July 21, 2023
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120
RE: PennsyIvania Health \& Wellness, Inc., Individual HMO, ACA Filing for PY2024
PennsyIvania Insurance Department ID \# CECO-133651416
Mr. Laverty,
In response to the objection letter dated $7 / 19 / 2023$ for Pennsylvania Health \& Wellness, Inc. (PHW)'s Individual Market rates and supporting documentation for rates effective January 1, 2024, we are providing the following documents:

- "2024_PHW_Objection_Responses_20230721.pdf"

As requested by PID, a full list of changes from the previously submitted filing documents is included below.

- Round 3 Objection 3: Updated all plans labeled as "On" to "On/Off" in the PA Plan Design Summary document.

The following files have been updated to reflect the changes listed above:

- "2024_PHW_Plan_Design_Summary_and_Rate_Tables_20230721.xlsm"

No changes have been made to the Actuarial Memorandum or Pennsylvania Actuarial Memorandum Exhibits as part of this objection response.

## REQUESTED COMPANY INFORMATION

Below you may find the requested company information, in response to the guidance posted March 23, 2023.

1. Company Name \& NAIC number: Pennsylvania Health \& Wellness, Inc.; NAIC \# 16041
2. Market (Individual or Small Group): Individual
3. On or Off Exchange: On/Off Exchange
4. Effective date of coverage: January 1, 2024
5. Average rate change requested (Table 11, cell AN13, Table 11 cell EN19 for quarterly filings): 2.3\%
6. Range of rate change requested (from Table 11, column AN for annual filings and column BU, DB, and EI for small group quarterly filings): -16.9\% to 30.6\%
7. Total additional annual revenue generated from the proposed rate change: $\mathbf{\$ 2 , 4 2 6 , 8 3 6}$
8. Product(s) (Indemnity, HMO, POS (HMOs only), PPO, or EPO): HMO
9. Rating Areas and any changes from 2023: In 2023 plans were offered in Rating Areas 3, 6, 7, and 8 only. For 2024, plans will continue to be offered in those areas only.
10. Metal Levels and Catastrophic Plans: Gold, Silver, Bronze
11. Current number of covered lives and of policyholders as of February 1, 2022 as shown in Cell V15 of Table 10: Covered lives - 13,921; Policyholders - 10,850
12. Number of plans offered in 2024 and the change this represents from 2023: There are 26 plans offered in 2024. There were 35 plans offered in 2023.
13. Corresponding contract form number, SERFF and Binder ID numbers: FORM: CECO-133641439; SERFF: CECO-133651416; Binder: CECO-PA24-125116419
14. HIOS Issuer ID number and submission tracking number: HIOS Issuer ID number: 86199 Submission tracking number: Submitted in SERFF

Pennsylvania Actuarial Memorandum
Redacted
Pennsylvania Health \& Wellness Inc.
Annual Individual Health Rate Filing
Pennsylvania
Assuming CSR Subsidies are Unfunded
Effective January 1, 2024
Forms: 86199PA001, 86199PA002, 86199PA003

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The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Actuarial Memorandum Rate Exhibits. This information may not be appropriate forother purposes.

This information is intended for use by the Pennsylvania Insurance Department and their subcontractors to assist in the review of PHW's individual rate filing. However, we recognize that this certification may become a public document.

The premium rates developed and supported by this Actuarial Memorandum assume that federal cost-sharing reduction (CSR) subsidies will remain non-funded in plan-year 2024. This actuarial memorandum reflects the estimated impact of the Section 1332 State Relief and Empowerment Waiverfor benefit year 2024. Future modifications to the operation and parameters of the State Relief and Empowerment Waiver, as well as to legislation, appropriations and/or court decisions regarding the funding of CSR payments may affect the extent to which the premium rates are neither excessive nor deficient.

As instructed by PHW, the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of preparation or otherwise schedu led by law or regulation to take effect in plan-year 2024. These provisions reflect the Inflation Reduction Act of 2022 (IRA) extension of the expanded advance premium tax credit (APTC) premium subsidies established by the American Rescue Plan Act of 2021 (ARP). Changes to these and other provisions that impact 2024 may affect the extent to which the premium rates are sufficient and neither excessive nor deficient. PHW reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate.

At the time of this rate filing submission, there remains substantial uncertainty regarding the net impact of the COVID-19public health emergency on claim costs in the 2022 experience period and on the trajectory of enrollment and healthcare utilization patterns in the months and years to come. Using the available information at the time of this rate filing, we have made assumptions regarding these impacts to historical claim costs and required 2024 premium rates, with the understanding that additional information may yet emerge to refine our expectations. If subsequent information becomes available that would materially affect this rate filing submission, we would like to work with the Pennsylvania Insurance Department to update our pricing assumptions regarding the impact of the ARP and COVID-19 and resubmit this rate filing. Additionally, should the funding of extended Advanced Premium Tax Credits (APTCs) be discontinued, we would like to revise our rates accordingly to ensure the rates are reasonable and accurate.

## A. COMPANYINFORMATION

Please see Table 0, "Identifying Information", for the requested company identifying information.

## B. RATE HISTORY AND PROPOSED VARIATION IN RATECHANGES

The 3 year historical rate changes are:

| Year | SERFF Filing \# | Rate Change |
| :--- | :--- | :--- |
| 2022 | CECO-132819212 | $-8.8 \%$ |
| 2023 | CECO-133248857 | $4.9 \%$ |
| 2024 | CECO-133651416 | $2.3 \%$ |

The rate projections for 2024 have been updated from the previous year's projections to reflect the most recent information available.

The following describes and quantifies the significant drivers underlying the proposed rate change for 2024. This breakdown is intended only for explanatory purposes and is distinct from the development of rates, as described in the subsequent sections of this memorandum.

- Risk Adjustment and Statewide Average Premium (2.0\% premium impact versus 2023 filed rates)

Risk adjustment transfer experience for calendar year 2022 was projected forward to 2024, including consideration of changes to the statewide average premium, risk adjustment program, PHW enrollee population morbidity relative to the Pennsylvania single risk pool and the high-cost risk pool.

- Trended single risk pool experience (-8.6\% premium impact versus 2023 filed rates)

The individual single risk pool experience, inclusive of a morbidity adjustment to account for the estimated impacts of the COVID-19 pandemic on base period costs and utilization. The filed rates reflect expectations for utilization trends and healthcare management applied to experience base data. There is a full description of utilization trend and other projection factors applied to ex perience in Sections 6, "Trend Factors" and 7, "Adjustments to Trended EHB Allowed PMPM."

- Unit Cost trend (4.9\% premium impact versus 2023 filed rates)

Expected unit cost levels and reimbursement arrangements with providers have changed between 2023 and 2024.

- Benefit Design and CSR Subsidies (-9.7\% to 4.0\% premium impact versus 2023 filed rates, varies by plan)

PHW's 2024 rates assume no change in covered EHB or non-EHB benefits relative to benefits offered in 2023. The rates do reflect updated projections of actuarial value and cost sharing by plan. Premium rates continue to reflect the expectation that PHW will not be reimbursed by the U.S. Department of Health and Human Services (HHS) for cost-sharing on CSR Silver plans.

- Administrative Expenses and Profit (3.4\% premium impact versus 2023 filed rates)

See Section 2b, "Retention Items", for details on projected non-benefit expenses.

- Revision of COVID-19Adjustment (-0.93\% of premium impact versus 2023 filed rates)

The premium adjustment used in 2023 to estimate impact of the COVID-19 pandemicand associated secondary effects on the cost to provide heal thcare coverage has been revised for 2024

- Other

These components include capitation contracts, changes in the 1332 program, and interactions between prior steps.

As shown in Table 10, "Plan Rates", the rate change varies by plan. The variance in the rate changes across plans does not reflect the incorporation of plan-specific morbidity. When projecting plan rating factors, we have assumed the same demographic and risk characteristics for each plan priced. This pricing method excludes expected differences in the morbidity of members assumed to select the plan. Additional discussion of how the actuarial value of each plan is determined can be found in Section 2, "Rate Development \& Change", which further addresses how rate changes can vary by plan under a single risk pool methodology.

## C. AVERAGERATE CHANGE

The average rate change in 21-year-old non-tobacco premium PMPMis 2.3\%, as shown in Table 11, "Plan Premium Development for 21 -Year-Old Non-Tobacco User". The average rate change is $3.8 \%$, as shown in Table 10, "Plan Rates".

## D. MEMBERSHIP COUNT

Please see Table 1, "Number of Members" for the average age, age breakdown, and total number of members for the projection period.

## E. BENEFIT CHANGES

PHW's 2024 rates assume no change in covered EHB or non-EHB benefits relative to benefits offered in 2023. The rates do reflect updated projections of actuarial value and cost sharing by plan, as described in "Plan Adjusted Index Rate" subsection in Section 2a. The premium rates developed and supported by this Actuarial Memorandum assume that federal cost-sharing reduction (CSR) subsidies will remain non-funded in plan-year 2024.

Please see Appendix 20.5 for details on benefit changes.
The names of all plans are changing effective 1/1/2024.

## F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I and Worksheet 2, Section II of the URRT. The experience period for this rate filing is calendaryear 2022.

## Paid Through Date: 03/31/2023

Current Date: March 2023
Earned premium in the experience period is not adjusted for taxes, assessments, risk adjustment receivables or payables or MLR rebates.

## Allowed and Incurred Claims Incurred During the Experience Period

A breakout of the claims shown in Worksheet 1, Section I is provided in the appendices as Appendix 4.1.
Allowed and incurred claims, as defined by the URRT instructions, were determined from PHW's claim record system. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss ratio and completion methodologies. The estimation for incurred but not paid amounts is based on the experience period claims reported. This estimation was performed using a consistent methodology for both allowed and paid claims. Differences in effective completion factors for allowed versus paid claims are attributable to differences in the seasonal patterns of allowed versus paid claims. Actual claims run-out may reflect some variability from expectations.

Incurred claims are defined as allowed claims less member cost-sharing, Section 1332 Waiver reinsurance and cost-sharing paid by the U.S. Department of Health and Human Services (HHS) on behalf of low-income members. Cost-sharing paid by HHS will be zero for 2024 under their current guidance.

## Experience Period Non-EHBs

The benefits in excess of EHBs offered are adult vision and adult dental coverage. The experience period cost for these benefits is shown in Table 2.

## Capitation

In 2022, children were capitated at \$5.33 PMPM for Envolve Vision (Exam \& Hardware, Medical \& Surgical), Vida (Health Coaching), Envolve People Care (NurseLine), Startsmart, and Teledoc -Telehealth. Adults on the base product were capitated at \$2.47 PMPM. Adults were lower since Envolve Vision (Exam \& Hardware) is not included in the base product. Adults with the Vision+Dental buy-up were capitated an additional \$19.55 PMPM for Envolve Vision (Exam \& Hardware) and Envolve Dental. The dates for the contract were CY2022.

## Treatment of Pharmacy Rebates on Incurred Claims

Incurred claims in Table 2 have been adjusted to be gross of pharmacy rebates, as opposed to net, shown on Worksheet 1 of the URRT.

## Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

The risk adjustment transfer and state-based reinsurance receivables for the experience period is shown on Worksheet 1, Section I of the URRT. The final amount for risk adjustment was not known at the time of rate development. This amount was estimated using data available through March 2023. There were no federal reinsurance recoveries in 2022.

## Current Enrollment and Premium

The current enrollment and premium values on Worksheet 2, Section II are reported as of March 2023.

## Loss Ratio

The loss ratio calculated in Table 2, "Experience Period Claims and Premiums" for the experience period data is 45.94\%.

## G. CREDIBILITY OF DATA

## Description of Credibility Method Used

Credibility is first calculated using the following formula:

| If Member Months $<12,000$ : | $0 \%$ |
| :--- | :---: |
| If $12,000 \leq$ Member Months $<100,000:$ | ${\text { (Member Months } / 100,000)^{1 / 2}}^{\text {If Member Months } \geq 100,000}:$ |

Here, "Member Months" is defined as total 2022 member months across PHW's calendaryear 2022 individual block of business that are suitable for pricing.

Note that credibility is calculated based on 2022 experience data that is suitable for pricing and may not exactly match the total 2022 membermonths shown above.

Actuarial Standard of Practice \#25 "Credibility Procedures" was considered when determining the credibility level.

## Manual Experience Basis

This filing is 100\% experience rated. No credibility manual rate is being filed for 2024.

Where manual adjustments to claims are required to model changes in Pennsylvania Health \& Wellness Inc.'s population and coverage over time, most notably utilization trend as discussed in section 2 , these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing re search on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing theseguidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

## H. TREND IDENTIFICATION

Please see Table 3, "Trend Components" for the medical and prescription drug allowed claims cost and utilization trends as well as the induced demand adjustments.

This section demonstrates and describes the methodology for developing the trend factors used to project the 2022 experience period Essential Health Benefit (EHB) allowed claims to the 2024 projection period as shown in Worksheet 1, Section II of the URRT. The cost and utilization trend factors for "Year 1" and "Year 2" shown on the URRT are annual trends; the factors for "Year 1" represent 12 months of trend from 2022 to 2023 and the factors for "Year 2" represent 12 months of trend from 2023 to 2024.

## Trend Factors (URRT Cost Trend and URRT Utilization Trend Projection Factors)

The cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experien ce and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2022, based on actual 2022 contracts and ongoing provider and Pharmacy Benefit Manager (PBM) contracting efforts
for 2024, controlling for changes in service mix, the geographic distribution of enrollees, and pharmacy rebates.
- Changes in the distribution of services among network providers other than changes driven by expanding the provider network (there were no other significant network changes from 2022 to 2024).
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design.

Appendix 6.1 decomposes the cost trend factor into its constituent parts.
The utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.

Appendix 6.2 compares the utilization trend factor by benefit category to various industry trends.

## I. HISTORICALEXPERIENCE

Please see Table 4, "Historical Experience" for the most recent 48 months of data with at least two months of runout. See Section 1 h above for a description of the trend development.

## 2. Rate Development and Change

## A. DEVELOPMENTOF PROJECTED INDEX RATE, MARKET-ADJUSTED INDEX RATE, AND TOTAL ALLOWED CLAIMS

Please see Table 5 for the development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims.

The paid to allowed ratio shown in cell C28 is calculated using an alternative method as allowed by the rate filing guidance. This ratio is calculated as follows:

$$
\text { Paid to Allowed Ratio }=\frac{\text { URRT WS2 projected incurred claims }+ \text { URRT WS2 Projected reinsurance }}{\text { URRT WS2 allowed Claims }}
$$

The projected incurred reinsurance recoveries shown in cell C33 is calculated using an alternative method to be consistent with the projected allowed reinsurance PMPMIisted on URRT Worksheet 2. The projected incurred claim impact derived from the projection period Continuance Table is scaled by the paid to allowed ratio before being applied in this calculation. This PMPM is calculated as follows:

Proj Incurred Reinsurance Recoveries
$=(-$ Proj Incurred Reinsurance Impact $*$ Paid to Allowed Ratio $)$

* (Proj Incurred EHB Claims + (Proj Allowed NonEHB Claims * Paid to Allowed Ratio))


## Development of Manual EHB Allowed Claims PMPM

This filing is $100 \%$ experience rated for 2024.

## Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2022 experience period Essential Health Benefit (EHB) allowed claims to the 2024 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

Differences between the URRT adjustment factors and the adjustments shown in Table 5 are due to the order in which they are applied. Appendix 20.4 decomposes each adjustment factor into its components by service category for both Table 5 and the URRT.

## Morbidity Adjustment

Claims were adjusted for estimated differences in morbidity between PHW's 2022 membership $(103,004)$ and its projected 2024 membership $(184,516)$.

The components of the morbidity projection factor are:

- An adjustment for differences in estimated direct and indirect costs associated with the COVID-19 pandemic between PHW's 2022 experience and the 2024 rating period. No explicit adjustments were made to the experience claims projections to reflect lasting changes in care delivery associated with increased use of telehealth services precipitated by the pandemic.
- An adjustment for potential changes in the health status profile of the statewide single risk pool from 2022 to 2024.

Consistent with the 2024 URR Instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPMholding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projecting claims reflects PHW's expectations regarding the morbidity of its 2024 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate PHW's risk transfer payment/receivable.

## Demographic Shift

Experience period claims were adjusted for differences in the projected mix of 2024 membership by gender and age band using demographic factors from the Milliman Health Cost Guidelines.

Experience period claims were also adjusted for differences in the projected mix of 2024 membership by metropolitan statistical area (MSA) using utilization and unit cost area factors from the Milliman Health Cost Guidelines and differences in contractual reimbursement by area.

## Plan Design Changes

Experience period claims were adjusted for changes in plan mix and plan design.

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with demographic and morbidity shifts.

Where applicable, this factor is also used to reflect addition or removal of covered benefits to align the 2024 projection with benefits covered by the state EHB benchmark plan:

- No such benefit change adjustments were required from 2022 to 2024.


## Other Adjustments

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Anticipated changes in capitation contracts.
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2022 to 2024 and projected drug utilization.
- Expected savings due to ongoing managed care efforts.
- The reimbursement impact of expanding the provider network from 2022 to 2024 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.


## Projected Index Rate

The Index Rate for the Experience Period (calendar year 2022) is a measurement of the average allowed claims PMPM for EHB benefits. This value ( $\$ 256.74$ ) is located on Worksheet 1 , Section II of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The

Index Rate for the Experience Period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (\$333.87) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d)(1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for EHBs for calend aryear 2024 and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The total allowed claims include benefits in excess of EHBs (coverage for adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 2a. The Index Rate for the Projection Period will remain unchanged untila renewal filing effective January 1, 2025.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The projection period of calendar year 2024
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 and Table 5 demonstrate the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further de scribe the steps taken to develop the Market-Wide Adjusted Index Rate and Plan Adjusted Index Rates.

## Market-Adjusted Index Rate

The Index Rate for the Projection Period is adjusted to arrive at the Market-Wide Adjusted Index Rate (\$565.59) based on the following three adjustments, as outlined in 45 CFR 156.80(d)(1):

- Adjustment for Section 1332 State Relief and Empowerment Waiver (state-based reinsurance program)
- Adjustment for the Risk Adjustment Program
- Exchange userfee adjustment

Since the Index Rate is on an allowed claims basis, the market-level adjustments are applied on an allowed basis. Similar to the Index Rate, the Market-Wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool. The Market-Wide Adjusted Index Rate is not calibrated. Appendix 11.1 and Table 5 show the development of the Market-Wide Adjusted Index Rate.

## Reinsurance

No federal reinsurance recoveries are expected in the projection period. The reinsurance that was entered in the field for projected reinsurance on URRTWorksheet 1, Section II and Table 5 reflects a reduction in the index rate due to the Section 1332 State Relief and Empowerment Waiver. On Appendix 11.1, the reinsurance adjustment is shown on an allowed basis as a multiplicative factor, and this factor is 0.95 .

Tabs II.a. and II.b. in the PAAM Exhibits show the impact of the reinsurance program in the individual market.

We used Pennsylvania Health \& Wellness, Inc's actual 2022 claims experience, including the distribution thereof by annual claims per member, scaled to anticipated 2024 costs levels, to model the proposed reinsurance scenario. The scaled claims probability distribution (CPD) reflects expectations regarding plan year 2024 population, plan, and network characteristics for purposes of calculating the projected incurred claims impact in the rating period.

We then applied the proposed coinsurance parameter to claims that fall within the reinsurance window to calculate the expected reinsurance receivable.

## Risk Adjustment Payment/Charge

The Projected Risk Adjustment Transfer PMPM ( $\quad$ ) is shown on Worksheet 1, Section II on an allowed basis. This amount does not include the 2023 Risk Adjustment User Fee of $\$ 0.21$ PMPM ( $0.04 \%$ of premium). The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, line 3.7. Appendix 11.1 shows how the anticipated risk adjustment transfer revenue is applied to the Index Rate in the development of the Market Wide Adjusted Index Rate. See Appendix 11.2 for the development of the Projected Risk Adjustment Transfer and Appendix 11.3 for the development of the multiplicative adjustment factor.

The state transfer cal culation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47 and displayed below.

$$
T_{i}=\left[\frac{P L R S_{i} \times I D F_{i} \times G C F_{i}}{\sum_{i}\left(s_{i} \times P L R S_{i} \times I D F_{i} \times G C F_{i}\right)}-\frac{A V_{i} \times A R F_{i} \times I D F_{i} \times G C F_{i}}{\sum_{i}\left(s_{i} \times A V_{i} \times A R F_{i} \times I D F_{i} \times G C F_{i}\right)}\right] \times \bar{P}_{S}
$$

Where:
$\bar{P}_{S}=$ state average premium;
$P L R S_{i}=$ plan i's plan liability risk score;
$A V_{i}=$ plan i's metal level AV;
$A R F_{i}=$ plan i's allowable rating factor;
$I D F_{i}=$ plan i's induced demand factor;
$G C F_{i}=$ plan i's geographic cost factor;
$s_{i}=$ plan i's share of state enrollment as measured in member months;
and the denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transferformula using a combination of (i) the state's actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purpose of our modeling, each of these factors was approximated as follows.
$\bar{P}$ : The state average premium was assumed to be approximately $\quad$ PMPM.

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2022, as reported by the U.S. Department of Health and Human Services (HHS), adjusted for projected changes in the demographics, morbidity, and plan mix of the single risk pool from 2022 to 2024.

The average risk score for PHW's membership is projected by adjusting the projected single risk pool average risk score for risk score differences associated with demographic, plan mix, and morbidity differences be tween the two populations.

HHS's proposed HCC model and coefficient changes for 2023 and 2024 were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions supporting the
projected statewide and PHW risk score projections are consistent with the demographic, plan mix, and morbidity assumptions used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2022, as reported in the Wakely National Risk Adjustment Report (WNRAR) for Pennsylvania.

The average IDF for PHW is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to PHW's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver 1.03, Gold 1.08 and Platinum 1.15.
$A V$ : The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2022, as reported in the Wakely National Risk Adjustment Report (WNRAR) for Pennsylvania.

The average AV for PHW is projected by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to PHW's projected population. The formula recognizes the following AV values by metallictier: Bronze 0.60 , Silver 0.70 , Gold 0.80 , and Platinum 0.90 .

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF is projected based on the average ARF of the single risk pool in 2022, as reported in the Wakely National Risk Adjustment Report (WNRAR) for Pennsylvania, adjusted for projected changes in the demographics of the single risk pool from 2022 to 2024.

The average ARF for PHW is projected by applying the proposed 2024 HHS age rating factors to PHW's projected population. An equal distribution across ages within each age band was assumed.

GCF: The average GCF for PHW relative to the statewide average was modeled based on historical GCFs by rating area, any anticipated changes in these GCFs overtime, and PHW's projected enrollment by rating area.

The total transfer is calculated as the sum of the state transfer calculation described above and a net transferfor 2024 attributable to the high cost risk pooling program. We modeled this as the combination of a receivable, based on the attachment point and coinsurance from the 2024 Notice of Benefit and Payment Parameters (NBPP), and an assessment, based as a percentage of premium.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2023 risk transfer projection and via the calculation of the net high cost risk pooling receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.
The risk adjustment transfer amounts ( $\square$ ) shown on Worksheet 2 of the URRT are the actual PMPM amounts expected in the projection period on an allowed basis. The risk adjustment transfer amount applied to the Index Rate in the development of the Market-Wide Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and morbidityassumptions used to project claims costs.

## Exchange User Fees

The Exchange userfee adjustment applied to premium rates is $3.00 \%$ of premium. This is based on weighting the expected distribution of issuer enrollment sold through the Exchange and sold outside of the Exchange. Per the 2024 ACA-Compliant Health Insurance Rate Filing Guidance, the Exchange user fee is $3.00 \%$ of premium for members purchasing coverage via the Exchange, and there is no Exchange fee for members enrolling in coverage outside of the Exchange. We assumed $98.96 \%$ of members would enroll through the Exchange and $1.04 \%$ would enroll outside of the Exchange. On Appendix 11.1, the userfee is shown on an allowed basis as a multiplicative factor, and this factor is 1.038 . See Appendix 11.3 for the development of this factor.

## Non-EHBs

The non-EHB allowed claims shown in Table 5 are comprised of Adult Vision and Adult Dental benefits ( $\$ 2.81$ ).

## Plan-Adjusted Index Rate

The Plan Adjusted Index Rates (average Plan Adjusted Index Rate: $\$ 566.80$ ) are included in Worksheet 2, Section III of the URRT. The Plan Adjusted Index Rates are the Market-Wide Adjusted IndexRate adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d)(2):

- The actuarial value and cost-sharing design of the plan
- The actuarial value for each plan was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
- Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
- Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
- Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
- The actuarial and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load of 22.0\% applied to each silver ACA-compliant plan sold through the Exchange.
- Induced Demand for each plan is calculated according to the 2024 ACA-Compliant Health Insurance Rate Filing Guidance released by the Pennsylvania Insurance Department.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices.
- Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
- For a subset of plans, additional benefits include coverage for adult vision and adult dental.
- Administrative costs, excluding the Exchange userfees (which are already accounted for in the MarketWide Adjusted Index Rate).
- Non-benefit expenses ( $\$ 81.82$ ) are discussed in Section 2 b below. Appendix 12.2 decomposes the administrative cost adjustment into its components.

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and other benefits (non-EHB) common to all plans are added to the Market-Wide Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1.
The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and are not calibrated.

## Inclusion of Capitation Payments

Capitated payments for services are accounted for through a PMPM allocation to claims, where the average capitation amount replaces the projected claims amount.

In 2023, children will be capitated at \$5.11 PMPM for Envolve Vision (Exam \& Hardware, Medical \& Surgical), Vida (Health Coaching), Envolve People Care (NurseLine), Startsmart, and Teledoc - Telehealth. Adults on the base product will be capitated at $\$ 2.25$ PMPM. Adults are lowersince EnvolveVision (Exam \& Hardware) is not included in the base product. Adults with the Vision+Dental buy-up will be capitated an additional \$19.55 PMPM for Envolve Vision (Exam \& Hardware) and Envolve Dental. The dates for the contract are CY2022.

In 2024, children will be capitated at \$3.34 PMPM for Envolve Vision (Exam \& Hardware, Medical \& Surgical), Vida (Health Coaching), Envolve People Care (NurseLine), Startsmart, and Teledoc -Telehealth. Adults on the base product will be capitated at \$1.16 PMPM. Adults are lowersince EnvolveVision (Exam \& Hardware) is not included in the base product. Adults with the Vision+Dental buy-up will be capitated an additional \$20.19 PMPM for Envolve Vision (Exam \& Hardware) and Envolve Dental. The dates for the contract are CY2023.

## B. RETENTION ITEMS

Please see Table 6, "Retention", for the retention items. Combined with margin and contingency from Table 10, "Plan Rates", this represents the total administrative expenses and taxes and fees. Profit, margin, and administrative expenses do not vary by plan. The calculation of the retention loads are shown in Appendix 12.2. The PMPM values listed below are not expected to match Table 6 because the loads are calculated as a percent of EHB-only premium but are applied to aggregate
projections.

## Administrative Expense Load

The administrative expense load ( $14.4 \%$ of Premium) was provided by PHW. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

This includes approved quality improvement expenses ( $\$ 3.00$ ) and provider incentive payments ( $\$ 2.00$ ).
The administrative expenses are allocated proportionally by plan on a constant percentage of Premium basis. A breakdown of administrative expenses can be found in Appendix 12.2. See Appendix 12.3 for the development of the Administrative Cost factor applied on Appendix 12.1.

## Taxes and Fees

The taxes and fees load (0.85\% of Premium) account for the following: Risk Adjustment User Fee ( $\$ 0.21$ ), PCORI Fee (\$0.27), PA Premium Tax and State Income Tax (\$1.05) and Federal Income Tax (\$3.29).

See Section 2a above for a description of how the Exchange userfee is calculated and applied to the MarketWide Adjusted Index Rate.

## Profit (or Contribution to Surplus) \& Risk Margin

Thisload (2.00\% of Premium) was applied proportionally to all products and plans and can be found in Appendix 12.2.

## Broker Commissions



A sample producer agreement and commission schedules have been included in Appendix 20.2.

## Loss Ratio

The projected medical loss ratio (MLR) is $83.8 \%$. The projected MLR is based on the prescribed calculation from 45 CFR 158, but solely reflects the projection year single risk pool experience, rather than the three-year combined period that is used for determining MLR rebates. There was no credibility adjustment applied to the projected MLR. Including a credibility adjustment would only increase the projected MLR, which already satisfies the MLR requirement. See Appendix 15.1 for the calculation for the projected federal medical loss ratio.

## C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Normalization factors are shown in Table 7, "Normalized Market-Adjusted Projected Allowed Total Claims". Rates were normalized for age, tobacco usage, and benefit richness.

## Age Curve Calibration

The development of the average age factor (1.769) may be found in Appendix 13.2.

The age curve calibration factor is calculated by weighting the prescribed age rating factors with the projected single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2023 Unified Rate Review Instructions. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 50 years.

## Geographic Factor Calibration

The development of the average geographic factor (1.000) may be found in Appendix 13.3.
In order to determine the calibration factorfor geography, the projected distribution of members by area was determined. The weighted average of the area factors was then calculated using this distribution.

## Tobacco Use Rating Factor Calibration

The development of the average tobacco factor (1.005) may be found in Appendix 13.4.

The tobacco use calibration factor removes the portion of the cost expected to be recouped through the tobacco surcharge. This factor is calculated by weighting the tobacco factors with the single risk pool membership distribution of tobacco and non-tobacco users

## Benefit Richness Calibration

The development of the average benefit richness factor (1.000) can be found in Appendix 20.3.
Network Calibration
PHW operates in a single network. There are no network differences, and thus the network factor is 1.000 .

## D. COMPONENTS OF RATE CHANGE

Please see Table 8, "Components of Rate Change", and Table 9, "Year-over-Year Data to Support Table 8" for the buildup of the components of rate change.

Additional detail on the drivers of the rate changes are included in Section 1b.

## 3. Plan Rate Development

Table 10, "Plan Rate Development" shows the development of the final 2024 rates by plan.

The buildup of the Induced Utilization shown in column L of Table 10 is shown in Appendix 20.3

The AV Metal Values included in Table 10 were calculated using the Final 2024 Federal AV Calculator for the plan provisions that fit within the calculator parameters and making appropriate adjustments to the AV identified by the calculator for plan design features that are not compatible with the parameters of the AV Calculator. The Unique Plan Design Supporting Documentation and Justification for applicable plans is included as part of the QHP filing.

Please refer to Appendix 16.1 for screenshots documenting the outcomes of the AV Calculator for each plan.
The 2024 version of the Unified Rate Review Template (v6.0) has error checking that aligns with the AV de minimis ranges outlined in the 2024 NBPP.

## CSR Defunding Adjustment

A CSR Defunding Adjustment of $22.0 \%$ was selected based on review of PHW's calculated CSR rate load, which fell below the low end of the allowableCSR rate load range of 1.22-1.26. The expectation is that the actual required CSR rate load under the alternate scenario in which expanded subsidies are extended to plan year 2024 will also fall below the 1.22 minimum allowable CSR rate load. As such, a CSR Defunding Adjustment of 1.22 would be selected in either scenario.

Table 11, "Plan Premium Development for 21-Year-Old Non-Tobacco User", shows the premium development and rate change for a 21-year-old non-tobacco user.

## A. AGE AND TOBACCO FACTORS

Age and tobacco factors are shown in Table 12, "Age and Tobacco Factors". Age factors represent the federal standard age curve.

The tobacco factor for 2024 is set to 1.150 for all ages " $21+$. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report "The Business Case for Coverage of "," Tobacco Cessation2012 Update" by Leif Associates, Inc. was considered which suggests that healthcare costs forsmokers are greater than those of nonsmokers and may be as much as $34 \%$ higherthan costs for non-smokers."

## B. GEOGRAPHICFACTORS

The Geographic Areas used are consistent with those defined by the state. Geographicfactors are shown in Table 13, "Geographic Factors".

The geographicfactors were developed to reflect provider reimbursement and practice pattern differences by area. The reimbursement reflected in the geographicfactors is based on current and projected contracts for providers by rating area. The practice patterns reflected in the geographicfactors are based on Health Cost Guidelines research. Projected risk pool morbidity and age/genderfactors were set at statewide levels during geographicfactor development. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only and do not reflect differences in population morbidity.

## C. NETWORK FACTORS

Network factors are shown in Table 14, "Network Factors". PHW only has one network, so this factor is shown as 1.000 .

## D. SERVICEAREA COMPOSITION

Not Applicable. Rates do not vary by Service Area.

## E. COMPOSITE RATING

Not Applicable. This is an individual rate filing.

## F. CONNECTIVITYFACTORS

Not Applicable. This product filing does not include connectivity features.

I, $\square$ am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work. This filing is prepared on behalf of Pennsylvania Health \& Wellness, Inc. (the "Company") to comply with applicable State and Federal Statutes for individual rate filings.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No.41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
- ASOP No.56, Modeling

I certify that to the best of my knowledge and judgment:

1. The Index Rate for the Projection Period is:
a. In compliance with all applicableState 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 antici pated to be covered
d. Neither excessive nor deficient based on my best estimates of the 2023 individual market.
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
3. The geographic rating factors used reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2 , Section I of the URRT for all plans.
Regarding Pennsylvania state certification requirements, I certify that to the best of my knowledge and judgment:
5. All factor, benefit, and other changes from the prior approved filing have been disclosed.
6. No new plan is a modification of an existing plan.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2024 plan year premium rates in this actuarial memorandum are contingent upon the status of the state and federal ACA statutes and regulations including applicable legislation, regulatory guidance, court decisions, and otherwise. Changes to these provisions have the potential to greatly impact required 2024 plan year premium rates as described in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Such changes may include but are not limited to changes to permissible or manda ted covered benefits and benefit designs, changes to operation and parameters of the state Section 1332 waiver reinsurance program, changes to eligibility for and determination of APTCs, and changes to the funding status of cost sharing reduction plans.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. Furthermore, due to the substantial uncertainty regarding the past and future impacts of the COVID-19 pandemic and associated federal public health emergency, we believe some of the assumptions related to the pandemic's financial impact may exhibit a greater degree of divergence from expectations than would typically be expected in a more stable economic and healthcare environment.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the URRT's process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

Signed:

Name:

Date: $7 / 13 / 2023$

## PA Rate Template Part I Data Relevant to the Rate Filin

table 0 ．Identifying Information

${ }_{\substack{\text { to } \\ \text { to }}}$
$\underset{\substack{12 / 31 / 2024 \\ 12 / 1 / 2022}}{\substack{ \\\hline}}$

Table 1 ．Number of Member

|  | monts |  | Member－monthsProjected Rating Period |
| :---: | :---: | :---: | :---: |
|  | Expereiene e eriod |  |  |
| Averge Age | 440 | 44.0 | 43.0 |
| Toal | 103098 | ${ }_{13,21}^{1,21}$ | 18.516 |
| ${ }_{1}^{48}$ |  | ${ }_{\frac{131}{132}}$ | ${ }_{\substack{13,37 \\ 12,276}}$ |
| $\underset{\substack{25.29 \\ 35034}}{ }$ |  | ${ }_{1}^{1,24}$ | ${ }_{10,018}^{16,}$ |
| 35．39 | 8.674 | ${ }_{1,1,17}$ | ${ }_{1}^{1,4,97}$ |
| ${ }_{\text {as，}}^{0.049}$ | ${ }_{\substack{7,989 \\ 8.981}}^{\text {¢，}}$ | ${ }_{\text {L，}}^{1.189}$ |  |
|  | ${ }_{\substack{10,770 \\ 1,755}}$ | ¢， |  |
| ${ }_{\text {cost }}^{60.63}$ | ${ }^{16,622}$ | ${ }_{1}^{1,885}$ |  |

## Thle 2．Experience Period Claims and Premiums



Table 3．Trend Components


Table 4．Historical Experience

| Lombt．ear | Iotalamual Peemium | ${ }_{\text {neurea Clims }}$ | Completion fators | Uutimate haureac caims | Members | Utimate | comememen | Prescripion ous Rebates ${ }^{\text {a }}$ | Nu， | Alowed PMPM |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | ${ }_{\substack{212762.21 \\ 220.5326}}$ | $\frac{1.000}{1.000}$ |  | ${ }_{\substack{1,988 \\ 1,93}}$ | $\frac{112.69}{1140}$ |  |  | ${ }_{\substack{26237893 \\ 30,3832}}^{2}$ | （13897 |
|  |  |  | － 1 10000 |  | ${ }_{\text {1，933 }}^{1,725}$ |  |  | ${ }^{1414.50323)}$ |  | ${ }_{\substack{2225 \\ 225}}^{\text {220 }}$ |
| Mav－19 |  | 37，987，78 | 1.000 | ${ }_{37,98778}$ | 1,74 | ${ }^{213,70}$ |  | （17，27382］ | 635，53847 | 2502 |
| （inc－1． |  |  | $\frac{10000}{1.000}$ |  | 1,669 <br> 1.606 |  |  | ${ }_{\text {（14，3267）}}^{[11603037}$ |  | （ |
|  |  |  | $\xrightarrow[\substack{1.000 \\ 1000}]{\text { 100 }}$ |  | ＋1，555 | $\underbrace{}_{\substack{\text { 22729 } \\ 12929}}$ |  | ${ }^{1149294909}$ |  | $\underset{\substack{2652_{2} \\ 2502}}{\text { 20，}}$ |
| oct． |  | ${ }^{424,366.13}$ | 1.000 | ${ }^{424,306,13}$ | 1.508 | ${ }^{281,388}$ |  | ［20，69880］ | ${ }_{482,838,78}$ | 3199 |
| （ | 3，96668 |  | $\frac{10000}{1000}$ |  | ＋1，4939 |  | ${ }_{9399683}$ |  |  |  |
| $\underset{\substack{\text { lan } 20 \\ \mathrm{fe} 2020}}{ }$ |  |  | $\frac{1.000}{1000}$ |  |  | （166565 |  |  | ¢0898872 |  |
|  |  | 53，3177212 | 000 | 583,32380 | 3，70 | ${ }_{154,75}$ |  | ${ }_{\text {（16，614，} 55]}$ | 776，90953 |  |
| Apr－20 |  |  | 1．000 | （12，2097 | 3，757 |  |  | ${ }^{13263831}{ }^{123}$ |  | ${ }^{1877.1}$ |
| Jun－20 |  | 618，133，99 | 1.000 | ${ }_{618,175,34}$ | ${ }_{3,85}$ | ${ }^{16635}$ |  | ［24977599 | 77332126 | ${ }_{122} 12$ |
| $\xrightarrow{\text { Aub } 20}$ |  | \％e9， | 10009 | 899，100016 | ¢ | $\xrightarrow{\substack{1923 \\ \text { 23750 }}}$ |  |  |  |  |
| Sep 20 |  | $881,925.10$ | 0.999 | ${ }^{821,96625}$ | 3.60 | 227.6 |  | ［1，533，38） | 93999709 | ${ }^{003}$ |
| － |  |  | ${ }_{\text {oneme }}^{0.9999}$ |  | ${ }^{\frac{3}{3,473}}$ | ${ }_{2}^{27769}$ |  |  |  | 化 |
| Ooc－20 |  |  | 0．9999 |  | ${ }_{\substack{3,383 \\ 3,822}}$ | ${ }_{\text {2 }}^{166971}$ |  | $\frac{14569390}{(85,0637)}$ | ¢93．16929 |  |
| ${ }_{\text {feb } 212}$ |  | ${ }^{955,49012}$ | 0．9999 | 9，5，54544 | ${ }_{4}^{4.388}$ | ${ }^{214865}$ |  | ［19，788699 | 1．113，02745 | 250．20， |
|  |  | ${ }_{\substack{1,2,252031 \\ 1.25,0622}}$ | 0．9998 | ${ }_{1}^{1,225,22559}$ | ${ }_{4}^{4.450}$ | ${ }_{2 \text { 27，} 32}^{2022}$ |  | ［51，28540］ |  | － |
| Map－21 |  |  | 0．0997 |  | ${ }_{\text {4，}}^{4.929}$ |  |  |  |  | ${ }^{3396}$ |
|  |  | 12，4829200 | ${ }_{0}^{0.9992}$ | （1，25999833 | 4．996 | ${ }^{247,00}$ |  | （86，283，44） | ${ }_{\text {1，396，98823 }}$ | ${ }^{279.6}$ |
| ${ }_{\text {cter }}$ |  | ${ }_{1}^{1,3,5,512,56}$ | －9，982 | ¢ | 施， |  |  |  |  | $\substack{30, 269 \\ \hline 6 . \\ \hline}$ |
| $\xrightarrow{\text { Ootr21 }}$ |  |  | ${ }_{\text {O }}^{0.9976}$ | s <br> ${ }_{\text {s }}$ | ¢，S．45 <br> 5.41 | $c261432560$ |  |  |  | ${ }_{\text {cki }}^{276}$ |
| Oec．21 | 30971292065 |  | 0.9959 |  | ¢ | $\frac{2912}{2912}$ | s 2889.618880 |  |  | 307 |
|  |  |  | $\frac{1000}{1000}$ |  |  | ${ }_{1}^{168417}$ |  |  |  | 221 |
| $\underset{\substack{\text { Mar－22 } \\ \text { Apre2］}}}{ }$ |  |  | $\frac{1.0000}{1000}$ |  | ¢， | （17379， |  |  |  |  |
| （Mat22 |  |  |  | － |  | ${ }_{\substack{16651 \\ 18101}}^{\text {120 }}$ |  | （188，886．69） |  | 223.4 |
| $\xrightarrow{10122}$ |  |  | 0.9989 | ${ }^{1.557553551}$ | ${ }_{8}^{8,49}$ | ${ }_{\text {188，35 }}^{18,5}$ |  | ${ }^{16888292900}$ | ${ }_{2}^{20012,2088}$ | ${ }_{2 \text { 24，}}^{2}$ |
| ${ }_{\text {Ale }}^{\text {Afe } 22}$ |  |  | ${ }_{\text {O，}}^{0.9973}$ |  |  |  |  |  |  | 228.4 |
| $\xrightarrow{\text { Oot } 22}$ |  |  | $\xrightarrow{0.9907}$ |  |  |  |  |  |  | 293 |
|  |  |  |  |  |  |  |  | 隹 | 迷 |  |

[^0]Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information

| Carrier Name: | Pennsylvania Health \& Wellness, Inc. | Attachment Point: | \$60,000 |
| :---: | :---: | :---: | :---: |
| Product(s): | HMO | Reinsurance Cap: | \$100,000 |
| Market Segment: | Individual | Coinsurance Rate: | 50\% |
| Rate Effective Date: | 1/1/2024 |  |  |
| Incurred Dates: | 1/1/2022 to 12/31/2022 | Proj. Incurred Claim Impact: | -2.6\% |


| Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Annual Incurred Claims Range |  | Unique Members | Member Months | Total Incurred Claims | Total Incurred Claims withReinsurance$\$ 10,843,474$ |
| \$0 | \$29,999 |  |  |  |  |
| \$30,000 | \$34,999 |  |  |  | \$542,864 |
| \$35,000 | \$39,999 |  |  |  | \$612,167 |
| \$40,000 | \$44,999 |  |  |  | \$711,751 |
| \$45,000 | \$49,999 |  |  |  | \$498,269 |
| \$50,000 | \$54,999 |  |  |  | \$456,399 |
| \$55,000 | \$59,999 |  |  |  | \$352,656 |
| \$60,000 | \$64,999 |  |  |  | \$286,010 |
| \$65,000 | \$69,999 |  |  |  | \$356,931 |
| \$70,000 | \$74,999 |  |  |  | \$926,025 |
| \$75,000 | \$79,999 |  |  |  | \$448,301 |
| \$80,000 | \$84,999 |  |  |  | \$196,509 |
| \$85,000 | \$89,999 |  |  |  | \$408,750 |
| \$90,000 | \$94,999 |  |  |  | \$71,598 |
| \$95,000 | \$99,999 |  |  |  | \$71,922 |
| \$100,000 | \$109,999 |  |  |  | \$534,330 |
| \$110,000 | \$119,999 |  |  |  | \$158,449 |
| \$120,000 | \$129,999 |  |  |  | \$86,922 |
| \$130,000 | \$139,999 |  |  |  | \$0 |
| \$140,000 | \$149,999 |  |  |  | \$209,818 |
| \$150,000 | \$159,999 |  |  |  | \$345,853 |
| \$160,000 | \$169,999 |  |  |  | \$0 |
| \$170,000 | \$179,999 |  |  |  | \$0 |
| \$180,000 | \$189,999 |  |  |  | \$0 |
| \$190,000 | \$199,999 |  |  |  | \$301,628 |
| \$200,000 | \$209,999 |  |  |  | \$0 |
| \$210,000 | \$219,999 |  |  |  | \$0 |
| \$220,000 | \$229,999 |  |  |  | \$0 |
| \$230,000 | \$239,999 |  |  |  | \$0 |
| \$240,000 | \$249,999 |  |  |  | \$0 |
| \$250,000 | \$259,999 |  |  |  | \$204,102 |
| \$260,000 | \$269,999 |  |  |  | \$0 |
| \$270,000 | \$279,999 |  |  |  | \$218,505 |
| \$280,000 | \$289,999 |  |  |  | \$0 |
| \$290,000 | \$299,999 |  |  |  | \$0 |
| \$300,000 | \$324,999 |  |  |  | \$0 |
| \$325,000 | \$349,999 |  |  |  | \$268,749 |
| \$350,000 | \$374,999 |  |  |  | \$0 |
| \$375,000 | \$399,999 |  |  |  | \$314,615 |
| \$400,000 | \$424,999 |  |  |  | \$0 |
| \$425,000 | \$449,999 |  |  |  | \$0 |
| \$450,000 | \$474,999 |  |  |  | \$0 |
| \$475,000 | \$499,999 |  |  |  | \$0 |
| \$500,000 | \$599,999 |  |  |  | \$0 |
| \$600,000 | \$699,999 |  |  |  | \$0 |
| \$700,000 | \$799,999 |  |  |  | \$0 |
| \$800,000 | \$899,999 |  |  |  | \$0 |
| \$900,000 | \$999,999 |  |  |  | \$0 |
| \$1,000,000+ |  |  |  |  | \$0 |
| Total |  |  |  |  | \$19,426,595 |

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information

| Carrier Name: | Pennsylvania Health \& Wellness, Inc. | Attachment Point: | \$60,000 |
| :---: | :---: | :---: | :---: |
| Product(s): | HMO | Reinsurance Cap: | \$100,000 |
| Market Segment: | Individual | Coinsurance Rate: | 50\% |
| Rate Effective Date: | 1/1/2024 |  |  |
|  |  | Proj. Incurred Claim Impact: | -5.5\% |
|  |  | Proj. Morbidity Impact: | 0.0\% |


| Reinsurance Program Impact Continuance Table Development - Plan Year 2024 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Annual Incurred Claims Range |  | Unique Members | Member Months | Total Incurred Claims | Total Incurred Claims with Reinsurance |
| \$0 | \$29,999 |  |  |  | \$22,100,717 |
| \$30,000 | \$34,999 |  |  |  | \$1,172,871 |
| \$35,000 | \$39,999 |  |  |  | \$985,912 |
| \$40,000 | \$44,999 |  |  |  | \$463,025 |
| \$45,000 | \$49,999 |  |  |  | \$388,318 |
| \$50,000 | \$54,999 |  |  |  | \$1,537,213 |
| \$55,000 | \$59,999 |  |  |  | \$738,261 |
| \$60,000 | \$64,999 |  |  |  | \$1,719,741 |
| \$65,000 | \$69,999 |  |  |  | \$1,749,633 |
| \$70,000 | \$74,999 |  |  |  | \$1,625,831 |
| \$75,000 | \$79,999 |  |  |  | \$1,631,129 |
| \$80,000 | \$84,999 |  |  |  | \$2,090,897 |
| \$85,000 | \$89,999 |  |  |  | \$1,013,219 |
| \$90,000 | \$94,999 |  |  |  | \$950,761 |
| \$95,000 | \$99,999 |  |  |  | \$1,081,870 |
| \$100,000 | \$109,999 |  |  |  | \$1,520,423 |
| \$110,000 | \$119,999 |  |  |  | \$616,155 |
| \$120,000 | \$129,999 |  |  |  | \$897,048 |
| \$130,000 | \$139,999 |  |  |  | \$615,681 |
| \$140,000 | \$149,999 |  |  |  | \$535,827 |
| \$150,000 | \$159,999 |  |  |  | \$495,197 |
| \$160,000 | \$169,999 |  |  |  | \$0 |
| \$170,000 | \$179,999 |  |  |  | \$666,780 |
| \$180,000 | \$189,999 |  |  |  | \$177,608 |
| \$190,000 | \$199,999 |  |  |  | \$377,041 |
| \$200,000 | \$209,999 |  |  |  | \$398,867 |
| \$210,000 | \$219,999 |  |  |  | \$210,346 |
| \$220,000 | \$229,999 |  |  |  | \$0 |
| \$230,000 | \$239,999 |  |  |  | \$464,344 |
| \$240,000 | \$249,999 |  |  |  | \$486,170 |
| \$250,000 | \$259,999 |  |  |  | \$0 |
| \$260,000 | \$269,999 |  |  |  | \$0 |
| \$270,000 | \$279,999 |  |  |  | \$275,823 |
| \$280,000 | \$289,999 |  |  |  | \$0 |
| \$290,000 | \$299,999 |  |  |  | \$0 |
| \$300,000 | \$324,999 |  |  |  | \$313,066 |
| \$325,000 | \$349,999 |  |  |  | \$0 |
| \$350,000 | \$374,999 |  |  |  | \$735,261 |
| \$375,000 | \$399,999 |  |  |  | \$0 |
| \$400,000 | \$424,999 |  |  |  | \$844,389 |
| \$425,000 | \$449,999 |  |  |  | \$0 |
| \$450,000 | \$474,999 |  |  |  | \$0 |
| \$475,000 | \$499,999 |  |  |  | \$0 |
| \$500,000 | \$599,999 |  |  |  | \$0 |
| \$600,000 | \$699,999 |  |  |  | \$0 |
| \$700,000 | \$799,999 |  |  |  | \$0 |
| \$800,000 | \$899,999 |  |  |  | \$0 |
| \$900,000 | \$999,999 |  |  |  | \$0 |
| \$1,000,000+ |  |  |  |  | \$0 |
| Total |  |  |  |  | \$48,879,425 |




\section*{PA Rate Template Part IV A - Individual <br> 






Carrier Name: $\quad$ Pennsyvania Heatth \& Wellness, Inc.
Madact(s): Segment:
Rate Effective Date: $\begin{aligned} & \text { HMO } \\ & \text { Individual } \\ & \text { 1/1/2024 }\end{aligned}$

|  | 02-01-2023 Number of Covered Lives by County |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Plan Number |  | Crawford | Erie | Forest | mckean | Mercer | Venango | Warren | ${ }_{1}$ | Cameron | Elk | Poter | ${ }_{2}$ | Bradord | bon | clinton | $\underbrace{\text { Lackewan }}$ na | Lurere | Lrcoming | ${ }^{\text {morroe }}$ | Pike | ${ }_{\text {sullivan }}$ | $\underbrace{}_{\substack{\text { Susgueha } \\ \text { nna }}}$ | Troga | Wayne | wyoming |  | ${ }_{\text {Alegheen }}^{\text {aren }}$ | ${ }_{\text {Armstron }}^{\text {E }}$ | Beaver | Butler | Fayete | Greene | Indiana | Lawrence | $\underbrace{\text { on }}_{\text {Washingt }}$ | Westmor eland | or |
| Totals | 0 | 1 |  | - | 1 | 0 | 0 | 0 | $0 /$ Match | 0 |  | 0 | 01 Match | 184\| | 129] | 0 | -638\| | \| 7431 |  | 01447 | 0 | 0 19 | 1291 |  | 01 161 | $1{ }^{38}$ | ${ }^{38}$ Match | 0 | - 0 | 0 | 10 | 0 | 10 | 0 0 | 0 0] | 0 O | 0 | 01 Match |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\stackrel{P}{\text { Pan } 1}$ | $\square$ | . |  |  | - |  |  |  | \| Match | . | : |  | \| Match | 10 | 7 | : | ${ }_{43}^{43}$ | 35 <br> 84 |  | 12 <br> 72 |  | 1 | ${ }_{11}^{11}$ |  |  |  | 4 Match |  |  |  |  |  |  |  | - |  |  | Match |
| $\frac{\text { Pan }}{}$ Plan 3 |  |  |  |  |  |  |  |  | Match | : |  | - | Match | 19 | ${ }_{13}$ | - | ${ }_{173}$ | 84 <br> 45 |  | ${ }_{22}{ }^{12}$ | , |  | $\frac{8}{15}$ | , | ${ }_{24}^{24}$ |  | $\frac{21}{1}$ Match |  |  |  | - | $\cdots$ |  |  |  |  |  |  |
| Plan 4 |  |  |  |  |  |  |  | - | Match |  |  | - | Match | 15 | 5 | - | 21 | 21 |  | 32 | - | 7 | 1 |  | 6 |  | 4 Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 5 |  |  |  |  |  |  |  |  | Match |  |  |  | Match | ${ }^{22}$ | 7 |  | 29 | 25 |  | 14 |  | 1 | 8 |  | 14 |  | 4 Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 6 |  |  |  |  |  |  |  |  | Match |  |  |  | $\xrightarrow{\text { arth }}$ | ${ }^{35}$ | 34 |  | 95 | 296 |  | 109 |  | 2 | 22 |  | 19 |  | 5 Match |  |  |  |  |  |  |  |  |  |  | Match |
| ${ }^{\text {Panan } 7}$ |  |  |  |  |  |  |  | : | ${ }_{\text {Match }}$ |  |  | $\bigcirc$ | ${ }^{\text {Match }}$ Match | ${ }_{16}^{16}$ | ${ }_{12}$ | - | 72 | $\frac{29}{54}$ | : | $\stackrel{23}{46}$ |  |  | 12 | - | ${ }_{2}^{5}$ |  | $\frac{1}{4}$ Match |  | - |  | - | $\square$ |  |  |  |  |  |  |
| Plan9 |  |  |  |  |  |  |  |  | Match |  |  | - | Match | ${ }^{6}$ | 10 |  | 19 | 32 |  | ${ }_{24}^{46}$ |  | 1 | 15 |  | ${ }^{24}$ |  | 4 Maxth |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 10 |  |  |  | . |  | . | . | . | Match | . | . | - | Match | 3 |  | . | 4 | 22 |  | 11 |  |  | 4 |  | 1 |  | Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 11 |  |  |  |  |  |  |  |  | Match | - |  | - | Natch |  | - |  |  |  |  |  |  |  |  |  |  |  | Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 12 |  |  |  |  |  |  |  |  | Match |  |  |  | Match | 7 | 6 |  | 4 | 7 |  | 4 |  | 1 | ${ }^{6}$ |  |  |  | 1 Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 13 |  |  |  |  |  |  |  |  | Match |  |  | - | Match | 4 |  | . | 12 | 11 |  | 5 |  |  | 1 | . |  |  | 1 Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 14 |  |  |  |  |  |  |  | . | Match | - |  | - | Natch | 3 | 1 |  |  | 8 |  | 4 |  | ${ }^{1}$ | 1 |  |  |  | Match |  |  |  |  |  |  |  |  |  |  | Match |
| $\frac{\mathrm{Pan} 15}{\text { Pan } 16}$ | - | : | : | : | : | : | - | $\bigcirc$ | $\xrightarrow{\text { Match }}$ Match | : | : | $\bigcirc$ | $\pm \begin{aligned} & \text { Match } \\ & \text { Match }\end{aligned}$ | ${ }^{3}$ |  | - | 10 | 3 4 | : | 2 | : |  | 3 | : | 1 | - | $\pm$ | . | . | . | . | . | . | - | - | . | . | $\xrightarrow{\text { Match }}$ Match |
| Pan 17 |  | - |  | $\because$ | - | - | - | - | ${ }_{\text {match }}$ | - | $\square$ | $\bigcirc$ | Natch | 3 | 3 | - | 4 | 4 | : | $\stackrel{1}{9}$ | : |  | $\stackrel{3}{2}$ | . | 2 |  | ${ }^{\text {Marcth }}$ | , | . | . |  |  |  |  |  |  |  | Match |
| Plan 18 |  |  |  |  |  |  |  | - | Match | . |  | - | Match | 2 | 1 | - | 19 | 23 | . | 12 | . |  | 2 | . | 3 |  | 1 Match |  |  |  | - |  |  |  |  |  |  | Match |
| Plan 19 |  |  |  |  |  |  |  | . | Match |  |  |  | Match |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 Match |  |  |  |  |  |  |  |  |  |  |  |
| Plan 20 |  |  | - | . | . | . | . | - | Match |  |  | - | Natch | 1 | 1 |  | 7 | 12 |  |  | - | 1 | ${ }^{2}$ |  | 7 |  | Match |  |  | - |  |  | - |  |  |  |  |  |
| ${ }_{\text {Plan }}^{\text {Pan } 21}$ |  | . | : | : | . | - | . | $\div$ | ${ }_{\text {Match }}^{\text {Match }}$ | : | . | $\cdots$ | $\pm \begin{aligned} & \text { Match } \\ & \text { Match }\end{aligned}$ | ${ }_{2}^{1}$ | . | . | 4 | 4 | - | 17 | . | $\div$ |  | - | 6 | - | $\pm$ | - | - | - | - | - | - | - | - | $\cdots$ | $\cdots$ | $\pm$ |
| Plan 23 | - | - | . | . |  |  |  |  | Match |  |  |  | Match |  |  |  |  |  |  |  |  |  |  |  |  |  | Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 24 |  |  |  |  |  |  |  | . | Match |  |  | - | Match |  |  | , | 1 | 7 | . | 2 |  |  | 1 |  | 1 | 3 | 3 Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 25 |  |  |  |  |  |  |  |  | Match | . |  |  | Match |  |  |  |  | 1 |  |  | . |  |  |  |  |  | Match |  |  |  |  |  |  |  |  |  |  | Natch |
| Plan 26 |  |  |  |  | , |  |  |  | Match |  |  |  | Natch |  |  |  |  |  |  |  |  |  |  |  |  |  | $\pm \begin{aligned} & \text { Match } \\ & \text { Match }\end{aligned}$ |  |  |  |  |  |  |  |  |  |  | Match |
| ${ }_{\text {Plan }}$ | - | - |  |  | : |  | : | - | ${ }_{\text {Match }}^{\text {Math }}$ | - | - | - | $\pm$Match <br> Match | - | - | $\cdots$ |  |  | : |  | : |  | 3 |  |  | - | $\pm$Match <br> Match |  | . |  |  |  |  |  |  |  | $\cdots$ | $\pm$ |
| Plan 29 |  |  |  |  |  |  |  |  | Match |  |  |  | Match |  |  |  | 1 |  |  |  |  |  |  |  | 1 |  | Match |  |  |  |  |  |  |  |  |  |  | Match |
| $\frac{\mathrm{Plan} 30}{\text { Pan } 31}$ |  | - |  | . |  |  | $\cdots$ | $\cdots$ | $\xrightarrow{\text { Match }}$ Match | , | - | - | $\xrightarrow{\text { Match }}$ Math | 1 | - | . |  |  |  |  |  |  |  |  |  |  | $\xrightarrow{\text { Match }}$ Match |  |  |  |  |  |  |  |  |  |  |  |
| Plan 32 |  |  |  |  |  |  |  | . | Match | . |  | $\cdots$ | Match |  |  |  |  | 1 |  |  |  |  |  |  |  |  | Natch |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 33 |  |  |  |  |  |  |  |  | Natch |  |  | - | Match |  | . |  |  |  |  |  |  |  |  |  |  | - | Match |  |  |  |  |  |  |  |  |  |  | Match |
| Plan 34 |  |  |  |  | . | - | - |  | Match |  | - | - | Match |  | - | - | 1 | 1 |  |  |  |  |  |  |  |  | Match |  |  |  |  |  |  |  |  |  | - | Match |
| ${ }_{\text {Plan }}^{\text {Plan } 36}$ |  |  |  |  | - | - |  |  | Match Match | - |  | $\div$ | Match | - | - | - |  |  | - | , | - |  |  | . | , |  | Match | - |  | , | . | . | - | . | . |  |  | Match |
| Plan 37 |  |  |  |  |  |  |  |  | Match |  |  |  | Match |  |  |  |  |  |  |  |  |  |  |  |  |  | Match |  |  |  |  |  |  |  |  |  |  | Match |

## PA Rate Template Part IV A - Individua

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



PA Rate Quarterly Template Part V

## Consumer Factors

Table 12. Age and Tobacco Factors

| Projection Period Age and Tobacco Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Age <br> Band | Age <br> Factor | Tobacco Factor | Age Band | Age Factor | Tobacco Factor |
| 0-14 | 0.765 |  | 40 | 1.278 | 1.150 |
| 15 | 0.833 |  | 41 | 1.302 | 1.150 |
| 16 | 0.859 | - | 42 | 1.325 | 1.150 |
| 17 | 0.885 |  | 43 | 1.357 | 1.150 |
| 18 | 0.913 |  | 44 | 1.397 | 1.150 |
| 19 | 0.941 |  | 45 | 1.444 | 1.150 |
| 20 | 0.970 |  | 46 | 1.500 | 1.150 |
| 21 | 1.000 | 1.150 | 47 | 1.563 | 1.150 |
| 22 | 1.000 | 1.150 | 48 | 1.635 | 1.150 |
| 23 | 1.000 | 1.150 | 49 | 1.706 | 1.150 |
| 24 | 1.000 | 1.150 | 50 | 1.786 | 1.150 |
| 25 | 1.004 | 1.150 | 51 | 1.865 | 1.150 |
| 26 | 1.024 | 1.150 | 52 | 1.952 | 1.150 |
| 27 | 1.048 | 1.150 | 53 | 2.040 | 1.150 |
| 28 | 1.087 | 1.150 | 54 | 2.135 | 1.150 |
| 29 | 1.119 | 1.150 | 55 | 2.230 | 1.150 |
| 30 | 1.135 | 1.150 | 56 | 2.333 | 1.150 |
| 31 | 1.159 | 1.150 | 57 | 2.437 | 1.150 |
| 32 | 1.183 | 1.150 | 58 | 2.548 | 1.150 |
| 33 | 1.198 | 1.150 | 59 | 2.603 | 1.150 |
| 34 | 1.214 | 1.150 | 60 | 2.714 | 1.150 |
| 35 | 1.222 | 1.150 | 61 | 2.810 | 1.150 |
| 36 | 1.230 | 1.150 | 62 | 2.873 | 1.150 |
| 37 | 1.238 | 1.150 | 63 | 2.952 | 1.150 |
| 38 | 1.246 | 1.150 | 64+ | 3.000 | 1.150 |
| 39 | 1.262 | 1.150 |  |  |  |


| Carrier Name: | Pennsylvania Health \& Wellness, Inc. |
| :--- | :--- |
| Product(s): | HMO |
| Market Segment: | Individual |
| Rate Effective Date: | $\mathbf{1 / 1 / 2 0 2 4}$ |

Table 13. Geographic Factors

| Geographic Area Factors |  |  |  |  |
| :--- | :--- | ---: | ---: | :---: |
| Area | Counties | Current <br> Factor | Proposed <br> Factor |  |
| Rating Area 1 |  |  |  |  |
| Rating Area 2 | 1.008 | 0.966 |  |  |
| Rating Area 3 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, <br> Sullivan, Susquehanna, Wayne, Wyoming |  |  |  |
| Rating Area 4 |  |  |  |  |
| Rating Area 5 |  | 1.010 | 1.228 |  |
| Rating Area 6 | Lehigh, Northampton, Schuylkill | 1.119 | 1.098 |  |
| Rating Area 7 | Berks, Lancaster | 0.964 | 0.859 |  |
| Rating Area 8 | Bucks, Chester, Delaware, Montgomery, <br> Philadelphia |  |  |  |
| Rating Area 9 |  |  |  |  |

Table 14. Network Factors

| Projection Period Network Factors |  |  |  |  |  |  |  |
| :--- | :--- | ---: | ---: | ---: | :---: | :---: | :---: |
| Network Name | Rating Area | Current <br> Factor | Proposed <br> Factor | Approval <br> Date |  |  |  |
| Ambetter | Rating Area 3 | 1.000 | 1.000 |  |  |  |  |
| Ambetter | Rating Area 6 | 1.000 | 1.000 |  |  |  |  |
| Ambetter | Rating Area 7 | 1.000 | 1.000 |  |  |  |  |
| Ambetter | Rating Area 8 | 1.000 | 1.000 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

## Overview

Initial Requested Average Rate Change:
Revised Requested Average Rate Change:
Minimum Requested Rate Change:
Maximum Requested Rate Change
Mapped Members:
Available in Rating Areas:

## Key Information

Jan. 2022 - Dec. 2022 Financial Experience Premium
Claims
Administrative Expenses
Taxes \& Fees
Company Made After Taxes

| $\$$ | $19,945,418.74$ |
| :--- | ---: |
| $\$$ | $9,391,565.17$ |
| $\$$ | $4,472,311.43$ |
| $\$$ | $18,852,958.74$ |

Carrier Name:
Product(s):
Market Segment: Rate Effective Date:

Pennsylvania Health \& Wellness, Inc. HMO
Individual
1/1/2024

How It Plans to Spend Your Premium
This is how the company plans to spend the premium it collects in 2024:
Claims:

Administrative Expenses: $14 \%$
Taxes \& Fees: 4\%
Profit:

The company expects its annual medical costs to increase























| D Design Summar |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | On/Off Exchange | Network | Rating Area | Counties Covered |
| 86199PA0010004 | Ambetter Complete Silver | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 |  |
| 86199PA0010025 | Ambetter Complete Gold | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia |
| 86199PA0010028 | Ambetter Everyday Bronze | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia |
| 86199PA0010031 | Ambetter Elite Bronze | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia |
| 86199PA0010032 | tter Clear Silver | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia |
| 86199PA0010034 | Ambetter Focused Silver | нмо | Silver | On/off | better | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0010035 | Ambetter Everyday Gold | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0010039 | Ambetter Clear Gold | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, <br> Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, <br> Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA001004 | Ambetter Elite Gold | нмо | Gold | On/off | etter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020004 | Ambetter Complete Silver + Vision + Adult Dental | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020022 | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020025 | Ambetter Complete Gold + Vision + Adult Dental | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020028 | Ambetter Everyday Bronze + Vision + Adult Dental | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020031 | Ambetter Elite Bronze + Vision + Adult Dental | нмо | Bronze | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020034 | Ambetter Focused Silver + Vision + Adult Dental | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, <br> Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, <br> Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, <br> Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020035 | Ambetter Everryday Gold + Vision + Adult Dental | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020036 | Ambetter Clear Silver + Vision + Adult Dental | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020039 | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, <br> Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, <br> Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020040 | Ambetter Elite Gold + Vision + Adult Dental | нмо | Gold | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0030003 | Ambetter Silver 201 HSA | нмо | Silver | off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0030004 | Ambetter Silver 203 | нмо | Silver | off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 <br> Rating Area 3, Rating | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, <br> Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, <br> Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0030007 | Ambetter Gold 201 HSA | нмо | Gold | Off | Ambetter | Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0030008 | Ambetter Gold 202 | нмо | Gold | off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0010041 | Ambetter Franklin Silver | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia <br> Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, |
| 86199PA0020041 | Ambetter Franklin Silver + Vision + Adult Dental | нмо | Silver | On/off | Ambetter | Rating Area 3, Rating Area 6, Rating Area 7, Rating Area 8 | Bradford, Carbon, Lackawanna, Luzerne, Monroe, Sullivan, Susquehanna, Wayne, Wyoming, Lehigh, Northampton, Schuylkill, Berks, Lancaster, Bucks, Chester, Delaware, Montgomery, Philadelphia |

Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market $\begin{aligned} & \text { Individual } \\ & \text { RATES FOR AGE } 21 \text {, NON-TOBACCO USER, BY RATING AREA AND COUNTY }\end{aligned}$

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | on/off Exchange | Crawford | Clarion | Erie | Forest | Mckean | Mercer | Venango | Warren |
| 86199PA0010004 | Ambetter Complete Silver | Нмо | Silver | On//off |  |  |  |  |  |  |  |  |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0010025$ | Ambetter Complete Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |  |
| ${ }^{86199 P P} 00010028$ | Ambetter Everyday Bronze | нмо | Bronze | On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0010031$ 861999 A000032 | Ambetter Elite Bronze Ambetter clear Siver | нмо | Bronze | On/off On/Off |  |  |  |  |  |  |  |  |
| 86199PA0010032 <br> 86199PA0010034 | Ambetter Clear Siver Ambetter Focused Siver | нмо нмо | Silver silver | On/Off On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0010035$ | Ambetter Everrday Gold | нмо | Gold | On/off |  |  |  |  |  |  |  |  |
| $86199 P \mathrm{Pa010039}$ | Ambetter Clear Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |  |
| $86199 P A 0010040$ | Ambetter lite Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |  |
| 86199PA0020004 | Ambetter Complete Silver + Vision + Adult Dental | нмо | Silver | on/off |  |  |  |  |  |  |  |  |
| 86199PA0020022 | Ambetter Choice Brozze HSA + Vision + Adult Dental | нмо | Brone | On//ff O/foff |  |  |  |  |  |  |  |  |
| 861999 A0020028 | Ambetter Everyday Bronze + Vision + Adult Dental | нмо | Bronze | On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0020031$ | Ambetter Elite Bronze + V Vision + Adult Dental | нмо | Bronze | on/off |  |  |  |  |  |  |  |  |
| $86199 P \mathrm{P} 0020034$ | Ambetter Focused Silver + Vision + Adult Dental | нмо | Silver | On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0020035$ $86199 P A 002036$ | Ambetter Everrday Gold + Vision + Adult Dental Ambetter Clear siver + Vision + Adul Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |  |
| 86199PA0020036 <br> 86199PA0020039 | Ambetter Clear Siver + Vision + Adult Dental Ambetter Clear Gold + Vision + Adut Dental | HMO HMO | Silver Gold | On/Off On/off |  |  |  |  |  |  |  |  |
| $86199 P A 0020040$ | Ambetter lite Gold + Vision + Adult Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |  |
| ${ }^{86199 P P} 00030003$ | Ambetter Siver 201 HSA | нмо | Silver | Off |  |  |  |  |  |  |  |  |
| 86199PA0030004 | Ambetter Silver 203 Ambetter Gold 201 HSA |  |  | Off |  |  |  |  |  |  |  |  |
| 86199PA0030007 86199PA0030008 | Ambetter Gold 201 HSA Ambetter Gold 202 | HMO HMO | Gold Gold | Off off |  |  |  |  |  |  |  |  |
| $86199 P$ P00100041 $86199 P A 002041$ | Ambeterer frankkin Silver Ambetter Frankiin Siver + vision + Adult dental | нмо нмо | Silver Siver | On/off On/off |  |  |  |  |  |  |  |  |

Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market $\begin{aligned} & \text { Individual } \\ & \text { RATES FOR AGE } 21 \text {, NON-TOBACCO USER, BY RATING AREA AND COUNTY }\end{aligned}$

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | ARE |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | 0 | 0 | 0 |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | On/Off Exchange | Elk | Cameron | Potter |
| 86199PA0010004 | Ambetter Complete Silver | HMO | Silver | On/off |  |  |  |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | on/off |  |  |  |
| 86199PA0010025 | Ambetter Complete Gold | нмо | Gold | on/off |  |  |  |
| $86199 P \mathrm{AOO10028}$ | Ambetter Everday Bronze | нмо | Bronze | on/off |  |  |  |
| 86199PA0010031 | Ambetter Elite Bronze | нмо | Bronze | On/off |  |  |  |
| 86199PA0010032 | Ambetter Clear Silver | нмо | Silver | on/off |  |  |  |
| 861999P崖10034 | Ambetter focused Silver | нмо | Silver | on/off |  |  |  |
| 86199PA0010035 | Ambetter Everrday Gold | нмо | Gold | on/off |  |  |  |
| 861999PA0010039 | Ambetter Clear Gold | HMO | ${ }_{\text {Gold }}$ | On/off |  |  |  |
| 861999 A00100000 $86199 P A 002004$ | Ambetter Elite Gold Ambetter Complete Siver + Vision + Adult dental | HMO HMO | $\underset{\text { Siver }}{\substack{\text { Gold } \\ \text { Sil }}}$ | On/off On/off |  |  |  |
| 86199PA0020022 | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | on/off |  |  |  |
| 86199PA0020025 | Ambetter Complete Gold + Vision + Adutt Dental | нмо | Gold | on/off |  |  |  |
| $86199 P \mathrm{AOO20028}$ | Ambetter Everyday Bronze + Visision + Adult Dental | нмо | Bronze | on/off |  |  |  |
| 861999PA0020031 | Ambetter Elite Bronze + Vision + Adult Dental | нмо | ${ }_{\text {Bronze }}$ | On/off |  |  |  |
| 861999P0020034 | Ambetter Focused Silver + Visison + Adult Dental Ambenter Everyday Gold + vision + Adult Dental | HMO HMO | Silver Gold | On/off On/off |  |  |  |
| 86199PA0020035 86199PA0020036 | Ambetter Everyday Gold + Vision + Adult Dental Ambetter Clear ilver + Vision + Adult Dental | $\begin{aligned} & \text { нмо } \\ & \text { HMO } \end{aligned}$ | Gold Siver | On/off On/off |  |  |  |
| $86199 P A 0020039$ | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |
| $86199 P \mathrm{AOO20040}$ | Ambetter Elite Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |
| 861999PA0030003 $86199 P A 0030004$ | Ambetter Silver 201 H5A | HMO | Silver Siver | Off Off |  |  |  |
| 86199PA0030004 86199PA0030007 | Ambetter Siver 203 Ambetter Gold 201 HSA | $\begin{aligned} & \text { HMo } \\ & \text { Hмо } \end{aligned}$ | Silver Gold | Off Off |  |  |  |
| 86199PA0030008 | Ambetter Gold 202 | нмо | Gold | off |  |  |  |
| 86199PA00010041 | Ambetter Franklin Siver | нмо | Siver | On/off |  |  |  |
| 86199PA0020041 | mbetter Frankiin Silver + Vision + Adult Dental | нмо | Siver | On/off |  |  |  |

Company Name Pennsylvania Health \& Wellness, Inc.
Market Individual
bates for al indobacco user, by rating apea and county

|  | 02-01-2023 Number of Covere | by Ratin |  |  | 184 | 129 | 0 | 638 | 743 | 0 | 447 | 0 | 19 | 129 | 0 | 161 | 38 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | on/off Exchange | Bratord | Carbon | Clinton | Lackawanna | Lurerne | Lycoming | Monroe | Pike | Sullivan | Susquehanna | Tioga | Wayne | Wyoming |
| 86199PA0010004 | Ambetter Complete Silver | нмо | Silver | On/off | \$335.27 | \$335.27 |  | \$335.27 | \$335.27 |  | ${ }^{5335.27}$ |  | \$335.27 | \$335.27 |  | \$335.27 | \$335.27 |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | On/off | \$237.35 | \$237.35 |  | \$237.35 | \$237.35 |  | \$237.35 |  | \$237.35 | \$237.35 |  | \$237.35 | \$237.35 |
| ${ }^{86199 P A 0010025}$ | Ambetter Complete Gold | нмо | Gold | On/off | \$323.21 | \$323.21 |  | \$323.21 | \$323.21 |  | \$323.21 |  | \$323.21 | \$323.21 |  | \$323.21 | \$323.21 |
| $86199 P A 0010028$ | Ambetter Everyday Bronze | нмо | Bronze | On/off | \$245.64 | \$245.64 |  | \$24.64 | \$245.64 |  | \$245.64 |  | \$245.64 | \$245.64 |  | \$245.64 | \$245.64 |
| ${ }^{\text {86199PA0010031 }}$ | Ambetter Elite Bronze | нмо | Bronze | On/off | \$286.65 | \$286.65 |  | \$286.65 | ${ }_{\text {S }} 5886.65$ |  | ${ }^{52886.65}$ |  | S286.65 $\$ 32089$ | \$2886.65 |  | \$2886.65 | \$2886.65 |
| $86199 P \mathrm{Pa010032}$ | Ambetter Clear Silver | нмо | Siver | on/off | \$320.89 | \$320.89 |  | \$320.89 | \$320.89 |  | \$320.89 |  | \$320.89 | \$320.89 |  | \$320.89 | \$320.89 |
| $86199 P \mathrm{Pa010034}$ | Ambetter Focused Siver | нмо | Siver | On/off | \$324.62 | \$324.62 |  | \$324.62 | \$324.62 |  | \$324.62 |  | \$324.62 | \$324.62 |  | \$324.62 | \$324.62 |
| ${ }^{\text {86199PA0010035 }}$ | Ambetter Everyday Gold | нмо | Gold | on/off | \$308.11 | \$308.11 |  | \$308.11 | \$308.11 |  | \$308.11 |  | \$308.11 | \$308.11 |  | \$308.11 | \$308.11 |
| ${ }^{86199 P A 0010039}$ | Ambetter Clear Gold | нмо | Gold | On/off | \$304.30 | \$304.30 |  | \$304.30 | \$304.30 |  | \$304.30 |  | \$304.30 | \$304.30 |  | \$304.30 | \$304.30 |
| ${ }^{\text {86199PA0010040 }}$ | Ambetter Elite Gold | нмо | Gold | On/off | \$356.49 | \$356.49 |  | \$356.49 | \$356.49 |  | \$356.49 |  | \$356.49 | \$356.49 |  | \$356.49 | \$356.49 |
| 86199PA0020004 | Ambetter Complete Silver + Vision + Adult Dental | нмо | Siver | On/off | \$348.15 | \$388.15 |  | \$348.15 | \$388.15 |  | \$388.15 |  | \$348.15 | \$348.15 |  | \$348.15 | \$388.15 |
| $86199 P A 0020022$ | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | on/off | \$246.46 | \$246.46 |  | \$246.46 | \$246.46 |  | \$246.46 |  | \$246.46 | \$246.46 |  | \$246.46 | \$246.46 |
| ${ }^{861999 P A 0020025}$ | Ambetter Complete Gold + Vision + Adult Dental | нмо | Gold | On/off | ${ }^{5335.62}$ | ${ }_{\text {S }} 5335.62$ |  | \$335.62 | \$335.62 |  | \$335.62 $\$ 25507$ |  | ${ }_{\text {S }} 5335.62$ | \$335.62 |  | \$335.62 | \$335.62 |
| 86199PA0020028 | Ambetter Everyday Bronze +Vision + Adult Dental | нмо | Bronze | on/off | \$255.07 | \$255.07 |  | \$255.07 | \$255.07 |  | \$255.07 |  | \$255.07 | \$255.07 |  | \$255.07 | \$255.07 |
| ${ }^{\text {86199PA0020031 }}$ | Ambetter Elite Bronze + Vision + Adult Dental | нмо | ${ }_{\text {Branze }}$ | On/off | \$297.66 | \$297.66 |  | \$297.66 | \$297.66 |  | \$297.66 |  | \$297.66 | \$297.66 |  | \$297.66 | \$297.66 |
| 86199PA0020034 86199PA002035 | Ambetter Focused Silver + Vision + Adult Dental Ambetter Everyday Gold + Vision + Adult Dental | нмо нмо | siver Gold | On/off On/off | \$337.99 $\$ 319.94$ | \$337.09 $\$ 319.94$ |  | \$337.09 $\$ 319.94$ | \$337.09 $\$ 319.94$ |  | \$337.09 $\$ 319.94$ |  | \$337.09 $\$ 319.94$ | 5337.09 $\mathbf{5 3 1 9 . 9 4}$ |  | \$337.09 $\$ 319.94$ | 5337.09 <br> 5319.94 |
| 86199PA002036 | Ambetter Clear Siver + Vision + Adult Dental | нмо | Siver | on/off | \$333.21 | \$333.21 |  | \$333.21 | \$333.21 |  | \$333.21 |  | \$333.21 | \$333.21 |  | \$333.21 | \$333.21 |
| $86199 P A 0020039$ | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off | \$315.99 | \$315.99 |  | \$315.99 | \$315.99 |  | \$315.99 |  | \$315.99 | \$315.99 |  | \$315.99 | \$315.99 |
| $86199 P A 0020040$ | Ambetter Elite Gold + Vision + Adult Dental | нмо | Gold | On/off | \$370.17 | \$370.17 |  | \$370.17 | \$370.17 |  | \$370.17 |  | \$370.17 | \$370.17 |  | \$370.17 | \$370.17 |
| ${ }^{\text {86199PA0030003 }}$ | Ambetter Silver 201 HSA | нмо | Silver | off | ${ }_{\text {S233.86 }}$ | ${ }^{5233.86}$ |  | \$523.86 | \$233.86 |  | \$233.86 |  | S233.86 $\$ 24526$ | \$233.86 |  | \$233.86 | \$233.86 |
| 86199PA0030004 | Ambetter Siver 203 | нмо | Siver | off | \$245.26 | \$245.26 |  | \$245.26 | \$245.26 |  | \$245.26 |  | \$245.26 | \$245.26 |  | \$245.26 | \$245.26 |
| ${ }^{86199 P A 0030007}$ | Ambetter Gold 201 HSA | нмо | Gold | off | \$292.00 | \$292.00 |  | \$292.00 | \$292.00 $\$ 31351$ |  | ${ }_{\text {S }}{ }^{52929.00}$ |  | \$292.00 $\$ 31351$ | \$292.00 $\$ 313151$ |  | \$292.00 | S292.00 <br> $\$ 31315$ |
| 86199PA0030008 86199PA0010041 | Ambetter Gold 202 Ambetter Frankin Silver | нмо | Gold | Off | \$313.51 | \$313.51 |  | \$313.51 | ${ }_{\text {S }}{ }_{\text {S342.517 }}$ |  | ${ }_{\text {\$3342.17 }}$ |  | ${ }_{\text {\$313.51 }}^{\text {S342.17 }}$ | \$313.51 |  | \$311.51 | \$313.51 S342.17 |
| 86199PA0010041 86199PA020041 | Ambetter Franklin Siver Ambetter frankii Siver + +ision + Adult Dental | HMO HMO | Silver Siver | On/off On/off | (\$355.31 | ( ${ }_{\text {S355.31 }}$ |  | ${ }_{\text {S }}^{\text {S355.31 }}$ | ${ }_{\text {S }}^{5355.31}$ |  | $\underset{\text { S355.31 }}{ }$ |  | S345.17 S35.31 | ${ }_{\text {S }}^{535.31}$ |  | ${ }_{\text {S }}{ }_{\text {S355.31 }}$ | S355.31 |

Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market $\begin{aligned} & \text { Individual } \\ & \text { RATES FOR AGE } 21 \text {, NON-TOBACCO USER, BY RATING AREA AND COUNTY }\end{aligned}$


Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market $\begin{aligned} & \text { Individual } \\ & \text { RATES FOR AGE } 21 \text {, NON-TOBACCO USER, BY RATING AREA AND COUNTY }\end{aligned}$

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | ${ }_{0}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | $\begin{array}{\|c} \substack{\text { Eng/off } \\ \text { Exhang }} \end{array}$ | Bedford | Blair | Clearfield | Cambria | Huntingdon | Jefferson | Somerset |
| 86199PA0010004 | Ambetter Complete Siver | нмо | Silver | On/off |  |  |  |  |  |  |  |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| 86199PA0010025 | Ambetter Complete Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |
| ${ }^{86199 P A} \times 0010028$ | Ambetter Everyday Bronze | нмо | Bronze | On/off |  |  |  |  |  |  |  |
| 861999 A0010031 $86199 P A 000032$ | Ambetter Elite Bronze Ambetter clear Siver | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| $86199 P A 0010032$ $86199 P A 0010034$ | Ambetter Clear Silver Ambetter Focused Silver | $\begin{aligned} & \text { HMO } \\ & \text { HMO } \end{aligned}$ | $\begin{aligned} & \text { Silver } \\ & \text { Silver } \end{aligned}$ | on/off on/off |  |  |  |  |  |  |  |
| $86199 P 40010035$ | Ambetter Everyday Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |
| $86199 P$ A0010039 | Ambetter Clear Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |
| 861999PA0010040 | Ambetter Elite Gold | нмо | $\underset{\substack{\text { Gold } \\ \text { siver }}}{\text { cen }}$ | On/off |  |  |  |  |  |  |  |
| 86199PA0020004 86199PA0020022 | Ambetter Complete Silver + Vision + Adult Dental Ambetter Choice Bronze HSA + Vision + Adult Dental | HMO HMO | $\begin{gathered} \substack{\text { Siver } \\ \text { Bronze }} \end{gathered}$ | On/Off <br> On/off |  |  |  |  |  |  |  |
| 86199PA0020025 | Ambetter Complete Gold + Vivion + Adult Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |
| $86199 P A 0020028$ | Ambetter Everyday Bronze +Vision + Adult Dental | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| ${ }^{861999 P A 0020031}$ | Ambetter Elite Bronze + Vision + Adult Dental | нмо | Bronze Siver | On/off |  |  |  |  |  |  |  |
| $86199 P A 0020034$ $861999 A 002035$ | Ambetter Focused Silver + Vision + Adult Dental Ambetter Everyday Gold + Vision + Adut Dental | $\begin{aligned} & \text { HMO } \\ & \text { HMO } \end{aligned}$ | Silver Gold | On/off On/off |  |  |  |  |  |  |  |
| 86199PA0020036 | Ambetter Clear Silver + Vision + Adult Dental | нмо | Silver | On/off |  |  |  |  |  |  |  |
| $86199 P$ A0020039 | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |
| $86199 P A 0220040$ | Ambetter Flite Gold + Vision + Adult Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |
| 86199PA0030003 | Ambetter Siver 201 HSA | нмо | Silver | Off |  |  |  |  |  |  |  |
| 861999PA0030004 $86199 P A 0030007$ | Ambetter Silver 203 Ambetter Gold 201 HSA | нмо нмо | Silver | Off Off |  |  |  |  |  |  |  |
| $86199 P A 0030008$ | Ambetter Gold 202 | нмо | Gold | off |  |  |  |  |  |  |  |
| 86199PA0010041 86199PA0020041 | Ambetter Frankkin Siver Ambetter Frankiin Siver + Vision + Adult Dental | Hмо | Silver <br> Silver | On/off On/off |  |  |  |  |  |  |  |

Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market Individual
RATES FOR AGE 21 , NON-TOBACCO USER, BY RATING AREA AND COUNTY

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | ¢ | 0 | 1,449 | 0 | 0 | 924 | 0 | 319 | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | $\begin{aligned} & \text { On/Off } \\ & \text { Exchange } \end{aligned}$ | Centre | Columbia | Lehigh | Mifflin | Montour | Northampton | Northumberland | Schuykill | Snyder | Union |
| $86199 P$ A0010004 | Ambetter Complete Silver | нмо | Silver | On/off |  |  |  |  |  | \$426.32 |  | 542 |  |  |
| $86199 P$ A0010022 | Ambetter Choice Bronze HSA | нмо | Bronze | on/off |  |  |  |  |  | \$301.81 |  | \$301 |  |  |
| $86199 P A 0010025$ | Ambetter Complete Gold | нмо | Gold | on/off |  |  |  |  |  | \$410.98 |  |  |  |  |
| $86199 P$ P00010028 | Ambetter Everyday Bronze | нмо | ${ }^{\text {Bronze }}$ | On/off |  |  |  |  |  | \$312.35 |  | \$312 |  |  |
| 861999P崖10031 | Ambetter Elite erronze | нмо | Brone Siver | On/off |  |  |  |  |  | \$364.49 $\$ 408.04$ |  | \$3648980 |  |  |
| 86199PA0010032 86199PA0010034 | Ambetter Clear Siver Ambetter Focused Siver | нмо нмо | siver Silver | On/off On/off |  |  |  |  |  | \$408.04 $\$ 412.78$ |  | \$408812 |  |  |
| $86199 P$ A0010035 | Ambetter Everyday Gold | нмо | Gold | On/off |  |  |  |  |  | \$391.78 |  | \$391, |  |  |
| $86199 \mathrm{PA0010039}$ | Ambetter clear Gold | нмо | Gold | On/off |  |  |  |  |  | \$386.94 |  | \$386 |  |  |
| $86199 P A 0010040$ | Ambetter lite Gold | нмо | Gold | on/off |  |  |  |  |  | \$453.30 |  | \$453 |  |  |
| 86199PA00200004 | Ambetter Complete Siver + Vision + Adult dental | нмо | Silver | On/off |  |  |  |  |  | \$442.69 |  | \$4423 |  |  |
| 86199PA0020022 | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | On/off |  |  |  |  |  | \$313.39 |  | \$313 |  |  |
| 86199PA0020025 | Ambetter Complete Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |  |  | \$426.76 $\$ 324.34$ |  | \$426 |  |  |
| 86199PA0020028 86199PA0020031 | Ambetter Everyday Bronze + Vivion + Adult Dental Ambetter Elite Bronze + Vision + Adult Dental | HMO нмо | Bronze Bronze | On/off On/off |  |  |  |  |  | \$324.34 $\$ 378.49$ |  | \$3278 |  |  |
| 86199PA0020034 | Ambetter Focused Siliver + Vision + Adult Dental | нмо | Brone Siver | On/off |  |  |  |  |  | S378.49 $\$ 428.63$ |  | \$3728 |  |  |
| 86199PA0020035 | Ambetter Everyday Gold + Vision + Adult dental | нмо | Gold | on/off |  |  |  |  |  | \$406.82 |  | \$4068280 |  |  |
| 861999 P0020036 | Ambetter Clear Siver + VVision + Adult Dental | нмо | Silver | On/off |  |  |  |  |  | \$423.70 |  | \$423 |  |  |
| $86199 P$ A0020039 | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |  |  | \$401.80 |  |  |  |  |
| 86199PA00200000 | Ambetter Elite Gold + Vision + Adult Dental |  |  | On/off |  |  |  |  |  | S470.70 S29736 |  | \$4780 |  |  |
| 86199PA0030003 86199PA0030004 | Ambetter Silver 201 HSA Ambetter Silver 203 | $\begin{aligned} & \text { Hм } \\ & \text { HMO } \end{aligned}$ | $\begin{aligned} & \text { Silver } \\ & \text { Silver } \end{aligned}$ | off off |  |  |  |  |  | \$297.36 $\$ 311.86$ |  | \$2973 |  |  |
| $86199 P A 0030007$ | Ambetter Gold 201 HSA | нмо | Gold | off |  |  |  |  |  | \$371.30 |  |  |  |  |
| 86199PA0030008 | Ambetter Gold 202 | нмо | Gold | Off |  |  |  |  |  | \$398.65 |  |  |  |  |
| 861999 A0010041 $86199 P A 002041$ | Ambetter Frankiin Siver Ambetter Frankii Silver + Vision + Adult Dental | HMO HMO | Silver Silver | $cOn/off On/off$ |  |  |  |  |  | \$433.10 $\$ 451.80$ |  | \$435 |  |  |

Company Name Pennsylvania Health \& Wellness, Inc.
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | Rating area 7 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | 0 | 2,183 | 854 | 0 |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | On/Off Exchange | Adams | Berks | Lancaster | York |
| 86199PA0010004 | Ambetter Complete Silver | нмо | Silver | On/off |  | \$381.11 | 5381.11 |  |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | On/off |  | \$269.80 | \$269.80 |  |
| 86199PA0010025 | Ambetter Complete Gold | нмо | Gold | On/off |  | \$367.40 | \$367.40 |  |
| 86199PA0010028 | Ambetter Everyday Bronze | нмо | Bronze | On/off |  | \$279.23 | \$279.23 |  |
| 86199PA0010031 | Ambetter Elite Bronze | нмо | Bronze | On/off |  | \$325.84 | \$325.84 |  |
| $86199 P A 0010032$ | Ambetter Clear Silver | нмо | Siver | On/off |  | \$364.76 | \$364.76 |  |
| $86199 P 40010034$ | Ambetter focused Siver | нмо | Silver | On/off |  | \$369.00 | \$369.00 |  |
| $86199 P \mathrm{AOO10035}$ | Ambetter Everrday Gold | нмо | Gold | On/off |  | \$350.23 | \$350.23 |  |
| $86199 P A 0010039$ | Ambetter Clear Gold | нмо | Gold | On/off |  | \$345.91 | \$345.91 |  |
| 86199PA0010040 | Ambetter Flite Gold | нмо | Gold | On/off |  | \$405.22 | \$409.22 |  |
| 86199PA0020004 | Ambetter Complete Silver + Vision + Adult Dental | нмо | Silver | On/off |  | \$395.74 | \$395.74 |  |
| ${ }^{861999 P A 0020022 ~}$ | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | On/off |  | \$288.16 | \$280.16 |  |
| 861999PA0020025 | Ambetter Complete Gold + Vision + Adult Dental | нмо | Gold | On/off |  | \$388.50 | \$381.50 |  |
| 881999PA0020028 | Ambetter Everyday Bronze $+V$ Vision + Adult Dental | нмо | Bronze | On/off |  | \$289995 | $\$ 289.95$ $\$ 3885$ |  |
| 86199PA0020031 | Ambetter Elite Bronze + Vision + Adult Dental | нмо | Bronze Siver | On/off |  | \$338.35 $\$ 38317$ | \$338.35 |  |
| 861999 A0020034 $86199 P A 020355$ | Ambetter Focused Silver + Vision + Adult Dental Ambetter Everyday Gold + Vision + Adult Dental | HMO HMO | Sliver Gold | On/off |  | \$388.17 $\$ 363.68$ | ${ }_{\text {¢ }} \$ 383.17$ |  |
| 86199PA0020036 | Ambetter Clear Silver + Vision + Adult Dental | нмо | Silver | on/off |  | \$378.77 | \$378.77 |  |
| $86199 P \mathrm{PaO20039}$ | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off |  | \$359.19 | \$359.19 |  |
| $86199 P \mathrm{AOO20040}$ | Ambetter Elite Gold + Vision + Adult Dental | нмо | Gold | On/off |  | \$420.78 | \$420.78 |  |
| 86199PA0030003 | Ambetter Silver 201 HSA | нмо | Silver | Off |  | \$265.83 | \$265.83 |  |
| 86199PA0030004 | Ambetter Silver 203 | нмо | Silver | Off |  | \$278.79 | \$278.79 |  |
| $86199 P A 0030007$ | Ambetter Gold 201 HSA | нмо | Gold | off |  | \$331.92 | \$331.92 |  |
| 86199PA0030008 | Ambetter Gold 202 | нмо | Gold | off |  | ${ }_{\text {S }} \mathbf{3 5 6 5 . 3 7}$ | \$356.37 |  |
| 86199PA0010041 86199PA020041 | Ambetter Franklin Siver Ambetter Frankin Siver + Vision + Adult dental | HMO HMO | Silver silver | On/off On/off |  | \$388.95 $\$ 403.89$ | \$388.95 $\$ 403.89$ |  |

Company Name Pennsylvania Health \& Wellness, Inc.
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY


Company Name Pennsylvania Health \& Wellness, Inc.
Market
Market $\begin{aligned} & \text { Individual } \\ & \text { RATES FOR AGE } 21 \text {, NON-TOBACCO USER, BY RATING AREA AND COUNTY }\end{aligned}$

|  | 02-01-2023 Number of Covered Lives by Rating County |  |  |  | ting areas |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HIOS Plan ID | Plan Marketing Name | Product | Metal | On/Off Exchange | Cumberland | Dauphin | Franklin | Fulton | Juniata | Lebanon | Perry |
| 86199PA0010004 | Ambetter Complete Silver | НМО | Silver | On/off |  |  |  |  |  |  |  |
| $86199 P A 0010022$ | Ambetter Choice Bronze HSA | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| 86199PA0010025 | Ambetter Complete Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |
| 861999PA0010028 | Ambetter Everyday Bronze | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| 86199PA0010031 86199PA0010032 | Ambette Elite Bronze Ambetter clear Siver | $\begin{aligned} & \text { HMO } \\ & \text { HM } \end{aligned}$ | Bronze Silver | on/off on/off |  |  |  |  |  |  |  |
| 86199PA0010034 | Ambetter focused Silver | нмо | Silver | on/off |  |  |  |  |  |  |  |
| 86199PA0010035 | Ambetter Everryay Gold | нмо | Gold | on/off |  |  |  |  |  |  |  |
| 86199PA0010039 | Ambetter Clear Gold | HMO | Gold | On/off |  |  |  |  |  |  |  |
| 86199PA0010040 | Ambetter Elite Gold ${ }_{\text {a }}$ Ambetter Complete Siver + Vision + Adult Dental | нмо | Gold | on/off on/off |  |  |  |  |  |  |  |
| 86199PA0020022 | Ambetter Choice Bronze HSA + Vision + Adult Dental | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| 86199PA0020025 | Ambetter Complete Gold + Vision + Adult Dental | нмо | Gold | on/off |  |  |  |  |  |  |  |
| 86199PA0020028 | Ambetter Everyday Bronze + Vision + Adult Dental | нмо | Bronze | on/off |  |  |  |  |  |  |  |
| 86199PA0020031 86199PA0020034 | Ambetter Elite Bronze + Vision + Adult Dental Ambetter Focused Silver + Vision + Adult Dental | нмо | $\begin{aligned} & \text { Brone } \\ & \text { Silve } \end{aligned}$ | On/off On/off |  |  |  |  |  |  |  |
| 86199PA0020035 | Ambetter Everryday Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |  |  |  |  |
| 86199PA0020036 | Ambetter Clear Siver + VVision + Adult Dental | нмо | Silver | on/off |  |  |  |  |  |  |  |
| 86199PA0020039 | Ambetter Clear Gold + Vision + Adult Dental | нмо | Gold | On/off |  |  |  |  |  |  |  |
| 86199PA0020040 | Ambetter Elite Gold + Vision + Adult Dental | нмо | Gold | $\substack{\text { On/off } \\ \text { Off }}$ |  |  |  |  |  |  |  |
| 86199PA0030004 | Ambeeter Siver 203 | нмо | Siver | Off |  |  |  |  |  |  |  |
| $86199 P$ A0030007 | Ambetter Gold 201 HSA | нмо | Gold | Off |  |  |  |  |  |  |  |
| 86199PA0030008 $86199 P A 0000041$ | Ambetter Gold 202 Ambetter Franki Siver | нмо | Gold Silver | ${ }^{\text {off }}$ |  |  |  |  |  |  |  |
| 86199PA0010041 <br> 86199PA0020041 | Ambetter Franklin Siver Ambetter frankiin Siver + Vision + Adult Dental | HMO HMO |  | On/off |  |  |  |  |  |  |  |

Unified Rate Review v6.0
Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):


| Market Level Calculations (Same for all Plans) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Section: Experience Period Data |  |  |  |  |
|  |  |  |  |  |
| Alowed Claims |  | 526,445,567.23 |  | 5256.74 |
| Reinsurance |  | 5960,527.00 |  | 59.32 |
| Incurred Claims in Experience Period |  | 520,058,797.54 |  | 5194.73 |
| Risk Adjustment |  | - $514,951,804.06$ |  | S145.15 |
| Experience Period Premium |  | \$552,662,254,08 |  | \$511.25 |
| Exxerience Period Member Months |  | 103,006 |  |  |


| Benefit category | $\begin{array}{\|l\|l\|} \hline \text { Experience Period index } \\ \text { Rate PMPM } \end{array}$ | Year 1 Trend |  | Year 2 Trend |  | $\begin{aligned} & \text { Trended EHB Allowed Claims } \\ & \hline \text { PMPM } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | cost | Utiliation | cost | Utilization |  |
| Inpatient Hospital | 546.96 | 1.134 | 1.004 | ${ }^{1.134}$ | 1.004 | 560.89 |
| Outpatient Hospital | 571.19 | 1.134 | 1.004 | 1.134 | 1.004 | 592.30 |
| Professional | 566.44 | 1.014 | 1.004 | 1.014 | 1.004 | 568.90 |
| Other Meicical | 53.23 | 0.986 | 1.004 | 0.986 | 1.004 | 53.17 |
| ${ }_{\substack{\text { capitation } \\ \text { Prescrition Drue }}}$ | $\frac{52.05}{56604}$ | 1.000 | 1.000 1.009 | $\frac{1.000}{1.034}$ | $\frac{1.000}{1.009}$ | ${ }_{5}^{52.05}$ |
| Total | $\underset{5255.91}{5}$ |  |  |  | 1.00 | $\stackrel{5}{5299.24}$ |



To add p product to Worksheet 2 - Plan Product t lfo, select the Add Product button or Ctrl 1 Shift + P
To add $a$ plan to Worksheet 2 - Plan Product thfo, select the Add Plan button or Ctrl $1+$ Shift $+L$.
To validate, select the validate button or ctrl+ shift +1
To validate, select the Validate button or ctrl+ Shit +1 .
To findire, select the Findize button or ctrl + Shift + .

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




| Rating Area Data Collection |  |
| :--- | :--- |
| Rating Area | Rating Factor |
| Rating Area 3 | 0.9655 |
| Rating Area 6 | 1.2277 |
| Rating Area 7 | 1.0975 |
| Rating Area 8 | 0.8585 |

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift $+F$.















\begin{tabular}{|c|c|c|c|c|c|}
\hline \({ }^{861999 P A 0020025}\) \& Rating Area 3 \& Tobacco UserrNon-Totoacco User \& \({ }^{63}\) \& - 990.75 \& \({ }^{1139.36}\) \\
\hline 861999 A0020025
\(86199 P A 002025\) \& Rating Area 3 \& Tobacco Userrion-Tooacco User \& 64 and over \& 1006.84 \& \begin{tabular}{|l|}
1157.87 \\
\hline 3264 \\
\hline
\end{tabular} \\
\hline \({ }^{\text {86 }}\) 86999PA0020025 \& Rating A \& Tobacco Users Non-Tobacco User \& 0.14 \& - \(\begin{array}{r}\text { 326.47 } \\ \text { 35.49 } \\ \hline\end{array}\) \& \begin{tabular}{l}
326.47 \\
3554 \\
\hline
\end{tabular} \\
\hline \({ }_{8}^{861999 \text { A AOO20025 }}\) \& Rating Area 6
Rating Area 6 \& Tobacou User(Non-Tobacco User \& 15
16 \& (1) \(\begin{array}{r}\text { 356.49 } \\ \hline 369\end{array}\) \& 355.49
366.59 \\
\hline 86199PA002002 \& Rating Ar \& cco User/Non-Tobacco User \& 17 \& 377.6 \& \\
\hline \& Rating Area 6 \& Tobacco UserINon-Tobacco User \& 18 \& \& \\
\hline \(86199 P \mathrm{PAO} 20025\) \& Rating Area 6 \& obacoo User/Non-Tobacco User \& 19 \& - 401.58 \& 401.58 \\
\hline 861999 A0020025 \& Rating Area 6 \& Tobacco Usern Non-Tobacco User \& \({ }_{20}^{20}\) \& \({ }_{4}^{413.96}\) \& \({ }_{4}^{413.96}\) \\
\hline \({ }_{86}^{861999}\) A0020025 \& Rating Area 6 \& Tobacco UserlNon-Tobacco User \& 21 \& \({ }^{426.76}\) \& \\
\hline \({ }_{86}^{861999}\) A0020025 \& Rating Area 6 \& Tobacco UsernNon-Tobacco User \& \({ }_{2}^{22}\) \& \({ }_{4}^{426.76}\) \& \({ }_{490978}^{490}\) \\
\hline 861999 A0020025
\(86199 P A 002025\) \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& \({ }^{23}\) \& - \({ }^{426.76}\) \& \({ }^{490,78}\) \\
\hline 9PA00202025 \& \& Tobacco User/Non-Tobacco User \& \({ }^{24}\) \& - \(\begin{array}{r}426.76 \\ 428.47\end{array}\) \& 490.78
492.74 \\
\hline 9 PA002002 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 26 \& \({ }^{437.01}\) \& 502.56 \\
\hline \(86199 P\) A \& Rating Are \& Tobacco User/Non-Tobacco User \& 27 \& 447.25 \& 514.33 \\
\hline \& \& amaco UserNon-Tobacco User \& 28 \& 463.89 \& \(\begin{array}{r}533.48 \\ 549 \\ \hline\end{array}\) \\
\hline \(86199 P\) A0020022 \& Rating Arae 6 \& Tobacco Usern Non-Tobacco User \& \(\stackrel{29}{30}\) \& - \({ }_{4}^{477.55}\) \& \(\begin{array}{r}549.18 \\ 55723 \\ \hline\end{array}\) \\
\hline \({ }_{861999 \text { PA0020022025 }}\) \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& \({ }_{31}^{30}\) \& \({ }^{4844.62}\) \& 557.03
568.81 \\
\hline 86199PA0020025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 32 \& 504.86 \& 580.59 \\
\hline \(86199 P A 0020025\) \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& \({ }^{33}\) \& 511.26 \& 587.95 \\
\hline \(86199 P A 0020025\) \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& \({ }^{34}\) \& 518.09 \& 595.80 \\
\hline \(86199 P A 0020025\) \& Rating Area 6 \& Tobacco UserrNon-Tooacco User \& \({ }^{35}\) \& \({ }^{521.50}\) \& \\
\hline 861999 A0020025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 36 \& 524.92 \& \\
\hline  \& Rating Are \& Tobacco User/Non-Tobacco User \& \& 528.33 \& \\
\hline \({ }_{86199 P \text { PA0020025 }}\) \& Area 6 \& Tobacco User/Non-Tobacco User \& 38 \& \({ }_{5}^{531.75}\) \& \({ }^{611.51}\) \\
\hline 86199PA0020025
\(86199 P\) A002022 \& Rating Area 6 \& Tobacco UserlNon-Tobacco User \& 39
40 \& - \(\begin{array}{r}538.57 \\ 54540\end{array}\) \&  \\
\hline \({ }_{86199 P A 0020025 ~}^{\text {8 }}\) \& Rating Area 6 \& Tobacco Userrnon-Tobacco User \& 41 \& \({ }_{555.65}\) \& 638.99 \\
\hline 86199PA0020025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 42 \& 565.46 \& 650.28 \\
\hline \(86199 P\) A0020025 \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& 43 \& - 579.12 \& 655.98 \\
\hline 861999 A0020025 \& Rating Area 6 \& Tobacco UsernNon-Tobacco User \& 44 \& - 596.19 \& \({ }_{7}^{650.62}\) \\
\hline \(86199 P\) A0020025 \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& 45 \& \({ }^{616.25}\) \& \({ }_{708.68}\) \\
\hline 861999 PA0020025
\(86199 P A 002025\) \& Rating Area 6 \& Tobacco UserriNon-Tobacco User \& \({ }_{4}^{46}\) \& 640.14
66703 \& 736.17 \\
\hline  \& Rating A rea 6
Rating frea 6 \& Tobacou User/Non-Tobacco User \& \({ }_{48}^{48}\) \& - \(\quad \begin{array}{r}666.03 \\ 697.76\end{array}\) \& \({ }_{8}^{862.42}\) \\
\hline \(86199 P\) A0020025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 49 \& -728.06 \& 837.27 \\
\hline 86199PA0020025 \& Rating Area 6 \& Tobacco UserlNon-Tobacco User \& 50
51 \& - 762.20 \& \({ }^{876.53}\) \\
\hline 86199PA0020025 86199PA0020025 \& Rating Area 6 \& Tobacco Userl/Non-Tobacco User
Tobacco UserNon-Tobaco \& 51
52 \& 795.91
830.04 \& - 915.30 \\
\hline \({ }_{86199 P \text { A00020025 }}\) \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& 53 \& \({ }_{870.60}\) \& \({ }_{1001.19}\) \\
\hline \(86199 P A 0020025\) \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 54 \& - 911.14 \& 1047.81 \\
\hline 86199PA0020202 \& Rating Area 6 \& Tobacco UserrNon-Tooacco User \& \({ }_{55}^{55}\) \& [ \({ }^{951.68}\) \& 1094.43 \\
\hline \({ }_{861999 P A 0020025}^{86025}\) \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 56
57 \& ( \(\quad \begin{array}{r}995.64 \\ 1040.02\end{array}\) \& [ \(\begin{array}{r}1144.98 \\ 1196.02 \\ \hline\end{array}\) \\
\hline \(86199 P\) A0020025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 58 \& 1087.39 \& 1250.50 \\
\hline 861999 A0020025 \& Rating Area 6 \& Tobacco UserrNon-Tobacco User \& 59 \& - 1110.86 \& \({ }^{127749}\) \\
\hline 86199PA0020025 86199PA0020025 \& Rating Area 6 \& Tobacco Usern N - - -obacaco User \& \({ }_{61}^{60}\) \& \& \\
\hline \({ }_{861999 P A 00020025}\) \& Rating Area 6
Rating frea 6 \& Tobacco User/Non-Tobacco User \& 62 \& - \(\quad 12926.09\) \& \begin{tabular}{|c}
1379.08 \\
1410.00 \\
\hline
\end{tabular} \\
\hline 86199PAOO20025 \& Rating Area 6 \& Tobacco User/Non-Tobacco User \& 63 \& - 1259.80 \& 1448.77 \\
\hline \({ }^{861999 P A 0020025}\) \& Rating Area 6 \& Tobacco Userrion-Tobacco User \& over \& - \({ }^{12880.27}\) \& 1472.31 \\
\hline \(86199 P\) A0020022 \& Rating Area 7 \& Tobacco Userinon-Tobacco User \& 0.14 \& - \({ }^{291.85}\) \& \begin{tabular}{|}
291.85 \\
31789 \\
3
\end{tabular} \\
\hline 861999 A0020025
\(86199 P A 002025\) \& Rating Area 7 \& Tobacou User/Non-Tobacco User \& 15
16 \& - \(\begin{array}{r}\text { 317.79 } \\ 32771 \\ \hline\end{array}\) \& \begin{tabular}{|}
317.79 \\
3271 \\
\hline
\end{tabular} \\
\hline \({ }_{861999 P A 00020205 ~}^{\text {86 }}\) \& Rating Area 7
Rating frea 7 \& Tobacco User|Non-Tobacco User \& 16
17 \& \({ }^{17} \quad\)\begin{tabular}{l}
327.71 \\
377.63 \\
\hline
\end{tabular} \& \({ }_{3}^{3277.63}\) \\
\hline 86199PA0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 18 \& - \({ }^{348.31}\) \& 348.31 \\
\hline 861999 A0020025 \& Rating Area 7 \& Tobacco UserrNon-Tobacco User \& 19 \& - 359.00 \& \\
\hline \({ }_{86199 P \text { PA000202025 }}\) \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& \(\stackrel{20}{21}\) \& 370.06
38150 \& \begin{tabular}{|}
370.06 \\
43873
\end{tabular} \\
\hline \({ }_{86199 P A 0020025}\) \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 22 \& 2 \({ }^{381.50}\) \& 438.73 \\
\hline \(86199 P A 0020025\) \& Rating Area 7 \& Tobacco UseriNon-Tobacco User \& \({ }^{23}\) \& \({ }^{381.50}\) \& 438.73 \\
\hline 861999 A 0020025 \& Rating Area 7 \& Tobacco Users.Non-Tobacco User \& \({ }_{24}^{24}\) \& [ \(\begin{array}{r}381.50 \\ 38303 \\ \hline\end{array}\) \& 438.73
40.78 \\
\hline 861999 A0020025
\(86199 P A 002025\) \& Rating Area 7 \& Tobacco Userl/Non-Tobacco User
Tobaco Usernon-Tobaco \& 25
26 \&  \& 440.48
449.26 \\
\hline \({ }_{861999 \text { PA0020022 }}\) \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& \({ }_{27}^{26}\) \& - \({ }^{\text {399.82 }}\) \& 459.7 \\
\hline \(86199 P\) A0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& \({ }^{28}\) \& - 414.69 \& 476.90 \\
\hline \({ }_{86}^{861999 P A 0020025 ~}\) \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& \& \({ }^{426.90}\) \& \\
\hline \({ }_{86199 P \text { PA000202025 }}\) \& Rating Area 7 \& Tobaco User/Non-Tooacco User \& \({ }_{31}^{30}\) \& 433.01
44216 \& 497.96
50849 \\
\hline \(86199 P\) A0020025 \& Rating Area 7 \& Tobacco Userrnon-Tobacaco User \& 32 \& - \(\quad 451.32\) \& \({ }_{5}^{509.92}\) \\
\hline \(86199 P\) A0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& \({ }^{33}\) \& 457.04 \& 525.60 \\
\hline 861999 PA020025 \& Rating Area 7 \& Tobacco UsernNon-Tobacco User \& \({ }^{34}\) \& 4 \(\quad 4638.15\) \& 532.62 \\
\hline 861999 PA0020025
\(86199 P A 002025\) \& Rating Area 7
Rating Area 7 \& Tobaco User(Non-Tobacco User \& \({ }_{36}^{35}\) \& \& \\
\hline \(86199 P\) A0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 37 \& 472.30 \& 543.15 \\
\hline 86199PAOO20025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 38 \& \(3{ }^{475.35}\) \& 546.66 \\
\hline \(86199 P\) PAOO20025
861999 A002025 \& Rating Area 7

Rating Area 7 \& Tobacco UserlNon-Tobacco User \& 39
40 \& 481.46
48756 \& 553.68
56070 <br>
\hline $86199 P$ A0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 41 \& 496.72 \& 571.23 <br>
\hline ${ }_{86}^{861999} \mathbf{9}$ A0020025 \& Rating Area 7 \& Tobaco Userl/Non-Tobacco User \& ${ }_{42}^{42}$ \& - $\begin{array}{r}505.49 \\ 51770 \\ \hline\end{array}$ \& 581.32
59536 <br>
\hline 861999 A0020025
$86199 P A 002025$ \& Rating Area 7
Rating Area 7 \& Tobacco User/Non-Tooacco User

Tobacco User/Non-Tobacoo User \& ${ }_{44}^{43}$ \& | a |
| :--- | \& 595.36

612.91 <br>
\hline $86199 P$ A0020025 \& Rating Area 7 \& Tobacco Userinon-Tobacco User \& 45 \& - 550.89 \& 633.53 <br>
\hline ${ }_{86}^{861999}{ }_{8}$ A00200225 \& Rating Area 7 \& Tobacco Users Non-Tobacco User \& ${ }_{46}^{46}$ \& - ${ }^{572.26}$ \& ${ }^{658.09}$ <br>
\hline ${ }_{861999 \text { PAPA002020225 }}$ \& Rating Area 7

Rating frea 7 \& Tobacco User(Non-Tobacco User \& 48 \& - $\quad$| 596.29 |
| :--- |
| 623 |
| 6.76 | \& ${ }_{7}^{6817.32}$ <br>

\hline $86199 P$ A0020025 \& Rating Area 7 \& Tobacco User/Non-Tobacco User \& 49 \& ${ }^{650.85}$ \& 748.47 <br>
\hline 86199PA0020025 86199PA0020025 \& Rating Area 7
Rating Area 7 \& Tobacco UserlNon-Tobacco User
Tobacco UserNon-Tobacoo User \& 50
51 \& 681.37

711.50 \& | 783.57 |
| :---: |
| 888.23 | <br>

\hline 86199PA0020025 \& Rating Area 7 \& Tobacco UserrNon-Tobacco User \& 5 \& 744.70 \& 856.40 <br>
\hline 861999 A0020025 \& Rating Area 7 \& Tobacco UsernNon-Tobacco User \& $\stackrel{53}{54}$ \& ( ${ }^{\text {P }}$ \& ${ }_{\text {893.01 }}^{8950}$ <br>
\hline  \& Rating Area 7
Rating frea 7 \& Tobacco User/Non-Tobacco User \& 54
55 \&  \& ${ }_{9788.37}^{936.69}$ <br>
\hline ${ }_{86}^{861999}{ }^{\text {P9PAOO20025 }}$ \& Rating Area 7 \& Tobacco UserrNon-Tobacco User \& 56
57
57 \& ( ${ }^{890.05}$ \& ${ }^{1023.556}$ <br>

\hline ${ }_{86199 P} 819000002025$ \& Rating Area 7 \& Tobacoo serrnon-Tobacco User \& 58 \& ( \& | 10997 |
| :--- |
| 111788 |
| 1 | <br>

\hline $86199 P$ AOO20025 \& Rating Area 7 \& Tobacco UserrNon-Tobacco User \& 59 \& -993.05 \& 1142.01 <br>
\hline ${ }_{866199 P A 000202025}$ \& Rating Area 7
Rating frea 7 \& Tobacco Serrinon-Tobacco User \& 60

61 \& ( $\begin{array}{r}\text { 1035.40 } \\ 1072.03 \\ \hline 1\end{array}$ \& | 11900.71 |
| :--- |
| 123283 |
| 1 | <br>

\hline ${ }^{861999 P A 0020025}$ \& Rating Area 7 \& Tobacco UserriNon-Tobacco User \& 62 \& 1096.06 \& 1260.47 <br>
\hline 86199PA ${ }^{\text {86020025 }}$ 89PA002025 \& Rating Area 7 \& Tobacco UserlNon-Tobacco User \& ${ }_{64}{ }_{\text {and over }}{ }^{63}$ \& 1126.20
1144.49 \&  <br>
\hline 86199PA0020025 \& Rating Area 8 \& Tobacco User/Non-Tobacco User \& \& - 228.29 \& 228.29 <br>
\hline 861999 PA020025 \& Rating Area 8 \& Tobacco UserrNon-Totoacco User \& 15 \& 5 ${ }^{248.59}$ \& $\stackrel{248.59}{ }$ <br>
\hline  \& Rating Area 8
Rating Area 8 \& Tobacco User/Non-Tobacco User \& 17 \& - ${ }^{256.35}$ \& <br>
\hline $86199 P$ A0020025 \& Rating Area 8 \& Tobacco User/Non-Tobacco User \& 18 \& - 272.46 \& 272.46 <br>
\hline 861999 A0020025
$86199 P$ A0020225 \& Rating Area 8 \& Tobacco UsernNon-Tobacco User \& 19 \& - $\begin{array}{r}280.82 \\ \hline 2987\end{array}$ \& ${ }^{280.82}$ <br>
\hline ${ }_{86199 P A 0020025 ~}^{\text {86 }}$ \& Rating Area ${ }^{\text {a }}$ \& Tobaco Userrnon-Tobacaco User \& 21 \& - ${ }_{\text {298.42 }}$ \& ${ }_{343.19}$ <br>
\hline $86199 P \mathrm{PAO} 20025$ \& Rating Area 8 \& Tobacco UserrNon-Tobacco User \& 22 \& 298.42 \& 343.19 <br>
\hline 86199PA0020025 \& Rating Area 8
Rating Area 8 \& Tobacco Userl/Non-Tobacco User

Tobacco UserNon-Tobacoo User \& ${ }_{24}^{23}$ \& ( ${ }^{298.42}$ \& | 343.19 |
| :---: |
| 34319 | <br>

\hline $86199 P$ A0020025 \& Rating Area 8 \& Tobacco User/Non-Tobacco User \& 25 \& - 299.62 \& 344.56 <br>
\hline 861999 A0020025 \& Rating Area 8 \& Tobacco UserrNon-Tobacaco User \& ${ }^{26}$ \& - ${ }^{305.59}$ \& 351.42 <br>
\hline ${ }_{861999 P A 000202025}^{\text {86 }}$ \& Rating Area 8

Rating Area \& Tobacco User/Non-Tobacco User \& ${ }_{28}^{27}$ \& ( $\begin{array}{r}\text { 312.75 } \\ 324.39 \\ \hline\end{array}$ \& $\xrightarrow{359.6}$| 373.0 |
| :---: | <br>

\hline $86199 P$ A0020025 \& Rating Area 8 \& Tobacco User/Non-Tobacco User \& 29 \& -333.94 \& 384.03 <br>
\hline 861999 A A0020025

$86199 P$ An02022 \& \& Tobacco Usern Mon-Tobacco User \& | 30 |
| :---: |
| 31 | \& ${ }^{\text {¢ }}$ \& 39776 <br>

\hline 861999 A0020025 \& Rating Area 8 \& Tobacco UserrNon-Tobacco User \& \& - ${ }^{353.04}$ \& 405.99 <br>

\hline 861999 A0020025 \& | Rating Area 8 |
| :--- |
| Rating Area | \& Tobaco Userl/Non-Tobacco User \& $\begin{array}{r}33 \\ 34 \\ \hline\end{array}$ \& - $\begin{array}{r}357.51 \\ 3629 \\ \hline\end{array}$ \& ${ }_{411.14}^{416.63}$ <br>

\hline ${ }_{86199 P A}$ A0020025 \& Rating frea 8 \& Tobacco Userrnon-Tobacaco User \& ${ }_{35}$ \& - ${ }^{364.67}$ \& 419.38 <br>
\hline 861999 A0020025
$86199 P A 002025$ \& Rating Area 8
Rating Area 8 \&  \& 36
37 \& [ $\quad \begin{array}{r}367.06 \\ 369.45 \\ \hline\end{array}$ \& ${ }_{4}^{422.12} 4$ <br>

\hline $86199 P A 0020025$ \& Rating frea 8 \& Tobacco Userinon-Tobacco User \& 38 \& - $\quad$| 367.184 |
| :--- |
| 364 | \& ${ }_{4227.61}^{424}$ <br>

\hline ${ }_{86}^{861999}{ }_{8}$ A002002025 \& Rating Area 8 \& Tobacco Userrino-Tooacco User \& 39 \& - ${ }_{376.61}$ \& 433.10 <br>
\hline ${ }_{86199 P \text { PA00020025 }}$ \& \& Tobacco User/Non-Tobacco User \& ${ }_{41}^{41}$ \& - ${ }^{3881.39}$ \& ${ }^{438.59}$ 446.83 <br>
\hline ${ }_{86}^{861999} \mathbf{9}$ A0020025 \& Rating Area 8 \& Tobacco UserrNon-Tobacco User \& 42 \& 395.41 \& 454.72 <br>
\hline 861999 A0020025
$86199 P$ P002020 \& Rating Area 8 \& Tobacco Userl/Non-Tobacco User
Tobacco UserNono-Toacaco User \& ${ }_{44}^{43}$ \& - ${ }^{404.96} 41600$ \& ${ }_{47943}^{46.71}$ <br>
\hline $86199 P$ A0020025 \& Rating Area 8 \& Tobacco User/Non-Tobacco User \& 45 \& 430.93 \& 495.56 <br>
\hline
\end{tabular}



























## Part III: Actuarial Memorandum

Redacted
Pennsylvania Health \& Wellness Inc.
Annual Individual Health Rate Filing
Pennsylvania
Assuming CSR Subsidies are Unfunded
Effective January 1, 2024
Forms: 86199PA001, 86199PA002, 86199PA003

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## 1. <br> General Information

## Scope and Purpose:

This document contains the Part III Actuarial Memorandum for Pennsylvania Health \& Wellness Inc.'s individual health block of business annual rate filing, effective January 1, 2024. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

The purpose of this Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT. In combination, these documents support compliance with the market reform rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS) ${ }^{1}$, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded. Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments may affect the extent which the premium rates are sufficient and neither excessive nor deficient.

Pennsylvania Health \& Wellness Inc. asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission.

Pennsylvania Health \& Wellness Inc. reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act
- The resumption of Medicaid redeterminations due to the end of the continuous enrollment condition under the Consolidated Appropriations Act, 2023
- Constraints on age rating factors
- Open enrollment and grace periods
- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools
- Taxes and fees, notably the suspension of the ACA Insurer Fee
- Emerging experience as it relates to impacts from the current COVID-19 pandemic potentially extending into the benefit year.
- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2024 model as laid out in the Final Rule for the 2024 Annual Notice of Benefit and Payment Parameters

[^1]- Enrollment and emerging experience of members with an FPL under $150 \%$ as it relates to the special enrollment period granting year-round enrollment
- 1332 Reinsurance parameters; this filing includes an attachment point of $\$ 60,000$.

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2024 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2024 - we would like to work with the Pennsylvania Insurance Department after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

Additional uncertainty remains around the impact of the COVID-19 pandemic on claim costs and required premium rates in 2024. We have incorporated an overall premium adjustment to account for the combined impact of several key COVID-19-related cost drivers.

This information is intended for the sole use by the Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Pennsylvania Health \& Wellness Inc. individual rate filing. However, we recognize that this certification may become a public document.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

## Company Identifying Information:

- Company Legal Name: Pennsylvania Health \& Wellness Inc.
- State: The State of Pennsylvania has regulatory authority over these policies
- HIOS Issuer ID: 86199
- Market: Individual
- Effective Date: January 1, 2024


## Company Contact Information:

- Primary Contact Name:
- Primary Contact Telephone Number:
- Primary Contact Email Address:


## Description of Benefits:

These products are issued by Pennsylvania Health \& Wellness Inc. as HMO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

## Rate Guarantees:

Rates are guaranteed not to change through December 31, 2024.

## Renewability:

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Pennsylvania Health \& Wellness Inc. decides to discontinue that specific policy.

## Applicability:

These rates will apply to both new and renewing business.

## General Marketing Method:

This product will be sold through agents, direct mailings, the internet, and the Health Insurance Exchange.

## Estimated Average Annual Premium:

The estimated average annual premium per policy in calendar year 2024 is $\$ 6,802$.

## Distribution of Business:

See Appendix 1.2 for the expected age and geographic distributions for these products.

## Rate Tables:

See Appendix 1.3 for allowable rating factors and Appendices 1.3 b and 1.3 c for clarification on service area definitions. Appendix 1.4 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

## 2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Pennsylvania Health \& Wellness Inc. in the state of Pennsylvania are reflected in Worksheet 2 , Section I of the Part I URRT.

## Reasons for Rate Increase(s):

The rate projections for 2024 have been updated from the previous year's projections to reflect the most recent information available.

The following provides a narrative description of the significant factors driving the proposed rate increase for 2024.

- Risk Adjustment and Statewide Average Premium (2.0\% of premium impact versus 2023 filed rates)

Risk adjustment transfer experience for calendar year 2022 was projected forward to 2024, including consideration of changes to the statewide average premium, Risk Adjustment program, Pennsylvania Health \& Wellness Inc. enrollee population morbidity relative to the Pennsylvania single risk pool, and the existing risk pool administered in the Risk Adjustment program during 2022.

- Single risk pool experience and its anticipated changes in the average morbidity (-8.6\% of premium impact versus 2023 filed rates)

The individual single risk pool experience underlying the rate projections has been updated, inclusive of a morbidity adjustment to account for the estimated impacts of the COVID-19 pandemic on base period costs and utilization. The current model reflects the projected utilization trend applied to adjusted experience (from 2022 to 2024). There is a full description of utilization trend and other projection factors applied to experience in Section 6, "Trend Factors."

- Unit Cost trend (4.9\% of premium impact versus 2023 filed rates)

Unit costs and reimbursement agreements with providers have changed between 2022 and 2024.

- Utilization trend (1.5\% of premium impact versus 2023 filed rates)

The current model reflects the projected utilization trend from 2022 to 2024. The projected utilization trends are consistent with the Milliman Health Cost Guidelines and also informed by
our own experience. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments".

- Changes in Administrative Expenses and Profit (3.4\% of premium impact versus 2023 filed rates)

Changes in general administrative expenses incorporated into 2024 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

- Revision of COVID-19 Adjustment (-0.93\% of premium impact versus 2023 filed rates)

The premium adjustment used in 2023 to estimate impact of the COVID-19 pandemic and associated secondary effects on the cost to provide healthcare coverage has been revised for 2024

- Other

These components include capitation contracts, changes in the 1332 program, and interactions between prior steps.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Additionally, the defunding of CSR subsidies has contributed to the rate levels being higher than if the subsidies were to be funded.

## 3. Single Risk Pool

The Index Rate is based on the single risk pool defined by the state of Pennsylvania, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as including all non-grandfathered individual business in Pennsylvania.

The single risk pool for the experience period does not include transitional products/plans. The single risk pool for the 2024 projection period does not include members who still remain enrolled in transitional plans.

## 4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1 , Section I of the URRT. The experience period for this rate filing is incurral year 2022, and includes claims paid through 03/31/2023.

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

A breakout of the claims shown in Worksheet 1, Section I is provided in Appendix 4.1.

Allowed and incurred claims, as defined by the URR instructions, were determined from Pennsylvania Health \& Wellness Inc.'s claim record system. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period.

## Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

The risk adjustment transfer and reinsurance receivables for the experience period are shown on Worksheet 1 , Section I of the URRT. The final amounts for risk adjustment and any applicable reinsurance receivables were not known at the time of rate development. These amounts were estimated using data available through 03/31/2023.

## Current Enrollment and Premium:

The current enrollment and premium values on Worksheet 2, Section II are reported as of 4/11/2023.

Earned premium in the experience period is not adjusted for taxes, assessments, risk adjustment receivables or payables or MLR rebates.

## 5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories. See Appendix 5.1 for a description of this mapping.

The algorithm used to assign both the experience and manual utilization data and cost information is summarized as follows.

## Inpatient Hospital

Inpatient hospital includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

## Outpatient Hospital

Outpatient hospital includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility

## Professional

Professional includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services other than hospital based professionals whose payments are included in facility fees.

## Other Medical

Other medical includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

## Capitation

Capitation includes all services provided under one or more capitated arrangements.

## Prescription Drug

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

## 6. Trend Factors

This section describes and supports the factors used to project the 2022 experience period allowed claims to the 2024 projection period as shown in Worksheet 1, Section II of the URRT.

## Trend Factors:

Trend Factors (cost/utilization):
Experience period claims were trended 24 months to 2024. The annualized cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experience and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2022, based on its actual 2022 contracts and ongoing provider and PBM contracting efforts for 2024, controlling for changes in service mix, the geographic distribution of its enrollees, and pharmacy rebates. This also includes the change in distribution of services among network providers other than changes driven by expanding the provider network.
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design based on the Milliman Health Cost Guidelines

Appendix 6.1 decomposes the cost trend factor into its constituent parts.

The annualized utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.

Appendix 6.2 decomposes the utilization trend factor into its constituent parts.

## 7. Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2022 experience period Essential Health Benefit (EHB) allowed claims to the 2024 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

## Morbidity Adjustments:

Claims were adjusted for estimated differences in morbidity between Pennsylvania Health \& Wellness Inc.'s 2022 membership and its projected 2024 membership. Appendix 7.1 decomposes the morbidity projection factor into its components.

Utilization was adjusted for projected changes in single risk pool morbidity from 2022 to 2024 considering regulatory and market uncertainties, as well as projected morbidity changes for Pennsylvania Health \& Wellness Inc.'s members relative to the single risk pool from 2022 to 2024.

Consistent with the 2024 URR instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPM, holding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projection claims reflects Pennsylvania Health \& Wellness Inc.'s expectations regarding the morbidity of its 2024 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate Pennsylvania Health \& Wellness Inc.'s risk transfer payment or receivable.

An adjustment was applied to experience period claims to remove the one-time direct costs of COVID19 testing and treatment and projected impacts for 2024 were added after trending.

Morbidity was adjusted to account for changes in the market population due to the continuation of eAPTCS as well as the resumption of Medicaid Redeterminations.

## Demographic Shift:

Experience period claims were adjusted for differences in the projected mix of 2024 membership by gender and age band using demographic factors. The factors underlying this trend represent the blending of two sets of factors: a manually developed set from the Milliman Health Cost Guidelines and a set developed from Pennsylvania Health \& Wellness Inc.-specific experience. This approach was selected to mitigate shifts observed in our experience demographic factors relative to the manual Health Cost Guideline factors.

## Plan Design Changes:

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with morbidity. There were no changes to benchmark plan or state-mandated nonEHBs from 2021 to 2023.

## Other Adjustments:

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Changes in capitation contracts
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2022 to 2024 and projected drug utilization
- The reimbursement impact of expanding the provider network from 2022 to 2024 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.


## 8. Manual Rate Adjustments

This filing is $100 \%$ experience rated. No credibility manual rate is being filed for 2024.

Where manual adjustments to claims are required to model changes in Pennsylvania Health \& Wellness Inc.'s population and coverage over time, most notably utilization trend as discussed in section 2, these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

## 9. Credibility of Experience

This filing is $100 \%$ experience rated, based on the assumption that a state with experience exceeding 100,000 member months should receive full credibility. No credibility manual rate is being filed for 2024.

Here, "member months" are defined as the aggregate 2022 member months across Pennsylvania Health \& Wellness Inc. calendar year 2022 individual block of business that are suitable for pricing.

- Total 2022 Member Months: 103,004
- Credibility Level Assigned to Base Period Experience: 100\%

Note that credibility is calculated based on 2022 experience data that are suitable for pricing and may not exactly match the total 2022 member months shown above.

Actuarial Standard of Practice \#25 "Credibility Procedures" was considered when determining the credibility level.

## 10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2022) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2024) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2024 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, "Trend Factors" and Section 7, "Adjustments to Trended EHB Allowed Claims PMPM", above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2025.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.

## 11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is $3.00 \%$ of premium. Per the 2024 final benefit and payment parameters, the Exchange user fee is $3.00 \%$ of premium for members purchasing coverage via the Exchange. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor of 1.038. For further detail on the development of the MAIR, please refer to Appendix 11.1.

## Reinsurance:

No federal reinsurance recoveries are expected in the projection period. The reinsurance that was entered in the field for projected reinsurance on URRT Worksheet 1, Section II reflects a reduction in the index rate due to the Section 1332 State Relief and Empowerment Waiver. On Appendix 11.1, the reinsurance adjustment is shown on an allowed basis as a multiplicative factor, and this factor is 0.954 .

## Risk Adjustment Payment/Charge:

The Projected Risk Adjustment PMPM is shown on Worksheet I, Section II. The amount excludes the 2024 Risk Adjustment User Fee of $\$ 0.21$ PMPM ( $0.04 \%$ of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2024 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a $0.28 \%$ of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2024. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The Risk Transfer calculations are based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47, and displayed below:

$$
T_{i}=\left[\frac{\text { PLRS }_{i} \cdot I D F_{i} \cdot G C F_{i}}{\sum_{i}\left(s_{i} \cdot P L R S_{i} \cdot I D F_{i} \cdot G C F_{i}\right)}-\frac{A V_{i} \cdot A R F_{i} \cdot I D F_{i} \cdot G C F_{i}}{\sum_{i}\left(s_{i} \cdot A V_{i} \cdot A R F_{i} \cdot I D F_{i} \cdot G C F_{i}\right)}\right] \bar{P}_{s}
$$

Where:
$\overline{\mathrm{P}} \mathrm{s}=\mathrm{statewide}$ average premium * 0.86 (to reflect the admin reduction adjustment);
PLRS ${ }_{i}=$ plan i's plan liability risk score;

$$
\begin{aligned}
& A V_{i}=\text { plan i's metal level } A V ; \\
& A R F_{i}=\text { plan i's allowable rating factor; } \\
& I D F_{i}=\text { plan i's induced demand factor; } \\
& \mathrm{GCF}_{\mathrm{i}}=\text { plan i's geographic cost factor; } \\
& \mathrm{S}_{\mathrm{i}}=\text { plan i's share of state enrollment as measured in member months. }
\end{aligned}
$$

The denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:
$\overline{\mathrm{P}} \mathrm{s}$ : The state average premium was assumed to be approximately
PMPM (net of the 14\% administrative cost carve out).

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2022, as reported by Wakely in their National Risk Adjustment Reporting Project (WNRAR) for the state of Pennsylvania.

Pennsylvania Health \& Wellness Inc.' 's projected average risk score differs from the projected single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2024 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2022 and 2024 HCC model and coefficient changes for 2024 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2024, as reported by Wakely in their National Risk Adjustment Reporting Project (WNRAR) for the state of Pennsylvania.

The average IDF for Pennsylvania Health \& Wellness Inc. is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Pennsylvania Health \& Wellness Inc.'s projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.
$A V$ : The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2022, as reported by Wakely in their National Risk Adjustment Reporting Project (WNRAR) for the state of Pennsylvania. The average AV for Pennsylvania Health \& Wellness Inc. is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Pennsylvania Health \& Wellness Inc.'s projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60 , Silver 0.70 , Gold 0.80, and Platinum 0.90.

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2022, as reported by Wakely in their National Risk Adjustment Reporting Project (WNRAR) for the state of Pennsylvania.

The average ARF for Pennsylvania Health \& Wellness Inc. is projected by applying the proposed 2024 HHS age rating factors to Pennsylvania Health \& Wellness Inc.'s projected population. An equal distribution across ages within each age band was assumed.

GCF: The average Geographic Cost Factors for Pennsylvania Health \& Wellness Inc.'s membership is projected based on the 2021 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2021 to 2024.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2024 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

The risk adjustment transfer amounts shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

## Exchange User Fees:

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In

Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. Note, we assumed $98.96 \%$ of members would enroll through the Exchange and $1.04 \%$ would enroll outside of the Exchange.

## 12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
- The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
- The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
- Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
- Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
- Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
- The actuarial and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each silver ACA-compliant plan.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices
- Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
- These benefits include adult vision and adult dental.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
- The administrative costs are discussed further in the subsequent paragraphs of this section
There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1 and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

## Administrative Expense Load:

The administrative expense allowance is based on the projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

There is an additional amount to cover approved quality improvement expenses and provider incentive payments. This amount is still included in the numerator (and excluded from the denominator) of the federal MLR calculation, but is described in Appendix 12.2 due to sharing similar attributes with other administrative expenses.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

## Profit (or Contribution to Surplus) \& Risk Margin:

This load was applied proportionally to all products and plans and can be found in Appendix 12.2.

## Taxes and Fees:

The taxes and fees which may be subtracted from premiums for purposes of calculating the MLR are listed in Appendix 12.2. The Risk Adjustment User Fee has been included as part of this adjustment. See Section 11, "Development of the Market-Wide Adjusted Index Rate", for a discussion on how the Exchange user fee was calculated and applied to the Market Adjusted Index Rate.

## 13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1. Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.

## Age Curve Calibration:

The age curve calibration factor is applied in Appendix 13.1. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2024 Unified Rate Review Instructions. Appendix 13.2 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 50 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age. The distribution of members by age is in Appendix 1.2 and the corresponding age factors are included in Appendix 1.3.

## Geographic Factor Calibration:

The geographic rating factors are displayed in Appendix 1.3. Appendix 13.3 demonstrates the factors and member months used in the calculation of the average geographic rating factor. In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution.

The 2024 geographic factors were developed to reflect provider reimbursement and practice pattern differences by area. The reimbursement reflected in the geographic factors is based on provider contracts by rating area. Projected risk pool morbidity and age/gender factors were set at statewide levels during 2024 geographic factor development. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only and do not reflect differences in population morbidity.

## Tobacco Use Rating Factor Calibration:

The tobacco use calibration factor is applied in Appendix 13.1. The tobacco use calibration factor removes the portion of the cost expected to be recouped through the tobacco surcharge. This factor is calculated by weighting the tobacco factors with the single risk pool membership distribution of tobacco and non-tobacco users. The tobacco factors are included in Appendix 1.3. Appendix 13.4
demonstrates the factors and member months used in the calculation of the average tobacco rating factor.

## Calibration adjustments are applied uniformly to all plans:

The calibration adjustment does not vary by plan and this is demonstrated in Appendix 13.1. Memberlevel adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In Appendix 13.1, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate. The distribution of members by rating area is included in Appendix 1.2. Furthermore, Appendix 1.4 provides a sample calculation of premium rates.

## 14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
- The area factors are listed in Appendix 1.3. The methodology for developing geog raphic factors is included in Section 13, "Calibration".
- Age
- The prescribed standard age factors were used.
- Tobacco Status
- The tobacco factor for 2024 is set to 1.150 for all ages " $21+$. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report "The Business Case for Coverage of "," Tobacco Cessation 2012 Update" by Leif Associates, Inc. was considered which suggests that healthcare costs for smokers are greater than those of nonsmokers and may be as much as $34 \%$ higher than costs for non-smokers."
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

Appendix 1.3 lists the allowable rating factors and Appendix 1.4 contains an example walking through the calculation of a theoretical family's rates.

## 15. Projected Loss Ratio

The projected medical loss ratio (MLR) for Pennsylvania Health \& Wellness Inc. in 2024 in Pennsylvania is $83.8 \%$, which satisfies the state of Pennsylvania's minimum MLR requirement of $80 \%$. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2024 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

## 16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2024 Federal AV Calculator for the plan provisions that fit within the calculator parameters and making appropriate adjustments to the AV identified by the calculator for plan design features that are not compatible with the parameters of the AV Calculator.

This filing includes plans with two generic drug tiers (preferred generic and non-preferred generic), but the AV Calculator only has one input for generic drug cost share. The member cost share, usually a copay, for preferred generics is less than or equal to the member cost share for non-preferred generics. Plans are administered such that the member pays the lesser of the stated copay or the actual cost of the drug, and the preferred generic tier generally consists of drugs with an actual cost less than or equal to the stated copay. Therefore, the non-preferred generic cost sharing has been used as the generic drug input to the AV Calculator.

## 17. Membership projections

Pennsylvania Health \& Wellness Inc. developed its membership projections based on 2023 QHP open enrollment data, adjusting for expected enrollment changes through 2024. The expected enrollment changes are based on historical shifts in membership combined with market-specific adjustments.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. This was performed in a similar manner to the aggregate membership projections.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

## 18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included in the appendices as Appendix 18.1.
19. Plan Type

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Pennsylvania Health \& Wellness Inc.'s plans exactly.
20. Effective Rate Review Information

See Appendix 20.1 for documents summarizing the capital and surplus position of PHW.
The following Pennsylvania state-specific requirements have been included elsewhere in this filing package:

- 2024_PHW_State_Actuarial_Memo_20230713.pdf
- 2024_PHW_State_Actuarial_Memo_20230713.pdf
- 2024_PHW_Plan Design_Summary_and_Rate_Tables_20230713.xlsb
- 2024_PHW_Completeness_and_Redaction_Checklist_20230713.xlsm
- 2024_PHW_Pennsylvania_Counties_Map_20230713.ppt
- 2024_PHW_State_Required_Cover_Letter_20230713.docx
- 2024_PHW_Inc_Redaction_Justification_220230713.pdf
- 2024_PHW_Rate_Change_Request_Summary_20230713.docx
- 2024_PHW_Inc_Public_Rate_Filing__PDF_20230713.pdf

21. Reliance

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

## 22. Actuarial Certification

$\mathrm{I}, \square$,
am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period 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 based on my best estimate of the 2024 individual market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
3. The geographic rating factors reflect only difference in the cost of delivery and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans. This rate filing was prepared in compliance with all applicable state and federal statutes and regulations.

Regarding Pennsylvania state certification requirements, I certify that to the best of my knowledge and judgment:
5. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
6. No new plans are modifications of existing plans as described in the uniform modification standards in 45 C.F.R. § 147.106.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2024 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2024 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision is impacted, a revision to the rates will be needed.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. Furthermore, due to the substantial uncertainty regarding the past and future impacts of the COVID-19 pandemic, we believe some of the assumptions related to the pandemic's financial impacts may exhibit a greater degree of divergence from expectations than would typically be expected in a more stable economic and healthcare environment.


Date: 7/13/2023

| $\begin{gathered} \text { Appendix 1.1 } \\ \hline \text { Pennsylvania Health \& Wellness Inc. } \\ \text { Description of Benefits } \end{gathered}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  | Plan Coverage |  |  |  |
| Plan Design | Plan ID | Plan Type | Medical Deductible | $\begin{gathered} \text { Plan } \\ \text { Coinsurance } \end{gathered}$ | $\begin{gathered} \mathrm{Rx} \\ \text { Deductible } \end{gathered}$ | OOP Max | PCP Visit | $\begin{gathered} \text { Specialty } \\ \text { Visit } \end{gathered}$ | Generic | Preferred Brand | Non-Preferred Brand | Specialty | Includes adult vision coverage? | Includes adult dental coverage? |
| Choice Bronze HSA | $86199 P A 0010022$ | HMO | \$7250 INT | 100\% | INT | \$7,250 | D\&C | D\&C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | N | N |
| Choice Bronze HSA + Vision + Adult Dental | 86199PA0020022 | HMO | \$7250 INT | 100\% | INT | \$7,250 | D8C | D\&C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | Y | Y |
| Elite Bronze | $86199 P$ P00010031 | HMO | \$0 | 50\% | \$3800 | \$9,250 | \$45 NSD | \$115 NSD | \$35 NSD | \$195 NSD | \$250 SD | 50\% SD | $\stackrel{ }{N}$ | N |
| Elite Bronze + Vision + Adult Dental | 86199PA0020031 | HMO | \$0 | 50\% | \$3800 | \$9,250 | \$45 NSD | \$115 NSD | \$35 NSD | \$195 NSD | \$250 SD | 50\% SD | Y | Y |
| Everyday Bronze | 86199PA0010028 | HMO | \$8450 int | 50\% | ${ }^{\text {INT }}$ | \$9,250 | \$40 NSD | \$90 NSD | \$30 NSD | $50 \%$ SD | 50\% SD | 50\% SD | N | N |
| Everyday Bronze + Vision + Adult Dental | 86199PA0020028 | HMO | \$8450 int | 50\% | INT | \$9,250 | \$40 NSD | \$90 NSD | \$30 NSD | 50\% SD | 50\% SD | 50\% SD | Y | Y |
| Clear Gold | $86199 P$ A0010039 | HMO | \$900 int | 70\% | INT | \$8,700 | \$25 NSD | \$60 NSD | \$15 NSD | \$40 NSD | 50\% SD | 50\% SD | N | N |
| Clear Gold + Vision + Adult Dental | 86199PA0020039 | HMO | \$900 int | 70\% | ${ }^{\text {NT }}$ T | \$8,700 | \$25 NSD | \$60 NSD | \$15 NSD | \$40 NSD | 50\% SD | 50\% SD | Y | Y |
| Complete Gold | $86199 P$ A0010025 | HMO | \$1450 int | 80\% | INT | \$7,500 | \$15 NSD | \$35 NSD | \$15 NSD | \$30 NSD | 70\% SD | 70\% SD | N | N |
| Complete Gold + Vision + Adult Dental | $86199 P$ A0020025 | нмо | \$1450 int | 80\% | INT | \$7,500 | \$15 NSD | \$35 NSD | \$15 NSD | \$30 NSD | 70\% SD | 70\% SD | Y | Y |
| Elite Gold | $86199 P$ A0010040 | нмо | \$0 int | 70\% | INT | \$5,500 | \$5 NSD | \$60 NSD | \$15 NSD | \$50 NSD | 50\% NSD | 50\% | N | N |
| Elite Gold + Vision + Adult Dental | $86199 P$ A0020040 | нмO | \$0 int | 70\% | INT | \$5,500 | \$5 NSD | \$60 NSD | \$15 NSD | \$50 NSD | 50\% NSD | 50\% | Y | Y |
| Everyday Gold | $86199 P A 0010035$ | HMO | \$750 int | 65\% | INT | \$7,500 | \$35 NSD | \$55 NSD | \$15 NSD | \$60 NSD | 50\% SD | 50\% SD | N | N |
| Everyday Gold + Vision + Adult Dental | 86199PA0020035 | HMO | \$750 int | 65\% | INT | \$7,500 | \$35 NSD | \$55 NSD | \$15 NSD | \$60 NSD | 50\% SD | 50\% SD | Y | Y |
| Gold 201 HSA | $86199 P$ A0030007 | Нмо | \$3200 INT | 100\% | INT | \$3,200 | D\&C | D\&C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | N | N |
| Gold 202 | 86199PA0030008 | HMO | \$2000 inT | 80\% | INT | \$6,000 | \$25 NSD | \$50 NSD | \$25 NSD | \$50 NSD | $70 \%$ SD | $70 \%$ SD | N | N |
| Clear Silver | $86199 P$ A0010032 | HMO | \$5400 inT | 100\% | INT | \$5,400 | D\&C | D 2 C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | N | N |
| Clear Silver + Vision + Adult Dental | 86199PA0020036 | HMO | \$5400 int | 100\% | INT | \$5,400 | D\&C | D\&C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | Y | Y |
| Complete Silver | $86199 P$ A0010004 | HMO | \$6000 inT | 60\% | INT | \$8,500 | \$30 NSD | \$60 NSD | \$20 NSD | \$55 NSD | 50\% SD | 50\% SD | N | N |
| Complete Silver + Vision + Adult Dental | 86199PA0020004 | HMO | \$6000 inT | 60\% | ${ }^{\text {NT }}$ T | \$8,500 | \$30 NSD | \$60 NSD | \$20 NSD | \$55 NSD | 50\% SD | 50\% SD | Y | Y |
| Focused Silver | $86199 P$ A0010034 | нмо | \$6300 inT | 50\% | INT | \$8,000 | \$45 NSD | \$100 NSD | \$25 NSD | \$75 NSD | 50\% SD | 50\% SD | N | N |
| Focused Silver + Vision + Adult Dental | 86199PA0020034 | нмо | \$6300 inT | 50\% | INT | \$8,000 | \$45 NSD | \$100 NSD | \$25 NSD | \$75 NSD | 50\% SD | 50\% SD | Y | Y |
| Franklin Silver | $86199 P$ A00 10041 | HMO | \$5000 | 60\% | \$300 | \$9,200 | \$50 NSD | \$100 NSD | \$7 NSD | 50\% SD | 50\% SD | 50\% SD | N | N |
| Franklin Silver + Vision + Adult Dental | ${ }^{86199 P A 0020041}$ | HMO | \$5000 | 60\% | \$300 | \$9,200 | \$50 NSD | \$100 NSD | \$7 NSD | 50\% SD | 50\% SD | 50\% SD | Y | Y |
| Silver 201 HSA | 86199PA0030003 | HMO | \$5800 inT | 100\% | INT | \$5,800 | D\&C | D\&C | 100\% SD | 100\% SD | 100\% SD | 100\% SD | N | N |
| Silver 203 | 86199PA0030004 | HMO | \$6450 inT | 65\% | INT | \$8,200 | \$15 NSD | D\&C | \$35 NSD | \$75 NSD | 50\% SD | 50\% SD | N | N |
| Explanation of abbreviations: <br> D\&C - Deductible and Coinsurance <br> INT - Integrated Medical and Rx Deductible <br> NSD - Not subject to deductible <br> SD - Subject to deductible |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Appendix 1.2

Pennsylvania Health \& Wellness Inc.
Age and Rating Area Distributions

| Age Band | Percent Distribution |
| :---: | :---: |
| 0-14 | 5.72\% |
| 15 | 0.38\% |
| 16 | 0.38\% |
| 17 | 0.38\% |
| 18 | 0.38\% |
| 19 | 1.08\% |
| 20 | 1.08\% |
| 21 | 1.10\% |
| 22 | 1.10\% |
| 23 | 1.10\% |
| 24 | 1.10\% |
| 25 | 1.74\% |
| 26 | 1.74\% |
| 27 | 1.74\% |
| 28 | 1.74\% |
| 29 | 1.74\% |
| 30 | 1.78\% |
| 31 | 1.78\% |
| 32 | 1.78\% |
| 33 | 1.78\% |
| 34 | 1.78\% |
| 35 | 1.54\% |
| 36 | 1.54\% |
| 37 | 1.54\% |
| 38 | 1.54\% |
| 39 | 1.54\% |
| 40 | 1.65\% |
| 41 | 1.65\% |
| 42 | 1.65\% |
| 43 | 1.65\% |
| 44 | 1.65\% |
| 45 | 1.67\% |
| 46 | 1.67\% |
| 47 | 1.67\% |
| 48 | 1.67\% |
| 49 | 1.67\% |
| 50 | 2.21\% |
| 51 | 2.21\% |
| 52 | 2.21\% |
| 53 | 2.21\% |
| 54 | 2.21\% |
| 55 | 2.75\% |
| 56 | 2.75\% |
| 57 | 2.75\% |
| 58 | 2.75\% |
| 59 | 2.75\% |
| 60 | 3.35\% |
| 61 | 3.35\% |
| 62 | 3.35\% |
| 63 | 3.35\% |
| 64 | 3.35\% |
| 65 \& Over | 2.81\% |


| Rating <br> Area | Percent <br> Distribution |
| :---: | :---: |
| Rating Area 3 | $17.9 \%$ |
| Rating Area 6 | $19.1 \%$ |
| Rating Area 7 | $21.6 \%$ |
| Rating Area 8 | $41.3 \%$ |


| Plan ID | Plan Name | CalibratedPlan-AdjustedIndex Rate | Age Band | $\begin{gathered} \text { Age } \\ \text { Factor } \\ \hline \end{gathered}$ | Tobacco Factors |  | Geographic Factors |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Smoker | Non-Smoker |  | Rate |
|  |  |  | 0-14 | 0.765 | 1.000 | 1.000 | Area | Factor |
| 86199PA0010022 | Choice Bronze HSA | \$245.83 | 15 | 0.833 | 1.000 | 1.000 | Rating Area 3 | 0.9655 |
| 86199PA0020022 | Choice Bronze HSA + Vision + Adult Dental | \$255.27 | 16 | 0.859 | 1.000 | 1.000 | Rating Area 6 | 1.2277 |
| 86199PA0010031 | Elite Bronze | \$296.89 | 17 | 0.885 | 1.000 | 1.000 | Rating Area 7 | 1.0975 |
| 86199PA0020031 | Elite Bronze + Vision + Adult Dental | \$308.29 | 18 | 0.913 | 1.000 | 1.000 | Rating Area 8 | 0.8585 |
| 86199PA0010028 | Everyday Bronze | \$254.42 | 19 | 0.941 | 1.000 | 1.000 |  |  |
| 86199PA0020028 | Everyday Bronze + Vision + Adult Dental | \$264.19 | 20 | 0.970 | 1.000 | 1.000 |  |  |
| 86199PA0010039 | Clear Gold | \$315.18 | 21 | 1.000 | 1.150 | 1.000 |  |  |
| 86199PA0020039 | Clear Gold + Vision + Adult Dental | \$327.28 | 22 | 1.000 | 1.150 | 1.000 |  |  |
| 86199PA0010025 | Complete Gold | \$334.76 | 23 | 1.000 | 1.150 | 1.000 |  |  |
| 86199PA0020025 | Complete Gold + Vision + Adult Dental | \$347.61 | 24 | 1.000 | 1.150 | 1.000 |  |  |
| 86199PA0010040 | Elite Gold | \$369.22 | 25 | 1.004 | 1.150 | 1.000 |  |  |
| 86199PA0020040 | Elite Gold + Vision + Adult Dental | \$383.40 | 26 | 1.024 | 1.150 | 1.000 |  |  |
| 86199PA0010035 | Everyday Gold | \$319.12 | 27 | 1.048 | 1.150 | 1.000 |  |  |
| 86199PA0020035 | Everyday Gold + Vision + Adult Dental | \$331.37 | 28 | 1.087 | 1.150 | 1.000 |  |  |
| 86199PA0030007 | Gold 201 HSA | \$302.43 | 29 | 1.119 | 1.150 | 1.000 |  |  |
| 86199PA0030008 | Gold 202 | \$324.71 | 30 | 1.135 | 1.150 | 1.000 |  |  |
| 86199PA0010032 | Clear Silver | \$332.36 | 31 | 1.159 | 1.150 | 1.000 |  |  |
| 86199PA0020036 | Clear Silver + Vision + Adult Dental | \$345.12 | 32 | 1.183 | 1.150 | 1.000 |  |  |
| 86199PA0010004 | Complete Silver | \$347.25 | 33 | 1.198 | 1.150 | 1.000 |  |  |
| 86199PA0020004 | Complete Silver + Vision + Adult Dental | \$360.59 | 34 | 1.214 | 1.150 | 1.000 |  |  |
| 86199PA0010034 | Focused Silver | \$336.22 | 35 | 1.222 | 1.150 | 1.000 |  |  |
| 86199PA0020034 | Focused Silver + Vision + Adult Dental | \$349.13 | 36 | 1.230 | 1.150 | 1.000 |  |  |
| 86199PA0010041 | Franklin Silver | \$354.40 | 37 | 1.238 | 1.150 | 1.000 |  |  |
| 86199PA0020041 | Franklin Silver + Vision + Adult Dental | \$368.01 | 38 | 1.246 | 1.150 | 1.000 |  |  |
| 86199PA0030003 | Silver 201 HSA | \$242.21 | 39 | 1.262 | 1.150 | 1.000 |  |  |
| 86699PA0030004 Silver 203 |  | \$254.02 | 40 | 1.278 | 1.150 | 1.000 |  |  |
|  |  |  | 41 | 1.302 | 1.150 | 1.000 |  |  |
|  |  |  | 42 | 1.325 | 1.150 | 1.000 |  |  |
|  |  |  | 43 | 1.357 | 1.150 | 1.000 |  |  |
|  |  |  | 44 | 1.397 | 1.150 | 1.000 |  |  |
|  |  |  | 45 | 1.444 | 1.150 | 1.000 |  |  |
|  |  |  | 46 | 1.500 | 1.150 | 1.000 |  |  |
|  |  |  | 47 | 1.563 | 1.150 | 1.000 |  |  |
|  |  |  | 48 | 1.635 | 1.150 | 1.000 |  |  |
|  |  |  | 49 | 1.706 | 1.150 | 1.000 |  |  |
|  |  |  | 50 | 1.786 | 1.150 | 1.000 |  |  |
|  |  |  | 51 | 1.865 | 1.150 | 1.000 |  |  |
|  |  |  | 52 | 1.952 | 1.150 | 1.000 |  |  |
|  |  |  | 53 | 2.040 | 1.150 | 1.000 |  |  |
|  |  |  | 54 | 2.135 | 1.150 | 1.000 |  |  |
|  |  |  | 55 | 2.230 | 1.150 | 1.000 |  |  |
|  |  |  | 56 | 2.333 | 1.150 | 1.000 |  |  |
|  |  |  | 57 | 2.437 | 1.150 | 1.000 |  |  |
|  |  |  | 58 | 2.548 | 1.150 | 1.000 |  |  |
|  |  |  | 59 | 2.603 | 1.150 | 1.000 |  |  |
|  |  |  | 60 | 2.714 | 1.150 | 1.000 |  |  |
|  |  |  | 61 | 2.810 | 1.150 | 1.000 |  |  |
|  |  |  | 62 | 2.873 | 1.150 | 1.000 |  |  |
|  |  |  | 63 | 2.952 | 1.150 | 1.000 |  |  |
|  |  |  | 64 | 3.000 | 1.150 | 1.000 |  |  |
|  |  |  | 65 and Over | 3.000 | 1.150 | 1.000 |  |  |


| Appendix 1.4 <br> Pennsylvania Health \& Wellness Inc. <br> Rating Example |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Family Rating Example |  |  |  |  |  |  |  |  |  |  |  |
| Plan Design: |  |  |  |  |  |  | (d) $=((\mathrm{a})+(\mathrm{b})) \times(\mathrm{c})$ | (e) | (f) | (g) | $\begin{aligned} & (\mathrm{h})=(\mathrm{d}) \times(\mathrm{e}) \times \\ & \text { (f) } \times(\mathrm{g}) \end{aligned}$ |
| HIOS ID: | $9 P A 00$ |  |  |  |  |  |  |  |  |  |  |
|  | 9 PA 0 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | (a) | (b) | (c) |  |  |  |  |  |
| Member | Age | Smoking Status | Rating Area | Base | Prod. Adj. | Plan Rate Factor | (Base + Prod. Adj.) * Plan Factor | Age Factor | Tobacco | Area | Final Premium |
| Subscriber | 40 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 1.278 | 1.000 | 0.9655 | \$303.32 |
| Spouse | 38 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 1.246 | 1.000 | 0.9655 | \$295.72 |
| Child 1 | 18 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 0.913 | 1.000 | 0.9655 | \$216.69 |
| Child 2 | 16 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 0.859 | 1.000 | 0.9655 | \$203.87 |
| Child 3 | 14 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 0.765 | 1.000 | 0.9655 | \$181.56 |
| Child 4 | 11 | Non-Smoker | Rating Area 3 | \$347.25 | \$0.00 | 0.7079 | \$245.82 | 0.000 | 1.000 | 0.9655 | \$0.00 |
| Total |  |  |  |  |  |  |  |  |  |  | \$1,201.16 |

Steps to Calculate Final Premium:
(1) Look up the plan's Base Rate factor (a) and Product Adjustment factor (b). Add together.
(2) Look up the Plan Rate factor based on the plan design (c).
(3) Multiply the sum of (a) and (b) by the Plan Rate factor as shown in column (d).
(4) Look up the age factors for each member based on age (e).

Note that premiums can only be charged for the oldest 3 children under age 21, so the age factor for all subsequent children will be 0 .
(5) Look up the tobacco factor for each member according to smoking status and age (f).
(6) Look up the area factor based on the rating area (g).
(7) Multiply column (d) by the age, tobacco and area factors for each member individually.
(8) Sum the results from (7) for the final premium for the family.

| Appendix 4.1 Pennsylvania Health \& Wellness Inc. Experience Period Claims |  |  |
| :---: | :---: | :---: |
|  | Allowed | Incurred (Paid) Claims |
| Claim System | \$25,998,422 | \$19,719,641 |
| Outside ${ }^{(1)}$ | \$297,666 | \$225,778 |
| IBNP | \$149,479 | \$113,379 |
| Less Reinsurance |  | $(\$ 960,527)$ |
| Total ${ }^{(2)}$ | \$26,445,567 | \$19,098,271 |

(1) The claims processed outside of the issuer's claims system are for capitated services.
(2) Total claims are calculated using unrounded numbers.
*Incurred claims shown in Worksheet 1 of the URRT is net of 1332 PA state reinsurance.

Appendix 5.1
Pennsylvania Health \& Wellness Inc. Benefit Category Mapping

| MCRM Benefit Category | URRT Benefit Category |
| :---: | :---: |
| Inpatient Facility - Non-Maternity |  |
| Medical | Inpatient Hospital |
| Medical - Other Newborn | Inpatient Hospital |
| Surgical | Inpatient Hospital |
| Psychiatric - Hospital | Inpatient Hospital |
| Psychiatric - Residential | Inpatient Hospital |
| Alcohol \& Drug Abuse - Hospital | Inpatient Hospital |
| Alcohol \& Drug Abuse - Residential | Inpatient Hospital |
| Inpatient Facility - Maternity |  |
| Normal Deliveries | Inpatient Hospital |
| Cesarean Deliveries | Inpatient Hospital |
| Non-Deliveries | Inpatient Hospital |
| Skilled Nursing Facility | Inpatient Hospital |
| Outpatient Facility |  |
| Observation | Outpatient Hospital |
| Emergency Room | Outpatient Hospital |
| Surgery | Outpatient Hospital |
| Radiology |  |
| Radiology - Therapeutic | Outpatient Hospital |
| Radiology - Diagnostic | Outpatient Hospital |
| Radiology - CT / MRI / PET | Outpatient Hospital |
| Pathology/Lab | Outpatient Hospital |
| Pharmacy | Outpatient Hospital |
| Cardiovascular | Outpatient Hospital |
| PT/OT/ST | Outpatient Hospital |
| Psychiatric | Outpatient Hospital |
| Alcohol \& Drug Abuse | Outpatient Hospital |
| Preventive | Outpatient Hospital |
| Other Outpatient Facility | Outpatient Hospital |
| Professional |  |
| Inpatient Surgery - Non-Maternity |  |
| Surgeon | Professional |
| Anesthesia | Professional |
| Maternity |  |
| Professional | Professional |
| Anesthesia | Professional |
| Outpatient Surgery |  |
| Outpatient Facility | Professional |
| Office | Professional |
| Anesthesia | Professional |
| Inpatient Visits |  |
| Medical | Professional |
| Psychiatric | Professional |
| Alcohol \& Drug Abuse | Professional |
| Office Visits \& Miscellaneous Services |  |
| Office/Home Visits - PCP | Professional |
| Office/Home Visits - Specialist | Professional |
| Urgent Care Visits | Professional |
| Office Administered Drugs | Professional |
| Allergy Testing | Professional |
| Allergy Immunotherapy | Professional |
| Miscellaneous Medical | Professional |

Appendix 5.1

## Pennsylvania Health \& Wellness Inc.

Benefit Category Mapping

| MCRM Benefit Category | URRT Benefi Category |
| :---: | :---: |
| Preventive Services |  |
| Immunizations | Professional |
| Well Baby Exams | Professional |
| Physical Exams | Professional |
| Other Preventive | Professional |
| Other Professional Services |  |
| ER Visits and Observation Care | Professional |
| Vision Exams | Professional |
| Hearing and Speech Exams | Professional |
| Physical Therapy | Professional |
| Cardiovascular | Professional |
| Radiology |  |
| Inpatient | Professional |
| Outpatient |  |
| Outpatient - Therapeutic | Professional |
| Outpatient - Diagnostic | Professional |
| Outpatient - CT / MRI / PET | Professional |
| Office |  |
| Office - Therapeutic | Professional |
| Office - Diagnostic | Professional |
| Office - CT / MRI / PET | Professional |
| Pathology/Lab |  |
| Inpatient \& Outpatient | Professional |
| Office | Professional |
| Chiropractor | Professional |
| Outpatient Psychiatric | Professional |
| Outpatient Alcohol \& Drug Abuse | Professional |
| Other |  |
| Prescription Drugs | Prescription Drug |
| Private Duty Nursing/Home Health | Other Medical |
| Ambulance | Other Medical |
| DME and Supplies | Other Medical |
| Prosthetics | Other Medical |
| Autism - ABA | Other Medical |
| IUD Contraceptive | Other Medical |
| Implantable Rod Contraceptive | Other Medical |
| Infertility | Other Medical |
| Envolve Vision - Child - Exam / Hardware | Capitation |
| Envolve Vision - Child - Med / Surg | Capitation |
| Envolve Vision - Adult - Med / Surg | Capitation |
| Envolve PeopleCare - Health Coaching | Capitation |
| Envolve PeopleCare - Nurseline | Capitation |
| Start Smart | Capitation |
| Teledoc - Telehealth | Capitation |
| Adult Vision / Adult Dental |  |
| Envolve Vision - Adult - Exam / Hardware | Capitation |
| Envolve Dental - Adult | Capitation |

Appendix 6.1
Pennsylvania Health \& Wellness Inc. URRT Cost Trend Factor, Annualized
(a)
(b)
(c) $=\left[(a)^{*}(b)\right]^{\wedge} 0.5$

| Benefit Category | (a) | (b) | (c) $=\left[(a)^{*}(\mathrm{~b})\right]^{\wedge} 0.5$ |
| :---: | :---: | :---: | :---: |
|  | Reimbursement Change other than Charge Trend, Significant Network Changes, Rx Rebate Changes, Provider Distribution Changes | $\begin{gathered} 2022 \text { to } 2024 \\ \text { Charge Trend } \end{gathered}$ | URRT Annual Cost Trend Factor |
| Inpatient Hospital | 1.287 | 1.000 | 1.134 |
| Outpatient Hospital | 1.287 | 1.000 | 1.134 |
| Professional | 1.029 | 1.000 | 1.014 |
| Other Medical | 0.973 | 1.000 | 0.986 |
| Capitation | 1.000 | 1.000 | 1.000 |
| Prescription Drug | 0.995 | 1.074 | 1.034 |
| Total | 1.138 | 1.019 | 1.077 |

Pennsylvania Health \& Wellness Inc.
URRT Util Trend Factor, Annualized

Industry Utilization/1,000 Trends

| Industry Utilization/1,000 Trends |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Benefit Category | 2024 URRT Annual Util Trend Factor | 2023 URRT Worksheet 1 - Individual Market ${ }^{(1)}$ |  |  | Ambetter Nationwide <br> Trend Study ${ }^{(2)}$ <br> Observed Medical Trend, <br> Annualized |
|  |  | Median | 20th Percentile | 80th Percentile |  |
| Inpatient Hospital | 1.004 | 1.015 | 1.004 | 1.030 |  |
| Outpatient Hospital | 1.004 | 1.019 | 1.010 | 1.035 | 1.024 |
| Professional | 1.004 | 1.020 | 1.005 | 1.036 |  |
| Other Medical | 1.004 | 1.017 | 1.001 | 1.034 |  |
| Capitation ${ }^{(3)}$ | 1.000 | n/a | n/a | n/a | n/a |
| Annualized PMPM Trend ${ }^{(4)}$ |  |  |  |  |  |
| 2023 URRT Worksheet 1 - Individual Market ${ }^{(1)}$ |  |  |  |  |  |
| Benefit Category | 2024 URRT Annual PMPM Trend Factor | Median | 20th Percentile | 80th Percentile |  |
| Prescription Drug | 1.044 |  | 1.048 | 1.0 |  |

(1) Reflects Utilization trends from Worksheet 1, Section II in 261 different 2023 URRTs. Based on public use files released by CCIIO, filtered on all 2023 Individual Market URRTs with non-zero credibility and non-zero trend factors. Note, PMPM trends are provided for prescription drugs, see footnote (5).
(2) See Section 8, "Manual Rate Adjustments", for more information on the Milliman HCGs.
(3) The Ambetter nationwide trend study analyzed changes over time in normalized medical allowed claims PMPM for Ambetter individual marketplace products offered across the United States. In order to isolate secular forces of utilization trend, the study first normalized claims costs for differences in population characteristics
(4) Pennsylvania Health \& Wellness Inc. capitation costs are based on actual and expected contracts in 2024, and do not require any trend adjustment.
(5) Due to differences in how sources allocate intensity/mix change between utilization and unit cost trend, prescription drug trends are best compared at the PMPM level, instead of separately for utilization and unit cost.

| Appendix 7.1 <br> Pennsylvania Health \& Wellness Inc. Development of Morbidity Adjustment |  |  |
| :---: | :---: | :---: |
|  | Morbidity |  |
| (a) | Remove Direct COVID Costs | 0.971 |
| (b) | Unwind Pandemic-Related Suppression of 2022 Utilization | 1.000 |
| (c) | 2024 Direct COVID Load | 1.024 |
| (d) | 2022 to 2024 Statewide Morbidity Trend | 1.085 |
| (e) | 2022 to 2024 Relative Morbidity Trend | 0.970 |
| $(\mathrm{f})=(\mathrm{a})^{*}(\mathrm{~b})^{\star}(\mathrm{c})^{\star}(\mathrm{d})^{\star}(\mathrm{e})$ | Final URRT Morbidity Adjustment | 1.046 |


| Plan ID | Plan Name | Projected Member Months | Experience Period Index Rate (Projected) |  | Credibility Factor |  | Projected Index Rate |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 86199PA0010022 | Choice Bronze HSA | 9,331 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020022 | Choice Bronze HSA + Vision + Adult Dental | 1,815 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010031 | Elite Bronze | 6,897 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020031 | Elite Bronze + Vision + Adult Dental | 1,341 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010028 | Everyday Bronze | 17,803 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020028 | Everyday Bronze + Vision + Adult Dental | 3,463 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010039 | Clear Gold | 17,831 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020039 | Clear Gold + Vision + Adult Dental | 3,437 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010025 | Complete Gold | 10,602 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020025 | Complete Gold + Vision + Adult Dental | 2,044 | \$33.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010040 | Elite Gold | 6,747 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020040 | Elite Gold + Vision + Adult Dental | 1,300 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010035 | Everyday Gold | 13,012 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020035 | Everyday Gold + Vision + Adult Dental | 2,508 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0030007 | Gold 201 HSA | 241 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0030008 | Gold 202 | 274 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0010032 | Clear Silver | 20,035 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020036 | Clear Silver + Vision + Adult Dental | 3,756 | \$333.87 | N/A |  | 100\% | \$333.87 |
| ${ }^{\text {86199PA0010004 }}$ | Complete Silver | 6,322 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020004 | Complete Silver + Vision + Adult Dental | 1,198 | \$333.87 | N/A |  | 100\% | \$333.87 |
| $86199 P A 0010034$ | Focused Silver | 38,206 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020034 | Focused Silver + Vision + Adult Dental | 7,187 | \$333.87 | N/A |  | 100\% | \$333.87 |
| $86199 P$ A00 10041 | Franklin Silver | ${ }^{6,536}$ | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0020041 | Franklin Silver + Vision + Adult Dental | 1,231 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0030003 | Silver 201 HSA | 1,233 | \$333.87 | N/A |  | 100\% | \$333.87 |
| 86199PA0030004 | Silver 203 | 168 | \$333.87 | N/A |  | 100\% | \$333.87 |
|  |  |  |  |  |  |  | \$333.87 |

Pennsylvania Health \& Wellness Inc.
Pennsylvania Health \& Wellness Inc.
Projected Index Rate to Market Adjusted Index Rate

| Plan ID | Plan Name | Projected Index Rate | Reinsurance Factor | Net Risk Adjustment Transfer Factor | Exchange User Fee Factor | Market Adjusted Index Rate |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 86199PA0010022 | Choice Bronze HSA | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020022 | Choice Bronze HSA + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010031 | Elite Bronze | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020031 | Elite Bronze + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010028 | Everyday Bronze | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020028 | Everyday Bronze + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010039 | Clear Gold | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020039 | Clear Gold + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010025 | Complete Gold | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020025 | Complete Gold + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010040 | Elite Gold | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020040 | Elite Gold + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010035 | Everyday Gold | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020035 | Everyday Gold + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0030007 | Gold 201 HSA | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0030008 | Gold 202 | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010032 | Clear Silver | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020036 | Clear Silver + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010004 | Complete Silver | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020004 | Complete Silver + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010034 | Focused Silver | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020034 | Focused Silver + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0010041 | Franklin Silver | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0020041 | Franklin Silver + Vision + Adult Dental | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0030003 | Silver 201 HSA | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| 86199PA0030004 | Silver 203 | \$333.87 | 0.954 | 1.712 | 1.038 | \$565.58 |
| Total |  | \$333.87 |  |  |  | \$565.58 |

## Pennsylvania Health \& Wellness Inc.

## Appendix 11.2 has been redacted

| Appendix 11.3 <br> Pennsylvania Health \& Wellness Inc. Development of Appendix 11.1 Values |  |  |
| :---: | :---: | :---: |
| (b+a/d+c/d) / (b+c/d) | Net Risk Adjustment Transfer Factor | 1.712 |
| (a) | Risk Adjustment Transfer (App 11.2) ${ }^{(1)}$ | \$186.88 |
| (b) | Projected Index Rate (App 10.1) | \$333.87 |
| (c) | Reinsurance (URRT WS 2) | \$15.49 |
| (d) | Paid to Allowed Ratio | 0.825 |
| (c+(a+b+d)/e) / (c+(b+d)/e) | Exchange User Fee Factor | 1.038 |
| (a) | Pennsylvania Exchange Fee (App 12.2) | \$17.00 |
| (b) | Risk Adjustment Transfer (App 11.2) ${ }^{(1)}$ | \$186.88 |
| (c) | Projected Index Rate (App 10.1) | \$333.87 |
| (d) | Reinsurance (URRT WS 2) | \$15.49 |
| (e) | Paid to Allowed Ratio | 0.825 |

1) The Risk Adjustment Transfer does not include the portion of Risk Adjustment associated with non-EHB benefits.

Appendix 12.1

| Appendix 12.1 <br> Pennsylvania Health \& Wellness Inc. Market Adjusted Index Rate to Plan Adjusted Index Rate |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (9) | (10) | (11) | (12) | (13) | (14) | 5) | ${ }^{(16)}=$ | (17) $=(9) *$ (16) |
| Plan ID | Plan Name | Market Adjusted Index Rate | Actuarial Value and Cost-Sharing Design of the Plan | Delivery System and Utilization Management | Benefits in <br> Addition to <br> the EHBs | Costs Excluding Exchange User Fees | Premium Taxes and Fees | Eligibility Categories for Catastrophic Plans | AV Pricing Value | Plan Adjusted Index Rate |
| 86199PA0010022 | Choice Bronze HSA | \$565.58 | 0.639 | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 0.772 | \$436.88 |
| 86199PA0020022 | Choice Bronze HSA + Vision + Adult Dental | \$565.58 | ${ }^{0.639}$ | 1.000 | 1.038 | 1.197 | 1.010 | 1.000 | 0.802 | \$453.65 |
| $86199 P$ A00010031 | Elite Bronze | ${ }^{\$ 565.58}$ | ${ }^{0.772}$ | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | ${ }^{0.933}$ | \$527.62 |
| 86199PA0020031 | Elite Bronze + Vision + Adult Dental | \$565.58 | ${ }^{0.772}$ | 1.000 | 1.038 | 1.197 | 1.010 | 1.000 | 0.969 | \$547.88 |
| $86199 P$ A00010028 | Everyday Bronze | \$565.58 | ${ }^{0.661}$ | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 0.799 | \$452.14 |
| ${ }^{861999}$ A0020028 | Everyday Bronze + Vision + Adult Dental | \$565.58 | ${ }^{0.661}$ | ${ }^{1.000}$ | 1.038 | ${ }^{1} 1.197$ | 1.010 | 1.000 | ${ }^{0.830}$ | \$469.50 |
| 866199PA0010039 $86199 P$ A002039 | Clear Gold ${ }_{\text {Clear Gold }}+$ Vision + Adult Dental | ${ }_{\$ 56558}{ }^{\text {S565.58 }}$ | 0.819 0.819 | ${ }^{1.000}$ | ${ }_{1}^{1.038}$ | ${ }^{1.197}$ | 1.010 1 1010 | ${ }_{1}^{1.000}$ | 0.990 1.028 | ${ }_{\text {\$580.62 }}$ |
| 86199PA0010025 | Complete Gold | \$565.58 | 0.870 | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 1.052 | ${ }_{\$ 594.92}$ |
| 86199PA0020025 | Complete Gold + Vision + Adult Dental | \$565.58 | 0.870 | 1.000 | 1.038 | 1.197 | 1.010 | 1.000 | 1.092 | \$617.76 |
| 86199PA0010040 | Elite Gold | \$565.58 | 0.960 | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 1.160 | \$656.17 |
| 861999 A0020040 | Elite Gold + Vision + Adult Dental | ${ }_{\$ 565.58}$ | 0.960 | 1.000 | ${ }^{1.038}$ | 1.197 | 1.010 | 1.000 | ${ }^{1.205}$ | ${ }_{\$ 681.36}$ |
|  | Everyday Gold | \$565.58 | ${ }^{0.829}$ | ${ }^{1.000}$ | ${ }^{1.000}$ | ${ }^{1} 1.197$ | 1.010 | 1.000 | ${ }^{1.003}$ | \$567.12 |
| 86199PAOO20035 86199PA0030007 | $\underset{\text { Everyday Gold + Vision + Adult Dental }}{\text { Gold }}$ | ${ }_{\$ 565.58}^{\$ 565.58}$ | 0.829 0.786 | 1.000 1.000 | 1.038 1.000 | 1.197 1.197 | 1.010 1.010 | 1.000 1.000 | 1.041 0.950 | ${ }_{\$ 537.47}$ |
| 86199PA0030008 | Gold 202 | \$565.58 | 0.844 | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 1.020 | ${ }_{\$ 577.06}$ |
| ${ }_{8}^{861999}$ A00010032 | Clear Siver | ${ }_{\text {\$565.58 }}$ | ${ }^{0.864}$ | ${ }^{1.000}$ | ${ }^{1} 10000$ | ${ }^{1} 1.197$ | ${ }^{1.010}$ | ${ }^{1.000}$ | 1.044 | \$590.65 |
| 86199PA0020036 $86199 P$ P000000 | Clear Siver + Vision + Adult Dental Complete Siver | ${ }_{\$ 565.58}^{\$ 5658}$ | 0.864 0.903 | 1.000 1.000 | 1.038 1.000 | ${ }^{1.197}$ | 1.010 1.010 | 1.000 1.000 | 1.084 1.091 | ${ }_{\$ 617.12}$ |
| 86199PA0020004 | Complete Siver + Vision + Adult Dental | \$565.58 | 0.903 | 1.000 | 1.038 | 1.197 | 1.010 | 1.000 | ${ }_{1}^{1.133}$ | ${ }_{\$ 640.82}$ |
| $86199 P$ A0010034 | Focused Silver | \$565.58 | 0.874 | 1.000 | 1.000 | 1.197 | 1.010 | 1.000 | 1.056 | \$597.52 |
| 86199PA0020034 $86199 P A 0010041$ | ${ }_{\text {Fooused Silver }+ \text { Vision + Adult Dental }}$ | $\$ 565.58$ $\$ 5658$ | ${ }_{0}^{0.874}$ | ${ }^{1.000}$ | ${ }^{1.038}$ | ${ }^{1} 1.197$ | 1.010 1010 | ${ }^{1} 1.000$ | 1.097 1114 |  |
| $86199 P$ A002004 | Frankiin Silver + Vision + Adult Dental | ${ }_{\text {\$565.58 }}$ | ${ }_{0}^{0.921}$ | 1.000 | ${ }_{1}^{1.038}$ | 1.197 | ${ }_{1}^{1.010}$ | 1.000 | ${ }_{1}^{1.156}$ | ${ }_{\$ 654.00}$ |
| ${ }^{86199 P A 0030003}$ | Siver 201 HSA | \$565.58 | ${ }^{0.630}$ | ${ }^{1} 1000$ | ${ }^{1} 1000$ | ${ }^{1} 1.197$ | 1.010 | ${ }^{1} 1.000$ | 0.761 | \$430.45 |
| $\frac{86199 P A 0030004}{\text { Total }}$ |  |  | ${ }_{0} 0.624$ | 1.0000 | ${ }_{1}^{1.0006}$ | ${ }_{1}^{1.197}$ | 1.010 | 1.0000 | ${ }_{1}$. | ${ }_{\$ 566.80}$ |

Appendix 12.2
Pennsylvania Health \& Wellness Inc.
Summary of Non-Benefit Expenses

| Expense Component | PMPM | \% of Net Revenue | \% of Aggregate Premium |
| :---: | :---: | :---: | :---: |
| Aggregate Premium | \$566.80 |  | 100.00\% |
| Net Revenue | \$379.82 | 100.00\% |  |
| Administrative Expense Load |  |  |  |
| General Administrative Expense - \% of net revenue | \$0.00 | 0.00\% |  |
| General Administrative Expense - PMPM | \$76.82 |  | 13.55\% |
| Quality Improvement Expense | \$3.00 |  | 0.53\% |
| Provider Incentive Payments | \$2.00 |  | 0.35\% |
| Total | \$81.82 |  | 14.44\% |
| Post-Tax Profit and Contribution to Surplus | \$11.34 |  | 2.00\% |
| Taxes and Fees - Fixed PMPM |  |  |  |
| Misc. Taxes and Fees | \$0.00 |  | 0.00\% |
| PMPM Assessments | \$0.00 |  | 0.00\% |
| Total | \$0.00 |  | 0.00\% |
| Taxes and Fees - \% of Premium |  |  |  |
| State Income Tax | \$1.05 |  | 0.19\% |
| Federal Income Tax | \$3.29 |  | 0.58\% |
| Federal Transitional Reinsurance Program Fee | \$0.00 |  | 0.00\% |
| Patient Centered Outcomes Research Fee | \$0.27 |  | 0.05\% |
| Pennsylvania Exchange Fee | \$17.00 |  | 3.00\% |
| Total | \$21.62 |  | 3.81\% |
| Taxes and Fees - \% of Net Revenue |  |  |  |
| ACA Annual Fee | \$0.00 | 0.00\% |  |
| Health Insurance Provider Fee | \$0.00 | 0.00\% |  |
| Assessments | \$0.00 | 0.00\% |  |
| Misc. Taxes and Fees | \$0.00 | 0.00\% |  |
| Pennsylvania Premium Tax Assessments | \$0.00 | 0.00\% |  |
| Total | \$0.00 | 0.00\% |  |
| Non-Benefit Expenses, Risk and Profit | \$114.77 | 30.22\% | 20.25\% |
| Risk Adjustment User Fee | \$0.21 |  |  |
| Total Non-Benefit Expenses, Risk and Profit | \$114.98 | 30.27\% | 20.29\% |

Pennsylvania Health \& Wellness Inc. Development of Administrative Costs Excluding Exchange User Fees Factor
(b)/(b-a) $\quad$ Administrative Costs Excluding Exchange User Fees $\quad 1.197$

| (a) Administrative Expenses and Profit (App 12.2) | $\$ 93.16$ |
| :--- | :--- | ---: |
| (b) | $\$ 566.80$ |

Appendix 13.1
Appendix 13.1
Pennsylvania Health $\&$ Wellness in
Pennsylvania Health \& Wellness Inc.
Plan Adjusted Index Rate to Calibrated Plan-Adjusted Index Rate

|  |  | (17) | (18) | (19) | (20) | $\begin{gathered} (21)=(18) *(19) *(20) \\ \left(\begin{array}{l} \end{array}\right) \end{gathered}$ | $(22)=(17) /(21)$ | (23) | (24) $=$ (22) / (23) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Plan ID | Plan Name | Plan Adjusted Index Rate | Rating Area Calibration Factor | $\begin{gathered} \text { Age } \\ \text { Calibration Factor } \end{gathered}$ | $\begin{gathered} \text { Tobacco Use } \\ \text { Calibration Factor } \end{gathered}$ | Calibration | $\begin{gathered} \text { Calibrated } \\ \text { Plan-Adjusted } \\ \text { Index Rate } \end{gathered}$ | Plan Rate Factor | Base Rate |
| $86199 P A 0010022$ | Choice Bronze HSA | \$436.88 | 1.000 | 1.769 | 1.005 | 1.777 | \$245.83 | 0.708 | \$347.25 |
| $86199 P A 0020022$ | Choice Bronze HSA + Vision + Adult Dental | \$453.65 | 1.000 | 1.769 | 1.005 | 1.777 | \$255.27 | 0.735 | \$347.25 |
| $86199 P A 0010031$ | Elite Bronze | \$527.62 | 1.000 | 1.769 | 1.005 | 1.777 | \$296.89 | 0.855 | \$347.25 |
| $86199 P A 0020031$ | Elite Bronze + Vision + Adult Dental | \$547.88 | 1.000 | 1.769 | 1.005 | 1.777 | \$308.29 | 0.888 | \$347.25 |
| $86199 P A 0010028$ | Everyday Bronze | \$452.14 | 1.000 | 1.769 | 1.005 | 1.777 | \$254.42 | 0.733 | \$347.25 |
| 86199PA0020028 | Everyday Bronze + Vision + Adult Dental | \$469.50 | 1.000 | 1.769 | 1.005 | 1.777 | \$264.19 | 0.761 | \$347.25 |
| $86199 P A 0010039$ | Clear Gold | \$560.12 | 1.000 | 1.769 | 1.005 | 1.777 | \$315.18 | 0.908 | \$347.25 |
| 86199PA0020039 | Clear Gold + Vision + Adult Dental | \$581.62 | 1.000 | 1.769 | 1.005 | 1.777 | \$327.28 | 0.942 | \$347.25 |
| 86199PA0010025 | Complete Gold | \$594.92 | 1.000 | 1.769 | 1.005 | 1.777 | \$334.76 | 0.964 | \$347.25 |
| 86199PA0020025 | Complete Gold + Vision + Adult Dental | \$617.76 | 1.000 | 1.769 | 1.005 | 1.777 | \$347.61 | 1.001 | \$347.25 |
| $86199 P A 0010040$ | Elite Gold | \$656.17 | 1.000 | 1.769 | 1.005 | 1.777 | \$369.22 | 1.063 | \$347.25 |
| 86199PA0020040 | Elite Gold + Vision + Adult Dental | \$681.36 | 1.000 | 1.769 | 1.005 | 1.777 | \$383.40 | 1.104 | \$347.25 |
| 86199PA0010035 | Everyday Gold | \$567.12 | 1.000 | 1.769 | 1.005 | 1.777 | \$319.12 | 0.919 | \$347.25 |
| $86199 P A 0020035$ | Everyday Gold + Vision + Adult Dental | \$588.90 | 1.000 | 1.769 | 1.005 | 1.777 | \$331.37 | 0.954 | \$347.25 |
| $86199 P A 0030007$ | Gold 201 HSA | \$537.47 | 1.000 | 1.769 | 1.005 | 1.777 | \$302.43 | 0.871 | \$347.25 |
| 86199PA0030008 | Gold 202 | \$577.06 | 1.000 | 1.769 | 1.005 | 1.777 | \$324.71 | 0.935 | \$347.25 |
| $86199 P A 0010032$ | Clear Silver | \$590.65 | 1.000 | 1.769 | 1.005 | 1.777 | \$332.36 | 0.957 | \$347.25 |
| 86199PA0020036 | Clear Silver + Vision + Adult Dental | \$613.33 | 1.000 | 1.769 | 1.005 | 1.777 | \$345.12 | 0.994 | \$347.25 |
| 86199PA0010004 | Complete Silver | \$617.12 | 1.000 | 1.769 | 1.005 | 1.777 | \$347.25 | 1.000 | \$347.25 |
| 86199PA0020004 | Complete Silver + Vision + Adult Dental | \$640.82 | 1.000 | 1.769 | 1.005 | 1.777 | \$360.59 | 1.038 | \$347.25 |
| $86199 P A 0010034$ | Focused Silver | \$597.52 | 1.000 | 1.769 | 1.005 | 1.777 | \$336.22 | 0.968 | \$347.25 |
| 86199PA0020034 | Focused Silver + Vision + Adult Dental | \$620.46 | 1.000 | 1.769 | 1.005 | 1.777 | \$349.13 | 1.005 | \$347.25 |
| 86199PA0010041 | Franklin Siver | \$629.82 | 1.000 | 1.769 | 1.005 | 1.777 | \$354.40 | 1.021 | \$347.25 |
| $86199 P A 0020041$ | Frankin Silver + Vision + Adult Dental | \$654.00 | 1.000 | 1.769 | 1.005 | 1.777 | \$368.01 | 1.060 | \$347.25 |
| 86199PA0030003 | Silver 201 HSA | \$430.45 | 1.000 | 1.769 | 1.005 | 1.777 | \$242.21 | 0.698 | \$347.25 |
| 86199PA0030004 | Siver 203 | \$451.43 | 1.000 | 1.769 | 1.005 | 1.777 | \$254.02 | 0.732 | \$347.25 |
| Total |  | \$566.80 | 1.000 | 1.769 | 1.005 | 1.777 | \$318.94 | 0.918 | \$347.25 |


| Appendix 13.2 |
| :---: |
| Pennsylvania Health \& Wellness Inc. <br> Age Factor Development |


| Age Band | Projected Member <br> Months | Composite CMS <br> Proposed <br> Relativity |
| :---: | :---: | :---: |
| Under 19 | 13,377 | 0.788 |
| $19-24$ | 12,076 | 0.985 |
| $25-29$ | 16,018 | 1.056 |
| $30-34$ | 16,435 | 1.178 |
| $35-39$ | 14,197 | 1.240 |
| $40-44$ | 15,191 | 1.332 |
| $45-49$ | 15,378 | 1.570 |
| $50-54$ | 20,395 | 1.956 |
| $55-59$ | 25,394 | 2.430 |
| $60-64$ | 30,868 | 2.870 |
| Over 65 | 5,188 | 3.000 |
| Total | 184,516 | 1.769 |
|  |  |  |

Pennsylvania Health \& Wellness Inc. area Factor Development

| Rating Area | \% of Medicare Facility/Physician | Member Months | $100 \%$ of Medicare Factor | Relative Reimbursement Adjustment | Raw Area Rating Factor | Final 2024 Area Rating <br> Factor |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rating Area 3 | 216\% / 139\% | 33,023 | 1.052 | 2.002 | 2.107 | 0.966 |
| Rating Area 6 | 299\% / 151\% | 35,329 | 1.080 | 2.479 | 2.677 | 1.227 |
| Rating Area 7 | 236\% / 172\% | 39,890 | 1.070 | 2.238 | 2.394 | 1.097 |
| Rating Area 8 | 181\% / 135\% | 76,274 | 1.062 | 1.765 | 1.874 | 0.859 |
| Total | 221\% / 147\% | 184,516 | 1.065 | 2.046 | 2.182 | 1.000 |

## Appendix 13.4

Pennsylvania Health \& Wellness Inc. Smoker Factor Development

|  | Projected Member <br> Months |  |
| :--- | ---: | ---: |
| Tobacco User | 5,640 | Adjustment Factor |
| Non-Tobacco User | 178,875 | 1.150 |
| Total | 184,516 | 1.000 |

## Appendix 15.1 <br> Pennsylvania Health \& Wellness Inc. Projected MLR Table

| a) | Incurred Claims, Quality Initiatives, Provider Incentives | $\$ 264.91$ |
| :--- | :--- | ---: |
| b) | Quality Improvement Expense \& Provider Incentive Payments | $\$ 5.00$ |
| c) | Risk Adjustment Transfer | $\$ 186.98$ |
| d) | Projected Claims for MLR (a+b+c) | $\$ 456.89$ |
| e) | Administrative Expenses | $\$ 76.82$ |
| f) | Post-Tax Profit and Contribution to Surplus | $\$ 11.34$ |
| g) | Taxes and Fees | $\$ 17.48$ |
| h) | Federal Income Tax | $\$ 3.29$ |
| i) | State Income Tax | $\$ 1.05$ |
| j) | Premium (d+e+f+g+h+i) | $\$ 566.87$ |
| k) | Medical Loss Ratio (d/(j-g-h-i)) | $83.8 \%$ |
| l) | URRT Worksheet 2 Loss Ratio Calculation | $69.7 \%$ |

This projected MLR is calculated according to 45 CFR 158 . The projected MLR is the projected 2024 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated.


Appendix 16.1 has been redacted

Appendix 17.1
Pennsylvania Health \& Wellness Inc
Membership Projections

| Product Plan Name | Plan ID | Projected Member Months |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Gold | Silver Plan |  |  |  |  | Bronze | Total |
|  |  |  | 70\% | 73\% | 87\% | 94\% | 100\% |  |  |
|  | Aggregate | 57,994 | 2,088 | 1,940 | 21,142 | 60,700 |  | 40,651 | 184,516 |
| Ambetter Ambetter Choice Bronze HSA (2024) | 86199PA0010022 | - | - | - | - | - | - | 9,331 | 9,331 |
| Ambetter + Vision + [ Ambetter Choice Bronze HSA (2024) | 86199PA0020022 |  | - | - | - | - |  | 1,815 | 1,815 |
| Ambetter Ambetter Elite Bronze (2024) | 86199PA0010031 | - | - | - | - | - |  | 6,897 | 6,897 |
| Ambetter + Vision + [ Ambetter Elite Bronze (2024) | 86199PA0020031 | - | - | - | - | - |  | 1,341 | 1,341 |
| Ambetter Ambetter Everyday Bronze (2024) | 86199PA0010028 | - | - | - | - | - |  | 17,803 | 17,803 |
| Ambetter + Vision + [ Ambetter Everyday Bronze (2024) | 86199PA0020028 | - | - | - | - | - |  | 3,463 | 3,463 |
| Ambetter Ambetter Clear Gold (2024) | 86199PA0010039 | 17,831 | - | - | - | - |  | - | 17,831 |
| Ambetter + Vision + [ Ambetter Clear Gold (2024) | 86199PA0020039 | 3,437 | - | - | - | - | - | - | 3,437 |
| Ambetter Ambetter Complete Gold (2024) | 86199PA0010025 | 10,602 | - | - |  |  |  |  | 10,602 |
| Ambetter + Vision + [ Ambetter Complete Gold (2024) | 86199PA0020025 | 2,044 | - | - | - | - |  | - | 2,044 |
| Ambetter Ambetter Elite Gold (2024) | 86199PA0010040 | 6,747 | - | - | - | - |  | - | 6,747 |
| Ambetter + Vision + [ Ambetter Elite Gold (2024) | 86199PA0020040 | 1,300 | - | - | - | - |  | - | 1,300 |
| Ambetter Ambetter Everyday Gold (2024) | 86199PA0010035 | 13,012 | - | - | - | - |  | - | 13,012 |
| Ambetter + Vision + [ Ambetter Everyday Gold (2024) | 86199PA0020035 | 2,508 | - | - | - | - |  | - | 2,508 |
| Ambetter Ambetter Gold 201 HSA (2024) Off | $86199 P A 0030007$ | 241 | - | - | - | - |  | - | 241 |
| Ambetter Ambetter Gold 202 (2024) Off | 86199PA0030008 | 274 | - | - | - | - |  | - | 274 |
| Ambetter Ambetter Clear Silver (2024) | 86199PA0010032 | - | 194 | 522 | 3,046 | 16,273 |  | - | 20,035 |
| Ambetter + Vision + [ Ambetter Clear Silver (2024) | 86199PA0020036 | - | 39 | 104 | 587 | 3,026 |  | - | 3,756 |
| Ambetter Ambetter Complete Silver (2024) | 86199PA0010004 | - | 155 | 434 | 2,046 | 3,687 |  | - | 6,322 |
| Ambetter + Vision + [ Ambetter Complete Silver (2024) | 86199PA0020004 | - | 31 | 86 | 394 | 686 |  | - | 1,198 |
| Ambetter Ambetter Focused Silver (2024) | 86199PA0010034 | - | 132 | 419 | 11,039 | 26,616 |  | - | 38,206 |
| Ambetter + Vision + [ Ambetter Focused Silver (2024) | 86199PA0020034 | - | 27 | 84 | 2,127 | 4,949 |  | - | 7,187 |
| Ambetter Ambetter Franklin Silver (2024) | 86199PA0010041 | - | 92 | 243 | 1,595 | 4,606 |  | - | 6,536 |
| Ambetter + Vision + [ Ambetter Franklin Silver (2024) | 86199PA0020041 | - | 18 | 48 | 307 | 857 | - | - | 1,231 |
| Ambetter Ambetter Silver 201 HSA (2024) Off | 86199PA0030003 | - | 1,233 | - | - | - | - | - | 1,233 |
| Ambetter Ambetter Silver 203 (2024) Off | 86199PA0030004 | - | 168 | - | - | - | - | - | 168 |

Appendix 18.1
Pennsylvania Health \& Wellness Inc.
Terminated Plans

Terminated 2023 Plan ID 66199PA0040004 86199PA0040004
86199PA0030018 86199PA0030018 86199PA004030019 86199PA0040019 86199PA0040007 86199PA0040008 86199PA0030017 86199PA0010037 86199PA00020037

Terminated 2022 Plan ID 6199PA0010012 66199PA0030002 86199PA0040002
86199PA0030001 86199PA00040001 $86199 P A 0010033$ 86199PA0020033 86199PA0010006 86199PA0020006 86199PA0020016 86199PA0030012 66199PA0030009 6199PA0030010 86199PA0020030 86199PA0030016

Terminated 2023 Plan Name

## Silver 201 HSA (2023) + Vision + Adult Dental

Silver 203 (2023) + Vision + Adult Dental
Silver 224 (2023)
Silver 224 (2023) + Vision + Adult Dental Silver 226 (2023)
Silver 226 (2023) + Vision + Adult Dental Gold 201 HSA (2023) + Vision + Adult Dental
Gold 202 (2023) + Vision + Adult Dental
Bronze $\$ 1500$ Medical Deductible (2023) Clear Bronze (2023) Clear Bronze (2023) + Vision + Adult Dental

## Terminated 2022 Plan Name

Ambetter Balanced Care 12 (2022)
Ambetter Balanced Care 207 (2022) Ambetter Vision + Adult Dental
Ambetter Balanced Care 207 (2022) + Vision + Adult Dental
Ambetter Balanced Care 209 (2022)
Ambetter Balanced Care 209 (2022) + Vision + Adult Dental Ambetter Balanced Care 31 (2022)
Ambetter Balanced Care 31 (2022) + Vision + Adult Dental
Ambetter Essential Care 10 (2022)
Ambetter Essential Care 10 (2022) + Vision + Adult Dental
Ambetter Balanced Care 12 (2022) + Vision + Adult Dental
Ambetter Balanced Care 210 (2022)
Ambetter Essential Care 201 (2022)
Ambetter Essential Care 202 HSA (2022)
Ambeter ssenilial Care. $\$ 1500$ Medical Deductible (2022)
edical Deductible (2022) + Vision + Adult Dental
Ambetter Secure Care 203 (2022)

Mapped 2024 Plan ID Mapped 2024 Plan Name 86199PA0030003
86199PA0030004 86199PA0030004 86199PA0030004
86199PA0030004 86199PA0030004
86199PA0030004 86199PA0030004 86199PA0030007 86199PA0030008 86199PA0030004 86199PA0010028 86199PA0020028

Mapped 2024 Plan ID 86199PA0010004 86199PA0030004
86199PA0030004 86199PA0030004
86199PA0030004 86199PA0030004
86199PA0030004 86199PA0010032 86199PA0020036 86199PA0010028 86199PA0020028 86199PA0020028
86199PA0020004 86199PA0030004 86199PA0030004
86199PA0030003 86199PA00100031 86199PA0010031 86199PA0020031
86199PA0030008

Silver 201 HSA
Silver 203
Silver 203
Silver 203
Silver 203
Silver 203
Silver 203
Silver 203
Gold 201 HSA
Gold 202
Silver 203
Everyday Bronze
Everyday Bronze
Everyday Bronze + Vision + Adult Dental
Mapped 2024 Plan Name
Complete Silver
Silver 203
Silver 203
Silver 203
Silver 203
Clear Silver
Clear Silver + Vision + Adult Dental
Everyday Bronze
Everyday Bronze + Vision + Adult Dental
Complete Silver + Vision + Adult Dental
Silver 203
Silver 203
Silver 203
Silver 201 HS
Elite Bronze
Elite Bronze + Vision + Adult Dental
Gold 202

| Appendix 20.1 |
| :---: | :---: |
| Pennsylvania Health \& Wellness Inc. |
| Capital, Surplus and RBC |



## LIABILITIES, CAPITAL AND SURPLUS



FIVE - YEAR HISTORICAL DATA


NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3-Accounting Changes and Correction of Errors?
If no, please explain

| Appendix 20.2 |
| :---: | :---: |
| Pennsylvania Health \& Wellness Inc. |
| Sample Producer Agreement |

## Appendix 20.2 has been redacted

## Appendix 20.3

Pennsylvania Health \& Wellness Inc. Induced Utilization Buildup
(1)
(2)
(3)
(4)
$((3) *(4))^{\wedge} 2-((3) *(4))+1.24$
(6)
(7) $=$
(8) $=$
(5) * (6)
(3) * $(4) *(7)$

| Plan ID | Projected Membership | Pricing AV | Non-Funding of CSR Adjustment | Raw Induced Utilization | Induced Calibration Factor (1) | Final Induced Utilization | AV \& Cost-Sharing Design of the Plan |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 86199PA0010022 | 9,331 | 0.685 | 1.000 | 1.024 | 0.911 | 0.933 | 0.639 |
| 86199PA0020022 | 1,815 | 0.685 | 1.000 | 1.024 | 0.911 | 0.933 | 0.639 |
| 86199PA0010031 | 6,897 | 0.789 | 1.000 | 1.074 | 0.911 | 0.978 | 0.772 |
| 86199PA0020031 | 1,341 | 0.789 | 1.000 | 1.074 | 0.911 | 0.978 | 0.772 |
| 86199PA0010028 | 17,803 | 0.704 | 1.000 | 1.032 | 0.911 | 0.940 | 0.661 |
| 86199PA0020028 | 3,463 | 0.704 | 1.000 | 1.032 | 0.911 | 0.940 | 0.661 |
| 86199PA0010039 | 17,831 | 0.822 | 1.000 | 1.094 | 0.911 | 0.996 | 0.819 |
| 86199PA0020039 | 3,437 | 0.822 | 1.000 | 1.094 | 0.911 | 0.996 | 0.819 |
| 86199PA0010025 | 10,602 | 0.855 | 1.000 | 1.117 | 0.911 | 1.017 | 0.870 |
| 86199PA0020025 | 2,044 | 0.855 | 1.000 | 1.117 | 0.911 | 1.017 | 0.870 |
| 86199PA0010040 | 6,747 | 0.910 | 1.000 | 1.158 | 0.911 | 1.055 | 0.960 |
| 86199PA0020040 | 1,300 | 0.910 | 1.000 | 1.158 | 0.911 | 1.055 | 0.960 |
| 86199PA0010035 | 13,012 | 0.829 | 1.000 | 1.098 | 0.911 | 1.001 | 0.829 |
| 86199PA0020035 | 2,508 | 0.829 | 1.000 | 1.098 | 0.911 | 1.001 | 0.829 |
| 86199PA0030007 | 241 | 0.799 | 1.000 | 1.080 | 0.911 | 0.983 | 0.786 |
| 86199PA0030008 | 274 | 0.839 | 1.000 | 1.105 | 0.911 | 1.006 | 0.844 |
| 86199PA0010032 | 20,035 | 0.698 | 1.220 | 1.114 | 0.911 | 1.014 | 0.864 |
| 86199PA0020036 | 3,756 | 0.698 | 1.220 | 1.114 | 0.911 | 1.014 | 0.864 |
| 86199PA0010004 | 6,322 | 0.718 | 1.220 | 1.131 | 0.911 | 1.031 | 0.903 |
| 86199PA0020004 | 1,198 | 0.718 | 1.220 | 1.131 | 0.911 | 1.031 | 0.903 |
| 86199PA0010034 | 38,206 | 0.703 | 1.220 | 1.118 | 0.911 | 1.019 | 0.874 |
| 86199PA0020034 | 7,187 | 0.703 | 1.220 | 1.118 | 0.911 | 1.019 | 0.874 |
| 86199PA0010041 | 6,536 | 0.727 | 1.220 | 1.140 | 0.911 | 1.038 | 0.921 |
| 86199PA0020041 | 1,231 | 0.727 | 1.220 | 1.140 | 0.911 | 1.038 | 0.921 |
| 86199PA0030003 | 1,233 | 0.677 | 1.000 | 1.021 | 0.911 | 0.930 | 0.630 |
| 86199PA0030004 | 168 | 0.703 | 1.000 | 1.031 | 0.911 | 0.939 | 0.660 |
| Total | 184,516 | 0.751 | 1.101 | 1.098 | 0.911 | 1.000 | 0.824 |

(1) Induced Calibration Factor set to normalize Induced Utilization Value to 1.000 when weighted by projected membership.


Appendix 20.5
nnsylvania Health $\&$ Wellness Inc.
Description of Benefits Changes for Renewing Plans

| Plan | Complete Silver PA (2024) Standard Silver On Exchange Plan |  | Complete Silver PA (2024) - 73\% AV Level Silver Plan |  | Complete Silver PA (2024)-87\% AV Level Silver Plan |  | Complete Silver PA (2024) - 94\% AV Level Silver Plan |  | Choice Bronze HSA PA (2024) Standard Bronze On Exchange Plan |  | Complete Gold PA (2024). Standard Gold On Exchange Plan |  | Everyday Bronze PA (2024) Standard Bronze On Exchange Plan |  | Elite Bronze PA (2024) - Standard Bronze On Exchange Plan |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Service Category | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| Deductible | \$6000 INT | \$6000 INT | \$5000 INT | \$5000 INT | \$0 int | \$0 1 NT | \$0 INT | \$0 INT | \$6900 INT | \$7250 INT | \$1450 INT | \$1450 INT | \$8300 INT | \$8450 INT | \$0 | \$0 |
| OOP Max | \$8,500 | \$8,500 | \$7,250 | \$7,550 | \$3,000 | \$3,150 | \$1,700 | \$1,700 | \$6,900 | \$7,250 | \$7,500 | \$7,500 | \$8,700 | \$9,250 | \$8,700 | \$9,250 |
| Primary Care Visit | \$30 NSD | \$30 NSD | \$20 NSD | \$20 NSD | \$15 NSD | \$15 NSD | \$0 NSD | \$0 NSD | D\&C | \$0 SD | \$15 NSD | \$15 NSD | \$40 NSD | \$40 NSD | \$45 NSD | \$45 NSD |
| Specialist Visit | \$60 NSD | \$60 NSD | \$50 NSD | \$50 NSD | \$35 NSD | \$45 NSD | \$5 NSD | \$5 NSD | 100\% SD | D\&C | \$35 NSD | \$35 NSD | \$90 NSD | \$90 NSD | \$115 NSD | \$115 NSD |
| ER | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | \$2500 NSD | \$2500 NSD |
| Urgent Care | \$60 NSD | \$60 NSD | \$50 NSD | \$50 NSD | \$10 NSD | \$10 NSD | \$10 NSD | \$10 NSD | 100\% SD | \$0 SD | \$35 NSD | \$35 NSD | \$50 NSD | \$50 NSD | $\$ 60$ NSD | \$60 NSD |
| Outpatient Surgery | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD |
| $\begin{gathered} \text { Inpatient Facility } \\ \text { (including MH/SA) } \end{gathered}$ | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | \$3000 NSD | \$3000 NSD |
| SNF | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | \$3000 NSD | \$3000 NSD |
| Inpatient Facility Maternity | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | \$3000 NSD | \$3000 NSD |
| PT/OT/ST | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD |
| MH/SA (Excluding IP) | \$30 NSD | \$30 NSD | \$20 NSD | \$20 NSD | \$15 NSD | \$15 NSD | \$0 NSD | \$0 NSD | 100\% SD | \$0 SD | \$15 NSD | \$15 NSD | \$40 NSD | \$40 NSD | \$45 NSD | \$45 NSD |
| Lab | \$30 NSD | \$30 NSD | \$25 NSD | \$25 NSD | \$25 NSD | \$25 NSD | \$0 NSD | \$0 NSD | 100\% SD | \$0 SD | \$15 NSD | \$15 NSD | \$50 NSD | \$50 NSD | \$60 NSD | \$60 NSD |
| X-Rays | 60\% SD | \$0 SD | 60\% SD | \$0 SD | 60\% NSD | \$0 NSD | 75\% NSD | \$0 NSD | 100\% SD | \$0 SD | 80\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | 80 NSD |
| Chiropractor | \$60 NSD | \$60 NSD | \$50 NSD | \$50 NSD | \$29 NSD | \$45 NSD | \$5 NSD | \$5 NSD | 100\% SD | \$0 SD | \$35 NSD | \$35 NSD | \$90 NSD | \$90 NSD | \$80 NSD | \$80 NSD |
| Rx - Generics | \$20 NSD | \$20 NSD | \$20 NSD | \$20 NSD | \$10 NSD | \$10 NSD | \$0 NSD | 0\% NSD | \$ SD | 100\% SD | \$15 NSD | \$15 NSD | \$30 NSD | \$30 NSD | \$35 NSD | \$35 NSD |
| $\begin{gathered} \text { Rx - Preferred Brand } \\ \text { Drugs } \end{gathered}$ | \$55 NSD | \$55 NSD | \$50 NSD | \$50 NSD | \$40 NSD | \$40 NSD | \$25 NSD | \$25 NSD | 100\% SD | 100\% SD | \$30 NSD | \$30 NSD | 50\% SD | 50\% SD | \$195 NSD | \$195 NSD |
| Rx - Non-Preferred Brad Drugs | 50\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% NSD | 50\% NSD | 65\% NSD | 65\% NSD | 100\% SD | 100\% SD | 70\% SD | 70\% SD | 50\% SD | 50\% SD | \$250 SD | \$250 SD |
| $\begin{gathered} \hline \text { Rx - Specialty High- } \\ \text { Cost Drugs } \\ \hline \end{gathered}$ | 50\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% | 50\% | 65\% | 65\% | 100\% SD | 100\% SD | 70\% SD | 70\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% SD |


| Plan | Clear Silver PA (2024) - Standard Silver On Exchange Plan |  | Clear Silver PA (2024) - 73\% AVLevel Silver Plan |  | Clear Silver PA (2024)-87\% AVLevel Silver Plan |  | Clear Silver PA (2024) - 94\% AVLevel Silver Plan |  | Focused Silver PA (2024) Standard Silver On Exchange Plan |  | Focused Silver PA (2024) - 73\% AV Level Silver Plan |  | Focused Silver PA (2024) - 87\% AV Level Silver Plan |  | Focused Silver PA (2024) - 94\% AV Level Silver Plan |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Service Category | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| Deductible | \$5400 INT | \$5400 INT | \$4200 INT | \$4600 INT | \$1500 INT | \$1600 INT | \$550 INT | \$550 inT | \$6100 INT | \$6300 INT | \$5100 INT | \$5100 INT | \$0 int | \$0 int | \$0 int | \$0 int |
| OOP Max | \$5,400 | \$5,400 | \$4,200 | \$4,600 | \$1,500 | \$1,600 | \$550 | \$550 | \$7,500 | \$8,000 | \$6,300 | \$6,700 | \$2,900 | \$3,150 | \$1,200 | \$1,350 |
| Primary Care Visit | D\&C | \$0 SD | D\&C | \$0 SD | D\&C | \$0 SD | D\&C | \$0 SD | \$45 NSD | \$45 NSD | \$35 NSD | \$35 NSD | \$15 NSD | \$15 NSD | \$0 NSD | \$0 NSD |
| Specialist Visit | 100\% SD | D\&C | 100\% SD | D\&C | 100\% SD | D\&C | 100\% SD | D\&C | \$100 NSD | \$100 NSD | \$85 NSD | \$85 NSD | \$30 NSD | \$30 NSD | \$5 NSD | \$15 NSD |
| ER | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | S0 NSD | 70\% NSD | \$0 NSD |
| Urgent Care | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | \$60 NSD | \$60 NSD | \$50 NSD | \$50 NSD | \$10 NSD | \$10 NSD | \$10 NSD | \$10 NSD |
| Outpatient Surgery | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD | 70\% NSD | \$0 NSD |
| Inpatient Facility (including MH/SA) | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD | 70\% NSD | \$0 NSD |
| SNF | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD | 70\% NSD | \$0 NSD |
| Inpatient Facility Maternity | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD | 70\% NSD | \$0 NSD |
| PT/OT/ST | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | \$0 NSD | 70\% NSD | \$0 NSD |
| MH/SA (Excluding IP) | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | \$45 NSD | \$45 NSD | \$35 NSD | \$35 NSD | \$15 NSD | \$15 NSD | \$0 NSD | \$0 NSD |
| Lab | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | \$50 NSD | \$50 NSD | \$40 NSD | \$40 NSD | \$20 NSD | \$20 NSD | \$0 NSD | \$0 NSD |
| X-Rays | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% SD | \$0 SD | 50\% NSD | 80 NSD | 70\% NSD | \$0 NSD |
| Chiropractor | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | 100\% SD | \$0 SD | $\$ 90$ NSD | \$90 NSD | \$85 NSD | \$85 NSD | \$30 NSD | \$30 NSD | \$5 NSD | \$15 NSD |
| Rx-Generics | \$SD | 100\% SD | \$SD | 100\% SD | \$SD | 100\% SD | \$SD | 100\% SD | \$25 NSD | \$25 NSD | \$20 NSD | \$20 NSD | \$10 NSD | \$10 NSD | \$0 NSD | 0\% NSD |
| $\begin{gathered} \text { Rx - Preferred Brand } \\ \text { Drugs } \end{gathered}$ | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | \$75 NSD | \$75 NSD | \$70 NSD | \$70 NSD | \$40 NSD | \$40 NSD | \$20 NSD | \$25 NSD |
| $\begin{gathered} \text { Rx - Non-Preferred } \\ \text { Brad Drugs } \\ \hline \end{gathered}$ | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% NSD | 50\% NSD | 50\% NSD | 50\% NSD |
| Rx - Specialty HighCost Drugs | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 100\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% SD | 50\% | 50\% | 50\% | 50\% |


| Appendix 21.1Pennsylvania Health \& Wellness Inc.Data and Assumption Reliance for 2024 Individual Marketplace Premium Development |  |
| :---: | :---: |
| Data / Assumption | Source |
| Wakely National Risk Adjustment Report | Wakely Consulting |
| Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution | Milliman (Health Cost Guidelines) |
| Utilization trends | Milliman (Health Cost Guidelines) |
| Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retai/Mail Utilization percentages, formularies, and Rx Management Assumptions | Envolve |
| Pre-ACA enrollment counts by health insurance market segment | - CCIIO (MLR Reports) <br> - US Census Bureau (American Community Survey) <br> - National Conference of State Legislatures ("High Risk Pools for Health Coverage, State and Federal (State Implementation Report)") |
| Distribution of pre-ACA enrollment by age, gender, income bracket, and self-reported health status, within each insurance coverage category | - US Census Bureau (American Community Survey) <br> - US Census Bureau (Current Population Survey) |
| 2022 Individual QHP Claims and Membership Experience | Pennsylvania Health \& Wellness Inc. |
| Other 2022 Individual QHP Marketplace Revenue and Expenditures | Pennsylvania Health \& Wellness Inc. |
| 2022 MLR Rebate | Pennsylvania Health \& Wellness Inc. |
| 2022 Plan Liability Risk Score associated with Individual QHP Claims and Membership Experience | Pennsylvania Health \& Wellness Inc. |
| 2022 Plan Liability Risk Score for the Individual Single Risk Pool | Pennsylvania Health \& Wellness Inc. |
| 2024 Population Morbidity, including the impact of individual mandate repeal | Pennsylvania Health \& Wellness Inc. |
| 2024 Statewide Average Premium | Pennsylvania Health \& Wellness Inc. |
| 2024 Individual QHP Membership Projections | Pennsylvania Health \& Wellness Inc. |
| Relationship between enrollee duration and paid-to-allowed ratio by metal level | Pennsylvania Health \& Wellness Inc. |
| 2024 Individual QHP Benefit Designs | Pennsylvania Health \& Wellness Inc. |
| Unit Cost trends | Pennsylvania Health \& Wellness Inc. |
| Administrative Costs, Taxes, and Fees | Pennsylvania Health \& Wellness Inc. |
| Premium Delinquency Estimates | Pennsylvania Health \& Wellness Inc. |
| Subcapitated Contracts and Pricing | Pennsylvania Health \& Wellness Inc. |
| Value Added Benefits | Pennsylvania Health \& Wellness Inc. |
| Smoking Relativity Factors | Pennsylvania Health \& Wellness Inc. |
| County Rating Areas | Pennsylvania Health \& Wellness Inc. |
| Plan Rating Factors | Pennsylvania Health \& Wellness Inc. |
| Coordinated Care Corporation Service Areas | Pennsylvania Health \& Wellness Inc. |
| Expected Reimbursement by Rating Area and State | Pennsylvania Health \& Wellness Inc. |
| OON Utilization and Reimbursement | Pennsylvania Health \& Wellness Inc. |
| Utilization Management | Pennsylvania Health \& Wellness Inc. |
| Funding Status of CSR Subsidies | Pennsylvania Health \& Wellness Inc. |
| Unique Plan Design Certification for Non-Standard Plans | Pennsylvania Health \& Wellness Inc. |
| COVID-19 and American Rescue Plan Act Rate Impacts | Pennsylvania Health \& Wellness Inc. |

## E. Standard Questions

1. Membership:
a. If the projected membership for plan year 2024 significantly differs from the current $2 / 1 / 2023$ membership, please explain why.
RESPONSE:
PHW expects moderate growth in plan year 2024 vs current 2023 enrollment. The largest driver is the resumption of Medicaid redeterminations following the end of the PHE. We expect to gain additional members starting in 2023 that will renew into 2024, as well as new members in 2024.

## 2. Experience Period Claims:

a. Please confirm that all claims which are capitated have been removed from the experience period claims. RESPONSE:

Capitated expenses have been withheld from our base period experience, both in applicable reporting exhibits and within the development of our projected claims expenses. On a prospective rating year basis, capitated expenses are included in addition to our projected fee-for-service claims.
b. Please confirm that all non-EHB claims have been removed from the experience period claims.

RESPONSE:
Similar to capitated expenses, non-EHB expenses are not included within our base period experience, both in applicable reporting exhibits and within the development of our projected claims expenses.
c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?
RESPONSE:
Rebates are projected to decrease slightly in the projection period relative to the experience period (currently $\$ 26.73$ PMPM to $\$ 22.32$ PMPM). This is primarily due to a decrease in the projected rebate eligible pharmacy scripts, which is the result of a reduction in COVID-related scripts anticipated in the rating year.

Within our filing documentation, most notably the URRT Worksheet 1, Section 2, changes in pharmacy rebates and dispensing fees are captured within the "Other" trend adjustment.
3. COVID:
a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.
RESPONSE:
Data and values provided in Tables 2-4 have not been adjusted for COVID and are consistent with the raw data. Table 5 does include an adjustment for changes in expected COVID expenses between the experience and rating years, within the morbidity trend adjustment.
b. If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor. RESPONSE:
PHW unwinds experience direct COVID -19 cost and adds in expected prospective direct costs to reflect expected changes from the base to projected period. Please refer to [Standard Question Support - Question 3b-i] for quantitative support for the unwinding of direct COVID-19 costs associated with testing, treatment, and vaccinations from PHW's 2022 experience claims. For a quantitative buildup of our prospective COVID-19 costs, please refer to [Standard Question Support - Question 3b-ii]. Both adjustments are reflected in the morbidity trend, which can be seen when referring to [Appendix 7.1].
4. Trend:
a. [SG. Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.
N/A
b. [SG. Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.
N/A

## 5. Table 6 - Retention:

a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of $21 \%$. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.
RESPONSE:
We confirm we are using a Federal Income Tax Rate of $21 \%$, reflected as such in Table 6.
b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024. RESPONSE:
We confirm we are using the Risk Adjustment User Fee PMPM as identified in the 2024 NBPP.
c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee - Renewing, Open Enrollment Enrollee - New, Special Enrollment Period Enrollee - New, Special Enrollment Enrollee - Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference. RESPONSE:
PHW does not pay different commissions based on the above four scenarios. See the below table for onexchange and off-exchange commissions.


## Effective January 1, 2024

## 6. Pricing AVs:

a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).
RESPONSE:
We confirm that our Pricing AVs were calculated using a single risk pool. Our Pricing AV development uses a claims simulation methodology, with the same dataset used in the simulation for all plan designs regardless of metal level.
b. Please identify and support any differences between the company's metallic $A V$ calculator results and the corresponding Pricing AVs.
RESPONSE:
Please refer to Table 10 of the PAAM for the metallic AV calculator results and Pricing AVs for each plan. The Federal AV calculator is a tool designed to determine levels of coverage (metallic tiers). The AV calculator methodology published by CMS specifically states that "the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes". It is expected that AV pricing values will not track with metallic AVs, due to differences in modeling methodology and underlying data. Our pricing AVs were developed using a claims simulation model calibrated to the expected PA population, as discussed in section 12 of the actuarial memorandum, which is a more accurate reflection of expected claims costs than the general dataset underlying the Federal AV calculator. We have sensitivity tested our internal modeling and found that differences in benefit design do not impact our modeled AVs in the same manner as the Federal AV calculator results.

## 7. Expanded Bronze Plans:

a. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met. RESPONSE:
The criteria for expanded bronze are that the plan must either be a qualified HDHP OR cover at least one major service with reasonable cost sharing before the deductible. The list of major services is primary care visits, specialist visits, inpatient hospital services, generic drugs, specialty drugs, preferred brand drugs, or emergency room services; and based on discussions with PID in previous years "reasonable cost sharing" is defined as no greater than $50 \%$ member coinsurance or equivalent copay. Please refer to the table below for an exhibit showing all expanded bronze plans included in this filing along with a description of how each plan meets the expanded bronze criteria.

| Plan Design | Plan ID | Expanded Bronze Criteria Met |
| :---: | :---: | :---: |
| Ambetter Choice Bronze HSA | 86199PA0010022 | Plan is a qualified HDHP |
| Ambetter Elite Bronze | 86199PA0010031 | PCP visit - copay \$45 not subject to deductible |
| Ambetter Everyday Bronze | 86199PA0010028 | PCP visit - copay $\$ 40$ not subject to deductible |
| Ambetter Choice Bronze HSA + <br> Vision + Adult Dental | $86199 P A 0020022$ | Plan is a qualified HDHP |
| Ambetter Elite Bronze + Vision + <br> Adult Dental | $86199 P A 0020031$ | PCP visit - copay $\$ 45$ not subject to deductible |
| Ambetter Everyday Bronze + <br> Vision + Adult Dental | 86199PA0020028 | PCP visit - copay \$40 not subject to deductible |

Effective January 1, 2024
8. PAAM Exhibits - Consumer Factors:
a. Please provide quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.
RESPONSE:
Please refer to [Standard Question Support - Question 8] for quantitative and qualitative support for the proposed geographic rating area factors.
b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.
RESPONSE:
As with plan year 2023, PHW does not utilize network factors.
9. Public Health Emergency:
a. With the Public Health Emergency expected to end on May $11^{\text {th }}$, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.
b. Furthermore, with the Public Health Emergency scheduled to end on May $11^{\text {th }}$, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?
RESPONSE:
As it relates to the PHE ending, we expect minimal impact to our 2024 assumptions. Our 2024 prospective direct COVID-19 adjustment reflects the updated assumptions spelled out in response 9c below. Please refer to [Standard Question Support - Question 3b-ii] for the expected costs for each component.
c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at $100 \%$.
RESPONSE:
For COVID vaccinations, we have assumed responsibility for ingredient costs and expect to cover them at no cost to the member. As it relates to COVID testing, Physician/PCR tests will be covered under the standard laboratory cost share, while OTC home testing kits will not be covered.
10. MLR Exhibit:
a. Please complete table below which summarizes the most recent three years of complete MLR information.
i. Actual is the final information which was filed for the specified calendar year
ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

|  | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Projected | Actual | Projected |
| 2019 | $69.1 \%$ | $89.4 \%$ | 20,217 | 68,370 |
| 2020 | $74.8 \%$ | $90.6 \%$ | 44,685 | 112,029 |
| 2021 | $76.2 \%$ | $83.3 \%$ | 58,215 | 57,063 |

Pennsylvania Health \& Wellness Inc.
Effective January 1, 2024
b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.

## RESPONSE:

PHW has generally had low membership in conjunction with favorable experience, which is especially apparent in 2019 and 2020. We expect that as we continue to grow our membership within the state, our experience will level out and our Actual MLR will be closer to our Pricing MLR.
c. Does the insurer expect to pay MLR rebates for the 3-year period above?

## RESPONSE:

PHW has paid MLR rebates for the above timeframe. We anticipate that as our membership and experience grows, we will not be paying MLR rebates in future years.

## 11. Plan of Withdrawal:

a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.

RESPONSE:
We confirm that we will not need to submit a Plan of Withdrawal for plan year 2024.

## Standard Question Support - Question 3b-i

Pennsylvania Health \& Wellness, Inc.
Support for COVID Removal of From Experience Period Claims Data

2022 Claims Experience

|  |  |  |  |  |  | Rx - Brand/ | Rent |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Inpatient | Outpatient | Professional | Other | Rx - Generic | Specialty (1) | Total |
| Total Allowed Claims | $\$ 4,837,097$ | $\$ 7,332,841$ | $\$ 6,843,361$ | $\$ 332,693$ | $\$ 1,560,468$ | $\$ 7,305,889$ | $\$ 28,212,349$ |
| Non-COVID Allowed Claims | $\$ 4,388,682$ | $\$ 7,227,789$ | $\$ 6,670,385$ | $\$ 331,798$ | $\$ 1,560,468$ | $\$ 7,199,278$ | $\$ 27,378,399$ |
| Difference | $\mathbf{0 . 9 0 7}$ | $\mathbf{0 . 9 8 6}$ | $\mathbf{0 . 9 7 5}$ | $\mathbf{0 . 9 9 7}$ | $\mathbf{1 . 0 0 0}$ | $\mathbf{0 . 9 8 5}$ | $\mathbf{0 . 9 7 0}$ |

Notes
(1) Pharmacy claims do not include adjustments for pharmacy rebates or dispensing fees.

> Standard Question Support - Question 3b-ii
> Pennsylvania Health \& Wellness, Inc. Prospective Direct COVID-19 Adjustments ${ }^{(1)}$

Projected Direct COVID-19 Adjustments

|  |  | Projected 2024 COVID-19 <br> Incurred PMPM |  |
| :--- | ---: | ---: | ---: |
| Component | + | $\$ 1.59$ |  |
| Lab/Testing | + | $\$ 1.68$ |  |
| Vaccination | + | $\$ 3.05$ |  |
| Total Treatment | + | $\$ 6.31$ |  |
| Total Cost |  |  |  |

Notes
(1) The projected direct COVID-19 adjustments are modeled through the morbidity projection factor in Worksheet 1 of the URRT.
(2) Projections of 2024 direct COVID-19 costs are informed by PHW's COVID-19 experience in 2022, combined with expectations regarding how testing, vaccination, treatment costs and utilization rates may change between the 2022 experience period and 2024 rating period. We expected the COVID cost will be decreased from the base experience 2022 to the projection period 2024.

Standard Question Support - Question 8
Pennsylvania Health \& Wellness, Inc. Area Factor Development

Standard Question Support - Question 8 has been redacted

June 20, 2023

Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

## RE: PENNSYLVANIA HEALTH \& WELLNESS, INC. 6/9/2023 OBJECTION RESPONSES - CECO133651416

Mr. Laverty,

In response to the objection letter dated 6/09/2023 for Pennsylvania Health \& Wellness, Inc. (PHW)'s Individual Market rates and supporting documentation for rates effective January 1, 2024, we are providing the following documents:

- "2024_PHW_Objection_Responses_20230621.pdf"
- "2024_PHW_Objection_Responses_Exhibits_20230621.xls"

No changes have been made to the Actuarial Memorandum or Pennsylvania Actuarial Memorandum Exhibits as part of this objection response.

## RE: Rate Filing Review for the Pennsylvania Insurance Department

Company: Pennsylvania Health \& Wellness, Inc.
Filing Number: CECO-133651416
Product: Individual
Effective Date: January 2024

## Objection 1

Please provide the quantitative development of the 'Projected 2024 COVID-19 Incurred PMPM' amounts provided in the Standard Questions Response file. Please also provide a comparison to 2022 experience by the same components.

## Response:

Please refer to [Objection Exhibit 1] for a comparison of the components from Standard Questions Response 3b.
Projections of 2024 direct COVID-19 costs are informed by PHW's COVID-19 experience in 2022, combined with expectations regarding how testing, vaccination, treatment costs and utilization rates may change between the 2022 experience period and 2024 rating period. We expected the COVID cost will be decreased from the base experience 2022 to the projection period 2024.

Starting with the 2022 actual COVID-19 experience, we projected $\$ 0.44$ PMPM reduction in 2024, mainly driven by much lower treatment cost expectation. Given the termination of the PHE (Public Health Emergency), we expected small cost increase in Lab/Testing and Vaccination due to higher cost responsibilities by carriers. Also, we did not include statewide risk pool morbidity adjustment for the lasting indirect population health impacts of the COVID-19 pandemic.

## Objection 2

Please provide detailed quantitative support for the trend assumptions included in Appendices 6.1 and 6.2. A file similar to what was provided in the objections last year for CECO 133248857 would be beneficial:

- Service category cost trend
- Service category utilization trend

> Please demonstrate how the Milliman HCGs were utilized to adjust the Observed Medical Trend from the Ambetter Nationwide study

- Service category induced utilization trend
- Service category weights


## Response:

The reported cost trends encompass unit cost adjustments to the experience projection, as the experience used in our rate development was fully credible. See [Objection Exhibit 2a] for detailed quantitative support for the development of the experience service category cost trends for medical and pharmacy.

- The experience reimbursement cost trend represents the change in contractual reimbursement between the 2022 experience period and the 2024 rating period.
[Objection Exhibit 2b] provides an illustrative example of how the reimbursement trends shown in [Objection Exhibit 2a] were developed. Note the values in this exhibit do not represent actual contracts, as PHW contract details consist of proprietary information.
[Objection Exhibit 2c] shows the development of the annualized utilization trend by service category as displayed in Worksheet 1 of the URRT, which has been applied to our experience period claims as part of the trending to a rating year basis.
PHW's selection of utilization trends that exceed the Milliman Health Cost Guidelines secular trend range was informed by consideration of its pre-pandemic nationwide trend study, based on a continuously enrolled cohort of Ambetter individual marketplace enrollees, which supported an average medical utilization trend of $2.4 \%$. Given our 2024 rates were fully experience weighted, more reliance was given to this experience trend study. This is true of service category weights as well, which are informed using PHW's experience.

PHW's prescription drug trend assumption is additionally informed by guidance from its pharmacy benefit manager, and expectations of diminishing returns on shifts from brand to generic in comparison to the average issuer reflected in the Milliman Health Cost Guidelines.

We have provided an illustrative development of the induced utilization trend in [Objection Exhibit 2d]. This trend adjustment was consistently applied across all service categories. Please note the induced utilization factors are not derived using the Milliman Health Cost Guidelines. Rather they were developed using an internal General Linear Model, which evaluates how allowed claim costs vary depending solely on plan cost sharing features and normalizing to ensure morbidity does not influence the factors.

## Objection 3

Please provide quantitative development of the projected allowed non-EHB claims PMPM included in Table 5 of the PA Rate Template.

## Response:

Please refer to [Objection Exhibit 3] for quantitative support for the development of the projected allowed non-EHB claims PMPM. The amount shown reflects the PAAM Exhibits Table 5 value.

## Objection 4

Please provide quantitative and qualitative support for the development of the rating region factors in Appendix 13.3.

- The derivation of each factor, and a description of the underlying data/sources, in the table should be provided.
- This should include support for applying full credibility to the calculation for each rating region.
- The drivers of the large changes in the factors for rating regions 6 and 8 should be provided.


## Response:

Please see [Objection Exhibit 4] for quantitative support for the development of the rating region factors in Appendix 13.3. The geographic area rating factors reflect provider reimbursement and practice pattern differences by area. Practice pattern differences are modeled using the Milliman Health Cost Guidelines (HCG) area utilization factors. Projected risk pool morbidity and age/gender factors were fixed at statewide levels during development of the rating region factors. The area factors are reflective of differences in delivery costs (including unit cost and provider practice differences) only and do not reflect differences in population morbidity accordingly.

The large change in Rating Area 6 is primarily driven by the change in reimbursement for the area. PHW's contract with our primary provider in the region was renegotiated at a higher rate, causing rates to increase.

The decrease in Rating Area 8 factor year over year is primarily driven by normalization of area factors. PHW normalizes all geographic area factors using projected membership to be on a 1.0 basis. Given the large increase in Rating Area 6, which was relatively low cost previously, the other geographic factors were impacted. Since Rating Area 8 was already a low-cost outlier, the normalized plan factor decreased more significantly than others.

## Objection 5

Please provide a detailed quantitative exhibit displaying the development and sources of data, as necessary, of the various adjustment factors referenced in the Actuarial Memorandum, for the experience and projection period. These adjustments are noted in the Actuarial Memorandum in sections 7 and 8 and support should also be provided for how these adjustments tie to the values provided in Table 5 of the PA Rate Template.

- These exhibits should include additional information and development for any hard-coded factors included in appendices that are used in the development of the various adjustment factors (e.g., Appendix 7.1 and Appendix 20.4).


## Response:

Changes in Morbidity - All Other:

- Please refer to [Objection Exhibit 5a] for additional support on this adjustments.
- Remove Direct COVID-19 Costs - This encapsulates the adjustments to PHW's completed 2022 experience claims driven by removal of direct costs associated with COVID-19 testing, treatment, and vaccinations.
- Projected 2024 COVID-19 direct costs - [Objection Exhibit 1] presents the prospective plan-year 2024 direct COVID-19 adjustments, as discussed in the Standard Questions and the Objection 1 response.
- 2022 to 2024 Statewide Morbidity Trend - Adjustments to projected statewide morbidity between 2022 and 2024 to reflect the impacts of Medicaid redeterminations on marketplace risk pools following potential
expiration of maintenance of effort provisions implemented during the federal COVID-19 public health emergency (PHE).
- 2022 to 2024 Relative Morbidity Trend - The relative morbidity is attributable to demographic movements from 2022 to 2024 and their expected impact on morbidity. See [Objection Exhibit 6c] for the calculation of this trend.
Changes in Demographics:
- Impact of Initial Demo Adjustments - Please refer to [Objection Exhibit 5b] for quantitative support on this adjustment. This is calculated by comparing the weighted averages of age/gender adjusted claims using experience period member months versus projection period member months. This is intended to capture the impact to claims from changes in the distribution of our membership by rating area and metal level between the experience period and the projection period.
Changes in Network Factor:
- The Significant Provider Network Changes - This impact is a result of changes in the provider networks that existed in the experience period versus the projection period. Our provider networks have experienced no meaningful changes, resulting in a factor of 1.000. Note that in the URRT, this same adjustment shows up in the "Other" projection factor.
Changes in Plan Design:
- Plan design changes are solely attributable to cost sharing related induced utilization differences. Please refer to [Objection Exhibit 5b] for quantitative support of this adjustment. Covered benefits were assumed not to have changed between the experience period and base period. We first calculate changes in induced utilization by determining the average induced utilization in the experience and projection periods at the combined rating area and metal levels. The ratio of the average induced utilization factors is shown in column I of the exhibit.
Changes in Other:
- Changes in Capitation Contracts - This is directly calculated from the experience and projection period capitation arrangements. Refer to [Objection Exhibit 5c] for a breakdown of the projected EHB capitation expenses. Please note the $\$ 1.20$ PMPM capitated expense is not directly supported by the factor provided in Appendix 20.4 and Table 5 due to a calculational error. The correct trend adjustment is 0.585 , which will be updated in our subsequent refiling.
- Changes in Pharmacy Rebates and Dispensing Fees - Reflects the anticipated impact of changes to contractual pharmacy rebates between 2022 and 2024 as negotiated through PHW's pharmacy benefit manager.
- Significant Provider Network Changes - This impact is a result of changes in the provider networks that existed in the experience period versus the projection period. Our provider networks have experienced no meaningful changes, resulting in a factor of 1.000 . Note that in the PAAM Exhibits, this same adjustment shows up in the "Network" projection factor.
- Grace Period - Reflects the anticipated cost associated with covering claims for enrollees who do not pay their premiums in full, due to grace period rules or otherwise.


## Objection 6

Please provide additional quantitative support for the development of the projected 2024 risk transfer payment. This exhibit should provide the support and detail for all adjustments applied in Appendix 11.2.

## Response:

Please refer to the [Objection Exhibit 6a] tab for quantitative support of the statewide and carrier-specific GCF values underlying the risk transfer projection.

Please refer to the [Objection Exhibit 6b] and [Objection Exhibit 6c] tabs for quantitative support for each of the components used in the development of the carrier-specific PLRS. [Objection Exhibit 6b] provides support for the relative demographic mix and relative plan mix factors, and [Objection Exhibit 6c] demonstrates development of PHW's relative morbidity. Development of the projected 2024 statewide PLRS is shown in [Objection Exhibit 6d].

Please refer to the [Objection Exhibit 6e] tab for quantitative support of the 2022-2024 statewide average premium (SWAP) trend underlying the risk transfer projection.

## Obiection 7

Please provide quantitative and qualitative support for the large range in impact of benefit design changes as noted on page 4 of the Pennsylvania Actuarial Memorandum ( $-9.7 \%$ to $+4.0 \%$ ).

- Please also provide the range from the Pennsylvania Actuarial Memorandum by metal level.


## Response:

The "Benefit Design and CSR Subsidies" impacts are primarily driven by year over year changes in relative plan rating factor actuarial values. Plan factor AVs for both 2023 and 2024 were developed using a claims simulation approach, holding enrollee morbidity and other population characteristics constant across plan designs, but with updated data underlying the simulation model each year. Additionally, plan designs may be updated year over year, and some plans discontinued and mapped to other plans. The combination of data and plan design updates results in a range of impacts that vary by plan.

The two plans driving the minimum and maximum impacts are Bronze $\$ 1500$ Medical Deductible (discontinued and mapped to Silver 203) with an impact of $-9.7 \%$, and Elite Gold (renewing) with an impact of $+4.0 \%$. For the Bronze $\$ 1500$ Medical Deductible Plan, the plan was discontinued and mapped to a leaner plan. The main factor driving the decrease in plan richness is the significantly higher deductible. For Elite Gold, we found that the updated data underlying the simulation model produced a larger difference between Silver and Gold AVs, resulting in higher impacts for Gold plans. This can be seen in the ranges by metal below.

Please refer to [Objection Exhibit 7] for quantitative support for the benefit design changes outlined in Section 2 of the Actuarial Memorandum.

The range of benefit design changes by metal level is as follows:

- Gold: ( $-0.4 \%$ to $4.0 \%$ )
- Silver: (-9.7\% to 0.2\%)
- Bronze: (-3.7\% to 3.3\%)


## Objection 8

Please provide qualitative and quantitative support for the adjustments made to the AV calculator inputs outlined in the Unique Plan Justification document.

## Response:

The Federal AV Calculator only has one input for generic drug cost sharing, but some plan designs included in this filing include two generic drug tiers (preferred generic drugs and non-preferred generic drugs) with different cost sharing. For all plan designs, the non-preferred generic drug cost sharing has been used as the generic drug input to the AV Calculator. No other adjustments were made to the AV Calculator inputs.

For all plans, the preferred generic drug member cost share, usually a copay, is less than or equal to the nonpreferred generic drug member cost share. Plans are administered such that the member pays the lesser of the stated copay or the actual cost of the drug, and the preferred generic tier generally consists of drugs with an actual cost less than or equal to the stated copay. Using the non-preferred generic drug cost shares as the AVC input best aligns with the data underlying the AVC and yields the most reasonable AV calculation results.
Another option we considered was using a utilization-weighted blend of the preferred generic and non-preferred generic copays as the AVC input, but we did not use this approach as it understates member cost sharing for more expensive generic drugs and may produce $A V$ calculation results that are too high.

## Objection 9

Please explain how the end of Medicaid continuous enrollment was considered. Specifically, what impact was assumed for enrollment, morbidity, and/or the CSR load?

## Response:

Membership:
PHW assumed an increase in market size starting in 2023 that would continue into 2024. We expect this membership to be concentrated in Silver 94\% CSR metal level. As such, we have assumed a higher proportion of members in that metal level versus our open enrollment metal distributions when projecting 2024 membership.

Morbidity:
We assume a $0.2 \%$ impact to statewide morbidity on projected claims costs driven by Medicaid redeterminations, which is expected to have an immaterial impact on average premiums (< \$1 PMPM).

CSR Load:
We did not make any adjustments to the CSR load.

## Objection 10

Please provide a quantitative development of the $\$ 17.81$ 'Projected Incurred Exchange User Fees PMPM' found on tab II of the PA Rate Template.

## Response:

Please refer to [Objection Exhibit 10] for quantitative development of the value listed on PAAM Exhibits Table 5.

## Objection 11

The following additional questions concern your proposed area factor changes for PY2024:
a) Did you derive the area factor relativities by comparing the risk-adjusted loss ratios between the different geographic areas to remove morbidity differences between areas?
b) Did you also normalize the loss ratios to remove demographic differences?

## Response:

The area factors were not derived by comparing the risk-adjusted loss ratios. An alternative morbidity-neutral area factor development was used, consisting of the following components:

- Non-morbidity utilization factors reflecting utilization differences from varying provider practice patterns by rating area
- Base Medicare charge level differences by rating area based on data from the Milliman Health Cost Guidelines
- Relative reimbursement level factors, which solely account for provider reimbursement differences by area


## Objection 12

The Department is interested in the issuer's estimate of the drivers of the rate change, In particular, what portion of the indicated rate change from Table 11 is due to changes in various components such as reinsurance (individual market only), utilization trend, unit cost trend, expenses, morbidity, benefits, risk adjustment, or other relevant factors?

## Response:

Please refer to [Objection Exhibit 12] for estimates on how each of the listed components impacted the aggregate rate change. For additional qualitative commentary for these components, please refer to section 2 of the Actuarial Memorandum.

## Objection 13

Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

## Response:

We have confirmed all rates are identical between Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, and the Federal Rate Template.

## Objection 14

Appendix 11.1 has an exchange user fee factor of 1.03751194799259 . How was this calculated?

## Response:

Please refer to Appendix 11.3 for quantitative support for the development of the exchange user fee factor. The amount shown in this exhibit reflects the 1.03751194799259 value identified.

Objection Exhibit 1
Pennsylvania Health \& Wellness, Inc. Direct COVID-19 Experience and Projection

| Lab/Testing ${ }^{(1)}$ | + | Actual 2022 COVID-19 Incurred PMPM | Projected 2024 COVID-19 Incurred PMPM | Change |
| :---: | :---: | :---: | :---: | :---: |
|  |  | \$1.20 | \$1.59 | \$0.39 |
| Vaccination ${ }^{(2)}$ | + | \$1.01 | \$1.68 | \$0.67 |
| Total Treatment | + | \$4.55 | \$3.05 | (\$1.50) |
| Total Cost | $=$ | \$6.76 | \$6.31 | (\$0.44) |

(1) Enterprise-wide COVID-19 cost model used to develop projected costs associated with testing/laboratory costs. Testing costs primarily reflect lab and PCR tests.
(2) Projection of COVID-19 vaccination costs based on an enterprise-wide COVID cost model. These costs reflect liability for both the ingredient cost and administration cost associated with COVID-19 vaccinations.

# Objection Exhibit 2a <br> Pennsylvania Health \& Wellness, Inc. Development of Contractual Reimbursement and Charge Trend 

## Experience Contractual Reimbursement and Charge Trend

|  | Reimbursement Trend <br> (\% of Benchmark) | Charge Trend <br>  <br> Service Category |  |  |  | Contractual <br> Reimbursement |
| :--- | ---: | ---: | ---: | :---: | :---: | :---: |
| Inpatient Hospital |  | 1.000 |  |  |  |  |
| Outpatient Hospital |  | 1.000 |  |  |  |  |
| Professional |  | 1.000 |  |  |  |  |
| Other Medical |  | 1.000 |  |  |  |  |
| Capitation |  | $\mathrm{n} / \mathrm{a}$ |  |  |  |  |
| Prescription Drugs |  | 1.074 |  |  |  |  |

## Notes:

(1) Reflects five years of AWP charge trend for prescription drugs. No charge trend applied to medical services, as both base and projected reimbursement is expressed as a percentage of the same Medicare fee schedules.

## Objection Exhibit 2b

## Pennsylvania Health \& Wellness, Inc.

Illustrative Example of Development of Reimbursement (\% of Benchmark) Values
Note: Due to the proprietary nature of PHW's contacts with its providers, all values in this exhibit are illustrative only and do not represent actual contracts between PHW and its providers. The actual reimbursement assumptions are developed using the same calculation methodology presented herein, but at a more granular service category level based on on actual and anticipated contracts.


Notes:
(1) Reimbursement change factors in Appendix 6.1 are calculated prior to significant network changes (e.g. the addition or elimination of a hospital system(s) or provider group(s), or expansion into new counties and rating areas). Per URR instructions, reimbursement impacts attributable to significant network changes are reflected in the URRT (2) In- and out-of-network contracts are expressed as a percentage of a fixed benchmark to enable appropriate comparison of reimbursement levels across contracts and over time.

## Objection Exhibit 2c

Pennsylvania Health \& Wellness, Inc. Development of Contractual Reimbursement and Charge Trend

## Experience Utilization Trend

|  | Secular Utilization <br> Trend Excluding <br> Induced Util | Managed Care <br> Savings | Cumulative Utilization <br> Trend Factor |  | Annualized Utilization <br> Trend (URRT WS 1) |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Service Category | 1.051 | 0.959 | 1.008 | 1.004 |  |
| Inpatient Hospital | 1.051 | 0.959 | 1.008 | 1.004 |  |
| Outpatient Hospital | 1.051 | 0.959 | 1.008 | 1.004 |  |
| Professional | 1.051 | 0.959 | 1.008 | 1.004 |  |
| Other Medical | $n / a$ | $n / a$ | $\mathrm{n} / \mathrm{a}$ |  | $\mathrm{n} / \mathrm{a}$ |
| Capitation | 1.062 | 0.959 | 1.019 | 1.009 |  |

# Objection Exhibit 2d 

Pennsylvania Health \& Wellness, Inc.
Induced Utilization Trend Factor Support

| Approximate base period experience induced utilization factor ${ }^{(11)}$ : Projected induced utilization factor ${ }^{11}$ : | $\begin{aligned} & 1.078 \\ & 1.079 \\ & \hline \end{aligned}$ |  |
| :---: | :---: | :---: |
| 2021 Plan Name | Induced Utilization Factor ${ }^{(2)}$ | $\%$ of Base Period Claims |
| Weighted Composite Factor | 1.078 | 100.0\% |
| Essential Care 2 HSA (2022) - Standard Bronze On Exchange Plan | 1.000 | 13.4\% |
| Balanced Care 11 (2022) - 73\% AV Level Silver Plan | 1.034 | 1.3\% |
| Balanced Care 11 (2022)-87\% AV Level Silver Plan | 1.128 | 5.7\% |
| Balanced Care 11 (2022) - 94\% AV Level Silver Plan | 1.189 | 5.6\% |
| Balanced Care 11 (2022) - Standard Silver On Exchange Plan | 0.995 | 0.8\% |
| Balanced Care 12 (2022) - $73 \%$ AV Level Silver Plan | 1.031 | 0.7\% |
| Balanced Care 12 (2022)-87\% AV Level Silver Plan | 1.125 | 2.7\% |
| Balanced Care 12 (2022) - 94\% AV Level Silver Plan | 1.181 | 4.8\% |
| Balanced Care 12 (2022) - Standard Silver On Exchange Plan | 0.991 | 0.9\% |
| Balanced Care 201 HSA (2022) - Standard Silver Off Exchange Plan | 1.007 | 0.5\% |
| Balanced Care 203 (2022) - Standard Silver Off Exchange Plan | 0.988 | 0.0\% |
| Balanced Care 207 (2022) - Standard Silver Off Exchange Plan | 1.006 | 0.1\% |
| Balanced Care 209 (2022) - Standard Silver Off Exchange Plan | 1.017 | 0.0\% |
| Balanced Care 210 (2022) - Standard Silver Off Exchange Plan | 0.966 | 0.1\% |
| Balanced Care 30 (2022) - 73\% AV Level Silver Plan | 1.013 | 0.5\% |
| Balanced Care 30 (2022)-87\% AV Level Silver Plan | 1.096 | 4.9\% |
| Balanced Care 30 (2022) - 94\% AV Level Silver Plan | 1.162 | 6.7\% |
| Balanced Care 30 (2022) - Standard Silver On Exchange Plan | 0.966 | 0.0\% |
| Balanced Care 31 (2022)-73\% AV Level Silver Plan | 1.013 | 1.1\% |
| Balanced Care 31 (2022)-87\% AV Level Silver Plan | 1.098 | 1.9\% |
| Balanced Care 31 (2022) - $94 \%$ AV Level Silver Plan | 1.163 | 2.3\% |
| Balanced Care 31 (2022) - Standard Silver On Exchange Plan | 0.966 | 0.4\% |
| Balanced Care 32 (2022) - 73\% AV Level Silver Plan | 1.026 | 0.3\% |
| Balanced Care 32 (2022)-87\% AV Level Silver Plan | 1.121 | 8.7\% |
| Balanced Care 32 (2022) - 94\% AV Level Silver Plan | 1.176 | 6.3\% |
| Balanced Care 32 (2022) - Standard Silver On Exchange Plan | 0.979 | 0.0\% |
| Essential Care 10 (2022) - Standard Bronze On Exchange Plan | 0.958 | 3.6\% |
| Essential Care 2 (2022) - Standard Bronze On Exchange Plan | 1.000 | 0.0\% |
| Essential Care 201 (2022) - Standard Bronze Off Exchange Plan | 0.942 | 0.0\% |
| Essential Care 202 HSA (2022) - Standard Bronze Off Exchange Plan | 1.000 | 0.0\% |
| Essential Care 5 (2022) - Standard Bronze On Exchange Plan | 0.972 | 2.9\% |
| Essential Care: \$0 Medical Deductible (2022) - Standard Bronze On Exchange Plan | 1.019 | 1.8\% |
| Essential Care: \$1,500 Medical Deductible (2022) - Standard Bronze On Exchange Plan | 1.003 | 1.5\% |
| Secure Care 20 (2022) - Standard Gold On Exchange Plan | 1.039 | 7.9\% |
| Secure Care 201 HSA (2022) - Standard Gold Off Exchange Plan | 1.059 | 0.1\% |
| Secure Care 202 (2022) - Standard Gold Off Exchange Plan | 1.078 | 0.4\% |
| Secure Care 203 (2022) - Standard Gold Off Exchange Plan | 1.033 | 0.0\% |
| Secure Care 5 (2022) - Standard Gold On Exchange Plan | 1.065 | 12.4\% |


| 2023 Plan Name | Induced Utilization Factor ${ }^{(2)}$ | \% of Projected Enrollment |
| :---: | :---: | :---: |
| Weighted Composite Factor | 1.079 | 100.0\% |
| Choice Bronze HSA (2024) - Standard Bronze On Exchange Plan | 0.990 | 6.0\% |
| Elite Bronze (2024) - Standard Bronze On Exchange Plan | 1.010 | 4.5\% |
| Everyday Bronze (2024) - Standard Bronze On Exchange Plan | 0.961 | 11.5\% |
| Clear Gold (2024) - Standard Gold On Exchange Plan | 1.029 | 11.5\% |
| Complete Gold (2024) - Standard Gold On Exchange Plan | 1.054 | 6.9\% |
| Elite Gold (2024) - Standard Gold On Exchange Plan | 1.096 | 4.4\% |
| Everyday Gold (2024) - Standard Gold On Exchange Plan | 1.035 | 8.4\% |
| Gold 201 HSA (2024) - Standard Gold Off Exchange Plan | 1.056 | 0.1\% |
| Gold 202 (2024) - Standard Gold Off Exchange Plan | 1.046 | 0.1\% |
| Clear Silver (2024) - Standard Silver On Exchange Plan | 0.978 | 0.1\% |
| Clear Silver (2024) - 73\% AV Level Silver Plan | 0.999 | 0.3\% |
| Clear Silver (2024)-87\% AV Level Silver Plan | 1.097 | 2.0\% |
| Clear Silver (2024) - 94\% AV Level Silver Plan | 1.164 | 10.5\% |
| Complete Silver (2024) - Standard Silver On Exchange Plan | 0.991 | 0.1\% |
| Complete Silver (2024)-73\% AV Level Silver Plan | 1.012 | 0.3\% |
| Complete Silver (2024)-87\% AV Level Silver Plan | 1.116 | 1.3\% |
| Complete Silver (2024) - 94\% AV Level Silver Plan | 1.173 | 2.4\% |
| Focused Silver (2024) - Standard Silver On Exchange Plan | 0.985 | 0.1\% |
| Focused Silver (2024) - 73\% AV Level Silver Plan | 1.012 | 0.3\% |
| Focused Silver (2024) - 87\% AV Level Silver Plan | 1.112 | 7.1\% |
| Focused Silver (2024) - 94\% AV Level Silver Plan | 1.174 | 17.1\% |
| Franklin Silver (2024) - Standard Silver On Exchange Plan | 0.994 | 0.1\% |
| Franklin Silver (2024) - 73\% AV Level Silver Plan | 1.013 | 0.2\% |
| Franklin Silver (2024) - 87\% AV Level Silver Plan | 1.116 | 1.0\% |
| Franklin Silver (2024) - 94\% AV Level Silver Plan | 1.195 | 3.0\% |
| Silver 201 HSA (2024) - Standard Silver Off Exchange Plan | 1.004 | 0.7\% |
| Silver 203 (2024) - Standard Silver Off Exchange Plan | 0.984 | $0.1 \%$ |

(1) This calculation is for illustrative purposes. The factors applied to base period experience and the manual rate projection reflect additional refinement at the service category level, but approximately composite to the factors shown above. (2) Calculated by applying Milliman Health Cost Guidelines induced utilization factors to each plan's benefit design.

## Objection Exhibit 3 <br> Pennsylvania Health \& Wellness, Inc. Development of Projected Allowed Non-EHB Claims PMPM

Non-EHB Claims - Covered Members Only
Allowed Claims PMPM

| Adult Vision | + | $\$ 12.93$ |
| :--- | ---: | ---: |
| Adult Dentat | $=$ | 4.76 |
| Total |  | $\$ 17.69$ |
|  |  | 29,279 |
| Vision/Dental Member Months |  | 184,516 |

## Non-EHB Claims - All Members

Allowed Claims PMPM

| Adult Vision |  | $\$ 2.05$ |
| :--- | :--- | ---: |
| Adult Dental | + | 0.76 |
| Total | $=$ | $\$ 2.81$ |

NOTE: Values listed incorrectly. See updated exhibit in "Objection
Exhibit 2" on page 218.

Objection Exhibit 4
Pennsylvania Health \& Wellness, Inc.
Area Factor Development

|  |  | Service Category |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Facility | Professional | Rx | MH/SA FAC | MH/SA Prof | Total |
|  | Service Category Weights ${ }^{(1)}$ Statewide Raw Area Rating Factors | 38.6\% | 35.4\% | 22.1\% | 1.3\% | 2.6\% | 100.0\% |
| Rating Area 3 | Benchmark Unit Cost Factor <br> Relative Reimbursement Adjustment <br> x Age/Gender Factors | $\begin{aligned} & 1.135 \\ & 1.303 \end{aligned}$ | $\begin{aligned} & 0.974 \\ & 1.235 \end{aligned}$ | $\begin{aligned} & 1.038 \\ & 1.348 \end{aligned}$ | $\begin{aligned} & 1.135 \\ & 1.303 \end{aligned}$ | $\begin{aligned} & 0.974 \\ & 1.235 \end{aligned}$ | 1.052 |
|  | 2024 Projected Member Months Calibrated Area Rating Factor |  |  |  |  |  | $\begin{gathered} \hline 33,023 \\ 0.966 \end{gathered}$ |
| Rating Area 6 | Benchmark Unit Cost Factor <br> Relative Reimbursement Adjustment <br> Age/Gender Factors | $\begin{aligned} & 1.164 \\ & 1.303 \end{aligned}$ | $\begin{aligned} & 1.017 \\ & 1.235 \end{aligned}$ | $\begin{aligned} & 1.035 \\ & 1.348 \end{aligned}$ | $\begin{aligned} & 1.164 \\ & 1.303 \end{aligned}$ | $\begin{aligned} & 1.017 \\ & 1.235 \end{aligned}$ | 1.079 |
|  | 2024 Projected Member Months Calibrated Area Rating Factor |  |  |  |  |  | $\begin{gathered} 35,329 \\ 1.226 \end{gathered}$ |
| Rating Area 7 | Benchmark Unit Cost Factor <br> Relative Reimbursement Adjustment <br> Age/Gender Factors | $\begin{aligned} & 1.149 \\ & 1.303 \end{aligned}$ | 1.015 <br> 1.235 | $\begin{aligned} & 1.022 \\ & 1.348 \end{aligned}$ | $\begin{aligned} & 1.149 \\ & 1.303 \end{aligned}$ | $\begin{aligned} & 1.015 \\ & 1.235 \end{aligned}$ | 1.070 |
|  | 2024 Projected Member Months Calibrated Area Rating Factor |  |  |  |  |  | $\begin{gathered} 39,890 \\ 1.097 \end{gathered}$ |
| Rating Area 8 | Benchmark Unit Cost Factor <br> Relative Reimbursement Adjustment |  |  |  |  |  | 1.062 |
|  | Age/Gender Factors | 1.303 | 1.235 | 1.348 | 1.303 | 1.235 |  |
|  | 2024 Projected Member Months Calibrated Area Rating Factor |  |  |  |  |  | $\begin{gathered} 76,274 \\ 0.859 \end{gathered}$ |

Notes
$\frac{\text { (1) Service category weights are calculated from manual claims PMPMs consistent with the Milliman Health Cost Guidelines }}{\text { Noter }}$

## Objection Exhibit 5a <br> Pennsylvania Health \& Wellness, Inc. Support for Final URRT Morbidity Adjustment

Components of Morbidity Trend

| Total 0.971 | Remove Direct COVID-19 Costs ${ }^{(1)}$ Component |
| :---: | :---: |
| 1.022 | $x$ Projected 2024 COVID-19 direct costs ${ }^{(2)}$ |
| 1.081 | x 2022 to 2024 Statewide risk pool morbidity trend ${ }^{(3)}$ |
| 0.970 | x 2022 to 2024 Relative Morbidity Trend ${ }^{(4)}$ |
| 1.041 | Final URRT Morbidity Adjustment |

Notes:
(1) Impact of adjustments to PHW's completed 2022 experience claims driven by removal of direct costs associated with COVID-19 testing, treatment, and vaccinations.
(2) Projected impact of costs associated with COVID-19 treatment, testing, and vaccinations in the rating period. [Objection Exhibit 1] presents the projected direct COVID-19 costs for each of testing/lab, treatment, and vaccinations.
(3) Adjustments to projected statewide morbidity between 2022 and 2024 to reflect the impacts of Medicaid redeterminations on marketplace risk pools following potential expiration of maintenance of effort provisions implemented during the federal COVID-19 public health emergency (PHE).
(4) The relative morbidity is attributable to demographic movements from 2022 to 2024 and their expected impact on morbidity. See [Objection Exhibit 6b] for the calculation of this trend.

Objection Exhibit 5b
Pennsylvania Health \& Wellness, Inc.
Development of Demographic and Induced Utilization Adjustments

| Rating Area | Metal Level | Experience Period Member Months | Projected <br> Member Months | Age/Gender Unadjusted Claims | Age/Gender Adjusted Claims | Age/Gender and Induced Utilization Adjusted Claims | Induced Utilization Adjusted Claims |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 3 | Bronze | 8,145 | 7,608 | \$203.62 | \$187.10 | \$185.96 | 0.994 |
| 3 | Silver | 266 | 303 | \$288.52 | \$276.94 | \$280.37 | 1.012 |
| 3 | Silver 73\% | 418 | 389 | \$613.75 | \$527.18 | \$520.96 | 0.988 |
| 3 | Silver 87\% | 5,076 | 3,818 | \$404.51 | \$389.88 | \$389.03 | 0.998 |
| 3 | Silver 94\% | 6,176 | 11,261 | \$336.43 | \$332.42 | \$333.97 | 1.005 |
| 3 | Gold | 3,554 | 9,644 | \$312.55 | \$292.91 | \$292.52 | 0.999 |
| 6 | Bronze | 4,516 | 7,489 | \$287.92 | \$286.42 | \$284.29 | 0.993 |
| 6 | Silver | 173 | 271 | \$521.65 | \$434.01 | \$438.89 | 1.011 |
| 6 | Silver 73\% | 385 | 404 | \$862.89 | \$827.16 | \$820.21 | 0.992 |
| 6 | Silver 87\% | 3,914 | 4,295 | \$596.35 | \$598.97 | \$598.43 | 0.999 |
| 6 | Silver 94\% | 5,196 | 12,500 | \$532.08 | \$509.73 | \$513.12 | 1.007 |
| 6 | Gold | 2,043 | 10,369 | \$467.65 | \$452.81 | \$455.16 | 1.005 |
| 7 | Bronze | 2,895 | 8,083 | \$218.93 | \$229.53 | \$226.54 | 0.987 |
| 7 | Silver | 73 | 353 | \$349.42 | \$318.79 | \$328.64 | 1.031 |
| 7 | Silver 73\% | 176 | 257 | \$767.20 | \$589.99 | \$586.01 | 0.993 |
| 7 | Silver 87\% | 1,422 | 4,286 | \$462.74 | \$474.47 | \$474.78 | 1.001 |
| 7 | Silver 94\% | 1,945 | 11,379 | \$422.06 | \$387.95 | \$391.10 | 1.008 |
| 7 | Gold | 725 | 15,532 | \$333.04 | \$341.38 | \$344.00 | 1.008 |
| 8 | Bronze | 19,176 | 17,470 | \$189.23 | \$202.78 | \$201.71 | 0.995 |
| 8 | Silver | 1,359 | 1,161 | \$296.77 | \$299.78 | \$301.69 | 1.006 |
| 8 | Silver 73\% | 1,548 | 890 | \$595.38 | \$574.09 | \$565.57 | 0.985 |
| 8 | Silver 87\% | 9,584 | 8,744 | \$381.31 | \$424.30 | \$422.21 | 0.995 |
| 8 | Silver 94\% | 12,863 | 25,559 | \$350.94 | \$354.92 | \$355.67 | 1.002 |
| 8 | Gold | 11,375 | 22,450 | \$290.63 | \$317.33 | \$315.77 | 0.995 |
| Totals |  | 103,004 | 184,516 |  | \$347.84 | \$348.09 | 1.001 |
| Totals (Experience Period Membership Weighted) |  |  |  | \$329.64 |  |  |  |
| Demographic Adjustment |  |  |  |  | 1.055 |  |  |

Notes
(1) This exhibit is intended only for explanatory purposes and is distinct from the development of rates described in the subsequent appendices.

| Envolve Vision- Child (Exam \& Hardware) | $\$ 0.15$ |
| :--- | :--- |
| + Vida DM Replacement Placeholder | $\$ 0.99$ |
| + Startsmart | $\$ 0.06$ |
| P Projected Capitation EHB Claims PMPM | $\$ 1.20$ |

Objection Exhibit 6a
Pennsylvania Health \& Wellness, Inc. Risk Transfer Geographic Cost Factor (GCF) Support

| Rating Area | 2022 Statewide <br> Membership ${ }^{(1)}$ | Projected 2024 <br> PHW Membership | 2022 GCF ${ }^{(2)}$ | GCF Trend ${ }^{(3)}$ | Projected $2024 \text { GCF }$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Rating Area 1 | 17,462 | - |  |  |  |
| Rating Area 2 | 1,557 | - |  |  |  |
| Rating Area 3 | 34,962 | 33,023 |  |  |  |
| Rating Area 4 | 91,714 | - |  |  |  |
| Rating Area 5 | 15,106 | - |  |  |  |
| Rating Area 6 | 32,932 | 35,329 |  |  |  |
| Rating Area 7 | 38,819 | 39,890 |  |  |  |
| Rating Area 8 | 162,574 | 76,274 |  |  |  |
| Rating Area 9 | 21,480 | - |  |  |  |
|  |  | ed Normalized PHW G | Calcu <br> Statewide <br> (Relative to | Statewide G rmalized to 1 ide GCF at 1.0 |  |

(1) 2022 statewide membership from the 2023 Marketplace Open Enrollment Period Public Use File.
(2) Appendix B from the 2022 interim CMS risk adjustment report.
(3) Reflects actual and anticipated changes in carrier rates and market share.

| Objection Exhibit 6b |
| :---: | :---: |
| Pennsylvania Health \& Wellness, Inc. |
| Projected PLRS Support - Demographic and Plan Mix |




| Objection Exhibit 6d |
| :---: | :---: |
| Pennsylvania Health \& Wellness, Inc. |
| Projected Statewide PLRS Support |



## Objection Exhibit 6e Pennsylvania Health \& Wellness, Inc. Development of 2022-2024 Statewide Average Premium Trend

| Historical Actual Statewide Average Premium ${ }^{(1)}$ | $\$ 509.54$ |
| :---: | ---: |
|  |  |
| 2022 Statewide Average Premium Estimate ${ }^{(2)}$ | $\$ 509.54$ |
| $\times(1+23-23$ Calculated Trend) | $8.2 \%$ |
| 2023 Statewide Average Premium Estimate ${ }^{(2)}$ | $\$ 551.08$ |
|  |  |
| 2023 Statewide Average Premium Estimate ${ }^{(2)}$ | $\$ 551.08$ |
| $\times(1+23-24$ Calculated Trend) | $6.0 \%$ |
| 2024 Statewide Average Premium Estimate ${ }^{(2)}$ | $\$ 584.02$ |
| $=$ | $\$ 584.02$ |
|  |  |

Notes:
(1) 2022 CMS Interim Risk Adjustment Report
(2) Using projected premiums and PHW's market share assumptions

| 2023 Plan Detail |  |  |  | 2024 Mapped Plan Detail |  |  | Impact |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Plan ID | Plan Name | AV \& CS Design <br> of the Plan ${ }^{(1)}$ | Status | Plan ID | Plan Name | AV \& CS Design of the Plan ${ }^{(1)}$ | \%Rate Change ${ }^{(2)(3)}$ |
| 86199PA0010040 | Elite Gold | 1.023 | Renewed | 86199PA0010040 | Elite Gold | 1.063 | 4.0\% |
| 86199PA0030017 | Bronze \$1500 Medical Deductible | 0.811 | Terminated | 86199PA0030004 | Silver 203 | 0.732 | -9.7\% |

## Notes:

(1) Actuarial Value and Cost-Sharing Design of the Plan values have been normalized to the respective year's Silver 1.0 plan
(2) Average rate change for enrollees in the specified renewing plan designs, based on current enrollment as of March 2023. Some variation in reported rate changes by plan is attributable to the geographic distribution of current enrollment, in addition to variation attributable to benefit designs.
(3) Note that the minimum rate impact in this case represents an AV \& Cost Sharing Design difference of a terminated plan that has been mapped onto another plan.

Objection Exhibit 10 Pennsylvania Health \& Wellness, Inc.

Exchange User Fee Support

|  | Exchange User Fee | 3.0\% |
| :---: | :---: | :---: |
| (b) | Aggregate premium ${ }^{1}$ | \$593.61 |
|  | Table 5 Exchange User Fee (a) x (b) | \$17.81 |

1) Per member per month premuim from Worksheet 2 of the URRT.

Objection Exhibit 12
Pennsylvania Health \& Wellness Inc.
Significant Factors Driving Proposed Rate Action

| Factor | Approximate Aggregate <br> Impact |
| :---: | :---: |
| Unit Cost Trend | $4.9 \%$ |
| Utilization Trend | $1.4 \%$ |
| Morbidity and Risk Adjustment/Statewide Average Premium | $0.0 \%$ |
| Benefit Design |  |
| Administrative Expenses/Taxes and Fees | $0.5 \%$ |
| COVID-19 Adjustment | $3.2 \%$ |
| 1332 Reinsurance Parameters ${ }^{2}$ | $-0.9 \%$ |
| Demographic Changes/Experience Development | $2.2 \%$ |

1) Impact varies based on plan.
2) Represents year-over-year change vs. initial parameters ( $53 \%$ coinsurance to $0 \%$ ).

July 14, 2023
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

## RE: PennsyIvania Health \& Wellness, Inc., Individual HMO, ACA Filing for PY2024PennsyIvania Insurance Department ID \# CECO-133651416

Mr. Laverty,
In response to the objection letter dated 7/7/2023 for Pennsylvania Health \& Wellness, Inc. (PHW)'s Individual Market rates and supporting documentation for rates effective January 1, 2023, we are providing the following documents:

- "2024_PHW_Objection_Responses_20230714.docx"
- "2024_PHW_Objection_Responses_Exhbits_20230714.xlsx"

As requested by PID, a full list of changes from the previously submitted filing documents is included below.

- Round 2 Objection 10: Experience period risk adjustment has been updated to reflect the final CMS transfer amount published on June 30th, 2023.
- Round 2 Objection 11: The projected risk adjustment transfer in PHW's $7 / 14$ re-filing submission reflects the final 2022 CMS transfer payment information published on June 30th, 2023. Specifically, the following changes were made to the projected risk transfer calculation:
(1) Updated our base period risk transfer estimate using risk transfer actuals from the CMS report issued June 30, 2023.
(2) Updated PHW's base period relative PLRS to align with PHW's 2022 risk adjustment transfer payment from the CMS Transfer Payment Issuer Report (TPIR). The updated base period PLRS represents a revised starting point for PHW's relative risk score projection.
- Round 2 Objection 12: Our filing has been updated to reflect the reinsurance coinsurance percentage of 50 percent.

The following files have been updated to reflect the changes listed above:

- "2024_PHW_Actuarial_Memorandum_20230714.pdf"
- "2024_PHW_Actuarial_Memorandum_20230714_Redacted.pdf"
- "2024_PHW_Memorandum_Appendices_20230714.xlsm"
- "2024_PHW_PA_Actuarial_Memorandum_20230714.pdf"
- "2024_PHW_PA_Actuarial_Memorandum_Rate_Exhibits_20230714.xlsm"
- "2024_PHW_Plan_Design_Summary_and_Rate_Tables_20230714.xIsm"
- "2024_PHW_State_Review_Detail_20230714.xlsx"
- "PA_PY24RateTables_v1_071224.xls"
- "PA_PY24UnifiedRateReview_v1_071223.xlsm"


## REQUESTED COMPANY INFORMATION

Below you may find the requested company information, in response to the guidance posted March 23, 2023.

1. Company Name \& NAIC number: Pennsylvania Health \& Wellness, Inc.; NAIC \# 16041
2. Market (Individual or Small Group): Individual
3. On or Off Exchange: On/Off Exchange
4. Effective date of coverage: January 1, 2024
5. Average rate change requested (Table 11, cell AN13, Table 11 cell EN19 for quarterly filings): 2.3\%
6. Range of rate change requested (from Table 11, column AN for annual filings and column BU, DB, and EI for small group quarterly filings): -16.9\% to 30.6\%
7. Total additional annual revenue generated from the proposed rate change: $\mathbf{\$ 2 , 4 2 6 , 8 3 6}$
8. Product(s) (Indemnity, HMO, POS (HMOs only), PPO, or EPO): HMO
9. Rating Areas and any changes from 2023: In 2023 plans were offered in Rating Areas 3, 6, 7, and 8 only. For 2024, plans will continue to be offered in those areas only.
10. Metal Levels and Catastrophic Plans: Gold, Silver, Bronze
11. Current number of covered lives and of policyholders as of February 1, 2022 as shown in Cell V15 of Table 10: Covered lives - 13,921; Policyholders - 10,850
12. Number of plans offered in 2024 and the change this represents from 2023: There are 26 plans offered in 2024. There were 35 plans offered in 2023.
13. Corresponding contract form number, SERFF and Binder ID numbers: FORM: CECO-133641439; SERFF: CECO-133651416; Binder: CECO-PA24-125116419
14. HIOS Issuer ID number and submission tracking number: HIOS Issuer ID number: 86199 Submission tracking number: Submitted in SERFF

## RE: Rate Filing Review for the Pennsylvania Insurance Department

Company: Pennsylvania Health \& Wellness, Inc.
Filing Number: CECO-133651416
Product: Individual
Effective Date: January 2024

## Objection 1

The following is in reference to the response to question \#1 of the previous objections:
a. Please provide additional quantitative and qualitative support for development of the projected 2024 COVID19 costs. Particularly, please provide support for the impact that the end of the PHE is projected to have on Testing and Vaccination costs, which is greater than $\$ 1.00$ PMPM. In your response, please also provide support for the assumption that Testing and Vaccination rates are not expected to decrease between 2022 and 2024.

## Response:

During Public Health Emergency period (prior to May 2023), the Testing and the Vaccine costs were mainly covered by the Federal or State budgets. Since after the PHE ended insurance carriers must now cover the cost of the Testing and the Vaccination (including the ingredient cost), we projected higher cost in 2024 comparing to 2022 due to higher cost responsibility by carriers and inflation, offset by lower utilization.

We expect the cost will reach a peak in 2023, then decrease over time due to decreasing utilization. In aggregate, the projected 2024 COVID cost PMPM is lower by $\$ 0.44$ than the actual 2022 cost PMPM, and $\$ 4.94$ lower than the 2023 pricing projection.

## Objection 2

The following is in reference to the response to question \#3 of the previous objections:
a. Please provide the quantitative development of the projected Non-EHB allowed claims PMPM for Covered Members shown in the Objection Exhibit.

## Response:

Upon review, the original exhibit provided in response to question \#3 of the previous objections had an error. The Vision and Dental projected allowed claims were incorrectly labeled, and therefore displayed incorrect information. We have included an updated version of that exhibit in [Objection Exhibit 2] that correctly labels each item.

The projected Non-EHB allowed claims listed in [Objection Exhibit 2] were developed in coordination with our vendors for both Dental and Vision services.

## Objection 3

In reference to the response to question \#4 of the previous objections, please provide additional descriptions on what the below values are meant to represent and how they were developed as the prior response did not supply sufficient information to understand the approach and development of the area factors:
a. Benchmark Unit Cost Factor
b. Age/Gender Factors
c. Benchmark Reimbursement \%

## Response:

Our area factors are the composite of the sub-components, each of which contribute to an estimated projected claim costs by rating area. The Benchmark Unit Cost Factor accounts for rating area differences due to differences in the baseline Medicare rates, upon which the contracts are based. The Benchmark Reimbursement Percentage then layers on the average rating area specific reimbursement rates relative to the Medicare benchmark for the provider contracts in that area.

We also incorporate an age and gender adjustment to the estimated projected claims costs by area that is fixed to our statewide membership. We use our statewide membership weighted against age and gender claims adjustment factors to develop service category specific factors, which are consistently applied across all areas. While this adjustment has a marginal impact as it is uniformly applied across all areas, it has been included for completeness to gross up projected claims by area to reflect our projected membership demographics.

## Objection 4

The following questions are in reference to the response to question \#5 of the previous objections:
a. Please provide the quantitative development of the 1.081 "2022 to 2024 Statewide risk pool morbidity trend" factor found on the 'Objection Exhibit 5a' tab.
i. It does not appear that this adjustment is also included in the risk transfer calculation. Please provide support for this apparent disconnect.
ii. In your response, please provide an explanation for how this adjustment ties to the response to question \#9 of the previous objections which states that a " $0.2 \%$ impact to statewide morbidity [is assumed] on projected claims costs driven by Medicaid redeterminations."

Response:
Please refer to [Objection Exhibit 4a] for quantitative and qualitative support of the "2022 to 2024 Statewide risk pool morbidity trend" factor found on the 'Round 1 Objection Exhibit 5a'. As noted in the exhibit, the Medicaid redetermination impact identified in response to 'Round 1 Objection 9' is included in this adjustment.
b. Please provide the quantitative development of the 0.970 " 2022 to 2024 Relative Morbidity Trend" factor found on the 'Objection Exhibit 5a' tab as it is not summarized on the 'Objection Exhibit 6b' tab as noted in the footnotes.

Response:
The quantitative support for the "2022 to 2024 Relative Morbidity Trend" factor was mislabeled in the exhibit and actually located in 'Round 1 Objection Exhibit 6c'. For further support, please refer to [Objection Exhibit 5b] attached to these responses.
c. For the response to 5 b , it is stated that the change in demographics adjustment is "calculated by comparing the weighted averages of age/gender adjusted claims using experience period member months versus projection period member months." However, the calculation in cell F31 of the 'Objection Exhibits 5b' tab uses age/gender unadjusted claims for the experience period calculation. Please provide support for this apparent disconnect.

## Response:

This was an oversight in our explanation, and the calculation in the prior 'Objection 5b' exhibit is correct and consistent with our rate development. Unadjusted claims are weighted using experience period membership in cell F31. This is compared against age and gender adjusted claims weighted using projected membership in cell G30 to arrive at the 1.055 demographic factor.

## Objection 5

The following questions are in reference to the response to question \#6 of the previous objections:
a. Please provide the quantitative development of the GCF trend amounts provided in column F of the 'Objection Exhibit 6a' tab.

Response:
Please refer to [Objection Exhibit 5a] for quantitative development of the referenced GCF trends.
b. Please provide the quantitative development of the following factors found on the 'Objection Exhibit 6c' tab:
i. "2022 to 2024 Trend" for the "Relative Morbidity" factor

Response:
Please see [Objection Exhibit 5b] for support of the $\square$ factor. This exhibit is representative of how claims are adjusted for expected changes in the morbidity of Pennsylvania Health \& Wellness members, with the claims shown representing interim projections parsed from our model.

The morbidity adjustments themselves were derived using an internally developed generalized linear model (GLM) used to predict changes in relative risk scores and morbidity based anticipated changes in membership demographics. This model has been calibrated based on our historical marketplace experience.
ii. $\quad$ for the 2024 "Normalization for Demographic and Plan Mix" factor

Response:
[Objection Exhibit 5b] also provides support for the Demographic and Plan Mix factor of As the exhibit illustrates, this factor accounts for relative changes in 2024 demographics and plan mix compared to statewide estimates. Estimates for the projected CMS actuarial values represent average actuarial values using CMS prescribed AVs by metallic tier. Similarly for the projected statewide demographic component, this is an estimation of the average allowable age rating factor. The PHW demographic component consists of our estimated average allowable age rating factor and a separate demographic adjustment applied as part of our relative risk score development that is not captured by allowable rating factors alone.

The adjustment shown in 'Round 1 Objection Exhibit 6c' is calculated as the product of the relative demographic factor multiplied by the relative actuarial value factor shown in row 22.
iii. $\quad$ for the 2024 "Control for HHS-HCC Model Coefficient Changes" factor

## Response:

Quantitative support for this value has also been provided in [Objection Exhibit 5b]. Similar to the Demographic and Plan Mix factor described in the response to 5b.i., the HHS-HCC Model Coefficient Changes are calculated on a relative basis, comparing the expected change in the risk scores of PHW members due to risk adjustment model changes to the movement expected at a statewide level inclusive of the rest of the market. These estimated changes are informed by internal models that evaluate proposed changes to the coefficients, as well as Wakely WNRAR reports when available.
c. Please provide the quantitative development of the following factors found on the 'Objection Exhibit 6d' tab: i. "2022 to 2024 Demographic and Morbidity Trend" factor

## Response:

[Objection Exhibit 5c] provides more detail on the $\square$ factor. Specifically, we are assuming a trend that captures expected changes to projected claims costs driven by Medicaid redeterminations and enhanced APTCs. We have leveraged a population migration model that incorporates the impact of anticipated Medicaid Redetermination members entering the marketplace.

The residual reduction is attributable to the impact of changes in Pennsylvania Health \& Wellness risk scores on the Statewide average PLRS. Given our membership is expected to be a relatively small proportion of statewide total membership, it is significantly dampened to the level when expressed in terms of statewide movement.
ii. $\square$ "Estimated Impact of HHS-HCC Coefficient Changes on Statewide PLRS"

## Response:

Based on Wakely's WNRAR reports and internal models that evaluate changes in the HHS-HCC coefficients year-over-year, we are assuming the rest of the market (non-Pennsylvania Health \& Wellness members) will see a reduction in risk scores from 2022 to 2024. As is shown in the response to Objection 5b, we are assuming slightly lower reductions for Pennsylvania Health \& Wellness members, ranging from $\quad$ for bronze members to $\square$ for gold members. The composite of these changes ( ) is what's reflected in 'Round 1 Objection Exhibit 6d' and the current [Objection Exhibit 5c].
d. The final risk adjustment information for benefit year 2022 was recently released by CMS. Does this updated information impact any of the assumptions previously provided in the development of the estimated 2024 risk transfer amount? If so, please update the filing and note what items changed and the reasoning for the change. If not, please provide support for not making any updates.

## Response:

We have updated our base period risk transfer estimate, which informs our projected risk transfer estimate, while leaving all other assumptions unchanged.

## Objection 6

Please provide the quantitative development of the "AV \& CS Design of the Plan" values in columns D and I of the ‘Objection Exhibit 7’ tab.

## Response:

Please refer to [Objection Exhibit 6a] for a quantitative development of the PY 2023 values and [Objection Exhibit 6b] for a quantitative development of the PY 2024 values in 'Round 1 Objection Exhibit 7'.

## Objection 7

Please provide the quantitative development of the "1332 Reinsurance Parameters" factor on the 'Objection Exhibit 12' tab

## Response:

The referenced factor represents an estimated premium impact due to initial parameters moving from a coinsurance of $53 \%$ to $0 \%$ year over year. This was developed by estimating the difference in premium if a $53 \%$ coinsurance had been assumed in our initial filing.

To calculate the impact of a 53\% coinsurance, we used Pennsylvania Health \& Wellness, Inc's actual 2022 claims experience, including the distribution thereof by annual claims per member, scaled to anticipated 2024 costs levels, to model the proposed reinsurance scenario. The scaled claims probability distribution (CPD) reflects expectations regarding plan year 2024 population, plan, and network characteristics for purposes of calculating the projected claims impact in the rating period. Please refer to [Objection Exhibit 7] for a demonstration of how this claims impact was then converted to provide an estimated premium impact for our initial filing.

Considering the new parameters laid out in the current 'Objection 12' below, PHW expects a much smaller premium impact due to reinsurance parameter changes year over year (approximately $0.1 \%$ ).

## Objection 8

PH\&W has 8 silver plans that use the 1.22 CSR defunding factor and are marked as "On/Off" in Column J of Table 10. Please confirm that the off-exchange versions of these plans have the same premium as the on-exchange plans.

## Response:

We confirm that all silver plans marked as "On/Off" have the same premium regardless of whether they are purchased on-exchange or off-exchange.

## Objection 9

Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

## Response:

We have confirmed all rates are identical between Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, and the Federal Rate Template.

## Objection 10

Please update the 2022 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on June 30th.

## Response:

Our filing has been updated to reflect the final CMS risk adjustment amount released on June 30th.

## Objection 11

If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.

## Response:

The projected risk adjustment transfer in PHW's 7/14 re-filing submission reflects the final 2022 CMS transfer payment information published on June 30th, 2023. Specifically, the following changes were made to the projected risk transfer calculation:
(1) Updated our base period risk transfer estimate using risk transfer actuals from the CMS report issued June 30, 2023.
(2) Updated PHW's base period relative PLRS to align with PHW's 2022 risk adjustment transfer payment from the CMS Transfer Payment Issuer Report (TPIR). The updated base period PLRS represents a revised starting point for PHW's relative risk score projection.

Please refer to 'Appendix 11.2' in the 7/14 re-filing documents for detailed development of PHW's projected 2024 risk adjustment transfer.

## Objection 12

Please update your filing to reflect the reinsurance coinsurance percentage of 50 percent.

## Response:

Our filing has been updated to reflect the reinsurance coinsurance percentage of 50 percent.

Objection Exhibit 2
Pennsylvania Health \& Wellness, Inc.
Development of Projected Allowed Non-EHB Claims PMPM ${ }^{(1)}$

## Non-EHB Claims - Covered Members Only

Allowed Claims PMPM

| Adult Dental |  | $\$ 12.93$ |
| :--- | ---: | ---: |
| Adult Vision | $=$ | 4.76 |
| Total |  | $\$ 17.69$ |
|  |  | 29,279 |
| Vision/Dental Member Months |  | 184,516 |

## Non-EHB Claims - All Members

Allowed Claims PMPM

| Adult Dental |  | $\$ 2.05$ |
| :--- | :--- | ---: |
| Adult Vision | + | 0.76 |
| Total | $=$ | $\$ 2.81$ |

Notes:
(1) This exhibit is a corrected version of 'Round 1 Objection Exhibit

3'.

# Objection Exhibit 4a <br> Pennsylvania Health \& Wellness, Inc. Support for "2022 to 2024 Statewide risk pool morbidity trend"(1) 

Components of "2022 to 2024 Statewide risk pool morbidity trend"

| Total <br> 1.002 <br> 1.079 | Component <br> Medicaid Redetermination Morbidity Impact ${ }^{(2)}$ <br> 1.081$=$Mandated Fee Adjustment ${ }^{(3)}$ |
| :---: | :---: |
| 2022 to 2024 Statewide risk pool morbidity trend |  |

Notes:
(1) This exhibit demonstrates the components within the "2022 to 2024 Statewide risk pool morbidity trend" referenced in 'Round 1 Objection Exhibit 5'. As such, this is one of several components that is included in the Final URRT Morbidity Adjustment, also identified in table 5 of the PAAM Exhibits.
(2) This component represents the assumed impact to statewide morbidity on projected claims costs driven by Medicaid redeterminations, as identified in response to 'Round 1 Objection 9'.
(3) This component represents a mandated per member per month (PMPM) fee that is included within the pricing development. Per the department's instructions, this is not included as a retention component and is instead included as an adjustment to claims (in order to target $\$ 24.95$ PMPM). Since this is a claims adjustment, it only applies to the claims 'statewide morbidity trend' and does not impact the risk transfer calculation.

Objection Exhibit 5a
Pennsylvania Health \& Wellness, Inc.
Geographic Cost Factor (GCF) Trend Development


*Note the PHW Projected Demographic Component is comprised of the projected average allowable age rating factor and a separate demographic adjustment applied as part of our relative risk score development that is not captured by allowable rating factors alone.

## Objection Exhibit 6a vania Health \& Wellness, Inc

PY 2023 Normalized AV \& Cost-Sharing Design of the Plan Buildup

| Plan Name | (1) | (2) | (3) | (4) $(5)=$$\left((3)^{*}(4)\right)^{\wedge} 2-((3) *(4))+1.24$ |  |  | $\begin{gathered} (7)= \\ (5)^{*}(6) \end{gathered}$ | $\begin{gathered} (8)= \\ (3)^{*}(4) *(7) \end{gathered}$ | (9) | $\begin{gathered} (10)= \\ (8) /(9) \\ 2023 \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 2023 <br> Projected Membership | $\stackrel{2023}{\text { Pricing AV }}$ | Non-Funding of CSR Adjustment | 2023 <br> Raw Induced Utilization | 2023 Induced Calibration Factor ${ }^{(1)}$ | 2023 Final Induced Utilization | $\stackrel{2023}{\text { AV \& Cost-Sharing }}$ | AV \& Cost-Sharing Design of the Plan Calibration Factor | Normalized AV \& Cost-Sharing Design of the Plan |
| Clear Gold | 86199PA0010039 | 3,571 | 0.843 | 1.000 | 1.108 | 0.903 | 1.001 | 0.844 | 0.951 | 0.888 |
| Complete Gold | 86199PA0010025 | 3,571 | 0.872 | 1.000 | 1.128 | 0.903 | 1.019 | 0.888 | 0.951 | 0.934 |
| Elite Gold | 86199PA0010040 | 1,190 | 0.922 | 1.000 | 1.168 | 0.903 | 1.055 | 0.972 | 0.951 | 1.023 |
| Everyday Gold | 86199PA0010035 | 3,571 | 0.850 | 1.000 | 1.113 | 0.903 | 1.005 | 0.854 | 0.951 | 0.898 |
| Clear Silver | 86199PA0010032 | 12,274 | 0.725 | 1.220 | 1.137 | 0.903 | 1.027 | 0.908 | 0.951 | 0.955 |
| Complete Silver | 86199PA0010004 | 10,932 | 0.745 | 1.220 | 1.158 | 0.903 | 1.046 | 0.951 | 0.951 | 1.000 |
| Focused Silver | 86199PA0010034 | 14,318 | 0.732 | 1.220 | 1.145 | 0.903 | 1.034 | 0.924 | 0.951 | 0.972 |
| Choice Bronze HSA | 86199PA0010022 | 14,313 | 0.739 | 1.000 | 1.047 | 0.903 | 0.946 | 0.699 | 0.951 | 0.735 |
| Clear Bronze | 86199PA0010037 | 5,725 | 0.720 | 1.000 | 1.038 | 0.903 | 0.938 | 0.675 | 0.951 | 0.710 |
| Elite Bronze | 86199PA0010031 | 2,863 | 0.816 | 1.000 | 1.090 | 0.903 | 0.984 | 0.803 | 0.951 | 0.844 |
| Everyday Bronze | 86199PA0010028 | 5,725 | 0.756 | 1.000 | 1.055 | 0.903 | 0.953 | 0.721 | 0.951 | 0.758 |
| Gold 201 HSA | 86199PA0030007 | 71 | 0.835 | 1.000 | 1.102 | 0.903 | 0.996 | 0.832 | 0.951 | 0.875 |
| Gold 202 | 86199PA0030008 | 80 | 0.861 | 1.000 | 1.121 | 0.903 | 1.012 | 0.872 | 0.951 | 0.917 |
| Silver 201 HSA | 86199PA0030003 | 255 | 0.715 | 1.000 | 1.036 | 0.903 | 0.936 | 0.670 | 0.951 | 0.704 |
| Silver 203 | 86199PA0030004 | 32 | 0.739 | 1.000 | 1.047 | 0.903 | 0.946 | 0.698 | 0.951 | 0.734 |
| Silver 224 | 86199PA0030018 | 255 | 0.751 | 1.000 | 1.053 | 0.903 | 0.951 | 0.714 | 0.951 | 0.751 |
| Silver 226 | 86199PA0030019 | 96 | 0.753 | 1.000 | 1.054 | 0.903 | 0.952 | 0.717 | 0.951 | 0.753 |
| Bronze \$1500 Medical Deductible | 86199PA0030017 | 58 | 0.793 | 1.000 | 1.076 | 0.903 | 0.972 | 0.771 | 0.951 | 0.811 |
| Clear Gold + Vision + Adult Dental | 86199PA0020039 | 521 | 0.843 | 1.000 | 1.108 | 0.903 | 1.001 | 0.844 | 0.951 | 0.888 |
| Complete Gold + Vision + Adult Dental | 86199PA0020025 | 521 | 0.872 | 1.000 | 1.128 | 0.903 | 1.019 | 0.888 | 0.951 | 0.934 |
| Elite Gold + Vision + Adult Dental | 86199PA0020040 | 174 | 0.922 | 1.000 | 1.168 | 0.903 | 1.055 | 0.972 | 0.951 | 1.023 |
| Everyday Gold + Vision + Adult Dental | 86199PA0020035 | 521 | 0.850 | 1.000 | 1.113 | 0.903 | 1.005 | 0.854 | 0.951 | 0.898 |
| Clear Silver + Vision + Adult Dental | 86199PA0020036 | 1,664 | 0.725 | 1.220 | 1.137 | 0.903 | 1.027 | 0.908 | 0.951 | 0.955 |
| Complete Silver + Vision + Adult Dental | 86199PA0020004 | 1,514 | 0.745 | 1.220 | 1.158 | 0.903 | 1.046 | 0.951 | 0.951 | 1.000 |
| Focused Silver + Vision + Adult Dental | 86199PA0020034 | 1,955 | 0.732 | 1.220 | 1.145 | 0.903 | 1.034 | 0.924 | 0.951 | 0.972 |
| Choice Bronze HSA + Vision + Adult Dental | 86199PA0020022 | 2,024 | 0.739 | 1.000 | 1.047 | 0.903 | 0.946 | 0.699 | 0.951 | 0.735 |
| Clear Bronze + Vision + Adult Dental | 86199PA0020037 | 810 | 0.720 | 1.000 | 1.038 | 0.903 | 0.938 | 0.675 | 0.951 | 0.710 |
| Elite Bronze + Vision + Adult Dental | 86199PA0020031 | 405 | 0.816 | 1.000 | 1.090 | 0.903 | 0.984 | 0.803 | 0.951 | 0.844 |
| Everyday Bronze + Vision + Adult Dental | 86199PA0020028 | 810 | 0.756 | 1.000 | 1.055 | 0.903 | 0.953 | 0.721 | 0.951 | 0.758 |
| Gold 201 HSA + Vision + Adult Dental | 86199PA0040007 | 11 | 0.835 | 1.000 | 1.102 | 0.903 | 0.996 | 0.832 | 0.951 | 0.875 |
| Gold 202 + Vision + Adult Dental | 86199PA0040008 | 12 | 0.861 | 1.000 | 1.121 | 0.903 | 1.012 | 0.872 | 0.951 | 0.917 |
| Silver 201 HSA + Vision + Adult Dental | 86199PA0040003 | 38 | 0.715 | 1.000 | 1.036 | 0.903 | 0.936 | 0.670 | 0.951 | 0.704 |
| Silver 203 + Vision + Adult Dental | 86199PA0040004 | 5 | 0.739 | 1.000 | 1.047 | 0.903 | 0.946 | 0.698 | 0.951 | 0.734 |
| Silver 224 + Vision + Adult Dental | 86199PA0040018 | 38 | 0.751 | 1.000 | 1.053 | 0.903 | 0.951 | 0.714 | 0.951 | 0.751 |
| Silver 226 + Vision + Adult Dental | 86199PA0040019 | 14 | 0.753 | 1.000 | 1.054 | 0.903 | 0.952 | 0.717 | 0.951 | 0.753 |
|  | Total | 89,937 | 0.758 | 1.104 | 1.107 | 0.903 | 1.000 | 0.837 | 0.951 |  |

(1) Induced Calibration Factor set to normalize Induced Utilization Value to 1.000 when weighted by projected membership.
(2) AV \& Cost-Sharing Design of the Plan set to normalize using Complete Silver as the 1.0 plan.

Objection Exhibit 6b
Pennsylvania Health \& Wellness, Inc.
PY 2024 Normalized AV \& Cost-Sharing Design of the Plan Buildup

| Plan Name | (1) | (2) | (3) | (4) (5) $=$$((3) *(4))^{\wedge} 2-((3) *(4))+1.24$ |  |  | $\begin{gathered} (7)= \\ (5) *(6) \end{gathered}$ | $\begin{gathered} (8)= \\ (3)^{*}(4) *(7) \end{gathered}$ | (9) | $\begin{gathered} (10)= \\ (8) /(9) \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $2024$ <br> Projected Membership | $\begin{gathered} 2024 \\ \text { Pricing AV } \end{gathered}$ | Non-Funding of CSR Adjustment | 2024 $\begin{gathered}\text { Raw Induced } \\ \text { Utilization }\end{gathered}$ | Induced Calibration Factor ${ }^{(1)}$ | 2024 Final Induced Utilization | 2024 <br> AV \& Cost-Sharing Design of the Plan | AV \& Cost-Sharing Design of the Plan Calibration Factor ${ }^{(2)}$ | Normalized AV \& Cost-Sharing Design of the Plan |
| Choice Bronze HSA | 86199PA0010022 | 9,331 | 0.685 | 1.000 | 1.024 | 0.911 | 0.933 | 0.639 | 0.902 | 0.708 |
| Choice Bronze HSA + Vision + Adult Denta | 86199PA0020022 | 1,815 | 0.685 | 1.000 | 1.024 | 0.911 | 0.933 | 0.639 | 0.902 | 0.708 |
| Elite Bronze | 86199PA0010031 | 6,897 | 0.789 | 1.000 | 1.073 | 0.911 | 0.978 | 0.771 | 0.902 | 0.855 |
| Elite Bronze + Vision + Adult Dental | 86199PA0020031 | 1,341 | 0.789 | 1.000 | 1.073 | 0.911 | 0.978 | 0.771 | 0.902 | 0.855 |
| Everyday Bronze | 86199PA0010028 | 17,803 | 0.704 | 1.000 | 1.031 | 0.911 | 0.940 | 0.661 | 0.902 | 0.733 |
| Everyday Bronze + Vision + Adult Dental | 86199PA0020028 | 3,463 | 0.704 | 1.000 | 1.031 | 0.911 | 0.940 | 0.661 | 0.902 | 0.733 |
| Clear Gold | 86199PA0010039 | 17,831 | 0.822 | 1.000 | 1.094 | 0.911 | 0.996 | 0.819 | 0.902 | 0.908 |
| Clear Gold + Vision + Adult Dental | 86199PA0020039 | 3,437 | 0.822 | 1.000 | 1.094 | 0.911 | 0.996 | 0.819 | 0.902 | 0.908 |
| Complete Gold | 86199PA0010025 | 10,602 | 0.855 | 1.000 | 1.116 | 0.911 | 1.017 | 0.870 | 0.902 | 0.964 |
| Complete Gold + Vision + Adult Dental | 86199PA0020025 | 2,044 | 0.855 | 1.000 | 1.116 | 0.911 | 1.017 | 0.870 | 0.902 | 0.964 |
| Elite Gold | 86199PA0010040 | 6,747 | 0.910 | 1.000 | 1.158 | 0.911 | 1.055 | 0.959 | 0.902 | 1.063 |
| Elite Gold + Vision + Adult Dental | 86199PA0020040 | 1,300 | 0.910 | 1.000 | 1.158 | 0.911 | 1.055 | 0.959 | 0.902 | 1.063 |
| Everyday Gold | 86199PA0010035 | 13,012 | 0.829 | 1.000 | 1.098 | 0.911 | 1.001 | 0.829 | 0.902 | 0.919 |
| Everyday Gold + Vision + Adult Dental | 86199PA0020035 | 2,508 | 0.829 | 1.000 | 1.098 | 0.911 | 1.001 | 0.829 | 0.902 | 0.919 |
| Gold 201 HSA | 86199PA0030007 | 241 | 0.799 | 1.000 | 1.079 | 0.911 | 0.984 | 0.786 | 0.902 | 0.871 |
| Gold 202 | 86199PA0030008 | 274 | 0.838 | 1.000 | 1.105 | 0.911 | 1.006 | 0.844 | 0.902 | 0.935 |
| Clear Silver | 86199PA0010032 | 20,035 | 0.698 | 1.220 | 1.113 | 0.911 | 1.014 | 0.864 | 0.902 | 0.957 |
| Clear Silver + Vision + Adult Dental | 86199PA0020036 | 3,756 | 0.698 | 1.220 | 1.113 | 0.911 | 1.014 | 0.864 | 0.902 | 0.957 |
| Complete Silver | 86199PA0010004 | 6,322 | 0.718 | 1.220 | 1.131 | 0.911 | 1.031 | 0.902 | 0.902 | 1.000 |
| Complete Silver + Vision + Adult Dental | 86199PA0020004 | 1,198 | 0.718 | 1.220 | 1.131 | 0.911 | 1.031 | 0.902 | 0.902 | 1.000 |
| Focused Silver | 86199PA0010034 | 38,206 | 0.703 | 1.220 | 1.118 | 0.911 | 1.019 | 0.874 | 0.902 | 0.968 |
| Focused Silver + Vision + Adult Dental | 86199PA0020034 | 7,187 | 0.703 | 1.220 | 1.118 | 0.911 | 1.019 | 0.874 | 0.902 | 0.968 |
| Franklin Silver | 86199PA0010041 | 6,536 | 0.727 | 1.220 | 1.140 | 0.911 | 1.038 | 0.921 | 0.902 | 1.021 |
| Franklin Silver + Vision + Adult Dental | 86199PA0020041 | 1,231 | 0.727 | 1.220 | 1.140 | 0.911 | 1.038 | 0.921 | 0.902 | 1.021 |
| Silver 201 HSA | 86199PA0030003 | 1,233 | 0.677 | 1.000 | 1.021 | 0.911 | 0.930 | 0.629 | 0.902 | 0.698 |
| Silver 203 | 86199PA0030004 | 168 | 0.703 | 1.000 | 1.031 | 0.911 | 0.939 | 0.660 | 0.902 | 0.732 |
|  | Total | 184,516 | 0.751 | 1.101 | 1.098 | 0.911 | 1.000 | 0.824 | 0.902 |  |

(1) Induced Calibration Factor set to normalize Induced Utilization Value to 1.000 when weighted by projected membership.
(2) AV \& Cost-Sharing Design of the Plan set to normalize using Complete Silver as the 1.0 plan.

## Objection Exhibit 7

Pennsylvania Health \& Wellness, Inc.
Reinsurance Parameter Premium Impact Estimate Support

| (a) | Projected Claims PMPM |  |
| :--- | :--- | ---: |
| (1) | $\$ 276.43$ |  |
| (b) | Projected Average Premium PMPM $^{(1)}$ | $\$ 593.60$ |
| (c) | Projected Claims to Premium Ratio (a) / (b) | $46.6 \%$ |
| (d) | Estimated Reinsurance Parameter Claims Impact ${ }^{(2)}$ | $-4.7 \%$ |
| (f) | Estimated Reinsurance Parameter Premium Impact $(\mathrm{c})^{*}$ (d) | $-2.2 \%$ |

Notes:
(1) Values for (a) and (b) are from initial plan year 2024 filing, which assumed a

0\% coinsurance for the reinsurance program in 2024.
(2) Represents assumed impact to claims if a $53 \%$ coinsurance (with $\$ 60,000$ attachment point and $\$ 100,000$ cap) were included in the claims development
Please refer the Objection 7 response in
"2024_PHW_Objection_Responses_20230714.pdf" for additional support

## RE: PennsyIvania Health \& Wellness, Inc., Individual HMO, ACA Filing for PY2024

Company: Pennsylvania Health \& Wellness, Inc.
Filing Number: CECO-133651416
Product: Individual
Effective Date: January 2024

## Objection 1

Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

## Response:

We have confirmed all rates are identical between Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, and the Federal Rate Template.

## Objection 2

The Department's position is that all plans that are offered on-exchange must also be offed off-exchange. Further, the price of the plan must be the same whether it is sold on or off-exchange. Please confirm that you agree with these principles.

## Response:

We confirm that all plans offered on-exchange can be purchased off-exchange for the same premium.

## Objection 3

PH\&W submitted a Plan Design Summary called
"2024_PHW_Plan_Design_Summary_and_Rate_Tables_20230714" in your responses to the Round 2 questions.
(a) In Column F of the tab called "Plan Design Summary", each plan is labeled either "On" or "Off". Please change each of the22 plans with the "On" label to "On/Off".
(b) In Column F of the tab called "Rates by County", each plan is labeled either "On" or "Off". Please change each of the 22plans with the "On" label to "On/Off".

## Response:

We have made the requested changes. Please refer to the updated version of the Plan Design Summary called "2024_PHW_Plan_Design_Summary_and_Rate_Tables_20230721".


[^0]:    

[^1]:    ${ }^{1}$ https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf

