Attachment I
Rate Change Summary

[Issuer Name] – [Individual/Small Group] Plans

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

Overview

Initial requested average rate change: XX.XX%1 [Should be consistent with table 10]
Revised requested average rate change: N/A1
Range of requested rate change: XX.XX% [Should be consistent with table 10]
Effective date: [Insert date]
Mapped Members: [Insert covered lives] [Should be consistent with membership in table 10 Cell V15]
Available in: Rating Areas [List rating areas]

Key information


<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premiums</td>
<td>$XX</td>
</tr>
<tr>
<td>Claims</td>
<td>$XX</td>
</tr>
<tr>
<td>Administrative</td>
<td>$XX</td>
</tr>
<tr>
<td>Administrative fees</td>
<td>$XX</td>
</tr>
<tr>
<td>Company made (after taxes)</td>
<td>$XX</td>
</tr>
</tbody>
</table>

[Financial info should be consistent with Table 2 of this guidance. Since administrative expenses and after-tax profit are not captured in Table 2, the issuer must report these amounts for the subject market for the 2018 rating period.]

The company expects its annual medical costs to increase X.XX%.

Explanation of requested rate change

Provide a non-technical description of why the issuer is requesting this rate increase. Identify and explain the key drivers of the increase.

Once the required information has been entered, delete the red text throughout the document.

1 Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.