

State: Pennsylvania **Filing Company:** UPMC Health Benefits, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: UPMC HB 2016 GRIP - Value and Goals
Project Name/Number: /

Filing at a Glance

Company: UPMC Health Benefits, Inc.
 Product Name: UPMC HB 2016 GRIP - Value and Goals
 State: Pennsylvania
 TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005C Individual - Other
 Filing Type: Rate - M.U. (Medically underwritten)
 Date Submitted: 08/12/2015
 SERFF Tr Num: UPMC-130195985
 SERFF Status: Assigned
 State Tr Num: UPMC-130195985
 State Status: Received Review in Progress
 Co Tr Num:

Implementation: 01/01/2016
 Date Requested:
 Author(s): Michael Lovely, Ngan Nguyen, Jacqueline DeCoursey, Adam Pittler, Timothy Gaborek, Kelley Garcia
 Reviewer(s): Cherri Sanders-Jones (primary)
 Disposition Date:
 Disposition Status:
 Implementation Date:

State Filing Description:
 EPO transitional - Non HSA - rri = 9.9%

State: Pennsylvania **Filing Company:** UPMC Health Benefits, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 9.9%	Filing Status Changed: 08/14/2015
	State Status Changed: 08/14/2015
Deemer Date:	Created By: Ngan Nguyen
Submitted By: Ngan Nguyen	Corresponding Filing Tracking Number: Value: UPMC-127741169, Goal: UPMC-128778648
	PPACA: Not PPACA-Related
PPACA Notes: null	
Include Exchange Intentions:	No
Additional Benefits:	No
Filing Description:	
UPMC HB 2016 GRIP - Value and Goals	

Company and Contact

Filing Contact Information

John Wisniewski, Director, Actuary	wisniewskijc@upmc.edu
1 Chatham Center	412-454-5180 [Phone]
112 Washington Place	
Pittsburgh, PA 15219	

Filing Company Information

UPMC Health Benefits, Inc.	CoCode: 11018	State of Domicile:
US Steel Tower	Group Code: 1324	Pennsylvania
600 Grant Street	Group Name: UPMC	Company Type: Property &
Pittsburgh, PA 15219	FEIN Number: 25-1844144	Casualty
(412) 454-5180 ext. [Phone]		State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

UPMC-130195985

State Tracking #:

UPMC-130195985

Company Tracking #:**State:**

Pennsylvania

Filing Company:

UPMC Health Benefits, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

UPMC HB 2016 GRIP - Value and Goals

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	GRIP RateFilingCvrLtr_EPORenew_2015.08.pdf GRIP RateFilingCvrLtr_GoalsRenew_2015.08.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	GRIP_ActMemo_EPORenew_2015.08.pdf GRIP_ActMemo_GoalsRenew_2015.08.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	UPMC_Rate_Renewal_EPO (Eff 1.1.2016).pdf UPMC_Rate_Renewal_Goals (Eff 1.1.2016).pdf
Item Status:	
Status Date:	

UPMC HEALTH PLAN

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412-454-7520 (fax)
www.upmchealthplan.com

August 7, 2015

Ms. Rashmi Mathur
Actuarial Reviewer
Commonwealth of Pennsylvania Insurance Department
Insurance Product Regulation and Market Enforcement
1311 Strawberry Square
Harrisburg, PA 17120

**RE: UPMC HEALTH BENEFITS, INC. (UPMC)
RATE RENEWAL FOR GUARANTEED RENEWABLE EPO INDIVIDUAL PLANS
PENNSYLVANIA INSURANCE DEPARTMENT – REFERENCE NUMBER UPMC-130195985
EFFECTIVE JANUARY 1, 2016**

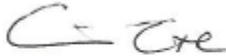
Dear Ms. Mathur:

UPMC has engaged Optum to revise the premium rates for the existing guaranteed renewal individual exclusive provider organization (EPO) health plans, to be effective January 1, 2016. UPMC has filed and received approval from the Pennsylvania Insurance Department (PID) for these guaranteed renewable individual plans. This is to file for a rate revision and update of the existing plans.

I am a consultant and actuary employed by Optum. Attached are the following:

1. An actuarial memorandum that describes how we developed the rates, along with supporting exhibits.
2. Rate tables for three rating areas (Pittsburgh area, Erie County, and other Western Pennsylvania counties), five benefit plans, and six rating tiers.

Sincerely,



Cathy Ge, FSA, MAAA
Associate Director, Actuarial Consulting
Optum
952-205-0309
cathy.ge@optum.com

CG:mje

UPMC HEALTH PLAN

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August 7, 2015

Ms. Rashmi Mathur
Actuarial Reviewer
Commonwealth of Pennsylvania Insurance Department
Insurance Product Regulation and Market Enforcement
1311 Strawberry Square
Harrisburg, PA 17120

**RE: UPMC HEALTH BENEFITS, INC. (UPMC)
RATE RENEWAL FOR INDIVIDUAL ADVANTAGE GOALS PLANS
PENNSYLVANIA INSURANCE DEPARTMENT – REFERENCE NUMBER IS UPMC-130195985
EFFECTIVE JANUARY 1, 2016**

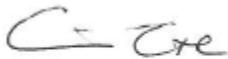
Dear Ms. Mathur:

UPMC has engaged Optum to revise the premium rates for the existing guaranteed renewal Individual Advantage Goals health plans, to be effective January 1, 2016. UPMC has filed and received approval from the Pennsylvania Insurance Department (PID) for these guaranteed renewable individual plans. This is to file for a rate revision and update of the existing plans.

I am a consultant and actuary employed by OptumInsight. Attached are the following:

1. An actuarial memorandum that describes how we developed the rates, along with supporting exhibits.
2. Rate tables for three rating areas (Pittsburgh area, Erie County, and other Western Pennsylvania counties), two benefit plans, and six rating tiers.

Sincerely,



Cathy Ge, FSA, MAAA
Associate Director, Actuarial Consulting
Optum
952-205-0309
cathy.ge@optum.com

CG:mje

ACTUARIAL MEMORANDUM

UPMC Health Benefits, Inc. (UPMC) Individual Guaranteed Renewable Health Policies

Revised Rates for Exclusive Provider Organization (EPO) Plans Transitional Plans under Affordable Care Act (ACA) Effective January 1, 2016

INTRODUCTION

UPMC engaged Optum to revise the premium rates for its existing guaranteed renewable EPO individual health policies, to be effective 1/1/2016, to develop expected loss ratios, and to file the rates with the Pennsylvania Insurance Department (PID). UPMC has previously filed and received approval from the PID for these guaranteed renewable individual plans. The PID reference number for this rate filing is UPMC-130195985; the corresponding forms filing reference number is UPMC-127741169.

These policies are considered transitional plans under the ACA. Per current federal rules, UPMC can renew them through policy years that start in 2016.

BENEFIT PLANS AND RATE STRUCTURE

There are five EPO benefit plans. All are exclusive provider organization plans; there are no out-of-network benefits. The table 1 below provides high level descriptions of the key benefit features of these plans.

TABLE 1 KEY FEATURES OF GUARANTEED RENEWAL EPO INDIVIDUAL HEALTH PLANS					
	EPO \$0	EPO \$500	EPO \$1,000	EPO \$2,500	EPO \$5,000
Annual deductible*	\$0	\$500	\$1,000	\$2,500	\$5,000
Annual out-of-pocket limit	\$10,000	\$1,000	\$2,000	\$5,000	\$5,000
Coinsurance	30%	20% after ded.	20% after ded.	20% after ded.	0% after ded.
PCP Cost Sharing	30%	\$20 per visit	\$30 per visit	\$40 per visit	\$0 after ded.
Specialty Cost Sharing	30%	\$35 per visit	\$50 per visit	\$40 per visit	\$0 after ded.
Lifetime benefit limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

* Family Deductible is two times the individual deductible. The Deductible does not apply to the Out-of-Pocket limit.

All plans have the same prescription drug benefit, requiring member copays or coinsurance of:

- Generic: \$4 copay per 30-day supply of a retail prescription and \$8 copay for up to 90-day supply of a mail order prescription.
- Brand: 30% coinsurance for preferred brand drugs (up to \$100), per 30-day prescription; 50% coinsurance for non-preferred drugs (up to \$150), per 30-day prescription; 90-day maximum retail supply.



ACTUARIAL MEMORANDUM
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- Specialty: 50% coinsurance with a maximum of \$150 in coinsurance per 30-day supply of a retail prescription.

The rates for each of these plans are structured as follows:

- Male and Female
- Rate brackets for ages 0-1, 2-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, and 60-64.
- Three rating areas: Pittsburgh area, Erie, and other western Pennsylvania.
- Underwriting rating tiers for preferred non-smoker and five higher levels.

In family situations, each family member is rated separately, based on his/her age, gender, and underwriting rating tier.

These rates will be used only for renewing policies.

EXPERIENCE

We received experience data for the existing guaranteed renewable EPO plans from June of 2014 to May of 2015. Table 2 below summarizes the experience by plan from 6/1/2014 to 5/31/2015. There were 55,536 member months, with an overall loss ratio of 80.9%.

TABLE 2 UPMC GUARANTEED RENEWAL EPO PLAN EXPERIENCE						
Plan	MMs	Premiums	Claims*	IBNR Adj.	Ult. Incurred	Loss Ratio
Value 0	749	\$172,937	\$87,292			
Value 500	39,201	\$10,933,416	\$9,456,575			
Value 1000	9,634	\$2,953,889	\$1,582,250			
Value 2500	4,544	\$1,282,608	\$721,689			
Value 5000	1,408	\$342,581	\$217,961			
Total EPO Plans	55,536	\$15,685,431	\$12,065,768	\$629,506	\$12,695,274	80.9%

* Incurred from 6/1/2014-5/31/2015; Paid through 5/31/2015.

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ASSUMPTIONS USED

Trend

Based on studies Optum has performed for similar plans, we estimate a net allowed trend of 6.2% for 2015. We use the same trend rate to trend the claims from the experience year starting 6/1/2014 to the rate effective year starting 1/1/2016 (19 months).

Based on Optum benchmarking data and the UPMC EPO plans' average deductible amount, we calculated the average impact of leveraging to be 0.89%, resulting in an overall net claim trend rate of 7.0% for both medical and Rx. Trend leveraging reflects the impact of fixed deductibles, out-of-pocket maximums, and copays and has the effect of increasing allowed trend.

ACA Fees and Insurer Fee

Based on Optum's Healthcare Benefit Simulation Model (HBSM) data, Optum estimated the 2016 health insurer fee to be 2.56% for for-profit entities. UPMC Health Benefit is a for-profit company.

The projected 2016 ACA Reinsurance fee will be \$2.25 PMPM and the PCORI fee will be \$0.19 PMPM. The total of the two fees is approximately 0.79% of premium.

Premium Tax

We confirmed with UPMC that premium tax is required in Pennsylvania. This has 2% impact in the gain/loss margin.

Experience Credibility

We considered various standard credibility levels when we determined the experience credibility to use in the UPMC rate filings.

- CMS' minimum loss ratio formula gives 100% credibility to experience from 75,000 life-years, or 900,000 member-months (MMs). The formula gives 0% credibility if experience is from 1,000 life-years (12,000 MMs) or less.
- CMS' standard for 100% credibility of experience of Medicare Advantage (MA) plans is 24,000 MMs. However, MA plans, which cover members over age 65 or disabled, have a far higher average morbidity and claim level than these underwritten individual plans sold to members under 65. Members with MA plans have very little out-of-pocket expense, whereas individual plans have significant deductibles, copays, coinsurance, and out-of-pocket maximums. As a result, the exposures required for the experience of individually underwritten commercial plans to be 100% credible should be greater than 24,000.

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- In our commercial filings, we've assumed 100% credibility at 36,000 MMs, with no credibility for 1,000 or fewer MMs. We believe this is a reasonable assumption for UPMC individual rate filings.

RATE DEVELOPMENT PROCESS

There are 55,536 member months in the most recent 12 months of experience. We assume 36,000 member months as 100% credible. Therefore, the experience for the 12-month period is fully credible. Note that the premium in the experience period from 6/1/2014 was adjusted to reflect the 9.9% premium increase effective as of 1/1/2015. The approach we took for the rate development process is as follows:

- Step 1: We start with the experience loss ratio for the policy year from 6/1/2014 to 5/31/2015, which is 80.9%. (Table 2 above).
- Step 2: We calculate the projected loss ratio by trending the claims cost for 19 months (from 6/1/2014 experience start date to the new 1/1/2016 effective date) using the annual net claims trend rate of 7.0% (see above). The projected loss ratio based on trended experience is 90.0%, without any rate change.
- Step 3: We calculate the needed loss ratio to breakeven.

The needed loss ratio is calculated based on the filed loss ratio and the filed gain/loss margin in the previous rate filing and the differences in ACA reinsurance fees and ACA insurer tax.

The calculated loss ratio for breakeven is 79.4% (92.5% -12.3% + (0.79% - 1.64%) + (2.56% - 2.50%)). Note that the prior rate filing projected a 12.3% of premium loss.

- Step 4: We then compared the projected loss ratio to the needed loss ratio to come up with the needed rate increase in order to achieve the needed loss ratio, which is 13.4%.
- Note that the average duration of the existing policies is about 24 months. The projected loss ratio calculation above does not factor in the durational curve increase from experience to projected period, which would only make the required rate increase even higher. This increase is expected to occur, because these policies were originally underwritten.
- The projected traditional loss ratio (claims divided by premium), without considering durational morbidity increase, is 90.0%.

For this rate filing, UPMC is only requesting for a rate increase of 9.9%.

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PROJECTED MEDICAL LOSS RATIO (MLR)

The projected MLR using the CMS formula to test against the minimum loss ratio is calculated as follows:

- a. Average PMPM premium in May 2014: \$279.39
- b. Rate increase requested: 9.9%
- c. Average PMPM quality initiative expense: \$1.11
- d. ACA insurer fee: 2.56%
- e. Pennsylvania State premium tax: 2.0%
- f. ACA reinsurance fee plus PCORI fee: \$2.44
- g. Projected traditional loss ratio after rate increase: 81.9%

$$\text{MLR} = [a * (1+b) * g + c] / [a * (1+b) * (1-d-e) - f] = 86.9\%$$

The expected minimum MLR is 86.9%, which is higher than the minimum loss ratio defined by the ACA.

RATE CHANGE

The rate increase across all locations, all ages, and all EPO plans is **9.9%**. This will impact all the 3,488 members currently in the EPO plans.

ACTUARIAL CERTIFICATION

I am a member in good standing of the American Academy of Actuaries. I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws of the Commonwealth of Pennsylvania and with the rules of the PID.



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RATE TABLES

ACTUARIAL MEMORANDUM

UPMC Health Benefits, Inc. (UPMC) Individual Guaranteed Renewable Health Policies

Revised Rates for Individual Advantage Goals Plans Transitional Plans under Affordable Care Act (ACA) Effective January 1, 2016

INTRODUCTION

UPMC engaged Optum to revise the premium rates for its existing guaranteed renewable Individual Advantage Goals health policies, to be effective 1/1/2016, to develop expected loss ratios, and to file the rates with the Pennsylvania Insurance Department (PID). UPMC has previously filed and received approval from the PID for these guaranteed renewable individual plans. The PID reference number for this rate filing is UPMC-130195985; the corresponding forms filing reference number is UPMC-128778648.

These policies are considered transitional plans under the ACA. Per current federal rules, UPMC can renew them through policy years that start in 2016.

BENEFIT PLANS AND RATE STRUCTURE

There are two Goals benefit plans. All are exclusive provider organization plans; there are no out-of-network benefits. The table 1 below provides high level descriptions of the key benefit features of these plans.

	Goals \$1,200	Goals \$2,000
Health Incentive Dollars Available	\$400	\$400
Annual deductible*	\$1,200	\$2,000
Annual out-of-pocket limit	\$2,000	\$3,000
Coinsurance	20% after ded.	20% after ded.
PCP Office Visit	\$25 per visit	\$25 per visit
Specialist Office Visit	\$40 per visit	\$40 per visit
Preventive Dental	\$30 per visit	\$30 per visit

* Family Deductible is two times the individual deductible. The Family Deductible must be met by one or more members of the family before medical benefits will be paid. The Deductible does not apply to the Out-of-Pocket limit.

All plans have the same prescription drug benefit, requiring member copays or coinsurance of:

- Generic: \$4 copay per 30-day supply of a retail prescription and \$8 copay for up to 90-day supply of a mail order prescription.



ACTUARIAL MEMORANDUM
(Page 2)

- Brand: 30% coinsurance for preferred brand drugs (up to \$100), per 30-day prescription; 50% coinsurance for non-preferred drugs (up to \$150), per 30-day prescription; 90-day maximum retail supply.
- Specialty: 50% coinsurance with a maximum of \$150 in coinsurance per 30-day supply of a retail prescription.

The rates for each of these plans are structured as follows:

- Unisex
- Rate brackets for ages 0-1, 2-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, and 60-64.
- Three rating areas: Pittsburgh area, Erie, and other western Pennsylvania.
- Underwriting rating tiers for preferred non-smoker and five higher levels.

In family situations, each family member is rated separately, based on his/her age, gender, and underwriting rating tier.

These rates will be used only for renewing policies.

EXPERIENCE

We received experience data for the existing guaranteed renewable Goals plans from their inception (April of 2012) through May of 2015. Table 2 below summarizes the experience by plan for the most recent 12 months from 6/1/2014 to 5/31/2015. There were 952 member months, with an overall loss ratio of about 70.3%.

TABLE 2						
UPMC GUARANTEED RENEWAL GOALS PLAN EXPERIENCE						
Plan	MMs	Premiums	Claims*	IBNR Adj.	Ult. Incurred	Loss Ratio
Goals 1200	703	\$182,005	\$147,460			
Goals 2000	249	\$70,783	\$24,345			
Total Goals Plans	952	\$252,788	\$171,805	\$5,932	\$177,737	70.3%

*Incurred from 6/1/2014-5/31/2015; Paid through 5/31/2015;



ACTUARIAL MEMORANDUM

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ASSUMPTIONS USED

Trend

Based on studies Optum has performed for similar plans, we estimate a net allowed trend of 6.2% for 2015. We use the same trend rate to trend the claims from the experience year starting 6/1/2014 to the rate effective year starting 1/1/2016 (19 months).

Based on Optum benchmarking data and the UPMC Goals plans' average deductible amount, we calculated the average impact of leveraging to be 0.9%, resulting in an overall net claim trend rate of 7.0% for both medical and Rx. Trend leveraging reflects the impact of fixed deductibles, out-of-pocket maximums, and copays and has the effect of increasing allowed trend.

ACA Fees and Insurer Fee

We did not assume any Affordable Care Act (ACA) related fees in our previous rate filing. Based on Optum's Healthcare Benefit Simulation Model (HBSM) data, Optum estimated the health insurer fee to be 2.56% in 2016 for for-profit entities. UPMC Health Benefit is a for-profit company.

The 2016 ACA Reinsurance fee will be \$2.25 PMPM and the 2016 PCORI fee will be \$0.19 PMPM. The total of the two fees is approximately 0.82% of premium.

Premium Tax

Our initial rate filing assumed premium tax was not required in Pennsylvania. However, we confirmed with UPMC that premium tax is required. This has 2% impact in the gain/loss margin.

RATE DEVELOPMENT PROCESS

There are 952 member months in the most recent 12 months of experience. We assume 36,000 member months as 100% credible and 0% credible for member month less than 1,000. Therefore, the experience for the 12-month period is NOT credible and was not used in developing these rates. The approach we took for the rate development process is as follows:

- Step 1: We start with the prior filed loss ratio of 81.7% for rates effective 1/1/2015.
- Step 2: We calculate the projected loss ratio by trending the filed loss ratio for 12 months using the annual net claims trend rate of 7.0% (see above). The projected loss ratio based on trended experience is 87.4%, without any rate change.

ACTUARIAL MEMORANDUM

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- Step 3: We calculate the needed loss ratio to breakeven.

The needed loss ratio is calculated based on the filed loss ratio and the filed gain/loss margin in the prior rate filing, adjusting for the differences in fees between the two rate filings (ACA insurer fee, premium tax, ACA reinsurance fee and the PCORI fee) and adjusting to achieve break-even.

The calculated loss ratio for breakeven is 79.0% (81.7% - 1.8% + (2.56% - 2.5%) + (0.82% - 1.73%)) (The prior rate filing projected a 1.8% of premium loss).

- Step 4: We then compared the projected loss ratio to the needed loss ratio to come up with the needed rate increase in order to achieve the needed loss ratio, which is 10.5%.

For this rate filing, UPMC is only requesting for a rate increase of 9.9%.

PROJECTED MEDICAL LOSS RATIO (MLR)

The projected MLR using the CMS formula to test against the minimum loss ratio is calculated as follows:

- a. Average PMPM premium in May 2015: \$269.22
- b. Rate increase requested: 9.9%
- c. Average PMPM quality initiative expense: \$1.11
- d. ACA insurer fee: 2.56%
- e. Pennsylvania State premium tax: 2.0%
- f. ACA reinsurance fee plus PCORI fee: \$2.44
- g. Projected traditional loss ratio after rate increase: 79.5%

$$\text{MLR} = [a * (1+b) * g + c] / [a * (1+b) * (1-d-e) - f] = 84.4\%$$

The expected minimum MLR is 84.4%, which is higher than the minimum loss ratio defined by the ACA.

RATE CHANGE

The rate increase across all locations, all ages, and all GOALS plans is **9.9%**. This will impact all the 49 members currently in the GOALS plans.

ACTUARIAL MEMORANDUM
(Page 5)

ACTUARIAL CERTIFICATION

I am a member in good standing of the American Academy of Actuaries. I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws of the Commonwealth of Pennsylvania and with the rules of the PID.



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CG:mje

RATE TABLES

UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610
\$500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*
Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 247.69	\$ 247.69	\$ 284.84	\$ 284.84	\$ 371.54	\$ 371.54	\$ 470.61	\$ 470.61	\$ 582.07	\$ 582.07	\$ 693.53	\$ 693.53
02 - 19	125.35	125.35	144.15	144.15	188.02	188.02	238.16	238.16	294.57	294.57	350.98	350.98
20 - 24	121.35	180.85	139.56	207.98	157.76	235.11	182.03	271.28	212.37	316.49	242.71	361.71
25 - 29	125.78	229.09	144.65	263.45	163.51	297.81	188.67	343.63	220.11	400.90	251.56	458.18
30 - 34	146.78	281.24	168.80	323.42	190.82	365.61	220.18	421.86	256.87	492.17	293.57	562.48
35 - 39	177.89	281.30	204.57	323.50	231.26	365.70	266.84	421.96	311.31	492.28	355.78	562.61
40 - 44	215.71	313.55	248.06	360.58	280.42	407.61	323.56	470.32	377.49	548.71	431.42	627.09
45 - 49	274.89	351.43	316.13	404.14	357.36	456.86	412.34	527.14	481.07	615.00	549.79	702.86
50 - 54	358.43	416.88	412.19	479.41	465.95	541.95	537.64	625.32	627.25	729.54	716.85	833.76
55 - 59	477.86	479.59	549.54	551.53	621.21	623.47	716.79	719.39	836.25	839.29	955.71	959.19
60 - 64	654.82	567.45	753.04	652.57	851.27	737.69	982.23	851.18	1,145.93	993.04	1,309.64	1,134.91

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610
\$1,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*
Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 226.79	\$ 226.79	\$ 260.81	\$ 260.81	\$ 340.19	\$ 340.19	\$ 430.90	\$ 430.90	\$ 532.96	\$ 532.96	\$ 635.01	\$ 635.01
02 - 19	116.22	116.22	133.66	133.66	174.34	174.34	220.83	220.83	273.13	273.13	325.43	325.43
20 - 24	112.61	165.39	129.50	190.19	146.39	215.00	168.91	248.08	197.06	289.42	225.22	330.77
25 - 29	116.62	208.66	134.11	239.96	151.60	271.26	174.92	312.99	204.08	365.15	233.23	417.32
30 - 34	135.60	255.46	155.94	293.78	176.28	332.09	203.39	383.19	237.29	447.05	271.19	510.91
35 - 39	163.71	255.51	188.27	293.84	212.83	332.16	245.57	383.26	286.50	447.14	327.43	511.02
40 - 44	197.89	286.32	227.57	329.26	257.26	372.21	296.83	429.48	346.31	501.05	395.78	572.63
45 - 49	251.38	320.57	289.09	368.66	326.80	416.74	377.08	480.86	439.92	561.00	502.77	641.14
50 - 54	326.88	379.72	375.91	436.68	424.94	493.63	490.31	569.58	572.03	664.51	653.75	759.43
55 - 59	434.83	436.40	500.06	501.86	565.28	567.32	652.25	654.60	760.95	763.70	869.66	872.80
60 - 64	594.75	515.80	683.96	593.17	773.18	670.54	892.13	773.70	1,040.82	902.65	1,189.50	1,031.59

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$2,500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 199.21	\$ 199.21	\$ 229.09	\$ 229.09	\$ 298.81	\$ 298.81	\$ 378.50	\$ 378.50	\$ 468.14	\$ 468.14	\$ 557.78	\$ 557.78
02 - 19	104.16	104.16	119.79	119.79	156.24	156.24	197.91	197.91	244.78	244.78	291.65	291.65
20 - 24	101.07	145.26	116.23	167.04	131.39	188.83	151.60	217.88	176.87	254.20	202.14	290.51
25 - 29	104.50	182.07	120.18	209.38	135.85	236.69	156.75	273.10	182.88	318.62	209.00	364.14
30 - 34	120.82	221.88	138.94	255.16	157.06	288.45	181.23	332.82	211.43	388.29	241.64	443.77
35 - 39	145.00	221.93	166.74	255.22	188.49	288.52	217.49	332.90	253.74	388.39	289.99	443.87
40 - 44	174.37	250.38	200.52	287.94	226.68	325.49	261.55	375.57	305.14	438.16	348.73	500.76
45 - 49	220.36	279.82	253.41	321.79	286.46	363.76	330.53	419.72	385.62	489.68	440.71	559.63
50 - 54	285.25	330.66	328.03	380.26	370.82	429.86	427.87	495.99	499.18	578.66	570.49	661.32
55 - 59	378.03	379.39	434.74	436.30	491.44	493.21	567.05	569.09	661.56	663.93	756.07	758.78
60 - 64	515.45	447.60	592.77	514.74	670.09	581.88	773.18	671.40	902.04	783.30	1,030.91	895.20

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$5,000 Deductible, 100/0

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 182.81	\$ 182.81	\$ 210.23	\$ 210.23	\$ 274.22	\$ 274.22	\$ 347.34	\$ 347.34	\$ 429.61	\$ 429.61	\$ 511.87	\$ 511.87
02 - 19	97.00	97.00	111.55	111.55	145.49	145.49	184.29	184.29	227.94	227.94	271.59	271.59
20 - 24	94.20	133.14	108.33	153.11	122.46	173.08	141.30	199.71	164.85	233.00	188.40	266.28
25 - 29	97.31	166.09	111.91	191.00	126.50	215.92	145.96	249.14	170.29	290.66	194.62	332.18
30 - 34	112.03	201.71	128.84	231.97	145.64	262.23	168.05	302.57	196.06	353.00	224.07	403.43
35 - 39	133.86	201.75	153.94	232.02	174.02	262.28	200.79	302.63	234.26	353.07	267.72	403.51
40 - 44	160.39	229.01	184.44	263.36	208.50	297.71	240.58	343.52	280.67	400.77	320.77	458.02
45 - 49	201.90	255.59	232.18	293.93	262.47	332.26	302.85	383.38	353.32	447.28	403.79	511.18
50 - 54	260.50	301.50	299.57	346.72	338.64	391.95	390.74	452.25	455.87	527.62	520.99	603.00
55 - 59	344.28	345.49	395.92	397.31	447.56	449.14	516.41	518.24	602.48	604.61	688.55	690.98
60 - 64	468.32	407.05	538.57	468.11	608.82	529.17	702.48	610.58	819.56	712.35	936.64	814.11

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$0 Deductible, 70/30

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 245.67	\$ 245.67	\$ 282.52	\$ 282.52	\$ 368.50	\$ 368.50	\$ 466.77	\$ 466.77	\$ 577.32	\$ 577.32	\$ 687.87	\$ 687.87
02 - 19	124.47	124.47	143.15	143.15	186.71	186.71	236.50	236.50	292.51	292.51	348.53	348.53
20 - 24	120.52	179.63	138.60	206.57	156.67	233.52	180.78	269.44	210.91	314.35	241.04	359.25
25 - 29	124.91	227.47	143.64	261.59	162.38	295.71	187.36	341.20	218.58	398.07	249.81	454.94
30 - 34	145.71	279.20	167.57	321.08	189.43	362.96	218.57	418.80	255.00	488.60	291.43	558.40
35 - 39	176.53	279.27	203.01	321.16	229.49	363.05	264.80	418.90	308.93	488.72	353.07	558.54
40 - 44	214.00	310.92	246.10	357.56	278.20	404.20	321.00	466.38	374.50	544.12	428.00	621.85
45 - 49	272.64	348.45	313.53	400.72	354.43	452.99	408.95	522.68	477.11	609.79	545.27	696.91
50 - 54	355.38	413.31	408.69	475.30	462.00	537.30	533.08	619.96	621.92	723.28	710.77	826.61
55 - 59	473.71	475.43	544.76	546.74	615.82	618.06	710.56	713.14	828.98	832.00	947.41	950.86
60 - 64	649.03	562.48	746.38	646.85	843.74	731.22	973.54	843.71	1,135.80	984.33	1,298.06	1,124.95

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 266.63	\$ 266.63	\$ 306.63	\$ 306.63	\$ 399.95	\$ 399.95	\$ 506.60	\$ 506.60	\$ 626.58	\$ 626.58	\$ 746.57	\$ 746.57
02 - 19	133.64	133.64	153.68	153.68	200.46	200.46	253.91	253.91	314.05	314.05	374.19	374.19
20 - 24	129.29	193.97	148.68	223.07	168.08	252.17	193.94	290.96	226.26	339.45	258.58	387.95
25 - 29	134.09	246.40	154.21	283.36	174.32	320.32	201.14	369.60	234.67	431.20	268.19	492.80
30 - 34	156.94	303.10	180.48	348.57	204.02	394.04	235.41	454.66	274.64	530.43	313.88	606.21
35 - 39	190.75	303.17	219.36	348.64	247.97	394.12	286.12	454.75	333.81	530.55	381.50	606.34
40 - 44	231.87	338.22	266.65	388.95	301.43	439.68	347.80	507.33	405.77	591.88	463.74	676.44
45 - 49	296.21	379.42	340.64	436.33	385.08	493.24	444.32	569.13	518.37	663.98	592.42	758.83
50 - 54	387.01	450.57	445.07	518.16	503.12	585.75	580.52	675.86	677.28	788.50	774.03	901.15
55 - 59	516.86	518.74	594.39	596.55	671.92	674.36	775.29	778.11	904.51	907.80	1,033.72	1,037.48
60 - 64	709.28	614.29	815.67	706.43	922.06	798.57	1,063.92	921.43	1,241.24	1,075.00	1,418.56	1,228.57

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UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610
\$1,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 243.90	\$ 243.90	\$ 280.49	\$ 280.49	\$ 365.86	\$ 365.86	\$ 463.42	\$ 463.42	\$ 573.18	\$ 573.18	\$ 682.93	\$ 682.93
02 - 19	123.70	123.70	142.26	142.26	185.56	185.56	235.04	235.04	290.70	290.70	346.37	346.37
20 - 24	119.77	177.16	137.74	203.73	155.71	230.31	179.66	265.74	209.61	310.03	239.55	354.32
25 - 29	124.12	224.21	142.74	257.84	161.36	291.47	186.18	336.31	217.21	392.36	248.24	448.41
30 - 34	144.76	275.08	166.47	316.34	188.19	357.60	217.14	412.62	253.33	481.39	289.52	550.15
35 - 39	175.33	275.14	201.63	316.41	227.93	357.69	263.00	412.71	306.83	481.50	350.66	550.29
40 - 44	212.48	308.63	244.36	354.92	276.23	401.21	318.73	462.94	371.85	540.10	424.97	617.25
45 - 49	270.65	345.86	311.25	397.73	351.85	449.61	405.98	518.78	473.64	605.25	541.30	691.71
50 - 54	352.72	410.16	405.63	471.68	458.54	533.21	529.08	615.24	617.26	717.78	705.44	820.32
55 - 59	470.08	471.79	540.59	542.55	611.10	613.32	705.11	707.68	822.63	825.63	940.15	943.57
60 - 64	643.96	558.12	740.56	641.84	837.15	725.56	965.95	837.18	1,126.94	976.71	1,287.93	1,116.24

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UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610
\$2,500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 213.92	\$ 213.92	\$ 246.01	\$ 246.01	\$ 320.88	\$ 320.88	\$ 406.45	\$ 406.45	\$ 502.71	\$ 502.71	\$ 598.98	\$ 598.98
02 - 19	110.60	110.60	127.19	127.19	165.90	165.90	210.14	210.14	259.91	259.91	309.67	309.67
20 - 24	107.23	155.27	123.31	178.56	139.40	201.85	160.85	232.90	187.65	271.72	214.46	310.54
25 - 29	110.96	195.29	127.61	224.59	144.25	253.88	166.45	292.94	194.19	341.76	221.93	390.58
30 - 34	128.70	238.58	148.01	274.37	167.31	310.15	193.06	357.87	225.23	417.51	257.41	477.16
35 - 39	154.98	238.63	178.23	274.43	201.48	310.22	232.47	357.95	271.22	417.60	309.96	477.26
40 - 44	186.92	269.56	214.96	309.99	243.00	350.42	280.39	404.33	327.12	471.72	373.85	539.11
45 - 49	236.91	301.56	272.44	346.80	307.98	392.03	355.36	452.35	414.59	527.74	473.82	603.13
50 - 54	307.46	356.83	353.58	410.36	399.70	463.88	461.20	535.25	538.06	624.46	614.93	713.67
55 - 59	408.33	409.81	469.58	471.28	530.83	532.75	612.50	614.71	714.58	717.16	816.66	819.61
60 - 64	557.77	483.99	641.43	556.59	725.09	629.18	836.65	725.98	976.09	846.98	1,115.53	967.97

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**UPMC Health Benefits, Inc.
 Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
 Policy Form Number 610
 \$5,000 Deductible, 100/0**

Monthly Rates by Attained Age, Effective January 1, 2016*
 Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 196.10	\$ 196.10	\$ 225.52	\$ 225.52	\$ 294.15	\$ 294.15	\$ 372.59	\$ 372.59	\$ 460.84	\$ 460.84	\$ 549.08	\$ 549.08
02 - 19	102.80	102.80	118.23	118.23	154.21	154.21	195.33	195.33	241.59	241.59	287.85	287.85
20 - 24	99.76	142.11	114.73	163.43	129.69	184.74	149.64	213.17	174.59	248.69	199.53	284.22
25 - 29	103.13	177.92	118.60	204.60	134.07	231.29	154.70	266.88	180.48	311.35	206.26	355.83
30 - 34	119.15	216.65	137.02	249.15	154.89	281.64	178.72	324.97	208.51	379.13	238.30	433.30
35 - 39	142.88	216.69	164.31	249.19	185.74	281.69	214.32	325.03	250.04	379.20	285.76	433.37
40 - 44	171.72	246.32	197.47	283.27	223.23	320.22	257.57	369.48	300.50	431.06	343.43	492.64
45 - 49	216.86	275.22	249.39	316.50	281.91	357.79	325.29	412.83	379.50	481.64	433.71	550.44
50 - 54	280.55	325.13	322.63	373.89	364.71	422.66	420.82	487.69	490.96	568.97	561.09	650.25
55 - 59	371.62	372.96	427.37	428.90	483.11	484.84	557.44	559.43	650.34	652.67	743.25	745.91
60 - 64	506.51	439.91	582.49	505.90	658.46	571.89	759.77	659.87	886.39	769.85	1,013.02	879.83

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**UPMC Health Benefits, Inc.
 Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
 Policy Form Number 610
 \$0 Deductible, 70/30**

Monthly Rates by Attained Age, Effective January 1, 2016*
 Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 264.44	\$ 264.44	\$ 304.10	\$ 304.10	\$ 396.66	\$ 396.66	\$ 502.43	\$ 502.43	\$ 621.43	\$ 621.43	\$ 740.43	\$ 740.43
02 - 19	132.67	132.67	152.57	152.57	199.01	199.01	252.08	252.08	311.78	311.78	371.48	371.48
20 - 24	128.38	192.64	147.63	221.54	166.89	250.43	192.57	288.96	224.66	337.12	256.75	385.28
25 - 29	133.14	244.65	153.11	281.35	173.08	318.04	199.71	366.97	233.00	428.14	266.28	489.30
30 - 34	155.76	300.90	179.13	346.03	202.49	391.17	233.65	451.35	272.59	526.57	311.53	601.80
35 - 39	189.27	300.96	217.66	346.11	246.06	391.25	283.91	451.44	331.23	526.69	378.55	601.93
40 - 44	230.00	335.37	264.50	385.68	299.00	435.99	345.00	503.06	402.50	586.90	460.00	670.75
45 - 49	293.74	376.18	337.81	432.61	381.87	489.03	440.62	564.27	514.05	658.31	587.49	752.36
50 - 54	383.71	446.67	441.27	513.67	498.83	580.67	575.57	670.01	671.50	781.67	767.42	893.34
55 - 59	512.35	514.22	589.20	591.36	666.05	668.49	768.52	771.34	896.60	899.89	1,024.69	1,028.45
60 - 64	702.97	608.87	808.42	700.20	913.86	791.53	1,054.46	913.30	1,230.20	1,065.52	1,405.94	1,217.74

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene, Huntingdon, Indiana,
Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 216.27	\$ 216.27	\$ 248.71	\$ 248.71	\$ 324.40	\$ 324.40	\$ 410.91	\$ 410.91	\$ 508.23	\$ 508.23	\$ 605.55	\$ 605.55
02 - 19	111.63	111.63	128.37	128.37	167.44	167.44	212.10	212.10	262.33	262.33	312.56	312.56
20 - 24	108.21	159.09	124.44	182.96	140.67	206.82	162.31	238.64	189.37	278.41	216.42	318.19
25 - 29	111.99	200.36	128.79	230.41	145.59	260.46	167.99	300.53	195.99	350.62	223.99	400.71
30 - 34	129.96	244.97	149.45	281.72	168.94	318.47	194.94	367.46	227.42	428.71	259.91	489.95
35 - 39	156.57	245.03	180.06	281.78	203.55	318.54	234.86	367.54	274.00	428.80	313.15	490.05
40 - 44	188.92	272.61	217.26	313.50	245.60	354.39	283.38	408.92	330.61	477.07	377.84	545.22
45 - 49	239.54	305.02	275.48	350.78	311.41	396.53	359.32	457.53	419.20	533.79	479.09	610.05
50 - 54	311.00	361.00	357.65	415.15	404.30	469.30	466.50	541.50	544.25	631.75	622.00	722.00
55 - 59	413.16	414.65	475.14	476.85	537.11	539.04	619.74	621.97	723.03	725.64	826.32	829.30
60 - 64	564.50	489.78	649.17	563.25	733.85	636.72	846.75	734.67	987.87	857.12	1,129.00	979.56

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$1,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene, Huntingdon, Indiana,
Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 198.40	\$ 198.40	\$ 228.16	\$ 228.16	\$ 297.60	\$ 297.60	\$ 376.96	\$ 376.96	\$ 466.24	\$ 466.24	\$ 555.52	\$ 555.52
02 - 19	103.81	103.81	119.38	119.38	155.71	155.71	197.24	197.24	243.95	243.95	290.67	290.67
20 - 24	100.73	145.87	115.84	167.75	130.95	189.63	151.09	218.80	176.28	255.27	201.46	291.74
25 - 29	104.15	182.89	119.77	210.32	135.39	237.76	156.22	274.34	182.26	320.06	208.30	365.78
30 - 34	120.39	222.91	138.45	256.35	156.50	289.79	180.58	334.37	210.68	390.10	240.78	445.83
35 - 39	144.43	222.97	166.10	256.41	187.76	289.86	216.65	334.45	252.76	390.19	288.87	445.93
40 - 44	173.67	249.31	199.73	286.71	225.78	324.10	260.51	373.96	303.93	436.29	347.35	498.62
45 - 49	219.43	278.61	252.34	320.41	285.26	362.20	329.14	417.92	384.00	487.58	438.86	557.23
50 - 54	284.01	329.21	326.61	378.59	369.21	427.98	426.01	493.82	497.01	576.12	568.01	658.42
55 - 59	376.35	377.69	432.80	434.35	489.25	491.00	564.52	566.54	658.61	660.96	752.70	755.39
60 - 64	513.11	445.58	590.08	512.42	667.05	579.25	769.67	668.37	897.95	779.76	1,026.23	891.16

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**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$2,500 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

**Service Counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene, Huntingdon, Indiana,
Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 174.80	\$ 174.80	\$ 201.02	\$ 201.02	\$ 262.20	\$ 262.20	\$ 332.11	\$ 332.11	\$ 410.77	\$ 410.77	\$ 489.43	\$ 489.43
02 - 19	93.50	93.50	107.52	107.52	140.25	140.25	177.64	177.64	219.72	219.72	261.79	261.79
20 - 24	90.85	128.64	104.47	147.93	118.10	167.23	136.27	192.96	158.98	225.12	181.69	257.28
25 - 29	93.78	160.14	107.85	184.16	121.92	208.18	140.68	240.21	164.12	280.24	187.57	320.28
30 - 34	107.74	194.20	123.90	223.32	140.06	252.45	161.61	291.29	188.54	339.84	215.48	388.39
35 - 39	128.42	194.25	147.68	223.38	166.94	252.52	192.62	291.37	224.73	339.93	256.83	388.49
40 - 44	153.55	218.57	176.58	251.35	199.61	284.14	230.32	327.85	268.70	382.49	307.09	437.13
45 - 49	192.89	243.76	221.82	280.33	250.76	316.89	289.33	365.64	337.56	426.58	385.78	487.52
50 - 54	248.40	287.26	285.65	330.35	322.91	373.43	372.59	430.88	434.69	502.70	496.79	574.51
55 - 59	327.78	328.92	376.94	378.26	426.11	427.60	491.66	493.39	573.61	575.62	655.55	657.85
60 - 64	445.28	387.25	512.07	445.34	578.86	503.42	667.92	580.87	779.24	677.68	890.56	774.50

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610**

\$5,000 Deductible, 100/0

Monthly Rates by Attained Age, Effective January 1, 2016*

**Service Counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene, Huntingdon, Indiana,
Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 160.78	\$ 160.78	\$ 184.89	\$ 184.89	\$ 241.17	\$ 241.17	\$ 305.48	\$ 305.48	\$ 377.83	\$ 377.83	\$ 450.18	\$ 450.18
02 - 19	87.38	87.38	100.48	100.48	131.06	131.06	166.01	166.01	205.33	205.33	244.65	244.65
20 - 24	84.97	118.29	97.72	136.03	110.47	153.77	127.46	177.43	148.70	207.00	169.95	236.57
25 - 29	87.62	146.47	100.77	168.44	113.91	190.41	131.43	219.71	153.34	256.32	175.25	292.94
30 - 34	100.23	176.94	115.27	203.48	130.30	230.02	150.35	265.41	175.41	309.64	200.47	353.88
35 - 39	118.90	176.98	136.74	203.52	154.57	230.07	178.35	265.47	208.08	309.71	237.80	353.95
40 - 44	141.59	200.29	162.83	230.34	184.06	260.38	212.38	300.44	247.78	350.51	283.18	400.58
45 - 49	177.11	223.03	203.67	256.49	230.24	289.94	265.66	334.55	309.94	390.30	354.22	446.06
50 - 54	227.22	262.30	261.30	301.64	295.39	340.99	340.83	393.45	397.64	459.02	454.44	524.59
55 - 59	298.89	299.93	343.72	344.92	388.55	389.91	448.33	449.90	523.05	524.88	597.78	599.86
60 - 64	404.96	352.57	465.70	405.46	526.45	458.35	607.44	528.86	708.68	617.00	809.92	705.15

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Guaranteed Renewable Individual Exclusive Provider Organization [EPO] Plan
Policy Form Number 610

\$0 Deductible, 70/30

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene, Huntingdon, Indiana,
 Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female										
00 - 01	\$ 214.55	\$ 214.55	\$ 246.73	\$ 246.73	\$ 321.82	\$ 321.82	\$ 407.64	\$ 407.64	\$ 504.18	\$ 504.18	\$ 600.73	\$ 600.73
02 - 19	110.87	110.87	127.50	127.50	166.31	166.31	210.66	210.66	260.55	260.55	310.44	310.44
20 - 24	107.49	158.05	123.61	181.76	139.74	205.46	161.24	237.07	188.11	276.59	214.98	316.10
25 - 29	111.24	198.97	127.92	228.82	144.61	258.66	166.86	298.46	194.67	348.20	222.48	397.95
30 - 34	129.03	243.24	148.38	279.72	167.74	316.21	193.55	364.86	225.80	425.67	258.06	486.48
35 - 39	155.40	243.29	178.71	279.78	202.02	316.28	233.10	364.94	271.95	425.76	310.80	486.58
40 - 44	187.45	270.36	215.56	310.92	243.68	351.47	281.17	405.55	328.03	473.14	374.89	540.73
45 - 49	237.61	302.48	273.25	347.85	308.90	393.22	356.42	453.72	415.82	529.34	475.23	604.95
50 - 54	308.39	357.94	354.65	411.64	400.91	465.33	462.59	536.92	539.68	626.40	616.78	715.89
55 - 59	409.61	411.09	471.05	472.75	532.49	534.41	614.42	616.63	716.82	719.40	819.22	822.17
60 - 64	559.55	485.52	643.48	558.34	727.41	631.17	839.32	728.28	979.21	849.65	1,119.10	971.03

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible
\$1,200 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex		Unisex		Unisex		Unisex		Unisex		Unisex	
00 - 01	\$ 243.56	\$	277.95	\$	358.21	\$	449.93	\$	553.12	\$	656.31	
02 - 19	125.71		142.42		181.43		226.01		276.17		326.32	
20 - 24	155.04		176.16		197.28		225.43		260.63		295.83	
25 - 29	178.28		202.88		227.49		260.29		301.30		342.31	
30 - 34	215.68		245.89		276.10		316.39		366.74		417.10	
35 - 39	227.40		259.38		291.35		333.98		387.27		440.55	
40 - 44	267.00		304.91		342.83		393.38		456.56		519.75	
45 - 49	314.02		358.98		403.95		463.90		538.84		613.78	
50 - 54	384.03		439.50		494.97		568.92		661.37		753.81	
55 - 59	466.31		534.11		601.92		692.33		805.34		918.36	
60 - 64	514.08		589.05		664.02		763.99		888.94		1,013.90	

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible
\$2,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex		Unisex		Unisex		Unisex		Unisex		Unisex	
00 - 01	\$ 225.41	\$	257.08	\$	330.99	\$	415.45	\$	510.47	\$	605.49	
02 - 19	116.89		132.28		168.20		209.25		255.44		301.62	
20 - 24	143.90		163.34		182.79		208.72		241.13		273.54	
25 - 29	165.30		187.96		210.61		240.82		278.58		316.34	
30 - 34	199.73		227.56		255.38		292.47		338.84		385.21	
35 - 39	210.53		239.98		269.42		308.67		357.74		406.81	
40 - 44	247.00		281.91		316.82		363.37		421.55		479.74	
45 - 49	290.29		331.70		373.10		428.31		497.32		566.33	
50 - 54	354.77		405.84		456.92		525.02		610.15		695.28	
55 - 59	430.53		492.97		555.41		638.66		742.73		846.80	
60 - 64	474.52		543.56		612.59		704.65		819.71		934.78	

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UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible

\$1,200 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex		Unisex		Unisex		Unisex		Unisex		Unisex	
00 - 01	\$	255.22	\$	291.36	\$	375.70	\$	472.09	\$	580.52	\$	688.96
02 - 19		131.37		148.94		189.93		236.78		289.49		342.19
20 - 24		162.80		185.08		207.36		237.07		274.21		311.34
25 - 29		193.67		220.59		247.50		283.38		328.24		373.09
30 - 34		233.63		266.54		299.44		343.32		398.16		453.00
35 - 39		246.26		281.07		315.87		362.27		420.27		478.27
40 - 44		282.28		322.48		362.68		416.29		483.29		550.30
45 - 49		329.26		376.51		423.76		486.76		565.51		644.27
50 - 54		402.84		461.12		519.41		597.13		694.27		791.42
55 - 59		489.29		560.55		631.81		726.81		845.57		964.33
60 - 64		539.49		618.28		697.07		802.11		933.42		1,064.73

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible

\$2,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex		Unisex		Unisex		Unisex		Unisex		Unisex	
00 - 01	\$	236.15	\$	269.43	\$	347.09	\$	435.85	\$	535.70	\$	635.55
02 - 19		122.10		138.28		176.03		219.17		267.70		316.23
20 - 24		151.04		171.56		192.08		219.44		253.63		287.83
25 - 29		179.47		204.25		229.04		262.08		303.38		344.69
30 - 34		216.27		246.57		276.87		317.27		367.78		418.28
35 - 39		227.90		259.95		291.99		334.72		388.13		441.55
40 - 44		261.06		298.08		335.10		384.46		446.17		507.87
45 - 49		304.33		347.84		391.35		449.36		521.88		594.40
50 - 54		372.08		425.76		479.43		550.99		640.45		729.91
55 - 59		451.70		517.31		582.93		670.42		779.78		889.14
60 - 64		497.92		570.47		643.02		739.76		860.67		981.59

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible
\$1,200 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*
 Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex
00 - 01	\$ 232.27	\$ 264.97	\$ 341.28	\$ 428.49	\$ 526.59	\$ 624.70						
02 - 19	120.22	136.12	173.20	215.59	263.27	310.96						
20 - 24	148.65	168.81	188.97	215.85	249.45	283.05						
25 - 29	176.59	200.93	225.28	257.75	298.33	338.92						
30 - 34	212.74	242.51	272.28	311.98	361.60	411.22						
35 - 39	224.17	255.65	287.14	329.12	381.60	434.08						
40 - 44	256.75	293.12	329.50	378.00	438.62	499.24						
45 - 49	299.26	342.01	384.76	441.76	513.01	584.27						
50 - 54	365.83	418.57	471.30	541.62	629.51	717.40						
55 - 59	444.05	508.52	572.99	658.95	766.40	873.85						
60 - 64	489.47	560.75	632.04	727.08	845.88	964.69						

* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

UPMC Health Benefits, Inc.
Health Incentive Account (HIA) EPO - Vanishing Deductible
\$2,000 Deductible, 80/20

Monthly Rates by Attained Age, Effective January 1, 2016*
 Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex	Unisex
00 - 01	\$ 215.02	\$ 245.13	\$ 315.40	\$ 395.70	\$ 486.04	\$ 576.38						
02 - 19	111.83	126.47	160.62	199.65	243.56	287.47						
20 - 24	138.01	156.58	175.14	199.89	230.83	261.77						
25 - 29	163.74	186.16	208.58	238.48	275.85	313.22						
30 - 34	197.03	224.44	251.86	288.41	334.11	379.80						
35 - 39	207.55	236.55	265.54	304.20	352.53	400.85						
40 - 44	237.56	271.05	304.55	349.21	405.03	460.86						
45 - 49	276.70	316.07	355.44	407.93	473.54	539.15						
50 - 54	338.00	386.56	435.13	499.88	580.81	661.75						
55 - 59	410.03	469.40	528.77	607.92	706.87	805.81						
60 - 64	451.86	517.50	583.14	670.66	780.06	889.46						

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