State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Rates - CAIC Small Group PPOG
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		SG_16-44_Initial_CAIC_PPO_PIDRates_RateRule_20160509.pdf, SG_16-44_Initial_CAIC_PPO_PIDRates_RateRule_20160509.xlsx,

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Rates - CAIC Small Group PPOG
Project Name/Number: /

Attachment SG_16-44_Initial_CAIC_PPO_PIDRates_RateRule_20160509.xlsx is not a PDF document and cannot be reproduced here.

Capital Advantage Insurance Company
Small Group
Plan Design Summary

HIOS Plan ID	On/Off Exchange	Product	Metal	Plan Design Marketing Name	Network	Rating Area	Counties Excluded
82795PA0110006	Off	PPO	Gold	Gold CareConnect PinnacleHealth 1000/0/10 | CareConnect Rx	PPO	9	Franklin, Fulton, Juniata, Lebanon
82795PA0110007	Off	PPO	Silver	Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx	PPO	9	Franklin, Fulton, Juniata, Lebanon

Company Name: Capital Advantage Insurance Company
Market: Small Group
Product: PPO
Effective Date of Rates: January 1, 2017 **Ending date of Rates:** March 31, 2017

	HIOS Plan ID (On Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	HIOS Plan ID (Off Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	Form # =>	**C17-CAIC-SPG**		**C17-CAIC-SPG**					
	Rating Area =>	**9**		**9**					
	Counties Excluded in Rating Area =>	**Franklin, Fulton, Juniata, Lebanon**		**Franklin, Fulton, Juniata, Lebanon**					
	Network =>	**PPO**		**PPO**					
	Metal =>	**Gold**		**Silver**					
	Plan Name =>	**Gold CareConnect PinnacleHealth 1000/0/10 | CareConnect Rx**		**Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx**					
	Deductible =>	**$1000 /$0 Med/Rx**		**$3000 /$0 Med/Rx**					
	Coinsurance =>	**0%**		**0%**					
	Copays =>	**$10/$30/$200 PCP/SPC/ER**		**$35/$65/$300 PCP/SPC/ER**					
	OOP Maximum =>	**$6350 Med/Rx Combined**		**$6550 Med/Rx Combined**					
	Pediatric Dental (Yes/No) =>	**Yes**		**Yes**					
	Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**				
0	0 - 20	$227.09	$227.09	$191.83	$191.83				
21	21	$357.62	$357.62	$302.09	$302.09				
22	22	$357.62	$357.62	$302.09	$302.09				
23	23	$357.62	$357.62	$302.09	$302.09				
24	24	$357.62	$357.62	$302.09	$302.09				
25	25	$359.05	$359.05	$303.30	$303.30				
26	26	$366.20	$366.20	$309.34	$309.34				
27	27	$374.79	$374.79	$316.59	$316.59				
28	28	$388.73	$388.73	$328.37	$328.37				
29	29	$400.18	$400.18	$338.04	$338.04				
30	30	$405.90	$405.90	$342.87	$342.87				
31	31	$414.48	$414.48	$350.12	$350.12				
32	32	$423.06	$423.06	$357.37	$357.37				
33	33	$428.43	$428.43	$361.90	$361.90				
34	34	$434.15	$434.15	$366.74	$366.74				
35	35	$437.01	$437.01	$369.15	$369.15				
36	36	$439.87	$439.87	$371.57	$371.57				
37	37	$442.73	$442.73	$373.99	$373.99				
38	38	$445.59	$445.59	$376.40	$376.40				
39	39	$451.32	$451.32	$381.24	$381.24				
40	40	$457.04	$457.04	$386.07	$386.07				
41	41	$465.62	$465.62	$393.32	$393.32				
42	42	$473.85	$473.85	$400.27	$400.27				
43	43	$485.29	$485.29	$409.94	$409.94				
44	44	$499.60	$499.60	$422.02	$422.02				
45	45	$516.40	$516.40	$436.22	$436.22				
46	46	$536.43	$536.43	$453.14	$453.14				
47	47	$558.96	$558.96	$472.17	$472.17				
48	48	$584.71	$584.71	$493.92	$493.92				
49	49	$610.10	$610.10	$515.37	$515.37				
50	50	$638.71	$638.71	$539.53	$539.53				
51	51	$666.96	$666.96	$563.40	$563.40				
52	52	$698.07	$698.07	$589.68	$589.68				
53	53	$729.54	$729.54	$616.26	$616.26				
54	54	$763.52	$763.52	$644.96	$644.96				
55	55	$797.49	$797.49	$673.66	$673.66				
56	56	$834.33	$834.33	$704.78	$704.78				
57	57	$871.52	$871.52	$736.19	$736.19				
58	58	$911.22	$911.22	$769.73	$769.73				
59	59	$930.88	$930.88	$786.34	$786.34				
60	60	$970.58	$970.58	$819.87	$819.87				
61	61	$1,004.91	$1,004.91	$848.87	$848.87				
62	62	$1,027.44	$1,027.44	$867.90	$867.90				
63	63	$1,055.69	$1,055.69	$891.77	$891.77				
64+	64+	$1,072.85	$1,072.85	$906.26	$906.26				

Company Name: Capital Advantage Insurance Company
Market: Small Group
Product: PPO
Effective Date of Rates: April 1, 2017 **Ending date of Rates:** June 30, 2017

	HIOS Plan ID (On Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	HIOS Plan ID (Off Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	Form # =>	**C17-CAIC-SPG**		**C17-CAIC-SPG**					
	Rating Area =>	**9**		**9**					
	Counties Excluded in Rating Area =>	**Franklin, Fulton, Juniata, Lebanon**		**Franklin, Fulton, Juniata, Lebanon**					
	Network =>	**PPO**		**PPO**					
	Metal =>	**Gold**		**Silver**					
	Plan Name =>	**Gold CareConnect PinnacleHealth 1000/0/10 | CareConnect Rx**		**Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx**					
	Deductible =>	**$1000 /$0 Med/Rx**		**$3000 /$0 Med/Rx**					
	Coinsurance =>	**0%**		**0%**					
	Copays =>	**$10/$30/$200 PCP/SPC/ER**		**$35/$65/$300 PCP/SPC/ER**					
	OOP Maximum =>	**$6350 Med/Rx Combined**		**$6550 Med/Rx Combined**					
	Pediatric Dental (Yes/No) =>	**Yes**		**Yes**					
	Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**				
0	0 - 20	$231.62	$231.62	$195.66	$195.66				
21	21	$364.76	$364.76	$308.12	$308.12				
22	22	$364.76	$364.76	$308.12	$308.12				
23	23	$364.76	$364.76	$308.12	$308.12				
24	24	$364.76	$364.76	$308.12	$308.12				
25	25	$366.22	$366.22	$309.35	$309.35				
26	26	$373.51	$373.51	$315.51	$315.51				
27	27	$382.27	$382.27	$322.91	$322.91				
28	28	$396.49	$396.49	$334.93	$334.93				
29	29	$408.17	$408.17	$344.79	$344.79				
30	30	$414.00	$414.00	$349.72	$349.72				
31	31	$422.76	$422.76	$357.11	$357.11				
32	32	$431.51	$431.51	$364.51	$364.51				
33	33	$436.98	$436.98	$369.13	$369.13				
34	34	$442.82	$442.82	$374.06	$374.06				
35	35	$445.74	$445.74	$376.52	$376.52				
36	36	$448.65	$448.65	$378.99	$378.99				
37	37	$451.57	$451.57	$381.45	$381.45				
38	38	$454.49	$454.49	$383.92	$383.92				
39	39	$460.33	$460.33	$388.85	$388.85				
40	40	$466.16	$466.16	$393.78	$393.78				
41	41	$474.92	$474.92	$401.17	$401.17				
42	42	$483.31	$483.31	$408.26	$408.26				
43	43	$494.98	$494.98	$418.12	$418.12				
44	44	$509.57	$509.57	$430.44	$430.44				
45	45	$526.71	$526.71	$444.93	$444.93				
46	46	$547.14	$547.14	$462.18	$462.18				
47	47	$570.12	$570.12	$481.59	$481.59				
48	48	$596.38	$596.38	$503.78	$503.78				
49	49	$622.28	$622.28	$525.65	$525.65				
50	50	$651.46	$651.46	$550.30	$550.30				
51	51	$680.28	$680.28	$574.64	$574.64				
52	52	$712.01	$712.01	$601.45	$601.45				
53	53	$744.11	$744.11	$628.56	$628.56				
54	54	$778.76	$778.76	$657.84	$657.84				
55	55	$813.41	$813.41	$687.11	$687.11				
56	56	$850.99	$850.99	$718.84	$718.84				
57	57	$888.92	$888.92	$750.89	$750.89				
58	58	$929.41	$929.41	$785.09	$785.09				
59	59	$949.47	$949.47	$802.04	$802.04				
60	60	$989.96	$989.96	$836.24	$836.24				
61	61	$1,024.98	$1,024.98	$865.82	$865.82				
62	62	$1,047.96	$1,047.96	$885.23	$885.23				
63	63	$1,076.77	$1,076.77	$909.57	$909.57				
64+	64+	$1,094.27	$1,094.27	$924.35	$924.35				

Company Name: Capital Advantage Insurance Company
Market: Small Group
Product: PPO
Effective Date of Rates: July 1, 2017 **Ending date of Rates:** September 30, 2017

	HIOS Plan ID (On Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	HIOS Plan ID (Off Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	Form # =>	**C17-CAIC-SPG**		**C17-CAIC-SPG**					
	Rating Area =>	**9**		**9**					
	Counties Excluded in Rating Area =>	**Franklin, Fulton, Juniata, Lebanon**		**Franklin, Fulton, Juniata, Lebanon**					
	Network =>	**PPO**		**PPO**					
	Metal =>	**Gold**		**Silver**					
	Plan Name =>	**Gold CareConnect PinnacleHealth 1000/0/10 | CareConnect Rx**		**Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx**					
	Deductible =>	**$1000 /$0 Med/Rx**		**$3000 /$0 Med/Rx**					
	Coinsurance =>	**0%**		**0%**					
	Copays =>	**$10/$30/$200 PCP/SPC/ER**		**$35/$65/$300 PCP/SPC/ER**					
	OOP Maximum =>	**$6350 Med/Rx Combined**		**$6550 Med/Rx Combined**					
	Pediatric Dental (Yes/No) =>	**Yes**		**Yes**					
	Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**				
0	0 - 20	$236.25	$236.25	$199.56	$199.56				
21	21	$372.05	$372.05	$314.27	$314.27				
22	22	$372.05	$372.05	$314.27	$314.27				
23	23	$372.05	$372.05	$314.27	$314.27				
24	24	$372.05	$372.05	$314.27	$314.27				
25	25	$373.54	$373.54	$315.53	$315.53				
26	26	$380.98	$380.98	$321.81	$321.81				
27	27	$389.91	$389.91	$329.35	$329.35				
28	28	$404.42	$404.42	$341.61	$341.61				
29	29	$416.32	$416.32	$351.67	$351.67				
30	30	$422.28	$422.28	$356.70	$356.70				
31	31	$431.21	$431.21	$364.24	$364.24				
32	32	$440.14	$440.14	$371.78	$371.78				
33	33	$445.72	$445.72	$376.50	$376.50				
34	34	$451.67	$451.67	$381.52	$381.52				
35	35	$454.65	$454.65	$384.04	$384.04				
36	36	$457.62	$457.62	$386.55	$386.55				
37	37	$460.60	$460.60	$389.07	$389.07				
38	38	$463.57	$463.57	$391.58	$391.58				
39	39	$469.53	$469.53	$396.61	$396.61				
40	40	$475.48	$475.48	$401.64	$401.64				
41	41	$484.41	$484.41	$409.18	$409.18				
42	42	$492.97	$492.97	$416.41	$416.41				
43	43	$504.87	$504.87	$426.46	$426.46				
44	44	$519.75	$519.75	$439.04	$439.04				
45	45	$537.24	$537.24	$453.81	$453.81				
46	46	$558.08	$558.08	$471.40	$471.40				
47	47	$581.51	$581.51	$491.20	$491.20				
48	48	$608.30	$608.30	$513.83	$513.83				
49	49	$634.72	$634.72	$536.14	$536.14				
50	50	$664.48	$664.48	$561.29	$561.29				
51	51	$693.87	$693.87	$586.11	$586.11				
52	52	$726.24	$726.24	$613.46	$613.46				
53	53	$758.98	$758.98	$641.11	$641.11				
54	54	$794.33	$794.33	$670.97	$670.97				
55	55	$829.67	$829.67	$700.82	$700.82				
56	56	$867.99	$867.99	$733.19	$733.19				
57	57	$906.69	$906.69	$765.88	$765.88				
58	58	$947.98	$947.98	$800.76	$800.76				
59	59	$968.45	$968.45	$818.04	$818.04				
60	60	$1,009.74	$1,009.74	$852.93	$852.93				
61	61	$1,045.46	$1,045.46	$883.10	$883.10				
62	62	$1,068.90	$1,068.90	$902.90	$902.90				
63	63	$1,098.29	$1,098.29	$927.73	$927.73				
64+	64+	$1,116.14	$1,116.14	$942.80	$942.80				

Company Name: Capital Advantage Insurance Company
Market: Small Group
Product: PPO
Effective Date of Rates: October 1, 2017 **Ending date of Rates:** December 31, 2017

	HIOS Plan ID (On Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	HIOS Plan ID (Off Exchange)=>	**82795PA0110006**		**82795PA0110007**					
	Form # =>	**C17-CAIC-SPG**		**C17-CAIC-SPG**					
	Rating Area =>	**9**		**9**					
	Counties Excluded in Rating Area =>	**Franklin, Fulton, Juniata, Lebanon**		**Franklin, Fulton, Juniata, Lebanon**					
	Network =>	**PPO**		**PPO**					
	Metal =>	**Gold**		**Silver**					
	Plan Name =>	**Gold CareConnect PinnacleHealth 1000/0/10 | CareConnect Rx**		**Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx**					
	Deductible =>	**$1000 /$0 Med/Rx**		**$3000 /$0 Med/Rx**					
	Coinsurance =>	**0%**		**0%**					
	Copays =>	**$10/$30/$200 PCP/SPC/ER**		**$35/$65/$300 PCP/SPC/ER**					
	OOP Maximum =>	**$6350 Med/Rx Combined**		**$6550 Med/Rx Combined**					
	Pediatric Dental (Yes/No) =>	**Yes**		**Yes**					
	Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**				
0	0 - 20	$240.97	$240.97	$203.54	$203.54				
21	21	$379.48	$379.48	$320.54	$320.54				
22	22	$379.48	$379.48	$320.54	$320.54				
23	23	$379.48	$379.48	$320.54	$320.54				
24	24	$379.48	$379.48	$320.54	$320.54				
25	25	$381.00	$381.00	$321.82	$321.82				
26	26	$388.59	$388.59	$328.23	$328.23				
27	27	$397.70	$397.70	$335.93	$335.93				
28	28	$412.49	$412.49	$348.43	$348.43				
29	29	$424.64	$424.64	$358.68	$358.68				
30	30	$430.71	$430.71	$363.81	$363.81				
31	31	$439.82	$439.82	$371.51	$371.51				
32	32	$448.92	$448.92	$379.20	$379.20				
33	33	$454.62	$454.62	$384.01	$384.01				
34	34	$460.69	$460.69	$389.14	$389.14				
35	35	$463.72	$463.72	$391.70	$391.70				
36	36	$466.76	$466.76	$394.26	$394.26				
37	37	$469.80	$469.80	$396.83	$396.83				
38	38	$472.83	$472.83	$399.39	$399.39				
39	39	$478.90	$478.90	$404.52	$404.52				
40	40	$484.98	$484.98	$409.65	$409.65				
41	41	$494.08	$494.08	$417.34	$417.34				
42	42	$502.81	$502.81	$424.72	$424.72				
43	43	$514.95	$514.95	$434.97	$434.97				
44	44	$530.13	$530.13	$447.79	$447.79				
45	45	$547.97	$547.97	$462.86	$462.86				
46	46	$569.22	$569.22	$480.81	$480.81				
47	47	$593.13	$593.13	$501.00	$501.00				
48	48	$620.45	$620.45	$524.08	$524.08				
49	49	$647.39	$647.39	$546.84	$546.84				
50	50	$677.75	$677.75	$572.48	$572.48				
51	51	$707.73	$707.73	$597.81	$597.81				
52	52	$740.74	$740.74	$625.69	$625.69				
53	53	$774.14	$774.14	$653.90	$653.90				
54	54	$810.19	$810.19	$684.35	$684.35				
55	55	$846.24	$846.24	$714.80	$714.80				
56	56	$885.33	$885.33	$747.82	$747.82				
57	57	$924.79	$924.79	$781.16	$781.16				
58	58	$966.92	$966.92	$816.74	$816.74				
59	59	$987.79	$987.79	$834.37	$834.37				
60	60	$1,029.91	$1,029.91	$869.95	$869.95				
61	61	$1,066.34	$1,066.34	$900.72	$900.72				
62	62	$1,090.25	$1,090.25	$920.91	$920.91				
63	63	$1,120.22	$1,120.22	$946.23	$946.23				
64+	64+	$1,138.43	$1,138.43	$961.61	$961.61				

Silver Plan Rates for Age 21 Non-Smoker, by Geographic Area and Exchange Status

2017 On-Exchange Silver Plan Rates									
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4	Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9

Silver Plan Rates for Age 21 Non-Smoker, by Geographic Area and Exchange Status

2017 Off-Exchange Silver Plan Rates									
HIOS Plan ID #	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4	Rating Area 5	Rating Area 6	Rating Area 7	Rating Area 8	Rating Area 9
82795PA0110007									$302.09

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Rates - CAIC Small Group PPOG
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_RateCvLtr_Supporting_20160509.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CFJ
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_CFJ_Supporting_20160509.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PA Bulletin
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_PABulletin_Supporting_20160509.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Change Summary
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_RateChangeSummary_Supporting_20160509.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Exhibits
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160509.pdf SG_16-44_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160509.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Actuarial Memos
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_FedActMemoRedacted_Supporting_20160607.pdf SG_16-44_Initial_CAIC_PPO_PIDActMemoRedacted_Supporting_20160607.pdf

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Rates - CAIC Small Group PPOG
Project Name/Number: /

Item Status:	
Status Date:	

Satisfied - Item:	Federal Rates Template pdf
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_FedRatesTemplate_RateRule_20160615.pdf
Item Status:	
Status Date:	

Satisfied - Item:	URRT pdf
Comments:	
Attachment(s):	SG_16-44_Initial_CAIC_PPO_URRT_Supporting_20160615.pdf
Item Status:	
Status Date:	

State: Pennsylvania **Filing Company:** Capital Advantage Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Rates - CAIC Small Group PPOG
Project Name/Number: /

Attachment SG_16-44_Initial_CAIC_PPO_PIDRateExhibits_Supporting_20160509.xlsx is not a PDF document and cannot be reproduced here.

Capital BlueCross

May 11, 2016

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

Re: **Capital Advantage Insurance Company**
Small Group Base Rates
Filing No 16-44
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Fabian-Marks:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Capital Advantage Insurance Company, submits to the Department its Small Group Base Rates effective January 1, 2017.

The following is a summary of the rate filing:

- Company Name: Capital Advantage Insurance Company (CAIC)
- NAIC: 41203
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 4.5%
- Range of Requested Rate Change: 4.4% to 5.8%
- Product: PPO
- Rating Areas: 9
- Metal Levels: Gold, Silver
- Current Covered Lives and Policyholders: 46/44
- Number of Plans: 2
- Contract Form #: C17-CAIC-SPG
- Form Filing SERFF #: CABC-130534718
- Binder SERFF #: CABC-PA17-125060094
- HIOS Issuer ID: 82795
- HIOS Submission Tracking Number: 82795-687332328753654816

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance 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.

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Consumer Friendly Justification, Rates Table Template, PA Bulletin Summary, Rate Change Request Summary, and PA Plan Design Summary and Rate Tables.

Capital BlueCross

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.
RFJ Part II – Consumer Friendly Justification

1. Company Name & NAIC #: Capital Advantage Insurance Company (CAIC), NAIC #41203
2. Market: Small Group
3. Product: PPO
4. Average Rate Change (% and $) and Range: 4.5%/$291.86 PMPY, 4.4% to 5.8%
5. Current Covered Lives and Policyholders: 46/44
6. Financial Information:

Jan. 2015-Dec. 2015 financial experience	
Premiums	$1,677,126
Claims	$848,725
Administrative expenses	$263,353
Company made (before taxes)	**$565,049**

7. Rate Increase Considerations: Changes being requested are 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
        - 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

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Capital BlueCross

May 11, 2016

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.
Pennsylvania Bulletin Information

The following is a summary prepared for the Pennsylvania Bulletin:

1. Company Name & NAIC #: Capital Advantage Insurance Company (CAIC), NAIC #41203
2. Market: Small Group
3. Product: PPO
4. Average Rate Change (% and $) and Range: 4.5%/$291.86 PMPY, 4.4% to 5.8%
5. Current Covered Lives and Policyholders: 46/44
6. Experience Period Revenue: $1.4M
7. Additional Revenue from Rate Increase: $13,426

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Capital Advantage Insurance Company (CAIC) – Small Group Plans

Rate request filing ID # CABC-130539615- 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:	4.5%
Range of requested rate change:	4.4% to 5.8%
Effective date:	1/1/2017
People impacted:	46
Available in:	Rating Area 9

Key information

Jan. 2015-Dec. 2015 financial experience

Premiums	$1,677,126
Claims	$848,725
Administrative expenses	$263,353
Company made (before taxes)	**$565,049**

The company expects its annual medical costs to increase **8.3%**.

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

Claims:	81.9**%**
Administrative:	11.5**%**
Taxes & fees:	4.6%
Profit:	2.0**%**

Explanation of requested rate change

Changes being requested are 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
  - 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

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	4,018	42	46
<18	652	-	-
18-24	403	3	2
25-29	490	12	13
30-34	244	3	4
35-39	186	7	8
40-44	268	1	1
45-49	347	3	4
50-54	424	4	5
55-59	558	6	6
60-63	259	3	3
64+	187	-	-

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
$ 1,394,933.20	$ 679,776.73	$ 696,142.67	4,018	$ 268,993.10	$ 965,135.77	$ -	$ (5,352.04)	$ -	$ -	$ 89,322.66	$ -
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 238.87**
Loss Ratio											**46.54%**

**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%	18.62%
Outpatient Hospital	5.00%	1.90%	7.00%	33.96%
Professional	5.00%	1.90%	7.00%	25.15%
Other Medical	5.00%	1.90%	7.00%	2.48%
Capitation			3.00%	0.11%
Prescription Drugs	13.50%	0.05%	13.56%	19.67%
Total Annual Trend			8.29%	100.00%
2 Year Trend Projection Factor			1.173	

<- Annualized Trend Factors on URRT

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

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-13		$ 20,491,404.29	1.0000	$ 20,491,439.32	54,235	$ 377.83		$ (265,544.28)	$ 23,657,794.47	$ 436.21
Feb-13		$ 15,707,474.35	1.0000	$ 15,707,515.64	50,076	$ 313.67		$ (227,374.01)	$ 18,081,939.81	$ 361.09
Mar-13		$ 15,482,141.27	1.0000	$ 15,482,197.11	45,511	$ 340.19		$ (233,913.79)	$ 17,652,485.00	$ 387.87
Apr-13		$ 13,670,285.63	1.0000	$ 13,670,336.78	41,000	$ 333.42		$ (197,598.10)	$ 15,650,426.17	$ 381.72
May-13		$ 12,873,469.07	1.0000	$ 12,873,511.77	35,053	$ 367.26		$ (206,361.70)	$ 14,527,813.06	$ 414.45
Jun-13		$ 11,021,802.84	1.0000	$ 11,021,838.46	29,491	$ 373.74		$ (142,929.02)	$ 12,303,291.50	$ 417.19
Jul-13		$ 9,013,680.43	1.0000	$ 9,013,711.74	23,762	$ 379.33		$ (135,703.35)	$ 10,047,007.53	$ 422.82
Aug-13		$ 7,349,729.14	1.0000	$ 7,349,758.18	20,090	$ 365.84		$ (122,635.90)	$ 8,174,924.86	$ 406.92
Sep-13		$ 5,224,507.00	1.0000	$ 5,224,526.62	14,255	$ 366.50		$ (80,484.47)	$ 5,824,147.36	$ 408.57
Oct-13		$ 3,081,208.30	1.0000	$ 3,081,218.17	6,444	$ 478.15		$ (40,582.01)	$ 3,398,950.78	$ 527.46
Nov-13		$ 1,371,047.07	1.0000	$ 1,371,090.60	4,028	$ 340.39		$ (17,837.81)	$ 1,535,532.87	$ 381.21
Dec-13	$ 121,402,440.85	$ 192,479.03	0.9999	$ 192,488.82	951	$ 202.41	$ 17,268,371.86	$ (1,992.38)	$ 220,734.83	$ 232.11
Jan-14		$ 193,078.99	1.0000	$ 193,088.33	749	$ 257.79		$ (2,613.53)	$ 231,583.50	$ 309.19
Feb-14		$ 113,603.06	0.9999	$ 114,650.66	701	$ 163.55		$ (667.49)	$ 135,643.22	$ 193.50
Mar-14		$ 145,311.64	0.9999	$ 145,327.32	661	$ 219.86		$ (723.04)	$ 174,667.57	$ 264.25
Apr-14		$ 131,249.86	0.9998	$ 131,270.40	631	$ 208.04		$ (1,501.12)	$ 165,501.13	$ 262.28
May-14		$ 144,098.16	0.9998	$ 144,127.10	517	$ 278.78		$ (821.92)	$ 172,834.35	$ 334.30
Jun-14		$ 118,087.29	0.9997	$ 118,121.17	468	$ 252.40		$ (943.68)	$ 134,707.59	$ 287.84
Jul-14		$ 114,911.37	0.9996	$ 114,955.49	472	$ 243.55		$ (2,034.40)	$ 128,479.71	$ 272.20
Aug-14		$ 149,559.46	0.9994	$ 149,645.43	532	$ 281.29		$ (4,232.01)	$ 168,244.58	$ 316.25
Sep-14		$ 135,519.59	0.9992	$ 135,621.84	537	$ 252.55		$ (839.89)	$ 154,678.27	$ 288.04
Oct-14		$ 194,295.67	0.9991	$ 194,467.08	601	$ 323.57		$ (1,736.90)	$ 210,935.82	$ 350.97
Nov-14		$ 98,210.65	0.9989	$ 98,318.20	594	$ 165.52		$ (726.70)	$ 121,692.27	$ 204.87
Dec-14	$ 2,219,330.71	$ 76,253.34	0.9985	$ 76,366.28	648	$ 117.85	$ 297,221.22	$ (1,919.76)	$ 95,452.06	$ 147.30
Jan-15		$ 39,982.95	0.9979	$ 40,068.25	373	$ 107.42		$ (1,160.17)	$ 60,799.22	$ 163.00
Feb-15		$ 50,258.41	0.9120	$ 55,106.67	371	$ 148.54		$ (436.79)	$ 98,956.74	$ 266.73
Mar-15		$ 34,661.50	0.9962	$ 34,794.05	368	$ 94.55		$ (351.51)	$ 52,091.87	$ 141.55
Apr-15		$ 72,810.70	0.9950	$ 73,173.44	370	$ 197.77		$ (738.88)	$ 90,997.04	$ 245.94
May-15		$ 59,622.95	0.9759	$ 61,093.64	364	$ 167.84		$ (488.35)	$ 95,587.93	$ 262.60
Jun-15		$ 47,561.52	0.9921	$ 47,939.14	363	$ 132.06		$ (167.67)	$ 66,028.43	$ 181.90
Jul-15		$ 78,249.00	0.9899	$ 79,047.02	362	$ 218.36		$ (316.61)	$ 107,247.56	$ 296.26
Aug-15		$ 91,871.49	0.9873	$ 93,048.94	352	$ 264.34		$ (383.64)	$ 112,077.77	$ 318.40
Sep-15		$ 40,398.33	0.9838	$ 41,065.51	349	$ 117.67		$ (350.87)	$ 62,775.52	$ 179.87
Oct-15		$ 33,240.43	0.9781	$ 33,983.55	314	$ 108.23		$ (358.83)	$ 48,765.04	$ 155.30
Nov-15		$ 105,665.21	0.9597	$ 110,105.25	303	$ 363.38		$ (224.47)	$ 131,494.38	$ 433.97
Dec-15	$ 1,394,933.20	$ 25,454.24	0.9527	$ 26,717.21	129	$ 207.11	$ 268,949.95	$ (374.25)	$ 32,919.07	$ 255.19

** 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
###########	############	############	552,687	$ 39,173,571.74	##############	$ -	###########	$279,945.74	$ -	$ 290,412.39	$ -
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 449.13**
Loss Ratio											**76.91%**

**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
###########	##############	##############	552,687	##############	############	$ -	##############	$ 279,945.74	$ -	$ 290,412.39	$ -
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 449.13**
Loss Ratio											**76.91%**

**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%	18.62%
Outpatient Hospital	5.00%	1.90%	7.00%	33.96%
Professional	5.00%	1.90%	7.00%	25.15%
Other Medical	5.00%	1.90%	7.00%	2.48%
Capitation			3.00%	0.11%
Prescription Drugs	13.50%	0.05%	13.56%	19.67%
Total Annual Trend			8.29%	100.00%
2 Year Trend Projection			1.173	

<- 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		###########	1.0000	$ 25,694,935.99	69,258	$ 371.00		###########	###########	$ 434.42
Feb-13		###########	1.0000	$ 22,429,297.05	69,077	$ 324.70		###########	###########	$ 378.11
Mar-13		###########	1.0000	$ 22,058,947.02	68,833	$ 320.47		###########	###########	$ 375.93
Apr-13		###########	1.0000	$ 22,934,264.92	68,110	$ 336.72		###########	###########	$ 393.76
May-13		###########	1.0000	$ 23,964,539.35	67,301	$ 356.08		###########	###########	$ 411.82
Jun-13		###########	1.0000	$ 22,219,690.69	66,138	$ 335.96		###########	###########	$ 389.24
Jul-13		###########	1.0000	$ 24,011,020.33	64,855	$ 370.23		###########	###########	$ 424.56
Aug-13		###########	1.0000	$ 22,054,406.01	64,454	$ 342.17		###########	###########	$ 394.94
Sep-13		###########	1.0000	$ 20,664,164.05	63,687	$ 324.46		###########	###########	$ 376.07
Oct-13		###########	1.0000	$ 24,556,788.18	63,296	$ 387.97		###########	###########	$ 447.61
Nov-13		###########	1.0000	$ 20,788,930.94	62,892	$ 330.55		###########	###########	$ 382.68
Dec-13	############	###########	1.0000	$ 22,224,577.46	64,213	$ 346.11	###########	###########	###########	$ 396.75
Jan-14		###########	1.0000	$ 23,889,643.62	63,050	$ 378.90		###########	###########	$ 447.17
Feb-14		###########	0.9920	$ 22,893,928.36	63,082	$ 362.92		###########	###########	$ 422.03
Mar-14		###########	0.9999	$ 23,326,046.76	62,087	$ 375.70		###########	###########	$ 440.58
Apr-14		###########	0.9998	$ 22,775,399.46	60,691	$ 375.27		###########	###########	$ 434.17
May-14		###########	0.9998	$ 22,652,333.84	58,941	$ 384.32		###########	###########	$ 439.71
Jun-14		###########	0.9997	$ 21,093,055.65	57,458	$ 367.10		###########	###########	$ 419.56
Jul-14		###########	0.9996	$ 21,889,366.76	55,931	$ 391.36		###########	###########	$ 444.75
Aug-14		###########	0.9995	$ 19,822,915.11	55,060	$ 360.02		###########	###########	$ 409.92
Sep-14		###########	0.9993	$ 21,040,805.21	53,815	$ 390.98		###########	###########	$ 440.93
Oct-14		###########	0.9992	$ 22,996,620.84	51,949	$ 442.68		###########	###########	$ 497.23
Nov-14		###########	0.9990	$ 21,444,873.81	51,119	$ 419.51		###########	###########	$ 464.30
Dec-14	############	###########	0.9987	$ 18,190,125.06	47,229	$ 385.15	###########	###########	###########	$ 445.29
Jan-15		###########	0.9982	$ 16,352,523.34	47,310	$ 345.65		###########	###########	$ 419.07
Feb-15		###########	0.9263	$ 17,370,874.33	46,776	$ 371.36		###########	###########	$ 440.52
Mar-15		###########	0.9968	$ 19,327,943.58	46,184	$ 418.50		###########	###########	$ 483.68
Apr-15		###########	0.9959	$ 19,102,689.34	45,944	$ 415.78		###########	###########	$ 477.62
May-15		###########	0.9806	$ 17,338,563.82	45,538	$ 380.75		###########	###########	$ 436.82
Jun-15		###########	0.9936	$ 17,784,054.66	44,988	$ 395.31		###########	###########	$ 453.52
Jul-15		###########	0.9917	$ 17,743,115.12	44,561	$ 398.18		###########	###########	$ 459.00
Aug-15		###########	0.9898	$ 17,633,140.16	44,111	$ 399.74		###########	###########	$ 458.60
Sep-15		###########	0.9865	$ 17,671,216.80	43,905	$ 402.49		###########	###########	$ 459.71
Oct-15		###########	0.9817	$ 18,504,411.13	44,876	$ 412.35		###########	###########	$ 480.53
Nov-15		###########	0.9666	$ 18,157,797.67	45,528	$ 398.83		###########	###########	$ 458.48
Dec-15	############	###########	0.9612	$ 20,119,244.17	52,966	$ 379.85	###########	###########	###########	$ 458.58

** 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)	$449.13	<- Index Rate of Experience Period on URRT
2 Year Trend Projection Factor	1.173	
Unadjusted Projected Allowed EHB Claims PMPM	$ 526.64	
Single Risk Pool Adjustment Factors		<- Adj't. from Experience to Projection Period - Pop'l risk Morbidity on URRT
Change in Morbidity	1.000	<- Adj't. from Experience to Projection Period - Other on URRT
Change in Other	0.928	
Change in Demographics	1.000	
Change in Network	0.910	
Change in Benefits	1.015	
Change in Other	1.005	
Adjusted Projected Allowed EHB Claims PMPM	$ 488.70	<- Index Rate for Projection Period on URRT - Individual (Small Group 1rst Qtr)
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	$ 509.51	<- Index Rate for Projection Period on URRT - Small Group
Projected Paid to Allowed Ratio	0.86871634	<- Paid to Allowed Average Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM	442.6195548	
Market-wide Adjustments		
Projected Paid Net Risk Adjustment PMPM	$ 0.13	
Projected Paid Exchange User Fees PMPM	$ -	
Market-Adjusted Projected Paid EHB Claims PMPM	$ 442.75	
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 509.66	<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ -	
Market-Adjusted Projected Paid Total Claims PMPM	$ 442.75	
Market-Adjusted Projected Allowed Total Claims PMPM	$ 509.66	

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

	January	April	July	October	Total Single Risk Pool
# of Member Months Renewing in Quarter	145,949	53,966	87,531	401,210	688,656.00
Percent of Members Months Renewing in Quarter	21%	8%	13%	58%	100%
Base Allowed Claims	$ 488.70	$ 488.70	$ 488.70	$ 488.70	$ 488.70
Months of Trend	-	3	6	9	6
Annual Trend	8.29%	8.29%	8.29%	8.29%	8.29%
Single Risk Pool Projected Allowed Claims	$ 488.70	$ 498.53	$ 508.55	$ 518.77	$ 509.51

Table 6. Retention

Retention Items - *Express in percentages*		
Administrative Expenses	12%	
General and Claims	7.47%	
Agent/Broker Fees and Commissions	3.73%	
Quality Improvement Initiatives	0.29%	
Taxes and Fees	4.62%	
PCORI Fees (Enter $ amount here: $_____)	0.03%	
Pa Premium Tax (if applicable)		
Federal Income Tax	0.70%	
Health Insurance Providers Fee (only for small group market, prorated for coverage in 2018)	1.88%	
Profit/Contingency	2%	
Total Retention	18%	
Projected Required Revenue PMPM	$ 540.73	<- Single Pool Gross Premium Avg. Rate, PMPM on URRT

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2016	2017
Average Age Factor	1.463	1.479
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	0.910	0.930
Market-Adjusted Projected Allowed Total Claims PMPM	$ 493.04	$ 509.66
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 370.29	$ 370.45

Table 8. Components of Rate Change

Rate Components	2016	2017	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	348.276175	363.8823425	$15.61	4.5%
B. Base period allowed claims before normalization	$ 437.83	$ 449.13	$11.30	3%
C. Normalization factor component of change	$ (109.01)	-122.6792462	-$13.67	-$0.04
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 328.82	$ 326.45	$ (2.37)	-1%
D2. URRT Trend	$ 54.17	$ 56.33	$ 2.17	1%
D3. URRT Morbidity	$ 10.64	$ -	$ (10.64)	-3%
D4. URRT Other	$ (28.34)	$ (27.57)	$ 0.77	0%
D5. Normalized URRT RA/RI on an allowed basis	$ 2.41	$ 0.11	$ (2.30)	-1%
D6. Normalized Exchange User Fee on an allowed basis	$ -	$ -	$ -	0%
D7. Subtotal - Sum(D1:D6)	$ 367.70	$ 355.32	$ (12.38)	-4%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ (33.09)	-24.87272288	$ 8.22	2%
E2. Pricing AV	$ (75.29)	$ (44.57)	$ 30.72	9%
E3. Benefit Richness	$ -	$ -	$ -	0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0%
E5. Subtotal - Sum(E1:E4)	$ (108.38)	$ (69.44)	$ 38.94	11%
F. Change in Retention Components				
F1. Administrative Expenses	$ 41.10	$ 41.84	$ 0.74	0%
F2. Taxes and Fees	$ 20.08	$ 9.52	$ (10.56)	-3%
F3. Profit and/or Contingency	$ 6.97	$ 7.28	$ 0.31	0%
F4. Subtotal - Sum(F1:F3)	$ 68.14	$ 58.63	$ (9.51)	-3%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 327.46	$ 344.52	$ 17.06	5%

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

	2016	2017	
Paid-to-Allowed	0.747349467	0.86871634	
URRT Trend (2-Year Trend Factor)	1.164730222	1.17	<- URRT W1, S2
URRT Morbidity	1.027777778	1.000	<- URRT W1, S2
URRT "Other"	0.928	0.928	<- URRT W1, S2
Risk Adjustment	$ 0.15	$ 0.13	<- URRT W1, S3
Reinsurance	$ 2.25	$ -	<- URRT W1, S3
Exchange User Fee	$ -	$ -	<- URRT W1, S3
Capitation	$ 0.60	$ 0.54	<- URRT W1, S2
Network	0.910	0.93	
Pricing AV	0.775	0.865134735	
Benefit Richness	1.000	1	
Catastrophic Eligibility	1.000	1	
Administrative Expenses	11.80%	11.50%	
Taxes and Fees	5.77%	2.62%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	Capital Advantage Assurance Company
Plan Type(s):	PPO
Market Segment:	Small Group
Rate Effective Date:	1/1/2017
Market Adjusted Index Rate	$ 509.66

Calibration	
Age Calibration Factor	1.47934739
Geographic Calibration Factor	1.000
Aggregate Calibration Factor	1.479

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 Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	45 CFR Part 156.8 (d) (2) Allowable Factors: 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	Total Covered Lives @ 2/1/2016	Total Policyholders @ 2/1/2016	2016 Calibrated Plan Adjusted Index Rate PMPM	2017 Calibrated Plan Adjusted Index Rate PMPM	Change Compared to Prior 12 months	% of Total Covered Lives
Totals							**0.808**			**0.865**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**$ 440.92**	**11.5%**	**4.6%**	**2.0%**	**42**	**39**	**$ 348.28**	**$ 363.88**	**4.48%**	
Plan 1	82795PA0110006	PPO	CareConnect 1000.0 PD PH AM			Gold	0.81691358	Standard	Off	0.880	1.000	1.000	1.000	1.000	1.000	$448.54	11.3%	4.6%	2.0%	38	35	$ 353.94	$369.40	4.4%	90.5%
Plan 2	82795PA0110007	PPO	CareConnect 3000.0 PD PH AM			Silver	0.71893123	Standard	Off	0.723	1.000	1.000	1.000	1.000	1.000	$368.55	13.4%	4.6%	2.0%	4	4	$ 294.50	$311.43	5.8%	9.5%
Plan 3																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 4																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 5																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 6																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 7																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 8																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 9																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 10																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 11																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 12																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 13																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 14																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 15																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 16																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 17																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 18																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 19																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 20																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 21																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 22																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 23																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 24																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 25																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 26																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 27																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 28																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 29																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 30																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 31																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 32																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 33																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 34																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 35																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 36																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 37																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 38																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 39																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 40																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 41																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 42																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 43																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 44																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 45																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 46																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 47																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 48																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 49																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 50																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 51																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 52																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 53																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 54																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 55																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 56																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 57																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 58																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 59																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 60																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 61																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 62																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 63																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 64																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 65																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 66																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 67																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 68																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 69																$0.00				-			$0.00	#DIV/0!	0.0%
Plan 70										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 71										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 72										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 73										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 74										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 75										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 76										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 77										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 78										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 79										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 80										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 81										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 82										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 83										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 84										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 85										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 86										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 87										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 88										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 89										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 90										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 91										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 92										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 93										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 94										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 95										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 96										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 97										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 98										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 99										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%
Plan 100										1.000	1.000	1.000	1.000	1.000	1.000	$509.66				-			$344.52	#DIV/0!	0.0%

PA Rate Template Part IV

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

Carrier Name: Capital Advantage Assurance Company
Plan Type(s): PPO
Market Segment: Small Group
Rate Effective Date: 1/1/2017

Plan Number	HIOS Plan ID (Standard Component)	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	Exchange On/Off or Off
Totals	These cells auto-fill using the data entered in Table 9.					
Plan 1	82795PA0110006	CareConnect 1000.0 PD I	M	0	Gold	Off
Plan 2	82795PA0110007	CareConnect 3000.0 PD I	M	0	Silver	Off
Plan 3	0	0	0	0	0	0
Plan 4	0	0	0	0	0	0
Plan 5	0	0	0	0	0	0
Plan 6	0	0	0	0	0	0
Plan 7	0	0	0	0	0	0
Plan 8	0	0	0	0	0	0
Plan 9	0	0	0	0	0	0
Plan 10	0	0	0	0	0	0
Plan 11	0	0	0	0	0	0
Plan 12	0	0	0	0	0	0
Plan 13	0	0	0	0	0	0
Plan 14	0	0	0	0	0	0
Plan 15	0	0	0	0	0	0
Plan 16	0	0	0	0	0	0
Plan 17	0	0	0	0	0	0
Plan 18	0	0	0	0	0	0
Plan 19	0	0	0	0	0	0
Plan 20	0	0	0	0	0	0
Plan 21	0	0	0	0	0	0
Plan 22	0	0	0	0	0	0
Plan 23	0	0	0	0	0	0
Plan 24	0	0	0	0	0	0
Plan 25	0	0	0	0	0	0
Plan 26	0	0	0	0	0	0
Plan 27	0	0	0	0	0	0
Plan 28	0	0	0	0	0	0
Plan 29	0	0	0	0	0	0
Plan 30	0	0	0	0	0	0
Plan 31	0	0	0	0	0	0
Plan 32	0	0	0	0	0	0
Plan 33	0	0	0	0	0	0
Plan 34	0	0	0	0	0	0
Plan 35	0	0	0	0	0	0
Plan 36	0	0	0	0	0	0
Plan 37	0	0	0	0	0	0
Plan 38	0	0	0	0	0	0
Plan 39	0	0	0	0	0	0
Plan 40	0	0	0	0	0	0
Plan 41	0	0	0	0	0	0
Plan 42	0	0	0	0	0	0
Plan 43	0	0	0	0	0	0
Plan 44	0	0	0	0	0	0
Plan 45	0	0	0	0	0	0
Plan 46	0	0	0	0	0	0
Plan 47	0	0	0	0	0	0
Plan 48	0	0	0	0	0	0
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
Plan 99	0	0	0	0	0	0
Plan 100	0	0	0	0	0	0

Plan Number	2/1/16 Number of Covered Lives									
	1	2	3	4	5	6	7	8	9	Total
Totals	-	-	-	-	-	-	-	-	42	42
Plan 1	-	-	-	-	-	-	-	-	38	38
Plan 2	-	-	-	-	-	-	-	-	4	4
Plan 3	-	-	-	-	-	-	-	-	-	-
Plan 4	-	-	-	-	-	-	-	-	-	-
Plan 5	-	-	-	-	-	-	-	-	-	-
Plan 6	-	-	-	-	-	-	-	-	-	-
Plan 7	-	-	-	-	-	-	-	-	-	-
Plan 8	-	-	-	-	-	-	-	-	-	-
Plan 9	-	-	-	-	-	-	-	-	-	-
Plan 10	-	-	-	-	-	-	-	-	-	-
Plan 11	-	-	-	-	-	-	-	-	-	-
Plan 12	-	-	-	-	-	-	-	-	-	-
Plan 13	-	-	-	-	-	-	-	-	-	-
Plan 14	-	-	-	-	-	-	-	-	-	-
Plan 15	-	-	-	-	-	-	-	-	-	-
Plan 16	-	-	-	-	-	-	-	-	-	-
Plan 17	-	-	-	-	-	-	-	-	-	-
Plan 18	-	-	-	-	-	-	-	-	-	-
Plan 19	-	-	-	-	-	-	-	-	-	-
Plan 20	-	-	-	-	-	-	-	-	-	-
Plan 21	-	-	-	-	-	-	-	-	-	-
Plan 22	-	-	-	-	-	-	-	-	-	-
Plan 23	-	-	-	-	-	-	-	-	-	-
Plan 24	-	-	-	-	-	-	-	-	-	-
Plan 25	-	-	-	-	-	-	-	-	-	-
Plan 26	-	-	-	-	-	-	-	-	-	-
Plan 27	-	-	-	-	-	-	-	-	-	-
Plan 28	-	-	-	-	-	-	-	-	-	-
Plan 29	-	-	-	-	-	-	-	-	-	-
Plan 30	-	-	-	-	-	-	-	-	-	-
Plan 31	-	-	-	-	-	-	-	-	-	-
Plan 32	-	-	-	-	-	-	-	-	-	-
Plan 33	-	-	-	-	-	-	-	-	-	-
Plan 34	-	-	-	-	-	-	-	-	-	-
Plan 35	-	-	-	-	-	-	-	-	-	-
Plan 36	-	-	-	-	-	-	-	-	-	-
Plan 37	-	-	-	-	-	-	-	-	-	-
Plan 38	-	-	-	-	-	-	-	-	-	-
Plan 39	-	-	-	-	-	-	-	-	-	-
Plan 40	-	-	-	-	-	-	-	-	-	-
Plan 41	-	-	-	-	-	-	-	-	-	-
Plan 42	-	-	-	-	-	-	-	-	-	-
Plan 43	-	-	-	-	-	-	-	-	-	-
Plan 44	-	-	-	-	-	-	-	-	-	-
Plan 45	-	-	-	-	-	-	-	-	-	-
Plan 46	-	-	-	-	-	-	-	-	-	-
Plan 47	-	-	-	-	-	-	-	-	-	-
Plan 48	-	-	-	-	-	-	-	-	-	-
Plan 49	-	-	-	-	-	-	-	-	-	-
Plan 50	-	-	-	-	-	-	-	-	-	-
Plan 51	-	-	-	-	-	-	-	-	-	-
Plan 52	-	-	-	-	-	-	-	-	-	-
Plan 53	-	-	-	-	-	-	-	-	-	-
Plan 54	-	-	-	-	-	-	-	-	-	-
Plan 55	-	-	-	-	-	-	-	-	-	-
Plan 56	-	-	-	-	-	-	-	-	-	-
Plan 57	-	-	-	-	-	-	-	-	-	-
Plan 58	-	-	-	-	-	-	-	-	-	-
Plan 59	-	-	-	-	-	-	-	-	-	-
Plan 60	-	-	-	-	-	-	-	-	-	-
Plan 61	-	-	-	-	-	-	-	-	-	-
Plan 62	-	-	-	-	-	-	-	-	-	-
Plan 63	-	-	-	-	-	-	-	-	-	-
Plan 64	-	-	-	-	-	-	-	-	-	-
Plan 65	-	-	-	-	-	-	-	-	-	-
Plan 66	-	-	-	-	-	-	-	-	-	-
Plan 67	-	-	-	-	-	-	-	-	-	-
Plan 68	-	-	-	-	-	-	-	-	-	-
Plan 69	-	-	-	-	-	-	-	-	-	-
Plan 70										-
Plan 71										-
Plan 72										-
Plan 73										-
Plan 74										-
Plan 75										-
Plan 76										-
Plan 77										-
Plan 78										-
Plan 79										-
Plan 80										-
Plan 81										-
Plan 82										-
Plan 83										-
Plan 84										-
Plan 85										-
Plan 86										-
Plan 87										-
Plan 88										-
Plan 89										-
Plan 90										-
Plan 91										-
Plan 92										-
Plan 93										-
Plan 94										-
Plan 95										-
Plan 96										-
Plan 97										-
Plan 98										-
Plan 99										-
Plan 100										-

Plan Number	2016 21-year-old Non-Tobacco Premium PMPM (in small group market, average monthly premium weighted for quarterly trend)									
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 348.28	$ 348.28
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 353.94	$ 353.94
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 294.50	$ 294.50
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 100	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Plan Number	2017 21-year-old Non-Tobacco Premium PMPM (in small group market, average monthly premium weighted for quarterly trend)									
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 363.88	$ 363.88
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 369.40	$ 369.40
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 311.43	$ 311.43
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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
21	1.000	1		44	1.397	1
22	1.000	1		45	1.444	1
23	1.000	1		46	1.500	1
24	1.000	1		47	1.563	1
25	1.004	1		48	1.635	1
26	1.024	1		49	1.706	1
27	1.048	1		50	1.786	1
28	1.087	1		51	1.865	1
29	1.119	1		52	1.952	1
30	1.135	1		53	2.040	1
31	1.159	1		54	2.135	1
32	1.183	1		55	2.230	1
33	1.198	1		56	2.333	1
34	1.214	1		57	2.437	1
35	1.222	1		58	2.548	1
36	1.230	1		59	2.603	1
37	1.238	1		60	2.714	1
38	1.246	1		61	2.810	1
39	1.262	1		62	2.873	1
40	1.278	1		63	2.952	1
41	1.302	1		64+	3.000	1
42	1.325	1				

*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		1.000	1.000
Rating Area 7		1.000	1.000
Rating Area 8		1.000	1.000
Rating Area 9	Cumberland, Dauphin, Perry	1.000	1.000

Table 14. Network Factors

2017 Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date
CareConnect	All	0.910	0.93	3/28/2014

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2017

General Information

Company Information

- Company Legal Name: Capital Advantage Insurance Company – CAIC
- State: PA
- HIOS Issuer ID: 82795
- Market: Small Group
- Effective Date: 1/1/2017

PID Company Information

- Company Name: Capital Advantage Insurance Company (CAIC)
- NAIC: 41203
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 4.5%
- Range of Requested Rate Change: 4.4% to 5.8%
- Product: PPO
- Rating Areas: 9
- Metal Levels: Gold, Silver
- Current Covered Lives and Policyholders: 46/44
- Number of Plans: 2
- Contract Form #: C17-CAIC-SPG
- Form Filing SERFF #: CABC-130534718
- Binder SERFF #: CABC-PA17-125060094
- HIOS Issuer ID: 82795
- HIOS Submission Tracking Number: 82795-687332328753654816

Company Contact Information

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

Scope and Purpose

By this filing, Capital Advantage Insurance Company (CAIC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2017. CAIC will only offer small group products off the federally-facilitated exchange.

CAIC is continuing to offer its CareConnect Gatekeeper PPO. CareConnect Gatekeeper PPO is a managed care arrangement product with the Pinnacle Health System. It is available to small groups located in Cumberland, Dauphin or Perry County.

A summary of proposed 2017 benefits is included in Exhibit A.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	CAIC	1/1/2014	CABC-129034005	0.00%
Small Group	CAIC	1/1/2015	CABC-129649362	0.00%
Small Group	CAIC	1/1/2016	CABC-130079821	-2.00%

Proposed Rate Increases

CAIC is proposing an aggregate annual increase of 4.5%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

Rate Change Summary

The Rate Change Summary submitted with this filing contains 2015 small group (1-50 employees) financial information. Please note this exhibit does not match CAIC's Supplemental Health Care Exhibit (SHCE), as the SHCE submitted for 2015 applies to employer size of 1-100 employees.

Please note that prior to the enactment of the Protecting Affordable Coverage for Employees ("PACE") Act, H.R. 1624, which was signed into law on October 7, 2015, a small employer was defined using a "1-100 employees" test, with an available state election to us a "1-50 employees"

test for plan years beginning before January 1, 2016. PHSA §2791(e)(2)(4)(2014), ACA § 1304(b)(l)-(3) (2014).

Based on the absence of an explicit election on the part of the Commonwealth to use the "1-50 employees" test, as well as other factors, CBC received confirmation from the Pennsylvania Insurance Department that CBC and its subsidiaries could use the "1-100 employees" test until January 1, 2016. Accordingly, CBC and its subsidiaries used a small group size of "1-100 employees" for MLR and related financial reporting for years ending on or before December 31, 2015. Beginning with January 1, 2016, in accordance with the PACE Act, CBC and its subsidiaries began using the "1-50 employees" test for all purposes. For these reasons, certain information including the premiums, claims and administrative expense amounts used in this filing, and which appear in the Rate Change Request Summary (Attachment 1), do not match amounts shown in the Supplemental Health Care Reporting Exhibit included in the 2015 Annual Financial Statement for the market.

It is important to note, that to the best of our knowledge, the use of the "1-100 employees" test as opposed to the "1-50 employees" test did not affect the requirement that CAIC provide a rebate to customers based upon its MLR for the year 2015.

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). A summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlight 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 CAIC 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:	$674,425	$936,038
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:	$16,366	$23,745

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 B for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity of the Population Insured: CAIC expects changes in morbidity in its small group population from the experience period. This is a direct impact of the transitional policy. The transitional policy, which was first released in November 2013 and extended by a letter released in March 2014, allows small groups to keep their current coverage through 2016. For CAIC, this policy impacts groups renewing June through December, with December being CAIC's largest renewal month. The transitional policy will allow groups to select the lowest premium, with the lowest morbidity groups keeping their current coverage and the highest morbidity groups opting for ACA-compliant coverage. CAIC's transitional selection impact estimate is found in the URRT, Worksheet 1,"Pop'l Risk Morbidity".

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

   These were 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 are described below.

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

Changes in Demographics: CAIC does not expect changes in demographics in its small group population.

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

1. List-Billed Adjustment: CAIC 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: CAIC is adjusting the claim experience for the impact of the CareConnect network. The CareConnect Gatekeeper PPO product is a managed care arrangement product with the Pinnacle Health System. The contracted rates with Pinnacle will produce a cost-savings over a standard PPO product.

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. CAIC 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 2012

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

Year 2013

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. CAIC strives to mitigate the

underwriting cycle by keeping trends consistent through times of increasing and decreasing claim costs and utilization.

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

Credibility Manual Rate Development

Background: CAIC subsidiary, Capital Advantage Assurance Company (CAAC), is a new CBC company effective January 1, 2013. On that date, upon renewal, all small group PPO and Drug products were moved from CAIC to CAAC. And effective 7/1/2013, all Traditional and Comprehensive products (on renewal) were moved from CAIC to CAAC. Given the 2013 inception date of CAAC, CAIC has shrinking enrollment in 2013-2015. Effective 1/1/2015, CAIC began offering the CareConnect Pinnacle product. This product continues to have small, non-credible enrollment. Because of this, it is reasonable to use combined data from CAAC, Keystone Health Plan Central (KHPC), and CAIC in the experience period.

The Credibility Manual is developed in the same manner (using the same projection factors and trend) as the experience period data. Exhibit F shows the calculation of the credibility manual data entered into the URRT.

Credibility of Experience

Credibility Manual Rate Development: As seen in the URRT, the CAIC experience data and the credibility manual are very closely aligned. The credibility manual was given 100% credibility because it encompasses all small group membership.

Paid to Allowed Ratio

CAIC used the prescribed URRT allowed claims 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, CAIC 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
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

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

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*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [List - Billed\ Adjustment]$$

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. CAIC 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:

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

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

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

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:

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

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 PPO 2000 and PPO 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:

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

b. And to arrive at the *Total Projected Claims PMPM*, CAIC assumes a distribution of members across the benefit plans being offered in 2015. The *Total Projected Claims PMPM* :

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

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

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

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

Risk Adjustment and Reinsurance

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:

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM]$$

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 five bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. 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".

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

Projected ACA Reinsurance Recoveries:

$$[Net\ Projected\ ACA\ Reinsurance\ Recoveries\ PMPM] = [Projected\ ACA\ Reinsurance\ Recoveries\ PMPM] - [Reinsurance\ Contribution\ PMPM]$$

Reinsurance recoveries are equal to $0 in the small group market, as shown in the URRT Worksheet 1, "Projected ACA reinsurance recoveries, net of rein prem, PMPM".

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from CAIC'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 for the percentage of time spent on PPO versus HMO versus Drug versus Medicare. And separately will ask for the percentage of time 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 CAIC small group products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on CAIC's explicit per contract broker fee. See Exhibit E for historical CBC broker PMPMs in the small group market. 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 CAIC's small group 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:

7. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): 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 in $2 per member per year ($0.17 PMPM), trended annually. At an estimated trend of 4%, the 2017 projected fee is $0.18 PMPM. PCORTF is included in the URRT Worksheet 1, "Taxes and Fees".
8. 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. After 2018, HIF rises according to an index based on net premium growth. In 2017, CBC subsidiaries will pay an estimated 1.9% of insured premium as a result of HIF. 1.9% is calculated by averaging enrollment and expected HIF by rating quarter. See Exhibit H. The HIF is included in the URRT Worksheet 1, "Taxes and Fees".
9. Exchange Fee – CAIC is not offering any plans of the federally-facilitated exchange.
10. Premium Tax: Included in the URRT Worksheet 1, "Taxes and Fees".
11. 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".

See Exhibit H for all CAIC small group 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 CAIC in the small group market segment. The single risk pool includes transitional products/plans for purposes of base rate experience. The projection period reflects experience of transitional policies to the extent that CAIC anticipates the members in those policies to be enrolled in fully ACA-complaint plans during the projection period. The impact of transitional policies is discussed in Projection Factors section above.

Index Rate

The experience period index rate is CAIC's allowed claims PMPM, set in accordance with the single risk pool provision. All CAIC 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 CAIC 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 groups renewing January – March (Index 1).
3. Trend Index 1 quarterly for the remainder of 2017. This results in Index 2 (April – June), Index 3 (July – September), and Index 4 (October – December).
4. The final projected index rate is the member weighted average of Index 1, Index 2, Index 3, and Index 4. Member distribution is based on CAIC's current enrollment by renewal month.

See Exhibit J for the calculation of 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,

$$[Market\ Adjusted\ Index\ Rate] = [Index\ Rate] - [Net\ Projected\ ACA\ Reinsurace\ Recoveries] - [Net\ Projected\ Risk\ Adjustments\ PMPM] + [Exchange\ Fees\ PMPM]$$

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 CAIC's actuarial cost model. CAIC 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. Provider Network: The Provider network is the same across all CareConnect Plans. This is the adjustment to reflect the Pinnacle managed care arrangement, as well as the referral requirements associated with a Gatekeeper PPO product.
3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
4. Catastrophic Plans: Does not apply to the small group market.
5. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: No tobacco factor is applied, so no adjustment is necessary.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected 2017 Plan Adjusted Index Rate is found 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 1.48. This is calculated by taking the member-weighted average of current small group enrollment by age in CAIC, CAAC, and KHPC combined. Age factors are applied in accordance with CMS's Standard Age Curve.

Geographic Factor Calibration: CAIC CareConnect Gatekeeper PPO plan is only offered in region 9, therefore no regional rating factor is applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration]$$

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 and Exhibit O.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor]$$

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

Small Group Plan Premium Rates: CAIC is filing quarterly small group rates with trend. Therefore, the Index Rate, Market Adjusted Index Rate, and Plan Adjusted Index Rate reflect the member-weighted average premium of the calendar year. The trend used to develop the quarterly rates is shown in Exhibit M.

Quarterly 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 entirely based on the federally issued AV Calculator.

AV Pricing Values

All AV Pricing values were developed using CAIC's actuarial cost model and actuarial judgment 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 membership in CAIC will stay equal to current. CAIC expects most membership to stay in CAAC PPO plans.

Terminated Products

See Exhibit Q 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 Mix Changes
Exhibit E – Trend
Exhibit F – Credibility Manual Development
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 – 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 except those specified in the certification.

[redacted]

CAPITAL ADVANTAGE INSURANCE COMPANY, INC.

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2017

General Information

Company Information

- Company Legal Name: Capital Advantage Insurance Company – CAIC
- State: PA
- HIOS Issuer ID: 82795
- Market: Small Group
- Effective Date: 1/1/2017

PID Company Information

- Company Name: Capital Advantage Insurance Company (CAIC)
- NAIC: 41203
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2017
- Average Rate Change: 4.5%
- Range of Requested Rate Change: 4.4% to 5.8%
- Product: PPO
- Rating Areas: 9
- Metal Levels: Gold, Silver
- Current Covered Lives and Policyholders: 46/44
- Number of Plans: 2
- Contract Form #: C17-CAIC-SPG
- Form Filing SERFF #: CABC-130534718
- Binder SERFF #: CABC-PA17-125060094
- HIOS Issuer ID: 82795
- HIOS Submission Tracking Number: 82795-687332328753654816

Company Contact Information

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

Scope and Purpose

By this filing, Capital Advantage Insurance Company (CAIC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2017. CAIC will only offer small group products off the federally-facilitated exchange.

CAIC is continuing to offer its CareConnect Gatekeeper PPO. CareConnect Gatekeeper PPO is a managed care arrangement product with the Pinnacle Health System. It is available to small groups located in Cumberland, Dauphin or Perry County.

A summary of proposed 2017 benefits is included in Exhibit A.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	CAIC	1/1/2014	CABC-129034005	0.00%
Small Group	CAIC	1/1/2015	CABC-129649362	0.00%
Small Group	CAIC	1/1/2016	CABC-130079821	-2.00%

Proposed Rate Increases

CAIC is proposing an aggregate annual increase of 4.5%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part IV, Table 11, cell AZ13.

Rate Change Summary

The Rate Change Summary submitted with this filing contains 2015 small group (1-50 employees) financial information. Please note this exhibit does not match CAIC's Supplemental Health Care Exhibit (SHCE), as the SHCE submitted for 2015 applies to employer size of 1-100 employees.

Please note that prior to the enactment of the Protecting Affordable Coverage for Employees ("PACE") Act, H.R. 1624, which was signed into law on October 7, 2015, a small employer was defined using a "1-100 employees" test, with an available state election to us a "1-50 employees"

test for plan years beginning before January 1, 2016. PHSA §2791(e)(2)(4)(2014), ACA § 1304(b)(l)-(3) (2014).

Based on the absence of an explicit election on the part of the Commonwealth to use the "1-50 employees" test, as well as other factors, CBC received confirmation from the Pennsylvania Insurance Department that CBC and its subsidiaries could use the "1-100 employees" test until January 1, 2016. Accordingly, CBC and its subsidiaries used a small group size of "1-100 employees" for MLR and related financial reporting for years ending on or before December 31, 2015. Beginning with January 1, 2016, in accordance with the PACE Act, CBC and its subsidiaries began using the "1-50 employees" test for all purposes. For these reasons, certain information including the premiums, claims and administrative expense amounts used in this filing, and which appear in the Rate Change Request Summary (Attachment 1), do not match amounts shown in the Supplemental Health Care Reporting Exhibit included in the 2015 Annual Financial Statement for the market.

It is important to note, that to the best of our knowledge, the use of the "1-100 employees" test as opposed to the "1-50 employees" test did not affect the requirement that CAIC provide a rebate to customers based upon its MLR for the year 2015.

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). A summary of proposed 2017 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlight 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 CAIC 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:	$674,425	$936,038
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:	$16,366	$23,745

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 B for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity of the Population Insured: CAIC expects changes in morbidity in its small group population from the experience period. This is a direct impact of the transitional policy. The transitional policy, which was first released in November 2013 and extended by a letter released in March 2014, allows small groups to keep their current coverage through 2016. For CAIC, this policy impacts groups renewing June through December, with December being CAIC's largest renewal month. The transitional policy will allow groups to select the lowest premium, with the lowest morbidity groups keeping their current coverage and the highest morbidity groups opting for ACA-compliant coverage. CAIC's transitional selection impact estimate is found in the URRT, Worksheet 1,"Pop'l Risk Morbidity".

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

   These were 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 are described below.

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

Changes in Demographics: CAIC does not expect changes in demographics in its small group population.

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

1. List-Billed Adjustment: CAIC 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: CAIC is adjusting the claim experience for the impact of the CareConnect network. The CareConnect Gatekeeper PPO product is a managed care arrangement product with the Pinnacle Health System. The contracted rates with Pinnacle will produce a cost-savings over a standard PPO product.

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. CAIC 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 2012

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

Year 2013

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. CAIC strives to mitigate the

underwriting cycle by keeping trends consistent through times of increasing and decreasing claim costs and utilization.

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

Credibility Manual Rate Development

Background: CAIC subsidiary, Capital Advantage Assurance Company (CAAC), is a new CBC company effective January 1, 2013. On that date, upon renewal, all small group PPO and Drug products were moved from CAIC to CAAC. And effective 7/1/2013, all Traditional and Comprehensive products (on renewal) were moved from CAIC to CAAC. Given the 2013 inception date of CAAC, CAIC has shrinking enrollment in 2013-2015. Effective 1/1/2015, CAIC began offering the CareConnect Pinnacle product. This product continues to have small, non-credible enrollment. Because of this, it is reasonable to use combined data from CAAC, Keystone Health Plan Central (KHPC), and CAIC in the experience period.

The Credibility Manual is developed in the same manner (using the same projection factors and trend) as the experience period data. Exhibit F shows the calculation of the credibility manual data entered into the URRT.

Credibility of Experience

Credibility Manual Rate Development: As seen in the URRT, the CAIC experience data and the credibility manual are very closely aligned. The credibility manual was given 100% credibility because it encompasses all small group membership.

Paid to Allowed Ratio

CAIC used the prescribed URRT allowed claims 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, CAIC 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
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

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

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*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [List - Billed\ Adjustment]$$

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. CAIC 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:

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

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

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

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:

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

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 PPO 2000 and PPO 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:

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

b. And to arrive at the *Total Projected Claims PMPM*, CAIC assumes a distribution of members across the benefit plans being offered in 2015. The *Total Projected Claims PMPM* :

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

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

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

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

Risk Adjustment and Reinsurance

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:

$$[Net\ Projected\ Risk\ Adjustments\ PMPM] = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM]$$

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 five bullets above, it is difficult to determine whether the impact of 2017 earned CRA payment transfers will be positive or negative. 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".

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

Projected ACA Reinsurance Recoveries:

$$[Net\ Projected\ ACA\ Reinsurance\ Recoveries\ PMPM] = [Projected\ ACA\ Reinsurance\ Recoveries\ PMPM] - [Reinsurance\ Contribution\ PMPM]$$

Reinsurance recoveries are equal to $0 in the small group market, as shown in the URRT Worksheet 1, "Projected ACA reinsurance recoveries, net of rein prem, PMPM".

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from CAIC'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 for the percentage of time spent on PPO versus HMO versus Drug versus Medicare. And separately will ask for the percentage of time 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 CAIC small group products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on CAIC's explicit per contract broker fee. See Exhibit E for historical CBC broker PMPMs in the small group market. 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 CAIC's small group 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:

7. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): 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 in $2 per member per year ($0.17 PMPM), trended annually. At an estimated trend of 4%, the 2017 projected fee is $0.18 PMPM. PCORTF is included in the URRT Worksheet 1, "Taxes and Fees".
8. 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. After 2018, HIF rises according to an index based on net premium growth. In 2017, CBC subsidiaries will pay an estimated 1.9% of insured premium as a result of HIF. 1.9% is calculated by averaging enrollment and expected HIF by rating quarter. See Exhibit H. The HIF is included in the URRT Worksheet 1, "Taxes and Fees".
9. Exchange Fee – CAIC is not offering any plans of the federally-facilitated exchange.
10. Premium Tax: Included in the URRT Worksheet 1, "Taxes and Fees".
11. 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".

See Exhibit H for all CAIC small group 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 CAIC in the small group market segment. The single risk pool includes transitional products/plans for purposes of base rate experience. The projection period reflects experience of transitional policies to the extent that CAIC anticipates the members in those policies to be enrolled in fully ACA-complaint plans during the projection period. The impact of transitional policies is discussed in Projection Factors section above.

Index Rate

The experience period index rate is CAIC's allowed claims PMPM, set in accordance with the single risk pool provision. All CAIC 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 CAIC 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 groups renewing January – March (Index 1).
3. Trend Index 1 quarterly for the remainder of 2017. This results in Index 2 (April – June), Index 3 (July – September), and Index 4 (October – December).
4. The final projected index rate is the member weighted average of Index 1, Index 2, Index 3, and Index 4. Member distribution is based on CAIC's current enrollment by renewal month.

See Exhibit J for the calculation of 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,

$$[Market\ Adjusted\ Index\ Rate] = [Index\ Rate] - [Net\ Projected\ ACA\ Reinsurace\ Recoveries] - [Net\ Projected\ Risk\ Adjustments\ PMPM] + [Exchange\ Fees\ PMPM]$$

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 CAIC's actuarial cost model. CAIC 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. Provider Network: The Provider network is the same across all CareConnect Plans. This is the adjustment to reflect the Pinnacle managed care arrangement, as well as the referral requirements associated with a Gatekeeper PPO product.
3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
4. Catastrophic Plans: Does not apply to the small group market.
5. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: No tobacco factor is applied, so no adjustment is necessary.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected 2017 Plan Adjusted Index Rate is found 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 1.48. This is calculated by taking the member-weighted average of current small group enrollment by age in CAIC, CAAC, and KHPC combined. Age factors are applied in accordance with CMS's Standard Age Curve.

Geographic Factor Calibration: CAIC CareConnect Gatekeeper PPO plan is only offered in region 9, therefore no regional rating factor is applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration]$$

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 and Exhibit O.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor]$$

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

Small Group Plan Premium Rates: CAIC is filing quarterly small group rates with trend. Therefore, the Index Rate, Market Adjusted Index Rate, and Plan Adjusted Index Rate reflect the member-weighted average premium of the calendar year. The trend used to develop the quarterly rates is shown in Exhibit M.

Quarterly 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 entirely based on the federally issued AV Calculator.

AV Pricing Values

All AV Pricing values were developed using CAIC's actuarial cost model and actuarial judgment 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 membership in CAIC will stay equal to current. CAIC expects most membership to stay in CAAC PPO plans.

Terminated Products

See Exhibit Q 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 Mix Changes
Exhibit E – Trend
Exhibit F – Credibility Manual Development
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 – 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 except those specified in the certification.

[redacted]

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*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	0-20	227.09
82795PA0110006	Rating Area 9	No Preference	21	357.62
82795PA0110006	Rating Area 9	No Preference	22	357.62
82795PA0110006	Rating Area 9	No Preference	23	357.62
82795PA0110006	Rating Area 9	No Preference	24	357.62
82795PA0110006	Rating Area 9	No Preference	25	359.05
82795PA0110006	Rating Area 9	No Preference	26	366.20
82795PA0110006	Rating Area 9	No Preference	27	374.79
82795PA0110006	Rating Area 9	No Preference	28	388.73
82795PA0110006	Rating Area 9	No Preference	29	400.18
82795PA0110006	Rating Area 9	No Preference	30	405.90
82795PA0110006	Rating Area 9	No Preference	31	414.48
82795PA0110006	Rating Area 9	No Preference	32	423.06
82795PA0110006	Rating Area 9	No Preference	33	428.43
82795PA0110006	Rating Area 9	No Preference	34	434.15
82795PA0110006	Rating Area 9	No Preference	35	437.01
82795PA0110006	Rating Area 9	No Preference	36	439.87
82795PA0110006	Rating Area 9	No Preference	37	442.73
82795PA0110006	Rating Area 9	No Preference	38	445.59
82795PA0110006	Rating Area 9	No Preference	39	451.32
82795PA0110006	Rating Area 9	No Preference	40	457.04
82795PA0110006	Rating Area 9	No Preference	41	465.62
82795PA0110006	Rating Area 9	No Preference	42	473.85
82795PA0110006	Rating Area 9	No Preference	43	485.29
82795PA0110006	Rating Area 9	No Preference	44	499.60
82795PA0110006	Rating Area 9	No Preference	45	516.40
82795PA0110006	Rating Area 9	No Preference	46	536.43
82795PA0110006	Rating Area 9	No Preference	47	558.96
82795PA0110006	Rating Area 9	No Preference	48	584.71
82795PA0110006	Rating Area 9	No Preference	49	610.10
82795PA0110006	Rating Area 9	No Preference	50	638.71
82795PA0110006	Rating Area 9	No Preference	51	666.96
82795PA0110006	Rating Area 9	No Preference	52	698.07
82795PA0110006	Rating Area 9	No Preference	53	729.54
82795PA0110006	Rating Area 9	No Preference	54	763.52
82795PA0110006	Rating Area 9	No Preference	55	797.49
82795PA0110006	Rating Area 9	No Preference	56	834.33

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	1/1/2017			
Rate Expiration Date*	3/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	871.52
82795PA0110006	Rating Area 9	No Preference	58	911.22
82795PA0110006	Rating Area 9	No Preference	59	930.88
82795PA0110006	Rating Area 9	No Preference	60	970.58
82795PA0110006	Rating Area 9	No Preference	61	1004.91
82795PA0110006	Rating Area 9	No Preference	62	1027.44
82795PA0110006	Rating Area 9	No Preference	63	1055.69
82795PA0110006	Rating Area 9	No Preference	64	1072.85
82795PA0110006	Rating Area 9	No Preference	65 and over	1072.85
82795PA0110007	Rating Area 9	No Preference	0-20	191.83
82795PA0110007	Rating Area 9	No Preference	21	302.09
82795PA0110007	Rating Area 9	No Preference	22	302.09
82795PA0110007	Rating Area 9	No Preference	23	302.09
82795PA0110007	Rating Area 9	No Preference	24	302.09
82795PA0110007	Rating Area 9	No Preference	25	303.30
82795PA0110007	Rating Area 9	No Preference	26	309.34
82795PA0110007	Rating Area 9	No Preference	27	316.59
82795PA0110007	Rating Area 9	No Preference	28	328.37
82795PA0110007	Rating Area 9	No Preference	29	338.04
82795PA0110007	Rating Area 9	No Preference	30	342.87
82795PA0110007	Rating Area 9	No Preference	31	350.12
82795PA0110007	Rating Area 9	No Preference	32	357.37
82795PA0110007	Rating Area 9	No Preference	33	361.90
82795PA0110007	Rating Area 9	No Preference	34	366.74
82795PA0110007	Rating Area 9	No Preference	35	369.15
82795PA0110007	Rating Area 9	No Preference	36	371.57
82795PA0110007	Rating Area 9	No Preference	37	373.99
82795PA0110007	Rating Area 9	No Preference	38	376.40
82795PA0110007	Rating Area 9	No Preference	39	381.24
82795PA0110007	Rating Area 9	No Preference	40	386.07
82795PA0110007	Rating Area 9	No Preference	41	393.32
82795PA0110007	Rating Area 9	No Preference	42	400.27
82795PA0110007	Rating Area 9	No Preference	43	409.94
82795PA0110007	Rating Area 9	No Preference	44	422.02
82795PA0110007	Rating Area 9	No Preference	45	436.22
82795PA0110007	Rating Area 9	No Preference	46	453.14
82795PA0110007	Rating Area 9	No Preference	47	472.17
82795PA0110007	Rating Area 9	No Preference	48	493.92
82795PA0110007	Rating Area 9	No Preference	49	515.37
82795PA0110007	Rating Area 9	No Preference	50	539.53
82795PA0110007	Rating Area 9	No Preference	51	563.40
82795PA0110007	Rating Area 9	No Preference	52	589.68

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
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
82795PA0110007	Rating Area 9	No Preference	53	616.26
82795PA0110007	Rating Area 9	No Preference	54	644.96
82795PA0110007	Rating Area 9	No Preference	55	673.66
82795PA0110007	Rating Area 9	No Preference	56	704.78
82795PA0110007	Rating Area 9	No Preference	57	736.19
82795PA0110007	Rating Area 9	No Preference	58	769.73
82795PA0110007	Rating Area 9	No Preference	59	786.34
82795PA0110007	Rating Area 9	No Preference	60	819.87
82795PA0110007	Rating Area 9	No Preference	61	848.87
82795PA0110007	Rating Area 9	No Preference	62	867.90
82795PA0110007	Rating Area 9	No Preference	63	891.77
82795PA0110007	Rating Area 9	No Preference	64	906.26
82795PA0110007	Rating Area 9	No Preference	65 and over	906.26

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*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	0-20	231.62
82795PA0110006	Rating Area 9	No Preference	21	364.76
82795PA0110006	Rating Area 9	No Preference	22	364.76
82795PA0110006	Rating Area 9	No Preference	23	364.76
82795PA0110006	Rating Area 9	No Preference	24	364.76
82795PA0110006	Rating Area 9	No Preference	25	366.22
82795PA0110006	Rating Area 9	No Preference	26	373.51
82795PA0110006	Rating Area 9	No Preference	27	382.27
82795PA0110006	Rating Area 9	No Preference	28	396.49
82795PA0110006	Rating Area 9	No Preference	29	408.17
82795PA0110006	Rating Area 9	No Preference	30	414.00
82795PA0110006	Rating Area 9	No Preference	31	422.76
82795PA0110006	Rating Area 9	No Preference	32	431.51
82795PA0110006	Rating Area 9	No Preference	33	436.98
82795PA0110006	Rating Area 9	No Preference	34	442.82
82795PA0110006	Rating Area 9	No Preference	35	445.74
82795PA0110006	Rating Area 9	No Preference	36	448.65
82795PA0110006	Rating Area 9	No Preference	37	451.57
82795PA0110006	Rating Area 9	No Preference	38	454.49
82795PA0110006	Rating Area 9	No Preference	39	460.33
82795PA0110006	Rating Area 9	No Preference	40	466.16
82795PA0110006	Rating Area 9	No Preference	41	474.92
82795PA0110006	Rating Area 9	No Preference	42	483.31
82795PA0110006	Rating Area 9	No Preference	43	494.98
82795PA0110006	Rating Area 9	No Preference	44	509.57
82795PA0110006	Rating Area 9	No Preference	45	526.71
82795PA0110006	Rating Area 9	No Preference	46	547.14
82795PA0110006	Rating Area 9	No Preference	47	570.12
82795PA0110006	Rating Area 9	No Preference	48	596.38
82795PA0110006	Rating Area 9	No Preference	49	622.28
82795PA0110006	Rating Area 9	No Preference	50	651.46
82795PA0110006	Rating Area 9	No Preference	51	680.28
82795PA0110006	Rating Area 9	No Preference	52	712.01
82795PA0110006	Rating Area 9	No Preference	53	744.11
82795PA0110006	Rating Area 9	No Preference	54	778.76
82795PA0110006	Rating Area 9	No Preference	55	813.41
82795PA0110006	Rating Area 9	No Preference	56	850.99

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	57	888.92
82795PA0110006	Rating Area 9	No Preference	58	929.41
82795PA0110006	Rating Area 9	No Preference	59	949.47
82795PA0110006	Rating Area 9	No Preference	60	989.96
82795PA0110006	Rating Area 9	No Preference	61	1024.98
82795PA0110006	Rating Area 9	No Preference	62	1047.96
82795PA0110006	Rating Area 9	No Preference	63	1076.77
82795PA0110006	Rating Area 9	No Preference	64	1094.27
82795PA0110006	Rating Area 9	No Preference	65 and over	1094.27
82795PA0110007	Rating Area 9	No Preference	0-20	195.66
82795PA0110007	Rating Area 9	No Preference	21	308.12
82795PA0110007	Rating Area 9	No Preference	22	308.12
82795PA0110007	Rating Area 9	No Preference	23	308.12
82795PA0110007	Rating Area 9	No Preference	24	308.12
82795PA0110007	Rating Area 9	No Preference	25	309.35
82795PA0110007	Rating Area 9	No Preference	26	315.51
82795PA0110007	Rating Area 9	No Preference	27	322.91
82795PA0110007	Rating Area 9	No Preference	28	334.93
82795PA0110007	Rating Area 9	No Preference	29	344.79
82795PA0110007	Rating Area 9	No Preference	30	349.72
82795PA0110007	Rating Area 9	No Preference	31	357.11
82795PA0110007	Rating Area 9	No Preference	32	364.51
82795PA0110007	Rating Area 9	No Preference	33	369.13
82795PA0110007	Rating Area 9	No Preference	34	374.06
82795PA0110007	Rating Area 9	No Preference	35	376.52
82795PA0110007	Rating Area 9	No Preference	36	378.99
82795PA0110007	Rating Area 9	No Preference	37	381.45
82795PA0110007	Rating Area 9	No Preference	38	383.92
82795PA0110007	Rating Area 9	No Preference	39	388.85
82795PA0110007	Rating Area 9	No Preference	40	393.78
82795PA0110007	Rating Area 9	No Preference	41	401.17
82795PA0110007	Rating Area 9	No Preference	42	408.26
82795PA0110007	Rating Area 9	No Preference	43	418.12
82795PA0110007	Rating Area 9	No Preference	44	430.44
82795PA0110007	Rating Area 9	No Preference	45	444.93
82795PA0110007	Rating Area 9	No Preference	46	462.18
82795PA0110007	Rating Area 9	No Preference	47	481.59
82795PA0110007	Rating Area 9	No Preference	48	503.78
82795PA0110007	Rating Area 9	No Preference	49	525.65
82795PA0110007	Rating Area 9	No Preference	50	550.30
82795PA0110007	Rating Area 9	No Preference	51	574.64
82795PA0110007	Rating Area 9	No Preference	52	601.45

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	4/1/2017			
Rate Expiration Date*	6/30/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	628.56
82795PA0110007	Rating Area 9	No Preference	54	657.84
82795PA0110007	Rating Area 9	No Preference	55	687.11
82795PA0110007	Rating Area 9	No Preference	56	718.84
82795PA0110007	Rating Area 9	No Preference	57	750.89
82795PA0110007	Rating Area 9	No Preference	58	785.09
82795PA0110007	Rating Area 9	No Preference	59	802.04
82795PA0110007	Rating Area 9	No Preference	60	836.24
82795PA0110007	Rating Area 9	No Preference	61	865.82
82795PA0110007	Rating Area 9	No Preference	62	885.23
82795PA0110007	Rating Area 9	No Preference	63	909.57
82795PA0110007	Rating Area 9	No Preference	64	924.35
82795PA0110007	Rating Area 9	No Preference	65 and over	924.35

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*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	0-20	236.25
82795PA0110006	Rating Area 9	No Preference	21	372.05
82795PA0110006	Rating Area 9	No Preference	22	372.05
82795PA0110006	Rating Area 9	No Preference	23	372.05
82795PA0110006	Rating Area 9	No Preference	24	372.05
82795PA0110006	Rating Area 9	No Preference	25	373.54
82795PA0110006	Rating Area 9	No Preference	26	380.98
82795PA0110006	Rating Area 9	No Preference	27	389.91
82795PA0110006	Rating Area 9	No Preference	28	404.42
82795PA0110006	Rating Area 9	No Preference	29	416.32
82795PA0110006	Rating Area 9	No Preference	30	422.28
82795PA0110006	Rating Area 9	No Preference	31	431.21
82795PA0110006	Rating Area 9	No Preference	32	440.14
82795PA0110006	Rating Area 9	No Preference	33	445.72
82795PA0110006	Rating Area 9	No Preference	34	451.67
82795PA0110006	Rating Area 9	No Preference	35	454.65
82795PA0110006	Rating Area 9	No Preference	36	457.62
82795PA0110006	Rating Area 9	No Preference	37	460.60
82795PA0110006	Rating Area 9	No Preference	38	463.57
82795PA0110006	Rating Area 9	No Preference	39	469.53
82795PA0110006	Rating Area 9	No Preference	40	475.48
82795PA0110006	Rating Area 9	No Preference	41	484.41
82795PA0110006	Rating Area 9	No Preference	42	492.97
82795PA0110006	Rating Area 9	No Preference	43	504.87
82795PA0110006	Rating Area 9	No Preference	44	519.75
82795PA0110006	Rating Area 9	No Preference	45	537.24
82795PA0110006	Rating Area 9	No Preference	46	558.08
82795PA0110006	Rating Area 9	No Preference	47	581.51
82795PA0110006	Rating Area 9	No Preference	48	608.30
82795PA0110006	Rating Area 9	No Preference	49	634.72
82795PA0110006	Rating Area 9	No Preference	50	664.48
82795PA0110006	Rating Area 9	No Preference	51	693.87
82795PA0110006	Rating Area 9	No Preference	52	726.24
82795PA0110006	Rating Area 9	No Preference	53	758.98
82795PA0110006	Rating Area 9	No Preference	54	794.33
82795PA0110006	Rating Area 9	No Preference	55	829.67
82795PA0110006	Rating Area 9	No Preference	56	867.99

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	57	906.69
82795PA0110006	Rating Area 9	No Preference	58	947.98
82795PA0110006	Rating Area 9	No Preference	59	968.45
82795PA0110006	Rating Area 9	No Preference	60	1009.74
82795PA0110006	Rating Area 9	No Preference	61	1045.46
82795PA0110006	Rating Area 9	No Preference	62	1068.90
82795PA0110006	Rating Area 9	No Preference	63	1098.29
82795PA0110006	Rating Area 9	No Preference	64	1116.14
82795PA0110006	Rating Area 9	No Preference	65 and over	1116.14
82795PA0110007	Rating Area 9	No Preference	0-20	199.56
82795PA0110007	Rating Area 9	No Preference	21	314.27
82795PA0110007	Rating Area 9	No Preference	22	314.27
82795PA0110007	Rating Area 9	No Preference	23	314.27
82795PA0110007	Rating Area 9	No Preference	24	314.27
82795PA0110007	Rating Area 9	No Preference	25	315.53
82795PA0110007	Rating Area 9	No Preference	26	321.81
82795PA0110007	Rating Area 9	No Preference	27	329.35
82795PA0110007	Rating Area 9	No Preference	28	341.61
82795PA0110007	Rating Area 9	No Preference	29	351.67
82795PA0110007	Rating Area 9	No Preference	30	356.70
82795PA0110007	Rating Area 9	No Preference	31	364.24
82795PA0110007	Rating Area 9	No Preference	32	371.78
82795PA0110007	Rating Area 9	No Preference	33	376.50
82795PA0110007	Rating Area 9	No Preference	34	381.52
82795PA0110007	Rating Area 9	No Preference	35	384.04
82795PA0110007	Rating Area 9	No Preference	36	386.55
82795PA0110007	Rating Area 9	No Preference	37	389.07
82795PA0110007	Rating Area 9	No Preference	38	391.58
82795PA0110007	Rating Area 9	No Preference	39	396.61
82795PA0110007	Rating Area 9	No Preference	40	401.64
82795PA0110007	Rating Area 9	No Preference	41	409.18
82795PA0110007	Rating Area 9	No Preference	42	416.41
82795PA0110007	Rating Area 9	No Preference	43	426.46
82795PA0110007	Rating Area 9	No Preference	44	439.04
82795PA0110007	Rating Area 9	No Preference	45	453.81
82795PA0110007	Rating Area 9	No Preference	46	471.40
82795PA0110007	Rating Area 9	No Preference	47	491.20
82795PA0110007	Rating Area 9	No Preference	48	513.83
82795PA0110007	Rating Area 9	No Preference	49	536.14
82795PA0110007	Rating Area 9	No Preference	50	561.29
82795PA0110007	Rating Area 9	No Preference	51	586.11
82795PA0110007	Rating Area 9	No Preference	52	613.46

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	7/1/2017			
Rate Expiration Date*	9/30/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	641.11
82795PA0110007	Rating Area 9	No Preference	54	670.97
82795PA0110007	Rating Area 9	No Preference	55	700.82
82795PA0110007	Rating Area 9	No Preference	56	733.19
82795PA0110007	Rating Area 9	No Preference	57	765.88
82795PA0110007	Rating Area 9	No Preference	58	800.76
82795PA0110007	Rating Area 9	No Preference	59	818.04
82795PA0110007	Rating Area 9	No Preference	60	852.93
82795PA0110007	Rating Area 9	No Preference	61	883.10
82795PA0110007	Rating Area 9	No Preference	62	902.90
82795PA0110007	Rating Area 9	No Preference	63	927.73
82795PA0110007	Rating Area 9	No Preference	64	942.80
82795PA0110007	Rating Area 9	No Preference	65 and over	942.80

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*	82795			
Federal TIN*	23-2195219			
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
82795PA0110006	Rating Area 9	No Preference	0-20	240.97
82795PA0110006	Rating Area 9	No Preference	21	379.48
82795PA0110006	Rating Area 9	No Preference	22	379.48
82795PA0110006	Rating Area 9	No Preference	23	379.48
82795PA0110006	Rating Area 9	No Preference	24	379.48
82795PA0110006	Rating Area 9	No Preference	25	381.00
82795PA0110006	Rating Area 9	No Preference	26	388.59
82795PA0110006	Rating Area 9	No Preference	27	397.70
82795PA0110006	Rating Area 9	No Preference	28	412.49
82795PA0110006	Rating Area 9	No Preference	29	424.64
82795PA0110006	Rating Area 9	No Preference	30	430.71
82795PA0110006	Rating Area 9	No Preference	31	439.82
82795PA0110006	Rating Area 9	No Preference	32	448.92
82795PA0110006	Rating Area 9	No Preference	33	454.62
82795PA0110006	Rating Area 9	No Preference	34	460.69
82795PA0110006	Rating Area 9	No Preference	35	463.72
82795PA0110006	Rating Area 9	No Preference	36	466.76
82795PA0110006	Rating Area 9	No Preference	37	469.80
82795PA0110006	Rating Area 9	No Preference	38	472.83
82795PA0110006	Rating Area 9	No Preference	39	478.90
82795PA0110006	Rating Area 9	No Preference	40	484.98
82795PA0110006	Rating Area 9	No Preference	41	494.08
82795PA0110006	Rating Area 9	No Preference	42	502.81
82795PA0110006	Rating Area 9	No Preference	43	514.95
82795PA0110006	Rating Area 9	No Preference	44	530.13
82795PA0110006	Rating Area 9	No Preference	45	547.97
82795PA0110006	Rating Area 9	No Preference	46	569.22
82795PA0110006	Rating Area 9	No Preference	47	593.13
82795PA0110006	Rating Area 9	No Preference	48	620.45
82795PA0110006	Rating Area 9	No Preference	49	647.39
82795PA0110006	Rating Area 9	No Preference	50	677.75
82795PA0110006	Rating Area 9	No Preference	51	707.73
82795PA0110006	Rating Area 9	No Preference	52	740.74
82795PA0110006	Rating Area 9	No Preference	53	774.14
82795PA0110006	Rating Area 9	No Preference	54	810.19
82795PA0110006	Rating Area 9	No Preference	55	846.24
82795PA0110006	Rating Area 9	No Preference	56	885.33

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110006	Rating Area 9	No Preference	57	924.79
82795PA0110006	Rating Area 9	No Preference	58	966.92
82795PA0110006	Rating Area 9	No Preference	59	987.79
82795PA0110006	Rating Area 9	No Preference	60	1029.91
82795PA0110006	Rating Area 9	No Preference	61	1066.34
82795PA0110006	Rating Area 9	No Preference	62	1090.25
82795PA0110006	Rating Area 9	No Preference	63	1120.22
82795PA0110006	Rating Area 9	No Preference	64	1138.43
82795PA0110006	Rating Area 9	No Preference	65 and over	1138.43
82795PA0110007	Rating Area 9	No Preference	0-20	203.54
82795PA0110007	Rating Area 9	No Preference	21	320.54
82795PA0110007	Rating Area 9	No Preference	22	320.54
82795PA0110007	Rating Area 9	No Preference	23	320.54
82795PA0110007	Rating Area 9	No Preference	24	320.54
82795PA0110007	Rating Area 9	No Preference	25	321.82
82795PA0110007	Rating Area 9	No Preference	26	328.23
82795PA0110007	Rating Area 9	No Preference	27	335.93
82795PA0110007	Rating Area 9	No Preference	28	348.43
82795PA0110007	Rating Area 9	No Preference	29	358.68
82795PA0110007	Rating Area 9	No Preference	30	363.81
82795PA0110007	Rating Area 9	No Preference	31	371.51
82795PA0110007	Rating Area 9	No Preference	32	379.20
82795PA0110007	Rating Area 9	No Preference	33	384.01
82795PA0110007	Rating Area 9	No Preference	34	389.14
82795PA0110007	Rating Area 9	No Preference	35	391.70
82795PA0110007	Rating Area 9	No Preference	36	394.26
82795PA0110007	Rating Area 9	No Preference	37	396.83
82795PA0110007	Rating Area 9	No Preference	38	399.39
82795PA0110007	Rating Area 9	No Preference	39	404.52
82795PA0110007	Rating Area 9	No Preference	40	409.65
82795PA0110007	Rating Area 9	No Preference	41	417.34
82795PA0110007	Rating Area 9	No Preference	42	424.72
82795PA0110007	Rating Area 9	No Preference	43	434.97
82795PA0110007	Rating Area 9	No Preference	44	447.79
82795PA0110007	Rating Area 9	No Preference	45	462.86
82795PA0110007	Rating Area 9	No Preference	46	480.81
82795PA0110007	Rating Area 9	No Preference	47	501.00
82795PA0110007	Rating Area 9	No Preference	48	524.08
82795PA0110007	Rating Area 9	No Preference	49	546.84
82795PA0110007	Rating Area 9	No Preference	50	572.48
82795PA0110007	Rating Area 9	No Preference	51	597.81
82795PA0110007	Rating Area 9	No Preference	52	625.69

HIOS Issuer ID*	82795			
Federal TIN*	23-2195219			
Rate Effective Date*	10/1/2017			
Rate Expiration Date*	12/31/2017			
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
82795PA0110007	Rating Area 9	No Preference	53	653.90
82795PA0110007	Rating Area 9	No Preference	54	684.35
82795PA0110007	Rating Area 9	No Preference	55	714.80
82795PA0110007	Rating Area 9	No Preference	56	747.82
82795PA0110007	Rating Area 9	No Preference	57	781.16
82795PA0110007	Rating Area 9	No Preference	58	816.74
82795PA0110007	Rating Area 9	No Preference	59	834.37
82795PA0110007	Rating Area 9	No Preference	60	869.95
82795PA0110007	Rating Area 9	No Preference	61	900.72
82795PA0110007	Rating Area 9	No Preference	62	920.91
82795PA0110007	Rating Area 9	No Preference	63	946.23
82795PA0110007	Rating Area 9	No Preference	64	961.61
82795PA0110007	Rating Area 9	No Preference	65 and over	961.61

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*	82795
Federal TIN*	23-2195219
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
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	0-20	203.12	203.12
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	21	319.87	327.87
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	22	319.87	327.87
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	23	319.87	327.87
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	24	319.87	327.87
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	25	321.15	329.18
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	26	327.55	335.74
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	27	335.23	343.61
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	28	347.7	356.4
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	29	357.94	366.89
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	30	363.06	372.13
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	31	370.74	380
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	32	378.41	387.87
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	33	383.21	392.79
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	34	388.33	398.04
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	35	390.89	400.66
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	36	393.45	403.28
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	37	396.01	405.91
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	38	398.56	408.53
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	39	403.68	413.77
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	40	408.8	439.46
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	41	416.48	447.71
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	42	423.83	455.62
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	43	434.07	466.63
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	44	446.87	480.38
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	45	461.9	508.09
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	46	479.81	527.79
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	47	499.96	549.96
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	48	523	575.3
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	49	545.71	600.28
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	50	571.3	656.99
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	51	596.57	686.05
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	52	624.4	718.06
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	53	652.54	750.43
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	54	682.93	785.37

HIOS Issuer ID*	82795				
Federal TIN*	23-2195219				
Rate Effective Date*	1/1/2017				
Rate Expiration Date*	12/31/2017				
Plan ID* **Required:** Enter the 14-character Plan ID	**Rating Area ID*** **Required:** Select the Rating Area ID	**Tobacco*** **Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Age*** **Required:** Select the age of a subscriber eligible for the rate	**Individual Rate*** **Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Individual Tobacco Rate*** **Required:** Enter the rate of an Individual tobacco enrollee on a plan
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	55	713.32	855.99
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	56	746.27	895.52
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	57	779.54	935.44
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	58	815.04	978.05
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	59	832.63	999.16
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	60	868.14	1085.18
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	61	898.85	1123.56
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	62	919	1148.75
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	63	944.27	1180.34
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	64	959.61	1199.53
82795PA0120001	Rating Area 9	Tobacco User/Non-Tobacco User	65 and over	959.61	1199.53

Unified Rate Review v3.3

Company Legal Name: **Capital Advantage Insurance (** State: **PA**
HIOS Issuer ID: **82795** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2017**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$1,394,933	$347.17	100.00%
Incurred Claims in Experience Period	$690,791	171.92	49.52%
Allowed Claims:	$959,784	238.87	68.80%
Index Rate of Experience Period		$238.87	
Experience Period Member Months	4,018		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	47.78	$8,563.10	$34.10	1.000	0.894	1.050	1.019	49.62	$8,444.34	$34.92	73.14	$14,052.86	$85.66
Outpatient Hospital	Visits	1,460.43	917.04	111.61	1.000	0.894	1.050	1.019	1,516.59	904.33	114.29	1850.19	1,013.10	156.20
Professional	Visits	5,758.09	173.80	83.39	1.000	0.894	1.050	1.019	5,979.53	171.39	85.40	6728.51	206.31	115.68
Other Medical	Services	337.48	168.33	4.73	1.000	1.265	1.050	1.019	350.46	234.71	6.85	425.24	455.63	16.15
Capitation	Benefit Period	0.00	0.00	0.00	1.000	1.000	1.030	1.000	0.00	0.00	0.00	0.02	296,994.44	0.54
Prescription Drug	Prescriptions	2,147.34	28.15	5.04	1.000	1.005	1.135	1.001	2,149.48	36.45	6.53	11393.81	120.57	114.48
Total				$238.87							$247.99			$488.70

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$488.70	$322,544
Paid to Allowed Average Factor in Projection Period			0.869	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$424.54	$280,199
Projected Risk Adjustments PMPM			-0.13	(86)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$424.67	$280,285
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$424.67	$280,285
Administrative Expense Load		11.50%	59.65	39,366
Profit & Risk Load		2.00%	10.38	6,848
Taxes & Fees		4.64%	24.08	15,896
Single Risk Pool Gross Premium Avg. Rate, PMPM			$518.78	$342,395
Index Rate for Projection Period			$509.53	
% increase over Experience Period			49.43%	
% Increase, annualized:			22.24%	
Projected Member Months				660

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: **Capital Advantage Insurance Company**
HIOS Issuer ID: **82795**
Effective Date of Rate Change(s): **1/1/2017**

State: **PA**
Market: **Small Group**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		PPO	PPO CareConnect		Terminated Products
Product ID:		82795PA006	82795PA011		82795PA999
Metal:		Gold	Gold	Silver	Not Applicable
AV Metal Value		0.800	0.817	0.719	0.000
AV Pricing Value		0.800	0.880	0.723	1.000
Plan Category		Terminated	Renewing	Renewing	Terminated
Plan Type:		PPO	PPO	PPO	PPO
Plan Name		Healthy Benefits PPO 1000 . 0 EX	PinnacleHealth 1000/0/10 | CareConnect Rx	PinnacleHealth 3000/0/35 | CareConnect Rx	2015 Experience
Plan ID (Standard Component ID):		82795PA0060002	82795PA0110006	82795PA0110007	82795PA9999999
Exchange Plan?		No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%		0.00%
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%		0.00%
Historical Rate Increase - Calendar Year 0		0.00%	-0.20%		0.00%
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		8.00%	-0.69%	0.82%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		8.00%	5.32%	6.91%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	33.63%	48.65%	-100.00%
Product Rate Increase %		0.00%	5.48%		0.00%

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

Plan ID (Standard Component ID):	Total	82795PA0060002	82795PA0110006	82795PA0110007	82795PA9999999
Inpatient	$0.04	$0.00	$2.81	$3.76	$0.00
Outpatient	$0.12	$0.00	$9.21	$12.32	$0.00
Professional	$0.09	$0.00	$6.88	$9.21	$0.00
Prescription Drug	$0.01	$0.00	$0.42	$0.56	$0.00
Other	$0.01	$0.00	$0.39	$0.52	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.05	$0.00	$4.00	$4.00	$0.00
Taxes & Fees	-$0.14	$0.00	-$10.69	-$9.27	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.18	$0.00	$13.02	$21.09	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$516.41	$0.00	$527.69	$439.06	$0.00
Projected Member Months	660	0	576	84	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	82795PA0060002	82795PA0110006	82795PA0110007	82795PA9999999
Plan Adjusted Index Rate	$347.18	$579.48	$404.63	$309.55	$340.20
Member Months	4,018	106	45	7	3,860
Total Premium (TP)	$1,394,972	$61,425	$18,208	$2,167	$1,313,172
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)	$959,784	$74,047	$16,497	$143	$869,098
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:	$268,993	$7,059	$5,176	$98	$256,660
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0		$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%		0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$690,791	$66,988	$11,320	$45	$612,437
Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00
Net Amt of Risk Adj	$89,322.66	$95,682.98	-$4,639.84	-$1,720.48	$0.00

Incurred Claims PMPM	$171.92	$631.96	$251.56	$6.43	$158.66
Allowed Claims PMPM	$238.87	$698.55	$366.59	$20.39	$225.15
EHB portion of Allowed Claims, PMPM	$238.87	$698.55	$366.59	$20.39	$225.15

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	82795PA0060002	82795PA0110006	82795PA0110007	82795PA9999999
Plan Adjusted Index Rate	$530.46	$0.00	$540.71	$460.15	$0.00
Member Months	660	-	576	84	-
Total Premium (TP)	$350,103	$0	$311,450	$38,653	$0
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)	$322,544	$0	$281,493	$41,051	$0
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	$42,345	$0	$36,955	$5,389	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0		$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%		0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	$280,199	$0	$244,538	$35,662	$0
Net Amt of Rein	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$86	$0	-$75	-$11	$0

Incurred Claims PMPM	$424.54	#DIV/0!	$424.54	$424.54	#DIV/0!
Allowed Claims PMPM	$488.70	#DIV/0!	$488.70	$488.70	#DIV/0!
EHB portion of Allowed Claims, PMPM	$488.70	#DIV/0!	$488.70	$488.70	#DIV/0!