.41	\$343.80	\$338.76	\$347.23	\$332.06	\$340.36
27	\$281.36	\$298.96	\$306.43	\$343.27	\$351.85	\$346.70	\$355.37	\$339.84	\$348.34
28	\$291.84	\$310.08	\$317.83	\$356.05	\$364.95	\$359.61	\$368.60	\$352.49	\$361.30
29	\$300.43	\$319.21	\$327.19	\$366.53	\$375.69	\$370.19	\$379.45	\$362.86	\$371.93
30	\$304.72	\$323.77	\$331.87	\$371.77	\$381.06	\$375.49	\$384.87	\$368.05	\$377.25
31	\$311.17	\$330.62	\$338.89	\$379.63	\$389.12	\$383.43	\$393.01	\$375.83	\$385.23
32	\$317.61	\$337.47	\$345.90	\$387.49	\$397.18	\$391.37	\$401.15	\$383.62	\$393.21
33	\$321.64	\$341.74	\$350.29	\$392.40	\$402.21	\$396.33	\$406.24	\$388.48	\$398.19
34	\$325.93	\$346.31	\$354.97	\$397.65	\$407.59	\$401.62	\$411.66	\$393.67	\$403.51
35	\$328.08	\$348.59	\$357.31	\$400.27	\$410.27	\$404.27	\$414.37	\$396.26	\$406.17
36	\$330.23	\$350.87	\$359.65	\$402.89	\$412.96	\$406.91	\$417.09	\$398.86	\$408.83
37	\$332.38	\$353.16	\$361.98	\$405.51	\$415.64	\$409.56	\$419.80	\$401.45	\$411.49
38	\$334.52	\$355.44	\$364.32	\$408.13	\$418.33	\$412.21	\$422.51	\$404.05	\$414.15
39	\$338.82	\$360.00	\$369.00	\$413.37	\$423.70	\$417.50	\$427.94	\$409.23	\$419.46
40	\$359.85	\$364.57	\$391.91	\$418.61	\$450.00	\$422.79	\$454.50	\$414.42	\$445.50
41	\$366.61	\$371.41	\$399.27	\$426.47	\$458.45	\$430.73	\$463.04	\$422.20	\$453.87
42	\$373.09	\$377.97	\$406.32	\$434.00	\$466.55	\$438.34	\$471.22	\$429.66	\$461.89
43	\$382.10	\$387.10	\$416.13	\$444.48	\$477.82	\$448.93	\$482.60	\$440.04	\$473.04
44	\$393.36	\$398.51	\$428.40	\$457.59	\$491.91	\$462.16	\$496.82	\$453.01	\$486.99
45	\$416.05	\$411.92	\$453.11	\$472.98	\$520.28	\$477.71	\$525.48	\$468.25	\$515.08
46	\$432.18	\$427.89	\$470.68	\$491.32	\$540.46	\$496.24	\$545.86	\$486.41	\$535.05
47	\$450.34	\$445.87	\$490.45	\$511.96	\$563.16	\$517.08	\$568.79	\$506.84	\$557.52
48	\$471.08	\$466.40	\$513.05	\$535.54	\$589.10	\$540.90	\$594.99	\$530.19	\$583.21
49	\$491.54	\$486.66	\$535.32	\$558.80	\$614.68	\$564.39	\$620.83	\$553.21	\$608.53
50	\$537.98	\$509.48	\$585.90	\$585.00	\$672.75	\$590.85	\$679.48	\$579.15	\$666.03
51	\$561.77	\$532.02	\$611.82	\$610.88	\$702.51	\$616.99	\$709.54	\$604.77	\$695.49
52	\$587.98	\$556.83	\$640.36	\$639.38	\$735.28	\$645.77	\$742.64	\$632.98	\$727.93
53	\$614.49	\$581.94	\$669.23	\$668.20	\$768.43	\$674.88	\$776.12	\$661.52	\$760.75
54	\$643.10	\$609.04	\$700.39	\$699.32	\$804.22	\$706.31	\$812.26	\$692.33	\$796.17
55	\$700.92	\$636.14	\$763.36	\$730.44	\$876.52	\$737.74	\$885.29	\$723.13	\$867.76
56	\$733.30	\$665.52	\$798.62	\$764.17	\$917.01	\$771.81	\$926.18	\$756.53	\$907.84
57	\$765.99	\$695.19	\$834.22	\$798.24	\$957.89	\$806.22	\$967.46	\$790.26	\$948.31
58	\$800.88	\$726.85	\$872.22	\$834.60	\$1,001.52	\$842.94	\$1,011.53	\$826.25	\$991.50
59	\$818.16	\$742.54	\$891.05	\$852.61	\$1,023.13	\$861.14	\$1,033.37	\$844.09	\$1,012.90
60	\$888.60	\$774.20	\$967.75	\$888.97	\$1,111.21	\$897.86	\$1,122.32	\$880.08	\$1,100.10
61	\$920.03	\$801.59	\$1,001.99	\$920.41	\$1,150.52	\$929.62	\$1,162.02	\$911.21	\$1,139.01
62	\$940.65	\$819.56	\$1,024.45	\$941.05	\$1,176.31	\$950.46	\$1,188.08	\$931.64	\$1,164.55
63	\$966.52	\$842.10	\$1,052.62	\$966.93	\$1,208.66	\$976.60	\$1,220.74	\$957.26	\$1,196.57
64+	\$982.24	\$855.79	\$1,069.74	\$982.65	\$1,228.31	\$992.48	\$1,240.59	\$972.82	\$1,216.03

	From PA Rate Tables		Y	N	Y	N	Y	N	Y	N	Y
			<u>53789PA0110035</u>	<u>53789PA0110036</u>	<u>53789PA0110036</u>	<u>53789PA0060001</u>	<u>53789PA0060001</u>	<u>53789PA0060001</u>	<u>53789PA0060001</u>	<u>53789PA0060001</u>	<u>53789PA0060001</u>
			<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
			<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
0			\$166.33	\$181.14	\$181.14	\$207.99	\$207.99	\$210.07	\$210.07	\$205.91	\$205.91
21			\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38
22			\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38
23			\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38
24			\$268.48	\$285.26	\$292.39	\$327.55	\$335.74	\$330.82	\$339.10	\$324.27	\$332.38
25			\$269.55	\$286.40	\$293.56	\$328.86	\$337.08	\$332.15	\$340.45	\$325.57	\$333.71
26			\$274.92	\$292.11	\$299.41	\$335.41	\$343.80	\$338.76	\$347.23	\$332.06	\$340.36
27			\$281.36	\$298.96	\$306.43	\$343.27	\$351.85	\$346.70	\$355.37	\$339.84	\$348.34
28			\$291.84	\$310.08	\$317.83	\$356.05	\$364.95	\$359.61	\$368.60	\$352.49	\$361.30
29			\$300.43	\$319.21	\$327.19	\$366.53	\$375.69	\$370.19	\$379.45	\$362.86	\$371.93
30			\$304.72	\$323.77	\$331.87	\$371.77	\$381.06	\$375.49	\$384.87	\$368.05	\$377.25
31			\$311.17	\$330.62	\$338.89	\$379.63	\$389.12	\$383.43	\$393.01	\$375.83	\$385.23
32			\$317.61	\$337.47	\$345.90	\$387.49	\$397.18	\$391.37	\$401.15	\$383.62	\$393.21
33			\$321.64	\$341.75	\$350.29	\$392.40	\$402.21	\$396.33	\$406.24	\$388.48	\$398.19
34			\$325.93	\$346.31	\$354.97	\$397.65	\$407.59	\$401.62	\$411.66	\$393.67	\$403.51
35			\$328.08	\$348.59	\$357.31	\$400.27	\$410.27	\$404.27	\$414.37	\$396.26	\$406.17
36			\$330.23	\$350.87	\$359.65	\$402.89	\$412.96	\$406.91	\$417.09	\$398.86	\$408.83
37			\$332.38	\$353.16	\$361.98	\$405.51	\$415.64	\$409.56	\$419.80	\$401.45	\$411.49
38			\$334.52	\$355.44	\$364.32	\$408.13	\$418.33	\$412.21	\$422.51	\$404.05	\$414.15
39			\$338.82	\$360.00	\$369.00	\$413.37	\$423.70	\$417.50	\$427.94	\$409.23	\$419.46
40			\$359.85	\$364.57	\$391.91	\$418.61	\$450.00	\$422.79	\$454.50	\$414.42	\$445.50
41			\$366.61	\$371.41	\$399.27	\$426.47	\$458.45	\$430.73	\$463.04	\$422.20	\$453.87
42			\$373.09	\$377.97	\$406.32	\$434.00	\$466.55	\$438.34	\$471.22	\$429.66	\$461.89
43			\$382.10	\$387.10	\$416.13	\$444.48	\$477.82	\$448.93	\$482.60	\$440.04	\$473.04
44			\$393.36	\$398.51	\$428.40	\$457.59	\$491.91	\$462.16	\$496.82	\$453.01	\$486.99
45			\$416.05	\$411.92	\$453.11	\$472.98	\$520.28	\$477.71	\$525.48	\$468.25	\$515.08
46			\$432.18	\$427.89	\$470.68	\$491.32	\$540.46	\$496.24	\$545.86	\$486.41	\$535.05
47			\$450.34	\$445.87	\$490.45	\$511.96	\$563.16	\$517.08	\$568.79	\$506.84	\$557.52
48			\$471.08	\$466.40	\$513.05	\$535.54	\$589.10	\$540.90	\$594.99	\$530.19	\$583.21
49			\$491.54	\$486.66	\$535.32	\$558.80	\$614.68	\$564.39	\$620.83	\$553.21	\$608.53
50			\$537.98	\$509.48	\$585.90	\$585.00	\$672.75	\$590.85	\$679.48	\$579.15	\$666.03
51			\$561.77	\$532.02	\$611.82	\$610.88	\$702.51	\$616.99	\$709.54	\$604.77	\$695.49
52			\$587.98	\$556.83	\$640.36	\$639.38	\$735.28	\$645.77	\$742.64	\$632.98	\$727.93
53			\$614.49	\$581.94	\$669.23	\$668.20	\$768.43	\$674.88	\$776.12	\$661.52	\$760.75
54			\$643.10	\$609.04	\$700.39	\$699.32	\$804.22	\$706.31	\$812.26	\$692.33	\$796.17
55			\$700.92	\$636.14	\$763.36	\$730.44	\$876.52	\$737.74	\$885.29	\$723.13	\$867.76
56			\$733.30	\$665.52	\$798.62	\$764.17	\$917.01	\$771.81	\$926.18	\$756.53	\$907.84
57			\$765.99	\$695.19	\$834.22	\$798.24	\$957.89	\$806.22	\$967.46	\$790.26	\$948.31
58			\$800.88	\$726.85	\$872.22	\$834.60	\$1,001.52	\$842.94	\$1,011.53	\$826.25	\$991.50
59			\$818.16	\$742.54	\$891.05	\$852.61	\$1,023.13	\$861.14	\$1,033.36	\$844.09	\$1,012.90
60			\$888.60	\$774.20	\$967.75	\$888.97	\$1,111.21	\$897.86	\$1,122.32	\$880.08	\$1,100.10
61			\$920.03	\$801.59	\$1,001.99	\$920.41	\$1,150.52	\$929.62	\$1,162.02	\$911.21	\$1,139.01
62			\$940.65	\$819.56	\$1,024.45	\$941.05	\$1,176.31	\$950.46	\$1,188.08	\$931.64	\$1,164.55
63			\$966.52	\$842.10	\$1,052.62	\$966.93	\$1,208.66	\$976.60	\$1,220.74	\$957.26	\$1,196.57
64+			\$982.24	\$855.78	\$1,069.74	\$982.64	\$1,228.31	\$992.46	\$1,240.59	\$972.81	\$1,216.03

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

**Calculated Rates**

	53789PA0040001	53789PA0040001	53789PA0040002	53789PA0040002	53789PA0040003	53789PA0040003	53789PA0100008	53789PA0100008	53789PA0100008
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>
Calibrated Plan Adjusted Index Rate	251.13	251.13	252.45	252.45	280.33	280.33	259.84	259.84	259.84
0-20	\$159.47	\$159.47	\$161.91	\$161.91	\$176.23	\$176.23	\$165.00	\$165.00	\$166.65
21	\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
22	\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
23	\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
24	\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
25	\$252.13	\$258.44	\$255.99	\$262.39	\$278.63	\$285.60	\$260.88	\$267.40	\$263.49
26	\$257.15	\$263.58	\$261.09	\$267.62	\$284.18	\$291.29	\$266.07	\$272.73	\$268.74
27	\$263.18	\$269.76	\$267.21	\$273.89	\$290.84	\$298.12	\$272.31	\$279.12	\$275.03
28	\$272.98	\$279.80	\$277.15	\$284.08	\$301.67	\$309.21	\$282.44	\$289.51	\$285.27
29	\$281.01	\$288.04	\$285.31	\$292.44	\$310.55	\$318.31	\$290.76	\$298.03	\$293.67
30	\$285.03	\$292.16	\$289.39	\$296.63	\$314.99	\$322.86	\$294.92	\$302.29	\$297.87
31	\$291.06	\$298.33	\$295.51	\$302.90	\$321.65	\$329.69	\$301.15	\$308.68	\$304.16
32	\$297.08	\$304.51	\$301.63	\$309.17	\$328.31	\$336.52	\$307.39	\$315.07	\$310.46
33	\$300.85	\$308.37	\$305.45	\$313.09	\$332.47	\$340.78	\$311.29	\$319.07	\$314.40
34	\$304.87	\$312.49	\$309.53	\$317.27	\$336.91	\$345.34	\$315.44	\$323.33	\$318.60
35	\$306.88	\$314.55	\$311.57	\$319.36	\$339.13	\$347.61	\$317.52	\$325.46	\$320.70
36	\$308.89	\$316.61	\$313.61	\$321.45	\$341.35	\$349.89	\$319.60	\$327.59	\$322.80
37	\$310.90	\$318.67	\$315.65	\$323.54	\$343.57	\$352.16	\$321.68	\$329.72	\$324.90
38	\$312.90	\$320.73	\$317.69	\$325.63	\$345.79	\$354.44	\$323.76	\$331.85	\$327.00
39	\$316.92	\$324.85	\$321.77	\$329.82	\$350.23	\$358.99	\$327.92	\$336.11	\$331.20
40	\$320.94	\$345.01	\$325.85	\$350.29	\$354.67	\$381.27	\$332.07	\$356.98	\$335.39
41	\$326.97	\$351.49	\$331.97	\$356.87	\$361.33	\$388.43	\$338.31	\$363.68	\$341.69
42	\$332.74	\$357.70	\$337.84	\$363.17	\$367.72	\$395.30	\$344.29	\$370.11	\$347.73
43	\$340.78	\$366.34	\$345.99	\$371.94	\$376.60	\$404.84	\$352.60	\$379.05	\$356.13
44	\$350.82	\$377.14	\$356.19	\$382.91	\$387.70	\$416.78	\$362.99	\$390.22	\$366.62
45	\$362.63	\$398.89	\$368.18	\$404.99	\$400.74	\$440.82	\$375.21	\$412.73	\$378.96
46	\$376.69	\$414.36	\$382.45	\$420.70	\$416.28	\$457.91	\$389.76	\$428.73	\$393.66
47	\$392.51	\$431.76	\$398.52	\$438.37	\$433.77	\$477.15	\$406.13	\$446.74	\$410.19
48	\$410.59	\$451.65	\$416.88	\$458.56	\$453.75	\$499.12	\$424.84	\$467.32	\$429.08
49	\$428.42	\$471.27	\$434.98	\$478.48	\$473.45	\$520.80	\$443.28	\$487.61	\$447.72
50	\$448.51	\$515.79	\$455.38	\$523.68	\$495.66	\$570.00	\$464.07	\$533.68	\$468.71
51	\$468.35	\$538.61	\$475.52	\$546.85	\$517.58	\$595.22	\$484.60	\$557.29	\$489.45
52	\$490.20	\$563.73	\$497.70	\$572.36	\$541.72	\$622.98	\$507.21	\$583.29	\$512.28
53	\$512.30	\$589.14	\$520.14	\$598.16	\$566.15	\$651.07	\$530.07	\$609.58	\$535.37
54	\$536.16	\$616.58	\$544.36	\$626.02	\$592.51	\$681.39	\$554.76	\$637.97	\$560.30
55	\$560.01	\$672.02	\$568.58	\$682.30	\$618.88	\$742.65	\$579.44	\$695.33	\$585.23
56	\$585.88	\$703.06	\$594.85	\$713.81	\$647.46	\$776.95	\$606.20	\$727.44	\$612.27
57	\$612.00	\$734.40	\$621.36	\$745.63	\$676.32	\$811.59	\$633.23	\$759.87	\$639.56
58	\$639.87	\$767.85	\$649.66	\$779.60	\$707.13	\$848.55	\$662.07	\$794.48	\$668.69
59	\$653.68	\$784.42	\$663.69	\$796.42	\$722.39	\$866.87	\$676.36	\$811.63	\$683.12
60	\$681.56	\$851.95	\$691.99	\$864.99	\$753.20	\$941.50	\$705.20	\$881.50	\$712.25
61	\$705.67	\$882.08	\$716.47	\$895.58	\$779.84	\$974.80	\$730.15	\$912.68	\$737.45
62	\$721.49	\$901.86	\$732.53	\$915.66	\$797.32	\$996.65	\$746.52	\$933.15	\$753.98
63	\$741.33	\$926.66	\$752.67	\$940.84	\$819.25	\$1,024.06	\$767.04	\$958.80	\$774.71
64+	\$753.38	\$941.73	\$764.91	\$956.14	\$832.57	\$1,040.71	\$779.52	\$974.40	\$787.31

	From PA Rate Tables		N	Y	N	Y	N	Y	N	Y	N
			<u>53789PA0040001</u>	<u>53789PA0040001</u>	<u>53789PA0040002</u>	<u>53789PA0040002</u>	<u>53789PA0040003</u>	<u>53789PA0040003</u>	<u>53789PA0100008</u>	<u>53789PA0100008</u>	<u>53789PA0100008</u>
			<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
			Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
0			\$159.47	\$159.47	\$161.91	\$161.91	\$176.23	\$176.23	\$165.00	\$165.00	\$166.65
21			\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
22			\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
23			\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
24			\$251.13	\$257.41	\$254.97	\$261.34	\$277.52	\$284.46	\$259.84	\$266.33	\$262.44
25			\$252.13	\$258.44	\$255.99	\$262.39	\$278.63	\$285.60	\$260.88	\$267.40	\$263.49
26			\$257.15	\$263.58	\$261.09	\$267.62	\$284.18	\$291.29	\$266.07	\$272.73	\$268.74
27			\$263.18	\$269.76	\$267.21	\$273.89	\$290.84	\$298.12	\$272.31	\$279.12	\$275.03
28			\$272.98	\$279.80	\$277.15	\$284.08	\$301.67	\$309.21	\$282.44	\$289.51	\$285.27
29			\$281.01	\$288.04	\$285.31	\$292.44	\$310.55	\$318.31	\$290.76	\$298.03	\$293.67
30			\$285.03	\$292.16	\$289.39	\$296.63	\$314.99	\$322.86	\$294.92	\$302.29	\$297.87
31			\$291.06	\$298.33	\$295.51	\$302.90	\$321.65	\$329.69	\$301.15	\$308.68	\$304.16
32			\$297.08	\$304.51	\$301.63	\$309.17	\$328.31	\$336.52	\$307.39	\$315.07	\$310.46
33			\$300.85	\$308.37	\$305.45	\$313.09	\$332.47	\$340.78	\$311.29	\$319.07	\$314.40
34			\$304.87	\$312.49	\$309.53	\$317.27	\$336.91	\$345.34	\$315.44	\$323.33	\$318.60
35			\$306.88	\$314.55	\$311.57	\$319.36	\$339.13	\$347.61	\$317.52	\$325.46	\$320.70
36			\$308.89	\$316.61	\$313.61	\$321.45	\$341.35	\$349.89	\$319.60	\$327.59	\$322.80
37			\$310.90	\$318.67	\$315.65	\$323.54	\$343.57	\$352.16	\$321.68	\$329.72	\$324.90
38			\$312.90	\$320.73	\$317.69	\$325.63	\$345.79	\$354.44	\$323.76	\$331.85	\$327.00
39			\$316.92	\$324.85	\$321.77	\$329.82	\$350.23	\$358.99	\$327.92	\$336.11	\$331.20
40			\$320.94	\$345.01	\$325.85	\$350.29	\$354.67	\$381.27	\$332.07	\$356.98	\$335.39
41			\$326.97	\$351.49	\$331.97	\$356.87	\$361.33	\$388.43	\$338.31	\$363.68	\$341.69
42			\$332.74	\$357.70	\$337.84	\$363.17	\$367.72	\$395.30	\$344.29	\$370.11	\$347.73
43			\$340.78	\$366.34	\$345.99	\$371.94	\$376.60	\$404.84	\$352.60	\$379.05	\$356.13
44			\$350.82	\$377.14	\$356.19	\$382.91	\$387.70	\$416.78	\$362.99	\$390.22	\$366.62
45			\$362.63	\$398.89	\$368.18	\$404.99	\$400.74	\$440.82	\$375.21	\$412.73	\$378.96
46			\$376.69	\$414.36	\$382.45	\$420.70	\$416.28	\$457.91	\$389.76	\$428.73	\$393.66
47			\$392.51	\$431.76	\$398.52	\$438.37	\$433.77	\$477.15	\$406.13	\$446.74	\$410.19
48			\$410.59	\$451.65	\$416.88	\$458.56	\$453.75	\$499.12	\$424.84	\$467.32	\$429.08
49			\$428.42	\$471.27	\$434.98	\$478.48	\$473.45	\$520.80	\$443.28	\$487.61	\$447.72
50			\$448.51	\$515.79	\$455.38	\$523.68	\$495.66	\$570.00	\$464.07	\$533.68	\$468.71
51			\$468.35	\$538.61	\$475.52	\$546.85	\$517.58	\$595.22	\$484.60	\$557.29	\$489.45
52			\$490.20	\$563.73	\$497.70	\$572.36	\$541.72	\$622.98	\$507.21	\$583.29	\$512.28
53			\$512.30	\$589.14	\$520.14	\$598.16	\$566.15	\$651.07	\$530.07	\$609.58	\$535.37
54			\$536.16	\$616.58	\$544.36	\$626.01	\$592.51	\$681.39	\$554.76	\$637.97	\$560.30
55			\$560.01	\$672.02	\$568.58	\$682.30	\$618.88	\$742.65	\$579.44	\$695.33	\$585.23
56			\$585.88	\$703.06	\$594.84	\$713.81	\$647.46	\$776.95	\$606.20	\$727.44	\$612.27
57			\$612.00	\$734.40	\$621.36	\$745.63	\$676.32	\$811.59	\$633.23	\$759.87	\$639.56
58			\$639.87	\$767.85	\$649.66	\$779.60	\$707.13	\$848.55	\$662.07	\$794.48	\$668.69
59			\$653.68	\$784.42	\$663.69	\$796.42	\$722.39	\$866.87	\$676.36	\$811.63	\$683.12
60			\$681.56	\$851.95	\$691.99	\$864.99	\$753.20	\$941.50	\$705.20	\$881.50	\$712.25
61			\$705.67	\$882.08	\$716.47	\$895.58	\$779.84	\$974.80	\$730.15	\$912.68	\$737.45
62			\$721.49	\$901.86	\$732.53	\$915.66	\$797.32	\$996.65	\$746.52	\$933.15	\$753.98
63			\$741.33	\$926.66	\$752.67	\$940.84	\$819.25	\$1,024.06	\$767.04	\$958.80	\$774.71
64+			\$753.38	\$941.73	\$764.90	\$956.14	\$832.56	\$1,040.71	\$779.51	\$974.40	\$787.31

### Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

Calculated Rates

	53789PA0100008	53789PA0100008	53789PA0100008	53789PA0110008	53789PA0110008	53789PA0110019	53789PA0110019	53789PA0110020	53789PA0110020
Region	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	259.84	259.84	259.84	201.77	201.77	202.77	202.77	223.95	223.95
0-20	\$166.65	\$163.35	\$163.35	\$128.12	\$128.12	\$130.05	\$130.05	\$140.79	\$140.79
21	\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
22	\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
23	\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
24	\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
25	\$270.07	\$258.27	\$264.73	\$202.57	\$207.64	\$205.61	\$210.76	\$222.60	\$228.16
26	\$275.45	\$263.41	\$270.00	\$206.61	\$211.77	\$209.71	\$214.95	\$227.03	\$232.71
27	\$281.91	\$269.59	\$276.33	\$211.45	\$216.74	\$214.63	\$219.99	\$232.36	\$238.16
28	\$292.40	\$279.62	\$286.61	\$219.32	\$224.80	\$222.61	\$228.18	\$241.00	\$247.03
29	\$301.01	\$287.85	\$295.05	\$225.78	\$231.42	\$229.17	\$234.90	\$248.10	\$254.30
30	\$305.31	\$291.97	\$299.27	\$229.00	\$234.73	\$232.44	\$238.25	\$251.64	\$257.94
31	\$311.77	\$298.14	\$305.60	\$233.85	\$239.69	\$237.36	\$243.29	\$256.97	\$263.39
32	\$318.22	\$304.32	\$311.92	\$238.69	\$244.66	\$242.27	\$248.33	\$262.29	\$268.84
33	\$322.26	\$308.17	\$315.88	\$241.72	\$247.76	\$245.34	\$251.48	\$265.61	\$272.25
34	\$326.56	\$312.29	\$320.10	\$244.94	\$251.07	\$248.62	\$254.84	\$269.16	\$275.89
35	\$328.72	\$314.35	\$322.21	\$246.56	\$252.72	\$250.26	\$256.52	\$270.93	\$277.71
36	\$330.87	\$316.41	\$324.32	\$248.17	\$254.38	\$251.90	\$258.20	\$272.71	\$279.52
37	\$333.02	\$318.46	\$326.43	\$249.79	\$256.03	\$253.54	\$259.88	\$274.48	\$281.34
38	\$335.17	\$320.52	\$328.53	\$251.40	\$257.69	\$255.18	\$261.55	\$276.25	\$283.16
39	\$339.48	\$324.64	\$332.75	\$254.63	\$260.99	\$258.45	\$264.91	\$279.80	\$286.80
40	\$360.55	\$328.75	\$353.41	\$257.86	\$277.20	\$261.73	\$281.36	\$283.35	\$304.60
41	\$367.32	\$334.93	\$360.05	\$262.70	\$282.40	\$266.64	\$286.64	\$288.67	\$310.32
42	\$373.81	\$340.84	\$366.41	\$267.34	\$287.39	\$271.35	\$291.71	\$293.77	\$315.80
43	\$382.84	\$349.08	\$375.26	\$273.80	\$294.33	\$277.91	\$298.75	\$300.86	\$323.43
44	\$394.12	\$359.36	\$386.32	\$281.87	\$303.01	\$286.10	\$307.56	\$309.73	\$332.96
45	\$416.86	\$371.46	\$408.60	\$291.35	\$320.49	\$295.72	\$325.30	\$320.15	\$352.17
46	\$433.02	\$385.86	\$424.45	\$302.65	\$332.91	\$307.19	\$337.91	\$332.57	\$365.83
47	\$451.21	\$402.07	\$442.27	\$315.36	\$346.90	\$320.10	\$352.10	\$346.54	\$381.19
48	\$471.99	\$420.59	\$462.65	\$329.89	\$362.88	\$334.84	\$368.32	\$362.50	\$398.75
49	\$492.49	\$438.85	\$482.74	\$344.21	\$378.63	\$349.38	\$384.32	\$378.24	\$416.07
50	\$539.02	\$459.43	\$528.35	\$360.35	\$414.41	\$365.76	\$420.63	\$395.98	\$455.38
51	\$562.86	\$479.75	\$551.72	\$376.29	\$432.74	\$381.94	\$439.24	\$413.49	\$475.52
52	\$589.12	\$502.13	\$577.45	\$393.85	\$452.92	\$399.76	\$459.72	\$432.78	\$497.70
53	\$615.68	\$524.77	\$603.49	\$411.60	\$473.34	\$417.78	\$480.45	\$452.29	\$520.14
54	\$644.35	\$549.21	\$631.59	\$430.77	\$495.39	\$437.24	\$502.82	\$473.36	\$544.36
55	\$702.28	\$573.65	\$688.38	\$449.94	\$539.93	\$456.69	\$548.03	\$494.42	\$593.30
56	\$734.72	\$600.14	\$720.17	\$470.72	\$564.86	\$477.79	\$573.35	\$517.26	\$620.71
57	\$767.47	\$626.89	\$752.27	\$491.70	\$590.04	\$499.09	\$598.90	\$540.31	\$648.38
58	\$802.43	\$655.45	\$786.54	\$514.10	\$616.92	\$521.82	\$626.18	\$564.92	\$677.91
59	\$819.75	\$669.60	\$803.52	\$525.20	\$630.24	\$533.08	\$639.70	\$577.12	\$692.54
60	\$890.32	\$698.15	\$872.69	\$547.59	\$684.49	\$555.81	\$694.77	\$601.73	\$752.16
61	\$921.81	\$722.85	\$903.56	\$566.96	\$708.70	\$575.48	\$719.34	\$623.01	\$778.77
62	\$942.48	\$739.05	\$923.81	\$579.67	\$724.59	\$588.38	\$735.47	\$636.98	\$796.23
63	\$968.39	\$759.37	\$949.22	\$595.61	\$744.52	\$604.56	\$755.70	\$654.50	\$818.12
64+	\$984.14	\$771.72	\$964.65	\$605.30	\$756.62	\$614.39	\$767.98	\$665.14	\$831.42

From PA Rate Tables		Y	N	Y	N	Y	N	Y	N	Y
		<u>53789PA0100008</u>	<u>53789PA0100008</u>	<u>53789PA0100008</u>	<u>53789PA0110008</u>	<u>53789PA0110008</u>	<u>53789PA0110019</u>	<u>53789PA0110019</u>	<u>53789PA0110020</u>	<u>53789PA0110020</u>
		<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>
		<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
0		\$166.65	\$163.35	\$163.35	\$128.12	\$128.12	\$130.05	\$130.05	\$140.79	\$140.79
21		\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
22		\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
23		\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
24		\$269.00	\$257.24	\$263.67	\$201.77	\$206.81	\$204.80	\$209.92	\$221.71	\$227.26
25		\$270.07	\$258.27	\$264.73	\$202.57	\$207.64	\$205.61	\$210.76	\$222.60	\$228.16
26		\$275.45	\$263.41	\$270.00	\$206.61	\$211.77	\$209.71	\$214.95	\$227.03	\$232.71
27		\$281.91	\$269.59	\$276.33	\$211.45	\$216.74	\$214.63	\$219.99	\$232.36	\$238.16
28		\$292.40	\$279.62	\$286.61	\$219.32	\$224.80	\$222.61	\$228.18	\$241.00	\$247.03
29		\$301.01	\$287.85	\$295.05	\$225.78	\$231.42	\$229.17	\$234.90	\$248.10	\$254.30
30		\$305.31	\$291.97	\$299.27	\$229.00	\$234.73	\$232.44	\$238.25	\$251.64	\$257.94
31		\$311.77	\$298.14	\$305.60	\$233.85	\$239.69	\$237.36	\$243.29	\$256.97	\$263.39
32		\$318.22	\$304.32	\$311.92	\$238.69	\$244.66	\$242.27	\$248.33	\$262.29	\$268.84
33		\$322.26	\$308.17	\$315.88	\$241.72	\$247.76	\$245.34	\$251.48	\$265.61	\$272.25
34		\$326.56	\$312.29	\$320.10	\$244.94	\$251.07	\$248.62	\$254.84	\$269.16	\$275.89
35		\$328.72	\$314.35	\$322.21	\$246.56	\$252.72	\$250.26	\$256.52	\$270.93	\$277.71
36		\$330.87	\$316.41	\$324.32	\$248.17	\$254.38	\$251.90	\$258.20	\$272.71	\$279.52
37		\$333.02	\$318.46	\$326.43	\$249.79	\$256.03	\$253.54	\$259.88	\$274.48	\$281.34
38		\$335.17	\$320.52	\$328.53	\$251.40	\$257.69	\$255.18	\$261.55	\$276.25	\$283.16
39		\$339.48	\$324.64	\$332.75	\$254.63	\$260.99	\$258.45	\$264.91	\$279.80	\$286.80
40		\$360.55	\$328.75	\$353.41	\$257.86	\$277.20	\$261.73	\$281.36	\$283.35	\$304.60
41		\$367.32	\$334.93	\$360.05	\$262.70	\$282.40	\$266.64	\$286.64	\$288.67	\$310.32
42		\$373.81	\$340.84	\$366.41	\$267.34	\$287.39	\$271.35	\$291.71	\$293.77	\$315.80
43		\$382.84	\$349.08	\$375.26	\$273.80	\$294.33	\$277.91	\$298.75	\$300.86	\$323.43
44		\$394.12	\$359.36	\$386.32	\$281.87	\$303.01	\$286.10	\$307.56	\$309.73	\$332.96
45		\$416.86	\$371.46	\$408.60	\$291.35	\$320.49	\$295.72	\$325.30	\$320.15	\$352.17
46		\$433.02	\$385.86	\$424.45	\$302.65	\$332.91	\$307.19	\$337.91	\$332.57	\$365.83
47		\$451.21	\$402.07	\$442.27	\$315.36	\$346.90	\$320.10	\$352.10	\$346.54	\$381.19
48		\$471.99	\$420.59	\$462.65	\$329.89	\$362.88	\$334.84	\$368.32	\$362.50	\$398.75
49		\$492.49	\$438.85	\$482.74	\$344.21	\$378.63	\$349.38	\$384.32	\$378.24	\$416.07
50		\$539.02	\$459.43	\$528.35	\$360.35	\$414.41	\$365.76	\$420.63	\$395.98	\$455.38
51		\$562.86	\$479.75	\$551.72	\$376.29	\$432.74	\$381.94	\$439.24	\$413.49	\$475.52
52		\$589.12	\$502.13	\$577.45	\$393.85	\$452.92	\$399.76	\$459.72	\$432.78	\$497.70
53		\$615.68	\$524.77	\$603.49	\$411.60	\$473.34	\$417.78	\$480.45	\$452.29	\$520.14
54		\$644.35	\$549.21	\$631.59	\$430.77	\$495.39	\$437.24	\$502.82	\$473.36	\$544.36
55		\$702.28	\$573.65	\$688.38	\$449.94	\$539.93	\$456.69	\$548.03	\$494.42	\$593.30
56		\$734.72	\$600.14	\$720.17	\$470.72	\$564.86	\$477.79	\$573.35	\$517.26	\$620.71
57		\$767.47	\$626.89	\$752.27	\$491.70	\$590.04	\$499.09	\$598.90	\$540.31	\$648.38
58		\$802.43	\$655.45	\$786.54	\$514.10	\$616.92	\$521.82	\$626.18	\$564.92	\$677.91
59		\$819.75	\$669.60	\$803.52	\$525.20	\$630.24	\$533.08	\$639.70	\$577.12	\$692.54
60		\$890.32	\$698.15	\$872.69	\$547.59	\$684.49	\$555.81	\$694.77	\$601.73	\$752.16
61		\$921.81	\$722.85	\$903.56	\$566.96	\$708.70	\$575.48	\$719.34	\$623.01	\$778.77
62		\$942.48	\$739.05	\$923.81	\$579.67	\$724.59	\$588.38	\$735.47	\$636.98	\$796.23
63		\$968.39	\$759.37	\$949.22	\$595.61	\$744.52	\$604.56	\$755.70	\$654.50	\$818.12
64+		\$984.14	\$771.71	\$964.65	\$605.30	\$756.62	\$614.39	\$767.98	\$665.13	\$831.42

### Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>									
	53789PA0100004	53789PA0100004	53789PA0100004	53789PA0100004	53789PA0100004	53789PA0100004	53789PA0110004	53789PA0110004	53789PA0110017
Region	<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
Tobacco	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	<u>Non Tobacco</u>
Calibrated Plan Adjusted Index Rate	161.93	161.93	161.93	161.93	161.93	161.93	130.40	130.40	130.95
0-20	\$102.83	\$102.83	\$103.86	\$103.86	\$101.80	\$101.80	\$82.81	\$82.81	\$83.98
21	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
22	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
23	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
24	\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
25	\$162.58	\$166.65	\$164.21	\$168.31	\$160.95	\$164.98	\$130.92	\$134.20	\$132.78
26	\$165.82	\$169.96	\$167.48	\$171.66	\$164.16	\$168.27	\$133.53	\$136.87	\$135.43
27	\$169.71	\$173.95	\$171.40	\$175.69	\$168.01	\$172.21	\$136.66	\$140.08	\$138.60
28	\$176.02	\$180.42	\$177.78	\$182.23	\$174.26	\$178.62	\$141.75	\$145.29	\$143.76
29	\$181.20	\$185.73	\$183.02	\$187.59	\$179.39	\$183.88	\$145.92	\$149.57	\$147.99
30	\$183.79	\$188.39	\$185.63	\$190.27	\$181.96	\$186.50	\$148.01	\$151.71	\$150.11
31	\$187.68	\$192.37	\$189.56	\$194.30	\$185.80	\$190.45	\$151.14	\$154.91	\$153.28
32	\$191.57	\$196.36	\$193.48	\$198.32	\$189.65	\$194.39	\$154.27	\$158.12	\$156.46
33	\$194.00	\$198.85	\$195.94	\$200.83	\$192.06	\$196.86	\$156.22	\$160.13	\$158.44
34	\$196.59	\$201.50	\$198.55	\$203.52	\$194.62	\$199.49	\$158.31	\$162.27	\$160.56
35	\$197.88	\$202.83	\$199.86	\$204.86	\$195.90	\$200.80	\$159.35	\$163.34	\$161.62
36	\$199.18	\$204.16	\$201.17	\$206.20	\$197.19	\$202.12	\$160.39	\$164.40	\$162.67
37	\$200.47	\$205.48	\$202.48	\$207.54	\$198.47	\$203.43	\$161.44	\$165.47	\$163.73
38	\$201.77	\$206.81	\$203.79	\$208.88	\$199.75	\$204.74	\$162.48	\$166.54	\$164.79
39	\$204.36	\$209.47	\$206.40	\$211.56	\$202.32	\$207.37	\$164.57	\$168.68	\$166.91
40	\$206.95	\$222.47	\$209.02	\$224.70	\$204.88	\$220.25	\$166.65	\$179.15	\$169.02
41	\$210.84	\$226.65	\$212.95	\$228.92	\$208.73	\$224.38	\$169.78	\$182.52	\$172.20
42	\$214.56	\$230.65	\$216.71	\$232.96	\$212.42	\$228.35	\$172.78	\$185.74	\$175.24
43	\$219.74	\$236.22	\$221.94	\$238.59	\$217.55	\$233.86	\$176.96	\$190.23	\$179.47
44	\$226.22	\$243.19	\$228.48	\$245.62	\$223.96	\$240.76	\$182.17	\$195.84	\$184.76
45	\$233.83	\$257.21	\$236.17	\$259.79	\$231.49	\$254.64	\$188.30	\$207.13	\$190.98
46	\$242.90	\$267.19	\$245.33	\$269.86	\$240.47	\$264.52	\$195.60	\$215.16	\$198.38
47	\$253.10	\$278.41	\$255.63	\$281.20	\$250.57	\$275.63	\$203.82	\$224.20	\$206.71
48	\$264.76	\$291.24	\$267.41	\$294.15	\$262.11	\$288.32	\$213.21	\$234.53	\$216.24
49	\$276.26	\$303.88	\$279.02	\$306.92	\$273.50	\$300.84	\$222.47	\$244.71	\$225.63
50	\$289.21	\$332.59	\$292.10	\$335.92	\$286.32	\$329.27	\$232.90	\$267.83	\$236.21
51	\$302.01	\$347.31	\$305.03	\$350.78	\$298.99	\$343.83	\$243.20	\$279.68	\$246.66
52	\$316.09	\$363.51	\$319.25	\$367.14	\$312.93	\$359.87	\$254.55	\$292.73	\$258.16
53	\$330.34	\$379.89	\$333.65	\$383.69	\$327.04	\$376.10	\$266.02	\$305.92	\$269.80
54	\$345.73	\$397.59	\$349.18	\$401.56	\$342.27	\$393.61	\$278.41	\$320.17	\$282.36
55	\$361.11	\$433.33	\$364.72	\$437.67	\$357.50	\$429.00	\$290.80	\$348.96	\$294.93
56	\$377.79	\$453.35	\$381.57	\$457.88	\$374.01	\$448.81	\$304.23	\$365.07	\$308.55
57	\$394.63	\$473.56	\$398.58	\$478.29	\$390.68	\$468.82	\$317.79	\$381.35	\$322.31
58	\$412.61	\$495.13	\$416.73	\$500.08	\$408.48	\$490.18	\$332.27	\$398.72	\$336.99
59	\$421.51	\$505.81	\$425.73	\$510.87	\$417.30	\$500.76	\$339.44	\$407.32	\$344.26
60	\$439.49	\$549.36	\$443.88	\$554.85	\$435.09	\$543.86	\$353.91	\$442.39	\$358.94
61	\$455.03	\$568.79	\$459.58	\$574.48	\$450.48	\$563.10	\$366.43	\$458.04	\$371.64
62	\$465.23	\$581.54	\$469.89	\$587.36	\$460.58	\$575.73	\$374.65	\$468.31	\$379.97
63	\$478.03	\$597.53	\$482.81	\$603.51	\$473.25	\$591.56	\$384.95	\$481.18	\$390.42
64+	\$485.80	\$607.25	\$490.66	\$613.32	\$480.94	\$601.18	\$391.21	\$489.01	\$396.77

From PA Rate Tables		N	Y	N	Y	N	Y	N	Y	N
		<u>53789PA0100004</u>	<u>53789PA0100004</u>	<u>53789PA0100004</u>	<u>53789PA0100004</u>	<u>53789PA0100004</u>	<u>53789PA0100004</u>	<u>53789PA0110004</u>	<u>53789PA0110004</u>	<u>53789PA0110017</u>
		<u>6</u>	<u>6</u>	<u>Z</u>	<u>Z</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>6</u>	<u>Z</u>
		Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco
0		\$102.83	\$102.83	\$103.86	\$103.86	\$101.80	\$101.80	\$82.81	\$82.81	\$83.98
21		\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
22		\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
23		\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
24		\$161.93	\$165.98	\$163.55	\$167.64	\$160.31	\$164.32	\$130.40	\$133.66	\$132.26
25		\$162.58	\$166.65	\$164.21	\$168.31	\$160.95	\$164.98	\$130.92	\$134.20	\$132.78
26		\$165.82	\$169.96	\$167.48	\$171.66	\$164.16	\$168.27	\$133.53	\$136.87	\$135.43
27		\$169.71	\$173.95	\$171.40	\$175.69	\$168.01	\$172.21	\$136.66	\$140.08	\$138.60
28		\$176.02	\$180.42	\$177.78	\$182.23	\$174.26	\$178.62	\$141.75	\$145.29	\$143.76
29		\$181.20	\$185.73	\$183.02	\$187.59	\$179.39	\$183.88	\$145.92	\$149.57	\$147.99
30		\$183.79	\$188.39	\$185.63	\$190.27	\$181.96	\$186.50	\$148.01	\$151.71	\$150.11
31		\$187.68	\$192.37	\$189.56	\$194.30	\$185.80	\$190.45	\$151.14	\$154.91	\$153.28
32		\$191.57	\$196.36	\$193.48	\$198.32	\$189.65	\$194.39	\$154.27	\$158.12	\$156.46
33		\$194.00	\$198.85	\$195.94	\$200.83	\$192.06	\$196.86	\$156.22	\$160.13	\$158.44
34		\$196.59	\$201.50	\$198.55	\$203.52	\$194.62	\$199.49	\$158.31	\$162.27	\$160.56
35		\$197.88	\$202.83	\$199.86	\$204.86	\$195.90	\$200.80	\$159.35	\$163.34	\$161.62
36		\$199.18	\$204.16	\$201.17	\$206.20	\$197.19	\$202.12	\$160.39	\$164.40	\$162.67
37		\$200.47	\$205.48	\$202.48	\$207.54	\$198.47	\$203.43	\$161.44	\$165.47	\$163.73
38		\$201.77	\$206.81	\$203.79	\$208.88	\$199.75	\$204.74	\$162.48	\$166.54	\$164.79
39		\$204.36	\$209.47	\$206.40	\$211.56	\$202.32	\$207.37	\$164.57	\$168.68	\$166.91
40		\$206.95	\$222.47	\$209.02	\$224.70	\$204.88	\$220.25	\$166.65	\$179.15	\$169.02
41		\$210.84	\$226.65	\$212.95	\$228.92	\$208.73	\$224.38	\$169.78	\$182.52	\$172.20
42		\$214.56	\$230.65	\$216.71	\$232.96	\$212.42	\$228.35	\$172.78	\$185.74	\$175.24
43		\$219.74	\$236.22	\$221.94	\$238.59	\$217.55	\$233.86	\$176.96	\$190.23	\$179.47
44		\$226.22	\$243.19	\$228.48	\$245.62	\$223.96	\$240.76	\$182.17	\$195.84	\$184.76
45		\$233.83	\$257.21	\$236.17	\$259.79	\$231.49	\$254.64	\$188.30	\$207.13	\$190.98
46		\$242.90	\$267.19	\$245.33	\$269.86	\$240.47	\$264.52	\$195.60	\$215.16	\$198.38
47		\$253.10	\$278.41	\$255.63	\$281.20	\$250.57	\$275.63	\$203.82	\$224.20	\$206.71
48		\$264.76	\$291.24	\$267.41	\$294.15	\$262.11	\$288.32	\$213.21	\$234.53	\$216.24
49		\$276.26	\$303.88	\$279.02	\$306.92	\$273.50	\$300.84	\$222.47	\$244.71	\$225.63
50		\$289.21	\$332.59	\$292.10	\$335.92	\$286.32	\$329.27	\$232.90	\$267.83	\$236.21
51		\$302.01	\$347.31	\$305.03	\$350.78	\$298.98	\$343.83	\$243.20	\$279.68	\$246.66
52		\$316.09	\$363.51	\$319.25	\$367.14	\$312.93	\$359.87	\$254.55	\$292.73	\$258.16
53		\$330.34	\$379.89	\$333.65	\$383.69	\$327.04	\$376.10	\$266.02	\$305.92	\$269.80
54		\$345.73	\$397.59	\$349.18	\$401.56	\$342.27	\$393.61	\$278.41	\$320.17	\$282.36
55		\$361.11	\$433.33	\$364.72	\$437.67	\$357.50	\$429.00	\$290.80	\$348.96	\$294.93
56		\$377.79	\$453.35	\$381.57	\$457.88	\$374.01	\$448.81	\$304.23	\$365.07	\$308.55
57		\$394.63	\$473.56	\$398.58	\$478.29	\$390.68	\$468.82	\$317.79	\$381.35	\$322.31
58		\$412.61	\$495.13	\$416.73	\$500.08	\$408.48	\$490.18	\$332.27	\$398.72	\$336.99
59		\$421.51	\$505.81	\$425.73	\$510.87	\$417.30	\$500.76	\$339.44	\$407.32	\$344.26
60		\$439.49	\$549.36	\$443.88	\$554.85	\$435.09	\$543.86	\$353.91	\$442.39	\$358.94
61		\$455.03	\$568.79	\$459.58	\$574.48	\$450.48	\$563.10	\$366.43	\$458.04	\$371.64
62		\$465.23	\$581.54	\$469.89	\$587.36	\$460.58	\$575.73	\$374.65	\$468.31	\$379.97
63		\$478.03	\$597.53	\$482.81	\$603.51	\$473.25	\$591.56	\$384.95	\$481.18	\$390.42
64+		\$485.79	\$607.25	\$490.65	\$613.32	\$480.93	\$601.18	\$391.20	\$489.01	\$396.77

### Difference

[illegible]

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 10**

<u>Calculated Rates</u>			
	53789PA0110017	53789PA0110018	53789PA0110018
Region	<u>Z</u>	<u>9</u>	<u>9</u>
Tobacco	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
Calibrated Plan Adjusted Index Rate	130.95	142.45	142.45
0-20	\$83.98	\$89.55	\$89.55
21	\$135.56	\$141.03	\$144.55
22	\$135.56	\$141.03	\$144.55
23	\$135.56	\$141.03	\$144.55
24	\$135.56	\$141.03	\$144.55
25	\$136.10	\$141.59	\$145.13
26	\$138.81	\$144.41	\$148.02
27	\$142.07	\$147.79	\$151.49
28	\$147.36	\$153.29	\$157.13
29	\$151.69	\$157.81	\$161.75
30	\$153.86	\$160.06	\$164.07
31	\$157.12	\$163.45	\$167.53
32	\$160.37	\$166.83	\$171.00
33	\$162.40	\$168.95	\$173.17
34	\$164.57	\$171.20	\$175.48
35	\$165.66	\$172.33	\$176.64
36	\$166.74	\$173.46	\$177.80
37	\$167.83	\$174.59	\$178.95
38	\$168.91	\$175.72	\$180.11
39	\$171.08	\$177.97	\$182.42
40	\$181.70	\$180.23	\$193.75
41	\$185.11	\$183.61	\$197.39
42	\$188.38	\$186.86	\$200.87
43	\$192.93	\$191.37	\$205.72
44	\$198.62	\$197.01	\$211.79
45	\$210.07	\$203.64	\$224.00
46	\$218.22	\$211.54	\$232.69
47	\$227.39	\$220.42	\$242.46
48	\$237.86	\$230.58	\$253.63
49	\$248.19	\$240.59	\$264.65
50	\$271.64	\$251.87	\$289.65
51	\$283.65	\$263.01	\$302.46
52	\$296.89	\$275.28	\$316.57
53	\$310.27	\$287.69	\$330.84
54	\$324.72	\$301.09	\$346.25
55	\$353.91	\$314.49	\$377.38
56	\$370.26	\$329.01	\$394.81
57	\$386.77	\$343.68	\$412.41
58	\$404.38	\$359.33	\$431.20
59	\$413.11	\$367.09	\$440.51
60	\$448.68	\$382.74	\$478.43
61	\$464.55	\$396.28	\$495.35
62	\$474.96	\$405.17	\$506.46
63	\$488.02	\$416.31	\$520.38
64+	\$495.96	\$423.08	\$528.84

<u>Rating Factors</u>				
<u>Age Range</u>	<u>Age Factor</u>	<u>Tobacco Factor</u>	<u>Region</u>	<u>Factor</u>
0-20	0.635	1	6	1
21	1	1.025	7	1.01
22	1	1.025	9	0.99
23	1	1.025		
24	1	1.025		
25	1.004	1.025		
26	1.024	1.025		
27	1.048	1.025		
28	1.087	1.025		
29	1.119	1.025		
30	1.135	1.025		
31	1.159	1.025		
32	1.183	1.025		
33	1.198	1.025		
34	1.214	1.025		
35	1.222	1.025		
36	1.23	1.025		
37	1.238	1.025		
38	1.246	1.025		
39	1.262	1.025		
40	1.278	1.075		
41	1.302	1.075		
42	1.325	1.075		
43	1.357	1.075		
44	1.397	1.075		
45	1.444	1.1		
46	1.5	1.1		
47	1.563	1.1		
48	1.635	1.1		
49	1.706	1.1		
50	1.786	1.15		
51	1.865	1.15		
52	1.952	1.15		
53	2.04	1.15		
54	2.135	1.15		
55	2.23	1.2		
56	2.333	1.2		
57	2.437	1.2		
58	2.548	1.2		
59	2.603	1.2		
60	2.714	1.25		
61	2.81	1.25		
62	2.873	1.25		
63	2.952	1.25		
64+	3	1.25		
65 and over	3	1.25		

	From PA Rate Tables		
	Y	N	Y
	<u>53789PA0110017</u>	<u>53789PA0110018</u>	<u>53789PA0110018</u>
	<u>Z</u>	<u>9</u>	<u>9</u>
	<u>Tobacco</u>	<u>Non Tobacco</u>	<u>Tobacco</u>
0	\$83.98	\$89.55	\$89.55
21	\$135.56	\$141.03	\$144.55
22	\$135.56	\$141.03	\$144.55
23	\$135.56	\$141.03	\$144.55
24	\$135.56	\$141.03	\$144.55
25	\$136.10	\$141.59	\$145.13
26	\$138.82	\$144.41	\$148.02
27	\$142.07	\$147.79	\$151.49
28	\$147.36	\$153.29	\$157.13
29	\$151.69	\$157.81	\$161.75
30	\$153.86	\$160.06	\$164.07
31	\$157.12	\$163.45	\$167.53
32	\$160.37	\$166.83	\$171.00
33	\$162.40	\$168.95	\$173.17
34	\$164.57	\$171.20	\$175.48
35	\$165.66	\$172.33	\$176.64
36	\$166.74	\$173.46	\$177.80
37	\$167.83	\$174.59	\$178.95
38	\$168.91	\$175.72	\$180.11
39	\$171.08	\$177.97	\$182.42
40	\$181.70	\$180.23	\$193.75
41	\$185.11	\$183.61	\$197.39
42	\$188.38	\$186.86	\$200.87
43	\$192.93	\$191.37	\$205.72
44	\$198.62	\$197.01	\$211.79
45	\$210.07	\$203.64	\$224.00
46	\$218.22	\$211.54	\$232.69
47	\$227.39	\$220.42	\$242.46
48	\$237.86	\$230.58	\$253.63
49	\$248.19	\$240.59	\$264.65
50	\$271.64	\$251.87	\$289.65
51	\$283.65	\$263.01	\$302.46
52	\$296.89	\$275.28	\$316.57
53	\$310.27	\$287.69	\$330.84
54	\$324.72	\$301.09	\$346.25
55	\$353.91	\$314.49	\$377.38
56	\$370.26	\$329.01	\$394.81
57	\$386.77	\$343.68	\$412.41
58	\$404.38	\$359.33	\$431.20
59	\$413.11	\$367.09	\$440.51
60	\$448.68	\$382.74	\$478.43
61	\$464.55	\$396.28	\$495.35
62	\$474.96	\$405.17	\$506.46
63	\$488.02	\$416.31	\$520.38
64+	\$495.96	\$423.08	\$528.84

<u>Difference</u>	Y	N	Y
	<u>53789PA0110017</u>	<u>53789PA0110018</u>	<u>53789PA0110018</u>
	<u>6</u> <u>Non Tobacco</u>	<u>6</u> <u>Non Tobacco</u>	<u>6</u> <u>Non Tobacco</u>
0	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00
26	\$0.01	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00
31	\$0.00	\$0.00	\$0.00
32	\$0.00	\$0.00	\$0.00
33	\$0.00	\$0.00	\$0.00
34	\$0.00	\$0.00	\$0.00
35	\$0.00	\$0.00	\$0.00
36	\$0.00	\$0.00	\$0.00
37	\$0.00	\$0.00	\$0.00
38	\$0.00	\$0.00	\$0.00
39	\$0.00	\$0.00	\$0.00
40	\$0.00	\$0.00	\$0.00
41	\$0.00	\$0.00	\$0.00
42	\$0.00	\$0.00	\$0.00
43	\$0.00	\$0.00	\$0.00
44	\$0.00	\$0.00	\$0.00
45	\$0.00	\$0.00	\$0.00
46	\$0.00	\$0.00	\$0.00
47	\$0.00	\$0.00	\$0.00
48	\$0.00	\$0.00	\$0.00
49	\$0.00	\$0.00	\$0.00
50	\$0.00	\$0.00	\$0.00
51	\$0.00	\$0.00	\$0.00
52	\$0.00	\$0.00	\$0.00
53	\$0.00	\$0.00	\$0.00
54	\$0.00	\$0.00	\$0.00
55	\$0.00	\$0.00	\$0.00
56	\$0.00	\$0.00	\$0.00
57	\$0.00	\$0.00	\$0.00
58	\$0.00	\$0.00	\$0.00
59	\$0.00	\$0.00	\$0.00
60	\$0.00	\$0.00	\$0.00
61	\$0.00	\$0.00	\$0.00
62	\$0.00	\$0.00	\$0.00
63	\$0.00	\$0.00	\$0.00
64+	\$0.00	\$0.00	\$0.00

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 11**

**Broker Commission Calculation**

<b><u>Current</u></b>		
	<b><u>Catastrophic Plans</u></b>	<b><u>Non-Cat Plans</u></b>
2016 Broker Commission (PMPM)	■	■
2016 Membership (CAAC, CAIC, and KHPC combined)	■	■
% of business brokered	■	
Calculated Broker Commission in Rate Development	\$10.96	

<b><u>2017</u></b>		
	<b><u>Catastrophic Plans</u></b>	<b><u>Non-Cat Plans</u></b>
Proposed 2017 Broker Commission (PMPM)	■	■
Projected Membership (CAAC, CAIC, and KHPC combined)	■	■
% of business brokered	■	
Calculated Broker Commission in Rate Development	\$7.86	
Applied Broker Commission in Rate Development	\$8.00	

# KEYSTONE HEALTH PLAN CENTRAL, INC.

## Question and Answer Individual Rates Effective January 1, 2017

Please note that all Q&A exhibits referenced below are found in  
“Ind\_16-50\_Initial\_KHP\_HMO\_Q&AExhibits\_Supporting\_20160629.xlsx”

### Consultant Questions:

**Question 1.** Please explain qualitatively and justify quantitatively the derivation of the member months for the Projected Rating Period in Table 1 of the Actuarial Memorandum Rate Exhibits.

**Answer 1.** Please refer to Q&A Exhibit 1 for the calculation of projected member months found in Table 1. The calculation begins with current KHPC enrollment as of 3/31/2016. We then assume net enrollment growth of 500 members per month through the end of 2016. Finally, 7.5% enrollment growth is projected 2017 over 2016. The age distribution found on Table 1 uses current member distribution by age.

**Question 2.** Please provide a quantitative reconciliation of the 2015 experience shown in Table 2 of the Actuarial Memorandum Rate Exhibits, with the experience shown in Section 1 of Worksheet 1 of the URRT. Please include totals for each year for each item, as well as grand totals.

**Answer 2.** We have made a correction to Table 2 of the PA Rate Exhibits. This table now matches the URRT. Please refer to Q&A Exhibit 2 for totals of each year, for each item, as well as grand totals.

**Question 3.** Please provide totals for each year for each item, as well as grand totals for Table 4.

**Answer 3.** Please refer to Q&A Exhibit 2, as reference in Question 3.

**Question 4.** The Company Rate Information in SERFF indicates that the Maximum and Minimum rate changes are 28.7% and -13.6%. Please demonstrate how these amounts were determined.

**Answer 4.** The minimum and maximum rate change are taken directly from Table 10, “Proposed Rate Change Compared to Prior 12 Months.” The calculated rate changes (minimum, maximum and average) include mapping of discontinued plans.

**Question 5.** In the Completeness and Redaction Justification Checklist, please show the Page number/Table Number/Paragraph Number in the Completed Column and also the Justification Location for the Redacted Column.

**Answer 5.** I have updated the Completeness and Redaction Justification Checklist.

**Question 6.** In the Pennsylvania Rate Change Request Summary – 2017 and in RFJ Part II, please provide the quantitative impact for each of the factors shown in the “Explanation of Requested Rate Change” section, and show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

**Answer 6.** Please refer to Q&A Exhibit 3 for a list of contributing rate increase factors and quantitative estimates:

- Historical Claim Experience: 20.5%. The historical claim experience details are found on Q&A Exhibit 2a. This is taken directly from PA Rate Exhibit Table 2 for both KHPC and subsidiary, Capital Advantage Assurance Company (CAAC). These results include risk adjustment estimates and reinsurance accruals, and show a combined loss ratio of 106.5%. Given a target loss ratio of 86.1%, historical claim experience (before trend) justifies a 20.5% annual rate increase.
- Loss of Federal Reinsurance Program: 6.4%. The loss of Federal Reinsurance in 2017 is worth approximately 6% of premium. This is calculated in Q&A Exhibit 3b. This exhibit shows estimated 2016 results based on CBC’s 2016 Premium Deficiency Reserve (PDR) Calculation. The PDR calculation estimates reinsurance at \$25 PMPM, or 6.4% of premium.
- Trend Components: 8.1%. Trend is discussed further in Question 9.
- Administrative Expense (AE) Inflation: 0.4%. AE trends approximately 4 percent per year, and is 10 percent of premium.
- Suspension of Health Insurer Tax: -3.6%. CBC applied 3.6% to 2016 rates. This tax is suspended for calendar year 2017.
- Increase in Exchange User Fee: 0.5%. Please see Q&A Exhibit 3c for the calculation of percentage increase (as a percent of premium) of the Exchange User Fee.

The sum of the above bullets is greater than the requested increase. But KHPC expects offsetting factors such as:

- Wear off of pent-up demand
- Stabilization of risk as more individuals enter the market
- Issuers’ increased capability to accurately report risk scores for risk adjustment.
- HMO Managed Care Networks: Impact of referrals, capitation, and in-network only providers.

The above mitigating factors are difficult to quantify. But because of these factors, KHPC is requesting an increase less than what an actuarial formula would suggest.

**Question 7.** Please provide a “Reason for Rate Increase” section in the Actuarial Memorandum, detailing the qualitative and quantitative reasons and component factors of the aggregate rate increase. Also show quantitatively that the compound effect of the component factors aggregates to the requested rate increase.

**Answer 7.** The Actuarial Memorandum has been updated with a “Reason for Rate Increase” Section.

**Question 8.** Please justify quantitatively the statement in the Projection Factors section of the Actuarial Memorandum that the Company “expects negative morbidity changes in its population in the projection period.”

**Answer 8.** Please see Exhibit 4 for the calculation of negative morbidity. Because of significant enrollment growth in 2016, continuing in 2017, KHPC projects changes in morbidity from the 2015 base experience period. Metal level and network enrollment mix changed materially from 2015 to projected 2017. We can estimate that 2017 loss ratios (adjusted for estimated RRRs) by metal level and network will be proportional to those in 2015. We can then project the total 2017 loss ratio using projected 2017 enrollment. Enrollment mix alone improves the loss ratio by 8 percent. KHPC expects to see further improvement through medical management of its HMO population and wear off of pent-up demand.

**Question 9.** Please show quantitatively the derivation of the trend assumptions for each benefit category as shown in Table 3. Please include the sources and source claims data.

**Answer 9.** Trend is calculated using:

- Vendor Physician Cost Model
- Internal Hospital Contracting Model
- Internal Prescription Drug Trend Model
- Medical utilization estimates reviewed by CBC’s Chief Medical Officer

The medical cost models use best estimates of Capital BlueCross (CBC)’s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.

Utilization trend takes into account the following considerations:

- Historical Data: Please refer to Q&A Exhibit 5a for KHPC Individual historical trends. These trends are considerably lower than those used in rate development. This can be attributed to enrollment changes. Note the enrollment change 1/1/2016. Because of the large jump in enrollment, historical trends are not used to develop pricing trend.
- Hospital Inpatient Authorization Reports: Please refer to Q&A Exhibit 3b for Individual (KHPC and CAAC) inpatient authorizations by month. Note that Inpatient Acute claims are the majority of inpatient costs. Year-to-date (YTD) 2016 inpatient acute days/1000 are 12 percent higher than YTD 2015.
- Special Enrollment Period (SEP) Enrollment: Please see PID Question 3 below. KHPC expects SEP members to have higher than average utilization.

- Continuity of Care: Care Management is more difficult for individuals without continuous health care coverage, resulting in higher than average utilization rates.

The Prescription Drug model considers the following trend components:

- Price Inflation
- Contract Pricing
- Member Cost-Sharing
- Units per Script
- Brand/Generic Mix
- Therapeutic Mix
- Cost per Script
- Utilization

Please refer to Q&A Exhibit 5c for Individual (KHPC and CAAC) historical prescription drug trends.

Q&A Exhibit 5 shows KHPC's best estimate on future trends based on the factors listed above. The pricing trend proposed in this filing is slightly less.

**Question 10.** The Actuarial Memorandum shows that the allowed charges PMPM which are added to the projection period allowed claims PMPM are 5.01 for pediatric dental and 0.46 for pediatric vision coverage, and references Exhibit C for the rate development.

- Exhibit C shows for Projected Claims PMPM 3.61 for Pediatric Dental and 0.46 for Pediatric Vision. Please reconcile the difference for Pediatric Dental.
- Please adjust the Pediatric Dental number if needed, in Exhibit G, which shows 3.61.
- Exhibit C also shows the development of the Premium Single Rate for Pediatric Dental and Pediatric Vision. Please justify each of the values included in the Premium Single Rate. Also explain the reasoning for including Admin PMPM in the claims component in the numerator, versus including it in the denominator with the other expense items.

**Answer 10.**

- The difference in pediatric dental claims PMPMs of 5.01 in the actuarial memo and 3.61 in Exhibit C is due to the difference between allowed claims and incurred claims. The URRT uses allowed claims, while the rate development shown in Exhibit C is using incurred. We expect a difference between allowed and incurred pediatric dental due to cost-sharing. Pediatric Vision is paid at 100%, so there is no difference between allowed and incurred. I have updated the actuarial memo to include both allowed and incurred projections.
- No adjustment is necessary.
- Please see Q&A Exhibit 6 for the calculation of the projected claims PMPM.
  - The pediatric dental calculation is taken directly from CAAC Stand-Alone Dental Filing CABC-130539624. Per child per month rate from the filing is

converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.

- b. Pediatric Vision: Rating begins with starting cost and utilization by procedure code. Separate in-network and out-of-network cost and utilization are used in the rating methodology. Starting cost and utilization are then adjusted based on the selected plan designs. Utilization is adjusted based on the chosen benefit period (12 months), copay, and the maximum allowance levels. Starting cost is adjusted based on copays, coinsurance, and maximums. Final cost per service is calculated as the minimum of the max for that service category and the starting cost, minus the copay, and multiplied by the coinsurance. Per child per month rate is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.
- c. The Admin PMPM is added to retention because it is not a percent of premium, as are the other retention items.

**Question 11.** Please provide a comparison chart between the 2017 Calibrated Plan Adjusted Index Rates shown in Table 10 and those shown in Exhibit P, for the active plans. Please note that the Table 10 2017 Calibrated Plan Adjusted Index Rates should be used as the basis of the premium rates; please confirm.

**Answer 11.** I am correcting the Calibrated Plan Adjusted Index Rates shown in Exhibit P. They originally were not adjusted for the Tobacco surcharge. Please see Q&A Exhibit 7 for a comparison of the Table 10 Calibrated Plan Adjusted Index Rates, and the new ones being submitted with this Q&A in Exhibit P. Because of this change, a new PID Rates Table and Federal Rates Template are also being submitted with this Q&A. With this change, Table 10 is the basis of the premium rates.

This change does not alter our requested rate change, since that was derived using Table 10. Table 10 is unchanged.

**Question 12.** Please show quantitatively the derivation of the Tobacco Surcharge adjustment of .994 shown in Table 10.

**Answer 12.** The Tobacco surcharge is derived using current month individual members by age and tobacco status. Please see Q&A Exhibit 8 for the calculation of the Tobacco surcharge.

**Question 13.** For those plans in Table 10 which use Approach 1 for the Actuarial Value, please include the appropriate actuarial certifications, as stated in Section 6 of the 2017 ACA-Compliant Health Insurance Rate Filing Guidance. Please use the actuarial certification as shown in the federal form, “Unique Plan design Supporting Documentation and Justification.”

**Answer 13.** I have updated the Actuarial Memorandum to include the appropriate wording as shown in the federal form, “Unique Plan design Supporting Documentation and Justification.”

**Question 14.** Please include the appropriate wording into the Actuarial Certification, as described in Section 6 of the 2017 ACA-Compliant Health Insurance Rate Filing Guidance.

**Answer 14.** I have updated the Actuarial Memorandum to include the appropriate wording as described in Section 6 of the 2017 ACA-Compliance Health Insurance Rate Filing Guidance.

**Question 15.** Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

**Answer 15.** The plan premiums and AV Pricing Values have some differences. There are several reasons why plan premiums may not be proportional to AV Pricing Values.

- KHPC does not use the AV Calculator as a pricing model
  - The AV Calculator is a nationwide model designed to provide a consistent and explainable process for determining benefits. It is not designed to be a region-specific pricing model.
  - KHPC uses a vendor pricing model calibrated to Capital BlueCross (CBC) data. The actuarial model is explained in the Actuarial Memorandum under the Plan Adjusted Index Rate section.
  - While the AV Calculator has evolved significantly from 2014 to 2017, some flaws remain. For example, in certain cases, increasing the Prescription Drug deductible causes the actuarial value to increase.
- KHPC has 2014 risk-adjusted results showing that the pricing value differential between metal levels needs to be greater than AV would suggest. Please see Q&A Exhibit 9 for 2014 risk-adjusted results by metal level.
- As seen in Exhibit 9, Gold (adjusted for RRRs) results are significantly worse than other metal levels. Because of this, KHPC has proposed greater pricing differentials between Gold and Silver. Gold plans will have induced demand due to benefit richness.

**Question 16.** Please show quantitatively with an Excel spreadsheet with formulas that the Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.

**Answer 16.** Please see Q&A Exhibit 10 for a comparison between the Consumer Adjusted Premium Rates and the rates shown in the Rates Table template. Rates in the PID Rates Table may be \$0.01 or \$0.02 less than calculated rates to meet the 3-to-1 age rating requirement.

**Question 17.** Please provide the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit.

**Answer 17.** Attached, please find the 2015 Statutory Annual Statement Five-Year Historical Data Exhibit. File name: Ind\_16-50\_Initial\_KHP\_HMO\_SHCEand5YrHistory\_Supporting\_20160629.pdf

**Question 18.** Please provide a copy of the Supplemental Health Care Exhibit (SHCE), and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section 1 of the Uniform Rate Review Template.

**Answer 18.** The SHCE is attached with the name above in Question 17. The differences between the SHCE and Worksheet 1, Section 1 or the URRT are due to differences in actuarial reporting and financial reporting. The URRT uses incurred claims and earned premium, while the SHCE uses paid claims and billed premium. SHCEs are financial cash-flow views, while the URRT represents an actuarial view of claims and premium – matching claims incurred to premiums earned in the same period.

**Additional Questions from Insurance Department:**

**Question 1.** Regarding broker commissions:

- (a) Under what circumstances and in what geographic locations will commissions be paid?,
- (b) Are commissions paid for SEP?,
- (c ) Provide a copy of the broker agreement - current and 2017,
- (d) Show the calculation of the average commission - current and 2017.

When responding to this data call, you may provide a redacted version of this response as it contains proprietary information. Please place the redacted and non-redacted responses in separate sections of the Supporting Documentation tab in SERFF.

**Answer 1.**

- (a) KHPC pays commissions for enrollment received during open enrollment, both on and off exchange, and in all geographic areas. Commission is less on catastrophic plans due to the lower premium. The 2017 broker commission schedule is yet to be finalized.
- (b) KHPC does not pay commission for SEP.
- (c) Attached please find the 1/1/2016 copy of the broker agreement – both redacted and un-redacted versions. As discussed in (a), KHPC is still reviewing possible changes for 2017. Files are as follows:
  - a. Agent Agreement: “Ind\_16-50\_Initial\_KHP\_HMO\_AgentAgreement\_Supporting\_CONF\_20160629.pdf”
  - b. Redacted Agent Agreement: “Ind\_16-50\_Initial\_KHP\_HMO\_AgentAgreementRedacted\_Supporting\_20160629.pdf”
  - c. Preferred Producer Master Agreement: “Ind\_16-50\_Initial\_KHP\_HMO\_PPMA\_Supporting\_CONF\_20160629.pdf”
  - d. Redacted Preferred Producer Master Agreement: “Ind\_16-50\_Initial\_KHP\_HMO\_PPMARedacted\_Supporting\_20160629.pdf”
  - e. Amendment to Preferred Producer Master Agreement effective 4/1/2016: “Ind\_16-50\_Initial\_KHP\_HMO\_PPMAAmendment\_Supporting\_CONF\_20160629.pdf”
  - f. Redacted Amendment to Preferred Producer Master Agreement effective 4/1/2016: “Ind\_16-50\_Initial\_KHP\_HMO\_PPMAAmendmentRedacted\_Supporting\_20160629.pdf”

(d) Please see Q&A Exhibit 11 for the calculation of the average broker commission. The projected 2017 broker commission is calculated based on proposed/best estimate broker payment levels.

**Question 2.** Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

**Answer 2.** I acknowledge the requirement to change the URRT in HIOS each time a change is made in SERFF. KHPC is in compliance.

**Question 3.** Please discuss special enrollment experience. Have you had many SEP enrollees? Do you know if the claim experience on your SEP enrollees has been worse than the claim experience on non-SEP business?

**Answer 3.** While we did not have significant SEP enrollment in 2015 and prior, we have seen it grow from 3% of our individual enrollment in January 2016 to 12% in June. As of June we have about 4,500 SEP enrollees. Preliminary data suggests that the MLR for these individuals is considerably higher than the MLR for members who enrolled during open enrollment, however the data is still incomplete and non-credible. The BCBSA estimates that SEP enrollees cost an average of 55% more than open enrollment period (OEP) enrollees.

**Question 4.** Does this filing propose Service Area changes relative to the last approved filing? If so, please discuss.

**Answer 4.** No service area changes are being proposed with this filing.

[REDACTED]

Sincerely,

[REDACTED]

[REDACTED], ASA, MAAA  
Manager, Actuarial Services  
Capital BlueCross

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	119,017,639	125,674,616	126,769,425	129,328,873	135,450,838
2. TOTAL Liabilities (Page 3, Line 24) .....	63,214,688	40,732,724	38,666,495	36,860,903	40,570,276
3. Statutory minimum capital and surplus requirement .....	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	55,802,951	84,941,892	88,102,930	92,467,970	94,880,562
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	238,969,311	228,241,289	258,086,403	283,335,192	326,322,441
6. TOTAL Medical and Hospital Expenses (Line 18) .....	197,479,964	183,454,467	211,305,584	235,263,131	272,480,157
7. Claims adjustment expenses (Line 20) .....	9,987,574	10,391,789	10,440,021	9,497,979	10,938,803
8. TOTAL Administrative Expenses (Line 21) .....	36,767,614	28,236,676	22,558,512	25,758,738	27,730,985
9. Net underwriting gain (loss) (Line 24) .....	(12,883,601)	6,158,357	13,782,286	12,815,344	15,172,496
10. Net investment gain (loss) (Line 27) .....	2,028,936	4,086,359	1,825,892	7,836,561	8,774,558
11. TOTAL Other Income (Lines 28 plus 29) .....	53,669	287,286	(70,889)	(299,224)	166,188
12. Net income or (loss) (Line 32) .....	(11,337,124)	5,874,957	10,059,037	13,155,245	16,625,100
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	151,442	(2,883,789)	5,945,634	3,015,732	4,282,934
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	55,802,951	84,941,892	88,102,930	92,467,970	94,880,562
15. Authorized control level risk-based capital .....	8,185,261	7,626,672	8,577,780	9,421,104	10,843,117
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	32,689	34,616	44,950	49,659	56,799
17. TOTAL Members Months (Column 6, Line 7) .....	503,740	461,915	545,992	619,265	733,634
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	82.6	80.4	81.9	83.0	83.5
20. Cost containment expenses .....	3.4	3.6	3.1	2.5	2.5
21. Other claims adjustment expenses .....	0.8	1.0	0.9	0.8	0.8
22. TOTAL Underwriting Deductions (Line 23) .....	105.4	97.3	94.7	95.5	95.4
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	(5.4)	2.7	5.3	4.5	4.6
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	13,629,829	23,023,754	22,016,950	24,841,059	28,862,269
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	16,365,651	23,121,948	25,018,967	27,418,665	29,778,597
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain::

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/committees\\_e\\_app\\_blanks.htm](http://www.naic.org/committees_e_app_blanks.htm))

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc.

2. LOCATION: Harrisburg, PA 17177-9799



NAIC Group Code 1230

BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015

NAIC Company Code 95199

Supp80 Pennsylvania

Business Subject to MLR										10	11	12	13	14	15
Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1	2	3	4	5	6	7	8								
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans							
1. Premium:															
01.1 Health premiums earned (From Part 2, Line 1.11)	8,824,377	10,037,153	16,849,543							79,531,697		133,527,059	248,769,829	X X X	248,769,829
01.2 Federal high risk pools														X X X	
01.3 State high risk pools														X X X	
01.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	8,824,377	10,037,153	16,849,543							79,531,697		133,527,059	248,769,829	X X X	248,769,829
01.5 Federal taxes and federal assessments	(666,168)	303,037	778,590							2,812,681		5,429,922	8,658,062	(2,696,338)	5,961,724
01.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)	(243,134)	58,723	122,384							3,405,607		805,099	4,148,679	(940,483)	3,208,196
01.6A Community Benefit Expenditures (informational only)															
01.7 Regulatory authority licenses and fees	276,580	96,521	138,988									52,461	564,550		564,550
01.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	9,457,099	9,578,872	15,809,581							73,313,409		127,239,577	235,398,538	X X X	239,035,359
01.9 Net assumed less ceded reinsurance premiums earned	(79,926)											(79,926)	(79,926)	X X X	(79,926)
1.10 Other adjustments due to MLR calculations - Premiums	(16,422)		(17,387)									(33,809)	(33,809)	X X X	(33,809)
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	9,360,751	9,578,872	15,792,194							73,313,409		127,239,577	235,284,803	X X X	238,921,624
2. Claims:															
2.1 Incurred claims excluding prescription drugs	7,879,590	8,399,577	13,419,002							57,127,605		103,048,431	189,874,205	X X X	189,874,205
2.2 Prescription drugs	1,611,746	143,779								5,718,377		15,562,512	23,036,414	X X X	23,036,414
2.3 Pharmaceutical rebates	367,205	13,345	1,263							412,214		5,882,585	6,676,612	X X X	6,676,612
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														X X X	
3. Incurred medical incentive pools and bonuses	30,983	27,469	47,159							210,215			315,826	X X X	315,826
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	824	1,108	1,411							7,988		76,410	87,741		87,741
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	9,155,114	8,557,480	13,464,898							62,643,983		112,728,358	206,549,833	X X X	206,549,833
5.1 Net assumed less ceded reinsurance claims incurred	(1,493,534)												(1,493,534)	X X X	(1,493,534)
5.2 Other adjustments due to MLR calculations - Claims	7,936,843	122,844	502,984							1,040,549		124,988	9,728,208	X X X	9,728,208
5.3 Rebates Paid										X X X	X X X			X X X	
5.4 Estimated rebates unpaid prior year										X X X	X X X			X X X	
5.5 Estimated rebates unpaid current year										X X X	X X X			X X X	
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	15,598,423	8,680,324	13,967,882							63,684,532		112,853,346	214,784,507	X X X	214,784,507
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	26,789	22,455	36,488							206,071		691,726	983,529	682,387	1,665,916
6.2 Activities to prevent hospital readmissions	11,064	8,622	14,112							120,283		313,991	468,072	151,278	619,350
6.3 Improve patient safety and reduce medical errors	33,100	16,679	28,206							322,350		377,174	777,509	397,300	1,174,809
6.4 Wellness and health promotion activities	10,329	7,258	18,762							309,679		430,205	776,233	302,257	1,078,490
6.5 Health Information Technology expenses related to health improvement	36,445	25,522	43,411							202,967		298,860	607,205	492,685	1,099,890
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	117,727	80,536	140,979							1,161,350		2,111,956	3,612,548	2,025,907	5,638,455
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.882	0.902	0.861							X X X	X X X	0.903	X X X	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	91,182	69,211	120,894							806,064		1,061,348	2,148,699	1,401,893	3,550,592
8.2 All other claims adjustment expenses	86,165	33,108	77,182							180,157		629,835	1,006,447	1,374,524	2,380,971
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	177,347	102,319	198,076							986,221		1,691,183	3,155,146	2,776,417	5,931,563
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.019	0.011	0.013							0.013		0.013	X X X	X X X	X X X

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SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

		Business Subject to MLR								10	11	12	13	14	15	
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9							
		1	2	3	4	5	6	7								8
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits		48,482	56,903									83,098	188,483	920,602	1,109,085
	10.2 Agents and brokers fees and commissions	268,553	355,705	111,714										735,972		735,972
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)											62,528	62,528			62,528
	10.4 Other general and administrative expenses	1,495,350	447,985	787,291							8,320,270		8,514,338	19,565,234	13,093,146	32,658,380
	10.4A Community Benefit Expenditures (informational only)															
	10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	1,763,903	852,172	955,908							8,320,270	62,528	8,597,436	20,552,217	14,013,748	34,565,965
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(8,296,649)	(136,479)	529,349							(838,964)	(62,528)	1,985,656	(6,819,615)	X X X	(21,998,866)
12.	Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,283,527	9,283,527
13.	Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,082,606	X X X	2,082,606
14.	Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	704,391	X X X	704,391
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(5,441,400)	X X X	(11,337,124)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
	16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O.	OTHER INDICATORS:															
O1.	Number of Certificates / Policies	2,089	812	1,546							15,134		10,476	30,057	20,809	50,866
O2.	Number of Covered Lives	2,555	1,820	3,065							23,818		10,720	41,978	48,569	90,547
O3.	Number of Groups	X X X	184	24	X X X								17	225	12	237
O4.	Member Months	30,665	21,839	36,783							285,810		128,643	503,740	582,825	1,086,565

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]  
(b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	37			
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	928,487	X X X	557,610	X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	238,354	(78,245)		
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,122,657	X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	12,620			
6.2 Rate credits or policy experience refunds paid		(10,554)		

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc. 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230

BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015

NAIC Company Code 95199

		Business Subject to MLR								10	11	12	13	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						9
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					
									Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1.	Health Premiums Earned													
01.1	Direct premiums written	8,842,087	10,051,085	16,849,543						79,532,284		133,545,022	248,820,021	
01.2	Unearned premium prior year													
01.3	Unearned premium current year													
01.4	Change in unearned premium (Lines 1.2 - 1.3)													
01.5	Paid rate credits	(12,620)	10,554										(2,066)	
01.6	Reserve for rate credits current year									9,688,849			9,688,849	
01.7	Reserve for rate credits prior year													
01.8	Change in reserve for rate credits (Lines 1.6 - 1.7)									9,688,849			9,688,849	
01.9	Premium balances written off	17,710	13,932							587		17,963	50,192	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	8,824,377	10,037,153	16,849,543						79,531,697		133,527,059	248,769,829	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	79,926											79,926	
1.15	Other adjustments due to MLR calculation - Premiums	(16,422)		(17,387)									(33,809)	
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	8,740,649	10,026,599	16,832,156						69,842,848		133,527,059	238,969,311	
2.	Direct Claims Incurred:													
02.1	Paid claims during the year	7,839,423	8,648,354	12,576,278						52,223,725		114,270,009	195,557,789	
02.2	Direct claim liability current year	2,109,829	924,833	4,295,684						2,884,829		11,107,452	21,322,627	
02.3	Direct claim liability prior year	603,043	955,464	3,909,751						2,008,248		11,663,132	19,139,638	
02.4	Direct claim reserves current year													
02.5	Direct claim reserves prior year													
02.6	Direct contract reserves current year													
02.7	Direct contract reserves prior year													
02.8	Paid rate credits	(12,620)	10,554										(2,066)	
02.9	Reserve for rate credits current year									9,688,849			9,688,849	
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	30,983	27,469	47,159						210,215			315,826	
2.11A	Paid medical incentive pools and bonuses current year	28,390	30,698	49,633						221,259			329,980	
2.11B	Accrued medical incentive pools and bonuses current year	6,683	5,738	11,401						50,275			74,097	
2.11C	Accrued medical incentive pools and bonuses prior year	4,090	8,967	13,875						61,319			88,251	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	209,458	14,334	(279,406)						355,387		985,971	1,285,744	
2.12A	Healthcare receivables current year	225,205	22,524	(1,132)						352,128		3,549,258	4,147,983	
2.12B	Healthcare receivables prior year	15,747	8,190	278,274						(3,259)		2,563,287	2,862,239	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment		(83,932)	176,122									92,190	
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	9,155,114	8,557,480	13,464,898						62,643,983		112,728,358	206,549,833	
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,493,534											1,493,534	
2.19	Other Adjustments due to MLR calculation - Claims	7,936,843	122,844	502,984						1,040,549		124,988	9,728,208	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	15,611,043	8,669,770	13,967,882						53,995,683		112,853,346	205,097,724	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	12,250	16,473	20,977						118,757		1,135,982	1,304,439	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc. 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230

BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015

NAIC Company Code 95199

Supp83 Pennsylvania

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
1.	Individual Comprehensive Coverage Expenses:										
01.1	Salaries (including \$.....0 for affiliated services)	8,904	1,479	1,940	2,040	11,275	25,638	38,183	31,569	1,056,412	1,151,802
01.2	Outsourced services	16,937	9,540	19,334	7,648	10,720	64,179	52,012	3,798	151,379	271,368
01.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	5				1,372	1,377	72		9,705	11,154
01.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	2		(2)	95	12,541	12,636	3,554	12	101,737	117,939
01.5	Accreditation and Certification (incl \$.....0 for affiliated services)	13	X X X	X X X	X X X	X X X	13			8,930	8,943
01.6	Other Expenses (incl \$.....0 for affiliated services)	928	45	11,828	546	537	13,884	(2,639)	50,786	583,354	645,385
01.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	26,789	11,064	33,100	10,329	36,445	117,727	91,182	86,165	1,911,517	2,206,591
01.8	Reimbursements by uninsured plans and fiscal intermediaries										
01.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	509,798	509,798
1.10	TOTAL (Lines 1.7 to 1.9)	26,789	11,064	33,100	10,329	36,445	117,727	91,182	86,165	2,421,315	2,716,389
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							824			824
2.	Small Group Comprehensive Coverage Expenses:										
02.1	Salaries (including \$.....0 for affiliated services)	7,593	1,135	1,411	1,127	7,699	18,965	30,511	37,964	332,260	419,700
02.2	Outsourced services	14,109	7,455	13,943	5,480	7,391	48,378	35,140	(13,735)	34,140	103,923
02.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	6				1,276	1,282	49		6,560	7,891
02.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	8		(1)	58	8,765	8,830	2,235	14	55,424	66,503
02.5	Accreditation and Certification (incl \$.....0 for affiliated services)	9	X X X	X X X	X X X	X X X	9			5,815	5,824
02.6	Other Expenses (incl \$.....0 for affiliated services)	730	32	1,326	593	391	3,072	1,276	8,865	456,886	470,099
02.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	22,455	8,622	16,679	7,258	25,522	80,536	69,211	33,108	891,085	1,073,940
02.8	Reimbursements by uninsured plans and fiscal intermediaries										
02.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	337,604	337,604
2.10	TOTAL (Lines 2.7 to 2.9)	22,455	8,622	16,679	7,258	25,522	80,536	69,211	33,108	1,228,689	1,411,544
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,108			1,108
3.	Large Group Comprehensive Coverage Expenses:										
03.1	Salaries (including \$.....0 for affiliated services)	11,873	1,859	2,327	1,941	13,051	31,051	49,264	55,878	544,086	680,279
03.2	Outsourced services	22,597	12,199	24,519	8,850	12,738	80,903	65,383	6,201	61,521	214,008
03.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	9				2,054	2,063	84		9,980	12,127
03.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	8		(2)	107	14,902	15,015	4,006	20	91,399	110,440
03.5	Accreditation and Certification (incl \$.....0 for affiliated services)	14	X X X	X X X	X X X	X X X	14			9,973	9,987
03.6	Other Expenses (incl \$.....0 for affiliated services)	1,987	54	1,362	7,864	666	11,933	2,157	15,083	289,014	318,187
03.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	36,488	14,112	28,206	18,762	43,411	140,979	120,894	77,182	1,005,973	1,345,028
03.8	Reimbursements by uninsured plans and fiscal intermediaries										
03.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	536,384	536,384
3.10	TOTAL (Lines 3.7 to 3.9)	36,488	14,112	28,206	18,762	43,411	140,979	120,894	77,182	1,542,357	1,881,412
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,411			1,411

**(To Be Filed By April 1 - Not for Rebate Purposes)**

[illegible]

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)  
(To Be Filed By April 1 - Not for Rebate Purposes)

All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	
7.	Small Group Expatriate Plans Expenses									
07.1	Salaries (including \$.....0 for affiliated services)									
07.2	Outsourced services									
07.3	EDP equipment and software (including \$.....0 for affiliated services)									
07.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
07.5	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
07.6	Other expenses (including \$.....0 for affiliated services)									
07.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
07.8	Reimbursements by uninsured plans and fiscal intermediaries									
07.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
08.1	Salaries (including \$.....0 for affiliated services)									
08.2	Outsourced services									
08.3	EDP equipment and software (including \$.....0 for affiliated services)									
08.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
08.5	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
08.6	Other expenses (including \$.....0 for affiliated services)									
08.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
08.8	Reimbursements by uninsured plans and fiscal intermediaries									
08.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
09.1	Salaries (including \$.....0 for affiliated services)									
09.2	Outsourced services									
09.3	EDP equipment and software (including \$.....0 for affiliated services)									
09.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
09.5	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
09.6	Other expenses (including \$.....0 for affiliated services)									
09.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
09.8	Reimbursements by uninsured plans and fiscal intermediaries									
09.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/committees\\_e\\_app\\_blanks.htm](http://www.naic.org/committees_e_app_blanks.htm))

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc.

2. LOCATION: Harrisburg, PA 17177-9799



NAIC Group Code 1230

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Company Code 95199

Supp80 Grand Total

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
		1	2	3	4	5	6	7	8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans						
1.	Premium:															
01.1	Health premiums earned (From Part 2, Line 1.11)	8,824,377	10,037,153	16,849,543							79,531,697		133,527,059	248,769,829	X X X	248,769,829
01.2	Federal high risk pools														X X X	
01.3	State high risk pools														X X X	
01.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	8,824,377	10,037,153	16,849,543							79,531,697		133,527,059	248,769,829	X X X	248,769,829
01.5	Federal taxes and federal assessments	(666,168)	303,037	778,590							2,812,681		5,429,922	8,658,062	(2,696,338)	5,961,724
01.6	State insurance, premium and other taxes (Similar local taxes of \$.....0)	(243,134)	58,723	122,384							3,405,607		805,099	4,148,679	(940,483)	3,208,196
01.6A	Community Benefit Expenditures (informational only)															
01.7	Regulatory authority licenses and fees	276,580	96,521	138,988									52,461	564,550		564,550
01.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	9,457,099	9,578,872	15,809,581							73,313,409		127,239,577	235,398,538	X X X	239,035,359
01.9	Net assumed less ceded reinsurance premiums earned	(79,926)											(79,926)	(79,926)	X X X	(79,926)
1.10	Other adjustments due to MLR calculations - Premiums	(16,422)		(17,387)									(33,809)	(33,809)	X X X	(33,809)
1.11	Risk Revenue														X X X	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	9,360,751	9,578,872	15,792,194							73,313,409		127,239,577	235,284,803	X X X	238,921,624
2.	Claims:															
2.1	Incurred claims excluding prescription drugs	7,879,590	8,399,577	13,419,002							57,127,605		103,048,431	189,874,205	X X X	189,874,205
2.2	Prescription drugs	1,611,746	143,779								5,718,377		15,562,512	23,036,414	X X X	23,036,414
2.3	Pharmaceutical rebates	367,205	13,345	1,263							412,214		5,882,585	6,676,612	X X X	6,676,612
2.4	State stop-loss, market stabilization and claim/census based assessments (informational only)														X X X	
3.	Incurred medical incentive pools and bonuses	30,983	27,469	47,159							210,215			315,826	X X X	315,826
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	824	1,108	1,411							7,988		76,410	87,741		87,741
5.0	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	9,155,114	8,557,480	13,464,898							62,643,983		112,728,358	206,549,833	X X X	206,549,833
5.1	Net assumed less ceded reinsurance claims incurred	(1,493,534)												(1,493,534)	X X X	(1,493,534)
5.2	Other adjustments due to MLR calculations - Claims	7,936,843	122,844	502,984							1,040,549		124,988	9,728,208	X X X	9,728,208
5.3	Rebates Paid										X X X	X X X			X X X	
5.4	Estimated rebates unpaid prior year										X X X	X X X			X X X	
5.5	Estimated rebates unpaid current year										X X X	X X X			X X X	
5.6	Fee for service and co-pay revenue														X X X	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	15,598,423	8,680,324	13,967,882							63,684,532		112,853,346	214,784,507	X X X	214,784,507
6.	Improving Health Care Quality Expenses Incurred:															
6.1	Improve health outcomes	26,789	22,455	36,488							206,071		691,726	983,529	682,387	1,665,916
6.2	Activities to prevent hospital readmissions	11,064	8,622	14,112							120,283		313,991	468,072	151,278	619,350
6.3	Improve patient safety and reduce medical errors	33,100	16,679	28,206							322,350		377,174	777,509	397,300	1,174,809
6.4	Wellness and health promotion activities	10,329	7,258	18,762							309,679		430,205	776,233	302,257	1,078,490
6.5	Health Information Technology expenses related to health improvement	36,445	25,522	43,411							202,967		298,860	607,205	492,685	1,099,890
6.6	TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	117,727	80,536	140,979							1,161,350		2,111,956	3,612,548	2,025,907	5,638,455
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.882	0.902	0.861							X X X	X X X	0.903	X X X	X X X	X X X
8.	Claim Adjustment Expenses:															
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	91,182	69,211	120,894							806,064		1,061,348	2,148,699	1,401,893	3,550,592
8.2	All other claims adjustment expenses	86,165	33,108	77,182							180,157		629,835	1,006,447	1,374,524	2,380,971
8.3	TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	177,347	102,319	198,076							986,221		1,691,183	3,155,146	2,776,417	5,931,563
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.019	0.011	0.013							0.013		0.013	X X X	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

		Business Subject to MLR								10	11	12	13	14	15	
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9							
		1	2	3	4	5	6	7								8
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits		48,482	56,903									83,098	188,483	920,602	1,109,085
	10.2 Agents and brokers fees and commissions	268,553	355,705	111,714										735,972		735,972
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)											62,528	62,528			62,528
	10.4 Other general and administrative expenses	1,495,350	447,985	787,291							8,320,270		8,514,338	19,565,234	13,093,146	32,658,380
	10.4A Community Benefit Expenditures (informational only)															
	10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	1,763,903	852,172	955,908							8,320,270	62,528	8,597,436	20,552,217	14,013,748	34,565,965
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(8,296,649)	(136,479)	529,349							(838,964)	(62,528)	1,985,656	(6,819,615)	X X X	(21,998,866)
12.	Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,283,527	9,283,527
13.	Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,082,606	X X X	2,082,606
14.	Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	704,391	X X X	704,391
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(5,441,400)	X X X	(11,337,124)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
	16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O.	OTHER INDICATORS:															
O1.	Number of Certificates / Policies	2,089	812	1,546							15,134		10,476	30,057	20,809	50,866
O2.	Number of Covered Lives	2,555	1,820	3,065							23,818		10,720	41,978	48,569	90,547
O3.	Number of Groups	X X X	184	24	X X X								17	225	12	237
O4.	Member Months	30,665	21,839	36,783							285,810		128,643	503,740	582,825	1,086,565

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]  
(b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp81 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)		37		
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	928,487	X X X	557,610	X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	238,354	(78,245)		
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,122,657	X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	12,620			
6.2 Rate credits or policy experience refunds paid		(10,554)		

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc. 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Company Code 95199

		Business Subject to MLR									10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					
1.	Health Premiums Earned													
01.1	Direct premiums written	8,842,087	10,051,085	16,849,543							79,532,284		133,545,022	248,820,021
01.2	Unearned premium prior year													
01.3	Unearned premium current year													
01.4	Change in unearned premium (Lines 1.2 - 1.3)													
01.5	Paid rate credits	(12,620)	10,554											(2,066)
01.6	Reserve for rate credits current year										9,688,849			9,688,849
01.7	Reserve for rate credits prior year													
01.8	Change in reserve for rate credits (Lines 1.6 - 1.7)										9,688,849			9,688,849
01.9	Premium balances written off	17,710	13,932								587		17,963	50,192
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	8,824,377	10,037,153	16,849,543							79,531,697		133,527,059	248,769,829
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	79,926												79,926
1.15	Other adjustments due to MLR calculation - Premiums	(16,422)		(17,387)										(33,809)
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	8,740,649	10,026,599	16,832,156							69,842,848		133,527,059	238,969,311
2.	Direct Claims Incurred:													
02.1	Paid claims during the year	7,839,423	8,648,354	12,576,278							52,223,725		114,270,009	195,557,789
02.2	Direct claim liability current year	2,109,829	924,833	4,295,684							2,884,829		11,107,452	21,322,627
02.3	Direct claim liability prior year	603,043	955,464	3,909,751							2,008,248		11,663,132	19,139,638
02.4	Direct claim reserves current year													
02.5	Direct claim reserves prior year													
02.6	Direct contract reserves current year													
02.7	Direct contract reserves prior year													
02.8	Paid rate credits	(12,620)	10,554											(2,066)
02.9	Reserve for rate credits current year										9,688,849			9,688,849
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	30,983	27,469	47,159							210,215			315,826
2.11A	Paid medical incentive pools and bonuses current year	28,390	30,698	49,633							221,259			329,980
2.11B	Accrued medical incentive pools and bonuses current year	6,683	5,738	11,401							50,275			74,097
2.11C	Accrued medical incentive pools and bonuses prior year	4,090	8,967	13,875							61,319			88,251
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	209,458	14,334	(279,406)							355,387		985,971	1,285,744
2.12A	Healthcare receivables current year	225,205	22,524	(1,132)							352,128		3,549,258	4,147,983
2.12B	Healthcare receivables prior year	15,747	8,190	278,274							(3,259)		2,563,287	2,862,239
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment		(83,932)	176,122										92,190
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	9,155,114	8,557,480	13,464,898							62,643,983		112,728,358	206,549,833
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,493,534												1,493,534
2.19	Other Adjustments due to MLR calculation - Claims	7,936,843	122,844	502,984							1,040,549		124,988	9,728,208
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	15,611,043	8,669,770	13,967,882							53,995,683		112,853,346	205,097,724
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	12,250	16,473	20,977							118,757		1,135,982	1,304,439

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp82 Grand Total

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: Keystone Health Plan Central, Inc. 2. LOCATION: Harrisburg, PA 17177-9799

NAIC Group Code 1230

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Company Code 95199

Supp83 Grand Total

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
1.	Individual Comprehensive Coverage Expenses:										
01.1	Salaries (including \$.....0 for affiliated services)	8,904	1,479	1,940	2,040	11,275	25,638	38,183	31,569	1,056,412	1,151,802
01.2	Outsourced services	16,937	9,540	19,334	7,648	10,720	64,179	52,012	3,798	151,379	271,368
01.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	5				1,372	1,377	72		9,705	11,154
01.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	2		(2)	95	12,541	12,636	3,554	12	101,737	117,939
01.5	Accreditation and Certification (incl \$.....0 for affiliated services)	13	X X X	X X X	X X X	X X X	13			8,930	8,943
01.6	Other Expenses (incl \$.....0 for affiliated services)	928	45	11,828	546	537	13,884	(2,639)	50,786	583,354	645,385
01.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	26,789	11,064	33,100	10,329	36,445	117,727	91,182	86,165	1,911,517	2,206,591
01.8	Reimbursements by uninsured plans and fiscal intermediaries										
01.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	509,798	509,798
1.10	TOTAL (Lines 1.7 to 1.9)	26,789	11,064	33,100	10,329	36,445	117,727	91,182	86,165	2,421,315	2,716,389
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							824			824
2.	Small Group Comprehensive Coverage Expenses:										
02.1	Salaries (including \$.....0 for affiliated services)	7,593	1,135	1,411	1,127	7,699	18,965	30,511	37,964	332,260	419,700
02.2	Outsourced services	14,109	7,455	13,943	5,480	7,391	48,378	35,140	(13,735)	34,140	103,923
02.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	6				1,276	1,282	49		6,560	7,891
02.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	8		(1)	58	8,765	8,830	2,235	14	55,424	66,503
02.5	Accreditation and Certification (incl \$.....0 for affiliated services)	9	X X X	X X X	X X X	X X X	9			5,815	5,824
02.6	Other Expenses (incl \$.....0 for affiliated services)	730	32	1,326	593	391	3,072	1,276	8,865	456,886	470,099
02.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	22,455	8,622	16,679	7,258	25,522	80,536	69,211	33,108	891,085	1,073,940
02.8	Reimbursements by uninsured plans and fiscal intermediaries										
02.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	337,604	337,604
2.10	TOTAL (Lines 2.7 to 2.9)	22,455	8,622	16,679	7,258	25,522	80,536	69,211	33,108	1,228,689	1,411,544
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,108			1,108
3.	Large Group Comprehensive Coverage Expenses:										
03.1	Salaries (including \$.....0 for affiliated services)	11,873	1,859	2,327	1,941	13,051	31,051	49,264	55,878	544,086	680,279
03.2	Outsourced services	22,597	12,199	24,519	8,850	12,738	80,903	65,383	6,201	61,521	214,008
03.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	9				2,054	2,063	84		9,980	12,127
03.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	8		(2)	107	14,902	15,015	4,006	20	91,399	110,440
03.5	Accreditation and Certification (incl \$.....0 for affiliated services)	14	X X X	X X X	X X X	X X X	14			9,973	9,987
03.6	Other Expenses (incl \$.....0 for affiliated services)	1,987	54	1,362	7,864	666	11,933	2,157	15,083	289,014	318,187
03.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	36,488	14,112	28,206	18,762	43,411	140,979	120,894	77,182	1,005,973	1,345,028
03.8	Reimbursements by uninsured plans and fiscal intermediaries										
03.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	536,384	536,384
3.10	TOTAL (Lines 3.7 to 3.9)	36,488	14,112	28,206	18,762	43,411	140,979	120,894	77,182	1,542,357	1,881,412
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							1,411			1,411







SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 1230

NAIC Company Code: 95199

Description of allocation methodology:  
Expenses allocated to Quality Improvement are based on business functions within the company. The expenses are allocated to product lines and business segments based on relevant statistical measures, which are periodically updated based on management studies.

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense
<b>Improve Health Outcomes</b>		
Pre-Authorization Function .....		Collaborating with doctors and nurses to evaluate and monitor specific health care services to ensure that medically appropriate treatment is given to meet the needs of the patient. Pre-auth staff is involved in Care Coordination through identification of those members who would benefit from referrals to internal outreach programs. ....
Case Management Function .....		Case Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes. ....
Maternity Management Function .....		Maternity managers work with members and providers to coordinate the services needed to give maternity members cost effective health care services and to promote optimal health outcomes. ....
Disease Management Function .....		Programs designed to improve a member's quality of care when dealing with a chronic condition and foster healthy partnerships between the member and their physician. Members in these programs are assessed periodically to determine members' progress. Program compares baseline to actual results with goal of reducing health gaps among the conditions managed through education to plan members of self-management techniques. ....
Concurrent Review Function .....		Obtains the necessary information regarding the clinical status, progress and care being provided to members and assessing the clinical condition of members and ongoing provision of medical services and treatment. Identifies members for referral to covered specialty programs such as Case Management, Disease Management and Maternity Management .....
Medical Necessity Appeals .....		Reviews medical policy when examining appeals to ensure compliance with evidence based medicine. ....
Pharmacy Services .....		Medication Therapy Management and Specialty Pharmacy Management to improve therapeutic outcomes .....
BCBSA Function .....		The Integrated Health Management Program encompasses a range of activities to improve health. The activities are designed to coordinate care and provide incentives to maintain a healthy lifestyle. ....
Oncology Management .....		Implement a program that addresses the health outcomes, total medical costs, and patient experience of care related to the treatment of all cancers. The Patient centered oncology pilot program (PCOPP) is focused on developing and implementing a strategic approach towards aligning financial incentives to improve the delivery and outcomes of cancer care. This pilot program encourages practices to improve care and lower costs through an episode based model that incentivizes high quality, coordinated care. ....
<b>Activities to Prevent Hospital Readmission</b>		
Case Management Function .....		Case Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes in post-discharge planning. ....
Maternity Management Function .....		Maternity Managers work with members and providers to coordinate the services needed to give members cost effective health care services and to promote optimal health outcomes in post-discharge planning. ....
Disease Management Function .....		By educating members, reduce or prevent hospital admission rates and avoidable readmissions. ....
Concurrent Review and Discharge Planning Function .....		Facilitate comprehensive discharge planning to include inpatient and outpatient services most appropriate to the members condition. Identification of needs and barriers to care, explores alternatives to meet care needs. Referrals to clinical programs as appropriate. ....
Pharmacy Services .....		Medication Reconciliation Pilot to assist members transitioning from hospital to home. ....
<b>Improve Patient Safety and Reduce Medical Errors</b>		
Pre-Authorization Function .....		Pre-auth staff identify, review and promote utilization of medical necessity criteria and best clinical practice protocols to support the practice of evidence based medicine. ....
Medical Necessity Appeals .....		Reviews medical policy when examining appeals to address any clinical errors or safety concerns. The goal of this process is to ensure that Capital's policies incorporate appropriate evidenced-based guidelines to foster safe clinical practice per CD-102(Commercial Managed Care Member Formal Complaints (Benefit Appeals), Commercial Grievances (Medical Necessity Appeals)) and CD-105(Member Medical Necessity Appeals). ....

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense
Disease Management Function .....	.....	Programs tailored to meet the specific needs of the member. Members are evaluated to target interventional strategies that ensure a member's physical and mental health needs are met. Education of members regarding medication adherence and compliance to Physician Plan of Care per policy DM-005. ....
Concurrent Review .....	.....	Identify, review and promote utilization of medical necessity criteria and best clinical practice protocols to support the practice of evidence based medicine through discussions with treating providers. Identification of potential quality concerns. ....
Pharmacy Services .....	.....	Utilization Review for Medication support for members .....
BCBSA Function .....	.....	Blue Distinction is a program that recognizes facilities that meet stringent quality measures, focused on patient safety and outcomes. Integrated Health Resources is a program that provides assistance to BCBS Plans with regards to quality improvement activities such as creating greater physician competencies for quality and safety improvement activity, and creating quality and safety principles for emerging models of care. The Technology Evaluation Center produces evidence-based evaluations regarding safety of medical procedures, devices, drugs and biological products. ....
CVS Claims Expenses .....	.....	To provide POS Safety Review and Retrospective Safety Review. ....
<b>Wellness &amp; Health Promotion Activities</b>		
Health Education & Wellness Function .....	.....	Services include educational strategies and programs directed at providers, employers, members and the community through healthcare consultants, health fairs, brochures and online tools. The primary focus of Health Education and Wellness is to promote healthy activities to our members by addressing lifestyle behavior risks and providing a variety of interventions (onsite, online, and telephonic) to address these risk factors. Health Education and Wellness also provides health information that encourages preventive behaviors that help to keep our members healthy throughout their life. ....
Disease Management Function .....	.....	Outreach activities through telephonic, online and mailing educational materials. Promote wellness and healthy activities to reduce decline in condition. ....
Maternity Management Function .....	.....	Educational materials to assist members during and post-pregnancy .....
Fitness .....	.....	American Specialty Health Systems Silver and Fit Program. ....
<b>HIT Expenses for Health Care Quality Improvements</b>		
Information Technology .....	.....	Support of clinical software .....
Process Improvement Function .....	.....	Increase use of technology to deliver more efficient care management processes. ....
Medical Informatics .....	.....	HEDIS and NCQA reporting, ROI analysis and reporting in order to evaluate and measure clinical effectiveness to maintain accreditation and report on quality of care .....
BCBSA Function .....	.....	Activities that support the development of a consistent approach to empowering consumers and providers with managing medical information and its secure electronic exchange. ....
NCQA Accreditation .....	.....	Expand current NCQA Accreditation and HEDIS reporting. ....

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 1**

Plan ID	Metal Level	Projected Membership	Projected Allowed Claims	Projected Paid Claims	Company Determined AV	Induced Utilization	AV and Cost Sharing (6) x
					Factor		(7) x (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
53789PA0050002	Gold	339	149,037	127,214	1.27	1.05	1.34
53789PA0030002	Gold	1,416	662,053	565,110	1.29	1.05	1.35
53789PA0030003	Gold	1,622	751,140	641,152	1.29	1.05	1.35
53789PA0030004	Gold	324	147,096	125,557	1.28	1.05	1.35
53789PA0100013	Gold	6,253	2,751,020	2,312,487	1.25	1.05	1.31
53789PA0110013	Gold	10,958	5,125,876	4,308,773	1.26	1.05	1.32
53789PA0110031	Gold	10,236	4,742,686	3,986,666	1.26	1.05	1.32
53789PA0110032	Gold	3,141	1,426,872	1,199,418	1.25	1.05	1.32
53789PA0060001	Silver	1,799	745,593	576,681	1.06	1.00	1.06
53789PA0040001	Silver	6,003	2,641,362	2,042,968	1.08	1.00	1.08
53789PA0040002	Silver	8,112	3,536,489	2,735,306	1.08	1.00	1.08
53789PA0040003	Silver	1,401	599,161	463,423	1.07	1.00	1.07
53789PA0100009	Silver	37,801	15,708,518	12,106,708	0.99	1.00	0.99
53789PA0110009	Silver	88,478	39,003,089	30,060,061	1.01	1.00	1.01
53789PA0110021	Silver	97,563	42,619,336	32,847,138	1.01	1.00	1.01
53789PA0110022	Silver	25,412	10,892,681	8,395,095	1.00	1.00	1.00
53789PA0100006	Silver	9,159	3,800,073	2,960,201	1.03	1.00	1.03
53789PA0110006	Silver	12,640	5,566,037	4,335,861	1.05	1.00	1.05
53789PA0110027	Silver	16,386	7,149,556	5,569,399	1.05	1.00	1.05
53789PA0110028	Silver	3,628	1,553,034	1,209,791	1.04	1.00	1.04
53789PA0100017	Silver	723	299,518	227,653	1.07	1.00	1.07
53789PA0110041	Silver	1,077	473,733	360,068	1.09	1.00	1.09
53789PA0110042	Silver	1,298	565,705	429,973	1.09	1.00	1.09
53789PA0110043	Silver	251	107,302	81,557	1.08	1.00	1.08
53789PA0100015	Silver	10,781	4,462,843	3,475,875	1.10	1.00	1.10
53789PA0110015	Silver	25,191	11,074,639	8,625,458	1.11	1.00	1.11
53789PA0110035	Silver	26,430	11,511,969	8,966,072	1.11	1.00	1.11
53789PA0110036	Silver	5,457	2,331,349	1,815,766	1.10	1.00	1.10
53789PA0100008	Bronze	15,014	5,987,654	4,189,542	0.82	1.00	0.82
53789PA0110008	Bronze	29,026	12,278,466	8,591,202	0.83	1.00	0.83
53789PA0110019	Bronze	42,683	17,899,523	12,524,237	0.83	1.00	0.83
53789PA0110020	Bronze	8,215	3,380,081	2,365,032	0.82	1.00	0.82
53789PA0100004	Catastrophic	17,315	7,407,671	5,183,148	0.82	1.00	0.82
53789PA0110004	Catastrophic	4,203	1,884,360	1,318,487	0.85	1.00	0.85
53789PA0110017	Catastrophic	7,861	3,498,673	2,448,021	0.85	1.00	0.85
53789PA0110018	Catastrophic	3,820	1,675,672	1,172,468	0.84	1.00	0.84
Total		542,017	234,409,867	178,343,566	1.00	1.00	1.00

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 2

CY2014 - Actual

<u>Enrollment (Member Months)</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		2,001	2,822	13,707	18,530
HMO	6,569	1,017	4,472	806	12,864
Total	6,569	3,018	7,294	14,513	31,394

<u>UNADJUSTED (Gross of RRRs)</u>					
<u>Premium</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		\$ 1,199,925	\$ 1,777,233	\$ 8,761,319	\$ 11,738,476
HMO	\$ 771,617	\$ 494,875	\$ 2,267,233	\$ 417,748	\$ 3,951,473
Total	\$ 771,617	\$ 1,694,800	\$ 4,044,466	\$ 9,179,067	\$ 15,689,950
<u>Claims</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO	\$ -	\$ 755,721	\$ 1,843,525	\$ 16,939,000	\$ 19,538,246
HMO	\$ 471,849	\$ 474,966	\$ 2,801,043	\$ 905,836	\$ 4,653,694
Total	\$ 471,849	\$ 1,230,687	\$ 4,644,569	\$ 17,844,836	\$ 24,191,940
<u>Prem PMPM</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		\$ 599.66	\$ 629.78	\$ 639.19	\$ 633.48
HMO	\$ 117.46	\$ 486.60	\$ 506.98	\$ 518.30	\$ 307.17
Total	\$ 117.46	\$ 561.56	\$ 554.49	\$ 632.47	\$ 499.78
<u>Claims PMPM</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		\$ 377.67	\$ 653.27	\$ 1,235.79	\$ 1,054.41
HMO	\$ 71.83	\$ 467.03	\$ 626.35	\$ 1,123.87	\$ 361.76
Total	\$ 71.83	\$ 407.78	\$ 636.77	\$ 1,229.58	\$ 770.59
<u>MLR</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		63.0%	103.7%	193.3%	166.4%
HMO	61.2%	96.0%	123.5%	216.8%	117.8%
Total	61.2%	72.6%	114.8%	194.4%	154.2%

<u>ADJUSTED FOR 3 Rs, Rx Rebates, &amp; Capitation*</u>					
<u>Premium</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO	\$ -	\$ 1,453,171	\$ 2,263,740	\$ 11,842,486	\$ 15,559,397
HMO	\$ 740,441	\$ 438,212	\$ 2,500,883	\$ 525,008	\$ 4,204,544
Total	\$ 740,441	\$ 1,891,383	\$ 4,764,623	\$ 12,367,494	\$ 19,763,941
<u>Claims</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO	\$ -	\$ 559,831	\$ 1,455,269	\$ 12,442,602	\$ 14,457,702
HMO	\$ 525,012	\$ 305,714	\$ 2,122,920	\$ 623,698	\$ 3,577,344
Total	\$ 525,012	\$ 865,545	\$ 3,578,190	\$ 13,066,300	\$ 18,035,046
<u>Prem PMPM</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		\$ 726.22	\$ 802.18	\$ 863.97	\$ 839.69
HMO	\$ 112.72	\$ 430.89	\$ 559.23	\$ 651.37	\$ 326.85
Total	\$ 112.72	\$ 626.70	\$ 653.22	\$ 852.17	\$ 629.55
<u>Claims PMPM</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		\$ 279.78	\$ 515.69	\$ 907.76	\$ 780.23
HMO	\$ 79.92	\$ 300.60	\$ 474.71	\$ 773.82	\$ 278.09
Total	\$ 79.92	\$ 286.79	\$ 490.57	\$ 900.32	\$ 574.47
<u>MLR</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO		38.5%	64.3%	105.1%	92.9%
HMO	70.9%	69.8%	84.9%	118.8%	85.1%
Total	70.9%	45.8%	75.1%	105.7%	91.3%

<u>3Rs - Dollars</u>					
<u>RA</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ -	\$ 252,099	\$ 483,709	\$ 3,055,453	\$ 3,791,261
HMO	\$ (31,176)	\$ (58,330)	\$ 223,817	\$ 104,080	\$ 238,390
TOTAL	\$ (31,176)	\$ 193,768	\$ 707,526	\$ 3,159,533	\$ 4,029,651
<u>RI</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ -	\$ 183,461	\$ 342,873	\$ 4,265,896	\$ 4,792,230
HMO	\$ 10,204	\$ 177,050	\$ 694,186	\$ 297,874	\$ 1,179,315
TOTAL	\$ 10,204	\$ 360,511	\$ 1,037,060	\$ 4,563,771	\$ 5,971,546
<u>Risk Corridor</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ -	\$ 1,147	\$ 2,799	\$ 25,714	\$ 29,660
HMO Non-CAT	\$ -	\$ 1,667	\$ 9,833	\$ 3,180	\$ 14,680
TOTAL	\$ -	\$ 2,815	\$ 12,631	\$ 28,894	\$ 44,340
<u>Rx Rebates</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Grand Total</u>
PPO	\$ -	\$ 12,430	\$ 45,383	\$ 230,502	\$ 288,314
HMO	\$ 2,991	\$ 1,061	\$ 46,593	\$ 2,344	\$ 52,989
Total	\$ 2,991	\$ 13,491	\$ 91,976	\$ 232,846	\$ 341,304
Capitation					
HMO	\$ 66,358	\$ 8,860	\$ 62,656	\$ 18,080	\$ 155,955

<u>3Rs - PMPM</u>					
<u>RA</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ 125.99	\$ 171.41	\$ 222.91	\$ 204.60	\$ 204.60
HMO	\$ (4.75)	\$ (57.36)	\$ 50.05	\$ 129.13	\$ 18.53
TOTAL	\$ (4.75)	\$ 64.20	\$ 97.00	\$ 217.70	\$ 128.36
<u>RI</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ 91.68	\$ 121.50	\$ 311.22	\$ 258.62	\$ 258.62
HMO	\$ 1.55	\$ 174.09	\$ 155.23	\$ 369.57	\$ 91.68
TOTAL	\$ 1.55	\$ 119.45	\$ 142.18	\$ 314.46	\$ 190.21
<u>Risk Corridor</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ 0.57	\$ 0.99	\$ 1.88	\$ 1.60	\$ 1.60
HMO Non-CAT	\$ -	\$ 1.64	\$ 2.20	\$ 3.95	\$ 1.14
TOTAL	\$ -	\$ 0.93	\$ 1.73	\$ 1.99	\$ 1.41
<u>Rx Rebates</u>	<u>Catastrophic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Total</u>
PPO	\$ 6.21	\$ 16.08	\$ 16.82	\$ 15.56	\$ 15.56
HMO Non-CAT	\$ 0.46	\$ 1.04	\$ 10.42	\$ 2.91	\$ 4.12
TOTAL	\$ 0.46	\$ 4.47	\$ 12.61	\$ 16.04	\$ 10.87
Capitation					
HMO	\$ 10.10	\$ 8.71	\$ 14.01	\$ 22.43	\$ 12.12

\* Premium is adjusted for Risk Adjustment & Risk Corridor  
\* Claims are adjusted for Reinsurance, Capitation (HMO only) & Rebates

**Keystone Health Plan Central**  
**Individual Account Rates**  
**Effective 1/1/2017**  
**Q&A Exhibit 3**

<u>Plan ID</u>	<u>Projected Membership</u>	<u>Induced Utilization</u>
53789PA0050002	339	1.05
53789PA0030002	1,416	1.05
53789PA0030003	1,622	1.05
53789PA0030004	324	1.05
53789PA0100013	6,253	1.05
53789PA0110013	10,958	1.05
53789PA0110031	10,236	1.05
53789PA0110032	3,141	1.05
53789PA0060001	1,799	1.00
53789PA0040001	6,003	1.00
53789PA0040002	8,112	1.00
53789PA0040003	1,401	1.00
53789PA0100009	37,801	1.00
53789PA0110009	88,478	1.00
53789PA0110021	97,563	1.00
53789PA0110022	25,412	1.00
53789PA0100006	9,159	1.00
53789PA0110006	12,640	1.00
53789PA0110027	16,386	1.00
53789PA0110028	3,628	1.00
53789PA0100017	723	1.00
53789PA0110041	1,077	1.00
53789PA0110042	1,298	1.00
53789PA0110043	251	1.00
53789PA0100015	10,781	1.00
53789PA0110015	25,191	1.00
53789PA0110035	26,430	1.00
53789PA0110036	5,457	1.00
53789PA0100008	15,014	1.00
53789PA0110008	29,026	1.00
53789PA0110019	42,683	1.00
53789PA0110020	8,215	1.00
53789PA0100004	17,315	1.00
53789PA0110004	4,203	1.00
53789PA0110017	7,861	1.00
53789PA0110018	3,820	1.00
Total	542,017	1.00

Keystone Health Plan Central  
Individual Account Rates  
Effective 1/1/2017  
Q&A Exhibit 4

HIOS Plan ID	Plan Name	AV	Induced Demand	Network	Catastrophic Adj	AV*Induced	Relativity to Base Plan	Plan Adj Index	Relativity to Base Plan
						Demand*Network*Cat			
53789PA0050002	BlueCross 750.0, a Multi-State Plan STD   Rx \$50	81.4%	1.050	1.000	1.000	0.855	100%	673.64	100%
53789PA0030002	BlueCross Value 750.0, a Multi-State Plan STD   Rx \$50	81.4%	1.050	0.729	1.000	0.623	73%	511.69	76%
53789PA0030003	BlueCross Value 750.0, a Multi-State Plan STD   Rx \$50	81.4%	1.050	0.734	1.000	0.627	73%	514.48	76%
53789PA0030004	BlueCross Value 750.0, a Multi-State Plan STD   Rx \$50	81.4%	1.050	0.833	1.000	0.712	83%	573.57	85%
53789PA0100013	Gold HMO 1000/0/20   Rx \$300	79.8%	1.050	1.000	1.000	0.838	98%	659.80	98%
53789PA0110013	Gold Value HMO 1000/0/20   Rx \$300	79.8%	1.050	0.729	1.000	0.611	71%	501.60	74%
53789PA0110031	Gold Value HMO 1000/0/20   Rx \$300	79.8%	1.050	0.734	1.000	0.615	72%	504.33	75%
53789PA0110032	Gold Value HMO 1000/0/20   Rx \$300	79.8%	1.050	0.833	1.000	0.698	82%	562.04	83%
53789PA0060001	BlueCross 0.50, a Multi-State Plan STD   Rx \$0	71.3%	1.000	1.000	1.000	0.713	83%	546.79	81%
53789PA0040001	BlueCross Value 0.50, a Multi-State Plan STD   Rx \$0	71.3%	1.000	0.729	1.000	0.520	61%	419.21	62%
53789PA0040002	BlueCross Value 0.50, a Multi-State Plan STD   Rx \$0	71.3%	1.000	0.734	1.000	0.523	61%	421.42	63%
53789PA0040003	BlueCross Value 0.50, a Multi-State Plan STD   Rx \$0	71.3%	1.000	0.833	1.000	0.594	69%	467.96	69%
53789PA0100009	Silver HMO 4500/0/10   Combined	70.9%	1.000	1.000	1.000	0.709	83%	514.31	76%
53789PA0110009	Silver Value HMO 4500/0/10   Combined	70.9%	1.000	0.729	1.000	0.517	60%	395.53	59%
53789PA0110021	Silver Value HMO 4500/0/10   Combined	70.9%	1.000	0.734	1.000	0.521	61%	397.58	59%
53789PA0110022	Silver Value HMO 4500/0/10   Combined	70.9%	1.000	0.833	1.000	0.591	69%	440.91	65%
53789PA0100006	Silver HMO 2500/0/45   Combined	72.0%	1.000	1.000	1.000	0.720	84%	532.79	79%
53789PA0110006	Silver Value HMO 2500/0/45   Combined	72.0%	1.000	0.729	1.000	0.525	61%	409.01	61%
53789PA0110027	Silver Value HMO 2500/0/45   Combined	72.0%	1.000	0.734	1.000	0.528	62%	411.14	61%
53789PA0110028	Silver Value HMO 2500/0/45   Combined	72.0%	1.000	0.833	1.000	0.599	70%	456.30	68%
53789PA0100017	Silver HMO 1500/30/0   Combined	69.6%	1.000	1.000	1.000	0.696	81%	552.39	82%
53789PA0110041	Silver Value HMO 1500/30/0   Combined	69.6%	1.000	0.729	1.000	0.507	59%	423.29	63%
53789PA0110042	Silver Value HMO 1500/30/0   Combined	69.6%	1.000	0.734	1.000	0.511	60%	425.52	63%
53789PA0110043	Silver Value HMO 1500/30/0   Combined	69.6%	1.000	0.833	1.000	0.579	68%	472.62	70%
53789PA0100015	Silver HMO 0/0/55   Rx \$0	72.0%	1.000	1.000	1.000	0.720	84%	562.47	83%
53789PA0110015	Silver Value HMO 0/0/55   Rx \$0	72.0%	1.000	0.729	1.000	0.525	61%	430.65	64%
53789PA0110035	Silver Value HMO 0/0/55   Rx \$0	72.0%	1.000	0.734	1.000	0.528	62%	432.92	64%
53789PA0110036	Silver Value HMO 0/0/55   Rx \$0	72.0%	1.000	0.833	1.000	0.599	70%	481.01	71%
53789PA0100008	Bronze HMO 7000/50/60   Combined	61.9%	1.000	1.000	1.000	0.619	72%	433.76	64%
53789PA0110008	Bronze Value HMO 7000/50/60   Combined	61.9%	1.000	0.729	1.000	0.452	53%	336.81	50%
53789PA0110019	Bronze Value HMO 7000/50/60   Combined	61.9%	1.000	0.734	1.000	0.454	53%	338.49	50%
53789PA0110020	Bronze Value HMO 7000/50/60   Combined	61.9%	1.000	0.833	1.000	0.516	60%	373.85	55%
53789PA0100004	Catastrophic HMO 7150/0/75   Combined	61.9%	1.000	1.000	0.560	0.347	41%	270.32	40%
53789PA0110004	Catastrophic Value HMO 7150/0/75   Combined	61.9%	1.000	0.729	0.560	0.253	30%	217.68	32%
53789PA0110017	Catastrophic Value HMO 7150/0/75   Combined	61.9%	1.000	0.734	0.560	0.255	30%	218.59	32%
53789PA0110018	Catastrophic Value HMO 7150/0/75   Combined	61.9%	1.000	0.833	0.560	0.289	34%	237.80	35%