

May 17, 2023

Ms. Lindsi Swartz, Director Bureau of Life, Accident and Health Insurance Office of Insurance Product Regulation and Administration Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Keystone Health Plan Central

Small Group Rates Filing No 23-52

TOI Code: H15G Group Health - Hospital/Surgical/Medical Expense

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Swartz:

By this filing Capital Blue Cross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department Small Group Rates effective January 1, 2024.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2024Average Rate Change: 5.1%
- Range of Requested Rate Change: 5.1% to 5.1%
- Total additional annual revenue generated from the proposed rate change: \$29,596
- Product: HMORating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 86/70
- 2024 Number of Plans/Change from 2023: 1/No Changes
- Contract Form #: C24-KHPC-SGP
- Form Filing SERFF #: CABC-133657256
- Binder SERFF #: CABC-PA24-125116273
- HIOS Issuer ID: 53789

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Rates Table Template, and PA Plan Design Summary and Rate Tables.

cc: , FSA, MAAA, Senior Director, Actuarial Services , Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2024

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789
Market: Small Group
Effective Date: 1/1/2024

PID Company Information

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• NAIC: 95199

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Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2024. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%
Small Group	KHPC	1/1/2023	CABC-133252133	8.4%
Small Group	KHPC	7/1/2023	CABC-133583560	7.1%

Average Rate Change

KHPC is proposing an aggregate annual 5.1% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

The key drivers of the rate change, and approximate impact, are as follows:

• Future cost and utilization: 6.3%

• Favorable manual data 2022 claims net risk adjustment experience: -1.2%

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 38.

Benefit Changes 2023-2024

A summary of proposed 2024 benefits is included in Exhibit A.

There are benefit changes being implemented in 2024. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and

a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2022 and December 31, 2022.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2023

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing.
 Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- Capital only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

- 1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ =\ \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

BEP Allowed Claims

$$= \sum \frac{\textit{BEP Paid Claims} + \textit{BEP Member Cost Share by Incurred Month}}{\textit{Completion by Incurred Month}}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/3/2023.

Loss Ratio in BEP: Loss ratio is 124.22%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.
- 3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2022 and December 31, 2022. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.27%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

- 1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:
 - a. Vendor Physician Cost Model and Internal Hospital Contracting Model
 - i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
 - b. Internal Prescription Drug Trend Model
 - i. Price Inflation
 - ii. Contract Pricing
 - iii. Member Cost-Sharing
 - iv. Units per Script
 - v. Brand/Generic Mix
 - vi. Therapeutic Mix
 - vii. Cost per Script
 - viii. Pipeline (new drugs)
- 2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
 - e. Medical utilization estimates reviewed by Capital's Chief Medical Officer
- 3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
- 4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

KHPC is applying a factor of 0.467 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2022 to 2024. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

In addition to cost-sharing changes, Capital is also implementing two benefit coverage changes.

• Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital is adopting early compliance and will cover the relevant services at no cost share starting in 2024.

- Claim PMPM is developed by pulling 2022 Group and Individual MRI and diagnostic breast imaging member cost share associated with the relevant diagnosis codes.
- Additional Claim Cost PMPM is equal to member cost share divided by Group and Individual membermonths.
- The Mental Health Parity and Addiction Equity Act (MHPAEA) has expanded definitions of mental health services to include Autism coverage. With this expansion, Capital will cover Autism services in the Small Group market starting in 2024.
 - o Claim PMPM is developed by pulling 2022 Group and Individual denied Autism service claims.
 - Additional Claim Cost PMPM is equal to denied Autism claims divided by 2022 Group and Individual membermonths.

The additional claim cost PMPMs are shown on Exhibit D2 – Benefit Additions. Senate Bill 8 only impacts incurred claims (the change is to member cost share), and MHPAEA change impacts both allowed and incurred claims.

The PMPM calculations are included with this filing in the following supporting workbooks:

```
SG_23-52_Initial_KHP_HMO_AutismDefinition_Supporting_20230517.xls SG_23-52_Initial_KHP_HMO_SenateBill8_Supporting_20230517.xls
```

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: A network adjustment is applied to show the value of changes in network from the BEP to the rating period. The value is calculated as:

```
Network Factor = ([Projected \ MM \ by \ Plan] \times [Network \ Factor \ by \ Plan])
\div [Total \ Projected \ MM]
```

The network calculation is found on Exhibit D2 – Network Mix Changes.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

- 1. Start with Projected Allowed Claims at Current Benefits
- 2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

- 1. Gather claims experience as described in the Data section above.
 - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
 - b. BEP Member Months
- 2. Develop BEP Paid and Incurred Claims:

$$\textit{BEP Paid and Incurred Claims} = \frac{\textit{BEP Paid Claims}}{\textit{Completion Factor}}$$

The development of completion factors is described in <u>Experience Period Premium and Claims</u> above.

3. Develop the BEP Paid and Incurred Claim PMPM:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the <u>Projection Factors</u> section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

= $[BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$

5. Develop *Projected Paid and Incurred Claim PMPM*:

```
Projected Paid and Incurred Claims PMPM
= [Trended Claim PMPM] × [Benefit Adjustment]
× [Morbidity Adjustment] + [Benefit Additions]
```

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Benefit Additions* are discussed in the Projections Factors section above.

- 6. Develop *Projected Claims PMPM by Benefit* as follows:
 - a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
 - b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$\textit{Benefit Level Adjustment} = \frac{\textit{Average Manual Cost in Projection Period}}{\textit{Manual Cost of Base Plan}}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

```
Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM \\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}
```

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit \ Relativity \ A = \frac{Manual \ Cost \ of \ Benefit \ A}{Manual \ Cost \ of \ Base \ Plan}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than \$1000.
 - ii. Adjustments for plan designs that fall outside of the actuarial cost model.
- a. So the *Projected Claims PMPM by Benefit* is:

Projected Claims PMPM Benefit A
= Projected Claims PMPM Base Plan
× Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

 $\textit{Paid to Allowed Ratio} = \frac{\textit{Total Projected Claims PMPM}}{\textit{Projected Allowed Claims at Current Benefits}}$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

[Market Adjusted Index Rate]

- $= ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio]$
- [*Projected Incurred Reinsurace Recoveries*]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2024 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2024. The following items are those that we deem important in generating a CRA payment transfer adjustment:

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2021-2022 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2024 projected risk adjustment PMPM is set equal to the 2022 amount sent by the Department on 5/3/2023 adjusted for expected changes in statewide average premium.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM
= [Avg \ 2024 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2024 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2023 \ On - Exchange \ Premium \ PMPM \ \times (1 \\ + [Avg \ Proposed \ Rate \ Change])
```

See Exhibit K for the development of the Market Adjusted Index Rate.

Retention Items

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.21 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
 - a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Attached please find the proposed 2024 broker agreements redacted versions. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_23-52_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20230517.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_23-
- 52_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20230517.pdf" 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%.
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2022, and before October 1, 2023, the applicable dollar amount is \$3 per member per year (\$0.25 PMPM). Capital assumes the 2024 projected fee will be trended at 0%.
- 2. Exchange Fee: N/A
- 3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

- 1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- 2. Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.

- 5. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_23-52_Initial_KHP_HMO_List-Billed Supporting 20230517.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic factors are unchanged from 2023.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [Geographic Factor Calibration] \times [Tobacco Factor])
```

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

```
[Member - Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] \times [Age Factor] \times [Geographic Factor] \times [Tobacco Factor]
```

2. [Family Consumer Adjusted Premium Rate] = \sum [Member – Level Consumer Adjusted Premium Rate] With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

Plans: 53789PA0090004 use alternative method 156.135(b)(2) to establish AV. SG_23-52_Initial_KHP_HMO_UniquePlanDesign_Supporting_20230517 includes a detailed explanation of the approach.

See AV Screenshots included with the submission: SG 23-52 Initial KHP HMO AVScreenPrints Supporting CONF 20230517

AV Pricing Values

All AV Pricing values were developed using Capital's actuarial cost model and actuarial judgment as described in section <u>Paid to Allowed</u> above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2019-2021 filings. Actual comes from Table 4.

	MLR		Member Months			
Calendar Year	Actual	Pricing	Actual	Pricing		
2019	89.27%	81.67%	1,145	1,514		
2020	86.92%	80.33%	888	1,140		
2021	62.60%	80.92%	1,183	766		

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2019-2022 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Network Mix

Exhibit D2 – Benefit Additions

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Morbidity Factor

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts

Actuarial Value Screenshots

List-Billed Data

Benefit Additions Calculation Workbooks

Standard Questions

Actuarial Statement

I, ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"
 - e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
 - f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
 - g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- b. Developed in compliance with the applicable Actuarial Standards of Practice.
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. Neither excessive nor deficient.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 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.



, ASA, MAAA Actuarial Associate Capital Blue Cross

PA Rate Template Part I

Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central	
Product(s):	НМО	
Market Segment:	Small Group	
Rate Effective Date:	1/1/2024	to
Base Period Start Date:	1/1/2022	to
Date of Most Recent Membership:	2/1/2023	

12/31/2024 12/31/2022

Table 1. Number of Members

	Member-months	Members	Member-months	
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period	
Average Age	37.8	37.9	37.9	
Total	1,345	95	1,124	
<18	92	6	71	
18-24	134	10	118	
25-29	130	11	130	
30-34	161	12	142	
35-39	105	10	118	
10-44	148	5	59	
15-49	119	8	95	
50-54	152	9	106	
55-59	151	14	166	
50-63	90	6	71	
5/1±	63	4	/17	

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
\$614,841.04	\$442,315.14	\$448,796.75	1,345	\$140,427.45	\$589,224.20	\$0.00	(\$20,482.95)	\$2,149.78	\$0.00	(\$268,315.00)	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 424.45
Loss Ratio											124.22%
*Express Prescription Drug Rebates as	a negative number										

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.75%	0.50%	0.00%	5.27%	16.93%
Outpatient Hospital	4.90%	1.00%	0.00%	5.95%	40.06%
Professional	4.65%	1.00%	0.00%	5.70%	21.66%
Other Medical	4.90%	0.50%	0.00%	5.42%	2.48%
Capitation				3.00%	0.00%
Prescription Drugs	7.45%	1.05%	0.00%	8.58%	18.88%
Total Annual Trend				6.27%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.129	
* Express Cost, Utilization, Induced Utilization and Weigh	t as percentages	Nama and an ann an ann an an an an an an an an a	<i>x</i>	_:. :	<i></i>

* Express Cost, Utilization, Ind

** Should equal URRT Trend

Table 4. Historical Experience

lonth-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-19	_	\$105,524.78	1.0000	\$ 105,524.78	118	\$ 894.28		(\$2,549.73)	\$106,280.55 \$	900.
Feb-19		\$69,202.35	1.0000		110			(\$499.91)	\$80,202.89 \$	729.
Mar-19	_	\$34,618.93	1.0000		104			(\$832.03)	\$42,548.85 \$	409.
Apr-19	<u> </u>	\$17,960.58	1.0000		105		-	(\$1,078.60)	\$21,651.71 \$	206.
May-19	_	\$18,466.08	1.0000		90		-	(\$318.17)	\$21,510.59 \$	239.
Jun-19	<u> </u>	\$8,911.60	1.0000		87		-	(\$259.88)	\$24,054.15 \$	276.
Jul-19	-	\$25,552.67	1.0000		93		-	(\$754.19)	\$37,296.74 \$	401.
Aug-19 Sep-19	<u> </u>	\$19,491.61 \$11,139.80	1.0000 1.0000		91 92		-	(\$167.74) (\$62.06)	\$25,809.73 \$ \$17,832.44 \$	
Oct-19	<u> </u>	\$13,438.38	1.0000		91		-	(\$328.53)	\$17,493.26 \$	193.
Nov-19	<u> </u>	\$19,676.93	1.0000		88		-	(\$123.85)	\$28,108.09 \$	319.
Dec-19	\$558,086.51	\$28,184.36	1.0000		76		\$93,154.79	(\$312.97)	\$35,246.20 \$	463.
Jan-20	φ330,030.31	\$17,237.38	1.0000		69			(\$354.48)	\$31,576.31 \$	457.
Feb-20	-	\$15,177.60	0.9998		69		- <mark> </mark>	(\$209.95)	\$19,678.40 \$	285.:
Mar-20		\$8,549.49	1.0000		69		1	(\$28.30)	\$12,138.60 \$	175.
Apr-20		\$88,864.42	1.0000		69		1	(\$947.23)	\$95,567.36 \$	1,385.
May-20		\$2,636.05	1.0000	·	67		1	(\$225.14)	\$10,640.07 \$	158.
Jun-20		\$35,074.85	1.0000		63		1	\$0.00	\$47,393.04 \$	752.
Jul-20		\$3,738.90	1.0000	\$ 3,738.90	69	54.19		(\$595.55)	\$13,124.04 \$	190.
Aug-20		\$19,008.53	1.0000	\$ 19,008.53	85	223.63		\$0.00	\$25,030.03 \$	294.
Sep-20		\$63,348.20	1.0000	\$ 63,348.20	84	5 754.15		(\$194.90)	\$70,414.38 \$	838.
Oct-20	_	\$11,849.35	1.0000		82			(\$344.72)	\$18,795.32 \$	229.
Nov-20	_	\$14,306.02	1.0000		80		_	(\$1,130.37)	\$26,465.21 \$	330.
Dec-20	\$424,699.05	\$23,400.85	1.0000		82		· ,	\$0.00	\$36,514.45 \$	445.
Jan-21	_	\$10,105.99	1.0000	. ,	89			(\$432.59)	\$12,375.86 \$	139.
Feb-21	_	\$32,907.99	1.0000		90		-	(\$1,427.96)	\$38,869.62 \$	431.
Mar-21	<u> </u>	\$18,490.11	1.0000		95		-	(\$660.96)	\$21,925.58 \$	230.
Apr-21	<u> </u>	\$19,324.75	0.9999		98		-	\$0.00	\$33,134.75 \$	338.
May-21	-	\$33,414.58	0.9998		101		-	(\$1,658.19)	\$43,674.47 \$	432.
Jun-21 Jul-21	-	\$17,651.59 \$12,840.91	0.9998 0.9997	· · · · · · · · · · · · · · · · · · ·	94 98		-	(\$1,490.41) (\$388.69)	\$30,342.08 \$ \$26,610.00 \$	322. 271.
Aug-21	_	\$12,840.91	0.9997	· · · · · · · · · · · · · · · · · · ·	103		-	(\$2,247.54)	\$36,249.73 \$	351.
Sep-21	<u> </u>	\$11,643.28	0.9999		103		-	(\$814.37)	\$20,139.39 \$	195.
Oct-21	-	\$9,058.11	0.9999	· · · · · · · · · · · · · · · · · · ·	106		- <mark> </mark>	\$0.00	\$14,106.28 \$	133.
Nov-21		\$21,712.02	0.9997		106		1	(\$1,501.16)	\$27,796.91 \$	262.
Dec-21	\$521,868.89	\$20,481.59	0.9998		100		\$112,981.35	(\$1,981.30)	\$25,342.58 \$	253.
Jan-22	+	\$37,737.64	0.9994		103		<u> </u>	(\$1,160.79)	\$47,980.21 \$	465.
Feb-22		\$42,639.68	0.9994		111			(\$3,517.67)	\$41,055.94 \$	369.
Mar-22		\$40,238.94	0.9992		114		1	(\$2,579.27)	\$50,611.65 \$	443.
Apr-22		\$38,463.30	0.9889		114		1	(\$2,357.03)	\$48,925.62 \$	429
May-22		\$69,897.13	0.9944		114			(\$2,590.18)	\$90,260.61 \$	791
Jun-22		\$17,687.36	0.9977	\$ 17,728.84	115	\$ 154.16		(\$2,321.27)	\$21,341.60 \$	185
Jul-22		\$39,608.37	0.9913		114			(\$2,659.36)	\$46,876.78 \$	411
Aug-22		\$69,103.20	0.9769		117			(\$2,727.49)	\$81,293.80 \$	694
Sep-22		\$25,815.58	0.9731		112			(\$191.06)	\$31,824.80 \$	284
Oct-22		\$30,590.61	0.9319		111		-	(\$108.18)	\$51,586.88 \$	464
Nov-22		\$26,377.39	0.9252		112		_	\$0.00	\$42,977.44 \$	383
Dec-22	\$614,841.04	\$4,155.97	0.8694	\$ 4,780.12	108	\$ 44.26	\$140,427.45	(\$270.65)	\$16,155.73 \$	149

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

Keystone Health Plan Central Carrier Name: Product(s): **Small Group 1/1/2024** Market Segment: **Rate Effective Date:**

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
\$288,220,944.40	\$278,305,791.86	\$286,112,528.71	449,368	\$48,668,105.07	\$334,780,633.78		(\$18,807,849.48)	\$2,149.78	\$0.00	\$12,836,176.00	
Experience Period Total Allowed EH	Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 703.15
Loss Ratio											88.79%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.75%	0.50%	0.00%	5.27%	16.93%
Outpatient Hospital	4.90%	1.00%	0.00%	5.95%	40.06%
Professional	4.65%	1.00%	0.00%	5.70%	21.66%
Other Medical	4.90%	0.50%	0.00%	5.42%	2.48%
Capitation				3.00%	0.00%
Prescription Drugs	7.45%	1.05%	0.00%	8.58%	18.88%
Total Annual Trend				6.27%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.129	

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

Table 4b. Historical Manual Experience

Лonth-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-19		\$24,344,820.58	1.0000 \$	24,344,820.58	45,072	\$ 540.13		(\$1,159,886.58)	\$28,380,195.11 \$	6
Feb-19		\$22,714,811.78	1.0000 \$	22,714,811.78	44,460	\$ 510.90		(\$1,177,318.37)	\$25,805,224.73 \$	Ţ
Mar-19		\$23,166,686.04	1.0000 \$	23,166,686.04	43,740	\$ 529.65		(\$1,220,957.27)	\$26,307,941.13 \$	
Apr-19	<u> </u>	\$21,980,745.91	1.0000 \$	21,980,745.91	43,129	•		(\$1,347,937.76)	\$24,850,987.04 \$	
May-19	_	\$23,400,289.10	1.0000 \$	23,400,289.10	42,846			(\$1,403,801.81)	\$25,873,901.01 \$	
Jun-19	_	\$19,876,254.17	1.0000 \$	19,876,254.17	42,349			(\$1,282,578.29)	\$22,089,711.24 \$	
Jul-19	_	\$24,341,276.41	1.0000 \$	24,341,276.41	41,964	•		(\$1,228,751.52)	\$26,913,032.72 \$	
Aug-19	_	\$22,545,774.02	1.0000 \$	22,545,774.02	41,466	•		(\$1,154,286.04)	\$24,902,339.18 \$	
Sep-19		\$21,053,189.15	1.0000 \$	21,053,189.15	41,020	•		(\$1,179,269.12)	\$23,140,263.61 \$	
Oct-19		\$23,600,544.28	1.0000 \$	23,600,544.28	40,723	•		(\$1,204,661.37)	\$26,092,099.53 \$	
Nov-19		\$20,744,843.09	1.0000	20,744,843.09	40,359	•		(\$1,175,894.55)	\$22,743,760.59 \$	
Dec-19	\$315,455,818.22	\$20,765,062.72	1.0000	20,765,062.72	39,582	·	\$46,818,383.76	(\$1,176,472.72)	\$23,541,409.72 \$	
Jan-20	_	\$18,241,801.81	1.0000 \$	18,241,801.81	35,008	•		(\$750,603.51)	\$21,387,542.03 \$	
Feb-20		\$19,816,749.17	0.9999 \$	19,819,617.89	34,111			(\$892,226.92)	\$22,419,551.76 \$	
Mar-20		\$16,543,548.73	1.0000	16,543,548.73	33,409	•		(\$972,966.27)	\$18,261,223.41 \$	
Apr-20		\$12,836,324.74	1.0000	12,836,324.74	32,395			(\$1,040,936.38)	\$13,341,549.21 \$	
May-20		\$13,937,837.00	1.0000	13,937,837.00	31,482	•		(\$915,806.32)	\$15,139,583.59 \$	
Jun-20		\$16,894,291.19	1.0000 \$	16,894,291.19	30,750	•		(\$958,449.17)	\$18,448,251.04 \$	
Jul-20	_	\$18,557,801.94	1.0000	18,557,801.94	30,167			(\$990,357.31)	\$20,256,031.73 \$	
Aug-20	_	\$18,675,693.46	1.0000	18,675,693.46	29,896	\$ 624.69		(\$987,213.70)	\$20,397,780.39 \$	
Sep-20	<u> </u>	\$16,750,944.21	1.0000	16,750,944.21	29,336	\$ 571.00		(\$926,414.73)	\$18,344,630.27 \$	
Oct-20	<u> </u>	\$16,304,750.65	1.0000 \$	16,305,334.68	28,647			(\$929,307.08)	\$17,808,996.53 \$	
Nov-20		\$16,541,855.34	1.0000 \$	16,542,401.17	28,079	•		(\$932,923.48)	\$17,907,411.17 \$	
Dec-20	\$242,962,350.95	\$16,777,894.49	1.0000 \$	16,778,413.28	26,538	\$ 632.24	\$31,578,129.90	(\$969,723.46)	\$18,482,660.54 \$	
Jan-21		\$17,275,029.35	1.0000 \$	17,275,532.52	27,753	\$ 622.47	-	(\$967,857.07)	\$19,416,735.37 \$	
Feb-21		\$15,869,136.55	1.0000 \$	5 15,869,608.49	27,765	•	-	(\$932,822.65)	\$17,558,789.67 \$	
Mar-21		\$18,582,425.92	0.9999	18,583,545.66	28,041		-	(\$1,117,793.20)	\$20,526,098.03 \$	
Apr-21		\$18,240,750.97	0.9999	18,242,880.96	28,253	•	-	(\$1,095,084.07)	\$19,958,809.19 \$	
May-21		\$16,132,598.13	0.9998 \$	16,135,091.31	28,331		-	(\$977,123.11)	\$17,711,208.95 \$	
Jun-21		\$18,675,448.81	0.9998 \$	18,679,212.66	28,538		-	(\$1,045,436.66)	\$20,366,835.19 \$	
Jul-21		\$17,435,036.44	0.9997		28,867		-	(\$1,065,957.28)	\$19,028,633.46 \$	
Aug-21		\$17,549,106.53	0.9997	17,554,997.29	28,932	•	-	(\$1,074,903.58)	\$19,224,365.15 \$	
Sep-21		\$17,866,667.71	0.9996	17,873,119.38	29,227		-	(\$1,074,210.84)	\$19,486,540.57 \$	
Oct-21		\$19,324,212.73	0.9996 \$	19,331,110.63	29,975		-	(\$1,132,682.14)	\$21,003,027.74 \$	
Nov-21		\$20,308,534.69	0.9996 \$	20,317,601.78	30,648			(\$1,127,598.74)	\$22,102,147.85 \$	
Dec-21	\$228,181,082.66	\$23,041,923.55	0.9995	23,053,296.13	35,214		\$34,768,854.63	(\$1,295,624.30)	\$25,834,839.86 \$	
Jan-22	<u> </u>	\$22,193,000.31	0.9994 \$, ,	36,897	•		(\$1,371,123.86)	\$25,079,918.08 \$	
Feb-22		\$20,327,461.25	0.9992	20,344,674.65	36,963		-	(\$1,330,866.57)	\$23,143,423.53 \$	
Mar-22		\$26,482,538.82	0.9990 \$	26,508,031.13	36,838		-	(\$1,680,002.61)	\$29,269,949.68 \$	
Apr-22		\$22,350,086.74	0.9869 \$	22,646,803.29	37,198			(\$1,499,816.92)	\$25,084,910.99 \$	
May-22		\$22,841,981.01	0.9948 \$	22,961,489.80	37,292			(\$1,622,524.34)	\$25,287,719.27 \$	
Jun-22		\$22,521,959.37	0.9928 \$	22,685,402.08	37,625	•		(\$1,649,245.14)	\$24,836,783.21 \$	
Jul-22		\$22,341,151.59	0.9895 \$, ,	37,733	•		(\$1,564,172.69)	\$24,481,369.66 \$	
Aug-22		\$25,081,410.29	0.9780 \$	25,646,730.26	37,884	•		(\$1,665,954.98)	\$27,985,283.33 \$	
Sep-22		\$23,874,872.04	0.9792		38,052	•		(\$1,749,885.44)	\$26,386,246.34 \$	
Oct-22		\$23,281,044.96	0.9466 \$	24,593,176.57	37,907			(\$1,591,007.19)	\$27,099,057.62 \$	
Nov-22		\$24,606,434.94	0.9400 \$		37,876			(\$1,611,404.81)	\$28,506,056.26 \$	
Dec-22	\$288,220,944.40	\$22,403,850.56	0.8825	25,386,454.49	37,245	\$ 681.61	\$48,668,105.07	(\$1,471,844.93)	\$28,814,216.13 \$	

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II

Rate Development and Change

Keystone Health Plan Central HMO Small Group 1/1/2024 Carrier Name:
Product(s):
Market Segment:
Rate Effective Date:

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

Development of the Projected Index Rate	Actu	ıal Experience Data		Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	424.45	\$	703.15	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor		1.129		1.129	
Unadjusted Projected Allowed EHB Claims PMPM	\$	479.34	\$	794.08	For Informational Po
Single Risk Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program		1.000		1.000	Blended Base Period Unadj
Change in Morbidity - All Other		0.467		0.467	<- See URRT Instructions Blended Earned Premium
Total Non-Morbidity Changes		0.983		0.983	Blended Loss Ratio
Change in Demographics		1.000		1.000	<- See URRT Instructions
Change in Network		0.982		0.982	
Change in Benefits		1.001		1.001	<- See URRT Instructions
Change in Other		1.000		1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$	220.04	\$	364.53	
Credibility Factors		0%		100%	<- See Instructions
Blended Projected EHB Claims PMPM			\$	364.53	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims					Table 5A. Small Gro
Adjusted Projected Allowed EHB Claims PMPM	\$	364.53	<- Ir	dex Rate for Proje	ection Period on URRT
Projected Paid to Allowed Ratio		0.558			
Projected Incurred EHB Claims PMPM	\$	203.48			# of Member Months Rene
Market-wide Adjustments		40.000			Adjusted Projected Allowed
Projected Incurred Risk Adjustment PMPM		-\$219.94			Months of Trend
Projected Incurred Exchange User Fees PMPM		\$0.00 \$0.00			Annual Trend Single Bisk Book Brojected A
Projected Incurred Reinsurance Recoveries PMPM Market-Adjusted Projected Incurred EHB Claims PMPM	\$	423.42			Single Risk Pool Projected A Quarterly Trend Factor

758.55 <- Market-Adjusted Index Rate

423.42

\$ 758.55

Table 6. Retention

Retention Items - Express in percentages	Per	centages	PMPM Amounts
Administrative Expenses		14.73%	\$75.48
General and Claims		10.73%	\$54.96
Agent/Broker Fees and Commissions		4.01%	\$20.52
Quality Improvement Initiatives		0.00%	\$0.00
Taxes and Fees		0.62%	\$3.18
Risk Adjustment User Fee		0.04%	\$0.21
PCORI Fee		0.05%	\$0.25
PA Premium & Other Taxes (if applicable)		0.00%	\$0.00
Federal Income Tax		0.53%	\$2.72
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.00
Profit/Contingency (after tax)		2.00%	\$10.25
Total Retention		17.35%	\$88.91
			•
Projected Required Revenue PMPM	\$	512.32	

Table 8. Components of Rate Change

Market-Adjusted Projected Allowed EHB Claims PMPM

Market-Adjusted Projected Incurred Total Claims PMPM

Market-Adjusted Projected Allowed Total Claims PMPM

Projected Allowed Non-EHB Claims PMPM

Rate Components		2023		2024	Di	fference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$	304.87	\$	320.44	\$	15.57	5.1%
B. Base period allowed claims before normalization	\$	686.42		703.15	•	16.73	5.5%
C. Normalization factor component of change	\$	(256.60)	\$	(263.36)	\$	(6.75)	-2.2%
D. Change in Normalized Allowed Claims Adjustment Components			_				0.00/
D1. Base period allowed claims after normalization	Ş	429.82	Ş	439.80	\$	9.98	3.3%
D2. URRT Trend	\$	55.45	ب	56.87	\$ \$	1.43	0.5%
D3. URRT Morbidity	\$ \$	(184.40)		(264.73)	-	(80.33)	
D4. URRT Other	\$	(3.01)	<u>\$</u>	(3.95)	-	(0.94)	-0.3%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$	186.75	ب	246.44	\$	59.69	19.6%
D6. Normalized Exchange User Fee on an allowed basis	\$	-	\$	-	\$	-	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$	-	\$	-	\$	-	0.0%
D8. Subtotal - Sum(D1:D7)	\$	484.61	\$	474.44	\$	(10.17)	-3.3%
E. Change in Allowable Plan Adjusted Level Components	_		_				
E1. Network	\$	-	\$	-	\$	-	0.0%
E2. Pricing AV	\$	(233.10)	\$	(209.61)	\$	23.49	7.7%
E3. Benefit Richness	\$	-	\$	0.00	\$	0.00	0.0%
E4. Catastrophic Eligibility	\$	-	\$	-	\$	-	0.0%
E5. Subtotal - Sum(E1:E4)	Ş	(233.10)	\$	(209.61)	\$	23.49	7.7%
F. Change in Retention Components							
F1. Administrative Expenses	\$	45.61	\$	47.21	\$	1.60	0.5%
F2. Taxes and Fees	\$	1.89	\$	1.99	\$	0.10	0.0%
F3. Profit and/or Contingency	\$	6.10	\$	6.41	\$	0.31	0.1%
F4. Subtotal - Sum(F1:F3)	\$	53.60	\$	55.61	\$	2.01	0.7%
G. Change in Miscellaneous Items		\$0.00			\$	-	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$	305.11	\$	320.44	\$	15.33	5.0%
,			T		ľ	J.J.	

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 703.15	<- Index Rate of Experience Period on URR
Blended Earned Premium	\$ 288,220,944.40	
Blended Loss Ratio	88.79%	

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

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total S	ingle Risk Pool
# of Member Months Renewing in Quarter	330	145	167	482		1,124
Adjusted Projected Allowed EHB Claims PMPM	\$ 364.53	\$ 364.53	\$ 364.53	\$ 364.53	\$	364.53
Months of Trend	-	3	6	9		
Annual Trend	6.27%	6.27%	6.27%	6.27%		
Single Risk Pool Projected Allowed Claims	\$ 364.53	\$ 370.11	\$ 375.78	\$ 381.54	\$	374.21
Quarterly Trend Factor	1.000	1.015	1.031	1.047		1.027

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023		2024
Average Age Factor	1.5	52	1.552
Average Geographic Factor	1.0	29	1.030
Average Tobacco Factor	1.0	00	1.000
Average Benefit Richness (induced demand)	1.0	00	1.000
Average Network Factor	1.0	00	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$774.1	0 Ś	758.55
	·		
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 484.7	2 \$	474.44

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

	2023		2024
Paid-to-Allowed		0.519	0.558
LIBBT To add (Tabal Acadhad Tarad Farta)		1 120	4.420
URRT Trend (Total Applied Trend Factor)		1.129	1.129
URRT Morbidity URRT "Other"		0.620 0.990	0.467
OKKI Otilei		0.990	0.983
Risk Adjustment	\$ 1	L54.79 S	\$ 219.94
Exchange User Fee	\$	- Ş	\$ -
Reinsurance Recoveries	\$	- \$	\$ -
Capitation	\$	0.30	\$0.30
Network		1.000	1.000
Pricing AV		0.519	0.558
Benefit Richness		1.000	1.000
Catastrophic Eligibility		1.000	1.000
Administrative Expenses		<mark>14.96%</mark>	14.73%
Taxes and Fees		0.62%	0.62%
Profit and/or Contingency		2.00%	2.00%

PA Rate Template Part III
Table 10. Plan Rates

Table 10. Plan Rates						Calibration	Total Covered Lives @ 02-01-2023				
Carrier Name: Keystone	Health Plan Central					Age Calibration Factor1.552Geographic Calibration Factor1.030	95				
Product(s): HMO Market Segment: Small Grou						Tobacco Calibration Factor1.000Aggregate Calibration Factor1.599					
Rate Effective Date: 1/1/2024	⁴ P					Aggregate Cambration Factor 1.555					
Base Period Start Date 1/1/2022 Date of Most Recent Membership: 2/1/2023											
Market Adjusted Index Rate: \$	758.55				45 CFR Part 156.8 (d) (2) Allov	vable Factors				02-01-2023 Number of Covered Lives by Rating Area	
		Existing, Modified,								OF OF DOCUMENT OF CONTROL OF THE STATE OF TH	
		New, Discontinued					Total				2024
HIOS Plan ID Proc	uct Type	& Mapped, 1/1/2024 HIOS Plan ID Discontinued & Not (If 1/1/2023 Plan	Metallic Tier Standard AV, Exchange	Pricing AV Benefit (company- Richness Benefits in	Non-Fundin	g Taxes & Fees (not	Covered Lives Mapped into	2023 Calibrated 2024 Propose Plan Adjusted Calibrated Plan Cha	ed Rate nge		Continued/ Discontinued
(Standard (HMO, Po	OS, PPO, EPO, 1/1/2023 Plan	Mapped (E,M,N,DM, Discontinued & Metallic	Actuarial Approach (1), On/Off or	determined (induced addition to	Provider Catastrophic of CSR	including Profit or	2024 Plans @ 02- Total Projected	Index Rate Adjusted Index Compa	ared to % of Total		Plans De Minimis
Plan Number Component Indem	nity, Other) Marketing Name	e DNM) for 2024 Mapped) Tier	Value Approach (2) Off	AV) demand) EHB	Network Eligibility Adjustment	t Pure Premium Admin Costs Exchange fees) Contingency	01-2023 Lives	PMPM Rate PMPM Prior 12	months Covered Lives		9 Total Indicator Check
Totals - Current Membership			0.648 0.648	0.558 1.000 1.000 0.558 1.000 1.000	1.000 1.000 1.000 1.000 1.000 1.000		86 94	\$ 304.87 \$ 320.44 5.1	1%	41 39 -	6 86
Total - Projected Membership 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 N/A N/A N/A	-	N/A N/A N/	/A N/A		- 0
Plan 1 53789PA0090004 HMO	Bronze HMO 8000/0/50	M Expanded I	0.64761638 Approach 1 Off	0.558 1.000 1.000	1.000 1.000 1.00	00 \$423.42 14.7% 0.6% 2.0%	86 94	\$304.87 \$ 320.44 5.1 \$ -	100.0%	41 39	6 86 1 yes
Plan 3						\$0.00 \$0.00	-	\$ - 0.0	0.0%		- 0
Plan 4						\$0.00	-	\$ - 0.0 \$ - 0.0	0.0%		- 0
Plan 6						\$0.00 \$0.00 \$0.00	-	\$ - 0.0	0.0%		- 0
Plan 7						\$0.00 \$0.00	-	\$ - 0.0	0.0%		- 0
Plan 8 Plan 9						\$0.00 \$0.00 \$0.00	-	\$ - \$ -			- 0
Plan 10						\$0.00	-		0.0%		- 0
Plan 12						\$0.00	-	\$ - 0.0	0.0% 0.0%		- 0
Plan 13						\$0.00	-	\$ - 0.0			- 0
Plan 14 Plan 15						\$0.00	-	\$ - 0.0			- 0
Plan 16						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 17 Plan 18						\$0.00	-	\$ - 0.0			- 0
Plan 19						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 20 Plan 21						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 22						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 23 Plan 24						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 25						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 26 Plan 27						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 28						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 30						\$0.00	-	\$ - 0.0	0.0% 0% 0.0%		- 0
Plan 31						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 32 Plan 33						\$0.00	-	\$ - 0.0	0.0% 0% 0.0%		- 0
Plan 34						\$0.00	-	\$ - 0.0			- 0
Plan 36						\$0.00	-	\$ - 0.0	0.0% 0% 0.0%		- 0
1101137						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 39						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 40						\$0.00	-	\$ - 0.0			- 0
Plan 42						\$0.00	-	\$ - 0.0	0.0% 0.0%		- 0
Plan 43						\$0.00	-	\$ - 0.0	0.0%		- 0
DI 45						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 46						\$0.00	-	\$ - 0.0	0.0%		- 0
1101147						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 49						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 50 Plan 51						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 52						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 53 Plan 54						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 55						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 56 Plan 57						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0
Plan 58						\$0.00	-	\$ - 0.0	0.0%		- 0
Plan 59 Plan 60						\$0.00	-	\$ - 0.0 \$ - 0.0			- 0 - 0
								0.0			

PA Rate Template Part IV B - Small Group Annual Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan (
HMO

Small Group

1/1/2024

	Quarter 1 2023, 21-year-old Non-Tobacco Premium PMPM	Quarter 1 2024, 21-year-old Non-Tobacco Premium PMPM	Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM	Quarter 2 2024, 21-year-old Non-Tobacco Premium PMPM	Quarter 3 2024, 21-year-old Non-Tobacco Premium PMPM	Quarter 4 2024, 21-year-old Non-Tobacco Premium PMPM
Discontinued,	Average (weighted	Average (weighted	Average (weighted	Average (weighted	Average (weighted	Average (weighted
New, Modified, Existing 1/1/2024 HIOS Plan ID (If Exchange	by enrollment	by enrollment	by enrollment	by enrollment	by enrollment	by enrollment
HIOS Plan ID (Standard 1/1/2023 Plan (D,N,M,E) for 1/1/2023 Plan On/Off or Plan Number Component) Marketing Name 2024 Discontinued & Mapped) Metallic Tier Off	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)
Totals These cells auto-fill using the data entered in Table 10.	\$ - \$ - \$ - \$ - \$ 304.87 \$ 329.26 \$ - \$ 310.97 \$ 316.36	\$ - \$ - \$ - \$ - \$ - \$ 320.44 \$ 346.07 \$ - \$ 326.85 \$ 332.51	0.0% 0.0% 0.0% 0.0% 5.1% 5.1% 0.0% 5.1% 5.1%	\$ - \$ - \$ - \$ - \$ - \$ 325.35 \$ 351.38 \$ - \$ 331.85 \$ 337.61	\$ - \$ - \$ - \$ - \$ 330.33 \$ 356.76 \$ - \$ 336.94 \$ 342.78	\$ - \$ - \$ - \$ - \$ - \$ 335.39 \$ 362.22 \$ - \$ 342.10 \$ 348.03
Plan 1 53789PA0090004 Bronze HMO 8000/0/50 M 0 0 Off Plan 2 0 0 0 0 0 0 0	\$304.87 \$329.26 \$310.97 \$ 316.36 \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ 320.44 \$ 346.07 \$ - \$ 326.85 \$ 332.51 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	5.1% 5.1% 5.1%	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 325.35 \$ 351.38 \$ - \$ 331.85 \$ 337.61 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ 330.33 \$ 356.76 \$ - \$ 336.94 \$ 342.78 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 335.39 \$ 362.22 \$ - \$ 342.10 \$ 348.03 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 3 0 0 0 0 0 0 Plan 4 0 0 0 0 0 0 0	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 7 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 9 0 0 0 0 0 0 0 0 Plan 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 10 0 0 0 0 0 0 Plan 11 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 12 0 0 0 0 0 0 Plan 13 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 14 0 0 0 0 0 0 Plan 15 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 16 0 0 0 0 0 0 0 0 Plan 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$
Plan 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 19 0 0 0 0 0 0 0 Plan 20 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 21 0 0 0 0 0 0 Plan 22 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 23 0 0 0 0 0 0 Plan 24 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 25 0 0 0 0 0 0 Plan 26 0 0 0 0 0 0 0 0	\$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 29 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 30 0 0 0 0 0 0 0 Plan 31 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 32 0 0 0 0 0 0 Plan 33 0 0 0 0 0 0 0		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 34 0 0 0 0 0 0 Plan 35 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 36 0 0 0 0 0 0 Plan 37 0 0 0 0 0 0 0	\$ - S -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 38 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 42 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 43 0 0 0 0 0 0 Plan 44 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - <th>\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</th>	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 45 0 0 0 0 0 0 Plan 46 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Plan 47 0 0 0 0 0 0 Plan 48 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	
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Plan 54 0 0 0 0 0 0 Plan 55 0 0 0 0 0 0 0	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors									
Age	Age	Tobacco		Age	Age	Tobacco			
Band	Factor	Factor		Band	Factor	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.

Carrier Name: Keystone Health Plan Central

Product(s):

Market Segment:

Rate Effective Date:

HMO

Small Group

1/1/2024

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	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.080	1.080
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.020	1.020

Table 14. Network Factors

Projection Period Network Factors							
Network Name	Poting Avec	Current	Proposed	Approval			
Network Name	Rating Area	Factor	Factor	Date			
HMO	All	1.000	1.000				

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

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

	0.051063728
	5.11%
	5.11%
	5.11%
	86
Rating Areas 6, 7, and 9	

Key Information

Jan. 2022 - Dec. 2022 Financial Experience

 Premium
 \$346,526.04

 Claims
 \$430,463.58

 Administrative Expenses
 \$2,265.00

 Taxes & Fees
 \$10,229.00

 Company Made After Taxes
 \$ (96,431.54)

The company expects its annual medical costs to increase:

• Future cost and utilization: 6.3%

• Favorable manual data 2022 claims net risk adjustment experience: -1.2%

6.27%

Explanation of requested rate change:

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

Keystone Health Plan HMO Small Group 1/1/2024

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:

Claims:	83%
Administrative Expenses:	15%
Taxes & Fees:	1%
Profit:	2%

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Table B

			Projected Member	r Projected Allowed	Projected Paid	Paid to Allowed	Average Tobacco	AV and Cost	(8)/(6*7) Induced	Induced Demand
<u>Plan ID</u>	<u>Plan Name</u>	Metal Level	<u>Months</u>	<u>Claims</u>	<u>Claims</u>	<u>Factor</u>	<u>Factor</u>	Sharing Factor	<u>Utilization</u>	<u>Table 10</u>
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0090004	Bronze HMO 8000/0/50	Bronze	1,124	\$852,604	\$475,919	0.56	1.000	0.56	1.00	1.00
Total			1,124	852,604	475,919	0.558	1.00	0.558	1.00	1.00
PMPM				758.54	423.42					
Rate Dev II				758.54	423.42					

Company Name: (KHPC)
Market: Small Group
Product: HMO
Effective Date of Rates: January 1, 2024

Ending date of Rates:

March 31, 2024

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	0090004	53789PA	0090004		
Plan Marketing Name =>	Bronze HM0	8000/0/50	Bronze HMC	0 8000/0/50	Bronze HM0	0 8000/0/50		
Form # =>	C24-KH	PC-SGP	C24-KH	PC-SGP	C24-KH	PC-SGP		
Rating Area =>		5		7		9		
Network =>	HN		HN		HMO			
Metal =>		nze		nze	Bronze			
Deductible =>		Rx Combined	\$8000 Med/I		\$8000 Med/Rx Combined			
Coinsurance =>	0%			%		%		
Copays =>		PCP/SPC/ER	\$50/\$85/\$0			\$50/\$85/\$0 PCP/SPC/ER		
OOP Maximum =>	\$8700 Med/Rx Combined Yes			Rx Combined		Rx Combined		
Pediatric Dental (Yes/No) => Age Band	Non-Tobacco Tobacco		Yes Non-Tobacco Tobacco		Non-Tobacco	es Tobacco		
0 - 14	\$245.14	\$245.14	\$264.75	\$264.75	\$250.04	\$250.04		
15	\$266.93	\$266.93	\$288.28	\$288.28	\$272.27	\$272.27		
16	\$275.26	\$275.26	\$297.28	\$297.28	\$280.76	\$280.76		
17	\$283.59	\$283.59	\$306.28	\$306.28	\$289.26	\$289.26		
18	\$292.56	\$292.56	\$315.97	\$315.97	\$298.41	\$298.41		
19	\$301.53	\$301.53	\$325.66	\$325.66	\$307.56	\$307.56		
20	\$310.83	\$310.83	\$335.69	\$335.69	\$317.04	\$317.04		
21	\$320.44	\$320.44	\$346.08	\$346.08	\$326.85	\$326.85		
22	\$320.44	\$320.44	\$346.08	\$346.08	\$326.85	\$326.85		
23	\$320.44	\$320.44	\$346.08	\$346.08	\$326.85	\$326.85		
24	\$320.44	\$320.44	\$346.08	\$346.08	\$326.85	\$326.85		
25	\$321.72	\$321.72	\$347.46	\$347.46	\$328.16	\$328.16		
26	\$328.13	\$328.13	\$354.38	\$354.38	\$334.69	\$334.69		
27	\$335.82	\$335.82	\$362.69	\$362.69	\$342.54	\$342.54		
28	\$348.32	\$348.32	\$376.18	\$376.18	\$355.28	\$355.28		
29	\$358.57	\$358.57	\$387.26	\$387.26	\$365.74	\$365.74		
30	\$363.70	\$363.70	\$392.80	\$392.80	\$370.97	\$370.97		
31	\$371.39	\$371.39	\$401.10	\$401.10	\$378.82	\$378.82		
32	\$379.08	\$379.08	\$409.41	\$409.41	\$386.66	\$386.66		
33	\$383.89	\$383.89	\$414.60	\$414.60	\$391.56	\$391.56		
34	\$389.01	\$389.01	\$420.14	\$420.14	\$396.79	\$396.79		
35	\$391.58	\$391.58	\$422.90	\$422.90	\$399.41	\$399.41		
36	\$394.14	\$394.14	\$425.67	\$425.67	\$402.02	\$402.02		
37	\$396.70	\$396.70	\$428.44	\$428.44	\$404.64	\$404.64		
38	\$399.27	\$399.27	\$431.21	\$431.21	\$407.25	\$407.25		
39 40	\$404.40 \$409.52	\$404.40 \$409.52	\$436.75 \$442.28	\$436.75 \$442.28	\$412.48 \$417.71	\$412.48 \$417.71		
41	\$417.21	\$417.21	\$450.59	\$450.59	\$417.71	\$425.56		
42	\$417.21	\$417.21	\$458.55	\$458.55	\$433.07	\$433.07		
43	\$434.84	\$434.84	\$469.62	\$469.62	\$443.53	\$443.53		
44	\$447.65	\$447.65	\$483.47	\$483.47	\$456.61	\$456.61		
45	\$462.72	\$462.72	\$499.73	\$499.73	\$471.97	\$471.97		
46	\$480.66	\$480.66	\$519.11	\$519.11	\$490.27	\$490.27		
47	\$500.85	\$500.85	\$540.92	\$540.92	\$510.86	\$510.86		
48	\$523.92	\$523.92	\$565.83	\$565.83	\$534.40	\$534.40		
49	\$546.67	\$546.67	\$590.40	\$590.40	\$557.60	\$557.60		
50	\$572.31	\$572.31	\$618.09	\$618.09	\$583.75	\$583.75		
51	\$597.62	\$597.62	\$645.43	\$645.43	\$609.57	\$609.57		
52	\$625.50	\$625.50	\$675.54	\$675.54	\$638.01	\$638.01		
53	\$653.70	\$653.70	\$705.99	\$705.99	\$666.77	\$666.77		
54	\$684.14	\$684.14	\$738.87	\$738.87	\$697.82	\$697.82		
55	\$714.58	\$714.58	\$771.75	\$771.75	\$728.87	\$728.87		
56	\$747.59	\$747.59	\$807.39	\$807.39	\$762.54	\$762.54		
57	\$780.91	\$780.91	\$843.39	\$843.39	\$796.53	\$796.53		
58	\$816.48	\$816.48	\$881.80	\$881.80	\$832.81	\$832.81		
59	\$834.11	\$834.11	\$900.83	\$900.83	\$850.79	\$850.79		
60	\$869.67	\$869.67	\$939.25	\$939.25	\$887.07	\$887.07		
61	\$900.44	\$900.44	\$972.47	\$972.47	\$918.45	\$918.45		
62	\$920.62	\$920.62	\$994.27	\$994.27	\$939.04	\$939.04		
63	\$945.94	\$945.94	\$1,021.61	\$1,021.61	\$964.86	\$964.86		
64+	\$961.31	\$961.31	\$1,038.23	\$1,038.23	\$980.54	\$980.54		

Company Name: (KHPC)
Market: Small Group
Product: HMO
Effective Date of Rates: April 1, 2024

Ending date of Rates:

June 30, 2024

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	.0090004	53789PA	0090004	
Plan Marketing Name =>	Bronze HM0	0 8000/0/50	Bronze HMC	8000/0/50	Bronze HM0	0 8000/0/50	
Form # =>	C24-KH	PC-SGP	C24-KH	PC-SGP	C24-KH	PC-SGP	
Rating Area =>		5		7		9	
Network =>	HN		HN		НМО		
Metal =>		nze		nze	Bronze		
Deductible =>		Rx Combined	\$8000 Med/I		\$8000 Med/Rx Combined		
Coinsurance =>		%		%		%	
Copays =>		PCP/SPC/ER	\$50/\$85/\$0			PCP/SPC/ER	
OOP Maximum =>		Rx Combined		Rx Combined		Rx Combined	
Pediatric Dental (Yes/No) => Age Band	Yes Non-Tobacco Tobacco		Yes Non-Tobacco Tobacco		Non-Tobacco	es Tobacco	
0 - 14	\$248.89	\$248.89	\$268.80	Tobacco	\$253.87	\$253.87	
15	\$271.02	\$271.02	\$292.70	\$268.80 \$292.70	\$276.44	\$276.44	
16	\$271.02	\$271.02	\$301.83	\$301.83	\$270.44	\$285.07	
17	\$273.40	\$273.40	\$301.83	\$301.83	\$293.69	\$293.69	
18	\$297.04	\$297.04	\$320.81	\$320.81	\$302.99	\$302.99	
19	\$306.15	\$306.15	\$330.65	\$330.65	\$312.28	\$312.28	
20	\$300.13	\$300.13	\$340.84	\$340.84	\$321.90	\$312.20	
21	\$325.35	\$325.35	\$351.38	\$351.38	\$331.86	\$331.86	
22	\$325.35	\$325.35	\$351.38	\$351.38	\$331.86	\$331.86	
23	\$325.35	\$325.35	\$351.38	\$351.38	\$331.86	\$331.86	
24	\$325.35	\$325.35	\$351.38	\$351.38	\$331.86	\$331.86	
25	\$326.65	\$326.65	\$352.78	\$352.78	\$333.18	\$333.18	
26	\$333.16	\$333.16	\$359.81	\$359.81	\$339.82	\$339.82	
27	\$340.97	\$340.97	\$368.24	\$368.24	\$347.79	\$347.79	
28	\$353.66	\$353.66	\$381.95	\$381.95	\$360.73	\$360.73	
29	\$364.07	\$364.07	\$393.19	\$393.19	\$371.35	\$371.35	
30	\$369.27	\$369.27	\$398.81	\$398.81	\$376.66	\$376.66	
31	\$377.08	\$377.08	\$407.25	\$407.25	\$384.62	\$384.62	
32	\$384.89	\$384.89	\$415.68	\$415.68	\$392.59	\$392.59	
33	\$389.77	\$389.77	\$420.95	\$420.95	\$397.56	\$397.56	
34	\$394.97	\$394.97	\$426.57	\$426.57	\$402.87	\$402.87	
35	\$397.58	\$397.58	\$429.38	\$429.38	\$405.53	\$405.53	
36	\$400.18	\$400.18	\$432.19	\$432.19	\$408.18	\$408.18	
37	\$402.78	\$402.78	\$435.01	\$435.01	\$410.84	\$410.84	
38	\$405.39	\$405.39	\$437.82	\$437.82	\$413.49	\$413.49	
39	\$410.59	\$410.59	\$443.44	\$443.44	\$418.80	\$418.80	
40	\$415.80	\$415.80	\$449.06	\$449.06	\$424.11	\$424.11	
41	\$423.61	\$423.61	\$457.49	\$457.49	\$432.08	\$432.08	
42	\$431.09	\$431.09	\$465.58	\$465.58	\$439.71	\$439.71	
43	\$441.50	\$441.50	\$476.82	\$476.82	\$450.33	\$450.33	
44	\$454.51	\$454.51	\$490.88	\$490.88	\$463.60	\$463.60	
45	\$469.81	\$469.81	\$507.39	\$507.39	\$479.20	\$479.20	
46	\$488.02	\$488.02	\$527.07	\$527.07	\$497.79	\$497.79	
47	\$508.52	\$508.52	\$549.20	\$549.20	\$518.69	\$518.69	
48	\$531.95	\$531.95	\$574.50	\$574.50	\$542.59	\$542.59	
49	\$555.05	\$555.05	\$599.45	\$599.45	\$566.15	\$566.15	
50	\$581.08	\$581.08	\$627.56	\$627.56	\$592.70	\$592.70	
51	\$606.78	\$606.78	\$655.32	\$655.32	\$618.91	\$618.91	
52	\$635.08	\$635.08	\$685.89	\$685.89	\$647.78	\$647.78	
53	\$663.71	\$663.71	\$716.81	\$716.81	\$676.99	\$676.99	
54	\$694.62	\$694.62	\$750.19	\$750.19	\$708.51	\$708.51	
55	\$725.53	\$725.53	\$783.57	\$783.57	\$740.04	\$740.04	
56	\$759.04	\$759.04	\$819.76	\$819.76	\$774.22	\$774.22	
57	\$792.88	\$792.88	\$856.31	\$856.31	\$808.74	\$808.74	
58	\$828.99	\$828.99	\$895.31	\$895.31 \$914.64	\$845.57	\$845.57	
59 60	\$846.89	\$846.89	\$914.64		\$863.82	\$863.82 \$900.66	
61	\$883.00 \$914.23	\$883.00 \$914.23	\$953.64 \$987.37	\$953.64 \$987.37	\$900.66 \$932.52	\$900.66	
62	\$914.23	\$914.23	\$987.37	\$987.37	\$932.52	\$932.52	
63	\$934.73	\$960.43	\$1,009.51	\$1,009.51	\$953.43	\$953.43	
64+	\$976.04	\$976.04	\$1,057.27	\$1,057.27	\$995.57	\$995.57	
U4+	970.04	970.04	ş1,U54.13	¥1,054.13	75.57	75.57	

Company Name: (KHPC)
Market: Small Group
Product: HMO
Effective Date of Rates: July 1, 2024

Ending date of Rates:

September 30, 2024

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	.0090004	53789PA	0090004	53789PA	0090004	
Plan Marketing Name =>	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	
Form # =>	C24-KH	PC-SGP	C24-KH	PC-SGP	C24-KH	PC-SGP	
Rating Area =>		5	7		9		
Network =>	HN		HN		НМО		
Metal =>	Bro		Bro		Bronze		
Deductible =>	\$8000 Med/I		\$8000 Med/I		\$8000 Med/Rx Combined		
Coinsurance =>	0:		0:		09		
Copays =>	\$50/\$85/\$0		\$50/\$85/\$0		\$50/\$85/\$0		
OOP Maximum =>	\$8700 Med/Rx Combined Yes		\$8700 Med/I		\$8700 Med/F		
Pediatric Dental (Yes/No) => Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Ye Non-Tobacco	Tobacco	
0 - 14	\$252.70	\$252.70	\$272.92	\$272.92	\$257.76	\$257.76	
15	\$275.16	\$275.16	\$297.18	\$297.18	\$280.67	\$280.67	
16	\$283.75	\$283.75	\$306.45	\$306.45	\$289.43	\$289.43	
17	\$292.34	\$292.34	\$315.73	\$315.73	\$298.19	\$298.19	
18	\$301.59	\$301.59	\$325.72	\$325.72	\$307.62	\$307.62	
19	\$310.84	\$310.84	\$335.71	\$335.71	\$317.06	\$317.06	
20	\$320.42	\$320.42	\$346.05	\$346.05	\$326.83	\$326.83	
21	\$330.33	\$330.33	\$356.76	\$356.76	\$336.94	\$336.94	
22	\$330.33	\$330.33	\$356.76	\$356.76	\$336.94	\$336.94	
23	\$330.33	\$330.33	\$356.76	\$356.76	\$336.94	\$336.94	
24	\$330.33	\$330.33	\$356.76	\$356.76	\$336.94	\$336.94	
25	\$331.65	\$331.65	\$358.18	\$358.18	\$338.28	\$338.28	
26	\$338.26	\$338.26	\$365.32	\$365.32	\$345.02	\$345.02	
27	\$346.19	\$346.19	\$373.88	\$373.88	\$353.11	\$353.11	
28	\$359.07	\$359.07	\$387.79	\$387.79	\$366.25	\$366.25	
29	\$369.64	\$369.64	\$399.21	\$399.21	\$377.03	\$377.03	
30 31	\$374.92 \$382.85	\$374.92 \$382.85	\$404.92	\$404.92	\$382.42	\$382.42	
32	\$382.85	\$382.85	\$413.48 \$422.04	\$413.48 \$422.04	\$390.51 \$398.60	\$390.51 \$398.60	
33	\$395.74	\$395.74	\$427.39	\$427.39	\$403.65	\$403.65	
34	\$401.02	\$401.02	\$433.10	\$433.10	\$403.63	\$409.04	
35	\$403.66	\$403.66	\$435.96	\$435.96	\$411.74	\$411.74	
36	\$406.31	\$406.31	\$438.81	\$438.81	\$414.43	\$414.43	
37	\$408.95	\$408.95	\$441.66	\$441.66	\$417.13	\$417.13	
38	\$411.59	\$411.59	\$444.52	\$444.52	\$419.82	\$419.82	
39	\$416.88	\$416.88	\$450.23	\$450.23	\$425.21	\$425.21	
40	\$422.16	\$422.16	\$455.93	\$455.93	\$430.60	\$430.60	
41	\$430.09	\$430.09	\$464.50	\$464.50	\$438.69	\$438.69	
42	\$437.69	\$437.69	\$472.70	\$472.70	\$446.44	\$446.44	
43	\$448.26	\$448.26	\$484.12	\$484.12	\$457.22	\$457.22	
44	\$461.47	\$461.47	\$498.39	\$498.39	\$470.70	\$470.70	
45	\$477.00	\$477.00	\$515.16	\$515.16	\$486.54	\$486.54	
46	\$495.50	\$495.50	\$535.13	\$535.13	\$505.40	\$505.40	
47	\$516.31	\$516.31	\$557.61	\$557.61	\$526.63	\$526.63	
48	\$540.09	\$540.09	\$583.30	\$583.30	\$550.89	\$550.89	
49	\$563.54	\$563.54	\$608.63	\$608.63	\$574.81	\$574.81	
50	\$589.97	\$589.97	\$637.17	\$637.17 \$665.35	\$601.77	\$601.77	
51 52	\$616.07 \$644.80	\$616.07	\$665.35	\$665.35	\$628.39	\$628.39 \$657.70	
53	\$644.80 \$673.87	\$644.80 \$673.87	\$696.39 \$727.78	\$596.39	\$657.70 \$687.35	\$687.70	
53 54	\$705.25	\$673.87 \$705.25	\$727.78 \$761.67	\$727.78	\$719.36	\$719.36	
55	\$736.64	\$736.64	\$795.57	\$795.57	\$751.37	\$751.37	
56	\$770.66	\$770.66	\$832.31	\$832.31	\$731.37	\$786.07	
57	\$805.01	\$805.01	\$869.42	\$869.42	\$821.11	\$821.11	
58	\$841.68	\$841.68	\$909.02	\$909.02	\$858.51	\$858.51	
59	\$859.85	\$859.85	\$928.64	\$928.64	\$877.05	\$877.05	
60	\$896.52	\$896.52	\$968.24	\$968.24	\$914.45	\$914.45	
61	\$928.23	\$928.23	\$1,002.49	\$1,002.49	\$946.79	\$946.79	
62	\$949.04	\$949.04	\$1,024.96	\$1,024.96	\$968.02	\$968.02	
63	\$975.13	\$975.13	\$1,053.14	\$1,053.14	\$994.64	\$994.64	
64+	\$990.98	\$990.98	\$1,070.27	\$1,070.27	\$1,010.81	\$1,010.81	

Company Name: (KHPC)
Market: Small Group
Product: HMO
Effective Date of Rates: October 1, 2024

Ending date of Rates:

December 31, 2024

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	.0090004	53789PA	0090004	
Plan Marketing Name =>		0 8000/0/50	Bronze HMC	8000/0/50	Bronze HM0	0 8000/0/50	
Form # =>		PC-SGP		PC-SGP		PC-SGP	
Rating Area =>		6		7		9	
Network =>	HN		HN		HMO		
Metal =>		nze		nze	Bronze		
Deductible =>		Rx Combined	\$8000 Med/		\$8000 Med/Rx Combined		
Coinsurance =>		%		%		%	
Copays =>		PCP/SPC/ER	\$50/\$85/\$0			PCP/SPC/ER	
OOP Maximum =>		Rx Combined		Rx Combined	\$8700 Med/Rx Combined		
Pediatric Dental (Yes/No) => Age Band	Yes Non-Tobacco Tobacco		Non-Tobacco	es Tobacco	Yes Non-Tobacco Tobacco		
0 - 14	\$256.57	\$256.57	\$277.10	\$277.10	\$261.70	\$261.70	
15	\$279.38	\$279.38	\$301.73	\$301.73	\$284.97	\$284.97	
16	\$288.10	\$288.10	\$311.15	\$311.15	\$293.86	\$293.86	
17	\$296.82	\$296.82	\$320.57	\$320.57	\$302.76	\$302.76	
18	\$306.21	\$306.21	\$330.71	\$330.71	\$312.34	\$312.34	
19	\$315.60	\$315.60	\$340.85	\$340.85	\$321.91	\$321.91	
20	\$325.33	\$325.33	\$351.35	\$351.35	\$331.83	\$331.83	
21	\$335.39	\$335.39	\$362.22	\$362.22	\$342.10	\$342.10	
22	\$335.39	\$335.39	\$362.22	\$362.22	\$342.10	\$342.10	
23	\$335.39	\$335.39	\$362.22	\$362.22	\$342.10	\$342.10	
24	\$335.39	\$335.39	\$362.22	\$362.22	\$342.10	\$342.10	
25	\$336.73	\$336.73	\$363.67	\$363.67	\$343.47	\$343.47	
26	\$343.44	\$343.44	\$370.91	\$370.91	\$350.31	\$350.31	
27	\$351.49	\$351.49	\$379.61	\$379.61	\$358.52	\$358.52	
28	\$364.57	\$364.57	\$393.73	\$393.73	\$371.86	\$371.86	
29	\$375.30	\$375.30	\$405.33	\$405.33	\$382.81	\$382.81	
30	\$380.67	\$380.67	\$411.12	\$411.12	\$388.28	\$388.28	
31	\$388.72	\$388.72	\$419.81	\$419.81	\$396.49	\$396.49	
32	\$396.77	\$396.77	\$428.51	\$428.51	\$404.70	\$404.70	
33	\$401.80	\$401.80	\$433.94	\$433.94	\$409.83	\$409.83	
34	\$407.16	\$407.16	\$439.74	\$439.74	\$415.31	\$415.31	
35	\$409.85	\$409.85	\$442.63	\$442.63	\$418.04	\$418.04	
36	\$412.53	\$412.53	\$445.53	\$445.53	\$420.78	\$420.78	
37	\$415.21	\$415.21	\$448.43	\$448.43	\$423.52	\$423.52	
38	\$417.90	\$417.90	\$451.33	\$451.33	\$426.25	\$426.25	
39	\$423.26	\$423.26	\$457.12	\$457.12	\$431.73	\$431.73	
40	\$428.63	\$428.63	\$462.92	\$462.92	\$437.20	\$437.20	
41	\$436.68	\$436.68	\$471.61	\$471.61	\$445.41	\$445.41	
42	\$444.39	\$444.39	\$479.94	\$479.94	\$453.28	\$453.28	
43	\$455.12	\$455.12	\$491.53	\$491.53	\$464.23	\$464.23	
44	\$468.54	\$468.54	\$506.02	\$506.02	\$477.91	\$477.91	
45	\$484.30	\$484.30	\$523.05	\$523.05	\$493.99	\$493.99	
46	\$503.08	\$503.08	\$543.33	\$543.33	\$513.15	\$513.15	
47	\$524.21	\$524.21	\$566.15	\$566.15	\$534.70	\$534.70	
48	\$548.36	\$548.36	\$592.23	\$592.23	\$559.33	\$559.33	
49	\$572.18	\$572.18	\$617.95	\$617.95	\$583.62	\$583.62	
50	\$599.01	\$599.01	\$646.93	\$646.93	\$610.99	\$610.99	
51	\$625.50	\$625.50	\$675.54	\$675.54	\$638.01	\$638.01	
52 53	\$654.68	\$654.68	\$707.06	\$707.06	\$667.77	\$667.77	
53 54	\$684.20	\$684.20	\$738.93	\$738.93 \$772.24	\$697.88	\$697.88	
54 55	\$716.06	\$716.06	\$773.34	\$773.34	\$730.38	\$730.38	
55 56	\$747.92 \$792.46	\$747.92 \$782.46	\$807.75	\$807.75	\$762.88	\$762.88	
56 57	\$782.46		\$845.06 \$882.73	\$845.06	\$798.11	\$798.11 \$833.69	
	\$817.35 \$854.57	\$817.35	\$882.73	\$882.73	\$833.69		
58 59	\$854.57 \$873.02	\$854.57 \$873.02	\$922.94 \$942.86	\$922.94 \$942.86	\$871.67 \$890.48	\$871.67 \$890.48	
60							
61	\$910.25 \$942.45	\$910.25	\$983.07 \$1,017.84	\$983.07 \$1,017.84	\$928.45	\$928.45	
62	\$942.45 \$963.58	\$942.45 \$963.58	\$1,017.84	\$1,017.84	\$961.29 \$982.85	\$961.29 \$982.85	
63	\$990.07	\$963.58	\$1,040.66	\$1,040.88	\$982.85	\$982.85	
64+	\$1,006.16	\$1,006.16	\$1,086.65	\$1,086.65	\$1,009.87	\$1,009.87	
04+	\$1,000.1b	λ1,000.1b	ζυ,υδυ.υ <u>ς</u>	50.050,15	31,020.29	1,020.29,دډ	

Keystone Health Plan Central (KHPC) Small Group Plan Design Summary

				On/Off			
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 8000/0/50	HMO	Bronze	Off	НМО	6,7,9	All
]			l				

Company Name Keystone Health Plan Central (KHPC)

HIOS Plan ID

53789PA0090004

Market Small Group
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

Plan Marketing Name

Bronze HMO 8000/0/50

02-01-2023 Number of Covered Lives by Rating County

Product

нмо

Metal

Bronze

On/Off Exchange

Off

RATING AR	EA 6									RATING AR	EA 7		
963	268	5,593	150	147	5,356	663	2,086	226	367	775	2,810	5,118	2,429
Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York
\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$320.44	\$346.08	\$346.08	\$346.08	\$346.08

RATING AREA 9

KATING AREA 9						
2,853	2,965	1,104	244	94	1,299	151
Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
\$326.85	\$326.85	\$326.85	\$326.85	\$326.85	\$326.85	326.85

В	С	D	E	F	G	Н	l J	K	L	М	N O	P Q	R S
Unified Rate Review v6.0	•		•	•			·	To add a	product to W	orksheet 2 -	Plan Product Info	, select the Add Product	button or Ctrl + Shift + P.
								To add a	plan to Works	sheet 2 - Pla	nn Product Info, se	lect the Add Plan button	or Ctrl + Shift + L.
Company Legal Name:	Keystone Health Plan Central										tton or Ctrl + Shift		
HIOS Issuer ID:		State:	PA								on or Ctrl + Shift +		
			Small Group					70 jiiianz	ic, screet the ri	manze batt	on or cert . Singe .		
Effective Date of Nate change(s).	-, -, -o- ·	Tviar Rec.	Jiman Croop										
Market Level Calculations (Same for a	all Plans)												
Section I: Experience Period Data													
Experience Period:		1/1/2022	to 12/3	1/2022									
·			<u>Total</u>	<u>PMPM</u>									
Allowed Claims			\$570,891.03	\$424.45									
Reinsurance			\$0.00	\$0.00									
Incurred Claims in Experience Period			\$430,463.58	\$320.05									
Risk Adjustment			-\$268,315.00	-\$199.49									
Experience Period Premium			\$614,841.04	\$457.13									
Experience Period Member Months			1,345										
Section II: Projections													
		Year 1	Trend	Year 2 Trend	I								
Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM							
Inpatient Hospital	\$0.00	1.042	1.005	1.053	1.005	\$0.00							
Outpatient Hospital	\$286.42	1.044	1.010	1.054	1.010	\$321.50							
Professional	\$62.26		1.010	1.046	1.010	\$69.56							
Other Medical	\$1.91	1.044	1.005	1.054	1.005	\$2.12							
Capitation	\$1.60	1.030	1.000	1.030	1.000	\$1.70							
Prescription Drug	\$72.26	1.079	1.011	1.070	1.010	<u>\$85.19</u>							
Total	\$424.45					\$480.07							
Morbidity Adjustment				0.467									
Demographic Shift				1.000									
Plan Design Changes				1.001									
				0.003									
Other	ns PMPM for	1/1/2024		0.982 \$220.38									
Other	ns PMPM for	1/1/2024		0.982 \$220.38									
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	ns PMPM for	1/1/2024		\$220.38 \$364.53									
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	ns PMPM for	1/1/2024		\$220.38									
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	ns PMPM for	1/1/2024		\$220.38 \$364.53 0.00%	Ducinated Davis d Table								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	ns PMPM for			\$220.38 \$364.53 0.00%	Projected Period Totals								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for	ns PMPM for	1/1/2024		\$220.38 \$364.53 0.00% \$364.53	\$409,731.72								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance	ns PMPM for			\$364.53 0.00% \$364.53 \$0.00	\$409,731.72 \$0.00								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	ns PMPM for			\$364.53 0.00% \$364.53 \$0.00 -\$394.02	\$409,731.72 \$0.00 -\$442,878.48								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	ns PMPM for			\$364.53 0.00% \$364.53 \$0.00 -\$394.02 0.00%	\$409,731.72 \$0.00 -\$442,878.48 \$0.00								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	ns PMPM for			\$364.53 0.00% \$364.53 \$0.00 -\$394.02	\$409,731.72 \$0.00 -\$442,878.48								
Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	ns PMPM for			\$364.53 0.00% \$364.53 \$0.00 -\$394.02 0.00%	\$409,731.72 \$0.00 -\$442,878.48 \$0.00								

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: Keystone Health Plan Central

HIOS Issuer ID: 53789 State: PA

Effective Date of Rate Change(s): 1/1/2024 Market: Small Group

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

НМО
53789PA009
Bronze HMO
53789PA0090004
Bronze
0.648
Renewing
НМО
No
1/1/2024
5.11%
5.11%
5.11%

Worksheet 1 Totals	Section II: Experience Period and Current P	lan Level Information	
	2.1 Plan ID (Standard Component ID)	Total	53789PA0090004
\$570,891	2.2 Allowed Claims	\$570,891	\$570,891
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$140,427	\$140,427
	2.5 Cost Sharing Reduction	\$0	\$0
\$430,464	2.6 Incurred Claims	\$430,464	\$430,464
-\$268,315	2.7 Risk Adjustment Transfer Amount	-\$268,315	-\$268,315
\$614,841	2.8 Premium	\$614,841	\$614,841
1,345	2.9 Experience Period Member Months	1,345	1,345
	2.10 Current Enrollment	86	86
	2.11 Current Premium PMPM	\$499.86	\$499.86
	2.12 Loss Ratio	124.22%	124.22%
	Per Member Per Month		•
	2.13 Allowed Claims	\$424.45	\$424.45
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$104.41	\$104.41
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$320.05	\$320.05
	2.18 Risk Adjustment Transfer Amount	-\$199.49	-\$199.49
	2.19 Premium	\$457.13	\$457.13

Section III: Plan Adjustment Factors

	3.1 Plan ID (Standard Component ID)	53789PA0090004
	3.2 Market Adjusted Index Rate	\$758.55
	3.3 AV and Cost Sharing Design of Plan	0.5582
İ	3.4 Provider Network Adjustment	1.0000
	3.5 Benefits in Addition to EHB	1.0000
	Administrative Costs	
	3.6 Administrative Expense	14.73%
	3.7 Taxes and Fees	0.62%
	3.8 Profit & Risk Load	2.00%
	3.9 Catastrophic Adjustment	1.0000
	3.10 Plan Adjusted Index Rate	\$512.31
		 0 0 4 4 0

3.11 Age Calibration Factor	0.6443	0.6443
3.12 Geographic Calibration Factor	0.9708	0.9708
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$320.44

Section IV: Projected Plan Level Information

	4.1 Plan ID (Standard Component ID)	Total	53789PA0090004
Ī	4.2 Allowed Claims	\$409,728	\$409,728
	4.3 Reinsurance	\$0	\$0
	4.4 Member Cost Sharing	\$181,020	\$181,020
	4.5 Cost Sharing Reduction	\$0	\$0
	4.6 Incurred Claims	\$228,708	\$228,708
	4.7 Risk Adjustment Transfer Amount	-\$247,211	-\$247,211
	4.8 Premium	\$575,850	\$575,850
	4.9 Projected Member Months	1,124	1,124
	4.10 Loss Ratio	69.59%	69.59%
	Per Member Per Month		
	4.44 Aller a Louisse	6264.52	6264.52

i ei ivieliibei i ei iviolitii		
4.11 Allowed Claims	\$364.53	\$364.53
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$161.05	\$161.05
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$203.48	\$203.48
4.16 Risk Adjustment Transfer Amount	-\$219.94	-\$219.94
4.17 Premium	\$512.32	\$512.32

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.

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 6	1.0000
Rating Area 7	1.0800
Rating Area 9	1.0200

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2024

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789
Market: Small Group
Effective Date: 1/1/2024

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

Effective Date: 1/1/2024Average Rate Change: 5.1%

• Range of Requested Rate Change: 5.1% to 5.1%

• Total additional annual revenue generated from the proposed rate change: \$29,596

Product: HMORating Areas: 6,7,9Metal Levels: Bronze

• Current Covered Lives and Policyholders: 86/70

• 2024 Number of Plans/Change from 2023: 1/No Changes

• Contract Form #: C24-KHPC-SGP

• Form Filing SERFF #: CABC-133657256

• Binder SERFF #: CABC-PA24-125116273

• HIOS Issuer ID: 53789

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2024. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%
Small Group	KHPC	1/1/2023	CABC-133252133	8.4%
Small Group	KHPC	7/1/2023	CABC-133583560	7.1%

Average Rate Change

KHPC is proposing an aggregate annual 5.1% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

The key drivers of the rate change, and approximate impact, are as follows:

• Future cost and utilization: 6.3%

• Favorable manual data 2022 claims net risk adjustment experience: -1.2%

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 38.

Benefit Changes 2023-2024

A summary of proposed 2024 benefits is included in Exhibit A.

There are benefit changes being implemented in 2024. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and

a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2022 and December 31, 2022.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2023

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing.
 Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- Capital only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

- 1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ =\ \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

BEP Allowed Claims

$$= \sum \frac{\textit{BEP Paid Claims} + \textit{BEP Member Cost Share by Incurred Month}}{\textit{Completion by Incurred Month}}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/3/2023.

Loss Ratio in BEP: Loss ratio is 124.22%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.
- 3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2022 and December 31, 2022. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.27%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

- 1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:
 - a. Vendor Physician Cost Model and Internal Hospital Contracting Model
 - i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
 - b. Internal Prescription Drug Trend Model
 - i. Price Inflation
 - ii. Contract Pricing
 - iii. Member Cost-Sharing
 - iv. Units per Script
 - v. Brand/Generic Mix
 - vi. Therapeutic Mix
 - vii. Cost per Script
 - viii. Pipeline (new drugs)
- 2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
 - e. Medical utilization estimates reviewed by Capital's Chief Medical Officer
- 3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
- 4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

KHPC is applying a factor of 0.467 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2022 to 2024. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

In addition to cost-sharing changes, Capital is also implementing two benefit coverage changes.

• Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital is adopting early compliance and will cover the relevant services at no cost share starting in 2024.

- Claim PMPM is developed by pulling 2022 Group and Individual MRI and diagnostic breast imaging member cost share associated with the relevant diagnosis codes.
- Additional Claim Cost PMPM is equal to member cost share divided by Group and Individual membermonths.
- The Mental Health Parity and Addiction Equity Act (MHPAEA) has expanded definitions of mental health services to include Autism coverage. With this expansion, Capital will cover Autism services in the Small Group market starting in 2024.
 - o Claim PMPM is developed by pulling 2022 Group and Individual denied Autism service claims.
 - Additional Claim Cost PMPM is equal to denied Autism claims divided by 2022 Group and Individual membermonths.

The additional claim cost PMPMs are shown on Exhibit D2 – Benefit Additions. Senate Bill 8 only impacts incurred claims (the change is to member cost share), and MHPAEA change impacts both allowed and incurred claims.

The PMPM calculations are included with this filing in the following supporting workbooks:

```
SG_23-52_Initial_KHP_HMO_AutismDefinition_Supporting_20230517.xls SG_23-52_Initial_KHP_HMO_SenateBill8_Supporting_20230517.xls
```

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: A network adjustment is applied to show the value of changes in network from the BEP to the rating period. The value is calculated as:

```
Network Factor = ([Projected\ MM\ by\ Plan] \times [Network\ Factor\ by\ Plan]) \\ \div [Total\ Projected\ MM]
```

The network calculation is found on Exhibit D2 – Network Mix Changes.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

- 1. Start with Projected Allowed Claims at Current Benefits
- 2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

- 1. Gather claims experience as described in the Data section above.
 - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
 - b. BEP Member Months
- 2. Develop BEP Paid and Incurred Claims:

$$\textit{BEP Paid and Incurred Claims} = \frac{\textit{BEP Paid Claims}}{\textit{Completion Factor}}$$

The development of completion factors is described in <u>Experience Period Premium</u> and <u>Claims</u> above.

3. Develop the BEP Paid and Incurred Claim PMPM:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the <u>Projection Factors</u> section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

= $[BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$

5. Develop *Projected Paid and Incurred Claim PMPM*:

```
Projected Paid and Incurred Claims PMPM
= [Trended Claim PMPM] × [Benefit Adjustment]
× [Morbidity Adjustment] + [Benefit Additions]
```

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Benefit Additions* are discussed in the Projections Factors section above.

- 6. Develop *Projected Claims PMPM by Benefit* as follows:
 - a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
 - b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$\textit{Benefit Level Adjustment} = \frac{\textit{Average Manual Cost in Projection Period}}{\textit{Manual Cost of Base Plan}}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

```
Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM \\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}
```

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit \ Relativity \ A = \frac{Manual \ Cost \ of \ Benefit \ A}{Manual \ Cost \ of \ Base \ Plan}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than \$1000.
 - ii. Adjustments for plan designs that fall outside of the actuarial cost model.
- a. So the *Projected Claims PMPM by Benefit* is:

Projected Claims PMPM Benefit A
= Projected Claims PMPM Base Plan
× Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

 $\textit{Paid to Allowed Ratio} = \frac{\textit{Total Projected Claims PMPM}}{\textit{Projected Allowed Claims at Current Benefits}}$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

[Market Adjusted Index Rate]

- $= ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio]$
- [*Projected Incurred Reinsurace Recoveries*]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2024 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2024. The following items are those that we deem important in generating a CRA payment transfer adjustment:

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2021-2022 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2024 projected risk adjustment PMPM is set equal to the 2022 amount sent by the Department on 5/3/2023 adjusted for expected changes in statewide average premium.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM
= [Avg \ 2024 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2024 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2023 \ On - Exchange \ Premium \ PMPM \ \times (1 \\ + [Avg \ Proposed \ Rate \ Change])
```

See Exhibit K for the development of the Market Adjusted Index Rate.

Retention Items

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.21 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
 - a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Attached please find the proposed 2024 broker agreements redacted versions. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_23-52_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20230517.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_23-
- 52_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20230517.pdf" 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%.
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2022, and before October 1, 2023, the applicable dollar amount is \$3 per member per year (\$0.25 PMPM). Capital assumes the 2024 projected fee will be trended at 0%.
- 2. Exchange Fee: N/A
- 3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

- 1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- 2. Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.

- 5. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_23-52_Initial_KHP_HMO_List-Billed Supporting 20230517.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic factors are unchanged from 2023.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [Geographic Factor Calibration] \times [Tobacco Factor])
```

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

```
[Member - Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] \times [Age Factor] \times [Geographic Factor] \times [Tobacco Factor]
```

2. [Family Consumer Adjusted Premium Rate] = \sum [Member – Level Consumer Adjusted Premium Rate] With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

Plans: 53789PA0090004 use alternative method 156.135(b)(2) to establish AV. SG_23-52_Initial_KHP_HMO_UniquePlanDesign_Supporting_20230517 includes a detailed explanation of the approach.

See AV Screenshots included with the submission: SG 23-52 Initial KHP HMO AVScreenPrints Supporting CONF 20230517

AV Pricing Values

All AV Pricing values were developed using Capital's actuarial cost model and actuarial judgment as described in section <u>Paid to Allowed</u> above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2019-2021 filings. Actual comes from Table 4.

	MLR		Member	Months
Calendar Year	Actual	Pricing	Actual	Pricing
2019	89.27%	81.67%	1,145	1,514
2020	86.92%	80.33%	888	1,140
2021	62.60%	80.92%	1,183	766

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2019-2022 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Network Mix

Exhibit D2 – Benefit Additions

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Morbidity Factor

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts

Actuarial Value Screenshots

List-Billed Data

Benefit Additions Calculation Workbooks

Standard Questions

Actuarial Statement

I, ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"
 - e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
 - f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
 - g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- b. Developed in compliance with the applicable Actuarial Standards of Practice.
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. Neither excessive nor deficient.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 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.



, ASA, MAAA Actuarial Associate Capital Blue Cross

24 Rates Table Template v13.0	, ,	required. To validate press Validate button or tate, select Family-Tier Rates under Rating M	· · · · · · · · · · · · · · · · · · ·	ize button or Ctrl + Shift + F.
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HIOS Issuer ID* Rate Effective Date*				
Rate Expiration Date*				
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Plan ID*	Rating Area ID*	Tobacco* Required:	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	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 o No Preference enrollee on a plan
53789PA0090004 53789PA0090004		No Preference No Preference	0-14 15	245.14 266.93
53789PA0090004	Rating Area 6	No Preference No Preference	16	275.26 283.59
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	17 18	292.56
53789PA0090004 53789PA0090004	_	No Preference No Preference	19 20	301.53 310.83
53789PA0090004	Rating Area 6	No Preference	21	320.44
53789PA0090004 53789PA0090004	_	No Preference No Preference	22 23	320.4 ⁴ 320.4 ⁴
53789PA0090004	Rating Area 6	No Preference	24	320.4
53789PA0090004 53789PA0090004	· · · · ·	No Preference No Preference	25 26	321.72 328.13
53789PA0090004	Rating Area 6	No Preference	27	335.82
53789PA0090004 53789PA0090004	•	No Preference No Preference	28 29	348.3 358.5
53789PA0090004	Rating Area 6	No Preference No Preference	30 31	363.7 371.3
53789PA0090004 53789PA0090004	•	No Preference	32	371.3 379.0
53789PA0090004 53789PA0090004	•	No Preference No Preference	33 34	383.8 389.0
53789PA0090004	Rating Area 6	No Preference	35	391.5
53789PA0090004 53789PA0090004	•	No Preference No Preference	36 37	394.1 396.7
53789PA0090004	Rating Area 6	No Preference	38	399.2
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	39 40	404.4 409.5
53789PA0090004	3	No Preference	41	417.2
53789PA0090004 53789PA0090004	•	No Preference No Preference	42 43	424.5 434.8
53789PA0090004 53789PA0090004	•	No Preference No Preference	44 45	447.6 462.7
53789PA0090004 53789PA0090004	•	No Preference	46	480.6
53789PA0090004 53789PA0090004	•	No Preference No Preference	47 48	500.8 523.9
53789PA0090004	Rating Area 6	No Preference	49	546.6
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	50 51	572.3 597.6
53789PA0090004	Rating Area 6	No Preference	52	625.5
53789PA0090004 53789PA0090004	•	No Preference No Preference	53 54	653.7 684.1
53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference	55	714.5
53789PA0090004 53789PA0090004	•	No Preference No Preference	56 57	747.5 780.9
53789PA0090004 53789PA0090004	•	No Preference No Preference	58 59	816.4 834.1
53789PA0090004	Rating Area 6	No Preference	60	869.6
53789PA0090004 53789PA0090004	•	No Preference No Preference	61 62	900.4 920.6
53789PA0090004	Rating Area 6	No Preference	63	945.9
53789PA0090004 53789PA0090004		No Preference No Preference	64 and over 0-14	961.3 264.7
53789PA0090004	Rating Area 7	No Preference	15	288.2
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	16 17	297.2 306.2
53789PA0090004	Rating Area 7	No Preference	18	315.9
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	19 20	325.6 335.6
53789PA0090004 53789PA0090004		No Preference No Preference	21 22	346.0 346.0
53789PA0090004	Rating Area 7	No Preference	23	346.0
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	24 25	346.0 347.4
53789PA0090004	Rating Area 7	No Preference	26	354.3
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	27 28	362.6 376.1
53789PA0090004	Rating Area 7	No Preference	29	387.2
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	30 31	392.8 401.1
53789PA0090004 53789PA0090004		No Preference	32 33	409.4 414.6
53789PA0090004	Rating Area 7	No Preference No Preference	34	420.1
53789PA0090004 53789PA0090004	3	No Preference No Preference	35 36	422.9 425.6
53789PA0090004	Rating Area 7	No Preference	37	428.4
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	38 39	431.2 436.7
53789PA0090004	Rating Area 7	No Preference	40	442.2
53789PA0090004 53789PA0090004	•	No Preference No Preference	41 42	450.5 458.5
53789PA0090004	Rating Area 7	No Preference	43	469.6
53789PA0090004 53789PA0090004	•	No Preference No Preference	44 45	483.4 499.7
53789PA0090004	Rating Area 7	No Preference	46	519.1
53789PA0090004 53789PA0090004	o o o o o o o o o o o o o o o o o o o	No Preference No Preference	47 48	540.92 565.83
53789PA0090004	Rating Area 7	No Preference	49	590.4
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	50 51	618.09 645.43
53789PA0090004	Rating Area 7	No Preference	52 53	675.5 ⁴
53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	53 54	705.99 738.8

F0700P4000004 P // A 7	N D (774 75
53789PA0090004 Rating Area 7	No Preference	55 56	771.75
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference No Preference	57	807.39 843.39
53769PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	58	881.80
53789PA0090004 Rating Area 7	No Preference	59	900.83
53789PA0090004 Rating Area 7	No Preference	60	939.25
53789PA0090004 Rating Area 7	No Preference	61	972.47
53789PA0090004 Rating Area 7	No Preference	62	994.27
53789PA0090004 Rating Area 7	No Preference	63	1021.61
53789PA0090004 Rating Area 7	No Preference	64 and over	1038.23
53789PA0090004 Rating Area 9	No Preference	0-14	250.04
53789PA0090004 Rating Area 9	No Preference	15	272.27
53789PA0090004 Rating Area 9	No Preference	16	280.76
53789PA0090004 Rating Area 9	No Preference	17	289.26
53789PA0090004 Rating Area 9	No Preference	18	298.41
53789PA0090004 Rating Area 9	No Preference	19	307.56
53789PA0090004 Rating Area 9	No Preference	20	317.04
53789PA0090004 Rating Area 9	No Preference	21	326.85
53789PA0090004 Rating Area 9	No Preference	22	326.85
53789PA0090004 Rating Area 9	No Preference	23	326.85
53789PA0090004 Rating Area 9	No Preference	24	326.85
53789PA0090004 Rating Area 9	No Preference	25	328.16
53789PA0090004 Rating Area 9	No Preference	26	334.69
53789PA0090004 Rating Area 9	No Preference	27	342.54
53789PA0090004 Rating Area 9	No Preference	28	355.28
53789PA0090004 Rating Area 9	No Preference	29	365.74
53789PA0090004 Rating Area 9	No Preference	30	370.97
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference No Preference	31 32	378.82 386.66
· ·	No Preference	33	391.56
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	33	396.79
53789PA0090004 Rating Area 9	No Preference	35	399.41
53789PA0090004 Rating Area 9	No Preference	36	402.02
53789PA0090004 Rating Area 9	No Preference	37	404.64
53789PA0090004 Rating Area 9	No Preference	38	407.25
53789PA0090004 Rating Area 9	No Preference	39	412.48
53789PA0090004 Rating Area 9	No Preference	40	417.71
53789PA0090004 Rating Area 9	No Preference	41	425.56
53789PA0090004 Rating Area 9	No Preference	42	433.07
53789PA0090004 Rating Area 9	No Preference	43	443.53
53789PA0090004 Rating Area 9	No Preference	44	456.61
53789PA0090004 Rating Area 9	No Preference	45	471.97
53789PA0090004 Rating Area 9	No Preference	46	490.27
53789PA0090004 Rating Area 9	No Preference	47	510.86
53789PA0090004 Rating Area 9	No Preference	48	534.40
53789PA0090004 Rating Area 9	No Preference	49	557.60
53789PA0090004 Rating Area 9	No Preference	50	583.75
53789PA0090004 Rating Area 9	No Preference	51	609.57
53789PA0090004 Rating Area 9	No Preference	52	638.01
53789PA0090004 Rating Area 9	No Preference	53	666.77
53789PA0090004 Rating Area 9	No Preference	54	697.82
53789PA0090004 Rating Area 9	No Preference	55	728.87
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	56 57	762.54 706.53
· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	57 58	796.53 832.81
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference No Preference	59	850.79
53769FA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	60	887.07
53769FA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	61	918.45
53789PA0090004 Rating Area 9	No Preference	62	939.04
53789PA0090004 Rating Area 9	No Preference	63	964.86
53789PA0090004 Rating Area 9	No Preference	64 and over	980.54
		2.7.50.00.00.00	

	. ,	required. To validate press Validate button or (tate, select Family-Tier Rates under Rating Me		υυιτοπ οτ Ctrl + Shift + F.
1	If you are not in a community ratin	ng state, select Age-Based Rates under Rating	g Method and provide an Individual Rate	for every age band.
		Tobacco User, you must give a rate for Tobaco ld Sheet button, or Ctrl + Shift + H. All plans m		
HIOS Issuer ID*	· · ·	id Sheet button, or Cut + Shint + H. All plans th	iust nave the same dates on a sneet.	
Rate Effective Date* Rate Expiration Date*				
-	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
		Required:		
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	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 Ent rate	Required: er the rate of an Individual Non-Tobacco o No Preference enrollee on a plan
53789PA0090004 53789PA0090004		No Preference No Preference	0-14 15	248.8 271.0
53789PA0090004 I		No Preference No Preference	16	279.4 287.9
53789PA0090004 I 53789PA0090004 I	•	No Preference	17 18	297.0
53789PA0090004 I	_	No Preference	19	306.1
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	20 21	315.5 325.3
53789PA0090004 I	_	No Preference	22	325.3
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	23 24	325.3 325.3
53789PA0090004 I	Rating Area 6	No Preference	25	326.6
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	26 27	333.1 340.9
53789PA0090004 I	Rating Area 6	No Preference	28	353.6
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	29 30	364.0 369.2
53789PA0090004 I	Rating Area 6	No Preference	31	377.0
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	32 33	384.8 389.7
53789PA0090004 I	Rating Area 6	No Preference	34	394.9
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	35 36	397.5 400.1
53789PA0090004 I	•	No Preference	37	402.7
53789PA0090004 I 53789PA0090004 I	•	No Preference	38 39	405.3 410.5
53789PA0090004 I	•	No Preference No Preference	40	415.8
53789PA0090004 I	3	No Preference	41	423.6
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	42 43	431.0 441.5
53789PA0090004 I	3	No Preference	44	454.5
53789PA0090004 I 53789PA0090004 I	3	No Preference No Preference	45 46	469.8 488.0
53789PA0090004 I	Rating Area 6	No Preference	47	508.5
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	48 49	531.9 555.0
53789PA0090004 I	Rating Area 6	No Preference	50	581.0
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	51 52	606.7 635.0
53789PA0090004 I	Rating Area 6	No Preference	53	663.7
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	54 55	694.6 725.5
53789PA0090004 I	•	No Preference	56	759.0
53789PA0090004 I	•	No Preference	57	792.8
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	58 59	828.9 846.8
53789PA0090004 I		No Preference	60	883.0
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	61 62	914.2 934.7
53789PA0090004 I	Rating Area 6	No Preference	63	960.4
53789PA0090004 53789PA0090004		No Preference No Preference	64 and over 0-14	976.0 268.8
53789PA0090004 I	Rating Area 7	No Preference	15	292.7
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	16 17	301.8 310.9
53789PA0090004 I	Rating Area 7	No Preference	18	320.8
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	19 20	330.6 340.8
53789PA0090004 I	Rating Area 7	No Preference	21	351.3
53789PA0090004 I 53789PA0090004 I	3	No Preference No Preference	22 23	351.3 351.3
53789PA0090004 I	Rating Area 7	No Preference	24	351.3
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	25 26	352.7 359.8
53789PA0090004 I	Rating Area 7	No Preference	27	368.2
53789PA0090004 I	3	No Preference	28	381.9
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	29 30	393.1 398.8
53789PA0090004 I	•	No Preference	31	407.2
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	32 33	415.6 420.9
53789PA0090004 I	Rating Area 7	No Preference	34	426.5
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	35 36	429.3 432.1
53789PA0090004 I	Rating Area 7	No Preference	37	435.0
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	38 39	437.8 443.4
53789PA0090004 I	Rating Area 7	No Preference	40	449.0
53789PA0090004 I 53789PA0090004 I	•	No Preference No Preference	41 42	457.4 465.5
53789PA0090004 I 53789PA0090004 I	3	No Preference No Preference	42	465.5 476.8
53789PA0090004 I	Rating Area 7	No Preference	44	490.8
53789PA0090004 I 53789PA0090004 I		No Preference No Preference	45 46	507.3 527.0
53789PA0090004 I	Rating Area 7	No Preference	47	549.2
53789PA0090004 I	•	No Preference No Preference	48 49	574.5 599.4
53780D/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	raing /110a /	THO I TOTOTOTO		
53789PA0090004 I 53789PA0090004 I		No Preference	50	
	Rating Area 7	No Preference No Preference No Preference	50 51 52	627.5 655.3 685.8

53789PA0090004 Rating Area 7	No Preference	55	783.57
53789PA0090004 Rating Area 7	No Preference	56	819.76
53789PA0090004 Rating Area 7	No Preference	57	856.31
53789PA0090004 Rating Area 7	No Preference	58	895.31
53789PA0090004 Rating Area 7	No Preference	59	914.64
53789PA0090004 Rating Area 7	No Preference	60	953.64
53789PA0090004 Rating Area 7	No Preference	61	987.37
53789PA0090004 Rating Area 7	No Preference	62	1009.51
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference No Preference		1037.27
	No Preference	64 and over	1054.13
53789PA0090004 Rating Area 9		0-14	253.87
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	15 16	276.44
· · · · · · · · · · · · · · · · · · ·	No Preference	17	285.07
53789PA0090004 Rating Area 9	No Preference		293.69
53789PA0090004 Rating Area 9	No Preference	18 19	302.99 312.28
53789PA0090004 Rating Area 9	No Preference		312.20
53789PA0090004 Rating Area 9	No Preference	20	
53789PA0090004 Rating Area 9	No Preference	21	331.86
53789PA0090004 Rating Area 9	No Preference	22	331.86
53789PA0090004 Rating Area 9	No Preference	23	331.86
53789PA0090004 Rating Area 9	No Preference	24	331.86
53789PA0090004 Rating Area 9	No Preference	25	333.18
53789PA0090004 Rating Area 9	No Preference	26	339.82
53789PA0090004 Rating Area 9	No Preference	27	347.79
53789PA0090004 Rating Area 9	No Preference	28	360.73
53789PA0090004 Rating Area 9	No Preference	29	371.35
53789PA0090004 Rating Area 9	No Preference	30	376.66
53789PA0090004 Rating Area 9	No Preference	31	384.62
53789PA0090004 Rating Area 9	No Preference	32	392.59
53789PA0090004 Rating Area 9	No Preference	33	397.56
53789PA0090004 Rating Area 9	No Preference	34	402.87
53789PA0090004 Rating Area 9	No Preference	35	405.53
53789PA0090004 Rating Area 9	No Preference	36	408.18
53789PA0090004 Rating Area 9	No Preference	37	410.84
53789PA0090004 Rating Area 9	No Preference	38	413.49
53789PA0090004 Rating Area 9	No Preference	39	418.80
53789PA0090004 Rating Area 9	No Preference	40	424.11
53789PA0090004 Rating Area 9	No Preference	41	432.08
53789PA0090004 Rating Area 9	No Preference	42	439.71
53789PA0090004 Rating Area 9	No Preference	43	450.33
53789PA0090004 Rating Area 9	No Preference	44	463.60
53789PA0090004 Rating Area 9	No Preference	45	479.20
53789PA0090004 Rating Area 9	No Preference	46	497.79
53789PA0090004 Rating Area 9	No Preference	47	518.69
53789PA0090004 Rating Area 9	No Preference	48	542.59
53789PA0090004 Rating Area 9	No Preference	49	566.15
53789PA0090004 Rating Area 9	No Preference	50	592.70
53789PA0090004 Rating Area 9	No Preference	51	618.91
53789PA0090004 Rating Area 9	No Preference	52	647.78
53789PA0090004 Rating Area 9	No Preference	53	676.99
53789PA0090004 Rating Area 9	No Preference	54	708.51
53789PA0090004 Rating Area 9	No Preference	55	740.04
53789PA0090004 Rating Area 9	No Preference	56	774.22
53789PA0090004 Rating Area 9	No Preference	57	808.74
53789PA0090004 Rating Area 9	No Preference	58	845.57
53789PA0090004 Rating Area 9	No Preference	59	863.82
53789PA0090004 Rating Area 9	No Preference	60	900.66
53789PA0090004 Rating Area 9	No Preference	61	932.52
53789PA0090004 Rating Area 9	No Preference	62	953.43
53789PA0090004 Rating Area 9	No Preference	63	979.64
53789PA0090004 Rating Area 9	No Preference	64 and over	995.57

Rates Table Template v13.0	, ,	required. To validate press Validate button or tate, select Family-Tier Rates under Rating Mo		button or Ctrl + Shift + F.
	, , ,	ng state, select Age-Based Rates under Rating		for every age band.
		Tobacco User, you must give a rate for Tobac		
HIOS Issuer ID*		dd Sheet button, or Ctrl + Shift + H. All plans n	nust have the same dates on a sheet.	
Rate Effective Date*	7/1/2024			
Rate Expiration Date* Rating Method*	9/30/2024 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 Enterprise rate	Required: iter the rate of an Individual Non-Tobacco No Preference enrollee on a plan
53789PA0090004 53789PA0090004		No Preference No Preference	0-14 15	252.7 275.1
53789PA0090004	Rating Area 6	No Preference	16	283.7
53789PA0090004 53789PA0090004	•	No Preference No Preference	17 18	292.3 301.5
53789PA0090004	Rating Area 6	No Preference	19	310.8
53789PA0090004 53789PA0090004		No Preference No Preference	20 21	320.4 330.3
53789PA0090004		No Preference	22	330.3
53789PA0090004	· · · · ·	No Preference No Preference	23 24	330.3 330.3
53789PA0090004 53789PA0090004	•	No Preference	25	331.6
53789PA0090004	Rating Area 6	No Preference	26	338.2
53789PA0090004 53789PA0090004	· · · · ·	No Preference No Preference	27 28	346.1 359.0
53789PA0090004	Rating Area 6	No Preference	29	369.6
53789PA0090004 53789PA0090004	· · · · ·	No Preference No Preference	30 31	374.9 382.8
53789PA0090004	Rating Area 6	No Preference	32	390.7
53789PA0090004 53789PA0090004	•	No Preference No Preference	33 34	395.7 401.0
53789PA0090004 53789PA0090004		No Preference	35	401.0
53789PA0090004	•	No Preference	36 37	406.3
53789PA0090004 53789PA0090004		No Preference No Preference	38	408.9 411.5
53789PA0090004	Rating Area 6	No Preference	39	416.8
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	40 41	422.1 430.0
53789PA0090004	Rating Area 6	No Preference	42	437.6
53789PA0090004 53789PA0090004		No Preference No Preference	43	448.2 461.4
53789PA0090004	o o	No Preference	45	477.0
53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference	46 47	495.5
53789PA0090004 53789PA0090004		No Preference No Preference	47	516.3 540.0
53789PA0090004	Rating Area 6	No Preference	49	563.5
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	50 51	589.9 616.0
53789PA0090004	Rating Area 6	No Preference	52	644.8
53789PA0090004 53789PA0090004		No Preference No Preference	53 54	673.8 705.2
53789PA0090004		No Preference	55	736.6
53789PA0090004		No Preference	56	770.6
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	57 58	805.0 841.6
53789PA0090004		No Preference	59	859.8
53789PA0090004 53789PA0090004		No Preference No Preference	60 61	896.5 928.2
53789PA0090004	Rating Area 6	No Preference	62	949.0
53789PA0090004 53789PA0090004		No Preference No Preference	63 64 and over	975.1 990.9
53789PA0090004		No Preference	0-14	272.9
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	15 16	297.1 306.4
53789PA0090004	Rating Area 7	No Preference	17	315.7
53789PA0090004	Rating Area 7	No Preference	18	325.7
53789PA0090004 53789PA0090004		No Preference No Preference	19 20	335.7 346.0
53789PA0090004	Rating Area 7	No Preference	21	356.7
53789PA0090004 53789PA0090004	3	No Preference No Preference	22 23	356.7 356.7
53789PA0090004	Rating Area 7	No Preference	24	356.7
53789PA0090004 53789PA0090004		No Preference No Preference	25 26	358.1 365.3
53789PA0090004	Rating Area 7	No Preference	27	373.8
53789PA0090004	o o	No Preference	28	387.7
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	29 30	399.2 404.9
53789PA0090004	Rating Area 7	No Preference	31	413.4
53789PA0090004 53789PA0090004		No Preference No Preference	32 33	422.0 427.3
53789PA0090004	Rating Area 7	No Preference	34	433.1
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	35 36	435.9 438.8
53789PA0090004	Rating Area 7	No Preference	37	441.6
53789PA0090004 53789PA0090004		No Preference No Preference	38 39	444.5 450.2
53789PA0090004 53789PA0090004		No Preference No Preference	40	450.2 455.9
53789PA0090004	Rating Area 7	No Preference	41	464.5
53789PA0090004 53789PA0090004		No Preference No Preference	42 43	472.7 484.1
53789PA0090004	Rating Area 7	No Preference	44	498.3
53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference	45	515.1
53789PA0090004 53789PA0090004	· · · · · · · · · · · · · · · · · · ·	No Preference No Preference	46 47	535.1 557.6
53789PA0090004	Rating Area 7	No Preference	48	583.3
53789PA0090004 53789PA0090004		No Preference No Preference	49 50	608.6 637.1
53789PA0090004 53789PA0090004		No Preference No Preference	50	665.3
53789PA0090004	Rating Area 7	No Preference	52	696.3
52790D \ 000000 \	Rating Area 7	No Preference	53	727.7

53789PA0090004 Rating Area 7	No Preference	55	795.57
53789PA0090004 Rating Area 7	No Preference	56	832.31
53789PA0090004 Rating Area 7	No Preference	57	869.42
53789PA0090004 Rating Area 7	No Preference	58	909.02
53789PA0090004 Rating Area 7	No Preference	59	928.64
53789PA0090004 Rating Area 7	No Preference	60	968.24
53789PA0090004 Rating Area 7	No Preference	61	1002.49
53789PA0090004 Rating Area 7	No Preference	62	1024.96
53789PA0090004 Rating Area 7	No Preference	63	1053.14
53789PA0090004 Rating Area 7	No Preference	64 and over	1070.27
53789PA0090004 Rating Area 9	No Preference	0-14	257.76
53789PA0090004 Rating Area 9	No Preference	15	280.67
53789PA0090004 Rating Area 9	No Preference	16	289.43
53789PA0090004 Rating Area 9	No Preference	17	298.19
53789PA0090004 Rating Area 9	No Preference	18	307.62
53789PA0090004 Rating Area 9	No Preference	19	317.06
53789PA0090004 Rating Area 9	No Preference	20	326.83
53789PA0090004 Rating Area 9	No Preference	21	336.94
53789PA0090004 Rating Area 9	No Preference	22	336.94
53789PA0090004 Rating Area 9	No Preference	23	336.94
53789PA0090004 Rating Area 9	No Preference	24	336.94
53789PA0090004 Rating Area 9	No Preference	25	338.28
53789PA0090004 Rating Area 9	No Preference	26	345.02
53789PA0090004 Rating Area 9	No Preference	27	353.11
53789PA0090004 Rating Area 9	No Preference	28	366.25
53789PA0090004 Rating Area 9	No Preference	29	377.03
53789PA0090004 Rating Area 9	No Preference	30	382.42
53789PA0090004 Rating Area 9	No Preference	31	390.51
53789PA0090004 Rating Area 9	No Preference	32	398.60
53789PA0090004 Rating Area 9	No Preference	33	403.65
53789PA0090004 Rating Area 9	No Preference	34	409.04
53789PA0090004 Rating Area 9	No Preference	35	411.74
53789PA0090004 Rating Area 9	No Preference	36	414.43
53789PA0090004 Rating Area 9	No Preference	37	417.13
53789PA0090004 Rating Area 9	No Preference	38	419.82
53789PA0090004 Rating Area 9	No Preference	39	425.21
53789PA0090004 Rating Area 9	No Preference	40	430.60
53789PA0090004 Rating Area 9	No Preference	41	438.69
53789PA0090004 Rating Area 9	No Preference	42	446.44
53789PA0090004 Rating Area 9	No Preference	43	457.22
53789PA0090004 Rating Area 9	No Preference	44	470.70
53789PA0090004 Rating Area 9	No Preference	45	486.54
53789PA0090004 Rating Area 9	No Preference	46	505.40
53789PA0090004 Rating Area 9	No Preference	47	526.63
53789PA0090004 Rating Area 9	No Preference	48	550.89
53789PA0090004 Rating Area 9	No Preference	49	574.81
53789PA0090004 Rating Area 9	No Preference	50	601.77
53789PA0090004 Rating Area 9	No Preference	51	628.39
53789PA0090004 Rating Area 9	No Preference	52	657.70
53789PA0090004 Rating Area 9	No Preference	53	687.35
53789PA0090004 Rating Area 9	No Preference	54	719.36
53789PA0090004 Rating Area 9	No Preference	55	751.37
53789PA0090004 Rating Area 9	No Preference	56	786.07
53789PA0090004 Rating Area 9	No Preference	57	821.11
53789PA0090004 Rating Area 9	No Preference	58	858.51
53789PA0090004 Rating Area 9	No Preference	59	877.05
53789PA0090004 Rating Area 9	No Preference	60	914.45
53789PA0090004 Rating Area 9	No Preference	61	946.79
53789PA0090004 Rating Area 9	No Preference	62	968.02
53789PA0090004 Rating Area 9	No Preference	63	994.64
53789PA0090004 Rating Area 9	No Preference	64 and over	1010.81

4 Rates Table Template v13.0	, ,	required. To validate press Validate button or tate, select Family-Tier Rates under Rating Mo	···	button or Ctrl + Shift + F.
	, , ,	ng state, select Age-Based Rates under Rating		for every age band.
		Tobacco User, you must give a rate for Tobac		
HIOS Issuer ID	• • • • • • • • • • • • • • • • • • • •	dd Sheet button, or Ctrl + Shift + H. All plans n	nust have the same dates on a sheet.	
Rate Effective Date	10/1/2024			
Rate Expiration Date ^a Rating Method ^a	12/31/2024 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 En	Required: hter the rate of an Individual Non-Tobacco on No Preference enrollee on a plan
53789PA0090004 53789PA0090004		No Preference No Preference	0-14 15	256.5 279.3
53789PA0090004	Rating Area 6	No Preference	16	288.1
53789PA0090004 53789PA0090004	<u> </u>	No Preference No Preference	17 18	296.8 306.2
53789PA0090004	Rating Area 6	No Preference	19	315.6
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	20 21	325.3 335.3
53789PA0090004		No Preference	22	335.3
53789PA0090004	· · · · · ·	No Preference	23	335.3 335.3
53789PA0090004 53789PA0090004	<u> </u>	No Preference No Preference	24 25	336.7
53789PA0090004	· · · · · ·	No Preference	26	343.4
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	27 28	351.4 364.5
53789PA0090004	Rating Area 6	No Preference	29	375.3
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	30 31	380.6 388.7
53789PA0090004	Rating Area 6	No Preference	32	396.7
53789PA0090004 53789PA0090004	<u> </u>	No Preference No Preference	33 34	401.8 407.1
53789PA0090004	Rating Area 6	No Preference	35	409.8
53789PA0090004	<u> </u>	No Preference	36	412.5
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	37 38	415.2 417.9
53789PA0090004	Rating Area 6	No Preference	39	423.2
53789PA0090004 53789PA0090004	•	No Preference No Preference	40	428.6 436.6
53789PA0090004	Rating Area 6	No Preference	42	444.3
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	43 44	455.1 468.5
53789PA0090004	· · · · · ·	No Preference	45	484.3
53789PA0090004 53789PA0090004	•	No Preference No Preference	46 47	503.0 524.2
53789PA0090004	Rating Area 6	No Preference	48	548.3
53789PA0090004		No Preference	49	572.1
53789PA0090004 53789PA0090004	•	No Preference No Preference	50 51	599.0 625.5
53789PA0090004	•	No Preference	52	654.6
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	53 54	684.2 716.0
53789PA0090004	Rating Area 6	No Preference	55	747.9
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	56 57	782.4 817.3
53789PA0090004	Rating Area 6	No Preference	58	854.5
53789PA0090004 53789PA0090004		No Preference No Preference	59 60	873.0 910.2
53789PA0090004		No Preference	61	942.4
53789PA0090004	•	No Preference	62 63	963.5
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	64 and over	990.0 1006.1
53789PA0090004	Rating Area 7	No Preference	0-14	277.1
53789PA0090004 53789PA0090004	•	No Preference No Preference	15 16	301.7 311.1
53789PA0090004	Rating Area 7	No Preference	17	320.5
53789PA0090004 53789PA0090004		No Preference No Preference	18 19	330.7 340.8
53789PA0090004	Rating Area 7	No Preference	20	351.3
53789PA0090004 53789PA0090004		No Preference No Preference	21 22	362.2 362.2
53789PA0090004	Rating Area 7	No Preference	23	362.2
53789PA0090004 53789PA0090004	•	No Preference No Preference	24 25	362.2 363.6
53789PA0090004	Rating Area 7	No Preference	26	370.9
53789PA0090004	Rating Area 7	No Preference	27	379.6
53789PA0090004 53789PA0090004	3	No Preference No Preference	28 29	393.7 405.3
53789PA0090004	Rating Area 7	No Preference	30	411.1
53789PA0090004 53789PA0090004		No Preference No Preference	31 32	419.8 428.5
53789PA0090004	Rating Area 7	No Preference	33	433.9
53789PA0090004 53789PA0090004		No Preference No Preference	34 35	439.7 442.6
53789PA0090004	Rating Area 7	No Preference	36	445.5
53789PA0090004 53789PA0090004	•	No Preference No Preference	37 38	448.4 451.3
53789PA0090004 53789PA0090004	•	No Preference No Preference	38 39	451.3 457.1
53789PA0090004	Rating Area 7	No Preference	40	462.9
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	41 42	471.6 479.9
53789PA0090004	Rating Area 7	No Preference	43	491.5
53789PA0090004	· · · · · ·	No Preference	44	506.0 523.0
53789PA0090004 53789PA0090004	•	No Preference No Preference	45 46	523.0 543.3
53789PA0090004	Rating Area 7	No Preference	47	566.1
53789PA0090004 53789PA0090004	· · · · · ·	No Preference No Preference	48 49	592.2 617.9
53789PA0090004 53789PA0090004		No Preference	50	646.9
53789PA0090004	Rating Area 7	No Preference	51	675.5
53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	52 53	707.0 738.9
				1 30.3

53789PA0090004 Rating Area 7	No Preference	55	807.75
53789PA0090004 Rating Area 7	No Preference	56	845.06
53789PA0090004 Rating Area 7	No Preference	57	882.73
53789PA0090004 Rating Area 7	No Preference	58	922.94
53789PA0090004 Rating Area 7	No Preference	59	942.86
53789PA0090004 Rating Area 7	No Preference	60	983.07
53789PA0090004 Rating Area 7	No Preference	61	1017.84
53789PA0090004 Rating Area 7	No Preference	62	1040.66
53789PA0090004 Rating Area 7	No Preference	63	1069.28
53789PA0090004 Rating Area 7	No Preference	64 and over	1086.65
53789PA0090004 Rating Area 9	No Preference	0-14	261.70
53789PA0090004 Rating Area 9	No Preference	15	284.97
53789PA0090004 Rating Area 9	No Preference	16	293.86
53789PA0090004 Rating Area 9	No Preference	17	302.76
53789PA0090004 Rating Area 9	No Preference	18	312.34
53789PA0090004 Rating Area 9	No Preference	19	321.91
53789PA0090004 Rating Area 9	No Preference	20	331.83
53789PA0090004 Rating Area 9	No Preference	21	342.10
53789PA0090004 Rating Area 9	No Preference	22	342.10
53789PA0090004 Rating Area 9	No Preference	23	342.10
53789PA0090004 Rating Area 9	No Preference	24	342.10
53789PA0090004 Rating Area 9	No Preference	25	343.47
53789PA0090004 Rating Area 9	No Preference	26	350.31
	No Preference		
53789PA0090004 Rating Area 9		27	358.52
53789PA0090004 Rating Area 9	No Preference	28	371.86
53789PA0090004 Rating Area 9	No Preference	29	382.81
53789PA0090004 Rating Area 9	No Preference	30	388.28
53789PA0090004 Rating Area 9	No Preference	31	396.49
53789PA0090004 Rating Area 9	No Preference	32	404.70
53789PA0090004 Rating Area 9	No Preference	33	409.83
53789PA0090004 Rating Area 9	No Preference	34	415.31
53789PA0090004 Rating Area 9	No Preference	35	418.04
53789PA0090004 Rating Area 9	No Preference	36	420.78
53789PA0090004 Rating Area 9	No Preference	37	423.52
53789PA0090004 Rating Area 9	No Preference	38	426.25
53789PA0090004 Rating Area 9	No Preference	39	431.73
53789PA0090004 Rating Area 9	No Preference	40	437.20
53789PA0090004 Rating Area 9	No Preference	41	445.41
53789PA0090004 Rating Area 9	No Preference	42	453.28
53789PA0090004 Rating Area 9	No Preference	43	464.23
53789PA0090004 Rating Area 9	No Preference	44	477.91
53789PA0090004 Rating Area 9	No Preference	45	493.99
53789PA0090004 Rating Area 9	No Preference	46	513.15
53789PA0090004 Rating Area 9	No Preference	47	534.70
53789PA0090004 Rating Area 9	No Preference	48	559.33
53789PA0090004 Rating Area 9	No Preference	49	583.62
53789PA0090004 Rating Area 9	No Preference	50	610.99
53789PA0090004 Rating Area 9	No Preference	51	638.01
53789PA0090004 Rating Area 9	No Preference	52	667.77
53789PA0090004 Rating Area 9	No Preference	53	697.88
53789PA0090004 Rating Area 9	No Preference	54	730.38
53789PA0090004 Rating Area 9	No Preference	55	762.88
53789PA0090004 Rating Area 9	No Preference	56	798.11
53789PA0090004 Rating Area 9	No Preference	57	833.69
53789PA0090004 Rating Area 9	No Preference	58	871.67
53789PA0090004 Rating Area 9	No Preference	59	890.48
53789PA0090004 Rating Area 9	No Preference	60	928.45
53789PA0090004 Rating Area 9	No Preference	61	961.29
53789PA0090004 Rating Area 9	No Preference	62	982.85
53789PA0090004 Rating Area 9	No Preference	63	1009.87
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	64 and over	1026.29
337031 A0030004 Nating Area 9	INO I IGIGIGIOG	04 and over	1020.23

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Benefit Summary

SMALL GROUP 1-50 PORTFOLIO

	Plan Name	HIOS ID	Deductible	Coinsurance	Out-of-Pocket	DCD	Specialist	Emergency	Urgont	IP Hospital	Hi-Tech Imaging	Lab	OP Surgery	Small Group: Rx \$0	Small Group: Rx \$250 (brand only deductible)
Changes	Plan Name	nios ib		Comsurance	1	PCP	Specialist		Urgent		ni-Tech imaging				
			(2x Family)		Maximum			Room	Care	per day,		Ind Hos	ASC ACH	Individual: Rx	Individual: N/A
										maximum of 5 days					
		Small Group: Rx \$0 Small Group: Rx \$250													
		Individual: Rx (brand only deductible)													
		Individual: N/A	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
									BR	ONZE PRODUCTS					
hanges Bronze H	HMO 8000/0/50	53789PA0090004	\$8,000	0%	\$8,700	\$50	\$85	D/0	D/0	N/A	D/0	D/50 D/85	D/0 D/0	Rx Ded: Combined, Rx Gen - De	ed Applies? Y, Retail: 0/0/0/0, Mail: 0/0/0/0

¹ Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand

² Speciality drug coverage = 20% up to \$250 per fill/20% up to \$350 per fill/20% up to \$450 per fill

³ Tiered Lab benefits. Independent labs | Hospital based labs 4 D = Deductible D/\$ = Deductible applies first then a copay

⁵ Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Benefit Change Summary

	t Change Summary																																	
On/Off Exchange New/Existing HIOS	Med Description	Rx Description	Expanded Bronze	Counties	Rx Formulary	2023	2024	Pricing AV 2023 20	024 20	Metal Level 23 2024		HRA Amount 3 2024	Dedu- 2023	tible: Tier 1 2024	Deductib 2023	ole: Tier 2 2024	Coinsurance: Ti 2023		Coinsurance: Tier 2 2023 2024		MOOP 3 2024	PCP: Tie	er 1 2024	PCP: Tier 2 2023 2024	SPC: Ti 2023	er 1 2024	SPC: Tier 2 2023 2		ER 2023 2024	2023	UC 2024	IP Hosp Copay I 2023		Hi-Tech Imaging 2023 202
Off Exchange Existing 53789PA0090004	Bronze HMO 8000/0/50	Combined	x	All	Advantage	64.2%	64.8%	51.9% 55.	.8% Bro	nze Bronze	0	0	8,000	8,000	8,000	8,000	0%	0%	0% 0%	8,550	0 8,700	50	50	50 50	85	85	85	85 [D/0 D/0	D/0	D/0	N/A	N/A	D/0 D/0
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Low End Imaging 2023 2024	Lab: Tier 1 2023 2024	Lab: Tier 2 2023 2024	OP Surg: Tier 1 2023 2024	OP Surg: Tier 2 2023 20	Rx Ded 2023	2024 Rx Gen 2023	n - Ded Applies? 2024	Rx Gen Pref 2023 2024	Rx Gen Non-Pr 2023 2	·	Rx Brand Pref 2023 2024	Rx Brand 2023	d Non-Pref 2024	Rx Specialty Coin Tier 2023 2024	1 Rx Spe 1 2023	ecialty Max Tier 1 3 2024	Rx Specialty Coin Ties 2023 2024	r 2 Rx Specia 4 2023	alty Max Tier 2 2024	Rx Gen Pref Co 2023 2	ins Rx 0 2024 20	Gen Non-Pref Coins 23 2024	Rx Brand Pre 2023	ef Coin 2024	Rx Brand Non-Pref 2023 20	Coins Rx Ge 024 202	en Pref Mail Copay 23 2024	Rx Gen Non-Pr 2023	ref Mail Copay 2024	Rx Brand Pref Ma 2023	ail Copay Rx Bran 2024 20	d Non-Pref Mail C 23 2024
D/0 D/0	D/50 D/50	D/85 D/85	D/0 D/0	D/0 D,	/0 Combined Con	ombined Y	Y	0 0	0	0	0 0	0	0	0% 0%	0	0	0% 0%	0	0	0%	0% 09	% 0%	0%	0%	0% 0	0% 0	0	0	0	0	0 0	0
		1	1																													

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Benefit Categories

	Benefit Categories
IP OP Professional	Type of Service
Inpatient	IP - CABG
Inpatient Inpatient	IP - Cesarean Maternity Delivery IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Maternity Non-delivery
Inpatient Inpatient	IP - Medical IP - Neonatal
Inpatient	IP - Newborn
Inpatient Inpatient	IP - Normal maternity delivery IP - Other Cardiovascular Procedures
Inpatient	IP - Other Surgical
Inpatient	IP - Psychiatric
Inpatient Inpatient	IP - Substance Abuse IP - Ungroupable
Outpatient	OP - Blood
Outpatient	OP - Cardiac Rehab OP - Cardiovascular
Outpatient Outpatient	OP - Cardiovascular OP - Dialysis
Outpatient	OP - Emergency Room
Outpatient Outpatient	OP - Maternity Non-delivery Care OP - Observation Room
Outpatient	OP - Other OP Services
Outpatient	OP - PT/OT/ST
Outpatient Outpatient	OP - Pathology/Lab OP - Pharmacy
Outpatient	OP - Psychiatric
Outpatient Outpatient	OP - Radiology - CT/MRI/PET OP - Radiology - General
Outpatient	OP - Substance Abuse
Outpatient Outpatient	OP - Surgery OP - Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional Professional	IP Visits - IP Psychiatric IP Visits - IP Substance Abuse
Professional	IP Visits - Medical
Professional Professional	Inpatient Surgery - Primary Surgeon
Professional Professional	Inpatient Surgery - Anesthesia Inpatient Surgery - Assistant Surgeon
Professional	Maternity - Cesarean Deliveries
Professional Professional	Maternity - Non Deliveries Maternity - Normal Deliveries
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional Professional	Office/Misc - Allergy Testing Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional Professional	Office/Misc - Urgent Care Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional Professional	Other Physician - Emergency Room Visits Other Physician - Physicial Therapy
Professional	Pathology/Lab - IP
Professional Professional	Preventive care - Hearing/Speech Exams Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional Professional	Preventive care - Well Baby Exams Radiology - IP
Professional	Unmapped
Professional Professional	ADDL Benefits Other Hearing Aids
Professional	IP Visits - Medical
Professional	Independent Lab
Professional Professional	Maternity - Cesarean Deliveries Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional Professional	OP Visits - OP Psychiatric OP Visits - OP Substance Abuse
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional Professional	Office/Misc - Allergy Testing Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional Professional	Other Physician - Cardiovascular Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional Professional	Other Physician - Emergency Room Visits Other Physician - Physicial Therapy
Professional	Outpatient Surgery - Anesthesia
Professional Professional	Outpatient Surgery - Office
Professional Professional	Outpatient Surgery - Outpatient Facility Pathology/Lab - OP
Professional	Pathology/Lab - Office
Professional Professional	Preventive care - Hearing/Speech Exams Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional Professional	Preventive care - Well Baby Exams Radiology - OP - CT/MRI/PET
Professional	Radiology - OP - General
Professional Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General Unmapped
Other Medical	Unmapped
Other Medical Other Medical	OP - Ambulance OP - DME
Other Medical	OP - Home Health/PDN
Other Medical	OP - Medical Surgical Supplies
Other Medical Other Medical	Dental Other - Ambulance
Other Medical	Other - DME
Other Medical Other Medical	Other - Glassess/Contacts Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams
Other Medical Other Medical	Dental Other - Ambulance
Other Medical	Other - DME
Other Medical Other Medical	Other - Glassess/Contacts Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Benefit Mix Changes

Benefit Mix Calculation	
	Manual Cost PMPM
Average in Experience Period	330.84
Average in Rating Period	217.55
Benefit Mix Adjustment	0.658

		449,510
BEP Manual Cost Calcul	330.84	449,510
	Manual Cost	
HIOS 14 Digit	PMPM	BEP MM
45127PA0010054	392.45	9,024
45127PA0010055	404.51	22,909
45127PA0010057	383.14	6,077
45127PA0010058	395.69	12,544
82795PA0130001	364.20	2,266
45127PA0010116	362.73	8,642
45127PA0010117	375.89	19,692
45127PA0010084	349.11	12,053
45127PA0010085	362.38	32,992
45127PA0010089	328.06	25,818
45127PA0010090	342.06	65,959
45127PA0010194	319.64	16,460
45127PA0010195	334.34	29,169
45127PA0010161	347.05	6,028
45127PA0130001	338.14	380
45127PA0130002	347.94	324
45127PA0010131	295.61	15,991
45127PA0010132	310.14	26,990
45127PA0010184	281.45	13,953
45127PA0010185	296.24	18,553
45127PA0010186	276.41	7,388
45127PA0010187	291.37	9,443
45127PA0010124	312.69	17,414
45127PA0010170 45127PA0130003	290.97 312.34	22,096 516
45127PA0130003 45127PA0130004	312.34	331
53789PA0090004	218.46	1,345
45127PA0010135	243.29	20,657
45127PA0010199	277.28	8,363
45127PA0010199	363.03	1,022
45127PA0010198	350.68	6,871
45127PA0010197	343.86	5,177
45127PA0130005	338.14	156
45127PA0130006	347.94	339
45127PA0130007	312.34	140
45127PA0130008	319.81	101
45127PA0010200	357.37	42
45127PA0010202	326.90	375
45127PA0010201	317.78	44
45127PA0010190	344.93	431
45127PA0010191	355.76	953
45127PA0010188	345.47	33
45127PA0010189	354.06	438
45105D 4 0010144	200.20	11 14

Projected 2024 Manual C	217.55	1,124
		Proj Member
HIOS 14 Digit	<u>Total</u>	<u>Dist</u>
53789PA0090004	217.55	1,124

Filing 23-52 45127PA0010144 298.39 11 14

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Network Mix Changes

Network Change			0.982
Projected MemberMonths	1,124	100.0%	0.980
НМО	1,124	100.0%	0.98
<u>BEP</u>	449,510	100.0%	0.998
PPO	433,369	96.4%	1.00
Valley Advantage EPO	1,551	0.3%	0.90
Capital Advantage EPO	736	0.2%	0.90
PPO Choice	12,048	2.7%	0.96
Performance PPO	461	0.1%	0.98
PPO Choice Select	-	0.0%	0.89
НМО	1,345	0.3%	0.98

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Benefit Additions

Senate Bill 8 - Coverage of mammographic examinations and diagnostic breast imaging at no cost share

Additional Claim PMPM \$0.20

MHPAEA - Add Autism coverage to Small Group and Individual Plans

Additional Claim PMPM \$0.40 Benefit Change Factor 1.001

Keystone Health Plan Central Small Group Rates Effective 1/1/2024

Trend

Trend by Service Category

		Year 1			Year 2					
Category	Cost	<u>Util</u>	Induced Demand	Cost	<u>Util</u>	Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	4.20%	0.50%	0.00%	5.30%	0.50%	0.0%	4.7%	5.8%	21%	17%
Outpatient Hospital	4.40%	1.00%	0.00%	5.40%	1.00%	0.0%	5.4%	6.5%	49%	40%
Professional	4.70%	1.00%	0.00%	4.60%	1.00%	0.0%	5.7%	5.6%	27%	22%
Other Medical	4.40%	0.50%	0.00%	5.40%	0.50%	0.0%	4.9%	5.9%	3%	2%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	7.90%	1.10%	0.00%	7.00%	1.00%	0.0%	9.1%	8.1%	100%	19%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100%	100%

Aggregate Pricing Trend Year 1						
Total 6.1%						
Medical	5.4%					
Drug	9.1%					
Agg Med + Rx Trend	6.1%					
Dental and Vision	2.0%					

Aggregate Pricing Trend Year 2					
Total	6.5%				
Medical	6.1%				
Drug	8.1%				
Agg Med + Rx Trend	6.5%				
Dental and Vision	2.0%				

Average Pricing Trend					
Total	6.3%				
Medical	5.7%				
Drug	8.6%				
Agg Med + Rx Trend	6.3%				
Dental and Vision 2.0%					

Raw	

Year 2	Raw	Trends*
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URRT Categories	Cost	<u>Utilization</u>	Induced Demand	Composite	Cost	<u>Utilization</u>	Induced Demand	Composite
Inpatient Hospital	4.2%	0.5%	0.0%	4.8%	5.3%	0.5%	0.0%	5.8%
Outpatient Hospital	4.4%	1.0%	0.0%	5.5%	5.4%	1.0%	0.0%	6.5%
Professional	4.7%	1.0%	0.0%	5.8%	4.6%	1.0%	0.0%	5.6%
Other Medical	4.4%	0.5%	0.0%	4.9%	5.4%	0.5%	0.0%	6.0%
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%
Prescription Drugs	7.9%	1.1%	0.0%	9.1%	7.0%	1.0%	0.0%	8.1%
Dental & Vision	1.0%	1.0%	0.0%	2.0%	1.0%	1.0%	0.0%	2.0%

^{*}From Hospital and Physician Trend Models

Adjustments to Pricing Trend

Med	dical	Drug	7
Intensity	0.0%	Contracting	0.0%
Leveraging	0.0%	Leveraging	0.0%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.00%	Total	0.00%

Keystone Health Plan Central Small Group Rates Effective 1/1/2024

Credibility Manual Development for URRT

Experience Period Member Months

449,510

Section II: Projections		•	Year 1 Trend	Y	ear 2 Trend					
							Trended EHB			
	Experience Period	d Index Rate					Allowed Claims			
Benefit Category	PMPM		Cost	Utilization	Cost	Utilization	PMPM	Incurred	Allowed	PMPM
Inpatient Hospital	\$	119.00	1.042	1.005	1.053	1.005	131.88 \$	52,201,500	\$ 53,489,564	\$ 119.00
Outpatient Hospital	\$	281.56	1.044	1.010	1.054	1.010	316.05 \$	104,397,173	\$ 126,563,801	\$ 281.56
Professional	\$	152.24	1.047	1.010	1.046	1.010	170.08 \$	51,709,510	\$ 68,433,287	\$ 152.24
Other Medical	\$	17.45	1.044	1.005	1.054	1.005	19.39 \$	6,411,005	\$ 7,845,797	\$ 17.45
Capitation	\$	-	1.030	1.000	1.030	1.000	0.00 \$	2,150	\$ 2,150	\$ -
Prescription Drug	\$	132.68	1.079	1.011	1.070	1.010	156.42 \$	52,585,491	\$ 59,640,336	\$ 132.68
Total	\$	702.93					793.82			\$ 702.93

* All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC)

Morbidity 0.467

Other
Change in Demographics 1.0000
Change in Network 0.9820
Change in Benefits 1.0010
Change in Other 1.0000

Projected Index Rate 364.40

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Paid to Allowed Ratio Development

Medical Rate Development

1/1/2022-12/31/2022 2/28/2023 Base Experience Period: Data as of Rating Period: 1/1/2024-12/31/2024 Trend Months: 24 Average 2 Yr Trend: 5.7%

Drug Rate Developme	ent
Base Experience Period:	1/1/2022-12/31/2022
Data as of	2/28/2023
Rating Period:	1/1/2024-12/31/2024
Trend Months:	24
Average 2 Yr Trend:	8.6%

Pediatric Dental Rate Dev	velopment
Base Experience Period:	1/1/2022-12/31/2022
Data as of	2/28/2023
Rating Period:	1/1/2024-12/31/2024
Trend Months:	24
Average 2 Yr Trend:	2.0%

Pediatric Vision Rate Development						
Base Experience Period:	1/1/2022-12/31/2022					
Data as of	2/28/2023					
Rating Period:	1/1/2024-12/31/2024					
Trend Months:	24					
Average 2 Yr Trend:	2.0%					

1 Medical Paid and Incurred Claims + ACA Payments	206,118,038
2 Completion Factor	0.96
3 BEP Completed Claims (1) / (2)	213,897,416
4 BEP Member Months	449,510
5 BEP Completed Claim PMPM (3) / (4)	475.85
6 Trend Factor	1.12
7 Trended Claim PMPM (5) x (6)	531.89
8 Benefit and Network Change Factor	0.646
9 Morbidity	0.467
10 Capitation	2,150
11 Capitation PMPM	0.00
12 Other Adjustment	0.60
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	161.00

BEP Paid and Incurred Claims Net Rx Rebates	52,585,491
Completion Factor	1.000
BEP Completed Claims (1) / (2)	52,585,491
BEP Member Months	449,510
BEP Completed Claim PMPM (3) / (4)	116.98
Trend Factor	1.18
Trended Claim PMPM (5) x (6)	137.92
Benefit and Network Change Factor	0.646
Morbidity	0.467
0	
1	
2 Other Adjustment	1.000
3 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	41.59

1 BEP Paid and Incurred Claims	738,306
2 Completion Factor	0.962
3 BEP Completed Claims (1) / (2)	767,445
4 BEP Member Months	449,510
5 BEP Completed Claim PMPM (3) / (4)	1.71
6 Trend Factor	1.04
7 Trended Claim PMPM (5) x (6)	1.78
8 Benefit and Network Change Factor	1.00
9 Morbidity	0.467
10	
11	
12 Other Adjustment	1.000
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.83

1 BEP Paid and Incurred Claims	53,957
2 Completion Factor	0.993
3 BEP Completed Claims (1) / (2)	54,328
4 BEP Member Months	449,510
5 BEP Completed Claim PMPM (3) / (4)	0.12
6 Trend Factor	1.04
7 Trended Claim PMPM (5) x (6)	0.13
8 Benefit and Network Change Factor	1.00
9 Morbidity	0.467
10	
11	
12 Other Adjustment	1.000
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.0ϵ

	Expected Claim PMPM in
	Rating Period
Medical	161.00
Drug	41.59
Pediatric Dental	0.83
Pediatric Vision	0.06
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	203.48
Total Expected Incurred in Rating Period Net RA	423.42
Projected Allowed	364.53
Paid to Allowed Ratio	0.558

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Retention

	$\underline{Medical + Rx}$	<u>Dental</u>	Vision
Reinsurance Contribution	\$0.00	\$0.00	\$0.00
Risk Adjustment Fee	\$0.21	\$0.00	\$0.00
Admin PMPM	\$54.27	\$0.60	\$0.09
Broker PMPM	\$20.52	\$0.00	\$0.00
Placeholder 1	\$0.00	\$0.00	\$0.00
Placeholder 2	\$0.00	\$0.00	\$0.00
Placeholder 3	\$0.00	\$0.00	\$0.00
Quality Improvement	0.0%	0.0%	0.0%
Contingency	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.25	\$0.00	\$0.00
Insurer Tax	0.0%	0.0%	0.0%
Exchange Fee	\$0.00	\$0.00	\$0.00
Federal Income Tax	0.5%	0.5%	0.5%
Premium Tax	0.0%	0.0%	0.0%

<u>Total</u>	% of Premium
\$0.00	0.0%
\$0.21	0.0%
\$54.96	10.7%
\$20.52	4.0%
\$0.00	0.0%
\$0.00	0.0%
\$0.00	0.0%
0.0%	0.0%
2.0%	2.0%
\$0.25	0.0%
0.0%	0.0%
\$0.00	0.0%
0.5%	0.5%
0.0%	0.0%

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters

0.00%

Quarter	% of Enrollees	HIF		20	022 assessmen	2023 assessment
1	29%	0.00%		0	0.00%	0.00%
2	13%	0.00%		3	0.00%	0.00%
3	15%	0.00%		6	0.00%	0.00%
4	43%	0.00%		9	0.00%	0.00%
Г						
	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>			
	14.7%	2.0%	0.6%			
Claims	10.7%					
Broker	4.0%					
Quality Improvement	0.0%					

HIOS	53789PA0090004
Inob	Bronze HMO
Med Plan	8000/0/50
1	
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	423.42
Expected Premium PMPM *	\$512.33
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.25
Risk Adjustment Fee	0.21
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	0.00
Federal Income Tax**	2.15
MLR Adjusted Claims	\$423.42
MLR Adjusted Premium	\$509.71
Expected Member Distribution	100.0%

Unadjusted Premium	\$512.33
Expected MLR Adjusted Claims	\$423.42
Expected MLR Adjusted Premium	\$509.71

ML	R 83.1%

^{*} From Exhibit L

**21% of profit or contingency (assumed to be 2%)

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Projected Index Rate

Projected Index Rate	\$364.53				
Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	\$364.53		29%	\$364.53	\$758.54
April - June (Index 2)	\$369.93	6.1%	13%	\$370.11	\$764.13
July - September (Index 3)	\$375.41	6.1%	15%	\$375.78	\$769.80
October - December (Index 4)	\$380.97	6.1%	43%	\$381.54	\$775.55
Average for Projection Period	\$373.89			\$374.21	\$768.23

^{*} From URRT and Exhibit B

-\$219.94

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Q1 Index Rate	364.53
Paid to Allowed	0.56
Q1 Projected Claims	203.48
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-219.94
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	423.42
Q1 Market Adjusted Index Rate	758.55

Development of Exchange User Fee

Average SHOP Premium	\$0.00
Average Exchange Fee	\$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	\$0.00

Development of Risk Adjustment Projection

Projected 2024 Risk Adjustment Transfer

Projected 2022 Risk Adjustment Transfer	-\$268,315
2022 MemberMonths	1,345
Projected 2022 Risk Adjustment Payment PMPM	-\$199.49
Change in Statewide Average Premium 2024 over 2022	10.3%

Premium Neutrality
Total Premium Single Rate:

Plan Adjusted Index Rates
Expected Member Distribution

1.60 \$320.44 \$512.33 100.0% ExhibitL_RateDev

Benefit Plans

| Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Calibrate | Cali

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Calibration

Expected Average Age Factor:	1.563
List-Billed Adjustment for Max 3 Children	1.007
Adjusted Average Age Factor	1.552
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.599

ive Kating Fac	tors (Fremium Neutramy).	1.39	<u> </u>		
	A F4			Darian Frataur	
A 90	Age Factors <u>Distribution of Poplulation</u>	Aga Faatar	Dagion	Region Factors <u>Distribution of Population</u>	Eastor
<u>Age</u> 0-14	<u>Distribution of Population</u> 12.4%	Age Factor 0.7650	Region 6	44.4%	<u>Factor</u> 1.0000
15	1.1%	0.8330	7	31.6%	1.0800
16	1.1%	0.8590	9	24.0%	1.0200
17	1.0%	0.8850	9	24.070	1.0200
18		0.8630			
19	1.0%	0.9130			
20	1.1%	0.9410			
	1.2%				
21 22	1.2%	1.0000			
23	1.3%	1.0000			
	1.4%	1.0000			
24	1.5%	1.0000			
25	1.5%	1.0040			
26	1.6%	1.0240			
27	1.6%	1.0480			
28	1.7%	1.0870			
29	1.6%	1.1190			
30	1.6%	1.1350			
31	1.7%	1.1590			
32	1.9%	1.1830			
33	1.9%	1.1980			
34	1.8%	1.2140			
35	1.8%	1.2220			
36	1.7%	1.2300			
37	1.7%	1.2380			
38	1.7%	1.2460			
39	1.7%	1.2620			
40	1.8%	1.2780			
41	1.8%	1.3020			
42	1.9%	1.3250			
43	1.8%	1.3570			
44	1.7%	1.3970			
45	1.7%	1.4440			
46	1.7%	1.5000			
47	1.5%	1.5630			
48	1.8%	1.6350			
49	1.8%	1.7060			
50	1.9%	1.7860			
51	1.9%	1.8650			
52	2.0%	1.9520			
53	2.1%	2.0400			
54	2.0%	2.1350			
55	2.1%	2.2300			
56	2.1%	2.3330			
57	2.2%	2.4370			
58	2.2%	2.5480			
59	2.2%	2.6030			
60	2.2%	2.7140			
61	2.2%	2.8100			
62	2.1%	2.8730			
63	2.0%	2.9520			
64+	3.7%	3.0000			
50					

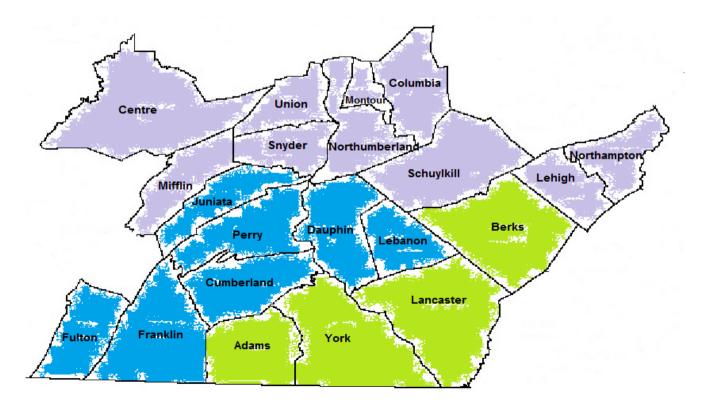
Filing 23-52

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Rating Factors

Age Factors

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

Region



<u>Region</u>	<u>Factor</u>
6	1.0000
7	1.0800
9	1.0200

<u>Network</u>	<u>Factor</u>
НМО	1.00

Exhibit P_QtlyRates

Base Rates

Base Rates

1/1/2024 - 3/31/2024

4/1/2024 - 9/30/2024

Annual Trend

 Pedatric Vision
 Total
 Medical + Rx

 \$0.09
 \$320.44
 \$324.32

RxPediatric Dental\$63.88\$0.91

 Pedatric Vision
 Total
 Medical + Rx

 \$0.10
 \$325.35
 \$329.29

Rx Pediatric Dental \$64.86 \$0.93

Medical \$259.46
 Pedatric Vision
 Total
 Medical + Rx
 Medical

 \$0.10
 \$330.33
 \$334.34
 \$267.47

 Pedatric Vision
 Total
 Medical & Rx
 Dental & Vision

 \$0.10
 \$335.39
 6.27%
 6.27%

Deductible
8000Drug Plan Desc
CombinedPediatric Dental
EmbeddedPediatric Vision
EmbeddedMedical + Rx
\$319.43Medical
\$255.55

Plan IDOn/Off ExchangeMetal LevelMetal ValuePricing ValueInduced Demand53789PA0090004Off ExchangeBronze64.8%55.8%1.00

<u>Product</u> HMO **Medical Plan Description**

Bronze HMO 8000/0/50

Combo Description

Bronze HMO 8000/0/50

Filing 23-52 5/15/2023

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Morbidity Factor Calculation

Morbidity Factor Applied
0.467

^{*}Applied to KHPC to align rates with CAAC

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 MLR Exhibit

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2019	89.27%	81.67%	1,145	1,514
2020	86.49%	80.33%	888	1,140
2021	61.43%	80.92%	1,183	766

Keystone Health Plan Central Small Group Rates Effective 1/1/2024 Claim Cost Projection

	Paid		Risk Adjustment		Exhange User Fees		Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2019	\$378.14	\$318.67	-\$10.13	-\$130.44	\$0.00	\$0.00	\$388.27	\$449.12
2020	\$166.72	\$336.90	-\$222.18	-\$88.75	\$0.00	\$0.00	\$388.90	\$425.65
2021	\$211.31	\$183.93	-\$138.16	-\$141.75	\$0.00	\$0.00	\$349.47	\$325.68
2022	\$279.26	\$320.05	-\$88.75	-\$199.49	\$0.00	\$0.00	\$368.01	\$519.54

KEYSTONE HEALTH PLAN CENTRAL

Standard Questions Small Group Rates Effective January 1, 2024

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

Answer 1. The projected membership for plan year 2024 does not significantly differ from the current 2/1/2023 membership.

Question 2 – Experience Period Claims.

- a. Please confirm that all claims which are capitated have been removed from the experience period claims.
- b. Please confirm that all non-EHB claims have been removed from the experience period claims.
- c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

Answer 2.

- a. I confirm that all claims which are capitated have been removed from the experience period claims.
- b. I confirm that all non-EHB claims have been removed from the experience period claims.
- c. Drug rebates are projected to be trended at the drug trend. This change has been reflected in the rate development in Exhibit G_PdtoAll. Paid and allowed claims are net of rebates similar to the URRT.

Ouestion 3 – COVID.

- a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.
- b. If there is a COVID adjustment other than 1.0, please provide a quantitative exhibit supporting the factor.

Answer 3.

- a. I confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. I also confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.
- b. There are no adjustments in the rate dev due to COVID.

Question 4 – Trend.

a. [SG Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.

b. [SG Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.

Answer 4.

- a. The Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate the quarterly rates in Table 5A do not differ.
- b. Because the year 1 and year 2 trends are almost identical, Capital assumes the year 3 trend will be similar to the year 1 and year 2 trends. Therefore, the trend amounts in cells K32:M32 of Table 5A can reasonably remain equal to J32.

Question 5 – Retention.

- a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.
- b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.
- c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee Renewing, Open Enrollment Enrollee New, Special Enrollment Period Enrollee New, Special Enrollment Enrollee Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.

Answer 5.

- a. I confirm that the federal income tax in calculated using a Federal Income Tax Rate of 21%.
- b. I confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for plan year 2024.
- c. N/A for Small Group

Question 6 – Pricing AVs.

- a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).
- b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

Answer 6.

- a. I confirm that the Pricing AVs were calculated using a single risk pool.
- b. Capital uses Milliman, Inc. Health Cost Guidelines Commercial Rating Structures (for active employees) to develop benefit relativities, which translate into pricing AVs.
 Below, I am pulling from Milliman's methodology description. Anything in quotations is directly from Milliman, Inc.
 - "Milliman utilizes an enrollment and utilization database of full medical and prescription drug claims experience for over 78 million lives, of which approximately 41 million lives were selected and used as the primary source in developing the [model]. Other sources

include a database of inpatient admission representing a large percentage of all admissions nationwide, retail pharmacy information, and other reference data sources." CBC adjusts nationwide data to CBC's average costs and contracting in our service area.

Capital uses the actuarial cost model noted above to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

The reference to actuarial judgment in the memorandum is a general statement to show that the model is evaluated regularly to ensure pricing relativities are reasonable. For this filing, all pricing AVs are developed in the Milliman model.

The pricing AV is calculated relative to the paid-to-allowed ratio. It is important to note that the average pricing AV in Table 10 matches the pricing AV calculated in Exhibit G, so rates are not inflated. Relativities are developed from Capital's manual cost model.

Question 7 – Expanded Bronze Plans. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.

Answer 7. Please see the following file for an exhibit which demonstrates that expanded bronze plans have been met.

"SG_23-52_Initial_KHP_HMO_ExpandedBronze_Supporting_20230517.xlsx"

Question 8 – PAAM Exhibits – Consumer Factors.

- a. Please provide quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.
- b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.

Answer 8.

- a. The proposed 2024 geographic rating area factors are unchanged from the 2023 factors.
- b. The proposed 2024 network factors are unchanged from the 2023 factors.

Question 9 – Public Health Emergency.

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

- b. Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?
- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at 100%.

Answer 9.

- a. The rate development has no adjustments due to the Public Health Emergency ending. The ending of the Public Health Emergency is expected to not impact Small Group.
- b. No adjustments were made to the morbidity assumption for Plan Year 2024.
- c. Beginning with the end of the PHE, Capital will revert to handling COVID testing by application of normal benefits and cost sharing. Coverage for OTC COVID tests will be discontinued. COVID vaccinations will be covered as part of the preventive benefit at 100%.

Ouestion 10 – MLR Exhibit.

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
 - i. Actual is the final information which was filed for the specified calendar year
 - ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)
- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

Answer 10.

a. The MLR Exhibit is below:

	MLR		Member Months		
Calendar Year	Actual	Pricing	Actual	Pricing	
2019	89.27%	81.67%	1,145	1,514	
2020	86.92%	80.33%	888	1,140	
2021	62.60%	80.92%	1,183	766	

- b. Most of the difference between actual and pricing is due to the small enrollment in KHP. For example, in 2021, KHP saw an unexpected increase in membership of approximately 50% causing a better than projected MLR.
- c. KHPC does not expect to refund any MLR rebates in the BEP.

Question 11 – Plan of Withdrawal.

a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeffery Rohaly, wrohaly@pa.gov.

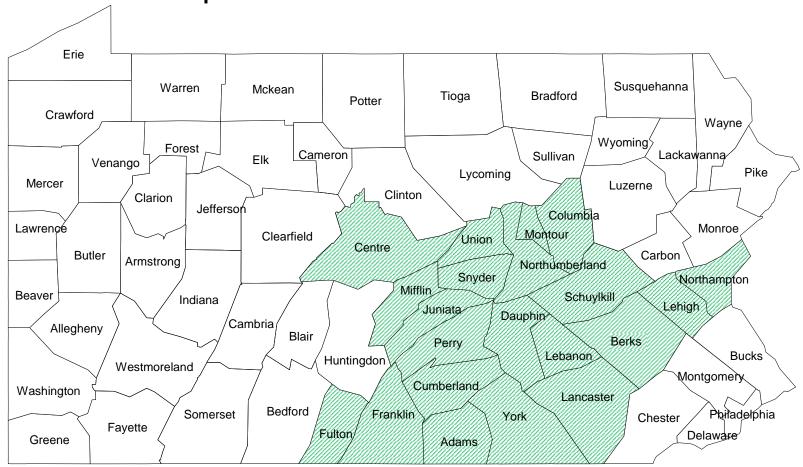
Answer 11.

a. I confirm that a Plan of Withdrawal has been submitted for discontinued plans.

2023 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

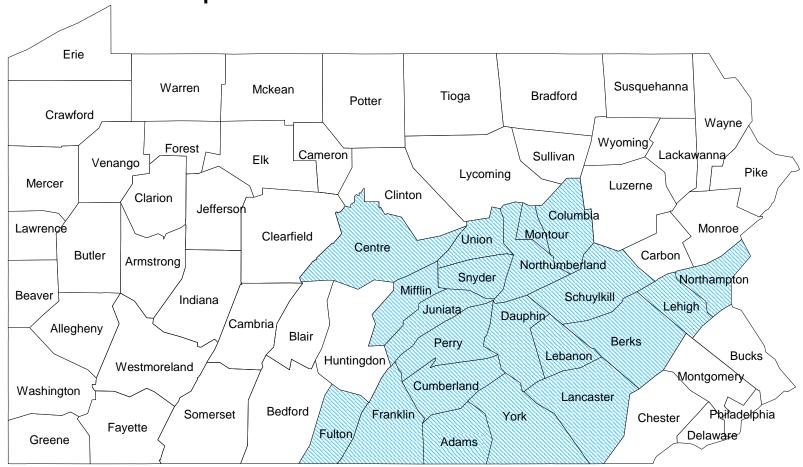
: 2023 on-exchange service area

: 2023 off-exchange only service area

2024 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

: 2024 on-exchange service area

: 2024 off-exchange only service area



June 21, 2023

Ms. Lindsi Swartz, Director Bureau of Life, Accident and Health Insurance Office of Insurance Product Regulation and Administration Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Keystone Health Plan Central

Small Group Rates Filing No 23-52

TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Swartz:

KHPC received an objection letter from the Department dated June 9, 2023. KHPC is providing the following in response to the objection letter:

• Q&A written response

All changes are due to PID requests/questions and have been disclosed in the Q&A written response.

If you have any questions regard	ing this filing, please call me at	(or via email at
) or at	
). Thank you for your assistance	in this matter.
Sincerely,		
, ASA, MAAA		
Director, Actuarial Services		
Capital Blue Cross		

Enclosures

cc: , FSA, MAAA, Senior Director, Actuarial Services , Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2024

Question 1. Column G of Table 10 of the PAAM Exhibits was left blank. Please fill in this column with the metallic tier of each plan.

Answer 1. The Metallic Tier on tab III of the PA Rate Template has been updated.

Question 2. 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.

Answer 2. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 3. The Department is interested in the issuer's estimate of the drivers of the rate change, In particular, what portion of the indicated rate change from Table 11 is due to changes in various components such as reinsurance (individual market only), utilization trend, unit cost trend, expenses, morbidity, benefits, risk adjustment, or other relevant factors?

Answer 3. The key drivers of the rate change, and approximate impact, are as follows:

- Future cost and utilization: 6.3%
- Favorable manual data 2022 claims net risk adjustment experience: -1.2%



July 14, 2023

Ms. Lindsi Swartz, Director Bureau of Life, Accident and Health Insurance Office of Insurance Product Regulation and Administration Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Keystone Health Plan Central

Small Group Rates Filing No 23-52

TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Swartz:

KHPC received an objection letter from the Department dated July 7, 2023. KHPC is providing the following in response to the objection letter:

• Q&A written response

All changes are due to PID requests/questions and have been disclosed in the Q&A written response.

If you have any questions regardi	ng this filing, please call me at at at	(or via email at a this matter.
Sincerely,		
, ASA, MAAA		
Director, Actuarial Services Capital Blue Cross		

Enclosures

cc: , FSA, MAAA, Senior Director, Actuarial Services , Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2024

Question 1. Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

- **Answer 1.** I confirm that the exhibits above have been tested to ensure that rates are identical.
- **Question 2.** Please update the 2022 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on June 30th.
- **Answer 2.** The 2022 risk adjustment amount in Table 2 has been updated to reflect the final CMS risk adjustment amounts released on June 30th.
- **Question 3.** If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.
- **Answer 3.** The projected risk adjustment amount in Table 5 will not be modified as the initial 2022 risk adjustment amount is equal to the June 30th final CMS risk adjustment amount.

Question 4. Please ensure that the 7/14/23 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 (don't forget to update the "VI Rate Change Summary" tab, if necessary)
- d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values no "NA")
- e. URRT
- f. Federal Rate Template
- g. Part III: Actuarial Memorandum
- h. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

Answer 4. I confirm that the requested information has been submitted.