2023 PENNSYLVANIA SMALL GROUP RATE FILING COVER LETTER

This cover letter summarizes information outlined in the "2023 ACA Rate Filing Guidance 05132022.pdf" for Cigna Health and Life Insurance Company's 2023 small group Pennsylvania filing.

1. **Company Name:** Cigna Life and Health Insurance Company
   NAIC Number: 67369
2. **Market:** Small Group
3. **Exchange Status:** Off Exchange
4. **Effective Date of Coverage:** 1/1/2023 (trended rates offered in each subsequent quarter of 2023)
5. **Average Rate Change Requested:** N/A (all plans are new as of 1/1/2023)
6. **Range of Rate Change Requested:** N/A (all plans are new as of 1/1/2023)
7. **Total additional annual revenue generated from the proposed rate change:** N/A (all plans are new as of 1/1/2023)
8. **Products:** PPO
9. **Rating Areas:** Rating Area 8
   Changes from 2022: N/A (all plans are new as of 1/1/2023)
10. **Metal Levels:** Bronze, Silver, Gold, and Platinum plans (note that Catastrophic plans do not apply to this filing)
11. **Current Number of Covered Lives and of Policyholders as of February 1, 2022:** 0 (all plans are new as of 1/1/2023)
12. **Number of Plans Offered in 2023 and the Change this Represents from 2022:** 20 plans offered in 2023 (all plans are new as of 1/1/2023)
13. **Corresponding Form Filing SERFF ID Number:** CCGH-133251786
    Rate Filing SERFF ID Number: CCGH-133250183
    Binder ID Number: CCGH-PA23-125113370
    Corresponding Contract Form Numbers: Cigna+Oscar Open Access Plus Platinum $0 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Platinum $350 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $0 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $750 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $1000 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $1350 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $1750 HSA Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $1950 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $2400 HSA Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Gold $2750 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $0 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $2750 HSA Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $4250 HSA Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $4750 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $5300 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Silver $5850 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Bronze $1000 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Bronze $3000 Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Bronze $5750 HSA Off-Ex Small Group PA 2023 SOB, Cigna+Oscar Open Access Plus Bronze $7450 HSA Off-Ex Small Group PA 2023 SOB
14. **HIOS Issuer ID Number:** 13401
    HIOS Submission Tracking Number: 13401-2290544379314374660

Attachment I

Rate Change Summary

Cigna Life and Health Insurance Company – 2023 Small Group Plans

Rate request SERFF filing ID CCGH-133250183 - This document is prepared by Cigna Life and Health Insurance Company ("company") submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at https://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx

Overview

Initial requested average rate change:	N/A (all plans are new as of 1/1/2023)
Revised requested average rate change:	N/A[1] (all plans are new as of 1/1/2023)
Range of requested rate change:	N/A (all plans are new as of 1/1/2023)
Effective date:	1/1/2023
Mapped Members:	1,798
Available in:	Rating Area 8

Key information

Jan. 2021-Dec. 2021 financial experience

Premiums	N/A
Claims	N/A
Administrative expenses	N/A
Taxes & fees	N/A
Company made (after taxes)	N/A

(All plans are new as of 1/1/2023)

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2023:

Claims:	82.24%
Administrative:	12.95%
Taxes & fees:	2.81%
Profit:	2.00%

Explanation of requested rate change

The company's Pennsylvania small group plans are all new as of 1/1/2023, therefore there is no requested rate change.

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

Part III Actuarial Memorandum

Cigna Health and Life Insurance Company
Pennsylvania Small Group Rate Filing
Effective January 1, 2023

Prepared for:
Cigna Health and Life Insurance Company

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EXHIBIT 1. GENERAL INFORMATION

Document Overview

This document contains the Part III Actuarial Memorandum for Cigna Health and Life Insurance Company (Cigna)'s Pennsylvania small group block of business, effective January 1, 2023. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable premium rates. This information may not be appropriate for other purposes.

This information is intended for use by the State of Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Cigna's small group rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for Milliman under any theory of law.

As prescribed by Pennsylvania or as instructed by Cigna Health and Life Insurance Company the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. Future modifications in legislation, regulation and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Cigna Health and Life Insurance Company reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the impact of the COVID-19 pandemic on setting premium rates, including whether the pandemic will increase or decrease costs in 2023 and whether coverage of free over-the-counter COVID-19 tests may increase costs. Scientific knowledge of these items is incomplete and new data on the spread of COVID-19 in the United States is still emerging. In addition, actions taken by governmental authorities and the healthcare system related to the COVID-19 pandemic are rapidly changing. Consequently, any forecasting will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. Due to the limited information available on the pandemic, any analysis is subject to a substantially greater than usual level of uncertainty. As more information becomes known about the medical and economic impact of the COVID-19 pandemic, it is possible that we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient. Any changes in this assumption could result in the need to adjust rates to ensure they remain adequate.

Company Identifying Information

Company Legal Name: Cigna Health and Life Insurance Company
State: The State of Pennsylvania has regulatory authority over these policies.
HIOS Issuer ID: 13401
Market: Small Group
Effective Date: January 1, 2023

Company Contact Information

Primary Contact Name: Zachary Moon
Primary Contact Telephone Number: (215) 761-2645
Primary Contact Email Address: Zachary.Moon@Cigna.com

EXHIBIT 2. PROPOSED RATE CHANGES

There are no rate changes as Cigna is a new small group health insurer in Pennsylvania and has no inforce business or historical experience as of the date of this filing. Premium rates presented are 100% manually rated.

Single Risk Pool

Cigna rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination, in the State of Pennsylvania small group health insurance market.

EXHIBIT 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable as Cigna is a new small group health insurer in Pennsylvania and has no inforce business or historical experience as of the date of this filing. Premium rates presented are 100% manually rated.

EXHIBIT 4. BENEFIT CATEGORIES

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

Inpatient Hospital

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

Outpatient Hospital

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

Professional

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

Other Medical

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.

Capitation

The capitation category includes all services provided under one or more capitated arrangements.

Prescription Drug

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

Not applicable. Cigna did not have historical experience during the base period.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is an average statewide claim cost PMPM, developed utilizing market research, and the benefit relativities of the Milliman Health Cost Guidelines (HCGs). We supplemented this information with data from Cigna's rating models that they use for other fully insured lines of business to calibrate the manual data. The result was a claim cost that reflected Cigna's contractual reimbursement, provider networks, area factors, benefit designs for the geographies identified in this filing, and other manual adjustments.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. Milliman's HCGs are primarily based on claims experience from approximately 80 million insured individuals in the United States. The HCGs are also part of the underlying data built into Milliman's proprietary Managed Care Rating Model (MCRM).

The HCGs and MCRM provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The Guidelines are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the Guidelines have been updated and expanded annually since that time. The Guidelines are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

We used the HCGs and the MCRM to develop average claim costs for the plans in this filing. The HCGs consider utilization and average charge levels for over 60 benefit categories. No services are capitated. We adjusted these starting average charge and utilization levels to represent Pennsylvania figures using the following:

- A demographic distribution of small group members in Pennsylvania (based on the HCGs).
- Annualized allowed cost trend to bring the HCGs forward to the applicable 2023 pricing period.
- Area factors specific to the Pennsylvania regions where the plans are being offered.
- Reimbursement amounts (e.g. discounts) expected in Pennsylvania under Cigna's Open Access Plus network.
- A claims load of 1.7% that accounts for increased costs Cigna expects in 2023 due to COVID-19. About 50% of this load corresponds to COVID testing costs, 40% is attributed to COVID treatment, and 10% is projected for COVID vaccine costs.

The adjustments mentioned above were sourced from a combination of the HCGs (and some carrier specific data from Pennsylvania) and Cigna's fully insured rating models. Some of Cigna's other fully insured business utilizes the same networks as these small group plans so we felt that incorporating assumptions from this established business was appropriate. We incorporated all adjustments into the MCRM to create cost estimates for the plans in this filing and used enrollment projections to calculate a weighted average allowed cost for this block. We assumed that the distribution of members across rating areas would mirror population statistics.

Morbidity Adjustment

[redacted]

Demographic Shifts

[redacted]

Plan Design Changes

We used Milliman's Health Cost Guidelines (HCGs), in conjunction with information regarding Cigna's benefit designs, to reflect the appropriate benefit design relativities for each plan. These plan design relativities were included in the calculation of the single risk pool manual rate.

Inclusion of Capitation Payments

There are no capitation payments assumed in the projection period.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Not applicable. Cigna does not have relevant experience in the base period to use in rate development; therefore, the 2023 rate development is based on manual rates.

EXHIBIT 8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The Projection Period Index Rate reflects the projected 2023 mixture of area factors and the projected mixture of risk morbidity that Cigna expects to receive in the Single Risk Pool. Note that there are additional benefits offered beyond the EHB benefits. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Exchange User Fees.

The Projection Period Index Rate is equal to the projected EHB allowed claims PMPM.

The following table summarizes the Manual Index Rate. Claims for non-EHBs are also summarized below.

Table 8.1
Cigna Health and Life Insurance Company
Projection Period Index Rate Development

Description	Experience	Manual
Q1 2023 Total Allowed Claims PMPM	$0.00	$625.48
Q1 2023 Non-EHB Allowed Claims PMPM	$0.00	$2.23
Q1 2023 EHB Allowed Claims PMPM	$0.00	$623.25
Credibility	0%	100%
Projection Period EHB Allowed Claims PMPM		**$623.25**

The projected 2023 manual rate was developed using the proprietary 2022 Milliman HCGs. This manual was used to directly develop expected 2023 claim costs. The starting claims data (utilization and charges) includes assumptions based on several data sources and is not attributable to a single source. Tables 2b and 4b in the “PA 2023 Actuarial Memorandum Rate Exhibits” provide an illustrative example of 2021 values.

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market-Wide Adjusted Index Rate.

Table 9.1 Cigna Health and Life Insurance Company Market-Wide Adjusted Index Rate Development	
Q1 2023 Index Rate PMPM	[redacted]
<u>Market-Wide Adjustments (paid basis)</u>	
Risk Adjustment Transfer Amount	[redacted]
Net Federal Transitional Reinsurance	[redacted]
Exchange User Fees	[redacted]
Paid-to-Allowed Ratio	[redacted]
<u>Market-Wide Adjustments (allowed basis)</u>	
Risk Adjustment Transfer Amount	[redacted]
Net Federal Transitional Reinsurance	[redacted]
Exchange User Fees	[redacted]
Market-Wide Adjusted Index Rate PMPM	[redacted]

The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

- Risk Adjustment Transfer Amount
  - This factor includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.

- Exchange User Fee Adjustment
  - The Exchange User Fee adjustment was determined to be $0 because Cigna is only offering coverage off-exchange.

Experience Period Risk Adjustments PMPM

Not applicable as Cigna is a new small group health insurer in Pennsylvania and has no inforce business and no historical experience.

Projected Risk Adjustments PMPM

The risk score for the plan's experience is projected to be [redacted]. The estimates of relative risk and risk transfer payments are highly dependent on the population that enrolls with Cigna but also with other carriers in the state.

Cigna's average risk is projected to be [redacted].

The overall impact of projected risk adjustment transfers is a [redacted]. The anticipated risk adjustment fees assumed to be $0.22 PMPM for 2023, are applied under the taxes and fees portions of expenses shown on Exhibit 10.

Paid to Allowed Ratios

The following table provides support for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflects the member month weighted average from Worksheet 2, Section IV of the URRT.

Table 9.2 Cigna Health and Life Insurance Company Average Paid to Allowed Factor Support	
Description	**Value**
Average projected allowed PMPM	$625.48
Average projected incurred claims PMPM	$505.50
Average projected paid-to-allowed ratio	**80.8%**
Average AV metal value	**78.0%**

The average AV metal value is based on AVs calculated using the federal AV calculator (with some adjustments for certain plans), weighted on projected allowable cost by metal level.

Note that the paid to allowed ratio is different from the AV metal value because the paid to allowed ratios were developed using Milliman's proprietary Managed Care Rating Model (MCRM). This model, along with the Milliman Health Cost Guidelines (HCGs), provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The MCRM contains over 60 benefit categories. Since this model has more detailed service categories and more granular inputs than the AV Calculator, there is variation in the paid to allowed ratios that each tool produces. The average AV from the AV Calculator is also based on an assumed national claim distribution, whereas the pricing paid to allowed ratio is based on a Milliman HCG manual that has been calibrated for certain assumptions specific to Cigna (e.g. networks, area factors, etc.).

The "PA 2023 Actuarial Memorandum Rate Exhibits" show paid to allowed ratios that are computed based on the current and projected enrollment presented in Table 10. These results differ slightly from the paid to allowed ratio in Table 9.2 above due to minor differences in averaging and considerations for benefit richness.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
  - Pricing AVs were developed utilizing the HCGs. Relativities between plans were based on the differences in cost and utilization for varying levels of cost sharing. Benefit richness factors were developed using the HHS induced demand risk transfer formula: (Pricing AV)^2 – (Pricing AV) + 1.24. Please see Table 10 in the "PA 2023 Actuarial Memorandum Rate Exhibits" for a breakdown of these factors (note that the benefit richness factors in Table 10 were normalized using the 1.088 average induced demand factor shown in Table 7). The pricing AV times the normalized benefit richness factor results in the AV & Cost Sharing adjustment shown in the URRT and in Table 10.1 below.

- Provider network, delivery system and utilization management adjustment
  - Expected differences in claims costs due to differences in provider networks and/or utilization management was determined using Cigna's network differences observed for other fully insured business. Similar networks are expected to be implemented for this new small group business.

- Adjustment for benefits in addition to the EHBs
  - For purposes of Table 10.1, we reflect non-EHBs as an additional multiplicative adjustment. Additional non-EHBs include: telehealth services, abortion for which public funding is prohibited, and certain hearing services.

- Adjustment for distribution and administrative costs
  - This adjustment is developed to indicate the impact of non-benefit expenses. This adjustment may differ slightly by plan due to rounding precision and the relative impact of administrative costs that are developed as a PMPM spread rather than as a percent of premium.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1
Cigna Health and Life Insurance Company
Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Plan Adjusted Index Rate
Cigna+Oscar Open Access Plus Platinum $0	13401PA 0020001	$623.25	1.007	1.000	1.004	1.216	$765.69
Cigna+Oscar Open Access Plus Platinum $350	13401PA 0020002	$623.25	1.004	1.000	1.004	1.216	$763.83
Cigna+Oscar Open Access Plus Gold $0	13401PA 0020003	$623.25	0.903	1.000	1.004	1.216	$686.94
Cigna+Oscar Open Access Plus Gold $750	13401PA 0020004	$623.25	0.834	1.000	1.004	1.216	$634.54
Cigna+Oscar Open Access Plus Gold $1000	13401PA 0020005	$623.25	0.847	1.000	1.004	1.216	$644.51
Cigna+Oscar Open Access Plus Gold $1350	13401PA 0020006	$623.25	0.811	1.000	1.004	1.216	$616.83
Cigna+Oscar Open Access Plus Gold $1750 HSA	13401PA 0020007	$623.25	0.827	1.000	1.004	1.216	$629.07
Cigna+Oscar Open Access Plus Gold $1950	13401PA 0020008	$623.25	0.776	1.000	1.004	1.216	$590.47
Cigna+Oscar Open Access Plus Gold $2400 HSA	13401PA 0020009	$623.25	0.798	1.000	1.004	1.216	$607.27
Cigna+Oscar Open Access Plus Gold $2750	13401PA 0020010	$623.25	0.775	1.000	1.004	1.216	$589.44

Table 10.1 Cigna Health and Life Insurance Company Projection Period Plan Adjusted Index Rate Development							
Plan Name	**HIOS ID**	**Market-Wide Adjusted Index Rate**	**AV & Cost Sharing**	**Provider Network Adjustment**	**Benefits In Addition to EHBs**	**Admin Cost Fee**	**Plan Adjusted Index Rate**
Cigna+Oscar Open Access Plus Silver $0	13401PA 0020011	$623.25	0.788	1.000	1.004	1.216	$599.38
Cigna+Oscar Open Access Plus Silver $2750 HSA	13401PA 0020012	$623.25	0.723	1.000	1.004	1.216	$550.14
Cigna+Oscar Open Access Plus Silver $4250 HSA	13401PA 0020013	$623.25	0.692	1.000	1.004	1.216	$526.27
Cigna+Oscar Open Access Plus Silver $4750	13401PA 0020014	$623.25	0.697	1.000	1.004	1.216	$529.79
Cigna+Oscar Open Access Plus Silver $5300	13401PA 0020015	$623.25	0.681	1.000	1.004	1.216	$517.80
Cigna+Oscar Open Access Plus Silver $5850	13401PA 0020016	$623.25	0.668	1.000	1.004	1.216	$508.38
Cigna+Oscar Open Access Plus Bronze $1000	13401PA 0020017	$623.25	0.724	1.000	1.003	1.216	$550.63
Cigna+Oscar Open Access Plus Bronze $3000	13401PA 0020018	$623.25	0.674	1.000	1.003	1.216	$512.35
Cigna+Oscar Open Access Plus Bronze $5750 HSA	13401PA 0020019	$623.25	0.638	1.000	1.004	1.216	$485.21
Cigna+Oscar Open Access Plus Bronze $7450 HSA	13401PA 0020020	$623.25	0.635	1.000	1.004	1.216	$482.87

The Plan Adjusted Index Rates reflect the characteristics of a "1.0" demographic across the single risk pool and therefore are not calibrated.

Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components included in rate development. These values are illustrative for the first quarter of 2023.

Table 10.2 Cigna Health and Life Insurance Company Illustration of Administrative Expenses by URRT, Worksheet 2 Category				
Retention Description	**PMPM**	**% Premium**	**Basis**	**Annotation**
Administrative Expense Load				
General Admin	$56.16	9.14%	PMPM Spread	(1)
Commission	$23.46	3.82%	PMPM Spread	(2)
Subtotal: Administrative Expense Load	**$79.62**	**12.95%**		**(3) = (1)+(2)**
Profit and Risk Load				
Target Post-Tax Profit	$12.29	2.00%	% Premium	(4)
Subtotal: Profit and Risk Load	**$12.29**	**2.00%**		**(5) = (4)**
Taxes and Fees				
Risk Adjustment Admin Fee	$0.22	0.04%	PMPM Spread	(6)
Premium Tax	$12.29	2.00%	% Premium	(7)
Comparative Effectiveness Research Fee	$0.25	0.04%	PMPM	(8)
PA Assessments	$1.22	0.20%	% Premium	(9)
Federal Income Tax	$3.27	0.53%	% Premium	(10)
Subtotal: Taxes and Fees	**$17.26**	**2.81%**		**(11) = (6)+(7)+(8)+(9)+(10)**
Total Retention	**$109.17**	**17.76%**		**(12) = (3)+(5)+(11)**

General admin and commission expenses were allocated across plans based on a fixed expense that was applied as a percent of premium. Commissions are not varied by plan in this projection and reflect expectations associated with new sales in 2023. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment Admin Fee, Pennsylvania state premium tax, the comparative effectiveness research fee, Pennsylvania-specific assessments (Pennsylvania Insurance Fraud Assessment and Pennsylvania Penn Treaty Guarantee Fund Assessment) and federal income tax. The taxes and fees percentages shown in Worksheet 2 of the URRT vary slightly by plan because the Comparative Effectiveness Research Fee of $0.25 is applied on a PMPM basis. Please see Table 5 in the "PA 2023 Actuarial Memorandum Rate Exhibits" for a similar breakdown of expenses in Excel.

EXHIBIT 11. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve Calibration

The approximate weighted average age, rounded to the nearest whole number, for the single risk pool is 46. The weighted average age curve calibration factor is 1.531.

In order to determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the age curve calibration factor. A development of the age curve calibration factor is given below as Table 11.2.

Additional information regarding the age curve can be found on Exhibit 12.

Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. This projected distribution aligns with the statewide population. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the geography calibration factor.

Additional information regarding the area rating factors can be found on Exhibit 12.

Tobacco Factor Calibration

Cigna will not charge a tobacco surcharge for smokers.

The following tables demonstrate the calibration performed for each plan.

Table 11.1
Cigna Health and Life Insurance Company
Calibrated Plan Adjusted Index Rate Development

Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Cigna+Oscar Open Access Plus Platinum $0	13401PA 0020001	$765.69	1.531	1.000	1.000	1.531	$499.98
Cigna+Oscar Open Access Plus Platinum $350	13401PA 0020002	$763.83	1.531	1.000	1.000	1.531	$498.76
Cigna+Oscar Open Access Plus Gold $0	13401PA 0020003	$686.94	1.531	1.000	1.000	1.531	$448.55
Cigna+Oscar Open Access Plus Gold $750	13401PA 0020004	$634.54	1.531	1.000	1.000	1.531	$414.34
Cigna+Oscar Open Access Plus Gold $1000	13401PA 0020005	$644.51	1.531	1.000	1.000	1.531	$420.85
Cigna+Oscar Open Access Plus Gold $1350	13401PA 0020006	$616.83	1.531	1.000	1.000	1.531	$402.77
Cigna+Oscar Open Access Plus Gold $1750 HSA	13401PA 0020007	$629.07	1.531	1.000	1.000	1.531	$410.77

Table 11.1 Cigna Health and Life Insurance Company Calibrated Plan Adjusted Index Rate Development							
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Cigna+Oscar Open Access Plus Gold $1950	13401PA 0020008	$590.47	1.531	1.000	1.000	1.531	$385.56
Cigna+Oscar Open Access Plus Gold $2400 HSA	13401PA 0020009	$607.27	1.531	1.000	1.000	1.531	$396.53
Cigna+Oscar Open Access Plus Gold $2750	13401PA 0020010	$589.44	1.531	1.000	1.000	1.531	$384.89
Cigna+Oscar Open Access Plus Silver $0	13401PA 0020011	$599.38	1.531	1.000	1.000	1.531	$391.38
Cigna+Oscar Open Access Plus Silver $2750 HSA	13401PA 0020012	$550.14	1.531	1.000	1.000	1.531	$359.23
Cigna+Oscar Open Access Plus Silver $4250 HSA	13401PA 0020013	$526.27	1.531	1.000	1.000	1.531	$343.64
Cigna+Oscar Open Access Plus Silver $4750	13401PA 0020014	$529.79	1.531	1.000	1.000	1.531	$345.94
Cigna+Oscar Open Access Plus Silver $5300	13401PA 0020015	$517.80	1.531	1.000	1.000	1.531	$338.11
Cigna+Oscar Open Access Plus Silver $5850	13401PA 0020016	$508.38	1.531	1.000	1.000	1.531	$331.96
Cigna+Oscar Open Access Plus Bronze $1000	13401PA 0020017	$550.63	1.531	1.000	1.000	1.531	$359.55
Cigna+Oscar Open Access Plus Bronze $3000	13401PA 0020018	$512.35	1.531	1.000	1.000	1.531	$334.55
Cigna+Oscar Open Access Plus Bronze $5750 HSA	13401PA 0020019	$485.21	1.531	1.000	1.000	1.531	$316.83
Cigna+Oscar Open Access Plus Bronze $7450 HSA	13401PA 0020020	$482.87	1.531	1.000	1.000	1.531	$315.30

Table 11.2 shows the development of the age calibration factor used in table 11.1.

Table 11.2 Cigna Health and Life Insurance Company Development of Age Calibration Factor		
Age Band	**Rating Factors**	**Membership Distribution**
0-1	0.765	1.96%
2-6	0.765	4.19%
7-18	0.801	11.79%
19-20	0.956	2.49%
21-24	1.000	5.51%
25-29	1.056	8.27%
30-34	1.178	8.17%
35-39	1.240	8.29%
40-44	1.332	8.10%
45-49	1.570	9.50%
50-54	1.956	10.46%
55-59	2.430	10.91%
60-63	2.837	7.81%
64+	3.000	2.55%
	Composite Rating Factor:	1.531
	Age Calibration Factor:	**0.653**

Table 7 in the “PA 2023 Actuarial Memorandum Rate Exhibits” displays the 1.531 composite age factor for normalization purposes. Table 7 also includes an average benefit richness factor for the portfolio. Individual plan induced demand factors were developed using the HHS induced demand risk transfer formula: (Pricing AV)^2 – (Pricing AV) + 1.24. The weighted average benefit richness factor was about 1.088. The normalized factors in Table 10 in the “PA 2023 Actuarial Memorandum Rate Exhibits” represent the plan factors from the HHS formula divided by the average 1.088 normalization factor.

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Cigna's 2023 age and tobacco rating factors are shown below. The age rating factors used by Cigna are identical to those prescribed by CMS.

Table 12.1
Cigna Health and Life Insurance Company
Age and Tobacco Factors

Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000	40	1.278	1.000
15	0.833	1.000	41	1.302	1.000
16	0.859	1.000	42	1.325	1.000
17	0.885	1.000	43	1.357	1.000
18	0.913	1.000	44	1.397	1.000
19	0.941	1.000	45	1.444	1.000
20	0.970	1.000	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			

Cigna's 2023 geographic rating factors are shown below. These factors were developed from Cigna's existing fully insured rating methodology. These area factors reflect differences in utilization, unit cost, and practice patterns by region. They do not reflect the impact of differences in demographics and morbidity using risk scores. Note that these small group plans will be offered in all counties of Pennsylvania Rating Area 8. There are in-network providers in every county where these policies are sold.

Table 12.2 Cigna Health and Life Insurance Company Geographic Rating Factors	
Region	**Area Rating Factor**
Rating Area 8	1.000

The premium for family coverage is determined by summing the consumer adjusted premium rates for each individual family member, provided at most three child dependents under age 21 are taken into account.

For these Small Group plans, the result from above would further be multiplied by a quarterly trend factor. Table 12.3 shows these factors for each quarter. The average annual trend used to develop these factors for 2023 is 7.3%.

Table 12.3 Cigna Health and Life Insurance Company Small Group Quarterly Adjustment Factors	
Effective Date	**Trend Factor**
1/1/2023	1.000
4/1/2023	1.018
7/1/2023	1.036
10/1/2023	1.054

The buildup of the 7.3% trend used to develop quarterly trend factors is shown in Table 12.4 below.

Table 12.4 Cigna Health and Life Insurance Company Small Group Trend Development					
Service Category	**Cost Trend**	**Utilization Trend**	**Induced Demand**	**Composite Trend**	**Weight**
Inpatient Hospital	2.68%	4.02%	0.00%	6.81%	15.10%
Outpatient Hospital	2.68%	4.02%	0.00%	6.81%	37.10%
Professional	2.68%	4.02%	0.00%	6.81%	31.44%
Other Medical	2.68%	4.02%	0.00%	6.81%	2.32%
Capitation					0.00%
Prescription Drugs	7.05%	3.00%	0.00%	10.26%	14.04%
Total Annual Trend				7.30%	100.00%

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, tobacco, and quarterly trend factors.

Table 12.5 Cigna Health and Life Insurance Company Sample Consumer Adjusted Premium Rate Development	
Cigna+Oscar Open Access Plus Platinum $0 - 13401PA0020001	
Calibrated Plan Adjusted Index Rate	$499.98
Age: 46	1.500
Rating Area: 8	1.000
Tobacco Status: Tobacco User	1.000
Enrollment Quarter: 1	1.000
Consumer Adjusted Premium Rate	$749.96

It is Cigna's intent to also offer small groups the option of composite rating, in accordance with federal and Pennsylvania state guidance.

EXHIBIT 13. PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) is 84.6%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1 Cigna Health and Life Insurance Company Projected Federal Medical Loss Ratio	
	Projected 2023 Business
Member Months	14,290
MLR Numerator Calculations	
Paid Claims PMPM	$505.50
Claim-Related Retention (QI/Health IT) PMPM	$0.00
Prior Rebate	$0.00
Other Claim-Related Adjustments	$0.00
Risk Adjustment Paid (Received) PMPM	$0.00
Market Reinsurance Recoveries (Received) PMPM	$0.00
MLR Numerator	**$505.50**
MLR Denominator Calculations	
Premium PMPM	$614.66
Other Premium Related Adjustments	$0.00
Premium-Related Retention (Taxes & Fees) PMPM[1]	$17.26
MLR Denominator	**$597.41**
Medical Loss Ratio	**84.6%**

Since this is a new block of business and there is no historical experience, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are based on the AV Calculator. Table 14.1 below summarizes these values for each plan. Screenshots of the AV Calculator for each plan are attached to this filing (these screenshots may include adjustments when necessary). We have also attached unique plan design documentation for several plans. These documents describe adjustments that were made in the AV Calculator to develop an accurate AV.

Table 14.1
Cigna Health and Life Insurance Company
Actuarial Values

Plan	HIOS ID	Actuarial Value	Source
Cigna+Oscar Open Access Plus Platinum $0	13401PA0020001	0.885	Federal AV Calculator
Cigna+Oscar Open Access Plus Platinum $350	13401PA0020002	0.881	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $0	13401PA0020003	0.814	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $750	13401PA0020004	0.814	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $1000	13401PA0020005	0.815	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $1350	13401PA0020006	0.801	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $1750 HSA	13401PA0020007	0.785	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $1950	13401PA0020008	0.789	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $2400 HSA	13401PA0020009	0.782	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold $2750	13401PA0020010	0.781	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $0	13401PA0020011	0.718	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $2750 HSA	13401PA0020012	0.717	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $4250 HSA	13401PA0020013	0.692	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $4750	13401PA0020014	0.717	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $5300	13401PA0020015	0.718	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver $5850	13401PA0020016	0.709	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze $1000	13401PA0020017	0.644	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze $3000	13401PA0020018	0.647	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze $5750 HSA	13401PA0020019	0.638	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze $7450 HSA	13401PA0020020	0.632	Federal AV Calculator

EXHIBIT 15. MEMBERSHIP PROJECTIONS

Enrollment projections were developed based on the total market size and reasonable expectations for market share in the first several years of Cigna's participation. The size of the market was estimated based on the following:

- Current size of the Pennsylvania small group market in the plan's service area
- Projected population growth in the State
- Projected "take-up" rates based on current market size and expected market demand

Cigna's penetration rate in the market was determined based on the popularity of similar plans in the market and the projected sales volume Cigna projected. Since we have no experience data to rely upon, we assumed that Cigna's enrollment would reflect the average demographics and morbidity of the market.

EXHIBIT 16. TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

EXHIBIT 17. PLAN TYPE

There are no differences between Cigna's plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

EXHIBIT 19. RELIANCE

In performing this analysis, I relied on data and other information provided by Cigna. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

EXHIBIT 20. ACTUARIAL CERTIFICATION

I am a Principal and Consulting Actuary with the firm of Milliman, Inc. Cigna Health and Life Insurance Company engaged me to provide the opinion herein. This filing is consistent with Cigna's internal business plans.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected Index Rate is
    - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
    - Developed in compliance with the applicable Actuarial Standards of Practice
    - Reasonable in relation to the benefits provided and the population anticipated to be covered
    - Neither excessive nor deficient based on my best estimates of the 2023 small group market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
6. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the Rate Filing Justification.
7. All factors, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.

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

The 2023 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2023 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

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

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected

experience. Furthermore, due to the uncertainty regarding the impact of the COVID-19 pandemic, we believe the pandemic's financial impact could exhibit a substantially greater divergence from expectations. As more information becomes known about the medical and economic impact of the COVID-19 pandemic, it is possible that we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient.

Signed:

Name: David M. Liner, FSA, CERA, MAAA

Title: Principal and Consulting Actuary

Date: July 14, 2022

Cigna Health and Life Insurance Company
Statement Regarding Accuracy of Data and Reliance on Assumptions Provided
Annual 2023 Pennsylvania Small Group Rate Filing

I, Zachary Moon, hereby affirm that to the best of my knowledge and belief, the underlying data sources and information relied upon by Milliman, Inc. for use in preparing Cigna Health and Life Insurance Company's (Cigna's) annual 2023 Pennsylvania rate filing are accurate and complete. These items include:

A. Rating methodologies and other key assumptions from Cigna's existing business, including:
   a. Baseline allowed claim costs that reflect Cigna's average reimbursement contracts and utilization management programs.
   b. Claim adjustment factors and assumptions related to trends, demographics, rating areas, and provider networks.
   c. Most key rating assumptions were contained in "April 2022 Large Group Area and Trend Factors_20220309" provided by Zachary Moon on 3/10/2022.

B. 2023 enrollment projections associated with each plan.

C. Benefit plan designs for each product in each market:
   a. Small group plan designs were provided in an email on 5/5/2022 from Zachary Moon ("PA_SG_PSD_Medical_Open Access Plus IN OON Network_2023_5.5.2022"). This file also specified which services were EHBs versus non-EHBs.

D. Administrative expense projections and assumptions confirmed / provided by Zachary Moon.

E. HIOS IDs provided by Katherine Umberfield on 4/19/2022 in a file labeled "C+O HIOS IDs PY2023 – PA."

F. Federal actuarial value calculator results and screen shots for 2023 plans received on 5/5/2022 through emails from Brian Bates. Also, actuarial value calculator adjustments received over the course of rate filing development from Zachary Moon and Brian Bates.

G. Cost impacts expected to arise from COVID-19 dynamics received from Zachary Moon on 5/9/2022.

H. Additional information provided to Milliman in the course of premium rate filing development.

Further, I acknowledge that in preparing the rate submission, Milliman has relied on certain assumptions provided by Cigna as described above, and I affirm that to the best of my knowledge and belief, these assumptions are consistent with Cigna's reasonable expectations regarding 2023 Pennsylvania small group pricing.

5/18/2023
Date

Signature

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Cigna Life and Health Insurance Company		
Product(s):	PPO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2023	to	12/31/2023
Base Period Start Date:	1/1/2021	to	12/31/2021
Date of Most Recent Membership:	2/1/2022		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2022)	Projected Rating Period
Average Age			46.5
Total	0	0	14,290
<18			2,422
18-24			1,284
25-29			1,182
30-34			1,168
35-39			1,184
40-44			1,157
45-49			1,358
50-54			1,495
55-59			1,559
60-63			1,117
64+			364

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
			-								
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											$ -
Loss Ratio											**0.00%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

** Express Cost, Utilization, Induced Utilization and Weight as percentages*
*** Should equal URRT Trend*

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20				#DIV/0!		#DIV/0!				#DIV/0!
Feb-20				#DIV/0!		#DIV/0!				#DIV/0!
Mar-20				#DIV/0!		#DIV/0!				#DIV/0!
Apr-20				#DIV/0!		#DIV/0!				#DIV/0!
May-20				#DIV/0!		#DIV/0!				#DIV/0!
Jun-20				#DIV/0!		#DIV/0!				#DIV/0!
Jul-20				#DIV/0!		#DIV/0!				#DIV/0!
Aug-20				#DIV/0!		#DIV/0!				#DIV/0!
Sep-20				#DIV/0!		#DIV/0!				#DIV/0!
Oct-20				#DIV/0!		#DIV/0!				#DIV/0!
Nov-20				#DIV/0!		#DIV/0!				#DIV/0!
Dec-20				#DIV/0!		#DIV/0!				#DIV/0!
Jan-21				#DIV/0!		#DIV/0!				#DIV/0!
Feb-21				#DIV/0!		#DIV/0!				#DIV/0!
Mar-21				#DIV/0!		#DIV/0!				#DIV/0!
Apr-21				#DIV/0!		#DIV/0!				#DIV/0!
May-21				#DIV/0!		#DIV/0!				#DIV/0!
Jun-21				#DIV/0!		#DIV/0!				#DIV/0!
Jul-21				#DIV/0!		#DIV/0!				#DIV/0!
Aug-21				#DIV/0!		#DIV/0!				#DIV/0!
Sep-21				#DIV/0!		#DIV/0!				#DIV/0!
Oct-21				#DIV/0!		#DIV/0!				#DIV/0!
Nov-21				#DIV/0!		#DIV/0!				#DIV/0!
Dec-21				#DIV/0!		#DIV/0!				#DIV/0!

** Express Completion Factor as a percentage*
***Express Prescriaption Drug Rebates as a negative number*

Carrier Name:	**Cigna Life and Health Insurance Company**
Product(s):	**PPO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 591,811,486.99	$ 518,705,160.46	$ 518,705,160.46	1,080,000	$ 115,519,547.71	$ 634,224,708.17	$ 2,144,555.98	$ (32,003,101.41)	$ -	$ -	$ -	$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 555.63**
Loss Ratio											**82.24%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	1.64%	3.46%	0.00%	5.16%	15.10%
Outpatient Hospital	1.64%	3.46%	0.00%	5.16%	37.10%
Professional	1.64%	3.46%	0.00%	5.16%	31.44%
Other Medical	1.64%	3.46%	0.00%	5.16%	2.32%
Capitation					0.00%
Prescription Drugs	6.86%	3.30%	0.00%	10.39%	14.04%
Total Annual Trend				5.91%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.122	

** Express Cost, Utilization, Induced Utilization and Weight as percentages*

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20				#DIV/0!		#DIV/0!				#DIV/0!
Feb-20				#DIV/0!		#DIV/0!				#DIV/0!
Mar-20				#DIV/0!		#DIV/0!				#DIV/0!
Apr-20				#DIV/0!		#DIV/0!				#DIV/0!
May-20				#DIV/0!		#DIV/0!				#DIV/0!
Jun-20				#DIV/0!		#DIV/0!				#DIV/0!
Jul-20				#DIV/0!		#DIV/0!				#DIV/0!
Aug-20				#DIV/0!		#DIV/0!				#DIV/0!
Sep-20				#DIV/0!		#DIV/0!				#DIV/0!
Oct-20				#DIV/0!		#DIV/0!				#DIV/0!
Nov-20				#DIV/0!		#DIV/0!				#DIV/0!
Dec-20				#DIV/0!		#DIV/0!				#DIV/0!
Jan-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Feb-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Mar-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Apr-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
May-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Jun-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Jul-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Aug-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Sep-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Oct-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Nov-21		$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28		$ 2,666,925.12	$ 50,185,133.90	$ 557.61
Dec-21	$ 591,811,486.99	$ 43,225,430.04	1.0000	$ 43,225,430.04	90,000	$ 480.28	$ 115,519,547.71	$ 2,666,925.12	$ 50,185,133.90	$ 557.61

** Express Completion Factor as a percentage*

***Express Prescription Drug Rebates as a negative number*

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

Carrier Name:	**Cigna Life and Health Insurance Company**	**Attachment Point:**	
Product(s):	**PPO**	**Reinsurance Cap:**	
Market Segment:	**Small Group**	**Coinsurance Rate:**	
Rate Effective Date:	**1/1/2023**		
Incurred Dates:	**1/1/2021 to 12/31/2021**	**Proj. Incurred Claim Impact:**	**0.0%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2021 to 12/31/2021					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999				$0
$30,000	$34,999				$0
$35,000	$39,999				$0
$40,000	$44,999				$0
$45,000	$49,999				$0
$50,000	$54,999				$0
$55,000	$59,999				$0
$60,000	$64,999				$0
$65,000	$69,999				$0
$70,000	$74,999				$0
$75,000	$79,999				$0
$80,000	$84,999				$0
$85,000	$89,999				$0
$90,000	$94,999				$0
$95,000	$99,999				$0
$100,000	$109,999				$0
$110,000	$119,999				$0
$120,000	$129,999				$0
$130,000	$139,999				$0
$140,000	$149,999				$0
$150,000	$159,999				$0
$160,000	$169,999				$0
$170,000	$179,999				$0
$180,000	$189,999				$0
$190,000	$199,999				$0
$200,000	$209,999				$0
$210,000	$219,999				$0
$220,000	$229,999				$0
$230,000	$239,999				$0
$240,000	$249,999				$0
$250,000	$259,999				$0
$260,000	$269,999				$0
$270,000	$279,999				$0
$280,000	$289,999				$0
$290,000	$299,999				$0
$300,000	$324,999				$0
$325,000	$349,999				$0
$350,000	$374,999				$0
$375,000	$399,999				$0
$400,000	$424,999				$0
$425,000	$449,999				$0
$450,000	$474,999				$0
$475,000	$499,999				$0
$500,000	$599,999				$0
$600,000	$699,999				$0
$700,000	$799,999				$0
$800,000	$899,999				$0
$900,000	$999,999				$0
$1,000,000+					$0
Total		**0**	**0**	**$0**	**$0**

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

Carrier Name:	**Cigna Life and Health Insurance Company**	**Attachment Point:**	**$0**
Product(s):	**PPO**	**Reinsurance Cap:**	**$0**
Market Segment:	**Small Group**	**Coinsurance Rate:**	**0%**
Rate Effective Date:	**1/1/2023**		
		Proj. Incurred Claim Impact:	**0.0%**
		Proj. Morbidity Impact:	

Reinsurance Program Impact Continuance Table Development - Plan Year 2023					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999				$0
$30,000	$34,999				$0
$35,000	$39,999				$0
$40,000	$44,999				$0
$45,000	$49,999				$0
$50,000	$54,999				$0
$55,000	$59,999				$0
$60,000	$64,999				$0
$65,000	$69,999				$0
$70,000	$74,999				$0
$75,000	$79,999				$0
$80,000	$84,999				$0
$85,000	$89,999				$0
$90,000	$94,999				$0
$95,000	$99,999				$0
$100,000	$109,999				$0
$110,000	$119,999				$0
$120,000	$129,999				$0
$130,000	$139,999				$0
$140,000	$149,999				$0
$150,000	$159,999				$0
$160,000	$169,999				$0
$170,000	$179,999				$0
$180,000	$189,999				$0
$190,000	$199,999				$0
$200,000	$209,999				$0
$210,000	$219,999				$0
$220,000	$229,999				$0
$230,000	$239,999				$0
$240,000	$249,999				$0
$250,000	$259,999				$0
$260,000	$269,999				$0
$270,000	$279,999				$0
$280,000	$289,999				$0
$290,000	$299,999				$0
$300,000	$324,999				$0
$325,000	$349,999				$0
$350,000	$374,999				$0
$375,000	$399,999				$0
$400,000	$424,999				$0
$425,000	$449,999				$0
$450,000	$474,999				$0
$475,000	$499,999				$0
$500,000	$599,999				$0
$600,000	$699,999				$0
$700,000	$799,999				$0
$800,000	$899,999				$0
$900,000	$999,999				$0
$1,000,000+					$0
Total		**0**	**0**	**$0**	**$0**

PA Rate Template Part II
Rate Development and Change

Carrier Name:	**Cigna Life and Health Insurance Company**
Product(s):	**PPO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

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**	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ -	$ 555.63	<- Actual Experience PMPM should be consistent with the Index Rate for Experie
Two year trend projection Factor	1.000	1.122	
Unadjusted Projected Allowed EHB Claims PMPM	$ -	$ 623.25	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other		1.000	<- See URRT Instructions
Total Non-Morbidity Changes	0.000	1.000	
Change in Demographics		1.000	<- See URRT Instructions
Change in Network		1.000	
Change in Benefits		1.000	<- See URRT Instructions
Change in Other		1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ -	$ 623.25	
Credibility Factors	**0%**	**100%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 623.25**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 623.25	<- Index Rate for Projection Period on URRT	
Projected Paid to Allowed Ratio	0.782		
Projected Incurred EHB Claims PMPM	$ 487.23		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	$0.00		
Projected Incurred Exchange User Fees PMPM	$0.00		
Projected Incurred Reinsurance Recoveries PMPM	$0.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 487.23		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 623.25	<- Market-Adjusted Index Rate	
Projected Allowed Non-EHB Claims PMPM	$ 2.23		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 488.97		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 625.48		

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	12.95%	$77.00
General and Claims	9.14%	$54.32
Agent/Broker Fees and Commissions	3.82%	$22.70
Quality Improvement Initiatives	0.00%	$0.00
Taxes and Fees	2.81%	$16.71
Risk Adjustment User Fee	0.04%	$0.21
PCORI Fee	0.04%	$0.24
PA Premium & Other Taxes (if applicable)	2.20%	$13.07
Federal Income Tax	0.53%	$3.16
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$11.89
Total Retention	17.76%	$105.60
Projected Required Revenue PMPM	$ 594.57	

Table 8. Components of Rate Change

Rate Components	2022	2023	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
B. Base period allowed claims before normalization		$ 555.63	$ 555.63	#DIV/0!
C. Normalization factor component of change	#DIV/0!	$ (222.15)	#DIV/0!	#DIV/0!
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	#DIV/0!	$ 333.47	#DIV/0!	#DIV/0!
D2. URRT Trend	#DIV/0!	$ 40.58	#DIV/0!	#DIV/0!
D3. URRT Morbidity	#DIV/0!	$ -	#DIV/0!	#DIV/0!
D4. URRT Other	#DIV/0!	$ -	#DIV/0!	#DIV/0!
D5. Normalized URRT Risk Adjustment on an allowed basis	#DIV/0!	$ -	#DIV/0!	#DIV/0!
D6. Normalized Exchange User Fee on an allowed basis	#DIV/0!	$ -	#DIV/0!	#DIV/0!
D7. Normalized Reinsurance Recoveries on an allowed basis	#DIV/0!	$ -	#DIV/0!	#DIV/0!
D8. Subtotal - Sum(D1:D7)	#DIV/0!	$ 374.06	#DIV/0!	#DIV/0!
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	#DIV/0!	$ -	#DIV/0!	#DIV/0!
E2. Pricing AV	#DIV/0!	$ (81.63)	#DIV/0!	#DIV/0!
E3. Benefit Richness	#DIV/0!	$ 21.85	#DIV/0!	#DIV/0!
E4. Catastrophic Eligibility	#DIV/0!	$ -	#DIV/0!	#DIV/0!
E5. Subtotal - Sum(E1:E4)	#DIV/0!	$ (59.78)	#DIV/0!	#DIV/0!
F. Change in Retention Components				
F1. Administrative Expenses	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
F2. Taxes and Fees	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
F3. Profit and/or Contingency	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
F4. Subtotal - Sum(F1:F3)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
G. Change in Miscellaneous Items			$ -	#DIV/0!
H. Sum of Components of Rate Change (should approximate the change shown in line A)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:nce Period on URRT

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	**$ 555.63**	**<- Index Rate of Experience Period on URRT**
Blended Earned Premium	**$ 591,811,486.99**	
Blended Loss Ratio	**82.24%**	

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

Effective Date	1/1/2023	4/1/2023	7/1/2023	10/1/2023	Total Single Risk Pool
# of Member Months Renewing in Quarter	7,549	3,235	2,157	1,348	14,290
Adjusted Projected Allowed EHB Claims PMPM	$ 623.25	$ 623.25	$ 623.25	$ 623.25	$ 623.25
Months of Trend	-	3	6	9	
Annual Trend	7.30%	7.30%	7.30%	7.30%	
Single Risk Pool Projected Allowed Claims	$ 623.25	$ 634.32	$ 645.59	$ 657.07	$ 632.32
Quarterly Trend Factor	1.000	1.018	1.036	1.054	1.015

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2022	2023
Average Age Factor		1.531
Average Geographic Factor		1.000
Average Tobacco Factor		1.000
Average Benefit Richness (induced demand)		1.088
Average Network Factor		1.000
Market-Adjusted Projected Allowed Total Claims PMPM		$ 625.48
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	#DIV/0!	$ 375.39

Table 9. Year-over-Year Data to Support Table 8

	2022	2023	
Paid-to-Allowed		0.782	
URRT Trend (Total Applied Trend Factor)		1.122	<- URRT W1, S2
URRT Morbidity		1.000	<- URRT W1, S2
URRT "Other"		1.000	<- URRT W1, S2
Risk Adjustment		$ -	<- URRT W1, S3
Exchange User Fee		$ -	<- URRT W1, S3
Reinsurance Recoveries		$ -	<- URRT W1, S3
Capitation			<- URRT W1, S2
Network		1.000	
Pricing AV		0.782	<- For 2022 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness		1.075	
Catastrophic Eligibility		1.000	
Administrative Expenses		12.95%	
Taxes and Fees		2.81%	
Profit and/or Contingency		2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: Cigna Life and Health Insurance Company
Product(s): PPO
Market Segment: Small Group
Rate Effective Date: 1/1/2023
Base Period Start Date 1/1/2021
Date of Most Recent Membership: 2/1/2022
Market Adjusted Index Rate: $ 623.25

Calibration	
Age Calibration Factor	1.531
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.000
Aggregate Calibration Factor	1.531

Total Covered Lives @ 02-01-2022
-

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2022 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2023	1/1/2023 HIOS Plan ID (If 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	45 CFR Part 156.8 (d) (2) Allowable Factors: Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency
Totals - Current Membership							**0.749**			**0.782**	**0.988**	**1.004**	**1.000**	**1.000**	**1.000**	**$ 32.32**	**13.0%**	**2.8%**	**2.0%**
Total - Projected Membership							**0.778**			**0.806**	**1.000**	**1.004**	**1.000**	**1.000**	**1.000**	**$ 505.49**	**13.0%**	**2.8%**	**2.0%**
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plan 1	13401PA0020001	PPO	Cigna+Oscar Open Access Plus Platinum $0	N	13401PA0020001	Platinum	0.885	Approach 2	Off	0.931	1.081	1.004	1.000	1.000	1.000	$629.75	13.0%	2.8%	2.0%
Plan 2	13401PA0020002	PPO	Cigna+Oscar Open Access Plus Platinum $350	N	13401PA0020002	Platinum	0.881	Approach 2	Off	0.930	1.080	1.004	1.000	1.000	1.000	$628.24	13.0%	2.8%	2.0%
Plan 3	13401PA0020003	PPO	Cigna+Oscar Open Access Plus Gold $0	N	13401PA0020003	Gold	0.814	Approach 2	Off	0.871	1.037	1.004	1.000	1.000	1.000	$564.95	13.0%	2.8%	2.0%
Plan 4	13401PA0020004	PPO	Cigna+Oscar Open Access Plus Gold $750	N	13401PA0020004	Gold	0.814	Approach 2	Off	0.827	1.008	1.004	1.000	1.000	1.000	$521.85	13.0%	2.8%	2.0%
Plan 5	13401PA0020005	PPO	Cigna+Oscar Open Access Plus Gold $1000	N	13401PA0020005	Gold	0.815	Approach 2	Off	0.836	1.014	1.004	1.000	1.000	1.000	$530.04	13.0%	2.8%	2.0%
Plan 6	13401PA0020006	PPO	Cigna+Oscar Open Access Plus Gold $1350	N	13401PA0020006	Gold	0.801	Approach 2	Off	0.812	0.999	1.004	1.000	1.000	1.000	$507.27	13.0%	2.8%	2.0%
Plan 7	13401PA0020007	PPO	Cigna+Oscar Open Access Plus Gold $1750 HSA	N	13401PA0020007	Gold	0.785	Approach 2	Off	0.823	1.006	1.004	1.000	1.000	1.000	$517.34	13.0%	2.8%	2.0%
Plan 8	13401PA0020008	PPO	Cigna+Oscar Open Access Plus Gold $1950	N	13401PA0020008	Gold	0.789	Approach 2	Off	0.787	0.986	1.004	1.000	1.000	1.000	$485.57	13.0%	2.8%	2.0%
Plan 9	13401PA0020009	PPO	Cigna+Oscar Open Access Plus Gold $2400 HSA	N	13401PA0020009	Gold	0.782	Approach 2	Off	0.803	0.994	1.004	1.000	1.000	1.000	$499.44	13.0%	2.8%	2.0%
Plan 10	13401PA0020010	PPO	Cigna+Oscar Open Access Plus Gold $2750	N	13401PA0020010	Gold	0.781	Approach 2	Off	0.786	0.985	1.004	1.000	1.000	1.000	$484.76	13.0%	2.8%	2.0%
Plan 11	13401PA0020011	PPO	Cigna+Oscar Open Access Plus Silver $0	N	13401PA0020011	Silver	0.718	Approach 2	Off	0.796	0.990	1.004	1.000	1.000	1.000	$492.90	13.0%	2.8%	2.0%
Plan 12	13401PA0020012	PPO	Cigna+Oscar Open Access Plus Silver $2750 HSA	N	13401PA0020012	Silver	0.717	Approach 2	Off	0.748	0.967	1.004	1.000	1.000	1.000	$452.42	13.0%	2.8%	2.0%
Plan 13	13401PA0020013	PPO	Cigna+Oscar Open Access Plus Silver $4250 HSA	N	13401PA0020013	Silver	0.692	Approach 2	Off	0.724	0.956	1.004	1.000	1.000	1.000	$432.72	13.0%	2.8%	2.0%
Plan 14	13401PA0020014	PPO	Cigna+Oscar Open Access Plus Silver $4750	N	13401PA0020014	Silver	0.717	Approach 2	Off	0.727	0.958	1.004	1.000	1.000	1.000	$435.66	13.0%	2.8%	2.0%
Plan 15	13401PA0020015	PPO	Cigna+Oscar Open Access Plus Silver $5300	N	13401PA0020015	Silver	0.718	Approach 2	Off	0.715	0.952	1.004	1.000	1.000	1.000	$425.79	13.0%	2.8%	2.0%
Plan 16	13401PA0020016	PPO	Cigna+Oscar Open Access Plus Silver $5850	N	13401PA0020016	Silver	0.709	Approach 2	Off	0.705	0.949	1.004	1.000	1.000	1.000	$418.04	13.0%	2.8%	2.0%
Plan 17	13401PA0020017	PPO	Cigna+Oscar Open Access Plus Bronze $1000	N	13401PA0020017	Bronze	0.644	Approach 2	Off	0.749	0.967	1.003	1.000	1.000	1.000	$452.83	13.0%	2.8%	2.0%
Plan 18	13401PA0020018	PPO	Cigna+Oscar Open Access Plus Bronze $3000	N	13401PA0020018	Bronze	0.647	Approach 2	Off	0.709	0.950	1.003	1.000	1.000	1.000	$421.31	13.0%	2.8%	2.0%
Plan 19	13401PA0020019	PPO	Cigna+Oscar Open Access Plus Bronze $5750 HSA	N	13401PA0020019	Bronze	0.638	Approach 2	Off	0.679	0.939	1.004	1.000	1.000	1.000	$398.96	13.0%	2.8%	2.0%
Plan 20	13401PA0020020	PPO	Cigna+Oscar Open Access Plus Bronze $7450 HSA	N	13401PA0020020	Bronze	0.632	Approach 2	Off	0.676	0.939	1.004	1.000	1.000	1.000	$397.06	13.0%	2.8%	2.0%

Plan Number	Total Covered Lives Mapped into 2023 Plans @ 02-01-2022	Total Projected Lives	2022 Calibrated Plan Adjusted Index Rate PMPM	2023 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	02-01-2022 Number of Covered Lives by Rating Area: 1	2	3	4	5	6	7	8	9	Total	2023 Continued/ Discontinued Plans Indicator
Totals - Current Membership	**0**	**1,797**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**		-	-	-	-	-	-	-	-	-	-	
Total - Projected Membership																	
Transitional Plans	-		N/A	N/A	N/A	N/A										-	0
Plan 1	-	117		$ 499.97	0.0%	#DIV/0!										-	1
Plan 2	-	117		$ 498.78	0.0%	#DIV/0!										-	1
Plan 3	-	126		$ 448.53	0.0%	#DIV/0!										-	1
Plan 4	-	126		$ 414.36	0.0%	#DIV/0!										-	1
Plan 5	-	126		$ 420.86	0.0%	#DIV/0!										-	1
Plan 6	-	126		$ 402.78	0.0%	#DIV/0!										-	1
Plan 7	-	126		$ 410.78	0.0%	#DIV/0!										-	1
Plan 8	-	126		$ 385.55	0.0%	#DIV/0!										-	1
Plan 9	-	126		$ 396.57	0.0%	#DIV/0!										-	1
Plan 10	-	126		$ 384.91	0.0%	#DIV/0!										-	1
Plan 11	-	74		$ 391.37	0.0%	#DIV/0!										-	1
Plan 12	-	74		$ 359.23	0.0%	#DIV/0!										-	1
Plan 13	-	74		$ 343.58	0.0%	#DIV/0!										-	1
Plan 14	-	74		$ 345.92	0.0%	#DIV/0!										-	1
Plan 15	-	74		$ 338.09	0.0%	#DIV/0!										-	1
Plan 16	-	74		$ 331.97	0.0%	#DIV/0!										-	1
Plan 17	-	28		$ 359.55	0.0%	#DIV/0!										-	1
Plan 18	-	28		$ 334.57	0.0%	#DIV/0!										-	1
Plan 19	-	28		$ 316.82	0.0%	#DIV/0!										-	1
Plan 20	-	28		$ 315.31	0.0%	#DIV/0!										-	1

PA Rate Template Part IV A - Individual

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

Carrier Name: Ciena Life and Health Insurance Company
Product(s): PPO
Market Seement: Small Group
Rate Effective Date: 1/1/2023

Plan Number	HIOS Plan ID (Standard Component)	1/1/2022 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2023	1/1/2023 Plan HIOS Plan ID (if 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off	2022 21-year-old, Non-Tobacco Premium PMPM										2023 21-year-old, Non-Tobacco Premium PMPM										Change in 21-year-old Non-Tobacco Premium PMPM									
							1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	These cells auto-fill using the data entered in Table 10.						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Plan 1	13401PA0020001	ercer Open Access Blue Bl	N	13401PA0020001	Platinum	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 499.97	$ -	$ -										
Plan 2	13401PA0020002	ar Open Access Plus Pla	N	13401PA0020002	Platinum	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 498.78	$ -	$ -										
Plan 3	13401PA0020003	Oscar Open Access Plus	N	13401PA0020003	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 448.53	$ -	$ -										
Plan 4	13401PA0020004	lscar Open Access Plus G	N	13401PA0020004	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 414.36	$ -	$ -										
Plan 5	13401PA0020005	lscar Open Access Plus Go	N	13401PA0020005	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 420.86	$ -	$ -										
Plan 6	13401PA0020006	scar Open Access Plus Go	N	13401PA0020006	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 402.78	$ -	$ -										
Plan 7	13401PA0020007	er Open Access Plus Gold	N	13401PA0020007	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 442.78	$ -	$ -										
Plan 8	13401PA0020008	scar Open Access Plus Go	N	13401PA0020008	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 380.55	$ -	$ -										
Plan 9	13401PA0020009	er Open Access Plus Gold	N	13401PA0020009	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 396.57	$ -	$ -										
Plan 10	13401PA0020010	scar Open Access Plus Go	N	13401PA0020010	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 384.91	$ -	$ -										
Plan 11	13401PA0020011	Oscar Open Access Plus S	N	13401PA0020011	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 391.37	$ -	$ -										
Plan 12	13401PA0020012	er Open Access Plus Silve	N	13401PA0020012	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 353.23	$ -	$ -										
Plan 13	13401PA0020013	er Open Access Plus Silve	N	13401PA0020013	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 343.58	$ -	$ -										
Plan 14	13401PA0020014	ar Open Access Plus Sil	N	13401PA0020014	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 341.52	$ -	$ -										
Plan 15	13401PA0020015	ercer Open Access Blue Sil	N	13401PA0020015	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 318.09	$ -	$ -										
Plan 16	13401PA0020016	ar Open Access Plus Sil	N	13401PA0020016	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 331.37	$ -	$ -										
Plan 17	13401PA0020017	ar Open Access Plus Bro	N	13401PA0020017	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 359.55	$ -	$ -										
Plan 18	13401PA0020018	ar Open Access Plus Bro	N	13401PA0020018	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 334.57	$ -	$ -										
Plan 19	13401PA0020019	-Open Access Plus Bronz	N	13401PA0020019	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 316.82	$ -	$ -										
Plan 20	13401PA0020020	-Open Access Plus Bronz	N	13401PA0020020	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 315.31	$ -	$ -										

PA Rate Template Part IV B - Small Group Annual

Table 11 Blue Beacon on Demand Gold PA Gross PMI Non-Tobacco Clear

Product Name:	Blue Beacon on Demand Gold PA Gross PMI Non-Tobacco Clear
Product ID:	21GRP0010000
Rate Area Name:	Statewide
Rate Area Number:	1
Rate Area Number Name:	Statewide

							Quarter 1 2022, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	MAX-Blue Cross Blue of Pennsylvania	1/1/2014 Plan	Household Gross Modified Adjusted Income (MAGI) As Percent of FPL	1/1/2014 Child Plan 1/1/2014 Plan	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Please select one filtering the data using AND/OR rules.															
Alaska	21GRP0010000001	Blue Cross Blue of Pennsylvania	138	21GRP0010000001	Male	21GRP0010000001										0
Alaska	21GRP0010000002	Blue Cross Blue of Pennsylvania	138	21GRP0010000002	Female	21GRP0010000002										0
Alaska	21GRP0010000003	Blue Cross Blue of Pennsylvania	138	21GRP0010000003	Male	21GRP0010000003										0
Alaska	21GRP0010000004	Blue Cross Blue of Pennsylvania	138	21GRP0010000004	Female	21GRP0010000004										0
Alaska	21GRP0010000005	Blue Cross Blue of Pennsylvania	138	21GRP0010000005	Male	21GRP0010000005										0
Alaska	21GRP0010000006	Blue Cross Blue of Pennsylvania	138	21GRP0010000006	Female	21GRP0010000006										0
Alaska	21GRP0010000007	Blue Cross Blue of Pennsylvania	138	21GRP0010000007	Male	21GRP0010000007										0
Alaska	21GRP0010000008	Blue Cross Blue of Pennsylvania	138	21GRP0010000008	Female	21GRP0010000008										0
Alaska	21GRP0010000009	Blue Cross Blue of Pennsylvania	138	21GRP0010000009	Male	21GRP0010000009										0
Alaska	21GRP0010000010	Blue Cross Blue of Pennsylvania	138	21GRP0010000010	Female	21GRP0010000010										0
Alaska	21GRP0010000011	Blue Cross Blue of Pennsylvania	138	21GRP0010000011	Male	21GRP0010000011										0
Alaska	21GRP0010000012	Blue Cross Blue of Pennsylvania	138	21GRP0010000012	Female	21GRP0010000012										0
Alaska	21GRP0010000013	Blue Cross Blue of Pennsylvania	138	21GRP0010000013	Male	21GRP0010000013										0
Alaska	21GRP0010000014	Blue Cross Blue of Pennsylvania	138	21GRP0010000014	Female	21GRP0010000014										0
Alaska	21GRP0010000015	Blue Cross Blue of Pennsylvania	138	21GRP0010000015	Male	21GRP0010000015										0
Alaska	21GRP0010000016	Blue Cross Blue of Pennsylvania	138	21GRP0010000016	Female	21GRP0010000016										0
Alaska	21GRP0010000017	Blue Cross Blue of Pennsylvania	138	21GRP0010000017	Male	21GRP0010000017										0
Alaska	21GRP0010000018	Blue Cross Blue of Pennsylvania	138	21GRP0010000018	Female	21GRP0010000018										0

			Quarter 2 2022, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001										0
Statewide	Female	21GRP0010000002										0
Statewide	Male	21GRP0010000003										0
Statewide	Female	21GRP0010000004										0
Statewide	Male	21GRP0010000005										0
Statewide	Female	21GRP0010000006										0
Statewide	Male	21GRP0010000007										0
Statewide	Female	21GRP0010000008										0
Statewide	Male	21GRP0010000009										0
Statewide	Female	21GRP0010000010										0
Statewide	Male	21GRP0010000011										0
Statewide	Female	21GRP0010000012										0
Statewide	Male	21GRP0010000013										0
Statewide	Female	21GRP0010000014										0
Statewide	Male	21GRP0010000015										0
Statewide	Female	21GRP0010000016										0
Statewide	Male	21GRP0010000017										0
Statewide	Female	21GRP0010000018										0

			Quarter 3 2022, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000002	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000003	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000004	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000005	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000006	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000007	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000008	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000009	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000010	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000011	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000012	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000013	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000014	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000015	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000016	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Male	21GRP0010000017	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0
Statewide	Female	21GRP0010000018	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0

			Change in Quarter 3 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000002	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000003	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000004	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000005	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000006	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000007	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000008	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000009	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000010	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000011	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000012	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000013	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000014	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000015	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000016	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Male	21GRP0010000017	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Statewide	Female	21GRP0010000018	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

			Quarter 4 2022, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000002	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000003	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000004	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000005	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000006	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000007	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000008	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000009	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000010	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000011	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000012	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000013	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000014	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000015	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000016	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000017	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000018	0	0	0	0	0	0	0	0	0	0

			Quarter 1 2023, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000002	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000003	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000004	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000005	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000006	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000007	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000008	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000009	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000010	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000011	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000012	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000013	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000014	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000015	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000016	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000017	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000018	0	0	0	0	0	0	0	0	0	0

			Quarter 2 2023, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000002	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000003	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000004	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000005	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000006	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000007	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000008	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000009	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000010	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000011	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000012	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000013	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000014	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000015	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000016	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000017	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000018	0	0	0	0	0	0	0	0	0	0

			Quarter 3 2023, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000002	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000003	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000004	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000005	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000006	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000007	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000008	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000009	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000010	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000011	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000012	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000013	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000014	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000015	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000016	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000017	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000018	0	0	0	0	0	0	0	0	0	0

			Quarter 4 2023, 21 year old Non-Tobacco Premium PMPM									Average weighted by premium for rating factor
Rate Area Name	Gender	Exchange Id	Child	Child	Child	Child	Child	Child	Child	Child	Child	
Statewide	Male	21GRP0010000001	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000002	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000003	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000004	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000005	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000006	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000007	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000008	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000009	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000010	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000011	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000012	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000013	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000014	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000015	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000016	0	0	0	0	0	0	0	0	0	0
Statewide	Male	21GRP0010000017	0	0	0	0	0	0	0	0	0	0
Statewide	Female	21GRP0010000018	0	0	0	0	0	0	0	0	0	0

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Cigna Life and Health Insurance Company**
Product(s):	**PPO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

Table 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				

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	**Counties**	**Current Factor**	**Proposed Factor**
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia		1.000
Rating Area 9			

Table 14. Network Factors

Projection Period Network Factors				
Network Name	**Rating Area**	**Current Factor**	**Proposed Factor**	**Approval Date**
Open Access Plus	Rating Area 8		1.000	

Company Name: a Life and Health Insurance Com
Market: Small Group
Product: PA SG Off Exchange
Effective Date of Rates: January 1, 2023
Ending date of Rates: March 31, 2023

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	13401PA0020001		13401PA0020002		13401PA0020003		13401PA0020004	
Plan Marketing Name =>	Cigna+Oscar Open Access Plus Platinum $0		Cigna+Oscar Open Access Plus Platinum $350		Cigna+Oscar Open Access Plus Gold $0		Cigna+Oscar Open Access Plus Gold $750	
Form # =>	Cigna+Oscar Open Access Plus Platinum $0 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Platinum $350 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $0 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $750 Off-Ex Small Group PA 2023 SOB	
Rating Area =>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>	Open Access Plus		Open Access Plus		Open Access Plus		Open Access Plus	
Metal =>	Platinum		Platinum		Gold		Gold	
Deductible =>	Med: 0, Rx: N/A (Family 2X Multiplier)		Med: 350, Rx: N/A (Family 2X Multiplier)		Med: 0, Rx: N/A (Family 2X Multiplier)		Med: 750, Rx: N/A (Family 2X Multiplier)	
General Coinsurance =>	0%		0%		0%		20%	
Copays =>	Vary by Service		Vary by Service		Vary by Service		Vary by Service	
OOP Maximum =>	3500 (Family 2X Multiplier)		4250 (Family 2X Multiplier)		8700 (Family 2X Multiplier)		8000 (Family 2X Multiplier)	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$382.48	$382.48	$381.55	$381.55	$343.14	$343.14	$316.97	$316.97
15	$416.48	$416.48	$415.47	$415.47	$373.64	$373.64	$345.14	$345.14
16	$429.48	$429.48	$428.44	$428.44	$385.31	$385.31	$355.92	$355.92
17	$442.48	$442.48	$441.40	$441.40	$396.97	$396.97	$366.69	$366.69
18	$456.48	$456.48	$455.37	$455.37	$409.53	$409.53	$378.29	$378.29
19	$470.48	$470.48	$469.34	$469.34	$422.09	$422.09	$389.89	$389.89
20	$484.98	$484.98	$483.80	$483.80	$435.09	$435.09	$401.91	$401.91
21	$499.98	$499.98	$498.77	$498.77	$448.55	$448.55	$414.34	$414.34
22	$499.98	$499.98	$498.77	$498.77	$448.55	$448.55	$414.34	$414.34
23	$499.98	$499.98	$498.77	$498.77	$448.55	$448.55	$414.34	$414.34
24	$499.98	$499.98	$498.77	$498.77	$448.55	$448.55	$414.34	$414.34
25	$501.98	$501.98	$500.76	$500.76	$450.35	$450.35	$416.00	$416.00
26	$511.98	$511.98	$510.73	$510.73	$459.32	$459.32	$424.28	$424.28
27	$523.97	$523.97	$522.70	$522.70	$470.08	$470.08	$434.23	$434.23
28	$543.47	$543.47	$542.15	$542.15	$487.57	$487.57	$450.39	$450.39
29	$559.47	$559.47	$558.12	$558.12	$501.93	$501.93	$463.64	$463.64
30	$567.47	$567.47	$566.10	$566.10	$509.11	$509.11	$470.27	$470.27
31	$579.47	$579.47	$578.07	$578.07	$519.87	$519.87	$480.22	$480.22
32	$591.47	$591.47	$590.04	$590.04	$530.64	$530.64	$490.16	$490.16
33	$598.97	$598.97	$597.52	$597.52	$537.36	$537.36	$496.38	$496.38
34	$606.97	$606.97	$605.50	$605.50	$544.54	$544.54	$503.01	$503.01
35	$610.97	$610.97	$609.49	$609.49	$548.13	$548.13	$506.32	$506.32
36	$614.97	$614.97	$613.48	$613.48	$551.72	$551.72	$509.64	$509.64
37	$618.97	$618.97	$617.47	$617.47	$555.31	$555.31	$512.95	$512.95
38	$622.97	$622.97	$621.46	$621.46	$558.89	$558.89	$516.27	$516.27
39	$630.97	$630.97	$629.44	$629.44	$566.07	$566.07	$522.89	$522.89
40	$638.97	$638.97	$637.42	$637.42	$573.25	$573.25	$529.52	$529.52
41	$650.97	$650.97	$649.39	$649.39	$584.01	$584.01	$539.47	$539.47
42	$662.47	$662.47	$660.86	$660.86	$594.33	$594.33	$549.00	$549.00
43	$678.47	$678.47	$676.82	$676.82	$608.68	$608.68	$562.26	$562.26
44	$698.47	$698.47	$696.77	$696.77	$626.63	$626.63	$578.83	$578.83
45	$721.97	$721.97	$720.21	$720.21	$647.71	$647.71	$598.30	$598.30
46	$749.96	$749.96	$748.14	$748.14	$672.83	$672.83	$621.51	$621.51
47	$781.46	$781.46	$779.57	$779.57	$701.09	$701.09	$647.61	$647.61
48	$817.46	$817.46	$815.48	$815.48	$733.38	$733.38	$677.44	$677.44
49	$852.96	$852.96	$850.89	$850.89	$765.23	$765.23	$706.86	$706.86
50	$892.96	$892.96	$890.79	$890.79	$801.11	$801.11	$740.01	$740.01
51	$932.46	$932.46	$930.19	$930.19	$836.55	$836.55	$772.74	$772.74
52	$975.95	$975.95	$973.58	$973.58	$875.57	$875.57	$808.79	$808.79
53	$1,019.95	$1,019.95	$1,017.48	$1,017.48	$915.04	$915.04	$845.25	$845.25
54	$1,067.45	$1,067.45	$1,064.86	$1,064.86	$957.66	$957.66	$884.61	$884.61
55	$1,114.95	$1,114.95	$1,112.24	$1,112.24	$1,000.27	$1,000.27	$923.97	$923.97
56	$1,166.44	$1,166.44	$1,163.61	$1,163.61	$1,046.47	$1,046.47	$966.65	$966.65
57	$1,218.44	$1,218.44	$1,215.48	$1,215.48	$1,093.12	$1,093.12	$1,009.74	$1,009.74
58	$1,273.94	$1,273.94	$1,270.85	$1,270.85	$1,142.91	$1,142.91	$1,055.73	$1,055.73
59	$1,301.44	$1,301.44	$1,298.28	$1,298.28	$1,167.58	$1,167.58	$1,078.52	$1,078.52
60	$1,356.93	$1,356.93	$1,353.64	$1,353.64	$1,217.37	$1,217.37	$1,124.51	$1,124.51
61	$1,404.93	$1,404.93	$1,401.52	$1,401.52	$1,260.43	$1,260.43	$1,164.29	$1,164.29
62	$1,436.43	$1,436.43	$1,432.94	$1,432.94	$1,288.69	$1,288.69	$1,190.39	$1,190.39
63	$1,475.93	$1,475.93	$1,472.35	$1,472.35	$1,324.12	$1,324.12	$1,223.13	$1,223.13
64 and over	$1,499.93	$1,499.93	$1,496.29	$1,496.29	$1,345.65	$1,345.65	$1,243.01	$1,243.01

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	13401PA0020005		13401PA0020006		13401PA0020007		13401PA0020008	
Plan Marketing Name =>	Cigna+Oscar Open Access Plus Gold $1000		Cigna+Oscar Open Access Plus Gold $1350		Cigna+Oscar Open Access Plus Gold $1750 HSA		Cigna+Oscar Open Access Plus Gold $1950	
Form # =>	Cigna+Oscar Open Access Plus Gold $1000 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $1350 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $1750 HSA Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $1950 Off-Ex Small Group PA 2023 SOB	
Rating Area =>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>	Open Access Plus		Open Access Plus		Open Access Plus		Open Access Plus	
Metal =>	Gold		Gold		Gold		Gold	
Deductible =>	Med: 1000, Rx: N/A (Family 2X Multiplier)		Med: 1350, Rx: N/A (Family 2X Multiplier)		Med: 1750, Rx: N/A (Family 2X Multiplier)		Med: 1950, Rx: N/A (Family 2X Multiplier)	
General Coinsurance =>	10%		15%		10%		20%	
Copays =>	Vary by Service		Vary by Service		Vary by Service		Vary by Service	
OOP Maximum =>	8550 (Family 2X Multiplier)		8550 (Family 2X Multiplier)		4500 (Family 2X Multiplier)		8000 (Family 2X Multiplier)	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$321.95	$321.95	$308.12	$308.12	$314.24	$314.24	$294.95	$294.95
15	$350.57	$350.57	$335.51	$335.51	$342.17	$342.17	$321.17	$321.17
16	$361.51	$361.51	$345.98	$345.98	$352.85	$352.85	$331.19	$331.19
17	$372.45	$372.45	$356.45	$356.45	$363.53	$363.53	$341.22	$341.22
18	$384.24	$384.24	$367.73	$367.73	$375.03	$375.03	$352.01	$352.01
19	$396.02	$396.02	$379.01	$379.01	$386.53	$386.53	$362.81	$362.81
20	$408.22	$408.22	$390.69	$390.69	$398.44	$398.44	$373.99	$373.99
21	$420.85	$420.85	$402.78	$402.78	$410.77	$410.77	$385.56	$385.56
22	$420.85	$420.85	$402.78	$402.78	$410.77	$410.77	$385.56	$385.56
23	$420.85	$420.85	$402.78	$402.78	$410.77	$410.77	$385.56	$385.56
24	$420.85	$420.85	$402.78	$402.78	$410.77	$410.77	$385.56	$385.56
25	$422.53	$422.53	$404.39	$404.39	$412.41	$412.41	$387.10	$387.10
26	$430.95	$430.95	$412.44	$412.44	$420.62	$420.62	$394.81	$394.81
27	$441.05	$441.05	$422.11	$422.11	$430.48	$430.48	$404.06	$404.06
28	$457.46	$457.46	$437.82	$437.82	$446.50	$446.50	$419.10	$419.10
29	$470.93	$470.93	$450.70	$450.70	$459.65	$459.65	$431.44	$431.44
30	$477.66	$477.66	$457.15	$457.15	$466.22	$466.22	$437.61	$437.61
31	$487.76	$487.76	$466.82	$466.82	$476.08	$476.08	$446.86	$446.86
32	$497.86	$497.86	$476.48	$476.48	$485.94	$485.94	$456.12	$456.12
33	$504.18	$504.18	$482.52	$482.52	$492.10	$492.10	$461.90	$461.90
34	$510.91	$510.91	$488.97	$488.97	$498.67	$498.67	$468.07	$468.07
35	$514.28	$514.28	$492.19	$492.19	$501.96	$501.96	$471.15	$471.15
36	$517.64	$517.64	$495.41	$495.41	$505.24	$505.24	$474.24	$474.24
37	$521.01	$521.01	$498.63	$498.63	$508.53	$508.53	$477.32	$477.32
38	$524.38	$524.38	$501.86	$501.86	$511.81	$511.81	$480.41	$480.41
39	$531.11	$531.11	$508.30	$508.30	$518.39	$518.39	$486.57	$486.57
40	$537.85	$537.85	$514.75	$514.75	$524.96	$524.96	$492.74	$492.74
41	$547.95	$547.95	$524.41	$524.41	$534.82	$534.82	$502.00	$502.00
42	$557.63	$557.63	$533.68	$533.68	$544.27	$544.27	$510.86	$510.86
43	$571.09	$571.09	$546.56	$546.56	$557.41	$557.41	$523.20	$523.20
44	$587.93	$587.93	$562.68	$562.68	$573.84	$573.84	$538.62	$538.62
45	$607.71	$607.71	$581.61	$581.61	$593.15	$593.15	$556.75	$556.75
46	$631.27	$631.27	$604.16	$604.16	$616.15	$616.15	$578.34	$578.34
47	$657.79	$657.79	$629.54	$629.54	$642.03	$642.03	$602.63	$602.63
48	$688.09	$688.09	$658.54	$658.54	$671.60	$671.60	$630.39	$630.39
49	$717.97	$717.97	$687.13	$687.13	$700.77	$700.77	$657.76	$657.76
50	$751.64	$751.64	$719.35	$719.35	$733.63	$733.63	$688.61	$688.61
51	$784.88	$784.88	$751.17	$751.17	$766.08	$766.08	$719.07	$719.07
52	$821.50	$821.50	$786.21	$786.21	$801.82	$801.82	$752.61	$752.61
53	$858.53	$858.53	$821.66	$821.66	$837.96	$837.96	$786.54	$786.54
54	$898.51	$898.51	$859.92	$859.92	$876.99	$876.99	$823.17	$823.17
55	$938.49	$938.49	$898.19	$898.19	$916.01	$916.01	$859.79	$859.79
56	$981.84	$981.84	$939.67	$939.67	$958.32	$958.32	$899.51	$899.51
57	$1,025.61	$1,025.61	$981.56	$981.56	$1,001.04	$1,001.04	$939.60	$939.60
58	$1,072.32	$1,072.32	$1,026.27	$1,026.27	$1,046.63	$1,046.63	$982.40	$982.40
59	$1,095.47	$1,095.47	$1,048.42	$1,048.42	$1,069.22	$1,069.22	$1,003.61	$1,003.61
60	$1,142.19	$1,142.19	$1,093.13	$1,093.13	$1,114.82	$1,114.82	$1,046.40	$1,046.40
61	$1,182.59	$1,182.59	$1,131.79	$1,131.79	$1,154.25	$1,154.25	$1,083.42	$1,083.42
62	$1,209.10	$1,209.10	$1,157.17	$1,157.17	$1,180.13	$1,180.13	$1,107.71	$1,107.71
63	$1,242.35	$1,242.35	$1,188.99	$1,188.99	$1,212.58	$1,212.58	$1,138.17	$1,138.17
64 and over	$1,262.55	$1,262.55	$1,208.32	$1,208.32	$1,232.30	$1,232.30	$1,156.67	$1,156.67

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	13401PA0020009		13401PA0020010		13401PA0020011		13401PA0020012	
Plan Marketing Name =>	Cigna+Oscar Open Access Plus Gold $2400 HSA		Cigna+Oscar Open Access Plus Gold $2750		Cigna+Oscar Open Access Plus Silver $0		Cigna+Oscar Open Access Plus Silver $2750 HSA	
Form # =>	Cigna+Oscar Open Access Plus Gold $2400 HSA Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Gold $2750 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Silver $0 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Silver $2750 HSA Off-Ex Small Group PA 2023 SOB	
Rating Area =>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>	Open Access Plus		Open Access Plus		Open Access Plus		Open Access Plus	
Metal =>	Gold		Gold		Silver		Silver	
Deductible =>	Med: 2400, Rx: N/A (Family 2X Multiplier)		Med: 2750, Rx: N/A (Family 2X Multiplier)		Med: 0, Rx: 1500 (Family 2X Multiplier)		Med: 2750, Rx: N/A (Family 2X Multiplier)	
General Coinsurance =>	10%		10%		30%		20%	
Copays =>	Vary by Service		Vary by Service		Vary by Service		Vary by Service	
OOP Maximum =>	5000 (Family 2X Multiplier)		8550 (Family 2X Multiplier)		9100 (Family 2X Multiplier)		7250 (Family 2X Multiplier)	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$303.34	$303.34	$294.44	$294.44	$299.41	$299.41	$274.81	$274.81
15	$330.31	$330.31	$320.61	$320.61	$326.02	$326.02	$299.24	$299.24
16	$340.62	$340.62	$330.62	$330.62	$336.20	$336.20	$308.58	$308.58
17	$350.93	$350.93	$340.62	$340.62	$346.37	$346.37	$317.92	$317.92
18	$362.03	$362.03	$351.40	$351.40	$357.33	$357.33	$327.97	$327.97
19	$373.13	$373.13	$362.18	$362.18	$368.29	$368.29	$338.03	$338.03
20	$384.63	$384.63	$373.34	$373.34	$379.64	$379.64	$348.45	$348.45
21	$396.53	$396.53	$384.89	$384.89	$391.38	$391.38	$359.23	$359.23
22	$396.53	$396.53	$384.89	$384.89	$391.38	$391.38	$359.23	$359.23
23	$396.53	$396.53	$384.89	$384.89	$391.38	$391.38	$359.23	$359.23
24	$396.53	$396.53	$384.89	$384.89	$391.38	$391.38	$359.23	$359.23
25	$398.11	$398.11	$386.43	$386.43	$392.95	$392.95	$360.66	$360.66
26	$406.05	$406.05	$394.12	$394.12	$400.77	$400.77	$367.85	$367.85
27	$415.56	$415.56	$403.36	$403.36	$410.17	$410.17	$376.47	$376.47
28	$431.03	$431.03	$418.37	$418.37	$425.43	$425.43	$390.48	$390.48
29	$443.72	$443.72	$430.69	$430.69	$437.96	$437.96	$401.97	$401.97
30	$450.06	$450.06	$436.85	$436.85	$444.22	$444.22	$407.72	$407.72
31	$459.58	$459.58	$446.08	$446.08	$453.61	$453.61	$416.34	$416.34
32	$469.09	$469.09	$455.32	$455.32	$463.00	$463.00	$424.96	$424.96
33	$475.04	$475.04	$461.09	$461.09	$468.87	$468.87	$430.35	$430.35
34	$481.39	$481.39	$467.25	$467.25	$475.14	$475.14	$436.10	$436.10
35	$484.56	$484.56	$470.33	$470.33	$478.27	$478.27	$438.97	$438.97
36	$487.73	$487.73	$473.41	$473.41	$481.40	$481.40	$441.85	$441.85
37	$490.90	$490.90	$476.49	$476.49	$484.53	$484.53	$444.72	$444.72
38	$494.07	$494.07	$479.57	$479.57	$487.66	$487.66	$447.60	$447.60
39	$500.42	$500.42	$485.73	$485.73	$493.92	$493.92	$453.34	$453.34
40	$506.76	$506.76	$491.88	$491.88	$500.18	$500.18	$459.09	$459.09
41	$516.28	$516.28	$501.12	$501.12	$509.58	$509.58	$467.71	$467.71
42	$525.40	$525.40	$509.97	$509.97	$518.58	$518.58	$475.97	$475.97
43	$538.09	$538.09	$522.29	$522.29	$531.10	$531.10	$487.47	$487.47
44	$553.95	$553.95	$537.69	$537.69	$546.76	$546.76	$501.84	$501.84
45	$572.59	$572.59	$555.78	$555.78	$565.15	$565.15	$518.72	$518.72
46	$594.79	$594.79	$577.33	$577.33	$587.07	$587.07	$538.84	$538.84
47	$619.77	$619.77	$601.58	$601.58	$611.73	$611.73	$561.47	$561.47
48	$648.32	$648.32	$629.29	$629.29	$639.91	$639.91	$587.33	$587.33
49	$676.48	$676.48	$656.62	$656.62	$667.70	$667.70	$612.84	$612.84
50	$708.20	$708.20	$687.41	$687.41	$699.01	$699.01	$641.58	$641.58
51	$739.53	$739.53	$717.81	$717.81	$729.93	$729.93	$669.96	$669.96
52	$774.02	$774.02	$751.30	$751.30	$763.98	$763.98	$701.21	$701.21
53	$808.92	$808.92	$785.17	$785.17	$798.42	$798.42	$732.82	$732.82
54	$846.59	$846.59	$821.73	$821.73	$835.60	$835.60	$766.95	$766.95
55	$884.26	$884.26	$858.30	$858.30	$872.78	$872.78	$801.07	$801.07
56	$925.10	$925.10	$897.94	$897.94	$913.09	$913.09	$838.07	$838.07
57	$966.34	$966.34	$937.97	$937.97	$953.80	$953.80	$875.43	$875.43
58	$1,010.36	$1,010.36	$980.69	$980.69	$997.24	$997.24	$915.31	$915.31
59	$1,032.16	$1,032.16	$1,001.86	$1,001.86	$1,018.76	$1,018.76	$935.07	$935.07
60	$1,076.18	$1,076.18	$1,044.58	$1,044.58	$1,062.21	$1,062.21	$974.94	$974.94
61	$1,114.25	$1,114.25	$1,081.53	$1,081.53	$1,099.78	$1,099.78	$1,009.43	$1,009.43
62	$1,139.23	$1,139.23	$1,105.78	$1,105.78	$1,124.44	$1,124.44	$1,032.06	$1,032.06
63	$1,170.55	$1,170.55	$1,136.18	$1,136.18	$1,155.36	$1,155.36	$1,060.44	$1,060.44
64 and over	$1,189.59	$1,189.59	$1,154.66	$1,154.66	$1,174.14	$1,174.14	$1,077.68	$1,077.68

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	13401PA0020013		13401PA0020014		13401PA0020015		13401PA0020016	
Plan Marketing Name =>	Cigna+Oscar Open Access Plus Silver $4250 HSA		Cigna+Oscar Open Access Plus Silver $4750		Cigna+Oscar Open Access Plus Silver $5300		Cigna+Oscar Open Access Plus Silver $5850	
Form # =>	Cigna+Oscar Open Access Plus Silver $4250 HSA Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Silver $4750 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Silver $5300 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Silver $5850 Off-Ex Small Group PA 2023 SOB	
Rating Area =>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>	Open Access Plus		Open Access Plus		Open Access Plus		Open Access Plus	
Metal =>	Silver		Silver		Silver		Silver	
Deductible =>	Med: 4250, Rx: N/A (Family 2X Multiplier)		Med: 4750, Rx: N/A (Family 2X Multiplier)		Med: 5300, Rx: N/A (Family 2X Multiplier)		Med: 5850, Rx: N/A (Family 2X Multiplier)	
General Coinsurance =>	10%		25%		20%		25%	
Copays =>	Vary by Service		Vary by Service		Vary by Service		Vary by Service	
OOP Maximum =>	7250 (Family 2X Multiplier)		8700 (Family 2X Multiplier)		8950 (Family 2X Multiplier)		8950 (Family 2X Multiplier)	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$262.88	$262.88	$264.64	$264.64	$258.65	$258.65	$253.95	$253.95
15	$286.25	$286.25	$288.17	$288.17	$281.64	$281.64	$276.52	$276.52
16	$295.18	$295.18	$297.16	$297.16	$290.44	$290.44	$285.15	$285.15
17	$304.12	$304.12	$306.16	$306.16	$299.23	$299.23	$293.78	$293.78
18	$313.74	$313.74	$315.84	$315.84	$308.69	$308.69	$303.08	$303.08
19	$323.36	$323.36	$325.53	$325.53	$318.16	$318.16	$312.37	$312.37
20	$333.33	$333.33	$335.56	$335.56	$327.97	$327.97	$322.00	$322.00
21	$343.64	$343.64	$345.94	$345.94	$338.11	$338.11	$331.96	$331.96
22	$343.64	$343.64	$345.94	$345.94	$338.11	$338.11	$331.96	$331.96
23	$343.64	$343.64	$345.94	$345.94	$338.11	$338.11	$331.96	$331.96
24	$343.64	$343.64	$345.94	$345.94	$338.11	$338.11	$331.96	$331.96
25	$345.01	$345.01	$347.32	$347.32	$339.46	$339.46	$333.28	$333.28
26	$351.88	$351.88	$354.24	$354.24	$346.22	$346.22	$339.92	$339.92
27	$360.13	$360.13	$362.54	$362.54	$354.34	$354.34	$347.89	$347.89
28	$373.53	$373.53	$376.03	$376.03	$367.52	$367.52	$360.84	$360.84
29	$384.53	$384.53	$387.10	$387.10	$378.34	$378.34	$371.46	$371.46
30	$390.03	$390.03	$392.64	$392.64	$383.75	$383.75	$376.77	$376.77
31	$398.28	$398.28	$400.94	$400.94	$391.87	$391.87	$384.74	$384.74
32	$406.52	$406.52	$409.24	$409.24	$399.98	$399.98	$392.70	$392.70
33	$411.68	$411.68	$414.43	$414.43	$405.05	$405.05	$397.68	$397.68
34	$417.18	$417.18	$419.97	$419.97	$410.46	$410.46	$402.99	$402.99
35	$419.93	$419.93	$422.74	$422.74	$413.17	$413.17	$405.65	$405.65
36	$422.67	$422.67	$425.50	$425.50	$415.87	$415.87	$408.31	$408.31
37	$425.42	$425.42	$428.27	$428.27	$418.58	$418.58	$410.96	$410.96
38	$428.17	$428.17	$431.04	$431.04	$421.28	$421.28	$413.62	$413.62
39	$433.67	$433.67	$436.57	$436.57	$426.69	$426.69	$418.93	$418.93
40	$439.17	$439.17	$442.11	$442.11	$432.10	$432.10	$424.24	$424.24
41	$447.42	$447.42	$450.41	$450.41	$440.22	$440.22	$432.21	$432.21
42	$455.32	$455.32	$458.37	$458.37	$447.99	$447.99	$439.84	$439.84
43	$466.32	$466.32	$469.44	$469.44	$458.81	$458.81	$450.46	$450.46
44	$480.06	$480.06	$483.28	$483.28	$472.34	$472.34	$463.74	$463.74
45	$496.21	$496.21	$499.53	$499.53	$488.23	$488.23	$479.34	$479.34
46	$515.46	$515.46	$518.91	$518.91	$507.16	$507.16	$497.93	$497.93
47	$537.11	$537.11	$540.70	$540.70	$528.46	$528.46	$518.85	$518.85
48	$561.85	$561.85	$565.61	$565.61	$552.81	$552.81	$542.75	$542.75
49	$586.25	$586.25	$590.17	$590.17	$576.81	$576.81	$566.32	$566.32
50	$613.74	$613.74	$617.85	$617.85	$603.86	$603.86	$592.87	$592.87
51	$640.88	$640.88	$645.17	$645.17	$630.57	$630.57	$619.10	$619.10
52	$670.78	$670.78	$675.27	$675.27	$659.99	$659.99	$647.98	$647.98
53	$701.02	$701.02	$705.71	$705.71	$689.74	$689.74	$677.19	$677.19
54	$733.67	$733.67	$738.58	$738.58	$721.86	$721.86	$708.73	$708.73
55	$766.31	$766.31	$771.44	$771.44	$753.98	$753.98	$740.26	$740.26
56	$801.71	$801.71	$807.07	$807.07	$788.81	$788.81	$774.45	$774.45
57	$837.44	$837.44	$843.05	$843.05	$823.97	$823.97	$808.98	$808.98
58	$875.59	$875.59	$881.45	$881.45	$861.50	$861.50	$845.82	$845.82
59	$894.49	$894.49	$900.48	$900.48	$880.10	$880.10	$864.08	$864.08
60	$932.63	$932.63	$938.88	$938.88	$917.63	$917.63	$900.93	$900.93
61	$965.62	$965.62	$972.09	$972.09	$950.09	$950.09	$932.80	$932.80
62	$987.27	$987.27	$993.88	$993.88	$971.39	$971.39	$953.71	$953.71
63	$1,014.42	$1,014.42	$1,021.21	$1,021.21	$998.10	$998.10	$979.93	$979.93
64 and over	$1,030.91	$1,030.91	$1,037.81	$1,037.81	$1,014.33	$1,014.33	$995.87	$995.87

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	13401PA0020017		13401PA0020018		13401PA0020019		13401PA0020020	
Plan Marketing Name =>	Cigna+Oscar Open Access Plus Bronze $1000		Cigna+Oscar Open Access Plus Bronze $3000		Cigna+Oscar Open Access Plus Bronze $5750 HSA		Cigna+Oscar Open Access Plus Bronze $7450 HSA	
Form # =>	Cigna+Oscar Open Access Plus Bronze $1000 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Bronze $3000 Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Bronze $5750 HSA Off-Ex Small Group PA 2023 SOB		Cigna+Oscar Open Access Plus Bronze $7450 HSA Off-Ex Small Group PA 2023 SOB	
Rating Area =>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>	Open Access Plus		Open Access Plus		Open Access Plus		Open Access Plus	
Metal =>	Bronze		Bronze		Bronze		Bronze	
Deductible =>	Med: 1000, Rx: 6100 (Family 2X Multiplier)		Med: 3000, Rx: 3100 (Family 2X Multiplier)		Med: 5750, Rx: N/A (Family 2X Multiplier)		Med: 7450, Rx: N/A (Family 2X Multiplier)	
General Coinsurance =>	30%		30%		40%		0%	
Copays =>	Vary by Service		Vary by Service		Vary by Service		Vary by Service	
OOP Maximum =>	9100 (Family 2X Multiplier)		9100 (Family 2X Multiplier)		7450 (Family 2X Multiplier)		7450 (Family 2X Multiplier)	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$275.05	$275.05	$255.93	$255.93	$242.37	$242.37	$241.21	$241.21
15	$299.50	$299.50	$278.68	$278.68	$263.92	$263.92	$262.65	$262.65
16	$308.85	$308.85	$287.38	$287.38	$272.15	$272.15	$270.84	$270.84
17	$318.20	$318.20	$296.08	$296.08	$280.39	$280.39	$279.04	$279.04
18	$328.27	$328.27	$305.44	$305.44	$289.26	$289.26	$287.87	$287.87
19	$338.33	$338.33	$314.81	$314.81	$298.13	$298.13	$296.70	$296.70
20	$348.76	$348.76	$324.51	$324.51	$307.32	$307.32	$305.84	$305.84
21	$359.55	$359.55	$334.55	$334.55	$316.83	$316.83	$315.31	$315.31
22	$359.55	$359.55	$334.55	$334.55	$316.83	$316.83	$315.31	$315.31
23	$359.55	$359.55	$334.55	$334.55	$316.83	$316.83	$315.31	$315.31
24	$359.55	$359.55	$334.55	$334.55	$316.83	$316.83	$315.31	$315.31
25	$360.98	$360.98	$335.89	$335.89	$318.09	$318.09	$316.56	$316.56
26	$368.18	$368.18	$342.58	$342.58	$324.43	$324.43	$322.87	$322.87
27	$376.81	$376.81	$350.61	$350.61	$332.03	$332.03	$330.44	$330.44
28	$390.83	$390.83	$363.66	$363.66	$344.39	$344.39	$342.73	$342.73
29	$402.33	$402.33	$374.36	$374.36	$354.53	$354.53	$352.82	$352.82
30	$408.09	$408.09	$379.71	$379.71	$359.60	$359.60	$357.87	$357.87
31	$416.71	$416.71	$387.74	$387.74	$367.20	$367.20	$365.43	$365.43
32	$425.34	$425.34	$395.77	$395.77	$374.81	$374.81	$373.00	$373.00
33	$430.74	$430.74	$400.79	$400.79	$379.56	$379.56	$377.73	$377.73
34	$436.49	$436.49	$406.14	$406.14	$384.63	$384.63	$382.78	$382.78
35	$439.37	$439.37	$408.82	$408.82	$387.16	$387.16	$385.30	$385.30
36	$442.24	$442.24	$411.50	$411.50	$389.70	$389.70	$387.82	$387.82
37	$445.12	$445.12	$414.17	$414.17	$392.23	$392.23	$390.34	$390.34
38	$448.00	$448.00	$416.85	$416.85	$394.77	$394.77	$392.87	$392.87
39	$453.75	$453.75	$422.20	$422.20	$399.84	$399.84	$397.91	$397.91
40	$459.50	$459.50	$427.56	$427.56	$404.90	$404.90	$402.96	$402.96
41	$468.13	$468.13	$435.58	$435.58	$412.51	$412.51	$410.52	$410.52
42	$476.40	$476.40	$443.28	$443.28	$419.80	$419.80	$417.77	$417.77
43	$487.90	$487.90	$453.98	$453.98	$429.93	$429.93	$427.86	$427.86
44	$502.29	$502.29	$467.37	$467.37	$442.61	$442.61	$440.48	$440.48
45	$519.19	$519.19	$483.09	$483.09	$457.50	$457.50	$455.30	$455.30
46	$539.32	$539.32	$501.83	$501.83	$475.24	$475.24	$472.95	$472.95
47	$561.97	$561.97	$522.90	$522.90	$495.20	$495.20	$492.82	$492.82
48	$587.86	$587.86	$546.99	$546.99	$518.01	$518.01	$515.52	$515.52
49	$613.39	$613.39	$570.74	$570.74	$540.51	$540.51	$537.90	$537.90
50	$642.15	$642.15	$597.51	$597.51	$565.85	$565.85	$563.13	$563.13
51	$670.55	$670.55	$623.94	$623.94	$590.88	$590.88	$588.04	$588.04
52	$701.84	$701.84	$653.04	$653.04	$618.45	$618.45	$615.47	$615.47
53	$733.48	$733.48	$682.48	$682.48	$646.33	$646.33	$643.22	$643.22
54	$767.63	$767.63	$714.27	$714.27	$676.43	$676.43	$673.17	$673.17
55	$801.79	$801.79	$746.05	$746.05	$706.52	$706.52	$703.12	$703.12
56	$838.82	$838.82	$780.51	$780.51	$739.16	$739.16	$735.60	$735.60
57	$876.22	$876.22	$815.30	$815.30	$772.11	$772.11	$768.39	$768.39
58	$916.13	$916.13	$852.43	$852.43	$807.28	$807.28	$803.39	$803.39
59	$935.90	$935.90	$870.83	$870.83	$824.70	$824.70	$820.73	$820.73
60	$975.81	$975.81	$907.97	$907.97	$859.87	$859.87	$855.73	$855.73
61	$1,010.33	$1,010.33	$940.09	$940.09	$890.28	$890.28	$886.00	$886.00
62	$1,032.98	$1,032.98	$961.16	$961.16	$910.24	$910.24	$905.86	$905.86
63	$1,061.38	$1,061.38	$987.59	$987.59	$935.27	$935.27	$930.77	$930.77
64 and over	$1,078.64	$1,078.64	$1,003.65	$1,003.65	$950.48	$950.48	$945.91	$945.91

Cigna Life and Health Insurance Company
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
13401PA0020001	Cigna+Oscar Open Access Plus Platinum $0	PPO	Platinum	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020002	Cigna+Oscar Open Access Plus Platinum $350	PPO	Platinum	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020003	Cigna+Oscar Open Access Plus Gold $0	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020004	Cigna+Oscar Open Access Plus Gold $750	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020005	Cigna+Oscar Open Access Plus Gold $1000	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020006	Cigna+Oscar Open Access Plus Gold $1350	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020007	Cigna+Oscar Open Access Plus Gold $1750 HSA	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020008	Cigna+Oscar Open Access Plus Gold $1950	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020009	Cigna+Oscar Open Access Plus Gold $2400 HSA	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020010	Cigna+Oscar Open Access Plus Gold $2750	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020011	Cigna+Oscar Open Access Plus Silver $0	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020012	Cigna+Oscar Open Access Plus Silver $2750 HSA	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020013	Cigna+Oscar Open Access Plus Silver $4250 HSA	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020014	Cigna+Oscar Open Access Plus Silver $4750	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020015	Cigna+Oscar Open Access Plus Silver $5300	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020016	Cigna+Oscar Open Access Plus Silver $5850	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020017	Cigna+Oscar Open Access Plus Bronze $1000	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020018	Cigna+Oscar Open Access Plus Bronze $3000	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020019	Cigna+Oscar Open Access Plus Bronze $5750 HSA	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020020	Cigna+Oscar Open Access Plus Bronze $7450 HSA	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name **Cigna Life and Health Insurance Company**
Market **Small Group**
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2022 Number of Covered Lives by Rating County

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
13401PA0020001	Cigna+Oscar Open Access Plus Platinum $0	PPO	Platinum	Off
13401PA0020002	Cigna+Oscar Open Access Plus Platinum $350	PPO	Platinum	Off
13401PA0020003	Cigna+Oscar Open Access Plus Gold $0	PPO	Gold	Off
13401PA0020004	Cigna+Oscar Open Access Plus Gold $750	PPO	Gold	Off
13401PA0020005	Cigna+Oscar Open Access Plus Gold $1000	PPO	Gold	Off
13401PA0020006	Cigna+Oscar Open Access Plus Gold $1350	PPO	Gold	Off
13401PA0020007	Cigna+Oscar Open Access Plus Gold $1750 HSA	PPO	Gold	Off
13401PA0020008	Cigna+Oscar Open Access Plus Gold $1950	PPO	Gold	Off
13401PA0020009	Cigna+Oscar Open Access Plus Gold $2400 HSA	PPO	Gold	Off
13401PA0020010	Cigna+Oscar Open Access Plus Gold $2750	PPO	Gold	Off
13401PA0020011	Cigna+Oscar Open Access Plus Silver $0	PPO	Silver	Off
13401PA0020012	Cigna+Oscar Open Access Plus Silver $2750 HSA	PPO	Silver	Off
13401PA0020013	Cigna+Oscar Open Access Plus Silver $4250 HSA	PPO	Silver	Off
13401PA0020014	Cigna+Oscar Open Access Plus Silver $4750	PPO	Silver	Off
13401PA0020015	Cigna+Oscar Open Access Plus Silver $5300	PPO	Silver	Off
13401PA0020016	Cigna+Oscar Open Access Plus Silver $5850	PPO	Silver	Off
13401PA0020017	Cigna+Oscar Open Access Plus Bronze $1000	PPO	Bronze	Off
13401PA0020018	Cigna+Oscar Open Access Plus Bronze $3000	PPO	Bronze	Off
13401PA0020019	Cigna+Oscar Open Access Plus Bronze $5750 HSA	PPO	Bronze	Off
13401PA0020020	Cigna+Oscar Open Access Plus Bronze $7450 HSA	PPO	Bronze	Off

RATING AREA 1

Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren
0	0	0	0	0	0	0	0

RATING AREA 2

Elk	Cameron	Potter
0	0	0

RATING AREA 3

Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
0	0	0	0	0	0	0	0	0	0	0	0	0

RATING AREA 4

Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
0	0	0	0	0	0	0	0	0	0

RATING AREA 5

Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
0	0	0	0	0	0	0

RATING AREA 6

Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union
0	0	0	0	0	0	0	0	0	0

RATING AREA 7

Adams	Berks	Lancaster	York
0	0	0	0

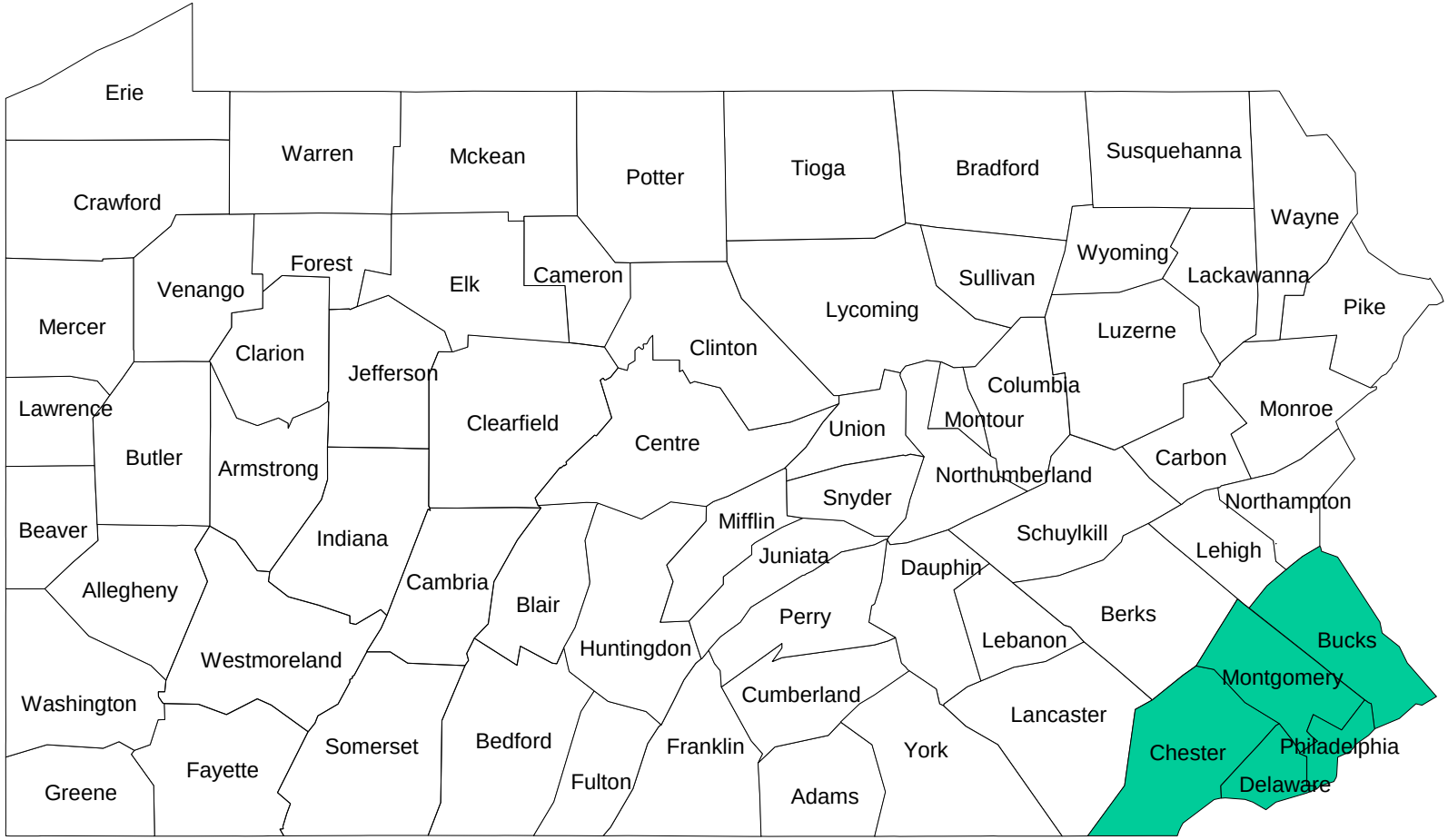
RATING AREA 8

HIOS Plan ID	Bucks	Chester	Delaware	Montgomery	Philadelphia
	0	0	0	0	0
13401PA0020001	$499.98	$499.98	$499.98	$499.98	$499.98
13401PA0020002	$498.77	$498.77	$498.77	$498.77	$498.77
13401PA0020003	$448.55	$448.55	$448.55	$448.55	$448.55
13401PA0020004	$414.34	$414.34	$414.34	$414.34	$414.34
13401PA0020005	$420.85	$420.85	$420.85	$420.85	$420.85
13401PA0020006	$402.78	$402.78	$402.78	$402.78	$402.78
13401PA0020007	$410.77	$410.77	$410.77	$410.77	$410.77
13401PA0020008	$385.56	$385.56	$385.56	$385.56	$385.56
13401PA0020009	$396.53	$396.53	$396.53	$396.53	$396.53
13401PA0020010	$384.89	$384.89	$384.89	$384.89	$384.89
13401PA0020011	$391.38	$391.38	$391.38	$391.38	$391.38
13401PA0020012	$359.23	$359.23	$359.23	$359.23	$359.23
13401PA0020013	$343.64	$343.64	$343.64	$343.64	$343.64
13401PA0020014	$345.94	$345.94	$345.94	$345.94	$345.94
13401PA0020015	$338.11	$338.11	$338.11	$338.11	$338.11
13401PA0020016	$331.96	$331.96	$331.96	$331.96	$331.96
13401PA0020017	$359.55	$359.55	$359.55	$359.55	$359.55
13401PA0020018	$334.55	$334.55	$334.55	$334.55	$334.55
13401PA0020019	$316.83	$316.83	$316.83	$316.83	$316.83
13401PA0020020	$315.31	$315.31	$315.31	$315.31	$315.31

RATING AREA 9

Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
0	0	0	0	0	0	0

Issuer: Cigna Life and Health Insurance Company
Market: Small Group



Key
[Green]: Off-exchange service area (Rating Area 8)

Unified Rate Review v5.4

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Company Legal Name:	Cigna Life and Health Insurance Company	State:	PA
HIOS Issuer ID:	13401	Market:	Small Group
Effective Date of Rate Change(s):	1/1/2023		

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2021 to 12/31/2021

	Total	PMPM
Allowed Claims	$0.00	#DIV/0!
Reinsurance	$0.00	#DIV/0!
Incurred Claims in Experience Period	$0.00	#DIV/0!
Risk Adjustment	$0.00	#DIV/0!
Experience Period Premium	$0.00	#DIV/0!
Experience Period Member Months	0	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	$0.00	1.000	1.000	1.000	1.000	$0.00
Outpatient Hospital	$0.00	1.000	1.000	1.000	1.000	$0.00
Professional	$0.00	1.000	1.000	1.000	1.000	$0.00
Other Medical	$0.00	1.000	1.000	1.000	1.000	$0.00
Capitation	$0.00	1.000	1.000	1.000	1.000	$0.00
Prescription Drug	$0.00	1.000	1.000	1.000	1.000	$0.00
Total	$0.00					**$0.00**

Morbidity Adjustment		1.000
Demographic Shift		1.000
Plan Design Changes		1.000
Other		0.000
Adjusted Trended EHB Allowed Claims PMPM for	**1/1/2023**	**$0.00**

Manual EHB Allowed Claims PMPM	$623.25
Applied Credibility %	0.00%

			Projected Period Totals
Projected Index Rate for	**1/1/2023**	**$623.25**	$8,906,242.50
Reinsurance		$0.00	$0.00
Risk Adjustment Payment/Charge		$0.00	$0.00
Exchange User Fees		0.00%	$0.00
Market Adjusted Index Rate		**$623.25**	**$8,906,242.50**

Projected Member Months	**14,290**

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

Product-Plan Data Collection

Company Legal Name: **Cigna Life and Health Insurance Company**
HIOS Issuer ID: **13401**
Effective Date of Rate Change(s): **1/1/2023**

State: **PA**
Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

	Field #	Section I: General Product and Plan Information																						
10	1.1	Product Name		PA SG Off Exchange																				
11	1.2	Product ID		13401PA002																				
12	1.3	Plan Name		Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open	Cigna+Oscar Open
13	1.4	Plan ID (Standard Component ID)		13401PA0020001	13401PA0020002	13401PA0020003	13401PA0020004	13401PA0020005	13401PA0020006	13401PA0020007	13401PA0020008	13401PA0020009	13401PA0020010	13401PA0020011	13401PA0020012	13401PA0020013	13401PA0020014	13401PA0020015	13401PA0020016	13401PA0020017	13401PA0020018	13401PA0020019	13401PA0020020
14	1.5	Metal		Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
15	1.6	AV Metal Value		0.885	0.881	0.814	0.814	0.815	0.801	0.785	0.789	0.782	0.781	0.718	0.717	0.692	0.717	0.718	0.709	0.644	0.647	0.638	0.632
16	1.7	Plan Category		New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New
17	1.8	Plan Type		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
18	1.9	Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
19	1.10	Effective Date of Proposed Rates		1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
20	1.11	Cumulative Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
21	1.12	Product Rate Increase %		0.00%																			
22	1.13	Submission Level Rate Increase %		0.00%																			
23																							
24	Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information																					
25		2.1 Plan ID (Standard Component ID)	Total	13401PA0020001	13401PA0020002	13401PA0020003	13401PA0020004	13401PA0020005	13401PA0020006	13401PA0020007	13401PA0020008	13401PA0020009	13401PA0020010	13401PA0020011	13401PA0020012	13401PA0020013	13401PA0020014	13401PA0020015	13401PA0020016	13401PA0020017	13401PA0020018	13401PA0020019	13401PA0020020
26	$0	2.2 Allowed Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
27	$0	2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
28		2.4 Member Cost Sharing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
29		2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
30	$0	2.6 Incurred Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
31	$0	2.7 Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
32	$0	2.8 Premium	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
33	0	2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34		2.10 Current Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35		2.11 Current Premium PMPM	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
36		2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
37		Per Member Per Month																					
38		2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
39		2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
40		2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
41		2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
42		2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
43		2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
44		2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
45																							
46		Section III: Plan Adjustment Factors																					
47		3.1 Plan ID (Standard Component ID)		13401PA0020001	13401PA0020002	13401PA0020003	13401PA0020004	13401PA0020005	13401PA0020006	13401PA0020007	13401PA0020008	13401PA0020009	13401PA0020010	13401PA0020011	13401PA0020012	13401PA0020013	13401PA0020014	13401PA0020015	13401PA0020016	13401PA0020017	13401PA0020018	13401PA0020019	13401PA0020020
48		3.2 Market Adjusted Index Rate		$623.25																			
49		3.3 AV and Cost Sharing Design of Plan		1.0069	1.0044	0.9033	0.8343	0.8474	0.8110	0.8271	0.7763	0.7984	0.7750	0.7881	0.7233	0.6918	0.6965	0.6808	0.6684	0.7241	0.6737	0.6379	0.6348
50		3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
51		3.5 Benefits in Addition to EHB		1.0035	1.0036	1.0035	1.0036	1.0036	1.0036	1.0036	1.0036	1.0037	1.0036	1.0035	1.0036	1.0036	1.0036	1.0035	1.0035	1.0034	1.0034	1.0035	1.0036
52		Administrative Costs																					
53		3.6 Administrative Expense		12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%	12.95%
54		3.7 Taxes and Fees		2.80%	2.80%	2.80%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.81%	2.82%	2.81%	2.82%	2.82%	2.82%
55		3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
56		3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
57		3.10 **Plan Adjusted Index Rate**		$765.65	$763.82	$686.87	$634.54	$644.51	$616.82	$629.07	$590.43	$607.30	$589.44	$599.35	$550.12	$526.16	$529.74	$517.75	$508.38	$550.62	$512.36	$485.18	$482.87
58																							
59		3.11 Age Calibration Factor	0.6530	0.6530																			
60		3.12 Geographic Calibration Factor	1.0000	1.0000																			
61		3.13 Tobacco Calibration Factor	1.0000	1.0000																			
62		3.14 **Calibrated Plan Adjusted Index Rate**		$499.97	$498.78	$448.53	$414.36	$420.86	$402.79	$410.78	$385.55	$396.57	$384.91	$391.37	$359.23	$343.58	$345.92	$338.09	$331.97	$359.55	$334.57	$316.82	$315.31
63																							
64		Section IV: Projected Plan Level Information																					
65		4.1 Plan ID (Standard Component ID)	Total	13401PA0020001	13401PA0020002	13401PA0020003	13401PA0020004	13401PA0020005	13401PA0020006	13401PA0020007	13401PA0020008	13401PA0020009	13401PA0020010	13401PA0020011	13401PA0020012	13401PA0020013	13401PA0020014	13401PA0020015	13401PA0020016	13401PA0020017	13401PA0020018	13401PA0020019	13401PA0020020
66		4.2 Allowed Claims	$8,938,052	$631,495	$630,892	$649,688	$632,017	$635,324	$626,247	$630,250	$617,893	$623,210	$617,574	$363,595	$354,906	$351,006	$351,545	$349,655	$348,216	$133,631	$131,317	$129,851	$129,742
67		4.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
68		4.4 Member Cost Sharing	$1,714,518	$43,297	$44,122	$83,596	$109,122	$104,208	$117,953	$111,865	$131,336	$122,801	$131,865	$74,249	$89,344	$96,974	$95,812	$99,713	$102,825	$33,560	$38,207	$41,677	$41,992
69		4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
70		4.6 Incurred Claims	$7,223,534	$588,198	$586,770	$566,093	$522,895	$531,116	$508,294	$518,385	$486,557	$500,409	$485,708	$289,346	$265,562	$254,031	$255,733	$249,942	$245,391	$100,071	$93,110	$88,174	$87,749
71		4.7 Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
72		4.8 Premium	$8,783,547	$715,157	$713,421	$688,311	$635,811	$645,802	$618,065	$630,330	$591,647	$608,482	$590,616	$351,838	$322,932	$308,919	$310,987	$303,949	$298,417	$121,689	$113,229	$107,231	$106,715
73		4.9 Projected Member Months	14,290	934	934	934	1,002	1,002	1,002	1,002	1,002	1,002	1,002	587	587	587	587	587	587	221	221	221	221
74		4.10 Loss Ratio	82.24%	82.25%	82.25%	82.24%	82.24%	82.24%	82.24%	82.24%	82.24%	82.24%	82.24%	82.24%	82.23%	82.23%	82.23%	82.23%	82.23%	82.23%	82.23%	82.23%	82.23%
75		Per Member Per Month																					
76		4.11 Allowed Claims	$625.48	$676.12	$675.47	$648.39	$630.76	$634.06	$625.00	$628.99	$616.66	$621.97	$616.34	$619.41	$604.61	$597.97	$598.88	$595.66	$593.21	$604.67	$594.19	$587.56	$587.07
77		4.12 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
78		4.13 Member Cost Sharing	$119.98	$46.36	$47.24	$83.43	$108.90	$104.00	$117.72	$111.64	$131.07	$122.56	$131.60	$126.49	$152.20	$165.20	$163.22	$169.87	$175.17	$151.86	$172.88	$188.58	$190.01
79		4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
80		4.15 Incurred Claims	$505.50	$629.76	$628.23	$564.96	$521.85	$530.06	$507.28	$517.35	$485.59	$499.41	$484.74	$492.92	$452.40	$432.76	$435.66	$425.80	$418.04	$452.81	$421.31	$398.98	$397.06
81		4.16 Risk Adjustment Transfer Amount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
82		4.17 Premium	$614.66	$765.69	$763.83	$686.94	$634.54	$644.51	$616.83	$629.07	$590.47	$607.27	$589.44	$599.38	$550.14	$526.27	$529.79	$517.80	$508.38	$550.63	$512.35	$485.21	$482.87

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Rating Area Data Collection**		*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.*									
2			*Select only the Rating Areas you are offering plans within and add a factor for each area.*									
3			*To validate, select the Validate button or Ctrl + Shift + I.*									
4			*To finalize, select the Finalize button or Ctrl + Shift + F.*									
5												
6	Rating Area 8	1.0000										

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	13401
Rate Effective Date*	1/1/2023
Rate Expiration Date*	3/31/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	382.48
13401PA0020001	Rating Area 8	No Preference	15	416.48
13401PA0020001	Rating Area 8	No Preference	16	429.48
13401PA0020001	Rating Area 8	No Preference	17	442.48
13401PA0020001	Rating Area 8	No Preference	18	456.48
13401PA0020001	Rating Area 8	No Preference	19	470.48
13401PA0020001	Rating Area 8	No Preference	20	484.98
13401PA0020001	Rating Area 8	No Preference	21	499.98
13401PA0020001	Rating Area 8	No Preference	22	499.98
13401PA0020001	Rating Area 8	No Preference	23	499.98
13401PA0020001	Rating Area 8	No Preference	24	499.98
13401PA0020001	Rating Area 8	No Preference	25	501.98
13401PA0020001	Rating Area 8	No Preference	26	511.98
13401PA0020001	Rating Area 8	No Preference	27	523.97
13401PA0020001	Rating Area 8	No Preference	28	543.47
13401PA0020001	Rating Area 8	No Preference	29	559.47
13401PA0020001	Rating Area 8	No Preference	30	567.47
13401PA0020001	Rating Area 8	No Preference	31	579.47
13401PA0020001	Rating Area 8	No Preference	32	591.47
13401PA0020001	Rating Area 8	No Preference	33	598.97
13401PA0020001	Rating Area 8	No Preference	34	606.97
13401PA0020001	Rating Area 8	No Preference	35	610.97
13401PA0020001	Rating Area 8	No Preference	36	614.97
13401PA0020001	Rating Area 8	No Preference	37	618.97
13401PA0020001	Rating Area 8	No Preference	38	622.97
13401PA0020001	Rating Area 8	No Preference	39	630.97
13401PA0020001	Rating Area 8	No Preference	40	638.97
13401PA0020001	Rating Area 8	No Preference	41	650.97
13401PA0020001	Rating Area 8	No Preference	42	662.47
13401PA0020001	Rating Area 8	No Preference	43	678.47
13401PA0020001	Rating Area 8	No Preference	44	698.47
13401PA0020001	Rating Area 8	No Preference	45	721.97
13401PA0020001	Rating Area 8	No Preference	46	749.96
13401PA0020001	Rating Area 8	No Preference	47	781.46
13401PA0020001	Rating Area 8	No Preference	48	817.46
13401PA0020001	Rating Area 8	No Preference	49	852.96
13401PA0020001	Rating Area 8	No Preference	50	892.96
13401PA0020001	Rating Area 8	No Preference	51	932.46
13401PA0020001	Rating Area 8	No Preference	52	975.95
13401PA0020001	Rating Area 8	No Preference	53	1019.95
13401PA0020001	Rating Area 8	No Preference	54	1067.45
13401PA0020001	Rating Area 8	No Preference	55	1114.95
13401PA0020001	Rating Area 8	No Preference	56	1166.44
13401PA0020001	Rating Area 8	No Preference	57	1218.44
13401PA0020001	Rating Area 8	No Preference	58	1273.94
13401PA0020001	Rating Area 8	No Preference	59	1301.44
13401PA0020001	Rating Area 8	No Preference	60	1356.93
13401PA0020001	Rating Area 8	No Preference	61	1404.93
13401PA0020001	Rating Area 8	No Preference	62	1436.43
13401PA0020001	Rating Area 8	No Preference	63	1475.93
13401PA0020001	Rating Area 8	No Preference	64 and over	1499.93
13401PA0020002	Rating Area 8	No Preference	0-14	381.55
13401PA0020002	Rating Area 8	No Preference	15	415.47
13401PA0020002	Rating Area 8	No Preference	16	428.44
13401PA0020002	Rating Area 8	No Preference	17	441.40
13401PA0020002	Rating Area 8	No Preference	18	455.37
13401PA0020002	Rating Area 8	No Preference	19	469.34
13401PA0020002	Rating Area 8	No Preference	20	483.80
13401PA0020002	Rating Area 8	No Preference	21	498.76
13401PA0020002	Rating Area 8	No Preference	22	498.76
13401PA0020002	Rating Area 8	No Preference	23	498.76
13401PA0020002	Rating Area 8	No Preference	24	498.76
13401PA0020002	Rating Area 8	No Preference	25	500.76
13401PA0020002	Rating Area 8	No Preference	26	510.73
13401PA0020002	Rating Area 8	No Preference	27	522.70
13401PA0020002	Rating Area 8	No Preference	28	542.15
13401PA0020002	Rating Area 8	No Preference	29	558.12
13401PA0020002	Rating Area 8	No Preference	30	566.10
13401PA0020002	Rating Area 8	No Preference	31	578.07
13401PA0020002	Rating Area 8	No Preference	32	590.04
13401PA0020002	Rating Area 8	No Preference	33	597.52
13401PA0020002	Rating Area 8	No Preference	34	605.50
13401PA0020002	Rating Area 8	No Preference	35	609.49
13401PA0020002	Rating Area 8	No Preference	36	613.48
13401PA0020002	Rating Area 8	No Preference	37	617.47
13401PA0020002	Rating Area 8	No Preference	38	621.46
13401PA0020002	Rating Area 8	No Preference	39	629.44
13401PA0020002	Rating Area 8	No Preference	40	637.42
13401PA0020002	Rating Area 8	No Preference	41	649.39
13401PA0020002	Rating Area 8	No Preference	42	660.86
13401PA0020002	Rating Area 8	No Preference	43	676.82
13401PA0020002	Rating Area 8	No Preference	44	696.77
13401PA0020002	Rating Area 8	No Preference	45	720.21
13401PA0020002	Rating Area 8	No Preference	46	748.14
13401PA0020002	Rating Area 8	No Preference	47	779.57
13401PA0020002	Rating Area 8	No Preference	48	815.48
13401PA0020002	Rating Area 8	No Preference	49	850.89
13401PA0020002	Rating Area 8	No Preference	50	890.79
13401PA0020002	Rating Area 8	No Preference	51	930.19
13401PA0020002	Rating Area 8	No Preference	52	973.58
13401PA0020002	Rating Area 8	No Preference	53	1017.48
13401PA0020002	Rating Area 8	No Preference	54	1064.86
13401PA0020002	Rating Area 8	No Preference	55	1112.24

13401PA0020002	Rating Area 8	No Preference	56	1163.61
13401PA0020002	Rating Area 8	No Preference	57	1215.48
13401PA0020002	Rating Area 8	No Preference	58	1270.85
13401PA0020002	Rating Area 8	No Preference	59	1298.28
13401PA0020002	Rating Area 8	No Preference	60	1353.64
13401PA0020002	Rating Area 8	No Preference	61	1401.52
13401PA0020002	Rating Area 8	No Preference	62	1432.94
13401PA0020002	Rating Area 8	No Preference	63	1472.35
13401PA0020002	Rating Area 8	No Preference	64 and over	1496.29
13401PA0020003	Rating Area 8	No Preference	0-14	343.14
13401PA0020003	Rating Area 8	No Preference	15	373.64
13401PA0020003	Rating Area 8	No Preference	16	385.31
13401PA0020003	Rating Area 8	No Preference	17	396.97
13401PA0020003	Rating Area 8	No Preference	18	409.53
13401PA0020003	Rating Area 8	No Preference	19	422.09
13401PA0020003	Rating Area 8	No Preference	20	435.09
13401PA0020003	Rating Area 8	No Preference	21	448.55
13401PA0020003	Rating Area 8	No Preference	22	448.55
13401PA0020003	Rating Area 8	No Preference	23	448.55
13401PA0020003	Rating Area 8	No Preference	24	448.55
13401PA0020003	Rating Area 8	No Preference	25	450.35
13401PA0020003	Rating Area 8	No Preference	26	459.32
13401PA0020003	Rating Area 8	No Preference	27	470.08
13401PA0020003	Rating Area 8	No Preference	28	487.57
13401PA0020003	Rating Area 8	No Preference	29	501.93
13401PA0020003	Rating Area 8	No Preference	30	509.11
13401PA0020003	Rating Area 8	No Preference	31	519.87
13401PA0020003	Rating Area 8	No Preference	32	530.64
13401PA0020003	Rating Area 8	No Preference	33	537.36
13401PA0020003	Rating Area 8	No Preference	34	544.54
13401PA0020003	Rating Area 8	No Preference	35	548.13
13401PA0020003	Rating Area 8	No Preference	36	551.72
13401PA0020003	Rating Area 8	No Preference	37	555.31
13401PA0020003	Rating Area 8	No Preference	38	558.89
13401PA0020003	Rating Area 8	No Preference	39	566.07
13401PA0020003	Rating Area 8	No Preference	40	573.25
13401PA0020003	Rating Area 8	No Preference	41	584.01
13401PA0020003	Rating Area 8	No Preference	42	594.33
13401PA0020003	Rating Area 8	No Preference	43	608.68
13401PA0020003	Rating Area 8	No Preference	44	626.63
13401PA0020003	Rating Area 8	No Preference	45	647.71
13401PA0020003	Rating Area 8	No Preference	46	672.83
13401PA0020003	Rating Area 8	No Preference	47	701.09
13401PA0020003	Rating Area 8	No Preference	48	733.38
13401PA0020003	Rating Area 8	No Preference	49	765.23
13401PA0020003	Rating Area 8	No Preference	50	801.11
13401PA0020003	Rating Area 8	No Preference	51	836.55
13401PA0020003	Rating Area 8	No Preference	52	875.57
13401PA0020003	Rating Area 8	No Preference	53	915.04
13401PA0020003	Rating Area 8	No Preference	54	957.66
13401PA0020003	Rating Area 8	No Preference	55	1000.27
13401PA0020003	Rating Area 8	No Preference	56	1046.47
13401PA0020003	Rating Area 8	No Preference	57	1093.12
13401PA0020003	Rating Area 8	No Preference	58	1142.91
13401PA0020003	Rating Area 8	No Preference	59	1167.58
13401PA0020003	Rating Area 8	No Preference	60	1217.37
13401PA0020003	Rating Area 8	No Preference	61	1260.43
13401PA0020003	Rating Area 8	No Preference	62	1288.69
13401PA0020003	Rating Area 8	No Preference	63	1324.12
13401PA0020003	Rating Area 8	No Preference	64 and over	1345.65
13401PA0020004	Rating Area 8	No Preference	0-14	316.97
13401PA0020004	Rating Area 8	No Preference	15	345.14
13401PA0020004	Rating Area 8	No Preference	16	355.92
13401PA0020004	Rating Area 8	No Preference	17	366.69
13401PA0020004	Rating Area 8	No Preference	18	378.29
13401PA0020004	Rating Area 8	No Preference	19	389.89
13401PA0020004	Rating Area 8	No Preference	20	401.91
13401PA0020004	Rating Area 8	No Preference	21	414.34
13401PA0020004	Rating Area 8	No Preference	22	414.34
13401PA0020004	Rating Area 8	No Preference	23	414.34
13401PA0020004	Rating Area 8	No Preference	24	414.34
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13401PA0020009	Rating Area 8	No Preference	62	1139.23
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13401PA0020010	Rating Area 8	No Preference	38	479.57
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13401PA0020010	Rating Area 8	No Preference	42	509.97
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13401PA0020010	Rating Area 8	No Preference	56	897.94
13401PA0020010	Rating Area 8	No Preference	57	937.97
13401PA0020010	Rating Area 8	No Preference	58	980.69
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13401PA0020010	Rating Area 8	No Preference	61	1081.53
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13401PA0020010	Rating Area 8	No Preference	63	1136.18
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13401PA0020011	Rating Area 8	No Preference	31	453.61
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13401PA0020011	Rating Area 8	No Preference	33	468.87
13401PA0020011	Rating Area 8	No Preference	34	475.14
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13401PA0020011	Rating Area 8	No Preference	36	481.40
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13401PA0020011	Rating Area 8	No Preference	39	493.92
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13401PA0020017	Rating Area 8	No Preference	64 and over	1078.64
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13401PA0020018	Rating Area 8	No Preference	53	682.48
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13401PA0020018	Rating Area 8	No Preference	55	746.05
13401PA0020018	Rating Area 8	No Preference	56	780.51
13401PA0020018	Rating Area 8	No Preference	57	815.30
13401PA0020018	Rating Area 8	No Preference	58	852.43
13401PA0020018	Rating Area 8	No Preference	59	870.83
13401PA0020018	Rating Area 8	No Preference	60	907.97
13401PA0020018	Rating Area 8	No Preference	61	940.09
13401PA0020018	Rating Area 8	No Preference	62	961.16
13401PA0020018	Rating Area 8	No Preference	63	987.59
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13401PA0020019	Rating Area 8	No Preference	15	263.92
13401PA0020019	Rating Area 8	No Preference	16	272.15
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13401PA0020019	Rating Area 8	No Preference	18	289.26
13401PA0020019	Rating Area 8	No Preference	19	298.13
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13401PA0020019	Rating Area 8	No Preference	25	318.09
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13401PA0020019	Rating Area 8	No Preference	41	412.51
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13401PA0020020	Rating Area 8	No Preference	15	262.65
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13401PA0020020	Rating Area 8	No Preference	23	315.30
13401PA0020020	Rating Area 8	No Preference	24	315.30
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13401PA0020020	Rating Area 8	No Preference	28	342.73
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13401PA0020020	Rating Area 8	No Preference	30	357.87
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13401PA0020020	Rating Area 8	No Preference	50	563.13
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13401PA0020020	Rating Area 8	No Preference	56	735.60
13401PA0020020	Rating Area 8	No Preference	57	768.39
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13401PA0020020	Rating Area 8	No Preference	59	820.73
13401PA0020020	Rating Area 8	No Preference	60	855.73
13401PA0020020	Rating Area 8	No Preference	61	886.00
13401PA0020020	Rating Area 8	No Preference	62	905.86
13401PA0020020	Rating Area 8	No Preference	63	930.77
13401PA0020020	Rating Area 8	No Preference	64 and over	945.91

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	13401
Rate Effective Date*	4/1/2023
Rate Expiration Date*	6/30/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	389.28
13401PA0020001	Rating Area 8	No Preference	15	423.88
13401PA0020001	Rating Area 8	No Preference	16	437.11
13401PA0020001	Rating Area 8	No Preference	17	450.34
13401PA0020001	Rating Area 8	No Preference	18	464.59
13401PA0020001	Rating Area 8	No Preference	19	478.84
13401PA0020001	Rating Area 8	No Preference	20	493.59
13401PA0020001	Rating Area 8	No Preference	21	508.86
13401PA0020001	Rating Area 8	No Preference	22	508.86
13401PA0020001	Rating Area 8	No Preference	23	508.86
13401PA0020001	Rating Area 8	No Preference	24	508.86
13401PA0020001	Rating Area 8	No Preference	25	510.90
13401PA0020001	Rating Area 8	No Preference	26	521.07
13401PA0020001	Rating Area 8	No Preference	27	533.29
13401PA0020001	Rating Area 8	No Preference	28	553.13
13401PA0020001	Rating Area 8	No Preference	29	569.41
13401PA0020001	Rating Area 8	No Preference	30	577.56
13401PA0020001	Rating Area 8	No Preference	31	589.77
13401PA0020001	Rating Area 8	No Preference	32	601.98
13401PA0020001	Rating Area 8	No Preference	33	609.61
13401PA0020001	Rating Area 8	No Preference	34	617.76
13401PA0020001	Rating Area 8	No Preference	35	621.83
13401PA0020001	Rating Area 8	No Preference	36	625.90
13401PA0020001	Rating Area 8	No Preference	37	629.97
13401PA0020001	Rating Area 8	No Preference	38	634.04
13401PA0020001	Rating Area 8	No Preference	39	642.18
13401PA0020001	Rating Area 8	No Preference	40	650.32
13401PA0020001	Rating Area 8	No Preference	41	662.54
13401PA0020001	Rating Area 8	No Preference	42	674.24
13401PA0020001	Rating Area 8	No Preference	43	690.52
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13401PA0020001	Rating Area 8	No Preference	46	763.29
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13401PA0020001	Rating Area 8	No Preference	48	831.99
13401PA0020001	Rating Area 8	No Preference	49	868.12
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13401PA0020001	Rating Area 8	No Preference	54	1086.42
13401PA0020001	Rating Area 8	No Preference	55	1134.76
13401PA0020001	Rating Area 8	No Preference	56	1187.17
13401PA0020001	Rating Area 8	No Preference	57	1240.09
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13401PA0020001	Rating Area 8	No Preference	59	1324.56
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13401PA0020001	Rating Area 8	No Preference	61	1429.90
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13401PA0020001	Rating Area 8	No Preference	63	1502.16
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13401PA0020002	Rating Area 8	No Preference	61	1426.43
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13401PA0020002	Rating Area 8	No Preference	63	1498.51
13401PA0020002	Rating Area 8	No Preference	64 and over	1522.87
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13401PA0020013	Rating Area 8	No Preference	26	358.14
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13401PA0020020	Rating Area 8	No Preference	32	379.63
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13401PA0020020	Rating Area 8	No Preference	35	392.15
13401PA0020020	Rating Area 8	No Preference	36	394.71
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13401PA0020020	Rating Area 8	No Preference	41	417.82
13401PA0020020	Rating Area 8	No Preference	42	425.20
13401PA0020020	Rating Area 8	No Preference	43	435.47
13401PA0020020	Rating Area 8	No Preference	44	448.30
13401PA0020020	Rating Area 8	No Preference	45	463.39
13401PA0020020	Rating Area 8	No Preference	46	481.36
13401PA0020020	Rating Area 8	No Preference	47	501.57
13401PA0020020	Rating Area 8	No Preference	48	524.68
13401PA0020020	Rating Area 8	No Preference	49	547.46
13401PA0020020	Rating Area 8	No Preference	50	573.14
13401PA0020020	Rating Area 8	No Preference	51	598.49
13401PA0020020	Rating Area 8	No Preference	52	626.41
13401PA0020020	Rating Area 8	No Preference	53	654.65
13401PA0020020	Rating Area 8	No Preference	54	685.13
13401PA0020020	Rating Area 8	No Preference	55	715.62
13401PA0020020	Rating Area 8	No Preference	56	748.67
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13401PA0020020	Rating Area 8	No Preference	58	817.66
13401PA0020020	Rating Area 8	No Preference	59	835.31
13401PA0020020	Rating Area 8	No Preference	60	870.93
13401PA0020020	Rating Area 8	No Preference	61	901.74
13401PA0020020	Rating Area 8	No Preference	62	921.96
13401PA0020020	Rating Area 8	No Preference	63	947.31
13401PA0020020	Rating Area 8	No Preference	64 and over	962.71

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	13401
Rate Effective Date*	7/1/2023
Rate Expiration Date*	9/30/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	396.20
13401PA0020001	Rating Area 8	No Preference	15	431.41
13401PA0020001	Rating Area 8	No Preference	16	444.88
13401PA0020001	Rating Area 8	No Preference	17	458.34
13401PA0020001	Rating Area 8	No Preference	18	472.84
13401PA0020001	Rating Area 8	No Preference	19	487.35
13401PA0020001	Rating Area 8	No Preference	20	502.37
13401PA0020001	Rating Area 8	No Preference	21	517.90
13401PA0020001	Rating Area 8	No Preference	22	517.90
13401PA0020001	Rating Area 8	No Preference	23	517.90
13401PA0020001	Rating Area 8	No Preference	24	517.90
13401PA0020001	Rating Area 8	No Preference	25	519.97
13401PA0020001	Rating Area 8	No Preference	26	530.33
13401PA0020001	Rating Area 8	No Preference	27	542.76
13401PA0020001	Rating Area 8	No Preference	28	562.96
13401PA0020001	Rating Area 8	No Preference	29	579.53
13401PA0020001	Rating Area 8	No Preference	30	587.82
13401PA0020001	Rating Area 8	No Preference	31	600.25
13401PA0020001	Rating Area 8	No Preference	32	612.68
13401PA0020001	Rating Area 8	No Preference	33	620.45
13401PA0020001	Rating Area 8	No Preference	34	628.73
13401PA0020001	Rating Area 8	No Preference	35	632.88
13401PA0020001	Rating Area 8	No Preference	36	637.02
13401PA0020001	Rating Area 8	No Preference	37	641.16
13401PA0020001	Rating Area 8	No Preference	38	645.31
13401PA0020001	Rating Area 8	No Preference	39	653.59
13401PA0020001	Rating Area 8	No Preference	40	661.88
13401PA0020001	Rating Area 8	No Preference	41	674.31
13401PA0020001	Rating Area 8	No Preference	42	686.22
13401PA0020001	Rating Area 8	No Preference	43	702.79
13401PA0020001	Rating Area 8	No Preference	44	723.51
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13401PA0020001	Rating Area 8	No Preference	53	1056.52
13401PA0020001	Rating Area 8	No Preference	54	1105.72
13401PA0020001	Rating Area 8	No Preference	55	1154.92
13401PA0020001	Rating Area 8	No Preference	56	1208.27
13401PA0020001	Rating Area 8	No Preference	57	1262.13
13401PA0020001	Rating Area 8	No Preference	58	1319.61
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13401PA0020001	Rating Area 8	No Preference	61	1455.31
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13401PA0020002	Rating Area 8	No Preference	17	457.23
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13401PA0020002	Rating Area 8	No Preference	23	516.65
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13401PA0020002	Rating Area 8	No Preference	25	518.71
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13401PA0020002	Rating Area 8	No Preference	32	611.19
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13401PA0020002	Rating Area 8	No Preference	34	627.21
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13401PA0020002	Rating Area 8	No Preference	36	635.47
13401PA0020002	Rating Area 8	No Preference	37	639.61
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13401PA0020002	Rating Area 8	No Preference	40	660.27
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13401PA0020002	Rating Area 8	No Preference	62	1484.32
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13401PA0020004	Rating Area 8	No Preference	46	643.79
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13401PA0020004	Rating Area 8	No Preference	62	1233.07
13401PA0020004	Rating Area 8	No Preference	63	1266.98
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13401PA0020005	Rating Area 8	No Preference	23	435.94
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13401PA0020006	Rating Area 8	No Preference	33	499.82
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13401PA0020006	Rating Area 8	No Preference	44	582.85
13401PA0020006	Rating Area 8	No Preference	45	602.46
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13401PA0020006	Rating Area 8	No Preference	49	711.77
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13401PA0020007	Rating Area 8	No Preference	23	425.49
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13401PA0020007	Rating Area 8	No Preference	25	427.20
13401PA0020007	Rating Area 8	No Preference	26	435.71
13401PA0020007	Rating Area 8	No Preference	27	445.92
13401PA0020007	Rating Area 8	No Preference	28	462.51
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13401PA0020007	Rating Area 8	No Preference	30	482.94
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13401PA0020007	Rating Area 8	No Preference	33	509.74
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13401PA0020007	Rating Area 8	No Preference	36	523.36
13401PA0020007	Rating Area 8	No Preference	37	526.76
13401PA0020007	Rating Area 8	No Preference	38	530.17
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13401PA0020020	Rating Area 8	No Preference	58	832.19
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13401PA0020020	Rating Area 8	No Preference	63	964.14
13401PA0020020	Rating Area 8	No Preference	64 and over	979.82

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	13401
Rate Effective Date*	10/1/2023
Rate Expiration Date*	12/31/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	403.24
13401PA0020001	Rating Area 8	No Preference	15	439.08
13401PA0020001	Rating Area 8	No Preference	16	452.78
13401PA0020001	Rating Area 8	No Preference	17	466.49
13401PA0020001	Rating Area 8	No Preference	18	481.25
13401PA0020001	Rating Area 8	No Preference	19	496.01
13401PA0020001	Rating Area 8	No Preference	20	511.29
13401PA0020001	Rating Area 8	No Preference	21	527.11
13401PA0020001	Rating Area 8	No Preference	22	527.11
13401PA0020001	Rating Area 8	No Preference	23	527.11
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13401PA0020001	Rating Area 8	No Preference	26	539.76
13401PA0020001	Rating Area 8	No Preference	27	552.41
13401PA0020001	Rating Area 8	No Preference	28	572.96
13401PA0020001	Rating Area 8	No Preference	29	589.83
13401PA0020001	Rating Area 8	No Preference	30	598.26
13401PA0020001	Rating Area 8	No Preference	31	610.91
13401PA0020001	Rating Area 8	No Preference	32	623.57
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13401PA0020001	Rating Area 8	No Preference	47	823.87
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13401PA0020001	Rating Area 8	No Preference	49	899.24
13401PA0020001	Rating Area 8	No Preference	50	941.41
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13401PA0020001	Rating Area 8	No Preference	52	1028.91
13401PA0020001	Rating Area 8	No Preference	53	1075.29
13401PA0020001	Rating Area 8	No Preference	54	1125.37
13401PA0020001	Rating Area 8	No Preference	55	1175.44
13401PA0020001	Rating Area 8	No Preference	56	1229.74
13401PA0020001	Rating Area 8	No Preference	57	1284.55
13401PA0020001	Rating Area 8	No Preference	58	1343.06
13401PA0020001	Rating Area 8	No Preference	59	1372.05
13401PA0020001	Rating Area 8	No Preference	60	1430.56
13401PA0020001	Rating Area 8	No Preference	61	1481.16
13401PA0020001	Rating Area 8	No Preference	62	1514.37
13401PA0020001	Rating Area 8	No Preference	63	1556.01
13401PA0020001	Rating Area 8	No Preference	64 and over	1581.31
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13401PA0020002	Rating Area 8	No Preference	15	438.01
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13401PA0020002	Rating Area 8	No Preference	20	510.05
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13401PA0020002	Rating Area 8	No Preference	23	525.83
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13401PA0020002	Rating Area 8	No Preference	25	527.93
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13401PA0020002	Rating Area 8	No Preference	38	655.18
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13401PA0020002	Rating Area 8	No Preference	53	1072.68
13401PA0020002	Rating Area 8	No Preference	54	1122.64
13401PA0020002	Rating Area 8	No Preference	55	1172.59

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13401PA0020002	Rating Area 8	No Preference	61	1477.57
13401PA0020002	Rating Area 8	No Preference	62	1510.70
13401PA0020002	Rating Area 8	No Preference	63	1552.24
13401PA0020002	Rating Area 8	No Preference	64 and over	1577.48
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13401PA0020003	Rating Area 8	No Preference	15	393.92
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13401PA0020003	Rating Area 8	No Preference	55	1054.54
13401PA0020003	Rating Area 8	No Preference	56	1103.25
13401PA0020003	Rating Area 8	No Preference	57	1152.43
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13401PA0020003	Rating Area 8	No Preference	60	1283.42
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13401PA0020003	Rating Area 8	No Preference	62	1358.61
13401PA0020003	Rating Area 8	No Preference	63	1395.97
13401PA0020003	Rating Area 8	No Preference	64 and over	1418.67
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13401PA0020004	Rating Area 8	No Preference	62	1254.99
13401PA0020004	Rating Area 8	No Preference	63	1289.49
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13401PA0020005	Rating Area 8	No Preference	60	1204.16
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13401PA0020006	Rating Area 8	No Preference	46	636.94
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13401PA0020006	Rating Area 8	No Preference	62	1219.96
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13401PA0020007	Rating Area 8	No Preference	62	1244.17
13401PA0020007	Rating Area 8	No Preference	63	1278.38
13401PA0020007	Rating Area 8	No Preference	64 and over	1299.16
13401PA0020008	Rating Area 8	No Preference	0-14	310.96
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13401PA0020008	Rating Area 8	No Preference	16	349.17
13401PA0020008	Rating Area 8	No Preference	17	359.73
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13401PA0020008	Rating Area 8	No Preference	32	480.86
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13401PA0020008	Rating Area 8	No Preference	63	1199.93
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13401PA0020009	Rating Area 8	No Preference	17	369.97
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13401PA0020016	Rating Area 8	No Preference	54	747.18
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13401PA0020016	Rating Area 8	No Preference	62	1005.46
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13401PA0020020	Rating Area 8	No Preference	36	408.86
13401PA0020020	Rating Area 8	No Preference	37	411.52
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13401PA0020020	Rating Area 8	No Preference	41	432.80
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13401PA0020020	Rating Area 8	No Preference	57	810.08
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13401PA0020020	Rating Area 8	No Preference	59	865.26
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13401PA0020020	Rating Area 8	No Preference	62	955.01
13401PA0020020	Rating Area 8	No Preference	63	981.28
13401PA0020020	Rating Area 8	No Preference	64 and over	997.23

6/24/2022

Telephone 215-761-2645
Zachary.Moon@Cigna.com

Dear Mr. D'Agostino,

This letter is in response to your objection dated June 15, 2022 with respect to Cigna's (CHLIC) Small Group rate filing for policies effective 1/1/2023 in Pennsylvania. Please see our responses below.

The first page of this document represents a cover letter that outlines the changes made to the Actuarial Memorandum and Pennsylvania Actuarial Memorandum Exhibits.

Updates to the Actuarial Memorandum included:

- Revising language under Table 8.1 to align with the response to objection 4b.
- Revising non-EHBs listed in Exhibit 10 to align with the response to objection 14.
- Revising the certifications in Exhibit 20 to satisfy objection 18.

Updates to the PA 2023 Actuarial Memorandum Rate Exhibits included:

- Revising the product in Table 0 to satisfy objection 1.
- Including projection period information in column E of Table 1 to satisfy objection 2.
- Updating Tables 2b, 3b, and 4b (note that this also impacts Table 5) to satisfy objections 3, 4, and 5.

All other materials are consistent with the prior submission.

1. *Per Table 0. Identifying Information, the Product(s), cell D7, is listed as PA SG OFF Exchange. Please update this cell to PPO.*

   We updated this cell to PPO.

2. *Per Table 1. Number of Members, Member-Months – Projected Rating Period (column E) is left blank. Please complete this column with the projected member-months for PY23*

   We updated this column in Table 1 to include projected values for 2023.

3. *Per Table 2b, the Total Prescription Drug Rebates is listed as $0. Why are drug rebates zero? Please revise with accurate estimate of drug rebates in the manual data.*

   We updated this value with an estimate of drug rebates. Previously the claims were reported net of drug rebates.

4. *The following questions pertain to Exhibit 6 of the Actuarial Memorandum:*
   a. *Table 2b. on the "I.b. Manual Data" tab in the PA Rate Template indicates the manual experience includes 14,290 member months. Please confirm that the manual rate was developed using the experience of these indicated member months. If confirmed, please provide support for a block of that size being fully credible.*

      14,290 member months are projected for this business in 2023. Table 2b originally showed the projected 2023 amounts that matched the URRT. This is not indicative of the experience underlying the manual rate. The manual rate was developed using the proprietary 2022 Milliman Health Cost Guidelines (HCGs). Please see the response to question 4b for additional detail.

   b. *Please confirm that calendar year 2021 experience was used to develop the manual rate. Additionally, please populate Table 4b. on the "I.b. Manual Data" tab in the PA Rate Template.*

      The projected 2023 manual rate was developed using the proprietary 2022 Milliman HCGs. This manual was used to directly develop expected 2023 claim costs. The starting claims data (utilization and charges) includes assumptions based on several data sources and is not attributable to a single source. We have updated Table 4b to provide an illustrative example of 2021 values.

   c. *What other fully insured lines of business were used to calibrate the manual data?*

      Assumptions from Cigna's fully insured large group business (specific to the same provider network that is being proposed for these small group products) were used to calibrate the manual data.

   d. *Please provide a narrative on what "other manual adjustments" were made to the claim cost and the impact they had on the claim cost.*

      The "other manual adjustments" referenced in the first paragraph of Exhibit 6 in the Actuarial Memorandum refer to adjustments listed later in this exhibit, including trend and a claims COVID load. Trend is shown in Table 3b of the PAAM Exhibits. The total two-year trend factor is 1.122. As discussed below, the COVID load was 1.7%.

   e. *Assuming the base experience is from CY2021, please provide the % of claims that are a result of COVID.*

      1.7% of claims in 2023 are projected to be driven by COVID. This cost is developed in conjunction with the rest of the manual rate to directly estimate 2023 projections. The illustrative data in Table 4b

already includes an assumed 1.7% COVID load (and no other COVID impacts), so an explicit adjustment is not needed in the PAAM Exhibits.

f. *Please provide a detailed quantitative exhibit that supports the assumption that COVID costs will be 1.7% higher than what was experienced in the base experience.*

   Please see Table 1 in the "PA 2023 Objection Responses Attachment A_06242022" file for a quantitative exhibit that supports the 1.7% COVID load. This load is split into projected claim impacts associated with COVID testing, treatment, and vaccine costs.

g. *Please provide a narrative addressing whether or not the allowed cost trend was adjusted for COVID*

   The 1.7% load discussed above includes all anticipated impacts from COVID. There are no additional loads built into the allowed cost trend for COVID.

h. *It is noted that coverage will only be available in rating area 8. Please explain why it is appropriate to assume that Cigna will attract a group that* [redacted]

i. *Following the same line of reasoning in part (g) please explain why it is reasonable to assume that Cigna will attract* [redacted]

j. *Please reflect any morbidity, demographic, plan design change adjustments in table 5. Please provide a detailed quantitative exhibit to support any such adjustment*

   The manual rate developed from the Milliman HCGs [redacted]. Plan design impacts were modeled in Milliman's proprietary Managed Care Rating Model (MCRM). The output from this model is ultimately reflected in the pricing AV and benefit richness factors shown in Table 10 of the "2023 PA Actuarial Memorandum Rate Exhibits."

5. *The following questions pertain to Trend:*

   a. *Please provide support for manually changing the trend assumption in table 5 on the "II Rate Development & Change" tab in the PA Rate Template to 1.00.*

      We updated the PAAM Exhibits to display figures that trend the 2021 illustrative data forward to the 2023 projection period.

   b. *Please provide a detailed narrative explaining how the medical and pharmacy trend assumptions were developed, and provide a detailed quantitative exhibit displaying the development.*

We rely on large group experience when setting trend assumptions given the size and immaturity of the small group experience. Large group data provides an appropriate view of actual medical and pharmacy cost changes year over year given the use of the same large group networks in the small group block of business. Large group medical trends are developed from a closed block reserving analysis and adjusted for future expectations around unit cost and utilization. Unit cost trends reflect Cigna's future expectation developed from expected provider contracting. Utilization trends reflect Cigna's future expectations developed from historical estimates with corrections for any major known events such as new mandates, etc. Similar to medical trends, pharmacy trends are developed using historical experience while adjusting for future expectations of drug price increases, new drug approvals, new generic entrants, and changes in drug mix.

c. *Please provide a detailed summary of actual historical utilization, service mix, and unit cost trends by major medical and pharmacy service category for whatever calendar years were used in the trend development. Please describe any adjustments made to the underlying data (e.g., normalizing for changes in demographics, COVID-19, etc.) and include quantitative support for any adjustments.*

   Please see Table 2a in the "PA 2023 Objection Responses Attachment A_06242022" file for a detailed summary of actual historical utilization and unit cost trends by major medical and pharmacy service category for the small group block of business. Cigna entered the small group space in October of 2020 and has limited credible experience data to develop trend assumptions. We therefore rely on large group experience when setting trend assumptions as they provide a more stable view of actual medical and pharmacy cost changes year over year.

d. *Please provide average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for whatever calendar years were used in the trend development for each major service category (e.g., inpatient, outpatient, etc.).*

   Please see Table 2b in the "PA 2023 Objection Responses Attachment A_06242022" file for the average medical allowed and paid claim costs PMPM and the admit/service count utilization per 1,000 for each major service category by month for the small group block of business.

e. *Please provide script counts per 1,000 and average allowed and paid claim costs PMPM by month for whatever calendar years were used in the trend development for each drug tier (e.g., generic, brand formulary, etc.).*

   Please see Table 2b in the "PA 2023 Objection Responses Attachment A_06242022" file for the script counts per 1,000 and average allowed and paid claim costs PMPM by month for the small group block of business.

f. *Based on the Actuarial Memorandum, it states "Annualized allowed cost trend to bring the HCGs forward to the applicable 2023 pricing period." Please complete Table 3b. with the applicable trend used.*

   Table 3b has been updated with the appropriate trend numbers.

g. *Based on the Small Group Quarterly Adjustments, a trend factor of 7.3% was used which comes from Table 3b. If this is not the trend inserted into Table 3a from the questions above, please explain.*

   A trend of 7.3% was used for quarterly trend in 2023. The buildup for this value is provided in Table 12.4 of the Actuarial Memorandum. Cigna has different expectations for 2023 trend compared to trends in prior years (i.e., the trend referenced in objection 5f).

h. *Please provide the source data for developing the trend and an excel exhibit demonstrating the quantitative development of the trend.*

The underlying unit cost, utilization and service mix data used to quantify trend are developed from closed block reserving studies conducted by Cigna and are considered highly proprietary and confidential. Therefore, the source data has not been included as part of this filing. Please let us know if more information would be helpful to support the review process.

i. *Please explain how a change in member behavior to use service types such as telehealth more frequently than in the past and how a reversion back to more traditional service types is considered in your trend development*

There is no expected impact on trend due to the change in mix of telehealth and traditional service types. The current telehealth contracted rates for a visit are similar to the rates for an in person visit, so no material difference is expected due to changes in member behavior.

6. *Please provide support that the assumed morbidity level in the risk transfer calculation [redacted] is consistent with the assumed morbidity level throughout the rest of the filing.*

   a. *Additionally, please provide support for assuming [redacted] when the business is located in only one rating region ([redacted]).*

[redacted]

7. *The following questions pertain to the COVID-19 claims load discussed in exhibit 6 of the actuarial memorandum:*
   a. *Please provide quantitative and qualitative support for the assumption that COVID-19 costs are expected to increase in the projection period relative to the manual rate.*
   b. *Please provide additional quantitative detail to support the 1.7% load.*
   c. *Please explain why this adjustment is not displayed in table 5 on the "II Rate Development & Change" tab in the PA Rate Template.*

1.7% of claims in 2023 are projected to be driven by COVID. This cost is developed in conjunction with the rest of the manual rate to directly estimate 2023 projections. The illustrative data in Table 4b already includes an assumed 1.7% COVID load (and no other COVID impacts), so an explicit adjustment is not needed in the PAAM Exhibits. Please see Table 1 in the "PA 2023 Objection Responses Attachment A_06242022" file for a quantitative exhibit that supports the 1.7% COVID load. This load is split into projected claim impacts associated with COVID testing, treatment, and vaccine costs.

8. *The following question pertain to Exhibit 8 of the Actuarial Memorandum:*
   a. *Please provide a narrative that describes what the underlying data is in the HCG rating manual. If the underlying data has been adjusted specifically for Cigna prior to any morbidity, demographic, plan design differences please describe that as well.*

The projected 2023 manual rate was developed using the proprietary 2022 Milliman HCGs and assumptions from Cigna's fully insured large group business. The HCGs are developed from Milliman's continued research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are a cooperative effort of Milliman health actuaries and represent a combination of their experience, research, and judgement. An extensive amount of data is used in developing the HCGs, including published and unpublished data. The starting claims data (utilization and charges) includes assumptions based on several data sources and

is not attributable to a single source. Assumptions built into the manual rate, [redacted], include:

- Annualized allowed cost trend as shown in Table 3b of the "2023 PA Actuarial Memorandum Rate Exhibits."
- Reimbursement amounts expected in Pennsylvania under Cigna's Open Access Plus network (per Cigna's large group fully insured business)
- A 1.7% COVID load.

9. *The following question pertains to Exhibit 10 of the Actuarial Memorandum:*
   a. *Please explain how Provider network, delivery system and utilization management adjustments were made to the MAIR and what impact it had.*

      The manual MAIR was developed using assumptions from Cigna's fully insured large group business in Pennsylvania. Area factors and claim expectations (i.e., reimbursement amounts, implied utilization management, etc.) were developed for Cigna's Open Access Plus network using large group data. We used these assumptions because the same network applies to these small group plans and Cigna does not currently have small group experience in Pennsylvania.

10. *Please demonstrate the development of the 80.8% projected paid to allowed ratio and how it relates to the 80.6% in table 10 of the PA Rate Template.*

    The 80.8% projected paid to allowed ratio seen in the Actuarial Memorandum is calculated by dividing the average paid claims by the average allowed claims. This calculation includes the impact of induced utilization on claims. The calculation methodology in Table 10 of the rate exhibits does not account for induced demand because it takes a member weighted average of pricing AVs. Please see Table 3 in the "PA 2023 Objection Responses Attachment A_06242022" file for a demonstration of these calculations.

11. *The following pertain to non-benefit expenses:*
    a. *Please explain how the general and claims and commissions non-benefit expense assumptions were developed (i.e., 9.14% and 3.82% of premium, respectively).*

       The general and claims non-benefit expense assumption was developed using finance data that looked at variable and fixed costs. These costs were projected forward from 2021 to expected 2023 costs and divided by member months to get the general and claims expenses PMPM. This is then divided by the average premium to find the expense percent of 9.14%.

       Please see the response to objection 12 for detail on the PMPM commission expenses. Once PMPM expense amounts were developed, these values were computed as a percentage of the average projected premium to find the expense percent of 3.82%. This flat percentage was then applied as part of the retention for each plan premium. Please see the response to objection 13 for additional context on this expense allocation approach.

12. *The following questions pertain to commissions:*
    a. *In the PAAM Exhibits, Table 6, the commission is listed as $22.70 PMPM. Please provide the quantitative development for determining the commission PMPM.*
    b. *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 explain in detail the reason for the difference. Note that federal law prohibits different compensation to agents and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during OEP.*

c. *Please provide a current copy of the broker contract agreements for plan year 2023.*

Please see Table 3a in the "PA 2023 Objection Responses Attachment A_06242022" file for a breakdown of the PMPM commissions paid through various distribution channels. Commissions do not vary within each channel for new versus renewal business. See Table 3b for a quantitative exhibit displaying the development of the $22.70 PMPM commission assumption.

Broker contract agreements for both Cigna and Oscar have been added to the filing.

13. *The following questions pertain to Administrative Expenses:*
    a. *The Administrative Expenses are a consistent 12.95% for all plans. Please explain why administrative costs, on a dollar amount, vary based on plan. Why is it appropriate that a higher premium plan pays a higher administrative cost?*
    b. *Please explain how the administrative percentage is consistent for all plans given the Actuarial Memorandum states that "Commissions are not varied by plan."*
    c. *Please provide an excel exhibit providing a breakout of administrative expenses for each plan.*

This is the typical allocation method for Cigna's small group business development. Many other carriers in Pennsylvania, as well as carriers in other state ACA markets, use a similar approach. Using a flat PMPM amount instead of the consistent percentage could significantly alter the sloping of premium rates (e.g., bronze rates would increase and platinum rates would decrease). Commission schedules are not varied by plan (see the response to objection 12 for additional detail). A consistent administrative expense percentage is applied to each plan's projected rate. Please see Table 4 in the "PA 2023 Objection Responses Attachment A_06242022" file for an Excel exhibit of the administration expenses for each plan.

14. *The following questions pertain to Benefits in Addition to EHBs:*
    a. *Please provide an exhibit demonstrating the development of the $2.23 pmpm for benefits in addition to EHBs in Table 5.*
    b. *Per the Actuarial Memorandum, non-EHBs include "telehealth services, abortion for which public funding is prohibited, certain hearing services, diabetes management programs, certain nutritional formulas, smoking cessation, autism services, and ABA therapy." Please explain how some of these benefits are not EHBs.*

Please see Table 5 in the "PA 2023 Objection Responses Attachment A_06242022" file for an exhibit related to the $2.23 PMPM non-EHB benefits. We have revised the Actuarial Memorandum to update the list of non-EHBs (we removed diabetes management programs and certain nutritional formulas, which were immaterial to the projected claims amount). Our understanding is that this revised list is consistent with the non-EHBs CMS publishes for the state of Pennsylvania.

15. *The following question pertains to the Age Calibration Factor:*
    a. *Per Table 11.2, the Age Calibration is calculated by using Age Bands. Please provide an exhibit calculating the age calibration factor using the complete CMS Age Factor in Table 12. Age and Tobacco Factors (i.e., all ages listed).*
    b. *Please provide a narrative that describes how the age distribution was determined since Cigna does not have relevant experience in the base period to use*

We developed the Pennsylvania age distribution from Milliman's proprietary Health Cost Guidelines (HCGs), which includes data from the Pennsylvania small group market. [redacted]. Please see Table 6 in the "PA 2023 Objection Responses Attachment A_06242022" file for an exhibit demonstrating the calculation of the age calibration factor.

16. *The following question pertain to exhibit 13 of the Actuarial Memorandum:*
    a. *Please explain why the sum of member-months in Table 13.1 is listed as 14,290, but in the PAAM Exhibits the projected member-months is 21,569.81.*

       We interpreted "Total Projected Lives" in Table 10 of the PAAM Exhibits to mean total unique lives in 2023. Cigna assumes there will be 1,798 total lives enrolled in 2023 (this is presented as 1,797 in the PAAM Exhibits due to rounding). It is also assumed that 35% of that enrollment will be in Q1 (12 months of exposure per life), 20% will be in Q2 (9 months of exposure per life), 20% will be in Q3 (6 months of exposure per life), and 25% will be in Q4 (3 months of exposure per life). The weighted average of the enrollment distribution with the respective months of exposure equates to about 7.95 months per life. 7.95 member months times 1,798 total unique individuals equals the 14,290 projected member months shown throughout this filing.

17. *The following questions pertain to Pricing and Metallic AVs:*
    a. *Please provide a detailed quantitative exhibit displaying the development of the Pricing AV factors shown on the 'III Plan Rates' tab of the PA Rate Template Part II excel file. In providing your response, please include the following information:*
        i. *Please explain whether the Company's internal pricing model is limited to small group ACA experience only. If non-ACA experience is included, please explain what adjustments are made to translate the non-ACA experience to an ACA basis.*
        ii. *Please explain what adjustments were applied to the Company's pricing model to translate nationwide small group experience to reflect the Company's anticipated 2023 PA population. If no adjustments were applied, please explain why the Company believes this is appropriate.*
        iii. *Please demonstrate that the Pricing AV factors do not reflect differences in morbidity.*
    b. *While it is understood that the pricing AV will not necessarily equal the metallic AV, it is noted that for Plan 17 the pricing AV is 16.3% higher than the metallic AV. Please provide quantitative support along with an explanation for why this is the case.*
    c. *Please explain how it was determined that the spread between Plan 17 and 18's metallic AV is only 0.003 while plan 18 has an individual deductible that is $2,000 greater than Plan 17's deductible.*

    Please see Table 3 in the "PA 2023 Objection Responses Attachment A_06242022" file for an exhibit showing the development of the pricing AVs for each plan. Paid claims and allowed claims were developed for each plan using Milliman's proprietary HCGs and MCRM. Certain assumptions from Cigna's large group fully insured business were also included in the development as described in responses above. The claim projections reflect the average morbidity and demographics from the Pennsylvania small group market, so no ACA adjustments were necessary. The pricing AVs do not reflect any differences in morbidity, since the relativities represent benefit design differences only (the same underlying population is assumed for all plans).

    Plan 17 (Cigna+Oscar Open Access Plus Bronze $1000) has a different pricing AV compared to the metallic AV because the pricing AV was developed using the MCRM (not the AV Calculator). The MCRM contains over 60 benefit categories. Since this model has more detailed service categories and more granular inputs than the AV Calculator, there is variation in the paid to allowed ratios that each tool produces. The average AV from the AV Calculator is also based on an assumed national claim distribution, whereas the pricing paid to allowed ratio is based on a Milliman HCG manual that has been calibrated for certain assumptions specific to Cigna (e.g. networks, area factors, etc.). A few drivers of the higher pricing AV from the MCRM include: the plan's low $1,000 medical deductible and the relatively low coinsurance of 30% that applies to many professional services.

    The spread of the metallic AVs between plan 17 and 18 reflects dynamics within the AV Calculator. We relied upon the AV Calculator to justify the metallic classification for each plan. Although the medical deductible for plan 18 is $2,000 greater than plan 17's medical deductible, Plan 18's pharmacy drug

deductible is $3,000 lower than Plan 17's pharmacy drug deductible. Plan 17 also has higher cost sharing on a few services compared to Plan 18's benefits.

18. *The following questions pertain to the Actuarial Certification:*
    a. *Please add the following statements:*
        i. *All factors, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.*
        ii. *The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.*

    We added these statements to the certification in the Actuarial Memorandum.

19. *What impact, if any, is COVID having on the Plan Year 2023 rates. If the rates are impacted, please provide a qualitative explanation and quantitative exhibit demonstrating the effect of COVID.*

    Please see the response to objections 4e-4g for additional details on the impact of COVID. A claims load of 1.7% accounts for projected COVID costs.

20. *With the Public Health Emergency scheduled to end prior to the start of PY23, how has the rate development been affected? Please provide support for any adjustments.*

    Cigna is continually evaluating our position in relation to the future cost of COVID including any impact from the continuation or cessation of the Public Health Emergency. Current estimates of COVID cost impacts for Plan Year 2023 take into account an end to the Public Health Emergency.

21. *Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) have been met.*

    Please see the table below for support regarding the criteria for expanded bronze plans.

HIOS Plan ID	**Criteria Met**
13401PA0020017	Covers PCP, Specialist, Chiropractive Care, Speech Therapy, Occupational Therapy, Physical Therapy Urgent Care, MHSA OV, and Generic Prescription Drugs before the deductible
13401PA0020018	Covers PCP, Specialist, Chiropractive Care, Speech Therapy, Occupational Therapy, Physical Therapy Urgent Care, MHSA OV, and Generic Prescription Drugs before the deductible
13401PA0020019	HSA Plan
13401PA0020020	HSA Plan

22. *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.*

    We confirm that the rates in the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are consistent.

CHLIC requests confidential handling of this information. We believe that this information is proprietary and critical to our business.

Please contact me at 215-761-2645 or at Zachary.Moon@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

Zachary Moon, FSA, MAAA
Small Group Pricing

cc: Sarah Souza, FSA, MAAA

TRADE SECRET

Milliman

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Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. All other caveats identified in the Actuarial Memorandum for this filing apply to these objection responses.

Exhibits to Support Responses to Objections

Table 1: COVID-19 Impact Development (Objections 4, 7, and 19)	
COVID Adjustment	**Claims Load**
Testing	0.85%
Treatment	0.68%
Vaccine	0.17%
Total 2023 COVID Claims Adjustment	**1.70%**

Table 2a: Actual Historical Utilization and Unit Cost Trend by Service Category (Objection 5)																	
	Inpatient Hospital Trends			Outpatient Hospital Trends			Physician Trends			Prescription Drug Trends			Other Trends				
Calendar Year	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Capitation Trend	Total Trend
2021	101%	6%	113%	243%	-11%	205%	99%	-18%	63%	-1%	25%	24%	23%	-50%	-39%	N/A	N/A

Table 2b: Average Medical Allowed and Paid claim cost PMPM and Utilization per 1,000 by Month (Objection 5)																
		Allowed Cost PMPM					Paid Cost PMPM					Admit/Service Count Utilization per 1000				
Year	Month	IP	OP	Professional	OMS	Rx	IP	OP	Professional	OMS	Rx	IP	OP	Professional	OMS	Rx
2020	October	7.69	102.12	126.83	106.31	67.06	-	84.12	83.21	94.20	44.21	41.8	3,177.7	8,864.1	2,216.0	8,613.2
2020	November	145.73	58.73	107.61	55.72	113.49	119.88	33.30	71.45	46.41	94.45	157.4	2,537.7	11,508.2	3,501.6	8,911.5
2020	December	46.67	42.76	72.38	47.46	148.48	46.67	21.70	43.36	27.10	120.78	18.9	2,148.3	10,533.1	3,586.8	10,239.7
2021	January	52.15	124.32	97.53	63.33	138.43	46.15	94.80	61.35	45.41	105.91	73.6	2,624.9	12,584.7	3,369.0	10,892.0
2021	February	58.33	144.51	113.95	35.81	99.84	53.82	110.48	70.72	23.38	81.48	110.5	2,634.3	13,713.2	2,604.9	8,146.1
2021	March	109.12	166.11	127.39	60.13	192.28	100.41	136.69	78.61	40.23	166.89	53.8	2,534.5	14,070.6	3,462.2	11,868.9
2021	April	80.84	96.43	128.42	63.94	173.31	73.24	66.04	79.14	40.94	156.32	54.8	1,346.5	7,738.0	3,073.9	12,045.7
2021	May	94.08	107.73	107.39	46.97	137.61	86.16	82.48	66.09	33.35	121.71	42.6	1,180.7	6,965.0	2,267.7	11,895.0
2021	June	89.65	113.02	113.83	59.73	164.72	72.85	80.47	69.15	37.35	145.76	68.1	1,289.1	7,131.9	2,499.6	11,334.5
2021	July	149.16	186.14	121.86	46.41	150.16	140.53	147.81	79.28	28.31	132.24	36.6	1,418.4	7,264.2	2,429.3	11,489.1
2021	August	165.93	102.75	139.50	59.13	135.10	155.34	75.89	92.24	38.90	118.52	65.4	1,702.6	8,147.8	2,609.3	12,652.3
2021	September	280.58	113.99	142.41	46.77	156.64	271.43	82.33	92.41	32.22	137.31	70.6	1,778.4	7,772.5	2,196.1	11,805.8
2021	October	136.58	167.59	166.36	47.83	153.27	125.26	133.17	115.39	32.41	136.83	71.0	2,083.9	7,978.0	1,941.9	12,476.6
2021	November	160.00	228.07	168.36	8.11	176.56	151.89	173.30	113.07	5.58	160.79	62.2	2,462.9	8,549.2	349.7	12,755.2
2021	December	161.84	235.73	172.32	0.00	168.05	149.10	175.45	110.00	0.00	147.61	68.2	2,917.0	8,513.0	-	12,885.5

Table 3: Paid to Allowed Ratio Support (Objection 10 and 17)

Plan	HIOS ID	Membership Distribution	Paid Claims	Pricing AV	Allowed Claims
Cigna+Oscar Open Access Plus Platinum $0	13401PA0020001	6.54%	$629.76	93.14%	$676.12
Cigna+Oscar Open Access Plus Platinum $350	13401PA0020002	6.54%	$628.23	93.01%	$675.47
Cigna+Oscar Open Access Plus Gold $0	13401PA0020003	7.01%	$564.96	87.13%	$648.39
Cigna+Oscar Open Access Plus Gold $750	13401PA0020004	7.01%	$521.85	82.73%	$630.76
Cigna+Oscar Open Access Plus Gold $1000	13401PA0020005	7.01%	$530.06	83.60%	$634.06
Cigna+Oscar Open Access Plus Gold $1350	13401PA0020006	7.01%	$507.28	81.17%	$625.00
Cigna+Oscar Open Access Plus Gold $1750 HSA	13401PA0020007	7.01%	$517.35	82.25%	$628.99
Cigna+Oscar Open Access Plus Gold $1950	13401PA0020008	7.01%	$485.59	78.74%	$616.66
Cigna+Oscar Open Access Plus Gold $2400 HSA	13401PA0020009	7.01%	$499.41	80.30%	$621.97
Cigna+Oscar Open Access Plus Gold $2750	13401PA0020010	7.01%	$484.74	78.65%	$616.34
Cigna+Oscar Open Access Plus Silver $0	13401PA0020011	4.11%	$492.92	79.58%	$619.41
Cigna+Oscar Open Access Plus Silver $2750 HSA	13401PA0020012	4.11%	$452.40	74.83%	$604.61
Cigna+Oscar Open Access Plus Silver $4250 HSA	13401PA0020013	4.11%	$432.76	72.37%	$597.97
Cigna+Oscar Open Access Plus Silver $4750	13401PA0020014	4.11%	$435.66	72.75%	$598.88
Cigna+Oscar Open Access Plus Silver $5300	13401PA0020015	4.11%	$425.80	71.48%	$595.66
Cigna+Oscar Open Access Plus Silver $5850	13401PA0020016	4.11%	$418.04	70.47%	$593.21
Cigna+Oscar Open Access Plus Bronze $1000	13401PA0020017	1.55%	$452.81	74.89%	$604.67
Cigna+Oscar Open Access Plus Bronze $3000	13401PA0020018	1.55%	$421.31	70.90%	$594.19
Cigna+Oscar Open Access Plus Bronze $5750 HSA	13401PA0020019	1.55%	$398.98	67.90%	$587.56
Cigna+Oscar Open Access Plus Bronze $7450 HSA	13401PA0020020	1.55%	$397.06	67.63%	$587.07
	TOTALS / AVERAGES	**100.00%**	**$505.50**	**80.8%**	**$625.48**
		Alternate Average Pricing AV in PAAM Ex!		**80.6%**	

Table 3a: Commisions by Distribution Channel and Employee Tier (Objection 12)

Distribution Channel	Employee Tier	New Sale (PMPM)	Renewing Sale (PMPM)
[redacted]			

Table 3b: Commission Estimates (Objection 12)

Channel	PMPM Commission
[redacted]	
Total Commissions	**$0.00**

Table 4: Expenses by Plan (Objection 13)					
Plan	HIOS ID	Administrative Expenses	Taxes and Fees	Profit / Risk Load	Total Retention
Cigna+Oscar Open Access Plus Platinum $0	13401PA0020001	$99.18	$21.43	$15.31	$135.93
Cigna+Oscar Open Access Plus Platinum $350	13401PA0020002	$98.94	$21.38	$15.28	$135.60
Cigna+Oscar Open Access Plus Gold $0	13401PA0020003	$88.98	$19.25	$13.74	$121.97
Cigna+Oscar Open Access Plus Gold $750	13401PA0020004	$82.19	$17.80	$12.69	$112.69
Cigna+Oscar Open Access Plus Gold $1000	13401PA0020005	$83.49	$18.08	$12.89	$114.46
Cigna+Oscar Open Access Plus Gold $1350	13401PA0020006	$79.90	$17.31	$12.34	$109.55
Cigna+Oscar Open Access Plus Gold $1750 HSA	13401PA0020007	$81.49	$17.65	$12.58	$111.72
Cigna+Oscar Open Access Plus Gold $1950	13401PA0020008	$76.49	$16.59	$11.81	$104.88
Cigna+Oscar Open Access Plus Gold $2400 HSA	13401PA0020009	$78.66	$17.05	$12.15	$107.86
Cigna+Oscar Open Access Plus Gold $2750	13401PA0020010	$76.35	$16.56	$11.79	$104.70
Cigna+Oscar Open Access Plus Silver $0	13401PA0020011	$77.64	$16.83	$11.99	$106.46
Cigna+Oscar Open Access Plus Silver $2750 HSA	13401PA0020012	$71.26	$15.47	$11.00	$97.73
Cigna+Oscar Open Access Plus Silver $4250 HSA	13401PA0020013	$68.17	$14.81	$10.53	$93.50
Cigna+Oscar Open Access Plus Silver $4750	13401PA0020014	$68.63	$14.91	$10.60	$94.13
Cigna+Oscar Open Access Plus Silver $5300	13401PA0020015	$67.07	$14.58	$10.36	$92.00
Cigna+Oscar Open Access Plus Silver $5850	13401PA0020016	$65.85	$14.32	$10.17	$90.33
Cigna+Oscar Open Access Plus Bronze $1000	13401PA0020017	$71.33	$15.48	$11.01	$97.82
Cigna+Oscar Open Access Plus Bronze $3000	13401PA0020018	$66.37	$14.42	$10.25	$91.04
Cigna+Oscar Open Access Plus Bronze $5750 HSA	13401PA0020019	$62.85	$13.67	$9.70	$86.23
Cigna+Oscar Open Access Plus Bronze $7450 HSA	13401PA0020020	$62.55	$13.61	$9.66	$85.82
	TOTALS / AVERAGES	**$79.62**	**$17.26**	**$12.29**	**$109.17**

Table 5: Non-EHB Rate Considerations (Objection 14)	
Non-EHB Services	**Manual Rate Impact**
Abortion	$0.25
Hearing Services	$1.97
Other Non-EHBs (immaterial)	$0.01
TOTAL NON-EHB SERVICES	**$2.23**

Table 6: Age Calibration Development (Objection 15)		
Age	**Premium Relativity**	**Membership**
0	0.765	1.0%
1	0.765	1.0%
2	0.765	0.8%
3	0.765	0.8%
4	0.765	0.8%
5	0.765	0.8%
6	0.765	0.8%
7	0.765	1.0%
8	0.765	1.0%
9	0.765	1.0%
10	0.765	1.0%
11	0.765	1.0%
12	0.765	1.0%
13	0.765	1.0%
14	0.765	1.0%
15	0.833	1.0%
16	0.859	1.0%
17	0.885	1.0%
18	0.913	1.0%
19	0.941	1.2%
20	0.970	1.2%
21	1.000	1.4%
22	1.000	1.4%
23	1.000	1.4%
24	1.000	1.4%
25	1.004	1.7%
26	1.024	1.7%
27	1.048	1.7%
28	1.087	1.7%
29	1.119	1.7%
30	1.135	1.6%
31	1.159	1.6%
32	1.183	1.6%
33	1.198	1.6%
34	1.214	1.6%
35	1.222	1.7%
36	1.230	1.7%
37	1.238	1.7%
38	1.246	1.7%
39	1.262	1.7%
40	1.278	1.6%
41	1.302	1.6%
42	1.325	1.6%
43	1.357	1.6%
44	1.397	1.6%
45	1.444	1.9%
46	1.500	1.9%
47	1.563	1.9%
48	1.635	1.9%
49	1.706	1.9%
50	1.786	2.1%
51	1.865	2.1%
52	1.952	2.1%
53	2.040	2.1%
54	2.135	2.1%
55	2.230	2.2%
56	2.333	2.2%
57	2.437	2.2%
58	2.548	2.2%
59	2.603	2.2%
60	2.714	2.0%
61	2.810	2.0%
62	2.873	2.0%
63	2.952	2.0%
64+	3.000	2.5%
Average Factor	**1.531**	

7/14/2022

Telephone 215-761-2645
Zachary.Moon@Cigna.com

Dear Mr. Yanick,

This letter is in response to your objection dated July 6, 2022 with respect to Cigna's (CHLIC) Small Group rate filing for policies effective 1/1/2023 in Pennsylvania. Please see our responses below.

The first page of this document represents a cover letter that outlines the changes made to the Actuarial Memorandum and Pennsylvania Actuarial Memorandum Exhibits.

Updates to the Actuarial Memorandum included:

- We updated the list of non-EHB services in Exhibit 10 to remove smoking cessation, autism services, and ABA therapy (per the comments in objection 5).

Updates to the PA 2023 Actuarial Memorandum Rate Exhibits included:

- We updated row 29 in Table 5A with member months to satisfy objection 6.

All other materials are consistent with the prior submission.

1. *The following question pertains to the response received in Q4.e:*
    a. *Please provide additional clarification with regards to the COVID impact. Is the underlying data in the rate manual adjusted as if COVID did not occur? Otherwise, it is not appropriate to be applying an adjustment factor for PY23 that increases claim costs above and beyond what should already be reflected in the base experience for COVID.*

    The COVID load of 1.7% represents the only costs directly associated with COVID in this projection. This load was applied to underlying data that did not contain any COVID expenses previously.

2. *The following questions pertains to the response received in Q5.b:*
    a. *Please provide additional clarification around drug trends. How are drug rebates expected to change from the base period to the rating period?*

    Drug rebates are expected to increase from the base period to the rating period.

    b. *Has that change been reflected in the drug trend?*
        i. *If so, what would the drug trend have been without considering rx rebates?*

        The change in drug rebates is not reflected in the drug trend.

        ii. *If the change in drug rebates has not been considered in the drug trend please explain where the impact is incorporated within the rate development.*

        Drug rebates are projected to the rating period and then incorporated after the projected allowed cost gross of rebates has been determined to find the projected allowed cost net of rebates.

3. *The following questions pertain to the response received in Q5.g:*
    a. *Please provide a detailed narrative that explains why Cigna has different expectations for 2023 trend compared to prior year trends.*

    The 2023 trend projection reflects differing expectations of unit cost, utilization and service mix than the trend in prior periods. Unit cost trends reflect Cigna's future expectation developed from expected provider contracting. Utilization trends reflect Cigna's future expectations developed from historical estimates with corrections for any major known events such as new mandates, etc. Similar to medical trends, pharmacy trends are developed using historical experience while adjusting for future expectations of drug price increases, new drug approvals, new generic entrants, and changes in drug mix.

    b. *Since the trend given in Table 3b is applied to 24 months of data, this would typically take the base period claims and trend them from the midpoint of the experience period to the midpoint of the rating period, which would be the midpoint for 1/1/23 renewals. Please confirm that cell J32 of Table 5A should be 7.3% or 5.9%; changing this value might not impact rates.*

    Table 3b represents the trend expectation to trend claims from the midpoint of the experience period to the midpoint of the 1/1/23 plan year period ("the experience trend").

    Cell J32 of Table 5A should be 7.3%. This cell represents the annual trend expectation from 2023 to 2024 (the "projected trend") and trends the Q1 plan year rate to each quarterly effective rate in 2023. For Q2 rates, one quarter of 2023 trend is applied to trend to the midpoint of the Q2 plan year. For Q3 rates, two quarters of 2023 trend are applied to trend to the midpoint of the Q3 plan year. For Q4 rates, three quarters of 2023 trend are applied to trend to the midpoint of the Q4 plan year.

    The use of different experience and projected trends reflects differences in the time periods for provider contracting changes, utilization/mix changes, and other factors discussed in Question 3a.

c. *If Cigna has different expectations for 2023 trend why is Cigna not being proactive and smoothing out these foreseen changes? That is, why does it not make sense to apply a slightly higher trend to the base period data to account for the spike in trend it expects to see in 2023?*

As described in 3b, the experience trend is applied to the base rate to move the base rate forward to the best estimate rate for the 1Q23 plan year. We then apply our projected trend to move this rate to each quarterly effective rate in 2023 using our projected trend for the year. The trend rates vary due to differences in the time periods for provider contracting changes, utilization/mix changes, and other factors discussed in Question 3a. We believe this approach accurately captures expected costs for all quarters in 2023.

4. *The following questions pertain to the response received in Q12:*
   a. *Please explain why Cigna does not pay a commission to General Agencies for 1-4 employees.*
   b. *Please provide a brief description on what a "general agency" is.*

   To clarify the previously provided "PA Objection Response Attachment A_06242022_Revised.xlsx":
   - Table 3a and 3b showed our current expectation of commissions by distribution channel and group size. Contracts for all distribution channels have not yet been finalized for the 2023 plan year.
   - The actual commission charge could vary for the year based on final contracted commissions, enrollment by employee tier and distribution channel differences.

   Our expectation is to pay commissions if a group with 1-4 employees comes through the General Agency channel. However, $0 commissions was shown for groups with 1-4 employees in the General Agency channel because we have historically seen very low enrollment in this tier/channel combination and the impact is de minimus.

   A General Agent (commonly referred to as a GA) is an insurance agency that partners with insurance carriers to market and distribute their products to agents and brokers. General Agents share product knowledge and information on eligibility, rates, and other relevant health insurance information. General Agent activities can include assisting agents with sales presentations, enrollment or benefit meetings and collecting and processing enrolled groups to ensure all the necessary materials are submitted to the carrier in a complete manner. A General Agent supports insurance agencies and their brokers from the perspective of their back office.

5. *The following questions pertain to the response received in Q14:*
   a. *Please provide an answer to each of the following questions (do not provide one combined response) as they pertain to Q14's initial response:*
      i. *Please confirm that based on Table 5 provided in Attachment A that the total PMPM for diabetes management programs, nutritional formulas, telehealth services, smoking cessation, autism services, and ABA therapy is 0.01. If this is not the case, please provide the list of services that adds up to 0.01 PMPM.*

      The $0.01 costs shown in Table 5 represents the projected amount for certain telehealth services that are not already classified as EHBs. We anticipate that claims for these services will be immaterial. Diabetes management programs, nutritional formulas, smoking cessation, autism services, and ABA therapy have been removed from the non-EHB list in Exhibit 10 of the Actuarial Memorandum since these are included in EHB pricing.

      ii. *Please provide what the paid claims PMPM is separately for each of the 6 benefits listed in part a(i).*

Please see the response to question 5ai above.

iii. *Please provide an estimate as to what % of Cigna members are diabetic*

Approximately 6% of Cigna members that have a recorded claim have been diagnosed with diabetes.

iv. *Please provide an estimate as to what % of diabetic members actually utilize a diabetes management program.*

Approximately 8% of diabetic members utilize a diabetes management program.

v. *Please provide what the average monthly paid claims cost is in total dollars for a diabetes management program member.*

Diabetes management programs have been removed from the non-EHB list in Exhibit 10 of the Actuarial Memorandum since these are included in EHB pricing.

Only the cost to operate and administer the program was previously considered within the buildup of the non-EHB for a diabetes management program and this cost is de minimus. Inpatient, outpatient and professional costs incurred by an enrolled member in a diabetes management program as part of their average monthly claim costs have consistently been captured by EHB pricing.

vi. *Is Cigna not defining autism services as mental health?*
    1. *For rehabilitative and habilitative services for autism, such services would be considered an EHB*

    Autism services have been removed from the non-EHB list in Exhibit 10 of the Actuarial Memorandum since these are included in EHB pricing.

vii. *Per the USPSTF, smoking cessation should be considered a preventive service. Please explain how this benefit is not considered an EHB.*

Smoking cessation has been removed from the non-EHB list in Exhibit 10 of the Actuarial Memorandum since these are included in EHB pricing.

b. *Please confirm that Cigna has reviewed and confirmed that all benefits that Cigna is claiming to be non-EHB are actually non-EHB.*

We have reviewed the benchmark plans listed on the CMS website and believe our classifications of EHBs versus non-EHBs are accurate. All covered services are included in the projection.

6. *The following request pertains to the response received in Q16:*
    a. *Please update row 29 in Table 5A of the PAAME to contain member months.*

    We updated row 29 in Table 5A to display member months.

7. *The following question pertains to the response received in Q20:*
    a. *This question [Q20] was specifically tied to the PHE. Has Cigna made any morbidity adjustment to account for the PHE ending?*

    No morbidity adjustments have been made to account for the end of the Public Health Emergency.

8. *The following questions are a follow-up to the prior question 7:*
   a. *Please provide the quantitative development of the 1.7% COVID adjustment by category (i.e., testing, treatment, vaccine).*

   The below table details the quantitative development of the 1.7% COVID adjustment by category:

COVID-19 Impact Development		
Annotation	**COVID Adjustment**	**Claims Load**
(A)	Pre-COVID-19 PMPM total allowed claims cost	$612.65
(B)	Testing cost	$5.30
(C)	Treatment cost	$4.24
(D)	Vaccine cost	$1.06
(E) = (B) + (C) + (D)	Total 2023 COVID Claims Cost	$10.60
(F) = (A) + (E)	Expected Allowed Claims	$623.25

   b. *Please provide the percentage of COVID claims by category (i.e., testing, treatment, vaccine) which are present in the 2022 Milliman HCGs.*

   The 2022 Milliman HCGs were normalized to exclude any COVID impacts such that the 1.7% COVID load represents the only costs directly associated with COVID in the 2023 projection.

9. *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.*

   We confirm that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are consistent. The 2023 calibrated plan adjusted index rates in Table 10 of Actuarial Memorandum Exhibits match the URRT, so there may be some minor rounding differences between these values and the rates shown in the Rate Tables.

10. *Please ensure that the 7/14/22 versions of the following items are posted in SERFF with your July 14th 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. *Updated Rate Change Request Summary (Attachment I)*
    i. *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).*

    We confirm that all documents requested above have been posted in SERFF with the responses to this data call.

CHLIC requests confidential handling of this information. We believe that this information is proprietary and critical to our business.

Please contact me at 215-761-2645 or at Zachary.Moon@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

Zachary Moon, FSA, MAAA
Small Group Pricing

cc: Sarah Souza, FSA, MAAA