

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:**State:**

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H151 Individual Health - Hospital/Surgical/Medical Expense/H151.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cherri Sanders-Jones	07/13/2016	07/13/2016
Pending Industry Response	Cherri Sanders-Jones	06/17/2016	06/17/2016
Pending Industry Response	Art Lucker	06/02/2016	06/02/2016
Pending Industry Response	Art Lucker	05/24/2016	05/24/2016
Pending Industry Response	Art Lucker	05/05/2016	05/05/2016
Pending Industry Response	Cherri Sanders-Jones	07/20/2016	07/20/2016

Response Letters

Responded By	Created On	Date Submitted
Timothy Gaborek	07/19/2016	07/19/2016
Timothy Gaborek	06/24/2016	06/24/2016
Timothy Gaborek	06/06/2016	06/06/2016
Timothy Gaborek	05/31/2016	05/31/2016
Timothy Gaborek	05/19/2016	05/19/2016
Timothy Gaborek	07/26/2016	07/26/2016

State: Pennsylvania **Filing Company:** UPMC Health Coverage, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2017 IND Health Coverage
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/13/2016
Submitted Date	07/13/2016
Respond By Date	07/19/2016

Dear Mike Lovely,

Introduction:

Please see the attachment below. The response is due by Tuesday, July 19, 2016.

Cherri Sanders-Jones
(717) 787-5172

Conclusion:

Sincerely,
Cherri Sanders-Jones

1. Induced Utilization

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

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

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

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

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

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

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Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2016
Submitted Date	06/17/2016
Respond By Date	06/24/2016

Dear Mike Lovely,

Introduction:

June 17, 2016

Michael Lovely
600 Grant St.
Pittsburgh, PA 15212

RE: UPMC Health Coverage – 2017 Individual ACA Compliant Plans
Received: April 27, 2016 SERFF Tracking# UPMC-130536761

Dear Mr. Lovely:

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 7 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call me.

1. 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.
2. Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.
3. In Tables 2 and 4, does the premium include HHS cost sharing or revenue generated from transitional business? If so, please provide the dollar amounts for each and the number transitional member months for which premiums were collected.
4. In Tables 2 and 4, please provide the dollar amount of incurred and allowed claims for transitional members.
5. Regarding broker commissions:
 - Under what circumstances and in what geographic locations will commissions be paid?
 - Are commissions paid for SEP?
 - Provide a copy of the broker agreement - current and 2017.
 - Show the calculation of the average commission - current and 2017.

When responding to this data call, you may redact this response as it will contain proprietary information.

6. Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016.
7. Provide support for all expenses that do not reflect payments made to providers under the contract for covered medical services. Describe the methodology used for developing the estimate of these non-benefit expenses expected during the projection period for the applicable market, including any allocation of corporate overhead.
8. Does this filing propose any changes in your pricing model? If so, please discuss. This response may be redacted since it may contain confidential information.
9. Please discuss the impact SEP enrollees have had on your company's claims experience. If possible provide the 2015 loss ratio for SEP enrollees and non-SEP enrollees.

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

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

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Project Name/Number: /

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

State: Pennsylvania **Filing Company:** UPMC Health Coverage, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2017 IND Health Coverage
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/02/2016
Submitted Date	06/02/2016
Respond By Date	06/09/2016

Dear Mike Lovely,

Introduction:

Objection 1

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please amend Section IV, Worksheet II of the Unified Rate Review Template so that the Total incurred claims, payable with issuer funds (row 94) reflects the amount of Projected Risk Adjustments. Please note that this is required according to the 2017 Unified Rate Review Instructions (page 49).

Conclusion:

Sincerely,
Art Lucker

State: Pennsylvania **Filing Company:** UPMC Health Coverage, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2017 IND Health Coverage
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/24/2016
Submitted Date	05/24/2016
Respond By Date	05/31/2016

Dear Mike Lovely,

Introduction:

Objection 1

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please see attached file which contains INS' request for additional information.

Conclusion:

Sincerely,
Art Lucker



INS CONSULTANTS, INC.

Insurance Regulatory Consultants

419 S. 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
Phone: (215) 625-9877
Fax: (215) 627-7104

TO: Mike Lovely, ASA, MAAA
Manager, Actuarial Services

FROM: Gary Rosen, FSA, MAAA
INS Consultants, Inc.

DATE: May 24, 2016

SUBJECT: UPMC Health Coverage, Inc.
Individual HMO Rates for Calendar Year 2017
SERFF Tracking Number: UPMC-130536761

INS has been engaged by the Pennsylvania Insurance Department to review the material filed in support of the subject rate filings. Based on the review of your responses to our previous request, we have identified the following items which require further clarification. Upon receipt of the requested information, we will continue our review of the subject filing.

1. In calculating their Age Calibration Factor, most companies use the weighted average Premium Ratio derived from the table below:

Age	Premium Ratio	Membership
0-20 (3 or less)	0.635	
0-20 (4 or more)	0.000	
21	1.000	
22	1.000	
23	1.000	
24	1.000	
25	1.004	
⋮	⋮	
63	2.952	
64 & older	3.000	

- a. Please explain the logic behind the Company’s methodology in calculating its Age Calibration Factor, as grouping the membership into eight separate groups is not something we have previously encountered.
 - b. Please indicate the source of the “Adjusted Age Factors” used in your calculation.
 - c. Please explain why age 40 has three different “Adjusted Age Factors”
2. Please indicate where in SERFF we can find a copy of the Supplemental Health Care Exhibit (SHCE) that was requested.
 3. Both the Experience Period and Projected Index Rate differ from their corresponding Allowed Claims in Section II of the Unified Rate Review Template (URRT). Please show quantitatively, including a spreadsheet with formulas, the derivation of the Index Rates displayed in the URRT.

	Experience Period	Projected Period
Allowed Claims	269.86	475.14
Index Rate	269.35	474.90

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Product Name: 2017 IND Health Coverage
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/05/2016
Submitted Date	05/05/2016
Respond By Date	05/19/2016

Dear Mike Lovely,

Introduction:

Objection 1

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please see attached file which contains INS' request for additional information.

Conclusion:

Sincerely,
Art Lucker



INS CONSULTANTS, INC.

Insurance Regulatory Consultants

419 S. 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
Phone: (215) 625-9877
Fax: (215) 627-7104

TO: Mike Lovely, ASA, MAAA
Manager, Actuarial Services

FROM: Gary Rosen, FSA, MAAA
INS Consultants, Inc.

DATE: May 5, 2016

SUBJECT: UPMC Health Coverage, Inc.
Individual HMO Rates for Calendar Year 2017
SERFF Tracking Number: UPMC-130536761

INS has been engaged by the Pennsylvania Insurance Department to review the material filed in support of the subject rate filings. Based on that review, we have identified certain aspects of the filing which require clarification and/or additional information; these items are discussed below. Upon receipt of the requested information, we will continue our review of the subject filing.

1. Please provide a copy of the Supplemental Health Care Exhibit (SHCE) and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section I of the Uniform Rate Review Template (URRT). Additionally, please provide a breakdown between ACA and non-ACA business in Part 1 of the SHCE.
2. Please provide the number of member months of experience that formed the basis for the Credibility Manual.
3. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the \$7.77 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT. Further, please explain why this amount does not correspond with the write-up in the Actuarial Memorandum. Finally, the Risk Adjustment Administration Fee has been set at \$1.56 PMPY for 2017, and not \$2.00 PMPY as described in the Actuarial Memorandum. Please make any necessary corrections to the Actuarial Memorandum and/or the URRT.
4. Regarding Table 5 of the 'PA Actuarial Memorandum Rate Exhibits', please provide a quantitative description, including an Excel spreadsheet with formulas, of the 'Change in Network' factor (1.119).

5. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age Calibration Factor.
6. The Actuarial Memorandum states that “A tobacco load is not applied for this market segment”, but the premiums in the Rates Data Template are on a Tobacco/non-Tobacco basis. Please explain the apparent discrepancy and make any necessary corrections.
7. Under the assumption that the Individual segment does have Tobacco/non-Tobacco premiums, it appears that the “Tobacco Surcharge Adjustment” is being applied incorrectly in calculating the Plan Adjusted Index Rate. The factor should be the inverse of 1.002641, or 0.997366. Please make any necessary corrections.
8. Please confirm that the UPMC is in compliance with the family rating requirement, i.e., 3-child limit \leq age 20. What, if any, was the additional load built in to cover the 3-child limit rating restriction?
9. For each area, please provide a chart (in Excel) showing Plan ID, Product Name, Plan Name, Metal Level, Exchange Plan (Y/N), 2014 Age 21 Premium Non-Tobacco, 2015 Age 21 Premium Non-Tobacco, 2015 Percentage Change, 2016 Age 21 Premium Non-Tobacco, 2016 Percentage Change, 2017 Age 21 Premium Non-Tobacco, 2017 Percentage Change.

Geographic Area 1			2014	2015	2015	2016	2016	2017	2017	Total
Plan ID	Metal Level	Plan Name	Age 21, NT Prem	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	% Change

10. Regarding the Geographic Areas:
 - a. Please provide the Projected Member Months by geographic rating area.
 - b. Changing all of the geographic rating area factors to 1.000 has caused some significant premium changes, particularly in Area 6. Please expand on your rationale for doing this, as the overall level of experience used for the Credibility Manual appears to be very credible.
 - c. Please describe the methodology used to determine the geographic area rating factors for calendar year 2016.
11. The term “Community Rated Plans” is used in the Actuarial Memorandum. Please define how the Company is using this phrase. Is it referring to ACA plans or to the providing of insurance to all members for the same premium, regardless of age, health status, tobacco usage, etc.?

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2016
Submitted Date	07/26/2016

Dear Art Lucker,

Introduction:

Response 1

Comments:

We have not prepared a formal response to this objection because we are currently revising our filing due to the released Risk Adjustment amounts by the deadline of 7/28.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Timothy Gaborek

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State: Pennsylvania **Filing Company:** UPMC Health Coverage, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2017 IND Health Coverage
Project Name/Number: /

Response Letter

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

Dear Art Lucker,

Introduction:

Response 1

Comments:

Responses have been uploaded into the Supporting Documentation tab in SERFF.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to Objection Letter 07-13-16
Comments:	
Attachment(s):	HC IND Work for Response to Objection 07-13-16.pdf HC IND Work for Response to Objection 07-13-16.xlsx HC IND Responses to Objection Letter 07-13-16.pdf HC IND Responses to Objection Letter 07-13-16.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Michael Lovely

SERFF Tracking #:

UPMC-130536761

State Tracking #:

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State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2016
Submitted Date	06/24/2016

Dear Art Lucker,

Introduction:

Response 1

Comments:

Responses have been uploaded into the Supporting Documentation tab in SERFF.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Broker Agreement
Comments:	
Attachment(s):	2016 Individual Standard Producer Commission Schedule.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Broker Agreement
Comments:	
Attachment(s):	2016 Individual Standard Producer Commission Schedule.pdf

Satisfied - Item:	Responses to Objection Letter 06-17-16
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 06-17-16.pdf HC IND Responses to Objection Letter 06-17-16.xlsx HC IND Work for Response to Objection 06-17-16.pdf HC IND Work for Response to Objection 06-17-16.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

UPMC-130536761

State Tracking #:

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Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

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Sincerely,

Timothy Gaborek

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TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
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Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2016
Submitted Date	06/06/2016

Dear Art Lucker,

Introduction:

Response 1

Comments:

This has been fixed in the updated URRT.

Related Objection 1

Applies To:

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please amend Section IV, Worksheet II of the Unified Rate Review Template so that the Total incurred claims, payable with issuer funds (row 94) reflects the amount of Projected Risk Adjustments. Please note that this is required according to the 2017 Unified Rate Review Instructions (page 49).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Unified_Rate_Review_Template.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Unified_Rate_Review_Template.xlsm</i>

No Form Schedule items changed.

SERFF Tracking #:

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No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Timothy Gaborek

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2017 IND Health Coverage

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/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/31/2016
Submitted Date 05/31/2016

Dear Art Lucker,

Introduction:

Response 1

Comments:

Responses to objection letter have been added.

Related Objection 1

Applies To:

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please see attached file which contains INS' request for additional information.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to Objection Letter 05-24-16
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 05-24-16.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Timothy Gaborek

SERFF Tracking #:

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/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/19/2016
Submitted Date	05/19/2016

Dear Art Lucker,

Introduction:

Response 1

Comments:

The rate increases listed in the PA Bulletin Info, Transmittal Letter, Rate Change Request Summary, and the Rate/Rule Schedule tab have been updated to match those listed in Table 10 of the PA Actuarial Memorandum Rate Exhibits'. Dollar amounts were also added to the rate increases listed in the PA Bulletin Info document. The value listed under 'Number of Policy Holders Affected for this Program' was checked/changed as necessary to reflect the number of covered lives affected for this program per request from PID.

Related Objection 1

Applies To:

- Actuarial Memorandum and Explanatory Information (A&H) (Supporting Document)

Comments: Please see attached file which contains INS' request for additional information.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf

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Product Name:

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Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

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Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

SERFF Tracking #:

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Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

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Company Tracking #:

State: Pennsylvania

Filing Company: UPMC Health Coverage, Inc.

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: 2017 IND Health Coverage

Project Name/Number: /

Attachment(s): *Unified_Rate_Review_Template.xlsm*

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

State: Pennsylvania Filing Company: UPMC Health Coverage, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2017 IND Health Coverage
Project Name/Number: /

Attachment(s): *Unified_Rate_Review_Template.xlsm*

Satisfied - Item: PA Actuarial Memorandum Rate Exhibits

Comments:

Attachment(s): FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx

Previous Version

Satisfied - Item: *PA Actuarial Memorandum Rate Exhibits*

Comments:

Attachment(s): *FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx*

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:**State:**

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Attachment(s):	<i>Unified_Rate_Review_Template.xlsm</i>
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Satisfied - Item:	PA Actuarial Memorandum Rate Exhibits
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Comments:	
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Attachment(s):	FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx
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<i>Previous Version</i>	
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Satisfied - Item:	<i>PA Actuarial Memorandum Rate Exhibits</i>
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Comments:	
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Attachment(s):	<i>FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx</i>
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Satisfied - Item:	PA Bulletin Information
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Comments:	
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Attachment(s):	UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>PA Bulletin Information</i>
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Comments:	
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Attachment(s):	<i>UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf</i>
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SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:**State:**

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Attachment(s):	<i>Unified_Rate_Review_Template.xlsm</i>
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Satisfied - Item:	PA Actuarial Memorandum Rate Exhibits
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Comments:	
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Attachment(s):	FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx
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<i>Previous Version</i>	
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Satisfied - Item:	<i>PA Actuarial Memorandum Rate Exhibits</i>
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Comments:	
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Attachment(s):	<i>FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx</i>
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Satisfied - Item:	PA Bulletin Information
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Comments:	
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Attachment(s):	UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>PA Bulletin Information</i>
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Comments:	
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Attachment(s):	<i>UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf</i>
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Satisfied - Item:	Rate Change Request Summary
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Comments:	
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Attachment(s):	UPMC Health Coverage Individual Rate Change Request Summary UPMC-130536761.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Rate Change Request Summary</i>
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Comments:	
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Attachment(s):	<i>UPMC Health Coverage Individual Rate Change Request Summary UPMC-130536761.pdf</i>
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SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Transmittal Letter (A&H)</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Transmittal Letter UPMC-130536761.pdf</i>

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Table (A&H)</i>
Comments:	
Attachment(s):	<i>RatesTablesTempalte_v6_0.xls PA Plan Design Summary and Rate Tables-1.xlsx PA Plan Design Summary and Rate Tables-1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Attachment(s):	<i>Unified_Rate_Review_Template.xlsm</i>
Satisfied - Item:	PA Actuarial Memorandum Rate Exhibits
Comments:	
Attachment(s):	FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>PA Actuarial Memorandum Rate Exhibits</i>
Comments:	
Attachment(s):	<i>FINAL 2017 PA Actuarial Memorandum Rate Exhibits Rev 4-21-2016.xlsx</i>
Satisfied - Item:	PA Bulletin Information
Comments:	
Attachment(s):	UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>PA Bulletin Information</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual PA Bulletin Info UPMC-130536761.pdf</i>
Satisfied - Item:	Rate Change Request Summary
Comments:	
Attachment(s):	UPMC Health Coverage Individual Rate Change Request Summary UPMC-130536761.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Change Request Summary</i>
Comments:	
Attachment(s):	<i>UPMC Health Coverage Individual Rate Change Request Summary UPMC-130536761.pdf</i>
Satisfied - Item:	Responses to Objection Letter 05-05-16
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 05-05-16.xlsx HC IND Work for Response to Objection 05-05-16.xlsx

No Form Schedule items changed.

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State: Pennsylvania

Filing Company: UPMC Health Coverage, Inc.

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: 2017 IND Health Coverage

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Federal Rates Template		Revised	Previous State Filing Number: UPMC-130072609 Percent Rate Change Request: 0.9	RatesTablesTempalte_v6_0.xls,	05/19/2016 By: Timothy Gaborek
<i>Previous Version</i>						
1	<i>Federal Rates Template</i>		<i>Revised</i>	<i>Previous State Filing Number: UPMC-130072609 Percent Rate Change Request:</i>	<i>RatesTablesTempalte_v6_0.xls,</i>	<i>04/27/2016 By: Timothy Gaborek</i>
2	PID Rates Template		Revised	Previous State Filing Number: UPMC-130072609 Percent Rate Change Request: 0.9	PA Plan Design Summary and Rate Tables-1.xlsx, PA Plan Design Summary and Rate Tables-1.pdf,	05/19/2016 By: Timothy Gaborek
<i>Previous Version</i>						
2	<i>PID Rates Template</i>		<i>Revised</i>	<i>Previous State Filing Number: UPMC-130072609 Percent Rate Change Request:</i>	<i>PA Plan Design Summary and Rate Tables-1.xlsx, PA Plan Design Summary and Rate Tables-1.pdf,</i>	<i>04/27/2016 By: Timothy Gaborek</i>

Conclusion:

Sincerely,
Timothy Gaborek

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:**State:**

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

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		Federal Rates Template		Revised	Previous State Filing Number: UPMC-130072609 Percent Rate Change Request: 6.5	RatesTablesTempalte_v6_0.pdf, RatesTablesTempalte_v6_0.xls,
2		PID Rates Template		Revised	Previous State Filing Number: UPMC-130072609 Percent Rate Change Request: 6.5	PA Plan Design Summary and Rate Tables-11.pdf, PA Plan Design Summary and Rate Tables-11.xlsx,

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Attachment RatesTablesTempalte_v6_0.xls is not a PDF document and cannot be reproduced here.

Attachment PA Plan Design Summary and Rate Tables-11.xlsx is not a PDF document and cannot be reproduced here.

2017 Rates Table Template v6.0		<i>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.</i>			
	<i>If you are a community rating state, select Family Option under Age and fill in all columns.</i>				
	<i>If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.</i>				
	<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
	<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*	62560				
Federal TIN*	46-2824537				
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
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	138.82	138.82
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	21	218.61	224.07
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	22	218.61	224.07
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	23	218.61	224.07
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	24	218.61	224.07
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	25	219.48	224.97
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	26	223.85	229.45
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	27	229.10	234.83
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	28	237.62	243.56
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	29	244.62	250.73
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	30	248.12	254.32
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	31	253.36	259.70
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	32	258.61	265.07
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	33	261.89	268.43
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	34	265.39	272.02

62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	35	267.13	273.81
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	36	268.88	275.61
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	37	270.63	277.40
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	38	272.38	279.19
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	39	275.88	282.78
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	40	279.38	286.36
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	41	284.62	291.74
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	42	289.65	296.89
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	43	296.65	304.06
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	44	305.39	313.02
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	45	315.66	323.55
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	46	327.91	336.10
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	47	341.68	350.22
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	48	357.42	366.35
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	49	372.94	382.26
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	50	390.42	400.19
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	51	407.69	417.89
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	52	426.71	437.38
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	53	445.95	457.10
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	54	466.72	478.38
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	55	487.48	499.67
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	56	510.00	522.75
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	57	532.73	546.05
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	58	557.00	570.92

62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	59	569.02	583.25
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	60	593.29	608.12
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	61	614.27	629.63
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	62	628.04	643.74
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	63	645.31	661.45
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	64	655.81	672.20
62560PA0030003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	655.81	672.20
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	138.82	138.82
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	21	218.61	224.07
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	22	218.61	224.07
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	23	218.61	224.07
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	24	218.61	224.07
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	25	219.48	224.97
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	26	223.85	229.45
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	27	229.10	234.83
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	28	237.62	243.56
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	29	244.62	250.73
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	30	248.12	254.32
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	31	253.36	259.70
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	32	258.61	265.07
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	33	261.89	268.43
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	34	265.39	272.02
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	35	267.13	273.81
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	36	268.88	275.61

62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	37	270.63	277.40
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	38	272.38	279.19
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	39	275.88	282.78
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	40	279.38	286.36
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	41	284.62	291.74
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	42	289.65	296.89
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	43	296.65	304.06
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	44	305.39	313.02
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	45	315.66	323.55
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	46	327.91	336.10
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	47	341.68	350.22
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	48	357.42	366.35
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	49	372.94	382.26
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	50	390.42	400.19
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	51	407.69	417.89
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	52	426.71	437.38
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	53	445.95	457.10
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	54	466.72	478.38
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	55	487.48	499.67
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	56	510.00	522.75
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	57	532.73	546.05
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	58	557.00	570.92
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	59	569.02	583.25
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	60	593.29	608.12

62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	61	614.27	629.63
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	62	628.04	643.74
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	63	645.31	661.45
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	64	655.81	672.20
62560PA0030003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	655.81	672.20
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	138.82	138.82
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	21	218.61	224.07
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	22	218.61	224.07
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	23	218.61	224.07
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	24	218.61	224.07
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	25	219.48	224.97
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	26	223.85	229.45
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	27	229.10	234.83
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	28	237.62	243.56
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	29	244.62	250.73
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	30	248.12	254.32
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	31	253.36	259.70
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	32	258.61	265.07
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	33	261.89	268.43
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	34	265.39	272.02
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	35	267.13	273.81
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	36	268.88	275.61
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	37	270.63	277.40
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	38	272.38	279.19

62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	39	275.88	282.78
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	40	279.38	286.36
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	41	284.62	291.74
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	42	289.65	296.89
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	43	296.65	304.06
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	44	305.39	313.02
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	45	315.66	323.55
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	46	327.91	336.10
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	47	341.68	350.22
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	48	357.42	366.35
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	49	372.94	382.26
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	50	390.42	400.19
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	51	407.69	417.89
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	52	426.71	437.38
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	53	445.95	457.10
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	54	466.72	478.38
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	55	487.48	499.67
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	56	510.00	522.75
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	57	532.73	546.05
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	58	557.00	570.92
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	59	569.02	583.25
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	60	593.29	608.12
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	61	614.27	629.63
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	62	628.04	643.74

62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	63	645.31	661.45
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	64	655.81	672.20
62560PA0030003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	655.81	672.20
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	138.82	138.82
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	21	218.61	224.07
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	22	218.61	224.07
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	23	218.61	224.07
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	24	218.61	224.07
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	25	219.48	224.97
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	26	223.85	229.45
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	27	229.10	234.83
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	28	237.62	243.56
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	29	244.62	250.73
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	30	248.12	254.32
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	31	253.36	259.70
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	32	258.61	265.07
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	33	261.89	268.43
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	34	265.39	272.02
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	35	267.13	273.81
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	36	268.88	275.61
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	37	270.63	277.40
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	38	272.38	279.19
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	39	275.88	282.78
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	40	279.38	286.36

62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	41	284.62	291.74
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	42	289.65	296.89
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	43	296.65	304.06
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	44	305.39	313.02
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	45	315.66	323.55
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	46	327.91	336.10
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	47	341.68	350.22
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	48	357.42	366.35
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	49	372.94	382.26
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	50	390.42	400.19
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	51	407.69	417.89
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	52	426.71	437.38
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	53	445.95	457.10
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	54	466.72	478.38
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	55	487.48	499.67
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	56	510.00	522.75
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	57	532.73	546.05
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	58	557.00	570.92
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	59	569.02	583.25
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	60	593.29	608.12
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	61	614.27	629.63
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	62	628.04	643.74
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	63	645.31	661.45
62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	64	655.81	672.20

62560PA0030003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	655.81	672.20
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	138.82	138.82
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	21	218.61	224.07
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	22	218.61	224.07
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	23	218.61	224.07
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	24	218.61	224.07
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	25	219.48	224.97
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	26	223.85	229.45
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	27	229.10	234.83
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	28	237.62	243.56
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	29	244.62	250.73
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	30	248.12	254.32
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	31	253.36	259.70
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	32	258.61	265.07
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	33	261.89	268.43
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	34	265.39	272.02
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	35	267.13	273.81
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	36	268.88	275.61
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	37	270.63	277.40
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	38	272.38	279.19
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	39	275.88	282.78
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	40	279.38	286.36
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	41	284.62	291.74
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	42	289.65	296.89

62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	43	296.65	304.06
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	44	305.39	313.02
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	45	315.66	323.55
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	46	327.91	336.10
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	47	341.68	350.22
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	48	357.42	366.35
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	49	372.94	382.26
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	50	390.42	400.19
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	51	407.69	417.89
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	52	426.71	437.38
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	53	445.95	457.10
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	54	466.72	478.38
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	55	487.48	499.67
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	56	510.00	522.75
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	57	532.73	546.05
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	58	557.00	570.92
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	59	569.02	583.25
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	60	593.29	608.12
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	61	614.27	629.63
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	62	628.04	643.74
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	63	645.31	661.45
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	64	655.81	672.20
62560PA0030003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	655.81	672.20

**UPMC Health Coverage, Inc.
Individual
Plan Design Summary**

HIOS Plan ID	On/Off Exchange	Product	Metal	Plan Design Marketing Name	Network	Rating Area	Counties Excluded
62560PA0030003	Off Exchange	HMO	Bronze	UPMC Advantage Essential Bronze	IND 28 County HMO - 28C Standard Referral w/Dominion PPO	1, 2, 4, 5	

Company Name: UPMC Health Coverage, Inc.
 Market: Individual
 Product: HMO
 Effective Date of Rates: January 1, 2017

Ending date of Rates: December 31, 2017

HIOS Plan ID (On Exchange)=>	62560PA0030003									
HIOS Plan ID (Off Exchange)=>	62560PA0030003									
Form # =>	660		660		660		660		660	
Rating Area =>	1		2		4		5		6	
Counties Excluded in Rating Area =>										
Network =>	IND 28 County HMO - 28C Standard Referral w/Dominion PPO		IND 28 County HMO - 28C Standard Referral w/Dominion PPO		IND 28 County HMO - 28C Standard Referral w/Dominion PPO		IND 28 County HMO - 28C Standard Referral w/Dominion PPO		IND 28 County HMO - 28C Standard Referral w/Dominion PPO	
Metal =>	Bronze									
Plan Name =>	UPMC Advantage Essential Bronze									
Deductible =>	6250/12500		6250/12500		6250/12500		6250/12500		6250/12500	
Coinsurance =>	20%		20%		20%		20%		20%	
Copays =>	20% / 20%		20% / 20%		20% / 20%		20% / 20%		20% / 20%	
OOP Maximum =>	7000/14000		7000/14000		7000/14000		7000/14000		7000/14000	
Pediatric Dental (Yes/No) =>	Yes									
Age Band	Non-Tobacco	Tobacco								
0 - 20	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82	\$138.82
21	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07
22	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07
23	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07
24	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07	\$218.61	\$224.07
25	\$219.48	\$224.97	\$219.48	\$224.97	\$219.48	\$224.97	\$219.48	\$224.97	\$219.48	\$224.97
26	\$223.85	\$229.45	\$223.85	\$229.45	\$223.85	\$229.45	\$223.85	\$229.45	\$223.85	\$229.45
27	\$229.10	\$234.83	\$229.10	\$234.83	\$229.10	\$234.83	\$229.10	\$234.83	\$229.10	\$234.83
28	\$237.62	\$243.56	\$237.62	\$243.56	\$237.62	\$243.56	\$237.62	\$243.56	\$237.62	\$243.56
29	\$244.62	\$250.73	\$244.62	\$250.73	\$244.62	\$250.73	\$244.62	\$250.73	\$244.62	\$250.73
30	\$248.12	\$254.32	\$248.12	\$254.32	\$248.12	\$254.32	\$248.12	\$254.32	\$248.12	\$254.32
31	\$253.36	\$259.70	\$253.36	\$259.70	\$253.36	\$259.70	\$253.36	\$259.70	\$253.36	\$259.70
32	\$258.61	\$265.07	\$258.61	\$265.07	\$258.61	\$265.07	\$258.61	\$265.07	\$258.61	\$265.07
33	\$261.89	\$268.43	\$261.89	\$268.43	\$261.89	\$268.43	\$261.89	\$268.43	\$261.89	\$268.43
34	\$265.39	\$272.02	\$265.39	\$272.02	\$265.39	\$272.02	\$265.39	\$272.02	\$265.39	\$272.02
35	\$267.13	\$273.81	\$267.13	\$273.81	\$267.13	\$273.81	\$267.13	\$273.81	\$267.13	\$273.81
36	\$268.88	\$275.61	\$268.88	\$275.61	\$268.88	\$275.61	\$268.88	\$275.61	\$268.88	\$275.61
37	\$270.63	\$277.40	\$270.63	\$277.40	\$270.63	\$277.40	\$270.63	\$277.40	\$270.63	\$277.40
38	\$272.38	\$279.19	\$272.38	\$279.19	\$272.38	\$279.19	\$272.38	\$279.19	\$272.38	\$279.19
39	\$275.88	\$282.78	\$275.88	\$282.78	\$275.88	\$282.78	\$275.88	\$282.78	\$275.88	\$282.78
40	\$279.38	\$286.36	\$279.38	\$286.36	\$279.38	\$286.36	\$279.38	\$286.36	\$279.38	\$286.36
41	\$284.62	\$291.74	\$284.62	\$291.74	\$284.62	\$291.74	\$284.62	\$291.74	\$284.62	\$291.74
42	\$289.65	\$296.89	\$289.65	\$296.89	\$289.65	\$296.89	\$289.65	\$296.89	\$289.65	\$296.89
43	\$296.65	\$304.06	\$296.65	\$304.06	\$296.65	\$304.06	\$296.65	\$304.06	\$296.65	\$304.06
44	\$305.39	\$313.02	\$305.39	\$313.02	\$305.39	\$313.02	\$305.39	\$313.02	\$305.39	\$313.02
45	\$315.66	\$323.55	\$315.66	\$323.55	\$315.66	\$323.55	\$315.66	\$323.55	\$315.66	\$323.55
46	\$327.91	\$336.10	\$327.91	\$336.10	\$327.91	\$336.10	\$327.91	\$336.10	\$327.91	\$336.10
47	\$341.68	\$350.22	\$341.68	\$350.22	\$341.68	\$350.22	\$341.68	\$350.22	\$341.68	\$350.22
48	\$357.42	\$366.35	\$357.42	\$366.35	\$357.42	\$366.35	\$357.42	\$366.35	\$357.42	\$366.35
49	\$372.94	\$382.26	\$372.94	\$382.26	\$372.94	\$382.26	\$372.94	\$382.26	\$372.94	\$382.26
50	\$390.42	\$400.19	\$390.42	\$400.19	\$390.42	\$400.19	\$390.42	\$400.19	\$390.42	\$400.19
51	\$407.69	\$417.89	\$407.69	\$417.89	\$407.69	\$417.89	\$407.69	\$417.89	\$407.69	\$417.89
52	\$426.71	\$437.38	\$426.71	\$437.38	\$426.71	\$437.38	\$426.71	\$437.38	\$426.71	\$437.38
53	\$445.95	\$457.10	\$445.95	\$457.10	\$445.95	\$457.10	\$445.95	\$457.10	\$445.95	\$457.10
54	\$466.72	\$478.38	\$466.72	\$478.38	\$466.72	\$478.38	\$466.72	\$478.38	\$466.72	\$478.38
55	\$487.48	\$499.67	\$487.48	\$499.67	\$487.48	\$499.67	\$487.48	\$499.67	\$487.48	\$499.67
56	\$510.00	\$522.75	\$510.00	\$522.75	\$510.00	\$522.75	\$510.00	\$522.75	\$510.00	\$522.75
57	\$532.73	\$546.05	\$532.73	\$546.05	\$532.73	\$546.05	\$532.73	\$546.05	\$532.73	\$546.05
58	\$557.00	\$570.92	\$557.00	\$570.92	\$557.00	\$570.92	\$557.00	\$570.92	\$557.00	\$570.92
59	\$569.02	\$583.25	\$569.02	\$583.25	\$569.02	\$583.25	\$569.02	\$583.25	\$569.02	\$583.25
60	\$593.29	\$608.12	\$593.29	\$608.12	\$593.29	\$608.12	\$593.29	\$608.12	\$593.29	\$608.12
61	\$614.27	\$629.63	\$614.27	\$629.63	\$614.27	\$629.63	\$614.27	\$629.63	\$614.27	\$629.63
62	\$628.04	\$643.74	\$628.04	\$643.74	\$628.04	\$643.74	\$628.04	\$643.74	\$628.04	\$643.74
63	\$645.31	\$661.45	\$645.31	\$661.45	\$645.31	\$661.45	\$645.31	\$661.45	\$645.31	\$661.45
64	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20
65 and over	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20	\$655.81	\$672.20

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Responses to Objection Letter 05-05-16
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 05-05-16.xlsx HC IND Work for Response to Objection 05-05-16.xlsx HC IND Responses to Objection Letter 05-05-16.pdf HC IND Work for Response to Objection 05-05-16.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Supplemental Health Care Exhibit
Comments:	
Attachment(s):	Supp Health Exhibit Part 1 & 3 - HPCOV.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Responses to Objection Letter 05-24-16
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 05-24-16.xlsx HC IND Responses to Objection Letter 05-24-16.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications - Redacted
Comments:	
Attachment(s):	UPMC Health Coverage Individual Actuarial Memorandum UPMC-130536761 Redacted.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Responses to Objection Letter 06-17-16 - Redacted
Comments:	
Attachment(s):	HC IND Responses to Objection Letter 06-17-16 Redacted.pdf HC IND Work for Response to Objection 06-17-16 Redacted.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Responses to Objection Letter 07-13-16

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Comments:	
Attachment(s):	HC IND Work for Response to Objection 07-13-16.pdf HC IND Work for Response to Objection 07-13-16.xlsx HC IND Responses to Objection Letter 07-13-16.pdf HC IND Responses to Objection Letter 07-13-16.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

UPMC-130536761

State Tracking #:

UPMC-130536761

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2017 IND Health Coverage

Project Name/Number:

/

Attachment HC IND Responses to Objection Letter 05-05-16.xlsx is not a PDF document and cannot be reproduced here.

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Attachment HC IND Work for Response to Objection 07-13-16.xlsx is not a PDF document and cannot be reproduced here.

Attachment HC IND Responses to Objection Letter 07-13-16.xlsx is not a PDF document and cannot be reproduced here.

Question	Comment/Request	Response
1	Please provide a copy of the Supplemental Health Care Exhibit (SHCE) and describe the reason(s) for any differences between the SHCE and Worksheet 1, Section I of the Uniform Rate Review Template (URRT). Additionally, please provide a breakdown between ACA and non-ACA business in Part 1 of the SHCE.	Differences between the SHCE and Worksheet 1, Section I of the URRT stem from the fact that the SHCE include restatements of estimates from the prior year, while the URRT only contains actual experience from 2015 (Experience Period). The data for Individual Health Coverage in Part 1 of the SHCE is all ACA-related.
2	Please provide the number of member months of experience that formed the basis for the Credibility Manual.	629,802 member months formed the basis for the Credibility Manual as indicated in Table 2b of the 'PA Actuarial Memorandum Rate Exhibits'.
3	Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the \$7.77 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT. Further, please explain why this amount does not correspond with the write-up in the Actuarial Memorandum. Finally, the Risk Adjustment Administration Fee has been set at \$1.56 PMPY for 2017, and not \$2.00 PMPY as described in the Actuarial Memorandum. Please make any necessary corrections to the Actuarial Memorandum and/or the URRT.	The calculation for 'Projected Risk Adjustments PMPM' has been updated to include the \$1.56 PMPY Risk Adjustment Administration Fee for 2017, and this has also been corrected in the Actuarial Memorandum. This adjustment has caused the 'Projected Risk Adjustments PMPM' to change to \$7.81 PMPM, which has been reflected in the updated URRT. This value does not match that displayed in the Actuarial Memorandum because the latter is from the experience period, while the \$7.81 PMPM is the projected value for 2017. As indicated in 'HC IND Work for Response to Objection 05-05-16', when comparing actual UPMC enrollment in 2015 to projected UPMC enrollment in 2017 in the Individual market, there has been a significant increase, which has diluted the projected received Risk Adjustment amount.
4	Regarding Table 5 of the 'PA Actuarial Memorandum Rate Exhibits', please provide a quantitative description, including an Excel spreadsheet with formulas, of the 'Change in Network' factor (1.119).	The Standard Network does not have credible Experience Period data for use in generating its own network factor. However, it is a broad network similar to the Premium Network from our Individual Health Options rate filing in terms of delivery system characteristics and utilization management practices, and 2015 Individual Health Options data is the source of manual data for this particular filing. The manual data is part of a mixture of three different networks. These are the broad Premium Network and the more narrow Partner and Select Networks. Different network factors were generated for each of the three networks to produce an overall weighted average of 1.0 for the network factors (see 'HC IND Work for Response to Objection 05-05-16'). The 1.119 adjustment factor for the Premium Network was carried over to this filing to get from the manual data, consisting of the mix of broad and narrow networks, to the offerings of Individual Health Coverage, which consists solely of the broad Standard Network.
5	Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the Age Calibration Factor.	See 'HC IND Work for Response to Objection 05-05-16'.
6	The Actuarial Memorandum states that "A tobacco load is not applied for this market segment", but the premiums in the Rates Data Template are on a Tobacco/non-Tobacco basis. Please explain the apparent discrepancy and make any necessary corrections.	This was an error and has been corrected in the Actuarial Memorandum.
7	Under the assumption that the Individual segment does have Tobacco/non-Tobacco premiums, it appears that the "Tobacco Surcharge Adjustment" is being applied incorrectly in calculating the Plan Adjusted Index Rate. The factor should be the inverse of 1.002641, or 0.997366. Please make any necessary corrections.	This has been corrected in the Plan Adjusted Index Rate calculations and Actuarial Memorandum.
8	Please confirm that the UPMC is in compliance with the family rating requirement, i.e., 3-child limit ≤ age 20. What, if any, was the additional load built in to cover the 3-child limit rating restriction?	UPMC is in compliance with the family rating requirement. No additional load was added.
9	For each area, please provide a chart (in Excel) showing Plan ID, Product Name, Plan Name, Metal Level, Exchange Plan (Y/N), 2014 Age 21 Premium Non-Tobacco, 2015 Age 21 Premium Non-Tobacco, 2015 Percentage Change, 2016 Age 21 Premium Non-Tobacco, 2016 Percentage Change, 2017 Age 21 Premium Non-Tobacco, 2017 Percentage Change.	See 'HC IND Work for Response to Objection 05-05-16'.
10	Regarding the Geographic Areas: a. Please provide the Projected Member Months by geographic rating area. b. Changing all of the geographic rating area factors to 1.000 has caused some significant premium changes, particularly in Area 6. Please expand on your rationale for doing this, as the overall level of experience used for the Credibility Manual appears to be very credible. c. Please describe the methodology used to determine the geographic area rating factors for calendar year 2016.	a. See 'HC IND Work for Response to Objection 05-05-16'. b. We believe the differences in cost between network factors are the driving force behind cost differentials at the plan level. Therefore, we decided to vary our network factors and keep all rating area factors identical for 2017. c. Due to limited enrollment in the Experience Period during 2016 ACA pricing, we did not have credible data to use for calculating cost variations by geographic rating area. Therefore, we used data from competitor rate filings to generate rates for each plan in each geographic rating area.

11	The term "Community Rated Plans" is used in the Actuarial Memorandum. Please define how the Company is using this phrase. Is it referring to ACA plans or to the providing of insurance to all members for the same premium, regardless of age, health status, tobacco usage, etc.?	It is referring to ACA plans.
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Question 3

2015 Total Received Risk Adjustment from Optum	2015 Member Months	2017 Projected Member Months	2015 Received Risk Adjustment PMPM	2017 Received Risk Adjustment PMPM	2017 Risk Adjustment Admin Fee PMPM	2017 Projected Received Net Risk Adjustment PMPM
\$ 11,384,872.18	629,957	1,434,648	\$ 18.07	\$ 7.94	\$ 0.13	\$ 7.81

Question 4

Weighted average: **1.000**

2017 Individual Health Options SCID	2017 Projected Member Months	Provider Network Factor
16322PA0040006	87,048	1.119
16322PA0040007	87,048	1.119
16322PA0040008	87,048	1.119
16322PA0040010	198,372	1.119
16322PA0040012	8,844	1.119
16322PA0040024	24,696	1.119
16322PA0040025	87,048	1.119
16322PA0040026	1,992	1.119
16322PA0040027	87,048	1.119
16322PA0050029	44,280	0.923
16322PA0050030	44,280	0.923
16322PA0050031	44,280	0.923
16322PA0050033	85,164	0.923
16322PA0050035	2,844	0.923
16322PA0050100	39,672	0.875
16322PA0050101	19,656	0.923
16322PA0050102	59,208	0.875
16322PA0050103	59,208	0.875
16322PA0050104	59,208	0.875
16322PA0050105	59,208	0.875
16322PA0050106	92,280	0.875
16322PA0050107	3,324	0.875
16322PA0050108	44,280	0.923
16322PA0050111	3,576	0.875
16322PA0050112	1,464	0.923
16322PA0050113	44,280	0.923
16322PA0050114	59,208	0.875

*Claims Data Range 01/01/2015 - 12/31/2015, Paid Through 03/31/2016

Question 5

Average Age	Adjusted Age Factors	Member Months
42	1.714	29684
44	1.822	41216
44	1.822	3511
40	1.616	200873
40	1.642	154878
41	1.670	164864
46	1.876	33425
40	1.633	1040

Final Age Factor used: **1.670**

Question 9

Geographic Area 1					2014	2015	2015
Plan ID	Metal Level	Product Name	Plan Name	Exchange Plan (Y/N)	Age 21, NT Prem	Age 21, NT Prem	% Change
62560PA0030003	Bronze	Individual HMO	UPMC Advantage Essential Bronze	N	\$ 210.48	\$ 210.48	0.0%

2016	2016	2017	2017
Age 21, NT Prem	% Change	Age 21, NT Prem	% Change
\$ 210.48	0.0%	\$ 207.10	-1.6%

Geographic Area 2			
Plan ID	Metal Level	Product Name	Plan Name
62560PA0030003	Bronze	Individual HMO	UPMC Advantage Essential Bronze

	2014	2015	2015	2016	2016	2017	2017
Exchange Plan (Y/N)	Age 21, NT Prem	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change
N	\$ 210.48	\$ 210.48	0.0%	\$ 210.48	0.0%	\$ 207.10	-1.6%

Plan ID	Metal Level
62560PA0030003	Bronze

Geographic Area 4			2014	2015	2015	2016	2016	2017
Product Name	Plan Name	Exchange Plan (Y/N)	Age 21, NT Prem	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	Age 21, NT Prem
Individual HMO	UPMC Advantage Essential Bronze	N	\$ 205.20	\$ 205.20	0.0%	\$ 205.20	0.0%	\$ 207.10

2017
% Change
0.9%

Geographic Area 5					2014
Plan ID	Metal Level	Product Name	Plan Name	Exchange Plan (Y/N)	Age 21, NT Prem
62560PA0030003	Bronze	Individual HMO	UPMC Advantage Essential Bronze	N	\$ 211.64

2015	2015	2016	2016	2017	2017
Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change
\$ 211.64	0.0%	\$ 211.64	0.0%	\$ 207.10	-2.1%

Ge		
Plan ID	Metal Level	Product Name
62560PA0030003	Bronze	Individual HMO

Geographic Area 6		2014	2015	2015	2016	2016	2017	2017
Plan Name	Exchange Plan (Y/N)	Age 21, NT Prem	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change	Age 21, NT Prem	% Change
UPMC Advantage Essential Bronze	N	\$ 211.64	\$ 211.64	0.0%	\$ 211.64	0.0%	\$ 207.10	-2.1%

Question 10a

2017 Individual Health Coverage SCID	Total Projected Member Months	Rating Areas Covered	Projected Member Months for Rating Area 1	Projected Member Months for Rating Area 2	Projected Member Months for Rating Area 4	Projected Member Months for Rating Area 5	Projected Member Months for Rating Area 6
62560PA0030003	84	1, 2, 4, 5	12	0	72	0	0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)

REPORT FOR: 1. CORPORATION: UPMC Health Coverage, Inc. 2. LOCATION: Pittsburgh, PA 15219



NAIC Group Code 1324

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Company Code 15451

Supp80 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
01.1 Health premiums earned (From Part 2, Line 1.11)	115,275	27,401,618	630,489										28,147,382	X X X	28,147,382
01.2 Federal high risk pools														X X X	
01.3 State high risk pools														X X X	
01.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	115,275	27,401,618	630,489										28,147,382	X X X	28,147,382
01.5 Federal taxes and federal assessments															
01.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
01.6A Community Benefit Expenditures (informational only)															
01.7 Regulatory authority licenses and fees															
01.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	115,275	27,401,618	630,489										28,147,382	X X X	28,147,382
01.9 Net assumed less ceded reinsurance premiums earned	(128)	(48,634)	(1,196)										(49,957)	X X X	(49,957)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	115,147	27,352,984	629,294										28,097,425	X X X	28,097,425
2. Claims:															
2.1 Incurred claims excluding prescription drugs	(495,730)	11,558,555	265,953										11,328,778	X X X	11,328,778
2.2 Prescription drugs	17,707	4,209,107	96,848										4,323,662	X X X	4,323,662
2.3 Pharmaceutical rebates	3,767	895,324	20,601										919,691	X X X	919,691
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														X X X	
3. Incurred medical incentive pools and bonuses														X X X	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	(481,790)	14,872,338	342,200										14,732,749	X X X	14,732,749
5.1 Net assumed less ceded reinsurance claims incurred														X X X	
5.2 Other adjustments due to MLR calculations - Claims														X X X	
5.3 Rebates Paid											X X X	X X X		X X X	
5.4 Estimated rebates unpaid prior year											X X X	X X X		X X X	
5.5 Estimated rebates unpaid current year											X X X	X X X		X X X	
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(481,790)	14,872,338	342,200										14,732,749	X X X	14,732,749
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	345	42,406	57,234										99,986		99,986
6.2 Activities to prevent hospital readmissions	30	3,720	5,021										8,772		8,772
6.3 Improve patient safety and reduce medical errors															
6.4 Wellness and health promotion activities	35	4,318	5,828										10,182		10,182
6.5 Health Information Technology expenses related to health improvement	67	8,281	11,176										19,524		19,524
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	478	58,726	79,260										138,464		138,464
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	(4.175)	0.545	0.668								X X X	X X X	X X X	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	617	146,616	3,374										150,607		150,607
8.2 All other claims adjustment expenses	993	235,952	5,429										242,374		242,374
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	1,609	382,569	8,803										392,981		392,981
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.014	0.014	0.014										X X X	X X X	X X X

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits															
10.2 Agents and brokers fees and commissions	1,858	441,719	10,164										453,741		453,741
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(60)	(14,178)	(326)										(14,564)		(14,564)
10.4 Other general and administrative expenses	5,619	1,390,595	(45,912)										1,350,302		1,350,302
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	7,418	1,818,137	(36,075)										1,789,479		1,789,479
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	587,432	10,221,215	235,105										11,043,752	X X X	11,043,752
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	11,043,752	X X X	11,043,752
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies	7	249	15										271		271
O2. Number of Covered Lives	14	3,393	3,459										6,866		6,866
O3. Number of Groups	X X X	1,832	90	X X X									1,922		1,922
O4. Member Months	245	22,743	38,022										61,010		61,010

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[] No[X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp81 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(15,626)	246,161	2,366,367	469,273
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X	544,356	X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: UPMC Health Coverage, Inc. 2. LOCATION: Pittsburgh, PA 15219
 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015

NAIC Group Code 1324

NAIC Company Code 15451

Supp83 Grand Total

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
1.	Individual Comprehensive Coverage Expenses:										
01.1	Salaries (including \$.....0 for affiliated services)	305	27		35		368	233	375	1,927	2,903
01.2	Outsourced services	40	3			67	110	88	142	759	1,099
01.3	EDP Equipment and Software (incl \$.....0 for affiliated services)							11	17	106	133
01.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									0	0
01.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X		0	0	0	0
01.6	Other Expenses (incl \$.....0 for affiliated services)							272	438	4,499	5,209
01.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	345	30		35	67	478	604	972	7,290	9,344
01.8	Reimbursements by uninsured plans and fiscal intermediaries										
01.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	161	161
1.10	TOTAL (Lines 1.7 to 1.9)	345	30		35	67	478	604	972	7,451	9,505
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									2,083	2,083
2.	Small Group Comprehensive Coverage Expenses:										
02.1	Salaries (including \$.....0 for affiliated services)	37,501	3,364		4,318		45,183	55,346	89,070	500,342	689,941
02.2	Outsourced services	4,906	357			8,281	13,543	20,952	33,719	192,974	261,188
02.3	EDP Equipment and Software (incl \$.....0 for affiliated services)							2,545	4,095	25,081	31,721
02.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)							0	0	3	4
02.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X		5	7	44	56
02.6	Other Expenses (incl \$.....0 for affiliated services)							64,704	104,129	1,069,486	1,238,319
02.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	42,406	3,720		4,318	8,281	58,726	143,552	231,021	1,787,930	2,221,228
02.8	Reimbursements by uninsured plans and fiscal intermediaries										
02.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	38,203	38,203
2.10	TOTAL (Lines 2.7 to 2.9)	42,406	3,720		4,318	8,281	58,726	143,552	231,021	1,826,133	2,259,431
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									111,703	111,703
3.	Large Group Comprehensive Coverage Expenses:										
03.1	Salaries (including \$.....0 for affiliated services)	50,613	4,540		5,828		60,981	1,273	2,049		64,304
03.2	Outsourced services	6,621	481			11,176	18,278	482	776		19,536
03.3	EDP Equipment and Software (incl \$.....0 for affiliated services)							59	94	577	730
03.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)							0	0	0	0
03.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X		0	0	1	1
03.6	Other Expenses (incl \$.....0 for affiliated services)							1,489	2,396	24,608	28,493
03.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	57,234	5,021		5,828	11,176	79,260	3,303	5,316	25,186	113,065
03.8	Reimbursements by uninsured plans and fiscal intermediaries										
03.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	879	879
3.10	TOTAL (Lines 3.7 to 3.9)	57,234	5,021		5,828	11,176	79,260	3,303	5,316	26,065	113,944
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									332,618	332,618

Question	Comment/Request	Response
1	<p>In calculating their Age Calibration Factor, most companies use the weighted average Premium Ratio derived from the table below (table excluded):</p> <p>a. Please explain the logic behind the Company’s methodology in calculating its Age Calibration Factor, as grouping the membership into eight separate groups is not something we have previously encountered.</p> <p>b. Please indicate the source of the “Adjusted Age Factors” used in your calculation.</p> <p>c. Please explain why age 40 has three different “Adjusted Age Factors”</p>	<p>a. We used the prescribed premium ratio table when calculating these factors. We pulled them in summary alongside network and area data in order to back out age factor differences when determining network/area factors.</p> <p>b. We used the prescribed premium ratio table when calculating these factors.</p> <p>c. This is due to the fact that different populations may have a similar average age but a different average age factor using the premium ratio table because of differences in age distribution between the populations.</p>
2	<p>Please indicate where in SERFF we can find a copy of the Supplemental Health Care Exhibit (SHCE) that was requested.</p>	<p>The SHCE has been included in the 'Supporting Documentation' tab in SERFF.</p>
3	<p>Both the Experience Period and Projected Index Rate differ from their corresponding Allowed Claims in Section II of the Unified Rate Review Template (URRT). Please show quantitatively, including a spreadsheet with formulas, the derivation of the Index Rates displayed in the URRT (table excluded).</p>	<p>The Index Rate of Experience Period is taken from the value that is calculated for '2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)' in Table 2 of the 'PA Actuarial Memorandum Rate Exhibits'. The Index Rate of Projection Period is taken from the value that is calculated for 'Adjusted Projected Allowed EHB Claims PMPM' in Table 5 of the 'PA Actuarial Memorandum Rate Exhibits'. The disparity between Allowed Claims and the Index Rates arises from the fact that the Index Rate is calculated from a data pull where Experience Period data is not broken down by benefit category, while the Allowed Claims value is calculated from a entirely separate data pull where data is broken down by benefit category. We believe the differences of \$0.51 and \$0.76 for the Experience Period and Projection Period, respectively, are negligible and are caused by a few claims not being assigned a category correctly in our data warehouse and thus getting lost in the mix when pulling data by category.</p>

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.

NAIC #: 22350

State: PA

HIOS Issuer ID: 62560

Market: Individual

Effective Date: 1/1/2017

Company Contact Information:

[This information redacted for publication.]

Filing Information:

Rate Filing SERFF Tracking #: UPMC-130536761

Form Filing SERFF Tracking #: UPMC-130489187

Binder SERFF Tracking #: UPMC-PA17-125059865

Rate History

SERFF Tracking #	Year	Rate Change
UPMC-129629050	2014	0.0%
UPMC-129640573	2015	0.0%
UPMC-130072609	2016	0.0%

Proposed Rate Increase(s)

Reasons for Rate Increase(s):

The rate increase is 0%

Benefit Changes

There are no benefits changes for 2017.

Experience Period Premium and Claims

Paid Through Date:

The reported claims during the experience period have a paid through date of March 2016.

Premiums (net of MLR Rebate) in Experience Period:

Worksheet I, Section I of the URRT contains calendar year 2015 premium for the captioned company and market. This number has been updated to replace the initial Risk Adjustment receivable estimate of \$11,384,872 to the actual 2015 Risk Adjustment transfer payment of -\$2,920,237. No adjustments were made for MLR rebates as we do not anticipate owing them.

Allowed and Incurred Claims Incurred During the Experience Period:

Worksheet I, Section I of the URRT contains calendar year 2015 claims experience for the captioned company and market, paid through March 2016. Allowed medical claims and pediatric vision claims are pulled directly from our data warehouse. Pediatric dental claims are administered and paid by Dominion Dental. We receive a separate report from Dominion with the claim detail. We used the standard Development/Completion Factor Method to calculate IBNR. Factors were calculated using our entire fully insured block of business. Because of the changes in membership in our community rated plans year to year, we felt it would be better to use a more established and consistent data set. Because three months run out is available the impact of IBNR is minimal.

Month	Completion Factor
1/1/2015	0.9986
2/1/2015	0.9985
3/1/2015	0.9981
4/1/2015	0.9972
5/1/2015	0.9962
6/1/2015	0.9950
7/1/2015	0.9911
8/1/2015	0.9888
9/1/2015	0.9852
10/1/2015	0.9804
11/1/2015	0.9706
12/1/2015	0.9591

Private Reinsurance:

Private reinsurance is utilized. Recoveries are subtracted from experience period claims. The average PMPM was subtracted from each plan rather than using individual plan-level recoveries for each.

Non-EHB Claims:

Benefits that were offered outside EHB include routine foot care, acupuncture, and private duty nursing. The experience period allowed claims for these benefits was \$0.00 PMPM.

Pharmacy Rebates:

Pharmacy rebates reduced the total allowed claims by \$2,256.

Experience Period Loss Ratio:

The experience period loss ratio, defined as the ratio of incurred claims to earned premium, is 66.94%.

Benefit Categories

Medical claims are split into 9 categories in our data warehouse. They are mapped into the categories on the URRT as follows:

UPMC Benefit Category	URRT Benefit Category
Inpatient	Inpatient Hospital
Catastrophic	Inpatient Hospital
Outpatient	Outpatient Hospital
Behavioral	Outpatient Hospital
PCP	Professional
Specialist	Professional
Diagnostic	Other Medical
ER	Other Medical
Other	Other Medical

Drug claims are on separate tables and directly mapped into the Prescription Drugs category.

Projection Factors

Changes in the Morbidity of the Population Insured:

We expect a morbidity trend of -3% when comparing our experience period population to our projected population. These numbers were derived from a consultant's (Optum Consulting) estimate using drug claims to project risk scores.

Changes in Benefits:

The selection of a new EHB Benchmark plan for 2017 required 3 changes to be made to existing plans:

- Fertility treatment via IUI will now be covered.
- Benefit limit increase of 26 visits for pulmonary and cardiac (In 2016, the pulmonary was 24 visits and cardiac was 12 weeks; in 2017 both benefits will have 36 visit limits, not combined).
- Benefit limit for nutritional counseling increasing from a 2-visit limit to a 6-visit limit.

Changes in Demographics:

The average age for our 2015 experience period individual risk pool was 42.2 with an average premium factor of 1.67. This is comparable to our 2016 experience so far with age 42.5 and premium factor 1.74. Due to the stability of the population no demographic adjustment has been made to the rates.

Other Adjustments:

No other adjustments to the experience period data were needed.

Trend Factors (cost/utilization):

Historical allowed claims were used to develop year over year trend factors for use in the projected rates. Because of the large change in membership year over year, the data specific to the block of business associated with this filing was deemed too volatile to use for trend development. The entire block of commercial business was included in Table 3 and 3b for trend development. The total impact for adjustments to benefit changes was negligible, and did not have a significant impact on the trend calculation.

Credibility Manual Rate Development

Source and Appropriateness of Manual Rate Used:

The equivalent experience period data for UPMC Health Options, Inc. individual community rated product was used. It represents the same risk pool as UPMC Health Coverage, Inc. and has a large member month count of over 600,000. Therefore, it was deemed credible to use.

Adjustments Made to the Data:

Adjustments include the items listed under "Changes in Benefits" above as part of the new EHB Benchmark plans.

Inclusion of Capitation Payments:

No benefits are projected to be paid for via capitation.

Credibility of Experience

The very limited experience period data requires 0% credibility to be used for the experience period data.

Projected Index Rate

The Projected Index Rate is calculated by first applying 2 years of 3.8% annual trend to the manual rate. Adjustments are then applied to get from the single risk pool population with broad plan offerings to the plan offerings of this specific segment.

Projected Market Adjusted Index Rate

The Projected Index Rate is adjusted by adding estimates for Risk Adjustment and Marketplace Fees (with impacts and costs spread across the whole risk pool) to obtain the Projected Market Adjusted Index Rate.

Projected Allowed Claims

The projected index rate was added with the projected allowed amounts for non-EHB benefits to obtain the Projected Allowed Claims.

Risk Adjustment and Reinsurance

Experience period Risk Adjustment PMPM was calculated to be -\$4.64 after actual 2015 Risk Adjustment amounts became available.

The projected 2017 Risk Adjustment amount has been updated from a receivable of \$11,384,872 to a payment of \$2,920,237. The actual 2015 Risk Adjustment transfer was a payment rather than the receivable projected in the initial filing. We believe this difference is caused by our more competitive market positioning allowing us to enroll a healthier body of membership overall. Considering the additional large increase in membership we expect from our 2015 experience to our 2017 projections, it can be reasonably assumed that we will enroll even more healthy members in 2017. Our 2015 payment on a PMPM level was \$4.64. To account for this even healthier group, we have projected a payment of \$7.98 PMPM for 2017.

The net amount after accounting for the fee is added from the Projected Index Rate as part of the calculation of the Market Adjusted Index Rate. For the URRT, it was entered as a negative number because the calculation subtracts the value. Table 6 of the PA Actuarial Memorandum Rate Exhibits adds this amount so it was entered as a positive value. The effect is an increase in premium.

Experience period PMPM for the Transitional Reinsurance Program under PPACA was \$0.00. This program expires at the end of 2016 so no projections were included for 2017.

Non-Benefit Expenses and Profit & Risk

Table 6. Retention PMPM	
<i>Retention Items - Express in percentages</i>	
Administrative Expenses	
General and Claims	10.16%
Agent/Broker Fees and Commissions	2.13%
Quality Improvement Initiatives	0.55%
Taxes and Fees	
PCORI Fee (\$0.19 PMPM)	0.05%
PA Premium Tax (if applicable)	0.00%
Federal Income Tax	1.09%
Health Insurance Providers Fee	0.00%
Profit/Contingency	3.20%
Total Retention	17.2%
Projected Required Revenue PMPM	\$ 365.92

Administrative Expenses are from our 2015 Supplemental Health Care Exhibit. They are broken out by lines of business and market segments matching this filing and thus are appropriate for use.

Taxes and Fees decreased from 2016 to 2017 to account for the suspension of the Health Insurance Tax for 2017. A PCORI amount of \$0.19 PMPM has been added. As noted above in the "Projected Market Index Rate" section, Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The member-weighted average of 3.5% for Marketplace enrollees combined with 0% for non-Marketplace enrollees calculates to 0.0%.

Normalization Factors

Average Age Factor:

The average age factor was calculated using our current Individual market population with the HHS Age Factors. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. The weighted average age of this population is 42.2 and the average factor is 1.670. This does not match the HHS Age Factor because the distribution of HHS Age Factors is not linear.

Average Geographic Factor:

Credible data is not available for all areas in which these plans are sold. Because of this we have set all of the geographic factors to 1.

Average Tobacco Factor:

The average tobacco factor was calculated using the most updated membership data available. A separate data pull was utilized because our data warehouse is still working on making the tobacco indicator reliable enough for use. 10.6% of the population indicated tobacco use. The tobacco load used for this market segment is 1.025. Thus the Tobacco Surcharge Adjustment implemented is 0.997.

Average Benefit Richness Factor:

This adjustment was used to keep relativities between plans similar to what they were in the previous year. This will minimize rate increase variations by plan and consumer confusion that could result. In addition, our current MLR is much higher for Platinum plans compared to the rest of the plans which suggests a wider variation is necessary than what is indicated in the company-determined Pricing AV.

Paid to Allowed Ratio

The Paid to Allowed Average Factor is the weighted average based on membership of the HHS AV Metal Values as developed using the HHS AV Calculator.

Projected Loss Ratio

The projected period loss ratio, defined as the ratio of incurred claims to earned premium, is 82.6%.

AV Metal Values

Metal values were determined using the final 2017 HHS AV Calculator.

AV Pricing Values

The allowable modifiers that make up AV Pricing Values have been included in Table 10 of the PA Rate Filing Exhibits.

Pricing AV (company-determined AV)

Pricing AVs were determined using the final 2017 HHS AV Calculator.

Benefit Richness (induced demand)

This adjustment was used to keep relativities between plans similar to what they were in the previous year. This will minimize rate increase variations by plan and consumer confusion that could result. In addition, our current MLR is much higher for Platinum plans compared to the rest of the plans which suggests a wider variation is necessary than what is indicated in the company-determined Pricing AV.

Benefits in addition to EHB

Benefits that will be offered outside EHB include routine foot care and acupuncture. The projected allowed claims for these benefits is \$1.12 PMPM.

Provider Network

Network	2017 Factor
Standard	1.12

The Standard network is similar to the Premium network filed under the UPMC Health Options, Inc. Individual product so the same network factor was used.

DOH must approve networks every year which does not happen before the submission of these rate filings. In Table 14 the date the network was submitted for approval was entered instead.

Catastrophic Eligibility

No adjustments were made for catastrophic plans. Current enrollment is minimal and not credible.

Tobacco Callibration

The average tobacco factor was calculated using the most updated membership data available. A separate data pull was utilized because our data warehouse is still working on making the tobacco indicator reliable enough for use.

Geographic Factors

Credible data is not available for all areas for which these plans are sold. Because of this we have set all of the geographic factors to 1.

Consumer Adjusted Premium Rate Development

Plan Adjusted Index Rate is divided by the age calibration factor then multiplied by the specific age, geographic, and tobacco factors for the consumer to develop the Consumer Adjusted Premium Rate.

Membership Projections

Membership projections were developed based on our anticipated competitive positioning in the market combined with our current enrollment distribution by plan.

Warning Alerts

When validating the URRT, a warning appears indicating that cell G16 and H30 on Worksheet 1 do not match due to a minimal difference.

Warnings appear in cells A57, A68, and A73 of Worksheet 2 of the URRT. This is because the revised filing includes actual 2015 Risk Adjustment payments, which ended up being larger than 5% of premium.

Effective Rate Review Information

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

Actuarial Certification

I, [REDACTED] am a Member of the American Academy of Actuaries. I am currently a Manager in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2017 Rate Filing Justification.
- The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - 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
- The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans except those specified in the certification.

[REDACTED]

UPMC Health Plan

4/27/2016
Date

Question	Comment/Request	Response
1	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.	The updated URRT has been uploaded into HIOS.
2	Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.	Please see 'HC IND Work for Response to Objection 06-17-16' for emerging experience data.
3	In Tables 2 and 4, does the premium include HHS cost sharing or revenue generated from transitional business? If so, please provide the dollar amounts for each and the number transitional member months for which premiums were collected.	The premium does not include HHS cost sharing or revenue generated from transitional business.
4	In Tables 2 and 4, please provide the dollar amount of incurred and allowed claims for transitional members.	No data for transitional members was included in this filing.
5	<p>Regarding broker commissions:</p> <ul style="list-style-type: none"> • Under what circumstances and in what geographic locations will commissions be paid? • Are commissions paid for SEP? • Provide a copy of the broker agreement - current and 2017. • Show the calculation of the average commission - current and 2017. <p>When responding to this data call, you may redact this response as it will contain proprietary information.</p>	[This response redacted for publication.]
6	Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016.	Please see 'HC IND Work for Response to Objection 06-17-16' for this data.
7	Provide support for all expenses that do not reflect payments made to providers under the contract for covered medical services. Describe the methodology used for developing the estimate of these non-benefit expenses expected during the projection period for the applicable market, including any allocation of corporate overhead.	We do not currently pay providers for non-benefit expenses or administrative services and only pay them on a fee-for-service basis.
8	Does this filing propose any changes in your pricing model? If so, please discuss. This response may be redacted since it may contain confidential information.	We replaced our pricing model from last year with a new one since our Experience Period data is credible enough to use for 2017 ACA pricing.

9	Please discuss the impact SEP enrollees have had on your company's claims experience. If possible provide the 2015 loss ratio for SEP enrollees and non-SEP enrollees.	We do not have any indicators in our data warehouse that allow us to distinguish between SEP and non-SEP enrollees at the member level. Due to the inability to create a breakout, we look at the entire population as a whole instead of considering SEP and non-SEP enrollees separately when calculating loss ratios, but this is something that could change in the future.
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Question 2

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
\$ 7,001.91	\$ 0.01	\$ 0.01	27	\$ 454.45	\$ 454.46	\$ -	\$ -	\$ -	\$ -	\$ 226.52	\$ -
2015 Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 16.83
Loss Ratio											0.00%

Question 6

Year	Projected General and Claims	Projected Agent/Broker Fees and Commissions	Projected Quality Improvement Initiatives	Actual General and Claims	Actual Agent/Broker Fees and Commissions	Actual Quality Improvement Initiatives
2014	8.8%	0.2%	0.1%	10.2%	0.2%	0.1%
2015	7.1%	1.5%	0.4%	14.4%	3.0%	0.8%
2016	7.1%	1.5%	0.4%	0.0%	0.0%	0.0%

Question 1a

Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Company Determined AV Factor (6)	Induced Utilization (7)	AV & Cost Sharing (6)*(7) = (8)
62560PA0030003	Bronze	84	\$ 39,986	\$ 24,775	0.620	1.000	0.620

Question	Comment/Request	Response
1	<p>Induced Utilization</p> <p>a. Please complete the table below for all plans, and confirm that the ratio in column (8) represents the AV and Cost Sharing for each plan in your filing.</p> <p>b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of each, the AV and the cost sharing factors for each plan. Also, provide narrative that explains the derivation.</p> <p>c. Please provide justification for relative induced utilization assumptions in the Company's pricing that exceed the federal factors used in the risk adjustment model proving that morbidity is not reflected.</p> <p>d. Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sumproduct (against projected membership) produces a factor of 1.000. Please show the steps that demonstrate this.</p>	<p>a. Please see 'HC IND Work for Response to Objection 07-13-16' for the completed table.</p> <p>b. The AV values were determined using the 2017 HHS AV Calculator. Since there is only one plan in this filing, an induced demand factor of 1.000 was selected to ensure normalization.</p> <p>c. The induced demand factor in this filing does not exceed the federal factors used in the risk adjustment model.</p> <p>d. Since an induced demand factor of 1.000 was used for the lone plan in this filing, no normalization was needed.</p>
2	<p>Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.</p>	<p>There is only one plan in this filing, therefore we cannot show proportions.</p>