

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cherri Sanders-Jones	07/23/2015	07/23/2015
Pending Industry Response	Cherri Sanders-Jones	06/15/2015	06/15/2015

#### Response Letters

Responded By	Created On	Date Submitted
Ngan Nguyen	07/31/2015	07/31/2015
Michael Lovely	06/29/2015	06/29/2015

State: Pennsylvania Filing Company: UPMC Health Coverage, Inc.  
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 Product Name: UPMC HC 2016 Individual  
 Project Name/Number: /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2015
Submitted Date	07/23/2015
Respond By Date	07/30/2015

Dear John Wisniewski,

### Introduction:

July 23, 2015

John Wisniewski, Director, Actuary  
 1 Chatham Center  
 112 Washington Place  
 Pittsburgh, PA 15219

RE: UPMC Health Coverage, Inc. – Individual – HMO

Received: May 15, 2015 SERFF Tracking# UPMC-130072609

Dear Mr. Wisniewski:

The Pennsylvania Insurance Department has received your responses to my June 15, 2015 letter and conducted a review. Many of the responses, to my June 15, 2015 letter, were less than adequate or did not address the question. Thus, the questions below remain. Additionally, please remove any extraneous exhibits, references or worksheets that do not pertain to the captioned filing. Also, please include in the exhibit/worksheet name the question number to which you are responding. In order to continue the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 7 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call me.

1. The actuarial memorandum indicates a 0% rate change is requested. Please show how the proposal breaks down by the following and how it is supported by experience:

- Impact of medical claim trend;
- Revisions to assumptions about population morbidity and the projected population distribution;
- Changes to the reinsurance program;
- Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Changes in pricing models used to determine the impact of cost sharing design;
- Changes in provider networks and contracts; and
- Any other changes not identified elsewhere. .

2. Please provide an Excel worksheet that demonstrates that the proposed 21 year old rates in the 2016 Federal Template are exactly the same as the approved rates reflected in the 2015 Federal Template.

3. Your URRT and narrative do not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide a URRT (Worksheet 1 and 2) and narrative that meet the level of detail required.

4. Please confirm that Worksheet I contains the experience for the captioned company only and the Individual market only.

5. Given the level of membership identified in Section I of the URRT, please explain why no credibility is given to this experience in developing the projected allowed experience claims for 2016? Additionally explain why the Projection Period fields for population risk morbidity, other and cost and utilization trend are not populated.

6. The narrative for the Credibility Manual Rate Development indicates 5 segments of incurred claims data was used in the development of the manual rate. Also, show the development of and provide a discussion as to how the data from each segment was adjusted to reflect the projected rate for the individual commercial market identified in cell V32 in worksheet I of the URRT.

7. Your actuarial memorandum does not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate

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*Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide an actuarial memorandum that contains the detailed narrative and explains the basis for the assumptions used in developing the Index rate in the URRT, per the URRT and the Actuarial Memorandum Instructions. Also, if the URRT is not the basis for premium rate development, please provide an actuarial memorandum that describes the rate development process. Please note the actuarial certifications required.*

*8. Please ensure that your revised actuarial memorandum includes a detailed discussion of the development of the proposed trend. Also, provide support for the trend.*

*9. In response to question #9, the actuarial memorandum was updated to reference two periods that were used as the trend basis. Please discuss why additional periods of data were not included and why more recent data was not included in developing the trend.*

*10. Please provide an exhibit that shows the development of the calibrated Plan Adjusted Index Rate for each plan starting from the Experience Period Index Rate in cell G17 of worksheet I of the URRT.*

*11. Regarding the pdf of the Department Rate Exhibit, the form # fields are populated with SERFF ID #s and not the contract form numbers, as requested. Please review and correct.*

*12. In response to question # 14, you provided one AV screen and one SOB; however, Worksheet II of the URRT appears to show that 2 Plans will be offered in 2016 - 62560PA0030003 and 62560PA0030001.*

*• If one of these plans has been discontinued, as referenced in the SCID Crosswalk Reasoning Exhibit, please revise Worksheet II of the URRT, actuarial memorandum and any other documents as necessary.*

*• Also, verify that UPMC Health Coverage, Inc. will only offer one Individual Plan in 2016.*

*• The SCID Crosswalk Reasoning Exhibit indicates that Plan ID# 62560PA0030003 will be offered off exchange only, while the filing cover letter indicates on exchange participation. Please review and revise as necessary.*

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

*14. In response to question #17, the SERFF#s identified for both markets are not for the captioned UPMC Company. Does the captioned company offer transitional policies in Pennsylvania? If so, what markets (individual and/or small group). Please provide the SERFF # for the approved transitional rate filing(s) and the number of transitional members enrolled in each market as of April 1, 2015.*

*15. Please update the Federal Rate Template, the Department Rate Exhibit and any other required Templates to ensure that only plans for which you seek approval are represented.*

*Please note that many of the items mentioned above should be incorporated in the revised actuarial memorandum.*

*Response to this request should be provided via SERFF in Microsoft Excel spreadsheets (version 2010 or less). Please retain all formulas.*

*Should you have any questions regarding this correspondence, please contact me at (717) 787-5172.*

*Sincerely,*

Cherri Sanders-Jones  
Actuarial Review Division  
Bureau of Accident & Health Insurance

**Conclusion:**

Sincerely,  
Cherri Sanders-Jones

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/15/2015
Submitted Date	06/15/2015
Respond By Date	06/29/2015

Dear John Wisniewski,

### Introduction:

June 15, 2015

John Wisniewski, Director, Actuary  
 1 Chatham Center  
 112 Washington Place  
 Pittsburgh, PA 15219

RE: UPMC Health Coverage, Inc. – Individual – HMO

Received: May 15, 2015 SERFF Tracking# UPMC-130072609

Dear Mr. Wisniewski:

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 14 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call me.

1. Your cover letter indicates that the proposed effective date is January 1, 2016 through December 1, 2016. Why are the rates only effective through December 1, 2016 and not December 31, 2016?

2. The actuarial memorandum indicates a 0% rate change is requested. Please show how the proposal breaks down by the following and how it is supported by experience:

- Impact of medical claim trend;
- Revisions to assumptions about population morbidity and the projected population distribution;
- Changes to the reinsurance program;
- Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Changes in pricing models used to determine the impact of cost sharing design;
- Changes in provider networks and contracts.

3. Please provide an Excel worksheet that demonstrates that the proposed rates in the 2016 Federal Template are exactly the same as the approved rates reflected in the 2015 Federal Template.

4. Your URRT and narrative do not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide a URRT (Worksheet 1 and 2) and narrative that meet the level of detail required.

5. It is my understanding that Section I of worksheet I of the URRT must contain experience period data for calendar year 2014. The submitted URRT contains experience period data from 10/1/2011 through 9/30/2012. Please review and provide the required data. Also discuss how the 2014 experience was adjusted to remove the pent up demand inherent in the 2014 claims data?

6. Section II of worksheet I is not populated. Utilizing the 2014 experience period data please populate the experience period, projection period before the credibility adjustment. Additionally the credibility manual sections must also be populated, if the projected experience is less than 100% credible.

7. The narrative for the Credibility Manual Rate Development indicates 5 segments of incurred claims data was used in the development of the manual rate. Please discuss why it is appropriate to include incurred Medicaid data. Also, show the development of and provide a discussion as to how the data from each segment was adjusted to reflect the projected rate for the individual

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commercial market.

8. Your actuarial memorandum does not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide an actuarial memorandum that contains the detailed narrative and explains the basis for the assumptions used in developing the Index rate in the URRT, per the URRT and the Actuarial Memorandum Instructions. Also, if the URRT is not the basis for premium rate development, please provide an actuarial memorandum that describes the rate development process. Please note the actuarial certifications required.

9. Please ensure that your revised actuarial memorandum includes a discussion of the development of the proposed trend. Also, provide support for the trend.

10. Please identify the specific taxes and fees and the corresponding percent of premium or the pmpm amounts.

11. Please provide an exhibit that shows the development of the calibrated Plan Adjusted Index Rate for each plan starting from the Experience Period Index Rate.

12. Please provide all rating exhibits in Excel. Please retain all formulas.

13. Please ensure that the following templates are included in the binder: service area template, rates template and the business rules template. The federal rates template, as well as the Department's Rating Template, should be included in the Rate/Rule Schedule Tab. The current rating template, in the Rate Rule Schedule tab, is populated with Stand Alone Dental rates. Please review and correct.

14. Please provide the schedule of benefits for each offered plan as well as the corresponding AV screenshots. Please include the contract form number on the schedule of benefits.

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

16. The Department notes that the premium rates, included in the Supporting documentation tab, for rating areas 1 and 2 are the same and the premium rates for rating areas 5 and 6 are the same, where your affiliate company sets premium rates for rating areas 1 and 4 as equivalent and areas 2 and 5 as equivalent. Please review and revise as necessary. If correct, please explain.

17. Does your company offer transitional policies in Pennsylvania? If so, what markets (individual and/or small group). Please provide the SERFF # for the approved transitional rate filing(s) and the number of transitional members enrolled in each market as of April 1, 2015.

18. Under what pricing assumptions regarding the King v. Burwell Supreme Court Case has your filing been made? Please provide a preliminary actuarial narrative and justification regarding the rate impact for the alternate decision.

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

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets (version 2010 or less). Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at (717) 787-5172.

Sincerely,

Cherri Sanders-Jones  
Actuarial Review Division  
Bureau of Accident & Health Insurance

#### **Conclusion:**

Sincerely,  
Cherri Sanders-Jones

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/31/2015
Submitted Date	07/31/2015

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*Dear Cherri Sanders-Jones,*

**Introduction:**

*Hello Cherri,*

*Please see the responses below.*

*Thank you,*

*Ngan*

**Response 1**

**Comments:**

<b>SERFF Tracking #:</b>	UPMC-130072609	<b>State Tracking #:</b>	UPMC-130072609	<b>Company Tracking #:</b>	
<hr/>					
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1Please see the below break down:

The impact of medical trend is 5.9%. The base data was trended to the rating period using a trend derived by looking at data for the period from 10/01/2012 - 09/30/2013 to 10/01/2013 - 09/30/2014 paid through June 2015.

The revisions to assumptions about population morbidity is -2% for Individual Health Coverage. We assume more healthy people will enter the pool. Reinsurance recovery assumption changed from 5.1% to 2.1%. 5.1% from 2015. For 2014 reinsurance recovery is 5.1%. Contribution amount is \$44 PMPY for 2015 and \$27 PMPY for 2016. We assume 50% increase in individual market and more people are aware. So reinsurance recovery for 2016 is:  $5.1\% * 27 / 44 * 1 / 1.50 = 2.1\%$  Changes in cost sharing to ensure that plans comply with Actuarial Value requirements: We have made business decision to make this 0% impact. We used HHS AV calculator to calculate cost sharing design for both 2015 and 2016 pricing.

Commercial Individual Premium and Standard networks no longer receive the 2.5% discount. Individual Select and Partner networks do not change in term of discount.

2Please see 21 year old rate comparison from 2015 to 2016 from Federal Template exhibit

3An updated URRT has been uploaded.

4An updated URRT has been uploaded.

5Even though there are 15,831 member months in this legal entity and risk pool, there membership had gone down drastically to 14 members in 2015. We do not actively market this plan and expect most of these members will leave to other plans.

6Data was adjusted to account for fee schedule differences and to normalize for risk scores calculated by a vendor model. Fee schedules were assumed to be the same across commercial lines of business. The relativity between Medicaid and commercial was assumed to be .75.

7An updated actuarial memorandum has been uploaded.

8Please see the section about trend development in Credibility Manual Rate Development of the Actuarial Memorandum.

9Our trend was created using data from the 2 periods 10/01/2012 - 09/30/2013 to 10/01/2013 - 09/30/2014 paid through June 2015.

10We used 0% credibility for experience data. So we have provided a rating exhibit of the development of the calibrated Plan Adjusted Index Rate for each plan starting from the Projected Allowed Experience Claims PMPM in cell V32 of worksheet 1 of the URRT. An exhibit titled "ACA pricing model\_plan-specific\_v051 -- submit to PID -- from Allowed to PAIR" has been uploaded.

11This was been reviewed and corrected.

12We have removed one plan. Therefore only one AV screenshot and one SOB submitted.

The URRT has been updated.

This has been verified.

The transmittal letter has been revised.

13We will petition to upload our new URRT into HIOS.

14There are no transitional policies under Individual Health Coverage.

15These have been updated.

We acknowledged that the actuarial memorandum has been revised.

#### **Changed Items:**

<b>SERFF Tracking #:</b>	UPMC-130072609	<b>State Tracking #:</b>	UPMC-130072609	<b>Company Tracking #:</b>	
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Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-07-31.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-06-26.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf</i>



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<b>Satisfied - Item:</b>	Rate Table (A&H)
<b>Comments:</b>	Excel format is attached
<b>Attachment(s):</b>	PM.QHP.Rate Data Template.TMPL.v4.0.04152014.zip Rate Page Filing Format.pdf RateTables.xls
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Rate Table (A&amp;H)</i>
<b>Comments:</b>	<i>Excel format is attached</i>
<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx RateTables.xls PM.QHP.Rate Data Template.TMPL.v4.0.04152014.zip</i>
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<b>Satisfied - Item:</b>	<i>Rate Table (A&amp;H)</i>
<b>Comments:</b>	<i>Excel format is attached</i>
<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx</i>

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<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx</i>
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	62560_Actuarial Memo_UPMC HC_Individual_supplement for PID_2015-05-13.pdf 62560_Actuarial Memo_UPMC HC_Individual_2015-07-30.pdf

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<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2016_UnifiedRateReview_Template.xlsm</i> <i>2016_UnifiedRateReview_Template.xlsm</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2016_UnifiedRateReview_Template.xlsm</i>

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-07-31.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-06-26.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf</i>
<b>Satisfied - Item:</b>	Rate Table (A&H)
<b>Comments:</b>	Excel format is attached
<b>Attachment(s):</b>	PM.QHP.Rate Data Template.TMPL.v4.0.04152014.zip Rate Page Filing Format.pdf RateTables.xls
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<b>Satisfied - Item:</b>	<i>Rate Table (A&amp;H)</i>
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<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx RateTables.xls PM.QHP.Rate Data Template.TMPL.v4.0.04152014.zip</i>
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<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx</i>
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	62560_Actuarial Memo_UPMC HC_Individual_supplement for PID_2015-05-13.pdf 62560_Actuarial Memo_UPMC HC_Individual_2015-07-30.pdf

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
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<b>Satisfied - Item:</b>	Actuarial Memo - redacted version
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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm 2016_UnifiedRateReview_Template.xlsm
<i>Previous Version</i>	
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<b>Satisfied - Item:</b>	Pricing Model
<b>Comments:</b>	
<b>Attachment(s):</b>	ACA pricing model_plan-specific_v051 -- submit to PID -- from Allowed to PAIR.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Pricing Model</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>ACA pricing model_plan-specific_v038-submit to PID.xlsx</i>

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<b>Product Name:</b>	UPMC HC 2016 Individual		
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Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-07-31.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-06-26.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf</i>

<b>Satisfied - Item:</b>	Rate Table (A&H)
<b>Comments:</b>	Excel format is attached
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<b>Satisfied - Item:</b>	<i>Rate Table (A&amp;H)</i>
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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
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<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm 2016_UnifiedRateReview_Template.xlsm
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<b>Comments:</b>	
<b>Attachment(s):</b>	ACA pricing model_plan-specific_v051 -- submit to PID -- from Allowed to PAIR.xlsx
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<b>Satisfied - Item:</b>	<i>Pricing Model</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>ACA pricing model_plan-specific_v038-submit to PID.xlsx</i>

<b>Satisfied - Item:</b>	Redacted responses
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<b>Attachment(s):</b>	Responses to PID questions--redacted.xlsx

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<b>Satisfied - Item:</b>	Redacted responses
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<b>Attachment(s):</b>	Responses to PID questions--redacted.xlsx

<b>Satisfied - Item:</b>	21 year old rate comparison 2015 - 2016
<b>Comments:</b>	
<b>Attachment(s):</b>	21 yr old rate 2015 to 2016 exhibit.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Ngan Nguyen

<b>SERFF Tracking #:</b>	UPMC-130072609	<b>State Tracking #:</b>	UPMC-130072609	<b>Company Tracking #:</b>	
<hr/>					
<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	UPMC HC 2016 Individual				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/29/2015
Submitted Date	06/29/2015

Dear Cherri Sanders-Jones,

### **Introduction:**

Please see our responses below.

### **Response 1**

#### **Comments:**

1This has been corrected

2We used a 0% increase for the total rather than having a breakdown by individual components.

3The 2015 & 2016 Federal Rates Templates have been uploaded.

4A new URRT has been uploaded.

5The experience period data in the URRT has been replaced with data from 2014. Adjustments based on pent up demand would be inappropriate for the experience period section of the URRT. We did not use 2014 ACA experience period data when calculating 2016 manual rates so an adjustment for pent up demand was not needed there either.

6These values have been updated in the new URRT.

7A portion of current Medicaid members will switch back and forth between commercial and Medicaid plans based on income fluctuations. In addition, the Medicaid expansion allows for those between 100% and 138% of FPL to enroll in either Medicaid or a subsidized commercial plan. We chose to include Medicaid data for these reasons

Fee schedules were assumed to be the same across commercial lines of business. The relativity between Medicaid and commercial was assumed to be .75.

8Please see the updated Index Rate Section in the Actuarial Memorandum

9Trend information has been added to the Actuarial Memorandum.

10An exhibit showing the breakdown of taxes and fees has been uploaded.

11Please see the pricing model uploaded.

12Rating exhibits have been provided.

13These templates are included in the binder under the templates tab. The current template has been replaced with the federal and PA rating templates.

14SOBs and AV screenshots have been added.

15We have petitioned to upload our new URRT into HIOS.

16This is correct. We have different network designs for the different companies which involves different pricing strategies.

17We offer transitional policies for both individual and small group. UPMC-129694987 and UPMC-129694891 are the individual SERFF numbers and UPMC-128334684 is the small group SERFF number. Our most updated April 1, 2015 transitional membership is 4,717 individual members and 96,026 small group members.

18Based on the most recent development, the subsidy will stay in place. No adjustment is needed.

### **Changed Items:**

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<b>Comments:</b>	Redacted version of the Actuarial Memo is attached.
<b>Attachment(s):</b>	62560_Actuarial Memo_UPMC HC_Individual_2015-05-28_redacted.pdf 62560_Actuarial Memo_UPMC HC_Individual_2015-06-29_redacted.pdf

<i>Previous Version</i>	
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<b>Satisfied - Item:</b>	Pricing Model
<b>Comments:</b>	
<b>Attachment(s):</b>	ACA pricing model_plan-specific_v038-submit to PID.xlsx

<b>Satisfied - Item:</b>	SCID Crosswalk Reasoning
<b>Comments:</b>	
<b>Attachment(s):</b>	SCID Crosswalk Reasoning 2015-2016.xlsx

<b>Satisfied - Item:</b>	Taxes and Fees Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Taxes and fees exhibit.pdf

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-06-26.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Transmittal Letter (A&amp;H)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-05-15.pdf</i>
<b>Satisfied - Item:</b>	Rate Table (A&H)
<b>Comments:</b>	Excel format is attached
<b>Attachment(s):</b>	Rate Page Filing Format.xlsx RateTables.xls PM.QHP.Rate Data Template.TMPL.v4.0.04152014.zip
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Rate Table (A&amp;H)</i>
<b>Comments:</b>	<i>Excel format is attached</i>
<b>Attachment(s):</b>	<i>Rate Page Filing Format.xlsx</i>
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	62560_Actuarial Memo_UPMC HC_Individual_2015-05-13.pdf 62560_Actuarial Memo_UPMC HC_Individual_supplement for PID_2015-05-13.pdf 62560_Actuarial Memo_UPMC HC_Individual_2015-06-29.pdf
<i>Previous Version</i>	
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<b>Comments:</b>	
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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2016_UnifiedRateReview_Template.xlsm 2016_UnifiedRateReview_Template.xlsm

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
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<b>Attachment(s):</b>	Taxes and fees exhibit.pdf

<b>Satisfied - Item:</b>	SOBs
<b>Comments:</b>	
<b>Attachment(s):</b>	2016 HMO.xls 2016_I_HMO Bracket.pdf



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Supporting Document Schedule Item Changes	
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<b>Comments:</b>	
<b>Attachment(s):</b>	2016 HMO.xls 2016_I_HMO Bracket.pdf

<b>Satisfied - Item:</b>	AV Screenshots
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<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

<b>Comments:</b>	
<b>Attachment(s):</b>	HMO.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Table - pdf	UPMC-130060306	Revised	Previous State Filing Number:  Percent Rate Change Request:	Rate Page Filing Format.pdf,	06/29/2015 By: Michael Lovely
<i>Previous Version</i>						
1	Rate Table - pdf	UPMC-130060306	Revised	Previous State Filing Number:  Percent Rate Change Request:	Rate Page Filing Format.pdf,	05/15/2015 By: Chad Newell

**Conclusion:**

Please let us know if you have any questions.

Sincerely,  
Michael Lovely

State:	Pennsylvania	Filing Company:	UPMC Health Coverage, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	UPMC HC 2016 Individual		
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		Rate Table - pdf	UPMC-130060306	Revised	Previous State Filing Number: Percent Rate Change Request:	Rate Page Filing Format.pdf, RateTables.xls, Rate Page Filing Format.xlsx,

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	UPMC HC 2016 Individual		
<b>Project Name/Number:</b>	/		

***Attachment RateTables.xls is not a PDF document and cannot be reproduced here.***

***Attachment Rate Page Filing Format.xlsx is not a PDF document and cannot be reproduced here.***

**Company Name**  
**UPMC Health Coverage, Inc.**  
**Plan Design Summary**

Company	On/Off Exchange	HIOS Plan ID	Metal Level	Plan Design Marketing Name	Network	Rating Area
UPMC Health Coverage, Inc.	Both	62560PA0030003	Bronze	UPMC Advantage Essential Bronze	IND 28 County HMO - 28C Standard Referral w/Dominion PPO	1, 2, 4, 5, 6

Company Name: UPMC Health Coverage, Inc.  
 Product: Individual HMO  
 Effective Date of Rates: January 1, 2016

Plan ID (On Exchange)=>	62560PA0030003		62560PA0030003		62560PA0030003		62560PA0030003		62560PA0030003	
Plan ID (Off Exchange)=>	62560PA0030003		62560PA0030003		62560PA0030003		62560PA0030003		62560PA0030003	
Form # =>	2016 HMO		2016 HMO		2016 HMO		2016 HMO		2016 HMO	
Rating Area =>	1		2		4		5		6	
Network =>	HMO - 28C Standard Referral w		HMO - 28C Standard Referral w		HMO - 28C Standard Referral w		HMO - 28C Standard Referral w		HMO - 28C Standard Referral w	
Metal =>	Bronze		Bronze		Bronze		Bronze		Bronze	
Plan Name =>	PMC Advantage Essential Bron		PMC Advantage Essential Bron		PMC Advantage Essential Bron		PMC Advantage Essential Bron		PMC Advantage Essential Bron	
Deductible =>	\$6,250/\$12,500		\$6,250/\$12,500		\$6,250/\$12,500		\$6,250/\$12,500		\$6,250/\$12,500	
Coinsurance =>	20%		20%		20%		20%		20%	
Copays =>										
OOP Maximum =>	\$6,850/\$13,700		\$6,850/\$13,700		\$6,850/\$13,700		\$6,850/\$13,700		\$6,850/\$13,700	
Dental (Yes/No)	Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	133.66	133.66	133.66	133.66	130.31	130.31	134.40	134.40	134.40	134.40
21	210.48	215.75	210.48	215.75	205.20	210.33	211.64	216.94	211.64	216.94
22	210.48	215.75	210.48	215.75	205.20	210.33	211.64	216.94	211.64	216.94
23	210.48	215.75	210.48	215.75	205.20	210.33	211.64	216.94	211.64	216.94
24	210.48	215.75	210.48	215.75	205.20	210.33	211.64	216.94	211.64	216.94
25	211.33	216.61	211.33	216.61	206.03	211.18	212.49	217.80	212.49	217.80
26	215.54	220.92	215.54	220.92	210.13	215.38	216.72	222.14	216.72	222.14
27	220.59	226.10	220.59	226.10	215.05	220.43	221.80	227.35	221.80	227.35
28	228.80	234.52	228.80	234.52	223.06	228.63	230.06	235.81	230.06	235.81
29	235.53	241.42	235.53	241.42	229.62	235.36	236.83	242.75	236.83	242.75
30	238.90	244.87	238.90	244.87	232.91	238.73	240.22	246.22	240.22	246.22
31	243.95	250.05	243.95	250.05	237.83	243.78	245.30	251.43	245.30	251.43
32	249.00	255.23	249.00	255.23	242.76	248.83	250.38	256.63	250.38	256.63
33	252.16	258.46	252.16	258.46	245.83	251.98	253.55	259.89	253.55	259.89
34	255.53	261.92	255.53	261.92	249.12	255.35	256.94	263.36	256.94	263.36
35	257.21	263.64	257.21	263.64	250.76	257.03	258.63	265.09	258.63	265.09
36	258.90	265.37	258.90	265.37	252.40	258.71	260.32	266.83	260.32	266.83
37	260.58	267.09	260.58	267.09	254.04	260.39	262.02	268.57	262.02	268.57
38	262.26	268.82	262.26	268.82	255.68	262.08	263.71	270.30	263.71	270.30
39	265.63	272.27	265.63	272.27	258.97	265.44	267.09	273.77	267.09	273.77
40	269.00	275.72	269.00	275.72	262.25	268.81	270.48	277.24	270.48	277.24
41	274.05	280.90	274.05	280.90	267.18	273.85	275.56	282.45	275.56	282.45
42	278.89	285.86	278.89	285.86	271.89	278.69	280.43	287.44	280.43	287.44
43	285.63	292.77	285.63	292.77	278.46	285.42	287.20	294.38	287.20	294.38
44	294.05	301.40	294.05	301.40	286.67	293.84	295.67	303.06	295.67	303.06
45	303.94	311.54	303.94	311.54	296.31	303.72	305.61	313.25	305.61	313.25
46	315.72	323.62	315.72	323.62	307.80	315.50	317.46	325.40	317.46	325.40
47	328.99	337.21	328.99	337.21	320.73	328.75	330.80	339.07	330.80	339.07
48	344.14	352.74	344.14	352.74	335.51	343.89	346.04	354.69	346.04	354.69
49	359.08	368.06	359.08	368.06	350.08	358.83	361.06	370.09	361.06	370.09
50	375.92	385.32	375.92	385.32	366.49	375.65	377.99	387.44	377.99	387.44
51	392.55	402.36	392.55	402.36	382.70	392.27	394.71	404.58	394.71	404.58
52	410.86	421.13	410.86	421.13	400.56	410.57	413.13	423.45	413.13	423.45
53	429.38	440.12	429.38	440.12	418.61	429.08	431.75	442.54	431.75	442.54
54	449.38	460.61	449.38	460.61	438.11	449.06	451.86	463.15	451.86	463.15
55	469.38	481.11	469.38	481.11	457.60	469.04	471.96	483.76	471.96	483.76
56	491.05	503.33	491.05	503.33	478.74	490.70	493.76	506.11	493.76	506.11
57	512.94	525.77	512.94	525.77	500.08	512.58	515.77	528.67	515.77	528.67
58	536.31	549.72	536.31	549.72	522.85	535.93	539.26	552.75	539.26	552.75
59	547.88	561.58	547.88	561.58	534.14	547.49	550.90	564.68	550.90	564.68
60	571.25	585.53	571.25	585.53	556.92	570.84	574.40	588.76	574.40	588.76
61	591.45	606.24	591.45	606.24	576.62	591.03	594.71	609.58	594.71	609.58
62	604.71	619.83	604.71	619.83	589.54	604.28	608.05	623.25	608.05	623.25
63	621.34	636.88	621.34	636.88	605.76	620.90	624.77	640.39	624.77	640.39
64	631.44	647.23	631.44	647.23	615.60	630.99	634.92	650.80	634.92	650.80
65+	631.44	647.23	631.44	647.23	615.60	630.99	634.92	650.80	634.92	650.80

<b>SERFF Tracking #:</b>	UPMC-130072609	<b>State Tracking #:</b>	UPMC-130072609	<b>Company Tracking #:</b>	
<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	UPMC Health Coverage, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	UPMC HC 2016 Individual				
<b>Project Name/Number:</b>	/				

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC-130072609_UPMC HC_Indiv HMO_trans ltr_2015-07-31.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>Comments:</b>	Redacted version of the Actuarial Memo is attached.
<b>Attachment(s):</b>	62560_Actuarial Memo_UPMC HC_Individual_2015-07-30_redacted.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



May 15, 2015

Commonwealth of Pennsylvania Insurance Department  
Insurance Product Regulation & Market Enforcement  
Actuarial Review Division  
Bureau of Accident & Health Insurance  
1311 Strawberry Square  
Harrisburg, PA 17120

To Whom It May Concern:

**Individual Off Exchange HMO Rate Filing for January 1, 2016 Effective Date**

UPMC Health Plan, d/b/a UPMC Health Coverage, respectfully requests approval of a rate filing for Individual Exchange HMO products. The rates are proposed for effective dates of January 1, 2016 through December 31, 2016, for plan offerings as implemented under the Patient Protection and Affordable Care Act (PPACA). This filing is submitted in the interest of compliance with PA Act 134 of 2011.

The Commissioner has discretion regarding the publication of rate filings in the *Pennsylvania Bulletin*. If the Department decides to publish notice of this filing, we suggest the following notice language:

**UPMC Health Plan**

Individual Exchange HMO Rate Filing

**On May 15, 2015, UPMC Health Plan, d/b/a/ UPMC Health Coverage, submitted for approval a rate filing for use with Individual Exchange HMO customers.**

Unless formal administrative action is taken before June 29, 2015, the submitted filing may be deemed approved under Act 134 of 2011.

An Actuarial Memorandum, Rate Template, and Unified Rate Review Template (URRT) are included in this rate filing. If you have any questions or require additional information, please call me at 412.454.5739 or email me at [NewellC@upmc.edu](mailto:NewellC@upmc.edu).

Sincerely,



Chad Newell, ASA, MAAA

# Actuarial Memorandum

## General Info

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

### Company Identifying Information:

Company Legal Name: UPMC Health Coverage, Inc.

State: PA

HIOS Issuer ID: 62560

Market: Individual

Effective Date: 1/1/2016

### Company Contact Information:

Primary Contact Name: John Wisniewski, ASA, MAAA

Primary Contact Telephone Number: 412-454-5180

Primary Contact Email Address: [wisnjc@upmc.edu](mailto:wisnjc@upmc.edu)

## Proposed Rate Increase(s)

### Reasons for Rate Increase(s):

Rate increases for this HMO plan is 0%.

## Experience Period Premium and Claims

### Paid Through Date:

Worksheet I, Section I of the URRT contains calendar year 2014 claims experience for the captioned company and market, paid through May 2015.

### Premiums (net of MLR Rebate) in Experience Period:

Worksheet I, Section I of the URRT contains calendar year 2014 premium data for the captioned company and market. No related MLR rebates were issued.

### Allowed and Incurred Claims Incurred During the Experience Period:

Worksheet I, Section I of the URRT contains calendar year 2014 claims experience for the captioned company and market, paid through May 2015.

## **Benefit Categories**

2014 data was allocated across the benefit categories specified in Worksheet I, Section II of the URRT.

## **Projection Factors**

### Changes in the Morbidity of the Population Insured:

The credibility manual is relied on 100%, explained below in the “Credibility of Experience” section.

### Changes in Benefits:

The credibility manual is relied on 100%, explained below in the “Credibility of Experience” section.

### Changes in Demographics:

The credibility manual is relied on 100%, explained below in the “Credibility of Experience” section.

### Other Adjustments:

The credibility manual is relied on 100%, explained below in the “Credibility of Experience” section.

### Trend Factors (cost/utilization):

The credibility manual is relied on 100%, explained below in the “Credibility of Experience” section.

## **Credibility Manual Rate Development**

### Source and Appropriateness of Manual Rate Used:

The manual was developed from data of our existing block of small group business.

The data is for claims incurred 2011-10 to 2012-09, paid through 2013-02. This time period was chosen because we were able to use a commercially-available prospective predictive modeling package to normalize the data. This normalization step was applied to remove the effects of medical underwriting, reflecting that under ACA rules it isn't applicable.

The base data was trended to the rating period using a trend derived by looking at data for the period from 10/01/2012 - 09/30/2013 to 10/01/2013 - 09/30/2014 paid through June 2015.

### Adjustments Made to the Data:

As stated above, the data for the individual segment was normalized for risk load (to remove the effects of medical underwriting).

### Inclusion of Capitation Payments:

There were no capitation arrangements in the data.

### **Credibility of Experience**

The manual is relied on 100%. This is because we no longer have access the relevant predictive modeling package that was used to adjust the credibility manual data, so we would not be able to make that adjustment to calendar year 2014 data. In addition we expect that our block of business under ACA products will change dramatically between 2014 and 2016.

### **Paid to Allowed Ratio**

The Paid to Allowed Average Factor is the average of the HHS AV Metal Values as developed using the HHS AV.

### **Risk Adjustment and Reinsurance**

#### Projected Risk Adjustments PMPM:

No assumption was made or used regarding projected risk adjustment payments; therefore any such values are \$0 PMPM.

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

#### Administrative Expense Load:

All plans, regardless of market, have the same administrative expense load of 9%.

#### Profit & Risk Margin:

Target profit and risk margins were set at 0% .

#### Taxes and Fees:

Each plan has taxes and fees built into its premium based on the specific taxes and fees that apply to that plan. The average impact to premiums is 7.74% for all taxes and fees.

### **Projected Loss Ratio**

All projected loss ratios are above 85%, prior to the inclusion of credibility adjustments, tax adjustments, and inclusion of permitted expenses such as quality improvement items in the numerator.

### **Index Rate**

We start with the individual rate developed as described in the Credibility Manual Rate Development. We then apply trend, incorporate an increase for EHBs that were not present in the manual rate data, and apply a population risk morbidity adjustment *[This section redacted for publication]*.

Some individual market plans include acupuncture, bariatric surgery, podiatry, and private duty nursing benefits that exceed EHBs. All plans include an adult vision exam benefit that is in excess of EHBs.

### **AV Metal Values**

All metal values were determined using the HHS calculator.

### **AV Pricing Values**

The AV Pricing Values are generated by applying the following allowed modifiers:

- 1) Network adjustment.
- 2) Cost-sharing impact to AV.
- 3) The addition of non-EHBs.
- 4) Administrative costs excluding exchange user fees.
- 5) Impact of catastrophic plan eligibility.
- 6) Utilization adjustments from plan design.

### **Membership Projections**

All membership projections were developed by our product development and sales department based on the total eligible market potential and knowledge of the availability of cost-sharing reductions and premium subsidies that will skew the membership towards the Silver metal level.

### **Warning Alerts**

Some warnings appear on worksheet 2 of the URRT due to the formula comparing one value that includes reinsurance effects with a value that does not.

### **Effective Rate Review Information**

The Pennsylvania Insurance Department is responsible for conductive effective rate review for all submitted rates.

**Actuarial Certification**

One additional actuarial certification document is being submitted at this time to account for a few plans that were not accommodated by the HHS AV calculator. Specifically, these are PCMH plans that have tiered copays for Specialist office visits.