May 17, 2023
Mr. Michael Humphreys
Acting Insurance Commissioner
Bureau of Life, Accident \& Health Insurance
1326 Strawberry Square
Harrisburg, PA 17120

Re:
NAIC \#:
Market:
Exchange:
Effective Date:
Avg rate change requested:
Range of rate change requested:
Products:
Rating Areas:
Metal Levels:
Current \# covered lives:
Current \# policyholders:
Number of plans offered vs 2023:
2023 Avg rate change:
HIOS Issuer ID / Binder \#:
Rate Filing Tracking Number:
Policy Form(s):
Form Filing Tracking Number:

Aetna Health Assurance of Pennsylvania
18527
Small Group
Off-Exchange
01/01/2024
2.9\%
2.9\%-2.91\%

EPO
Rating Areas 1-3 and 5-9, certain counties excluded Silver
3
3
1 in 2023; 1 in 2024
-12.3\%
18939 / AETN-PA24-125116229
AETN-133624465
AHASPA SG HCOC-2024-EPO 08
AHASPA SG SOB EPO 14052807
AETN-133624300

Dear Mr. Humphreys:
The purpose of this filing revision is to provide details of the premium rate development and resulting proposed monthly premium rates for Small Group policies which will be offered off-Exchange in the state of Pennsylvania for effective dates of January 1, 2024 and later. This filing is being provided to comply with regulatory rate filing requirements and is not intended to be used for other purposes.

The health benefit plans proposed in this filing are in compliance with all state-specific benefit requirements and rating regulations, as well as the benefit plan requirements of the Patient Protection and Affordability Act (P.L. 111-148). This rate filing is intended for new business issued through the State of Pennsylvania off-Exchange marketplace effective January 1, 2024.

All products and associated proposed monthly premium rates contained within this rate filing will be available to existing business upon their request. Existing business that is

not considered grandfathered under PPACA regulation will be converted to the plans and rates in this filing upon renewal.

We have tried to present this information in a manner that will facilitate your Department's review. If there are changes, we can make to improve the process or you would like us to present the information differently in the future, please let us know.

Please feel free to contact me at the above listed telephone number and/or e-mail address if you have any additional questions.

Sincerely,

## 2024 Pennsylvania Actuarial Memorandum

## 1. Basic Information and Data

## A. Company Information

Company Legal Name:
NAIC \#:
Market:
Effective Date:
Avg rate change requested:
Range of rate change requested:
Products:
Rating Areas:
Metal Levels:
Current \# covered lives:
Current \# policyholders:
Number of plans offered:
HIOS Issuer ID / Binder \#:
Rate Filing Tracking Number:
Policy Form(s):
Form Filing Tracking Number:
Aetna Health Assurance of PA
18527
Small Group Off-Exchange
$01 / 01 / 2024$
$2.9 \%$
$2.9 \%-2.91 \%$
EPO
Rating Areas 1-3 and 5-9, certain counties excluded
Silver
3
3
1
18939 / AETN-PA24-125116229
AETN-133624465
AHASPA SG HCOC-2024-EPO 08\&
AHASPA SG SOB EPO 14052807\&
AETN-133624300

## B. Rate History and Proposed Variations in Rate Changes

| Effective Date | Rate Change | SERFF Filing Tracking <br> $\#$ |
| :---: | :---: | :---: |
| April 1, 2016 | Introduction of legal entity | AETN-130242360 |
| October 1, 2016 | Increased previously filed 4Q16 <br> rates by 7.4\% | AETN-130565231 |
| January 1, 2017 | Filed a 27.3\% rate increase | AETN-130533528 |
| January 1, 2018 | Filed a 1.7\% rate decrease | AETN-131033573 |
| January 1, 2019 | Filed a 8.5\% rate increase | AETN-131455851 |
| January 1, 2020 | Filed a 7.1\% rate increase | AETN-131899743 |
| January 1, 2021 | Filed a 7.3\% rate increase | AETN-132308680 |
| January 1, 2022 | Filed a 22.1\% rate decrease | AETN-132731141 |
| January 1,2023 | Filed a 12.3\% rate decrease | AETN-133266732 |

## C. Average Rate Change

The average rate change, as noted in cell AC18 of Table 10 and the percent change rate requested on the SERFF Rate Review Detail screen, is $2.8 \%$. The change in the 21 -year-old non-tobacco premium PMPM as stated in Table 11 is $2.8 \%$.

## D. Membership Count

Total current membership by age bucket is shown on Table 1.

## E. Benefit Changes

We are continuing to offer one silver plan for each product; the out-of-pocket maximum on this plan has increased from \$9,100 to \$9,450. The HIOS IDs are as follows:

| 2023 HIOS Plan ID | 2023 Plan Name | 2024 HIOS Plan ID | 2024 Plan Name |
| :---: | :---: | :---: | :---: |
| 18939PA0040001 | PA Silver OAEPO 7000 <br> 80\% AHASPA | 18939 PA0040001 | PA Silver OAEPO 8000 |
|  |  | $80 \%$ AHASPA |  |

## F. Experience Period Claims and Premium

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2022 through December 31, 2022 and paid through February 28, 2023, for AHASPA.

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Our medical adjustment factors are developed using a blend of factors determined during our monthly reserving process, rolling 12 months experience, and year to date experience. For pharmacy, the factors are a combination of rolling 12 months experience and year to date experience. The Pennsylvania factors use Pennsylvania-specific experience and actuarial judgment.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

Experience period premiums are date-of-service premiums from our actuarial experience databases for Small Group business in Pennsylvania. Our internal projections indicate that no MLR rebate is expected to be paid in 2023 (for 2022 experience) for the Small Group MLR Pool in Pennsylvania. As such, no adjustment was made to premiums to account for expected rebates.

The products discussed in this filing provide coverage for only those benefits defined as Essential Health Benefits (EHB).

The manual experience includes capitation for the same services that are expected to be capitated for the products in this filing in 2024.

Transitional Reinsurance recoveries do not apply to Small Group business. Risk Adjustment transfer is accrued at the issuer and market level based on 2022 Wakely data and our internal projections of how our risk relative to market has changed since that report was issued. The transfer is allocated to the memberlevel by applying the HHS risk transfer calculation to each member relative to the imputed marketaverage, such that members with higher resulting relative transfers scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result.

Pharmacy rebates have been subtracted out of the experience period data. The loss ratio for the experience period is $68.4 \%$.

## G. Credibility of Data

Due to declining Aetna ACA membership, no credibility is assigned to the experience data. We believe the alternate experience data (manual rate) more accurately captures the essential characteristics of the market for which we are developing rates.

The source data for our manual rate is the experience incurred from January 1, 2022 to December 31, 2022 and paid through February 28, 2023 in the Pennsylvania non-ACA 51-100 HMO \& PPO market. The non-ACA 51-100 market experience is considered an appropriate source for the manual rate due to similarities in covered benefits and market dynamics to the current ACA Small Group market. The data was normalized to be reflective of the Small Group market.

The non-ACA 51-100 experience used as the basis for the manual rate was adjusted in a similar manner as the base period experience for changes in population risk morbidity, benefits, and demographic and area normalizations. The data is further adjusted for projected changes in network, provider contract rates, and claims adjudication, in addition to unit cost and utilization trend.

## H. Trend Identification

The trend values are:

| Service Type | Unit Cost | Utilization |
| :---: | :---: | :---: |
| Facility Inpatient | $7.5 \%$ | $3.1 \%$ |
| Facility Outpatient | $3.7 \%$ | $7.1 \%$ |
| Physician | $1.8 \%$ | $6.6 \%$ |
| Capitation | $0.0 \%$ | $0.1 \%$ |
| Medical | $4.1 \%$ | $5.9 \%$ |
| Pharmacy | $4.8 \%$ | $2.7 \%$ |
| Total (Med + Rx) | $\mathbf{4 . 3 \%}$ | $\mathbf{5 . 3 \%}$ |

The quarterly trend factors for this filing are:

| Effective Quarter | Trend Factor |
| :---: | :---: |
| 1Q 2024 | 1.000 |
| 2Q 2024 | 1.027 |
| 3Q 2024 | 1.0526 |
| 4Q 2024 | 1.085 |
| Total | 1.043 |

Medical trend factors are based on our Medical Economics Unit's local trend and network experience, based on analysis of a continuous normalized population, excluding catastrophic claims. Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

Pharmacy trends are based on national commercial group Rx trend analysis. Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. Pharmacy Trend is expressed in terms of allowed trend less rebates.

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in March 2019. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services is counted by service type and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

Trend factors are developed from annual forward-looking trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2024.

## I. Historical Experience

As described above, medical trend factors are based on our Medical Economics Unit's local trend and network experience, and pharmacy trends are based on national commercial group Rx trend analysis.

The actual to expected MLR for the past three experience years are as follows:

| AHASPA | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Pricing | Actual | Pricing |
| 2018 | $92.70 \%$ | $87.60 \%$ | 2,771 | 19,978 |
| 2019 | $86.50 \%$ | $89.16 \%$ | 1,015 | 25,734 |
| 2020 | $87.20 \%$ | $87.28 \%$ | 8,268 | 6,012 |
| 2021 | $85.10 \%$ | $85.21 \%$ | 1,731 | 60 |

## 2. Rate Development \& Change

Please refer to the file titled $P A_{-}$SG_18939_Off_1Q2024_Exhibits.pdf for any exhibits referenced in the sections below.

## A. Development of Projected Index Rate, Market-Adjusted Index Rate, \& Total Allowed Claims

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs and catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Exhibit 12 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward-looking trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2024. The annual trend for this filing, applied quarterly, is $9.88 \%$. The application of this factor is shown in Table 5A.

Worksheet 1 of the URRT illustrates the development of the Market Adjusted Index Rate. The marketwide adjustment for Risk Adjustment was discussed, previously. The risk adjustment is displayed on a paid-basis and the exchange user fee is estimated as a PMPM based on the target premium rate on Worksheet 1 of the URRT. These values have each been converted to percent of allowed claims in this Exhibit.

## Single Risk Pool Adjustment Factors:

Change in Morbidity => The experience period data includes experience for community-rated policies issued to small employers in 2022 and medically underwritten policies renewed under the Transitional Policy. We considered the expected relationships between the morbidity of each of these populations and the likely population that will be covered by Small Group Single Risk Pool policies in 2024. The factor used is 0.994 , which represents two years of morbidity change, from the 2022 experience period to the 2024 projection period. Included in this factor is an additional adjustment, which normalizes for the difference in risk between the experience and manual data populations.

Change in Demographics => Experience data was normalized for projected changes in the age/gender mix and area mix using internally developed factors. Exhibits 5 and 6 contain detail on the calculations of
the impact of demographic mix shifts. The change in demographic factor is 0.633 . The increase is due to the changes in geographic factors, which is discussed in section 5B of this memorandum.

Change in Network => Included in 'Change in Other' below.
Change in Benefits $=>$ Discussed in Section 1E above.
Change in Other => The 'Other' adjustment includes, but is not limited to, the projected impact of changes in network composition, provider contracts, deductible suppression, and pooling.

Paid-to-Allowed Ratio => The projected paid to allowed ratio is $87.1 \%$. Paid to allowed ratios are based on 2020 experience that is adjusted for the impact of any plan benefit changes based on our internal pricing models and trend deductible-leveraging.

## Risk Adjustment - Projection Period =>

We started with the 2022 CMS Interim report to determine our current risk transfer relative to the market. Using Aetna's internal risk scores for the entity-specific membership as well as the available TPIR data, the average historical change in risk was observed; based on these data points, the annual change to the risk was determined and applied to the 2022 CMS Interim PLRS starting point (additionally, an average completion factor was applied to the PLRS to account for the historical differences between Interim and Final CMS reports). The remaining entity-specific factors were assumed to be constant.

The entity-specific factors were entered into the risk transfer formula to calculate the projected 2024 risk transfer amount.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2023 Notice of Benefit and Payment Parameters. The 2024 projected market average premium used in the payment transfer formula is also reduced by $14 \%$ to remove administrative cost. We subtracted from that Risk Adjustment transfer $0.5 \%$ of premiums for National High Risk pool funding and added our anticipated High Risk Pool recoveries. High Risk Pool recoveries were estimated based on the average of memberlevel recoveries that we would have receive

This value is shown in Worksheet
1, Section III of the URRT. Note that the risk adjustment value in Table 5 reflects the impact of quarterly premium trend, as the incurred premium over the full year is used as the basis for risk transfer payments.

Reinsurance - Projection Period => There will be no reinsurance recoveries in 2024.
Exchange User Fee => The EUF is not applicable for this filing.
Projected Allowed non-EHB Claims PMPM => The products discussed in this filing provides coverage for only those benefits defined as Essential Health Benefits (EHB).

## B. Retention Items

The retention portion of the projected premium is illustrated in Exhibit 10.
The prospective general and administrative expenses are set to achieve the $80 \%$ MLR threshold requirement. Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2023 projections, and projected changes in expenses, inflation, and membership for 2024 for our National book of Small Group business. The commission expense factor covers
anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2022, as well as Federal income tax and State Premium taxes. The risk adjustment user fee of $\$ 0.21$ PMPM is included in the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

## C. Normalized Market-Adjusted Projected Allowed Total Claims

The age factors are based on the HHS Default Standard Age curve. The factors are shown in Exhibit C-2. Exhibit C-2 demonstrates the determination of the Plan-Level Average Age Factor. Plan membership is based on issuer's similar February 2023 plan membership and projected changes in the market.

To Age-Calibrate the Plan-Adjusted Index Rates, we project a premium-weighted average age factor for the 2024 membership using the prescribed age curve and the projected age for each plan, as illustrated on Exhibit C-2, The overall Age Calibration factor is developed in Column E of Exhibit C-2. This factor is based on the weighting of plan-adjusted index rate and membership weighted by each plan's average age factor membership. The Age-Calibrated Plan Adjusted Index Rate is determined multiplying each Plan Adjusted Index Rate by the Plan-Level Average Age Factor and then dividing by the weighted over-all average age factor.

The average age for the single risk pool is the age that most closely corresponds to the premium weighted overall average age factor.

The rates in this filing do not differ based on tobacco usage. As such, no adjustment is needed to remove the impact of rating for tobacco.

Exhibit C-2 summarizes the rating area definitions and factors and displays the projected premium by area to develop the projected average area factor. The geographic calibration factor is the reciprocal of the projected average area factor, which is calculated in column O of Exhibit $\mathrm{C}-2$. Projected area factors are shown in Exhibits 6 and C-2. Unit cost trend studies were used to evaluate whether there were significant changes to network costs that would require changes from previously filed rating area factors.

## D. Components of Rate Change

The overall change in the weighted average Calibrated Plan Adjusted Index Rate is $2.9 \%$, as indicated in Table 8 row A. The components of this rate change are as follows:

- The change in normalized allowed claims is worth $-22.6 \%$
- The change in allowable plan adjusted level components is worth $17.8 \%$
- The change in retention components is worth $7.8 \%$


## 3. Plan Rate Development

The following briefly describes how each set of adjustments was determined.

## Pricing AV / Benefit Richness:

These adjustments are discussed in Section 2C above.

## Benefits in addition to EHBs:

The products discussed in this filing provide coverage for only those benefits defined as Essential Health Benefits (EHB). The factor for the impact of benefits in addition to EHBs is a 1.00 .

## Provider Network:

This adjustment reflects the impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences and the expected impact on allowed claims.

## Catastrophic Eligibility:

This filing does not include catastrophic plans.

## Tobacco Surcharge Adjustment:

The rates in this filing do not differ based on tobacco usage. As such, no adjustment is needed to remove the impact of rating for tobacco.

Admin Costs / Taxes \& Fees / Profit or Contingency:
These factors reflect the adjustment for projected administrative costs, including sales, marketing, and any commission expense, and profit \& risk. These are discussed above in the Retention section.

An AV Certification is included in this filing, titled PA_SG_18939_AV_Certification_Off_2024_v1.pdf

## 4. Plan Premium Development for 21-Year-Old Non-Tobacco User

The Calibrated Plan Adjusted Index Rates for 2023 and 2024 are shown in Columns Z and AA in Table 10. The 2024 rates in Column AA differ from the Calibrated Plan Adjusted Index Rates on Exhibit C-1 for two reasons: (1) The CPAIR on Exhibit C-1 are 1/1/2024 rates while the rates in Column AA are average 2024 rates, and (2) our internal modeling incorporates the average trend to develop a Net Risk Adjustment factor as indicated on Worksheet I of the URRT to go from the Projected Index Rate to the Market Adjusted Index Rate. This is not accounted for in Table 5. In addition, age and geographic calibration factors have been used in the rate development as follows:

- Age Calibration: The age calibration factor estimates the average age factor that will be used in the premium calculation for the expected enrollment population. The age calibration factor used to develop the 2023 CPAIR is 1.129 . This is based on the assumption that the projected enrollment will mirror the interim enrollment as of February 2023.
- Geographic calibration: The geographic calibration factor estimates the average geographic factor of the expected enrollment population. The geographic calibration factor used to develop the 2024 CPAIR is .879 . This is based on the assumption that the projected enrollment will mirror the interim enrollment as of February 2023.


## 5. Plan Factors

## A. Age and Tobacco Factors

The age factors are based on the HHS Default Standard Age curve. The rates in this filing do not differ based on tobacco usage. As such, no adjustment is needed for tobacco rating and factors of 1.0 have been entered.

## B. Geographic Factors

The proposed geographic factors are identical to the current approved factors.

## C. Network Factors

There is only one network included in this filing.

## D. Service Area Composition

The Service Area composition for this rate filing is the same as the current approved 2023 rate filing.

## E. Composite Rating

Pennsylvania has not sought or received approval of composite rating as such, we are not offering this option at this time.

## 6. Actuarial Certifications

## Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

- Risk Adjustment Transfer
- Actuarial Value, Modifications, and Benefit Relativities
- Supplemental EHB Pricing
- Population Risk Morbidity
- Medical Cost and Utilization Trend
- Rx Cost and Utilization Trend
- Components of Retention/Administrative Fees
- Value of Network Arrangements
- Experience Period Data - Small Group


## Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, am an Associate of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws and regulations of Pennsylvania, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
a. ASOP No. 5, Incurred Health and Disability Claims
b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
c. ASOP No. 12, Risk Classification
d. ASOP No. 23, Data Quality
e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
g. ASOP No. 41, Actuarial Communications
h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
2. The Projected Index Rate is:
a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) 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, deficient, nor unfairly discriminatory.
3. The Index Rate and only the allowable modifiers as described in 45 CFR $156.80(\mathrm{~d})(1)$ and 45 CFR $156.80(\mathrm{~d})(2)$ were used to generate plan-level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part $156, \S 156.135$.


5/17/23

Aetna Health Assurance of PA




Table 2b. Manual Experience Period Claims and Premiums

| Eames Peemium | Paada ms | Ult mate Inuresed Ca ms | Member Monts | ${ }_{\text {Stimet cost Sharing }}$ | Allowe Clams (Noc-Capitates) |  | Toal Prestipition orug Rebates* | Total EHB cap tat on | Total Nonerkib cap tation | Est mated Risk Adjustment | St mated Rensurance Recoveries |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Table 3b. Manual Trend Components


| Monthrear | Total Annual | Ineured Clams | Complet on facters* | Ulimate Incured Calms | Members | Utimate murred PMPM |  | Prescripton orve Reabes* |  | Alowed PMPM |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Pam-19 |  | 7.765 .45501 | 0.9 | $7_{7,78163392}$ | 19.525 | ${ }^{388.55}$ |  | 399,830.28 | 10.062 .198 .56 | ${ }_{51535}$ |
| \% ${ }_{\text {c }}$ |  |  | 09 | ${ }^{759998888}$ | 19388 <br> 19.098 <br> 109 |  |  | 3252319 <br> 31137225 | ${ }^{96999393} \mathbf{0}$ 3 | $\begin{array}{r}50186 \\ 47721 \\ \hline\end{array}$ |
| ${ }_{\text {AP } 0.10}$ |  |  | 0.9 | ${ }_{8} 837188575$ | 18.516 | ${ }_{\text {S5214 }}$ |  | 243388601 | 10.204700396 | 55344 |
| $\frac{\text { Mart }}{\text { Nor-1 }}$ |  |  | 0 |  | ${ }_{\text {18,727 }}^{17.57}$ | ${ }_{4}^{35543}$ |  | $\begin{array}{r}\text { 299488.13 } \\ \hline 346.62 .40 \\ \hline\end{array}$ |  | 49741 51790 |
| $\underline{1-19}$ |  | ${ }_{6} 626923778$ | 09 | 629512612 | 16.681 | ${ }^{37738}$ |  | $\underset{1387376}{ }$ | 79.62358 | 7627 |
| Aus-19 |  | 7, $7.103,80759$ | 0.9 | 7-13993511 | ${ }_{\text {16,6] }}^{10.696}$ | ¢ 48854 |  |  | 8,917091,51 | ${ }_{\substack{53521 \\ 49315}}$ |
| ${ }^{\text {serat- }}$ |  | ${ }_{\text {7 }}^{\text {7.229,5960 }}$ | 0 | ${ }_{6}^{6.8823065050}$ | ${ }_{1}^{16,066}$ |  |  | - |  | ${ }_{\substack{43515 \\ \hline 506}}^{\substack{6915}}$ |
| $\mathrm{Nor}-1 \mathrm{~S}^{\text {a }}$ | S |  | 0.9 |  |  | 406098 |  |  | 8.064.53673. | 53800 |
|  |  | ${ }_{\text {L }}^{6.66666599}$ |  |  |  | ${ }_{4}^{408684}$ |  | $\underset{\text { 2780 } 2951}{29505}$ | ${ }^{822677036}$ | - 5052 |
| $\mathrm{Feb}^{2} 20$ |  | 5,505.013,08 | 0.9 | 5.51006563 | 13.87 | ${ }^{39649}$ |  | 10700068 | 6,907,687.10 | 49706 |
| M. 20 |  |  | 09 |  | ${ }_{\text {13553 }}^{13,53}$ | ${ }^{\frac{322155}{2917}}$ |  |  | 5895086 | 3160 |
| ${ }_{\text {Marez }}$ |  | ${ }_{4} .5998981092$ | 0.9 | 4.60738965 | 12.206 | ${ }^{35700}$ |  | 263023,67 | 5,588,67517.17 | ${ }_{42993}$ |
| $\xrightarrow{\text { Nun-20 }}$ |  | ${ }_{\text {4, }}^{4.912,287.65}$ | ${ }_{0}^{0.99}$ |  | 退, 12.388 |  |  | ${ }_{\substack{492,193,37 \\ 29097796}}$ | ${ }_{6}^{6,224.5535050}$ | (50571 |
|  |  | T529209 | 09 | 82963 19 | 11829 | ${ }^{378988}$ |  | 3076017 | 56362977 | 768 |
| Somereme |  | ${ }_{\text {a }}^{4.593 .66798} 5$ | ${ }_{0}^{0.99}$ | ${ }_{4}^{4.60187778} 5$ | $1, .065$ <br> 10.658 |  |  | 298,36601 |  |  |
| Nor 20 |  | ${ }_{4}^{4.501 .39693}$ | 0.90 | ${ }^{4} 512186912$ | ${ }_{10,479}$ | ${ }^{43152}$ |  | ${ }^{257,380.38}$ | 52525609099 | ${ }_{5}^{572315}$ |
|  | 67963025 | ${ }_{4}^{4.650,282824}$ | 0.9 | 4.6.021767 | 10,156 |  | 1443242 |  |  |  |
| $\xrightarrow{\text { Rater } 21}$ |  |  | 0.9 |  | $\xrightarrow[9,609]{9,309}$ |  |  | $\xrightarrow{455,730.40}$ |  | ${ }_{4}^{56693}$ |
| Ma 212 |  | 3.869,174.36 | 0.9 | ${ }^{3} .87453774$ | 8,932 | ${ }^{433785}$ |  | 373, 38.24 | 5.06, 1,6027 | ¢6686 |
|  |  |  | 0.0 | ${ }^{3} \mathbf{3} 7.38171746$ | ${ }_{\substack{8.534 \\ 8.25}}$ | ${ }^{438.03}$ |  | ${ }_{\substack{29,517.76 \\ 258,70.32}}$ |  |  |
| Nun-21 |  | ${ }^{3.696 .60657}$ | 0.9 | 3,704 15540 | 8.160 | 45394 |  | 319.211 .96 | 4.67144599 | 57248 |
|  |  |  | 0.9 |  | 8.089 | ${ }_{\text {396.32 }}$ |  | ${ }^{259,92683}$ | 8918 |  |
| ${ }_{\text {aremer }}$ |  | ${ }^{3,4620.68495}$ | 0.9 | ${ }^{3} \mathbf{3} \mathbf{3} \mathbf{6 3 0 6 1 7 1 7 2 1}$ | $\frac{7.094}{7.54}$ | ${ }_{4}^{475595}$ |  |  |  | -688702 |
| Of(2) |  | ${ }^{3,64850274}$ | 09 | ${ }^{3.56799723}$ | ${ }_{7}^{7,186}$ | 50904 |  |  | ${ }_{4}^{4.51,685365}$ |  |
|  | 4856794183 | 40,27 | 0.9 | ${ }^{3} .3,59250882$ | 6.598 | 47882 | 110650033 | 605 51 | 40.4 |  |
| ${ }_{\text {lam } 22}$ |  |  | 0.98 | ${ }^{2,66103088}$ | 6,187 | 430.10 |  | 224,19300 | ${ }^{3,713,44161}$ | 60015 |
| ${ }_{\text {Ma }}$ |  |  |  | ${ }^{2} 3.0584727218$ | 6.005 | ${ }_{\text {32922 }}$ |  | - 20.135056 | ${ }^{31523677305}$ | 5139 <br> 6873 |
| $\mathrm{AP}_{0} \cdot 2$ |  | ${ }^{2} .545 .3959 .86$ | 0.97 | 2.59875543 | 6.057 | ${ }^{529.05}$ |  | $192,756.84$ | 3,27,700.55 | 54115 |
| ${ }_{\text {Mar } 22}$ |  |  | 0,97 |  | ${ }_{6}^{6.123} 6$ | ${ }_{\substack{59075 \\ 46971}}$ |  | ¢ | ${ }_{\text {a }}^{4.357 .296 .465}$ | ${ }_{\substack{71133 \\ 613}}$ |
| 1.22 |  | 27326732 | 096 | 282767095 | 5887 | 8032 |  | 25061168 | 36293750 | ${ }_{6}^{61711}$ |
| ${ }_{\text {ater }}$ |  | $\begin{array}{r}3,47,888.46 \\ 3,048.0848 \\ \hline\end{array}$ | ${ }_{0}^{0.95}$ |  | $\begin{array}{r}5,735 \\ 5.581 \\ \hline\end{array}$ | 62.89 <br> 574745 |  | $20,955.16$ <br> 19271783 |  | 7693 <br> 6984 |
| Oter 2 |  | ${ }^{2} .2304 .529 .11$ | 0.93 | ${ }^{2.461246618}$ | 5.207 | 472.68 |  | 193.985 .66 | ${ }^{3,140.709536}$ | ${ }^{60317}$ |
| ${ }_{\text {Noor } 22}$ | 36211297714 |  | $\stackrel{0.87}{08}$ |  | 50, | ${ }^{42286}$ | $5 \quad 9651$ | ${ }_{3}^{2727298156}$ |  | ${ }_{\text {56125 }}^{6180}$ |

PA Rate Template Part II
Rate Development and Change

$\underset{\substack{\text { AetraHeathhassuranceoffeensylvania } \\ \text { EPO }}}{ }$

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

| Development of the Projected index Rate | Actual Experience Data | Manual Data | - Actual Expe ence PMPM should |
| :---: | :---: | :---: | :---: |
| Total Allowed ¢HB Cla ms EHB Cap tat on PMPM (net of pesc ptond ug ebies) PMPM | 514.77 | 57906 |  |
|  | 5 $\quad 1.205{ }_{62.54}$ | s ${ }^{1.207}{ }_{69916}$ |  |
| Sngle Fsk Pool Adjustment Facto s |  |  |  |
| Change n Mo bdtry- -mpat of Re nsu ance Por am | 1.000 | 1.000 | - See urrT Inst uct ons |
| Change M Mo bdty-Al othe | 0.981 | 0.994 |  |
| Total Non-Mo b dty Changes | 0.95 | 0.885 |  |
| Change n Demog aph cs | 0.566 | 0.633 | - See urrt linst ut ons |
| Change n netwo k | 1.000 | 1.001 |  |
| Change n $\begin{aligned} & \text { enefet ts }\end{aligned}$ | 1.002 | 1.000 | - See URRT Inst uct ons - See URRT Inst uct ons |
| Change nothe | 1.099 | 0.922 |  |
| Total Ad usted P ojected Alowed EHB Cla ms PMPM | 362.18 | \$ 40629 | - See Inst uct ons <br> - Projected Index Rate |
| Cedbitr facto s | 0\% | 100\% |  |
| Blended P ojecteded EHB Cla ms PMPM |  | 40629 |  |
| Development of the Marke-Adjusted Index Rate and Total Allowe Cla ms |  |  |  |
| Adiusted Poiected Alowed EHB Cla m PMPM | ${ }^{4060.29}$ | - Inder Rate fo P P oject on Pe od on Urrt |  |
| Poeted licu ed ed Hix Cam m MMPM | ${ }^{324.46}$ |  |  |  |
| Ma ketw de Adjustrents |  |  |  |  |
|  | ¢ 56.3000 |  |  |  |
|  | S0.00 |  |  |  |
|  |  | -Ma ket.Adiusted Index Rate |  |
| Ma ket-Ad usted P oiected A Alowed EHB Cla ms PMPM | s 327.03 |  |  |  |
| Po ected A Iowed Non-EHB Cla ms PMPM | s - |  |  |
| Ma ket.Ad usted P oiected Incu ed Total Cla ms PMPM | s 261.17 |  |  |
| Ma ket-Ad usted P oiected A A owed Total Cla ms PMPM | s 327.03 |  |  |


| mase Pe od Unad usted Cla ms befo e No mal 2 at on | . 06 |
| :---: | :---: |
| Blended Ea ned P em um | S 36,212927.11 |



Table 5A. Small Group Projected Index Rate with Quarterly Trend

| Effect ve oate | 1/1/2024 |  | $4 / 1 / 2024$ |  | 711/2024 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (tat Membe Monts Renew nen Qua te | s | ${ }_{40629}^{47}$ | 5 |  |  |  |
|  |  |  |  |  |  |  |
| Annual e end |  | 11468 |  | ${ }^{11.46 \%}$ |  | 11.46\% |
|  | s | 40629 1000 | s | ${ }_{\text {4, }}^{417.46} 1$ | 5 | ${ }_{\text {a }}^{42898}$ |






## PA Rate Quarterly Template Part V

 Consumer FactorsTable 12. Age and Tobacco Factors

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


| Carrier Name: | AetnaHealthAssuranceOfPennsylvania |
| :--- | :--- |
| Product(s): | EPO |
| Market Segment: | Small Group |
| Rate Effective Date: | $\mathbf{1 / 1 / 2 0 2 4}$ |

Table 13. Geographic Factors

| Geographic Area Factors |  |  |  |
| :---: | :---: | :---: | :---: |
| Area | Counties | Current Factor | Proposed Factor |
| Rating Area 1 | Clarion, Forest, Mckean, Venango, Warren | 0.779 | 0.779 |
| Rating Area 2 | Cameron, Elk, Potter | 0.819 | 0.819 |
| Rating Area 3 | Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming | 1.020 | 1.020 |
| Rating Area 4 |  | 0.855 | 0.855 |
| Rating Area 5 | Blair, Cambria, Clearfield, Huntingdon, Jefferson | 0.837 | 0.837 |
| Rating Area 6 | Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schuylkill, Snyder, Union | 1.030 | 1.030 |
| Rating Area 7 | Adams, Berks, Lancaster, York | 1.080 | 1.080 |
| Rating Area 8 | Bucks, Chester, Delaware, Montgomery, Philadelphia | 1.000 | 1.000 |
| Rating Area 9 | Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry | 0.939 | 0.939 |

## Table 14. Network Factors

| Projection Period Network Factors |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Network Name | Rating Area | Current <br> Factor | Proposed <br> Factor | Approval <br> Date |  |  |
|  | $1-3,5-9$ | 1.000 | 1.000 |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

PA Rate Template Part VI - Rate Change Summary
Overview
In tal Requested Ave age Rate Change
Rev sed Requevted vive eage Rata change
Mn mum Requeted
Max mum Requete
Man mum Requeted Rate Change Mn mum Requested Rate Change
Max mum Requested Rate Change Max mum Requested
Mapped
Aval able $n$ R Rat
ng $A$ eas

$\qquad$


Aetna HealthAssurance Pennsylvania, Inc.
HIOS Issuer ID: 18939
Exhibit A-2

## PA Small Group Portfolio | Summary of Benefits

Contents
Aetna Silver OAEPO 7000 80\% AHASPA

## Pennsylvania

Aetna Silver OAEPO 7000 80\% AHASPA
Silver


Pharmacy

## In-Network

| Pharmacy Deductible <br> Individual |  |
| :--- | ---: |
| Generics | $\$ 0$ |
| Preferred Brand Drugs | $\$ 20$ |
| Non-Preferred Brand Drugs | $\$ 85$ |
| Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred | $\$ 125$ |




Specify the total number of Rating Select only the Rating Areas you ar To validate, select the Validate but To finalize, select the Finalize buttc

| Rating Area | Rating Factor |
| :--- | :--- |
| Rating Area 1 | 0.7787 |
| Rating Area 2 | 0.8192 |
| Rating Area 3 | 1.0200 |
| Rating Area 4 | 0.8545 |
| Rating Area 5 | 0.8370 |
| Rating Area 6 | 1.0300 |
| Rating Area 7 | 1.0800 |
| Rating Area 8 | 1.0000 |
| Rating Area 9 | 0.9393 |

Aetna Health Assurance of PA<br>Pennsylvania Small Group<br>EPO Products

## Summary

Aetna is filing premium rates for Small Group plans in Pennsylvania.
The new rates will apply to plan years effective in 2024. The current membership and range of rate changes by product are:

| $\underline{\text { Product Name }}$ | \# Members as of February 2023 | Range of Increases |
| :---: | :---: | :---: |
| Aetna Silver OAEPO 8000 80\% <br> AHASPA | 3 | $2.8 \%-2.8 \%$ |

## Why We Need to Change Premiums

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up $12 \%$ excluding the effect of benefit or cost sharing changes. Medical costs go up for two reasons providers raise their prices and members get more medical care. Examples of increasing medical costs we have experienced over the last year include:

- The cost of an inpatient hospital admission has increased $12.9 \%$.
- The cost of pharmacy prescription has increased $9.1 \%$.


## What Else Affects Our Request to Change Premiums

The projected demographics of the block are slightly different from our current demographics, and we are changing our rates to reflect this.

Changes to cost-sharing for some plans were made to comply with the actuarial value requirements or make our plans more attractive to consumers.

Our estimate of average population health and the expected risk adjustment transfers for Affordable Care Act (ACA) products have changed to reflect new data on market average premiums and population health. These changes are affected by the movement of business between the ACA market and other options, including transitional coverage.

Finally, changes to our retention formula were incorporated into our rates. These changes include administrative costs, profit, and ACA taxes and fees.

## Will Premiums for All Small Groups Change by $\mathbf{2 . 8 \%}$ ?

No, rate changes differ by plan. The exact rate change depends on what benefit plan the group chooses, where the group is located, when the group's contract renews, and the ages and family sizes of enrolling employees. Rates charged to employees also depend upon any change in the amount of premium paid by the employer.

## How does this request align to Minimum Loss Ratio Requirements (MLR)?

These rates are expected to produce an MLR equal to or above the $80 \%$ requirement for Small Group business. Under the ACA, at least $80 \%$ of the premiums collected by health plans are expected to pay for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than $80 \%$, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, health quality activities like disease management programs, and the development of new information technologies.

## What is Aetna doing to keep premiums affordable?

Aetna strives to keep our products as affordable as possible and to address the underlying cost of health care. We are:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.
- Working to reduce the ability of out-of-network providers to collect unreasonably excessive payments for services they provide.

We are dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. The Aetna Navigator streamlined mobile app is also available to allow members to take their care on the go.

## Actuarial Memorandum and Certification

## General Information

Company Identifying Information:

Company Legal Name:
State:
HIOS Issuer ID:
Market:
Effective Date:
Rate Filing Tracking Number:
Policy Form(s):

## Form Filing Tracking Number:

Aetna Health Assurance of Pennsylvania Pennsylvania 18939<br>Small Group<br>01/01/2024<br>AETN-133624465<br>AHASPA SG HCOC-2024-EPO 08, AHASPA SG SOB EPO 14052807 AETN-133624300

## Company Contact Information:



## 1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

1) Provide support for the development of the Part I Unified Rate Review Template;
2) Provide support for the assumptions and premium rate development for the products supported by the policy forms referenced above;
3) Request approval of the proposed monthly premium rates; and
4) Provide benefit plan design summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.
These rates are for plans issued in Pennsylvania beginning January 1, 2024. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in Pennsylvania.
2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in Pennsylvania are being revised for effective dates January 1, 2024 through December 31, 2024.
A. Reason for Rate Increase(s):

Revised rates for these products reflect the following:

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs; and
- Changes in provider networks and contracts.
B. Variation in Rate Changes by Plan/Product:

Rate changes do not differ by plan.

## 3. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in Pennsylvania through Aetna Health Assurance of Pennsylvania (AHASPA). The proposed rates comply with the Single Risk Pool requirements of 45 CFR $\S 156.80$ (d). Rates for plans that may be renewed outside the Single Risk Pool (due to either being grandfathered or permissible transitional offerings) are not covered in this filing.

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

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2022 through December 31, 2022 and paid through February 28, 2023.
B. Current Date: The current enrollment and premium is reported as of February 28, 2023.
C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

In addition to the fee-for-service and capitation payments discussed above, some of our provider contracts include provisions under which we share claim cost differences with the provider relative to a pre-determined target amount. These adjustments serve to increase our claims cost when results are favorable to the target and decrease our claims costs when results are unfavorable. We adjust both allowed and incurred claims by our current estimate of the impact of provider risk sharing provisions.

## 5. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2023. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services is counted by service type and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

## 6. Projection Factors

A. Trend Factors (Cost/Utilization):

Medical trend factors are based on our Medical Economics Unit's local trend and network experience, based on analysis of a continuous normalized population, excluding catastrophic claims. Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

Pharmacy trends are based on national commercial group Rx trend analysis. Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. Pharmacy Trend is expressed in terms of allowed trend less rebates.

Year 1 and Year 2 trends on Worksheet 1 specify annual trends, with 12 months of trend applied to each year.

Exhibit 8 shows the anticipated annual trend from the experience period to the rating period.
B. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for:

- Community-rated policies issued to small employers in 2022

We considered the expected relationships between the morbidity of each of these populations and the likely population that will be covered by Small Group Single Risk Pool policies in 2024.
C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 5 and 6 contain detail on the calculations of the impact of demographic mix shifts.
D. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for both Single Risk Pool products that have essentially identical benefits and coverage issued outside the Single Risk Pool which does not cover all EHBs. The projection factor reflects the pro-rated impact of these additional benefits, as well as any changes in 2024 State Benchmark EHBs, and newly mandated benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

Exhibit 4 illustrates the impact of changes in covered benefits, and the weighted-average impact of experience reported on Worksheet 1. It also illustrates the calculation of the adjustment for induced demand related to changes in the level of cost sharing.
E. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts. Exhibit 7 contains detail on these calculations.

## 7. Manual Rate Adjustments

A. Source and Appropriateness of Experience Data Used:

The source data for our manual rate is the experience incurred from January 1, 2022 to December 31, 2022 and paid through February 28, 2023 in the Pennsylvania non-ACA 51-100 HMO \& PPO market. The non-ACA 51-100 market experience is considered an appropriate source for the manual rate due to similarities in covered benefits and market dynamics to the current ACA Small Group market. The data was normalized to be reflective of the Small Group market.
B. Adjustments Made to the Data:

The non-ACA 51-100 experience used as the basis for the manual rate was adjusted in a similar manner as the base period experience for changes in population risk morbidity, benefits, and demographic and area normalizations. The data is further adjusted for projected changes in network, provider contract rates, and claims adjudication, in addition to unit cost and utilization trend, as discussed in Exhibits 4-8.
C. Inclusion of Capitation Payments:

The manual experience includes capitation for the same services that are expected to be capitated for the products in this filing in 2024.

## 8. Credibility of Experience

Due to declining Aetna ACA membership, no credibility is assigned to the experience data. We believe the alternate experience data (manual rate) more accurately captures the essential characteristics of the market for which we are developing rates.

## 9. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs and catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments: Exhibit 12 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2024.

## 10. Market-Adjusted Index Rate

Worksheet 1 illustrates the development of the Market Adjusted Index Rate. The market-wide adjustment for Risk Adjustment and Exchange User Fees are discussed in Section 12. The risk adjustment is displayed on an allowed-basis and the exchange user fee is converted to percent of allowed claims in this development.
11. Reinsurance

There are no expected reinsurance recoveries.

## 12. Risk Adjustment

A. Risk Adjustment - Experience Period

Generally, risk Adjustment transfer is accrued at the issuer and market level based on 2022 Wakely data and our internal projections of how our risk relative to market has changed. The transfer is allocated to the member-level by applying the HHS risk transfer calculation to each member relative to the imputed market-average, such that members with higher resulting relative transfer scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level. For PA, the risk transfer amount was provided in May 2023.

## B. Risk Adjustment - Projection Period

We started with the 2022 CMS Interim report to determine our current risk transfer relative to the market. Using Aetna's internal risk scores for the entity-specific membership as well as the available TPIR data, the average historical change in risk was observed; based on these data points, the annual change to the risk was determined and applied to the 2022 CMS Interim PLRS starting point (additionally, an average completion factor was applied to the PLRS to account for the historical differences between Interim and Final CMS reports). The remaining entity-specific factors were assumed to be constant.

The entity-specific factors were entered into the risk transfer formula to calculate the projected 2024 risk transfer amount.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2024 Notice of Benefit and Payment Parameters. The 2024 projected market average premium used in the payment transfer formula is also reduced by $14 \%$ to remove administrative cost. To that transfer, we subtracted $0.5 \%$ of premiums for National High Risk pool funding, and added our anticipated High Risk Pool recoveries. High Risk Pool recoveries were estimated based on the average of member-level recoveries that we would have received under this program for 2021-2022 claims as a percent of premium for Silver Off-Exchange plans.

## 13. Exchange User Fees

Exchange User Fees are not applied in this filing.

## 14. Plan-Adjusted Index Rates

Section 3 of Worksheet 2 illustrates the development of the Plan Adjusted Index Rates and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The following briefly describes how each set of adjustments was determined.
A. Actuarial Value, Cost Sharing:

The factors in Column 2 are the product of two adjustments:

1. We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. We also reviewed the projected experience and the projected membership by plan to estimate an overall paid-to-allowed ratio. The combination of these two analyses is a projection of the relative paid to allowed ratio which also reflects the impact of out of network coverage.
2. We applied an adjustment for the impact different levels of cost sharing have on the use of medical services, which is based in part on the induced utilization factors used in the Risk

Adjustment program. These adjustments are first normalized to result in an aggregate factor of 1.0 when applied to the projected 2024 membership.

## B. Distribution and Administrative Costs:

Section 3 of Worksheet 2 also reflects the adjustment for projected administrative costs, including sales, marketing, and profit \& risk. These are discussed below in the 'Non-Benefit Expenses and Profit \& Risk’ section, and include the Risk Adjustment User Fee which is not reflected in the Market-Adjusted Index Rate. These expense and profit assumptions do not vary by plan.
C. Non-Benefit Expenses and Profit \& Risk

The retention portion of the projected premium is illustrated in Exhibit 10.
The prospective general and administrative expenses are set to achieve the $80 \%$ MLR threshold requirement. Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2022 projections, and projected changes in expenses, inflation, and membership for 2024 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in Pennsylvania during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2024 as well as Federal income tax and State Premium taxes. The risk adjustment user fee of $\$ 0.21$ PMPM is included in the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in pricing our 2023 plans.
D. Provider Network, Delivery System, and Utilization Management:

The factors in Column 4 reflect the impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences and the expected impact on allowed claims.
E. Benefits in addition to EHBs:

The factors in Column 5 adjust for the impact of benefits in addition to EHBs. The products discussed in this filing provide coverage for only those benefits defined as Essential Health Benefits (EHB). Hence, all factors in Column 5 are 1.00.
F. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans
G. Experience Period Plan Adjusted Index Rates

Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2022 for the experience period.

## 15. Calibration

A. Age Curve Calibration:

The age factors are based on the HHS Default Standard Age. The factors are shown in Exhibit C-2. Exhibit C-2 demonstrates the determination of the Plan-Level Average Age Factor. Plan membership is based on issuer's similar January 2023 plan membership and projected changes in the market.

To Age-Calibrate the Plan-Adjusted Index Rates, we project a premium-weighted average age factor for the 2024 membership using the prescribed age curve and the projected age for each plan, as illustrated on exhibit C-2, The overall Age Calibration factor is developed in Column E of Exhibit C-2. This factor is based on the weighting of plan-adjusted Index rate and membership weighted by each plan's average age factor membership. The Age-Calibrated Plan Adjusted Index Rate is determined multiplying each Plan Adjusted Index Rate by the Plan-Level Average Age Factor and then dividing by the weighted over-all average age factor.

The age that most closely corresponds to the premium weighted overall average age factor is the average age for the single risk pool.
B. Geographic Factor Calibration:

Exhibit C-2 summarizes the rating area definitions and factors and displays the projected premium by area to develop the projected average area factor. The geographic calibration factor is the reciprocal of the projected average area factor and is shown in column O of Exhibit C-2.

Projected area factors are shown in Exhibits 6 and C-2. Unit cost trend studies were used to evaluate whether there were significant changes to network costs that would require changes from previously filed rating area factors.

## 16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:
Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Tobacco Factor * Trend Factor
The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

## 17. Projected Loss Ratio

The expected 2024 MLR for this filing, as defined by PPACA and before any credibility adjustment, is shown in Exhibit 11.

## 18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the 2024 AV Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, $\S 156.135$. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV , as applicable.

## 19. Membership Projections

Exhibit 15/C-2 summarizes the membership projections by plan. Membership projections are based on historical experience, enrollment in ACA-compliant plans through January 2023, and our expectations for future sales as additional members move to these plans from grandfathered and transitional plans. We assume that total enrollment will be similar to our current enrollment.

Terminated Plans and Products

Exhibit 16 provides a plan and product crosswalk from 2022 to 2024. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2023 and 2024.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

## 20. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

## 21. Composite Premiums

Small employers will not be able to elect to have rates set using a composite approach.

## 22. Benefit Design

This filing includes one Silver plan.
Please refer to the corresponding policy forms for detailed benefit language. Information on the costsharing parameters of the covered benefit plans, including deductibles, copays, and Actuarial Values, is summarized in Exhibits A-1 and A-2. All benefit and cost sharing parameters comply with Pennsylvania benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

## 23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2023 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

## 24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

## 25. Renewability

These policies are guaranteed renewable as required under $\S 2703$ of the Public Health Service Act.

## 26. Company Financial Condition

As of December 31, 2022, the capital and surplus held by Aetna Health Assurance of PA (Pennsylvania) was approximately $\$ 45$ million. This amount is disclosed in page 3 , line 33 of the Company's statutory financial statement dated December 31, 2022. The Company issues commercial and Medicare Advantage coverage in various states for multiple business segments, including to large employer, small employer, and individual purchasers.

The actual to expected MLR for the past three experience years are as follows:

| AHASPA | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Pricing | Actual | Pricing |
| 2018 | $92.70 \%$ | $87.60 \%$ | 2,771 | 19,978 |
| 2019 | $86.50 \%$ | $89.16 \%$ | 1,015 | 25,734 |
| 2020 | $87.20 \%$ | $87.28 \%$ | 8,268 | 6,012 |
| 2021 | $85.10 \%$ | $85.21 \%$ | 1,731 | 60 |

## Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

- Experience Period MLR Rebates
- Risk Adjustment Transfer
- Actuarial Value, Modifications, and Benefit Relativities
- Medical Cost and Utilization Trend
- Rx Cost and Utilization Trend
- Administrative Fees
- Experience Period Data - Small Group


## Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

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

1. This rate filing is in compliance with the applicable laws and regulations of Pennsylvania, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
a. ASOP No. 5, Incurred Health and Disability Claims
b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
c. ASOP No. 12, Risk Classification
d. ASOP No. 23, Data Quality
e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
g. ASOP No. 41, Actuarial Communications
h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
2. The Projected Index Rate is:
a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) 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, deficient, nor unfairly discriminatory.
3. 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.
4. Adjustments to the MAIR for benefits the plan offers in addition to essential health benefits included in Worksheet 2, Section III were calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part $156, \S 156.135$.


Date
Aetna Health Assurance of Pennsylvania




| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 29 | 366.69 | 366.69 |
| :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 30 | 37193 | 371.93 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 31 | 37980 | 379.80 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 32 | 387.66 | 387.66 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 33 | 39258 | 392.58 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 34 | 39782 | 397.82 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 35 | 400.44 | 400.44 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 36 | 40306 | 403.06 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 37 | 405.69 | 405.69 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 38 | 40831 | 408.31 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 39 | 41355 | 413.55 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 40 | 418.79 | 418.79 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 41 | 426.66 | 426.66 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 42 | 434.19 | 434.19 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 43 | 444.68 | 444.68 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 44 | 457.79 | 457.79 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 45 | 473.19 | 473.19 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 46 | 49154 | 491.54 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 47 | 512.19 | 512.19 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 48 | 535.78 | 535.78 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 49 | 55905 | 559.05 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 50 | 58526 | 585.26 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 51 | 611.15 | 611.15 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 52 | 639.66 | 639.66 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 53 | 66850 | 668.50 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 54 | 699.63 | 699.63 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 55 | 730.76 | 730.76 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 56 | 76451 | 764.51 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 57 | 79859 | 798.59 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 58 | 83496 | 834.96 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 59 | 85299 | 852.99 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 60 | 88936 | 889.36 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 61 | 92082 | 920.82 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 62 | 941.46 | 941.46 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 63 | 96735 | 967.35 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 64 and over | 982.75 | 982.75 |



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|  | Inemer |  | ${ }_{45}^{44}$ |  |  |
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|  |  |  | 49 <br> 40 <br> 40 |  |  |
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| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 29 | 387.13 | 387.13 |
| :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 30 | 392.66 | 392.66 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 31 | 40097 | 400.97 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 32 | 40927 | 409.27 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 33 | 414.46 | 414.46 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 34 | 41999 | 419.99 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 35 | 422.76 | 422.76 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 36 | 42553 | 425.53 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 37 | 42830 | 428.30 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 38 | 43106 | 431.06 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 39 | 436.60 | 436.60 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 40 | 442.13 | 442.13 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 41 | 450.44 | 450.44 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 42 | 45839 | 458.39 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 43 | 469.47 | 469.47 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 44 | 48330 | 483.30 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 45 | 49956 | 499.56 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 46 | 51894 | 518.94 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 47 | 540.73 | 540.73 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 48 | 565.64 | 565.64 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 49 | 59021 | 590.21 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 50 | 61788 | 617.88 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 51 | 64521 | 645.21 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 52 | 67531 | 675.31 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 53 | 705.76 | 705.76 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 54 | 738.62 | 738.62 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 55 | 771.49 | 771.49 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 56 | 807.12 | 807.12 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 57 | 843.10 | 843.10 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 58 | 88150 | 881.50 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 59 | 90053 | 900.53 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 60 | 93893 | 938.93 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 61 | 972.14 | 972.14 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 62 | 99394 | 993.94 |
| 18939 PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 63 | 102127 | 1021.27 |
| 18939PA0040001 Rating Area 9 | Tobacco User/Non-Tobacco User | 64 and over | 103753 | 1037.53 |







## Notes

- Plan Level Average Age Factor, See Exhibit C-2 for Example
-Age-Calibrated Plan Adjusted Index Rate: Pre-Calibrated Plan Adjusted Index Rate (B) x Plan Specific Average Age Factor (C) /Age Calibration Factor Total Premium $=\Sigma(\mathrm{D}) \mathrm{x}(\mathrm{C})$
Plan Level Average Rating Area Factor, See Exhibit C-2 for Example
- Age \& Geographic-Calibrated Plan Adjusted Index Rate: Age-Calibrated Plan Adjusted Index Rate (D) x Plan Specific Rating Area Factor (E) /Geographic Calibration Factor Total Premium $=\Sigma(\mathrm{F}) \mathrm{x}(\mathrm{C})$
Average Tobacco Factor, See Exhibit C-2 for Example
- Consumer Adjusted Index Rates: Age \& Geographic-Calibrated Plan Adjusted Index Rate (F) x Plan Specific Tobacco Rating Factor (G) / Tobacco Calibration Faction

Calibrated Plan Adjusted Index Rates: Plan Adjusted Index Rate (B) / (Age Calibration Factor x Geographic Calibration Factor x Tobacco Calibration Factor) Total Premium $=\Sigma(\mathrm{I}) \mathrm{x}(\mathrm{C}) \mathrm{x}(\mathrm{A}) \mathrm{x}(\mathrm{E}) \mathrm{x}(\mathrm{G})$

# Aetna HealthAssurance Pennsylvania, Inc. HIOS ISSUER ID: 18939 

Exhibit C-2
Development of Plan Level Average Factors
Age Rating, Tobacco Rating, and Geographic Rating

Example:
Silver Plan 18939PA0040001

| Average Age Factor - <br> Silver Plan 18939PA0040001 |  |  |
| :---: | :---: | :---: |
| Age | \% by Age | Age Factor |
| 0-20 | 0.0\% | - |
| 1-14 | 0.0\% | 0.765 |
| 15 | 0.0\% | 0.833 |
| 16 | 0.0\% | 0.859 |
| 17 | 0.0\% | 0.885 |
| 18 | 0.0\% | 0.913 |
| 19 | 0.0\% | 0.941 |
| 20 | 0.0\% | 0.970 |
| 21 | 0.0\% | 1.000 |
| 22 | 0.0\% | 1.000 |
| 23 | 33.3\% | 1.000 |
| 24 | 0.0\% | 1.000 |
| 25 | 0.0\% | 1.004 |
| 26 | 0.0\% | 1.024 |
| 27 | 0.0\% | 1.048 |
| 28 | 0.0\% | 1.087 |
| 29 | 0.0\% | 1.119 |
| 30 | 0.0\% | 1.135 |
| 31 | 0.0\% | 1.159 |
| 32 | 0.0\% | 1.183 |
| 33 | 0.0\% | 1.198 |
| 34 | 33.3\% | 1.214 |
| 35 | 0.0\% | 1.222 |
| 36 | 33.3\% | 1.230 |
| 37 | 0.0\% | 1.238 |
| 38 | 0.0\% | 1.246 |
| 39 | 0.0\% | 1.262 |
| 40 | 0.0\% | 1.278 |
| 41 | 0.0\% | 1.302 |
| 42 | 0.0\% | 1.325 |
| 43 | 0.0\% | 1.357 |
| 44 | 0.0\% | 1.397 |
| 45 | 0.0\% | 1.444 |
| 46 | 0.0\% | 1.500 |
| 47 | 0.0\% | 1.563 |
| 48 | 0.0\% | 1.635 |
| 49 | 0.0\% | 1.706 |
| 50 | 0.0\% | 1.786 |
| 51 | 0.0\% | 1.865 |
| 52 | 0.0\% | 1.952 |
| 53 | 0.0\% | 2.040 |
| 54 | 0.0\% | 2.135 |
| 55 | 0.0\% | 2.230 |
| 56 | 0.0\% | 2.333 |
| 57 | 0.0\% | 2.437 |
| 58 | 0.0\% | 2.548 |
| 59 | 0.0\% | 2.603 |
| 60 | 0.0\% | 2.714 |
| 61 | 0.0\% | 2.810 |
| 62 | 0.0\% | 2.873 |
| 63 | 0.0\% | 2.952 |
| 64 | 0.0\% | 3.000 |
| $65+$ | 0.0\% | 3.000 |
| Total | 100.0\% | 1.148 |


| Average Tobacco User Factor Silver Plan 18939PA0040001 |  |  |  |
| :---: | :---: | :---: | :---: |
| Tobacco | Tobacco |  | Rate |
| No | Yes | Avg. Rate | Factor |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 33.3\% | 0.0\% | 1.000 | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 33.3\% | 0.0\% | 1.000 | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 33.3\% | 0.0\% | 1.000 | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 0.0\% | 0.0\% | - | 1.000 |
| 100.0\% | 0.0\% | 1.000 |  |



## Aetna HealthAssurance Pennsylvania, Inc.

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Exhibit 4

## Benefit/Induced Demand Change

|  | Experience | Manual | Projection | Proj/Exp | Proj/Manual |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Benefit Change | 0.632 | 0.692 | 0.635 | 1.005 | 0.918 |
| Induced Utilization | 0.457 | 0.502 | 0.458 | 1.002 | 0.912 |

Aetna HealthAssurance Pennsylvania, Inc.
HIOS ISSUER ID: 18939

Exhibit 5
Claim Impact due to Demographic Changes

|  | Experience Period Distribution |  | Experience Demographic Factor |  | Projected Period <br> Distribution |  | Projection Demographic <br> Factor |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Age | Male | Female | Male | Female | Male | Female | Male | Female |
| 0 | 0.00\% | 0.00\% | 1.117 | 1.114 | 0.00\% | 0.00\% | 1.117 | 1.114 |
| 1 | 0.00\% | 0.00\% | 1.117 | 1.114 | 0.00\% | 0.00\% | 1.117 | 1.114 |
| 2 | 0.00\% | 0.00\% | 0.511 | 0.511 | 0.00\% | 0.00\% | 0.511 | 0.511 |
| 3 | 0.00\% | 0.00\% | 0.511 | 0.511 | 0.00\% | 0.00\% | 0.511 | 0.511 |
| 4 | 0.00\% | 0.00\% | 0.511 | 0.511 | 0.00\% | 0.00\% | 0.511 | 0.511 |
| 5 | 0.00\% | 0.00\% | 0.379 | 0.379 | 0.00\% | 0.00\% | 0.379 | 0.379 |
| 6 | 0.00\% | 0.00\% | 0.379 | 0.379 | 0.00\% | 0.00\% | 0.379 | 0.379 |
| 7 | 0.00\% | 0.00\% | 0.379 | 0.379 | 0.00\% | 0.00\% | 0.379 | 0.379 |
| 8 | 0.00\% | 0.00\% | 0.379 | 0.379 | 0.00\% | 0.00\% | 0.379 | 0.379 |
| 9 | 0.00\% | 0.00\% | 0.379 | 0.379 | 0.00\% | 0.00\% | 0.379 | 0.379 |
| 10 | 0.00\% | 0.00\% | 0.412 | 0.380 | 0.00\% | 0.00\% | 0.412 | 0.380 |
| 11 | 0.00\% | 0.00\% | 0.412 | 0.380 | 0.00\% | 0.00\% | 0.412 | 0.380 |
| 12 | 0.00\% | 0.00\% | 0.412 | 0.380 | 0.00\% | 0.00\% | 0.412 | 0.380 |
| 13 | 0.00\% | 0.00\% | 0.412 | 0.380 | 0.00\% | 0.00\% | 0.412 | 0.380 |
| 14 | 0.00\% | 0.00\% | 0.412 | 0.380 | 0.00\% | 0.00\% | 0.412 | 0.380 |
| 1 | 0.00\% | 0.00\% | 0.532 | 0.591 | 0.00\% | 0.00\% | 0.532 | 0.591 |
| 16 | 0.00\% | 0.00\% | 0.532 | 0.591 | 0.00\% | 0.00\% | 0.532 | 0.591 |
| 17 | 0.00\% | 0.00\% | 0.532 | 0.591 | 0.00\% | 0.00\% | 0.532 | 0.591 |
| 18 | 0.00\% | 0.00\% | 0.532 | 0.591 | 0.00\% | 0.00\% | 0.532 | 0.591 |
| 19 | 0.00\% | 0.00\% | 0.532 | 0.591 | 0.00\% | 0.00\% | 0.532 | 0.591 |
| 20 | 0.00\% | 0.00\% | 0.479 | 0.787 | 0.00\% | 0.00\% | 0.479 | 0.787 |
| 21 | 0.00\% | 0.00\% | 0.479 | 0.787 | 0.00\% | 0.00\% | 0.479 | 0.787 |
| 22 | 18.37\% | 0.00\% | 0.479 | 0.787 | 0.00\% | 0.00\% | 0.479 | 0.787 |
| 23 | 0.00\% | 0.00\% | 0.479 | 0.787 | 33.33\% | 0.00\% | 0.479 | 0.787 |
| 24 | 0.00\% | 0.00\% | 0.479 | 0.787 | 0.00\% | 0.00\% | 0.479 | 0.787 |
| 25 | 0.00\% | 0.00\% | 0.489 | 1.176 | 0.00\% | 0.00\% | 0.489 | 1.176 |
| 26 | 0.00\% | 0.00\% | 0.489 | 1.176 | 0.00\% | 0.00\% | 0.489 | 1.176 |
| 27 | 0.00\% | 0.00\% | 0.489 | 1.176 | 0.00\% | 0.00\% | 0.489 | 1.176 |
| 28 | 0.00\% | 0.00\% | 0.489 | 1.176 | 0.00\% | 0.00\% | 0.489 | 1.176 |
| 29 | 0.00\% | 6.12\% | 0.489 | 1.176 | 0.00\% | 0.00\% | 0.489 | 1.176 |
| 30 | 0.00\% | 2.04\% | 0.552 | 1.393 | 0.00\% | 0.00\% | 0.552 | 1.393 |
| 31 | 0.00\% | 2.04\% | 0.552 | 1.393 | 0.00\% | 0.00\% | 0.552 | 1.393 |
| 32 | 0.00\% | 0.00\% | 0.552 | 1.393 | 0.00\% | 0.00\% | 0.552 | 1.393 |
| 33 | 0.00\% | 8.16\% | 0.552 | 1.393 | 0.00\% | 0.00\% | 0.552 | 1.393 |
| 34 | 0.00\% | 0.00\% | 0.552 | 1.393 | 0.00\% | 33.33\% | 0.552 | 1.393 |
| 35 | 12.24\% | 0.00\% | 0.670 | 1.303 | 0.00\% | 0.00\% | 0.670 | 1.303 |
| 36 | 6.12\% | 0.00\% | 0.670 | 1.303 | 33.33\% | 0.00\% | 0.670 | 1.303 |
| 37 | 0.00\% | 0.00\% | 0.670 | 1.303 | 0.00\% | 0.00\% | 0.670 | 1.303 |
| 38 | 0.00\% | 0.00\% | 0.670 | 1.303 | 0.00\% | 0.00\% | 0.670 | 1.303 |
| 39 | 0.00\% | 0.00\% | 0.670 | 1.303 | 0.00\% | 0.00\% | 0.670 | 1.303 |
| 40 | 0.00\% | 0.00\% | 0.839 | 1.224 | 0.00\% | 0.00\% | 0.839 | 1.224 |
| 41 | 0.00\% | 0.00\% | 0.839 | 1.224 | 0.00\% | 0.00\% | 0.839 | 1.224 |
| 42 | 0.00\% | 0.00\% | 0.839 | 1.224 | 0.00\% | 0.00\% | 0.839 | 1.224 |
| 43 | 0.00\% | 0.00\% | 0.839 | 1.224 | 0.00\% | 0.00\% | 0.839 | 1.224 |
| 44 | 0.00\% | 0.00\% | 0.839 | 1.224 | 0.00\% | 0.00\% | 0.839 | 1.224 |
| 45 | 0.00\% | 0.00\% | 1.063 | 1.314 | 0.00\% | 0.00\% | 1.063 | 1.314 |
| 46 | 0.00\% | 0.00\% | 1.063 | 1.314 | 0.00\% | 0.00\% | 1.063 | 1.314 |
| 47 | 0.00\% | 0.00\% | 1.063 | 1.314 | 0.00\% | 0.00\% | 1.063 | 1.314 |
| 48 | 0.00\% | 0.00\% | 1.063 | 1.314 | 0.00\% | 0.00\% | 1.063 | 1.314 |
| 49 | 0.00\% | 0.00\% | 1.063 | 1.314 | 0.00\% | 0.00\% | 1.063 | 1.314 |
| 50 | 0.00\% | 0.00\% | 1.456 | 1.565 | 0.00\% | 0.00\% | 1.456 | 1.565 |
| 51 | 0.00\% | 0.00\% | 1.456 | 1.565 | 0.00\% | 0.00\% | 1.456 | 1.565 |
| 52 | 0.00\% | 0.00\% | 1.456 | 1.565 | 0.00\% | 0.00\% | 1.456 | 1.565 |
| 53 | 0.00\% | 0.00\% | 1.456 | 1.565 | 0.00\% | 0.00\% | 1.456 | 1.565 |
| 54 | 0.00\% | 0.00\% | 1.456 | 1.565 | 0.00\% | 0.00\% | 1.456 | 1.565 |
| 55 | 0.00\% | 0.00\% | 1.868 | 1.810 | 0.00\% | 0.00\% | 1.868 | 1.810 |
| 56 | 0.00\% | 0.00\% | 1.868 | 1.810 | 0.00\% | 0.00\% | 1.868 | 1.810 |
| 57 | 0.00\% | 0.00\% | 1.868 | 1.810 | 0.00\% | 0.00\% | 1.868 | 1.810 |
| 58 | 0.00\% | 18.37\% | 1.868 | 1.810 | 0.00\% | 0.00\% | 1.868 | 1.810 |
| 59 | 0.00\% | 4.08\% | 1.868 | 1.810 | 0.00\% | 0.00\% | 1.868 | 1.810 |
| 60 | 0.00\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |
| 61 | 22.45\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |
| 62 | 0.00\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |
| 63 | 0.00\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |
| 64 | 0.00\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |
| 65+ | 0.00\% | 0.00\% | 2.358 | 2.227 | 0.00\% | 0.00\% | 2.358 | 2.227 |


| Experience Period <br> Demographic Factor 1.3892 <br> Note: <br> Experience Period Demographic Factor computed <br> as the weighted average of gender specific  <br> Demographic Factor by current population <br> distribution.  <br> Projected Demographic <br> Factor 0.8474 |
| :--- |

Note:
Projected Demographic Factor computed as the weighted average of gender specific
Demographic Factor by projected population distribution.

| Demographic Change | 0.6100 |
| :--- | :--- |

Claim Impact due to Demographic Changes
computed as the ratio of the Projected
Demographic Factor over the Experience Period Demographic Factor.

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Exhibit 6
Projected Membership Distribution by County

| Rating Area | Counties | Experience Period Membership | Experience Period Area Factor | Projected Membership | Projected Area Factor |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Clarion | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Crawford | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Erie | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Forest | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Mckean | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Mercer | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Venango | 0\% | 0.779 | 0\% | 0.779 |
| 1 | Warren | 0\% | 0.779 | 0\% | 0.779 |
| 2 | Cameron | 0\% | 0.819 | 0\% | 0.819 |
| 2 | Elk | 37\% | 0.819 | 67\% | 0.819 |
| 2 | Potter | 0\% | 0.819 | 0\% | 0.819 |
| 3 | Bradford | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Carbon | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Clinton | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Lackawanna | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Luzerne | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Lycoming | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Monroe | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Pike | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Sullivan | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Susquehanna | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Tioga | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Wayne | 0\% | 1.020 | 0\% | 1.020 |
| 3 | Wyoming | 0\% | 1.020 | 0\% | 1.020 |
| 4 | Allegheny | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Armstrong | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Beaver | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Butler | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Fayette | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Greene | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Indiana | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Lawrence | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Washington | 0\% | 0.855 | 0\% | 0.855 |
| 4 | Westmoreland | 0\% | 0.855 | 0\% | 0.855 |
| 5 | Bedford | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Blair | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Cambria | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Clearfield | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Huntingdon | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Jefferson | 0\% | 0.837 | 0\% | 0.837 |
| 5 | Somerset | 0\% | 0.837 | 0\% | 0.837 |
| 6 | Centre | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Columbia | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Lehigh | 45\% | 1.030 | 0\% | 1.030 |
| 6 | Mifflin | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Montour | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Northampton | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Northumberland | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Schuylkill | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Snyder | 0\% | 1.030 | 0\% | 1.030 |
| 6 | Union | 0\% | 1.030 | 0\% | 1.030 |
| 7 | Adams | 0\% | 1.080 | 0\% | 1.080 |
| 7 | Berks | 0\% | 1.080 | 0\% | 1.080 |
| 7 | Lancaster | 0\% | 1.080 | 0\% | 1.080 |
| 7 | York | 0\% | 1.080 | 0\% | 1.080 |
| 8 | Bucks | 0\% | 1.000 | 0\% | 1.000 |
| 8 | Chester | 0\% | 1.000 | 0\% | 1.000 |
| 8 | Delaware | 18\% | 1.000 | 33\% | 1.000 |
| 8 | Montgomery | 0\% | 1.000 | 0\% | 1.000 |
| 8 | Philadelphia | 0\% | 1.000 | 0\% | 1.000 |
| 9 | Cumberland | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Dauphin | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Franklin | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Fulton | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Juniata | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Lebanon | 0\% | 0.939 | 0\% | 0.939 |
| 9 | Perry | 0\% | 0.939 | 0\% | 0.939 |


| Average Experience Period <br> Area Factor | 0.9470 |
| :--- | :--- |

Average Experience Period Area Factor computed as the weighted average of Experience Period Area Factors by experience period membership distribution.

| Average Projected Area <br> Factor | 0.8794 |
| :--- | :--- |

Projected Area Factor computed as the weighted average of Projection Period Area Factors by projected membership distribution.

| Area Shift Factor | 0.9286 |
| :--- | :---: |

Area Shift Factor computed as the ratio of the
Projected Membership by Area over the Experience Membership by Area.
Factor represents the impact due to the shift of the population distribution across areas.

| Area Factor Change | 1.0000 |
| :--- | :---: |
| Note: |  |
| Area Factor Change computed as the ratio of the |  |
| Projected Area Factor over the Experience Area |  |
| Factor both using experience membership. |  |
| Factor represents the impact due to cost relativity |  |
| changes, including changes to provider networks and |  |
| contracts, from the experience period to the rating |  |
| period. |  |$.$ .

## Aetna HealthAssurance Pennsylvania, Inc.

 HIOS ISSUER ID: 18939Exhibit 7
Network Projection Factor Shift

| Experience <br> Network Name | Experience Period <br> Membership | Experience <br> Period Network <br> Factor |
| :---: | :---: | :---: |
| OAEPO | $100 \%$ | 1.000 |
|  |  |  |


| Projection <br> Network Name | Projected Membership | Projected <br> Network <br> Factor |
| :---: | :---: | :---: |
| OAEPO | $100 \%$ | 1.000 |
|  |  |  |


| Average Experience Period <br> Network Factor | 1.0000 |
| :---: | :---: |


| Average Projected Network <br> Factor | 1.0000 |
| :---: | :---: |

## Aetna HealthAssurance Pennsylvania, Inc. HIOS ISSUER ID: 18939

## Exhibit 8

Trend Exhibit

| Service Type | Unit Cost | Utilization |  |
| ---: | ---: | ---: | :---: |
| Facility Inpatient | $7.5 \%$ | $3.1 \%$ |  |
| Facility Outpatient | $3.7 \%$ | $7.1 \%$ |  |
| Physician | $1.8 \%$ | $6.6 \%$ |  |
| Capitation | $0.0 \%$ | $0.1 \%$ |  |
| Medical | $4.1 \%$ | $5.9 \%$ |  |
| Pharmacy | $4.8 \%$ | $2.7 \%$ |  |
|  |  |  |  |
| Total (Med + Rx) | $4.3 \%$ | $5.3 \%$ |  |

## Aetna HealthAssurance Pennsylvania, Inc. <br> HIOS ISSUER ID: 18939

Exhibit 10
Retention as a Percent of Premium and PMPM

| Retention Components | \% of Premium | PMPM |
| :--- | ---: | ---: |
| Administrative Expense Load | $19.55 \%$ | $\$ 67.72$ |
| Profit \& Risk Load | $2.00 \%$ | $\$ 6.93$ |
| Premium Tax | $2.39 \%$ | $\$ 8.28$ |
| User Exchange Fee | $0.00 \%$ | $\$ 0.00$ |
| State Based Exchange Fee | $0.00 \%$ | $\$ 0.00$ |
| HIF | $0.00 \%$ | $\$ 0.00$ |
| Risk Adjustment User Fee and PCORI | $0.12 \%$ | $\$ 0.42$ |
| Federal Income Tax | $0.53 \%$ | $\$ 1.84$ |
| Total Taxes and Fees | $3.04 \%$ | $\$ 10.54$ |

## Aetna HealthAssurance Pennsylvania, Inc. HIOS ISSUER ID: 18939

## Exhibit 11 <br> MLR Projection

|  |  |  | Formula |
| :--- | :--- | ---: | :--- |
| (a) | Premium (pmpm) | $\$ 346.37$ |  |
| (b) | Medical Cost (pmpm) | $\$ 261.18$ |  |
| (c) | Medical Benefit Ratio (MBR) | $75.4 \%$ | $=$ (c) $/(\mathrm{b})$ |
|  |  |  |  |
| (d) | Quality Improvement Action (pmpm) | $\$ 1.73$ | $=$ (a) $\times 0.50 \%$ |
| (e) | Taxes and Fees (pmpm) | $\$ 10.54$ |  |
|  |  |  |  |
| (f) | Adjusted Premium (pmpm) | $\$ 335.83$ | $=$ (a) $-(\mathrm{e})$ |
| (g) | Adjusted Claims (pmpm) | $\$ 262.91$ | $=$ (b) $+(\mathrm{d})$ |
|  | Medical Loss Ratio (MLR) | $\mathbf{7 8 . 3 \%}$ | $=(\mathrm{g}) /$ (f) |

## Notes:

ACA adjustments for QIA and taxes and fees are estimates based on historical experience and projected expenses.

Values reflect current actuarial projections and will differ from the final reported MLR.
This projection applies to the products included in this filing and is a standalone calculation for the 2024 calendar year. This projection differs from the MLR calculation specified by PPACA which includes three years of experience for all business in the MLR pool.

Aetna HealthAssurance Pennsylvania, Inc. HIOS ISSUER ID: 18939

Exhibit 12
Quarterly Trend Factors

| Effective Quarter | Membership | Trend Factor | Index Rate |
| :--- | :---: | :---: | ---: |
| 1Q 2024 | $27.9 \%$ | 1.000 | $\$ 406.29$ |
| 2Q 2024 | $28.4 \%$ | 1.027 | $\$ 417.46$ |
| 3Q 2024 | $5.4 \%$ | 1.056 | $\$ 428.94$ |
| 4Q 2024 | $38.2 \%$ | 1.085 | $\$ 440.73$ |
| Total | $100.0 \%$ | 1.043 | $\$ 423.85$ |

## Aetna HealthAssurance Pennsylvania, Inc. HIOS ISSUER ID: 18939

Exhibit 14

## Sample Rate Calculation

The following steps outline the mathematical formula used to develop the member level rates for a sample small group. The input assumptions and the census provided below are for illustrative purposes only.

## Sample Small Group Information:

Effective Date:
Rating Area:
Plan:

Market:
Rating Area 1
PA Silver OAEPO 8000 80\% AHASPA

| Employee <br> Age |
| :---: |
| Spouse <br> Age |
| Child 1 <br> Age |
| 35 |

## Group Census

Employee 1
Employee 2
Employee 3
Employee 4
Employee 5
Employee 6
Employee 7
Employee 8
Employee 9
Employee 10
Age Factors
Age and Tobacco
Factors
Employee 1
Employee 2
Employee 3
Employee 4
Employee 5
Employee 6
Employee 7
Employee 8
Employee 9
Employee 10

| Age Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Employee | Spouse | Child 1 | Child 2 | Child 3 |  |
| 1.222 | 1.230 | 0.765 | 0.765 |  |  |
| 2.333 | 1.952 |  |  |  |  |
| 1.000 | 1.000 |  |  |  |  |
| 1.952 | 1.706 | 0.941 | 0.885 | 0.859 |  |
| 3.000 | 3.000 | 1.004 |  |  |  |
| 2.548 | 2.714 | 1.000 |  |  |  |
| 2.333 | 1.865 |  |  |  |  |
| 1.325 | 1.302 |  |  | 0.765 |  |
| 1.198 | 1.214 | 0.765 | 0.765 |  |  |
| 1.004 | 1.087 | 0.765 | 0.765 |  |  |

## Calculation of Monthly Premium

Step 1: Multiply Market Base Rate x Rating Area Factor x Plan Factor x Effective Date Factor

Market Base Rate $=$
x Rating Area Factor (Rating Area 1)
x Plan Factor
x Effective Date Factor
Market Base Rate adjusted for Plan/Area/Effective Date $=$

| $\$ 436.83$ |
| :---: |
| 0.7787 |
| 0.7986 |
| 1.0000 |
| $\$ 271.67$ |

\$271.67

Step 2: Multiply Adjusted Market Base Rate in Step 1 by the Member level Age and Tobacco Factors:

Member Monthly Rates
Employee 1
Employee 2
Employee 3
Employee 4
Employee 5
Employee 6

| Employee | Spouse | Child 1 | Child 2 | Child 3 |
| ---: | ---: | ---: | ---: | ---: |
| $\$ 331.98$ | $\$ 334.15$ | $\$ 207.83$ | $\$ 207.83$ |  |
| $\$ 633.80$ | $\$ 530.30$ |  |  |  |
| $\$ 271.67$ | $\$ 271.67$ |  |  |  |
| $\$ 530.30$ | $\$ 463.47$ | $\$ 255.64$ | $\$ 240.43$ | $\$ 233.36$ |
| $\$ 815.01$ | $\$ 815.01$ | $\$ 272.76$ |  |  |
| $\$ 692.21$ | $\$ 737.31$ | $\$ 271.67$ |  |  |

## Total

\$1,081.79
\$1,164.10
$\$ 543.34$
\$1,723.20
\$1,902.78
\$1,701.19

Employee 7
Employee 8
Employee 9
Employee 10

| $\$ 633.80$ | $\$ 506.66$ |  |  |  |
| ---: | ---: | ---: | ---: | ---: |
| $\$ 359.96$ | $\$ 353.71$ |  |  |  |
| $\$ 325.46$ | $\$ 329.81$ | $\$ 207.83$ | $\$ 207.83$ | $\$ 207.83$ |
| $\$ 272.76$ | $\$ 295.30$ | $\$ 207.83$ | $\$ 207.83$ |  |

Group Total Monthly Premium:
Note: Member level monthly rates are rounded to the nearest penny.

## Aetna HealthAssurance Pennsylvania, Inc.

HIOS ISSUER ID: 18939
Exhibit 15
Product Portfolio \& Projected Membership Distribution

| HIOS Plan-ID | Network | Plan | Metallic Tier | Actuarial Value | Exchange Offering | Projected Membership Distribution |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 | OAEPO | PA Silver OAEPO 8000 80\% AHASPA | Silver | 69.01\% | No | 100.00\% |
|  |  |  |  |  |  |  |



## RATE PAGES

AetnaHealthAssuranceOfPennsylvania
Small Group

## Plan Design Summary

| HIOS Plan ID | Plan Marketing Name | Product | Metal | $\begin{gathered} \hline \text { On/Off } \\ \text { Exchange } \end{gathered}$ | Network | Rating Area | Counties Covered |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 | PA Silver OAEPO 8000 80\% AHASPA | EPO | Silver | Off |  | PA01, PA02,PA03, PA05,PA06, PA07,PA08, PA09 | McKean, Potter, Tioga, Bradford, Susquehanna, Wayne, Lackawanna, Wyoming, Sullivan, Lycoming, Clinton, Cameron, Elk, Forest, Venago, Clarion, Jefferson, Clearfield, Centre, Union, Montour, Snyder, Luzerne, Monroe, Carbon, Columbia, Schuylkill, Dauphin, Northampton, Lehigh, Berks, Lebanon, Bucks, Montgomery, Philadelphia, Delaware, Chester, Lancaster, York, Adams, Franklin, Cumberland, Fulton, Perry, Juniata, Mifflin, Huntingdon, Blair, Cambria, Pike, Northumberland |
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Plan Design Summary

| HIOS Plan ID | Plan Marketing Name | Product | Metal | On/Off <br> Exchange | Network | Rating Area | Counties Covered |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 | PA Silver OAEPO 8000 80\% AHASPA | EPO | Silver | Off |  | $\begin{aligned} & \text { PA01, PA02, } \\ & \text { PA03, PA05, } \\ & \text { PA06, PA07, } \\ & \text { PA08, PA09 } \end{aligned}$ | McKean, Potter, Tioga, Bradford, Susquehanna, Wayne, Lackawanna, Wyoming, Sullivan, Lycoming, Clinton, Cameron, Elk, Forest, Venago, Clarion, Jefferson, Clearfield, Centre, Union, Montour, Snyder, Luzerne, Monroe, Carbon, Columbia, Schuylkill, Dauphin, Northampton, Lehigh, Berks, Lebanon, Bucks, Montgomery, Philadelphia, Delaware, Chester, Lancaster, York, Adams, Franklin, Cumberland, Fulton, Perry, Juniata, Mifflin, Huntingdon, Blair, Cambria, Pike, Northumberland |




## RATE PAGES

AetnaHealthAssuranceOfPennsylvania
Small Group

## Plan Design Summary

| HIOS Plan ID | Plan Marketing Name | Product | Metal | $\begin{gathered} \hline \text { On/Off } \\ \text { Exchange } \end{gathered}$ | Network | Rating Area | Counties Covered |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 | PA Silver OAEPO 8000 80\% AHASPA | EPO | Silver | Off |  | PA01, PA02,PA03, PA05,PA06, PA07,PA08, PA09 | McKean, Potter, Tioga, Bradford, Susquehanna, Wayne, Lackawanna, Wyoming, Sullivan, Lycoming, Clinton, Cameron, Elk, Forest, Venago, Clarion, Jefferson, Clearfield, Centre, Union, Montour, Snyder, Luzerne, Monroe, Carbon, Columbia, Schuylkill, Dauphin, Northampton, Lehigh, Berks, Lebanon, Bucks, Montgomery, Philadelphia, Delaware, Chester, Lancaster, York, Adams, Franklin, Cumberland, Fulton, Perry, Juniata, Mifflin, Huntingdon, Blair, Cambria, Pike, Northumberland |
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## RATE PAGES

AetnaHealthAssuranceOfPennsylvania
Small Group

## Plan Design Summary

| HIOS Plan ID | Plan Marketing Name | Product | Metal | $\begin{gathered} \hline \text { On/Off } \\ \text { Exchange } \end{gathered}$ | Network | Rating Area | Counties Covered |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 18939PA0040001 | PA Silver OAEPO 8000 80\% AHASPA | EPO | Silver | off |  | PA01, PA02,PA03, PA05,PA06, PA07,PA08, PA09 | McKean, Potter, Tioga, Bradford, Susquehanna, Wayne, Lackawanna, Wyoming, Sullivan, Lycoming, Clinton, Cameron, Elk, Forest, Venago, Clarion, Jefferson, Clearfield, Centre, Union, Montour, Snyder, Luzerne, Monroe, Carbon, Columbia, Schuylkill, Dauphin, Northampton, Lehigh, Berks, Lebanon, Bucks, Montgomery, Philadelphia, Delaware, Chester, Lancaster, York, Adams, Franklin, Cumberland, Fulton, Perry, Juniata, Mifflin, Huntingdon, Blair, Cambria, Pike, Northumberland |
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## 01/01/2024 Service Area

## Issuer: Aetna HealthAssurance PennsyIvania, Inc Market: Small Group



[^0]
## Draft 2024 Pennsylvania Rate Review Survey Questions

## 1. Membership:

a. If the projected membership for plan year 2024 significantly differs from the current 2/1/2023 membership, please explain why.

N/A

## 2. Experience Period Claims:

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

We can confirm that all claims which are capitated have been removed from the experience period claims.
b. Please confirm that all non-EHB claims have been removed from the experience period claims.

We can confirm that all non-EHB claims have been removed from the experience period claims. 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?

The experience data (CY 2022 through February 2023) we used for our 1Q24 pricing was net of prescription rebates.

## 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.

We can confirm that there are no COVID adjustments in Table 5.
b. If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.

$$
N / A
$$

## 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.

We can confirm that the $21 \%$ Federal Income Tax Rate was used in the calculation of cell C57 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.

We can Confirm that Risk Adjustment User Fee is up to date.
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.

Please refer to the submitted exhibit titled Commissions_2024_AHASPA.xlsx

## 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).

We can confirm that the Pricing AVs were calculated using a single risk pool.
b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

N/A

## 7. Expanded Bronze Plans:

a. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been
met.

$$
N / A
$$

## 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.

$$
N / A
$$

b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.

N/A

## 9. Public Health Emergency:

a. With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.

The rate development was not affected by the Public Health Emergency scheduled to end on May 11th. The rates were developed assuming no impact.
b. Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?

We do not believe that end of the Public Health Emergency will materially impact our Risk Scores as COVID was consistent throughout the market and caused no major changes to our relative risk.
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 $100 \%$.

These services are preventative care.

## 10. MLR Exhibit:

a. Please complete table below which summarizes the most recent three years of complete MLR information.

| AHASPA | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Pricing | Actual | Pricing |
| 2019 | $86.50 \%$ | $89.16 \%$ | 1,015 | 25,734 |
| 2020 | $87.20 \%$ | $87.28 \%$ | 8,268 | 6,012 |
| 2021 | $85.10 \%$ | $85.21 \%$ | 1,731 | 60 |

b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.

Actual Member Months are a count at the end of March of the following year, while Pricing Member Months are the Projected Member Months for that pricing year. Pricing MLR is the expected MLR for the pricing year.
c. Does the insurer expect to pay MLR rebates for the 3 -year period above?

Aetna does not anticipate paying a MLR rebate for AHASPA in PA over this timeframe.

## 11. Plan of Withdrawal:

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

N/A

June 21, 2023
Mr. Michael Hibbert
Actuarial Review Division
Bureau of Accident \& Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120
Subject: Aetna Health Assurance Pennsylvania, Inc. Small Group Rate Filing SERFF \#133624465

Dear Mr. Michael Hibbert:
I am writing in response to your objection letter sent via SERFF regarding our PA AHASPA PPO SG filing received on June 9, 2022. For convenience, your comments have been included as part of the response. This letter includes the previously supplied responses as well as additional responses.

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.

The PA Plan design Summary and Rate Table are identical, however due to rounding differences, the PAAM is showing a.01\% difference, equating to an approximate $\$ .02$ difference.
2. 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?

Please refer to tab [Q2] of 06.09.23_Objection_Exhibits_AHASPA.xlsx.
3. In Section F of the PA Actuarial Memorandum, it says the loss ratio is $68.4 \%$. Based on Table 2 of the PAAM Exhibits, the loss ratio is $71.85 \%$. Please explain this discrepancy or update so the numbers are consistent.

The loss ratio of $71.85 \%$ in the PA Actuarial Memorandum was an error. We have updated the memorandum to reflect $68.4 \%$, consistent with the value in table 2 of the PAAM.
4. Based on the MLR projection from Exhibit 11 provided in the supplemental exhibits, the projected MLR is $78.3 \%$, which doesn't meet the $80 \%$ threshold. Please explain why this occurred.

Due to the size of our AHASPA block, the assumptions used in pricing are based on ALIC experience. However, the projected membership mix between the two entities varies and is accounted for by adjusting the underlying manual experience to look like the projected population. This normalization to the projected AHASPA population is the cause of the low MBR.

## みetna

5. The following questions are related to the proposed annual trend rate included in the filing:
a. Please provide the actual observed trends based on historical allowed claims experience for each benefit category as well as in aggregate for years 2020, 2021, 2022, and 2023 (year to date). We realize 2023 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience. Please provide both raw and COVID-19 adjusted values for 2020 and 2021, as applicable.

Please refer to the attached document Experience 202102-202301.xlsx for trend by benefit category. No adjustments were made for COVID-19.
b. Please compare the proposed annual trend rate to the actual observed trend rates per your response above. To the extent they are significantly different, please explain and justify why it is reasonable that they should be different.

Due to the size of our population, there is a lot of volatility in the trend by category of service. In addition, the data is not sufficient to provide any trend patterns, as actual observed claim trends are not normalized for large claims, age, gender, or benefit design and are, therefore, not a good indicator of projected claim trends.
6. The following questions are related to the projected risk adjustment transfer amount:
a. Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM

Please refer to tab [Q6] of 06.09.23_Objection_Exhibits_AHASPA.xlsx.
b. Please compare the projected 2024 risk adjustment transfer amount PMPM to the anticipated 2022 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.

7. Please make the following changes to the Public PDF "AHASPA Public PDF 2024.pdf" submitted on $5 / 17 / 2023$ on the Supporting Documentation tab in SERFF:
a. Please update the average requested rate change and the range of the rate change to agree with the values from Table 11 of the same PAAM Exhibits file referenced above.

The PA state memorandum and cover letter have been updated to reflect the ranges in table 11 of the PAAM. Please refer to the public PDF.
b. Please add the standard questions and responses from the file "Rate Accreditation Questions AHASPA.pdf" submitted on 5/17/2023 on the Supporting Documentation tab in SERFF.

This has been added to the Public PDF.
8. The Pricing AV from Table 10 of the PAAM Exhibits for last year's filing was .688. For this year's filing the Pricing AV is .799 . Please explain the reason for this difference.

The pricing relativities in the 2024 rate development are calculated using an internal pricing model with an updated methodology compared to the 2023 rate development. Please note that in the 2024 rate development, the experience and interim portfolios were all run through the same, updated model to ensure that all pricing relativities are on the same basis. However, when comparing to last year's pricing relativities using a now out-of-date model, there will be a difference as seen in the comparison of last year's PAAM to the 2024 PAAM.
9. Per the URRT, Worksheet 2, the Risk Adjustment Transfer Amount (cell D31) is equal to $\$ 1,710.75$. However, per the PAAM Exhibits, Table 2, Estimated Risk Adjustment (cell L36) is equal to $\$ 0$. Please explain the discrepancy or update so that these numbers are consistent.

We updated table 2, please refer to the public PDF.

## Aetna Health Assurance Pennsylvania, Inc.

## HIOS ISSUER ID: 18939

Drivers of Rate Change

|  | Impact |
| :--- | ---: |
| Morbidity | $-10.7 \%$ |
| Benefit x Induced Utilization | $5.9 \%$ |
| Trend (Unit Cost, Utilization, Leveraging) | $-0.5 \%$ |
| Projected Risk Adjustment PMPM (+ receivable / - payable) | $-10.1 \%$ |



July 13, 2023
Mr. Michael Hibbert
Actuarial Review Division
Bureau of Accident \& Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120
Subject: Aetna Health Assurance Pennsylvania, Inc.
Small Group Rate Filing
SERFF \#133624465
Dear Mr. Michael Hibbert:
I am writing in response to your objection letter sent via SERFF regarding our PA AHASPA PPO SG filing received on July 7, 2022. For convenience, your comments have been included as part of the response. This letter includes the previously supplied responses as well as additional responses.

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

Table 2 has been updated with the final risk adjustment amount.
2. 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.

No changes to the projected risk adjustment transfer amount.
3. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

The PA Plan design Summary and Rate Table are identical, however due to rounding differences, the PAAM is showing a .01\% (\$0.02) difference.
4. Please ensure that the $7 / 14 / 23$ versions of the following items are posted in SERFF with your July 14 th response to this data call.
a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
b. PA Actuarial Memorandum
c. PA Actuarial Memorandum Exhibits
d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values - no "NA")
e. URRT
f. Federal Rate Template
g. Part III: Actuarial Memorandum
h. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

These documents have been updated in SERFF if changes were made.
5. In the PAAM Exhibits, please update cell B4 on the VI Rate Change Summary tab to be equal to the value from cell B5 on the VI Rate Change Summary tab from the file

## aetna

"2024 SmGrp AetnaHealthAssuranceOfPennsylvania PAAMExhibits_051823.xlsm" submitted on 5/17/2023 on the Supporting Documentation tab in SERFF.

## Updated.

6. Please update the range of the requested increase in the cover letter and the PA actuarial memorandum to reflect the minimum and maximum values shown in cells B6 and B7 of the VI Rate Change Summary tab in the PAAM Exhibits. Also, please update the average requested rate change in these documents to be equal to the value in cell B5 of the VI Rate Change Summary tab in the PAAM Exhibits.

Updated.
7. Please update the Minimum \% Change and Maximum \% Change on the Rate/Rule Schedule tab in SERFF to reflect the updated range from question 6 above. Also, please update the Overall \% Rate Impact on the Rate/Rule Schedule tab to reflect the updated average requested rate change from question 6.

## Updated.

8. Please explain what is driving the Change in Demographics factor in cell D18 of Table 5 on the II Rate Change \& Development tab in the PAAM Exhibits.

The change in demographics factor represents the adjustment needed to make the underlying manual experience look like the projected AHASPA population.
9. The objection exhibits submitted on $6 / 21 / 2023$ on the Supporting Documentation tab in SERFF were submitted as zip files. For future objection exhibits, please submit the exhibits as an excel file.

Thank you for this note, we will keep this in mind for future responses.
10. The following questions relate to the file "06.09.23_Objection_Exhibits_AHASPA"
a. The factors listed in cells G20 through G2 $\overline{4}$ on the $\mathrm{Q} \overline{7}$ tab don't match the 2022 values provided by the Department. Please explain why these factors are different.

We updated the values to the correct factors, please refer to "Risk Transfer PA.xlsx"
b. Please provide an exhibit supporting the Market Average Premium value used in cell K 30 on the Q7 tab

The market average premium is sourced directly from Wakely's 2022 RATEE Results.


July 21, 2023
Mr. Michael Hibbert
Actuarial Review Division
Bureau of Accident \& Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120
Subject: Aetna Health Assurance Pennsylvania, Inc.
Small Group Rate Filing SERFF \# AETN-133624465

Dear Mr. Michael Hibbert:
I am writing in response to your objection letter sent via SERFF regarding our PA AHASPA PPO SG filing received on July 19, 2023. For convenience, your comments have been included as part of the response. This letter includes the previously supplied responses as well as additional responses.

1. The value in cell D51 of the II Rate Development \& Change tab of the PAAM Exhibits doesn't match the PMPM Commissions value from the file "Commissions_2024_AHASPA.xlsx". Please either update the PAAM Exhibits so these values match or provide an exhibit that demonstrates how the PMPM value in the PAAM Exhibits was determined and an explanation of why the values are different.

We have updated the PAAM Exhibits to reflect the value in the previously provided commission exhibit.


[^0]:    Key (modify as needed)
    2024 on-exchange service area
    2024 off-exchange only service area

