SERFF Tracking #: CABC-132795960 State Tracking #: CABC-132795960 Company Tracking #: 21-63

State: Pennsylvania Filing Company: Keystone Health Plan Central

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Rates - KHPC Small Group HMO

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	SG_21-63_Initial_KHP_HMO_PublicFiling01_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling02_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling03_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling04_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling05_Supporting_20210713.pdf
Item Status:	
Status Date:	



May 18, 2021

Ms. Tracie Gray, 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 21-63

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

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2022.

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: 1/1/2022
- Average Rate Change: 4.8%
- Range of Requested Rate Change: 4.8% to 4.8%
- Total additional annual revenue generated from the proposed rate change: \$22,587
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

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

Filing 16-50 Page 2

Attachment I

Rate Change Summary

Keystone Health Plan Central (KHPC) - Small Group Plans

Rate request filing ID # CABC-132795960 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at

http://www.insurance.pa.gov/Consumers/ACARelatedFilings/

Overview

Initial requested average rate change: 4.6%¹
Revised requested average rate change: N/A¹

Range of requested rate change: 4.6% to 4.6% Effective date: 1/1/2022 Mapped Members: 89

Available in: Rating Areas 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2020-Dec. 2020 financial experience

Company made (after taxes)	\$(44,809)
Taxes & fees	\$19,186
Administrative expenses	\$79,898
Claims	\$291,529
Premiums	\$345,805

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2022:

 Claims:
 81.67%

 Administrative:
 15.70%

 Taxes & fees:
 0.63%

 Profit:
 2.00%

The company expects its annual medical costs to increase 6.52%.

Explanation of requested rate change

Future Cost and Utilization: 6.5%

Less migration of groups from ACA to ASO arrangements: -1.0% Lower 2020 risk adjustment payable amount than 2019: -0.9%

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



July 13, 2021

Ms. Tracie Gray, 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 21-63

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

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2022.

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: 1/1/2022
- Average Rate Change: 4.6%
- Range of Requested Rate Change: 4.6% to 4.6%
- Total additional annual revenue generated from the proposed rate change: \$21,634
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

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

Filing 16-50 Page 2

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2022

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789Market: Small GroupEffective Date: 1/1/2022

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

Effective Date: 1/1/2022Average Rate Change: 4.6%

• Range of Requested Rate Change: 4.6% to 4.6%

• Total additional annual revenue generated from the proposed rate change: \$21,634

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

• Current Covered Lives and Policyholders: 89/60

• 2022 Number of Plans/Change from 2021: 1/No Changes

Contract Form #: C22-KHPC-SGP

• Form Filing SERFF #: CABC-132793464

• Binder SERFF #: CABC-PA22-125107258

• HIOS Issuer ID: 53789

HIOS Submission Tracking Number: 53789-2003721964618918917

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 BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2022. 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	1/1/2018	CABC-131022144	-13.4%
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
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%

Average Rate Change

KHPC is proposing an aggregate annual 4.6% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

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

Future Cost and Utilization: 6.5%

Less migration of groups from ACA to ASO arrangements: -1.0% Lower 2020 risk adjustment payable amount than 2019: -0.9%

Please note the filing includes a COVID-19 adjustment of 1.026.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 41.

Benefit Changes 2021-2022

A summary of proposed 2022 benefits is included in Exhibit A.

There are benefit changes being implemented in 2022. 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, 2020 and December 31, 2020.

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, 2021

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).
- CBC 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 CBC'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.

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

BEP Allowed Claims

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

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/9/2021.

Loss Ratio in BEP: Loss ratio is 84.30%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC 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) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.52%

Trend levels reflect CBC'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. CBC 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 BlueCross (CBC)'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 CBC 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 CBC'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. CBC 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 CBC'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. CBC projects 3% change in morbidity due to COVID-19 claim suppression during 2020. The morbidity factor is based on the following analysis:

- 1. Gather BEP claims, membership and premium from Ib Manual Data, Table 2. This is for the filing BEP 1/1/2020-12/31/2020.
- 2. Develop Claim PMPM A using data from (1)
- 3. Gather 2019 claims, membership and premium from Ib Manual Data, Table 2 from the 2021 annual filing. This is for BEP 1/1/2019-12/31/2019. Trend the claims data 12 months to the filing BEP in (1).
- 4. Develop Claim PMPM B using data from (2)
- 5. Claim PMPM B/Claim PMPM A 1 = 3.6%
- 6. 3% is applied in rating due to market competition.

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

2. In addition to the COVID-19 morbidity change, KHPC is also applying a factor of 0.745 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.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2020 to 2022. 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 CBC'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.

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

Changes in Network: No Network change is applied.

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:

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

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

Trended Claim PMPM

```
= [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] × [Other Adjustment]
```

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the <u>Projections Factors</u> 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:

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

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:

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

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]) \div [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2022 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2022. 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. 2019-2020 risk adjustment results
- 5. Market improvement in coding risk: CBC'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 CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

The 2022 projected risk adjustment PMPM is set equal to the 2020 amount sent by the Department on 5/9/21.

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 \ 2022 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2022 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2021 \ 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:

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.25 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 CBC'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 CBC 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 BlueCross 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 CBC'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. The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement redacted version. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20210513.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_21-
 - 63_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20210513.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.4%. 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. Exchange Fee: N/A
- 2. 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 CBC. 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_21-63_Initial_KHP_HMO_List-Billed_Supporting_20210518.xlsb for the calculation.

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

Geographic factors are unchanged from 2021.

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

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using CBC'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 2017-2019 filings. Actual comes from Table 4.

Attachments and Examples

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

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

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

Broker Contracts Actuarial Value Screenshots

List-Billed Data

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 2021 Rate Filing Justification.

, ASA, MAAA

Actuarial Associate Capital BlueCross

PA Rate Template Part I

Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central	
Product(s):	HMO	
Market Segment:	Small Group	
Rate Effective Date:	1/1/2022	to
Base Period Start Date:	1/1/2020	to
Date of Most Recent Membership:	2/1/2021	

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2021)	Projected Rating Period
Average Age	41.3	38.7	38.7
Total	888	89	1,018
<18	62	9	103
18-24	90	8	92
25-29	125	13	149
30-34	26	5	57
35-39	34	5	57
40-44	112	13	149
45-49	153	12	137
50-54	74	6	69
55-59	130	11	126
60-63	30	4	46
64+	52	3	3/1

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
\$424,613.50	\$291,586.82	\$284,452.13	888	\$114,523.91	\$398,976.04	\$0.00	(\$3,945.00)	\$11,022.05	\$0.00	(\$78,809.00)	
Experience Period Total Allowed EHB Clair	ns + EHB Capitation PMPM ((net of prescription drug rebates)									\$ 457.27
Loss Ratio											84.30%
*Express Prescription Drug Rebates as a ne	gative number										

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.30%	0.00%	0.00%	5.30%	17.82%
Outpatient Hospital	5.45%	0.00%	0.00%	5.45%	36.37%
Professional	4.15%	0.00%	0.00%	4.15%	21.93%
Other Medical	5.45%	0.00%	0.00%	5.45%	2.63%
Capitation				3.00%	0.00%
Prescription Drugs	10.25%	1.40%	0.00%	11.79%	21.24%
Total Annual Trend				6.52%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.135	
* Express Cost, Utilization, Induced Utilization and Weight as	percentages				

12/31/2022 12/31/2020

** Should equal URRT Trend

Ionth-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-17		\$398,371.03	1.0000	\$ 398,371.03	976	\$ 408.17		(\$12,431.00)	\$481,295.38 \$	493.13
Feb-17		\$431,232.99	1.0000	\$ 431,232.99	954	\$ 452.03		(\$20,244.01)	\$495,288.02 \$	519.1
Mar-17		\$354,042.78	1.0000	\$ 354,042.78	956	\$ 370.34		(\$21,778.99)	\$402,093.03 \$	420.60
Apr-17		\$325,249.42	1.0000		938		-	(\$9,291.99)	\$372,537.34 \$	397.10
May-17		\$239,949.53	1.0000	· ·	905			(\$7,732.00)	\$293,365.72 \$	324.10
Jun-17		\$407,277.18	1.0000	· ·	920			(\$7,931.99)	\$447,148.17 \$	486.03
Jul-17		\$1,184,714.97	1.0000		892	•		(\$30.00)	\$1,255,123.12 \$	1,407.0
Aug-17		\$338,844.51	1.0000		875	•		(\$27.01)	\$409,356.66 \$	467.84
Sep-17		\$240,678.20	1.0000		812	-		(\$29,869.01)	\$248,810.02 \$	306.42
Oct-17		\$288,737.77	1.0000		758			\$15.99	\$331,942.37 \$	437.92
Nov-17		\$348,270.83	1.0000		709	•		(\$3.99)	\$390,534.56 \$	
Dec-17	\$4,636,084.65	\$236,000.89	1.0000		562			(\$60,381.00)	\$207,846.91 \$	369.83
Jan-18		\$146,079.64	1.0000		443	•		(\$6,246.00)	\$184,733.29 \$	417.0
Feb-18		\$64,500.17	1.0000	· · · · · · · · · · · · · · · · · · ·	438		-	(\$3,597.00)	\$93,293.53 \$	213.00
Mar-18		\$103,786.37	1.0000		429			(\$6,343.99)	\$142,305.58 \$	331.7
Apr-18		\$58,856.53	1.0000		392			(\$5,637.00)	\$70,152.37 \$	178.9
May-18		\$123,987.38	1.0000		396			(\$2,836.99)	\$157,154.32 \$	396.8
Jun-18		\$83,781.26	1.0000		372		-	(\$1,877.00)	\$106,371.32 \$	285.9
Jul-18		\$80,714.47	1.0000		301			(\$1,615.00)	\$104,718.47 \$	347.90
Aug-18		\$62,157.15	1.0000	· · · · · · · · · · · · · · · · · · ·	285		-	(\$1,896.00)	\$75,181.55 \$	263.79
Sep-18		\$43,408.12	1.0000		274			(\$1,432.00)	\$55,313.67 \$	201.8
Oct-18		\$109,487.10	1.0000	\$ 109,489.60	252			(\$981.01)	\$123,074.81 \$	488.39
Nov-18	4	\$183,576.09	0.9999		250		-	(\$1,707.99)	\$198,125.53 \$	792.50
Dec-18	\$1,853,373.80	\$91,748.67	0.9875		153			(\$888.00)	\$100,124.81 \$	654.4
Jan-19		\$106,334.34	0.9895		118			(\$2,361.00)	\$108,430.31 \$	918.90
Feb-19		\$69,027.50	0.9998		110		_	(\$260.00)	\$80,282.07 \$	729.8
Mar-19		\$33,939.26	0.9791		104			(\$472.00)	\$43,139.50 \$	
Apr-19		\$17,481.68	0.9998		105			(\$1,107.00)	\$21,149.36 \$	
May-19		\$17,010.08	0.9997		90	•		(\$317.00)	\$20,061.39 \$	
Jun-19		\$7,792.56	0.9997		87			\$0.00	\$23,202.58 \$	266.70
Jul-19		\$25,481.89	0.9996		93	•		(\$852.00)	\$37,142.64 \$	
Aug-19		\$18,886.87	0.9996		91	-		(\$425.00)	\$24,958.32 \$	
Sep-19 Oct-19		\$11,032.51	0.9995		92	-		(\$93.00)	\$17,703.81 \$	
		\$13,018.64	0.9994		91			(\$101.00)	\$17,312.22 \$	
Nov-19	¢550,000,51	\$18,924.18	0.9946		88 :		-	(\$339.00)	\$27,291.24 \$	
Dec-19	\$558,086.51	\$30,213.79	0.9983		76			(\$93.00)	\$37,560.00 \$	
Jan-20		\$16,981.21	0.9982		69			(\$451.00)	\$31,284.50 \$	
Feb-20		\$15,028.24	0.9982		69			(\$362.00)	\$19,410.12 \$	
Mar-20		\$8,945.44	0.9981		69			(\$24.00)	\$12,566.78 \$	
Apr-20		\$88,541.22	0.9959		69	•		(\$786.00)	\$95,801.30 \$	
May-20 Jun-20		\$3,470.29	0.9877		67			(\$201.00)	\$11,733.01 \$	
		\$33,063.53	0.9939		63		-	\$0.00	\$45,643.63 \$	
Jul-20		\$1,760.47	0.9966		69			(\$548.00) \$0.00	\$11,273.41 \$	
Aug-20		\$11,412.11	0.9923	· · · · · · · · · · · · · · · · · · ·	85	•		·	\$17,338.07 \$	203.98
Sep-20		\$63,158.23	0.9850		84			(\$196.00)	\$71,295.18 \$	848.7
2 : 22		640.045.04		43.630.60		A		/6224 621		207.0
Oct-20 Nov-20		\$12,345.94 \$14,183.45	0.9768 0.9648		82 S 80 S		_	(\$324.00) (\$1,053.00)	\$24,405.47 \$ \$27,412.32 \$	

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central

HMO

Small Group

1/1/2022

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
\$243,160,961.24	\$197,494,698.53	\$200,146,137.31	369,829	\$31,378,916.18	\$231,525,053.49		(\$9,413,365.99)	\$11,022.05	\$0.00	\$9,277,790.00	
Experience Period Total Allowed EH	IB Claims + EHB Capitation PMPM (net of prescription drug rebates)									\$ 600.61
Loss Ratio											75.56%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.30%	0.00%	0.00%	5.30%	17.82%
Outpatient Hospital	5.45%	0.00%	0.00%	5.45%	36.37%
Professional	4.15%	0.00%	0.00%	4.15%	21.93%
Other Medical	5.45%	0.00%	0.00%	5.45%	2.63%
Capitation				3.00%	0.00%
Prescription Drugs	10.25%	1.40%	0.00%	11.79%	21.24%
Total Annual Trend				6.52%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.135	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17		\$29,394,451.86	1.0000 \$	29,394,451.86	76,234	385.58		(\$1,042,619.00)	\$36,063,894.37 \$	47
Feb-17		\$29,617,677.13	1.0000 \$	29,617,677.13	77,116	384.07		(\$1,036,136.98)	\$35,407,797.37 \$	4!
Mar-17		\$35,077,319.14	1.0000 \$	35,077,319.14	77,690	451.50		(\$1,206,567.01)	\$41,158,167.52 \$	52
Apr-17		\$31,389,464.71	1.0000 \$	31,389,464.71	77,964	402.61		(\$1,136,522.02)	\$36,520,773.41 \$	4
May-17		\$36,055,718.56	1.0000 \$	36,055,718.56	78,157 S	461.32		(\$1,303,258.02)	\$41,369,607.05 \$	5
Jun-17	_	\$32,936,338.47	1.0000 \$	32,936,338.47	78,149	421.46		(\$1,357,783.98)	\$38,062,141.50 \$	4
Jul-17		\$33,159,991.47	1.0000 \$	33,159,991.47	78,209 S	423.99		(\$2,662.99)	\$38,765,815.75 \$	4
Aug-17	_	\$37,416,076.25	1.0000 \$	37,416,076.25	78,295			(\$5,435.99)	\$43,717,236.25 \$	5
Sep-17		\$33,270,810.40	1.0000 \$	33,270,810.40	78,589			(\$3,905,862.03)	\$35,119,945.36 \$	4
Oct-17	_	\$36,504,119.59	1.0000 \$	36,504,119.59	77,999	468.01		(\$1,838.00)	\$42,851,880.49 \$	5
Nov-17		\$37,607,028.84	1.0000 \$	37,607,028.84	77,269	486.70		\$1,136.03	\$43,369,662.90 \$	5
Dec-17	\$469,012,898.02	\$32,217,656.66	1.0000 \$	32,217,656.66	74,213	434.12	\$77,425,908.91	(\$4,568,734.01)	\$34,099,356.02 \$	4
Jan-18		\$33,363,729.87	1.0000 \$	33,363,729.87	72,082	462.86		(\$1,412,646.00)	\$39,610,201.46 \$	5
Feb-18		\$31,675,615.65	1.0000 \$	31,675,615.65	71,504	442.99		(\$1,484,666.99)	\$36,647,604.83 \$	5
Mar-18		\$34,169,282.32	1.0000 \$	34,169,282.32	70,481	484.80		(\$1,621,018.99)	\$39,177,010.50 \$	5
Apr-18		\$32,778,664.80	1.0000 \$	32,778,664.80	69,694	470.32		(\$1,543,441.01)	\$37,366,752.06 \$	5
May-18		\$33,779,606.85	1.0000 \$	33,779,606.85	68,551	492.77		(\$1,509,634.99)	\$38,334,058.77 \$	5
Jun-18		\$31,499,808.06	1.0000 \$	31,499,808.06	67,483	466.78		(\$1,465,828.01)	\$35,367,884.19 \$	Ţ.
Jul-18		\$31,759,705.39	1.0000 \$	31,759,705.39	65,758	482.98		(\$1,447,689.01)	\$35,455,249.63 \$	Ţ
Aug-18		\$33,118,106.86	1.0000 \$	33,118,106.86	64,686	511.98		(\$1,500,198.99)	\$36,927,534.14 \$	
Sep-18		\$28,336,710.90	1.0000 \$	28,336,710.90	63,198	448.38		(\$1,331,953.00)	\$31,660,816.36 \$	ļ
Oct-18		\$32,661,154.42	1.0000 \$	32,661,836.29	60,890	536.41		(\$1,431,116.98)	\$36,409,710.61 \$	Ţ
Nov-18		\$29,081,368.23	0.9999 \$	29,083,358.31	59,406	489.57		(\$1,341,739.00)	\$32,148,614.98 \$	ļ
Dec-18	\$440,902,829.00	\$23,995,851.09	0.9894 \$	24,253,237.87	48,412	500.98	\$67,284,579.76	(\$1,059,976.00)	\$27,508,896.43 \$	ָ
Jan-19		\$24,331,016.31	0.9906 \$	24,560,974.93	45,073	544.92		(\$1,170,391.00)	\$28,562,626.07 \$	ϵ
Feb-19		\$22,659,237.63	0.9999 \$	22,662,563.90	44,461	509.72		(\$1,174,879.99)	\$25,722,047.28 \$	[
Mar-19		\$23,117,842.94	0.9821 \$		43,741			(\$1,226,678.04)	\$26,723,258.51 \$	
Apr-19		\$22,001,983.01	0.9998 \$	22,007,347.06	43,130			(\$1,352,166.98)	\$24,821,832.14 \$!
May-19		\$23,211,712.27	0.9997 \$	23,217,649.98	42,847	541.87		(\$1,400,579.01)	\$25,664,245.05 \$	5
Jun-19		\$19,874,453.98	0.9997 \$	19,879,685.06	42,350	469.41		(\$1,302,287.98)	\$22,034,622.28 \$	[
Jul-19		\$24,294,430.34	0.9997 \$	24,302,402.09	41,965	579.11		(\$1,209,295.00)	\$26,816,115.95 \$	
Aug-19		\$22,516,828.21	0.9996 \$	22,525,382.03	41,467			(\$1,163,669.96)	\$24,846,072.57 \$	ļ
Sep-19		\$20,954,752.52	0.9995 \$	20,964,827.40	41,020	511.09		(\$1,157,317.01)	\$23,040,799.88 \$	Ţ
Oct-19		\$23,570,764.29	0.9994 \$	23,584,899.52	40,723	579.15		(\$1,203,542.97)	\$26,066,373.44 \$	(
Nov-19		\$20,613,805.19	0.9955 \$	20,707,894.29	40,359			(\$1,171,671.02)	\$22,680,100.29 \$	Ţ
Dec-19	\$315,455,338.05	\$20,946,589.90	0.9985 \$		39,582		\$46,463,527.81	(\$1,180,974.99)	\$23,701,806.99 \$	Ţ.
Jan-20		\$18,193,470.88	0.9984 \$		35,008			(\$669,011.99)	\$21,383,224.62 \$	(
Feb-20		\$19,560,414.54	0.9984 \$		34,110			(\$794,049.02)	\$22,268,508.30 \$	6
Mar-20		\$16,448,700.56	0.9975 \$	16,489,122.17	33,404			(\$865,432.03)	\$18,307,470.49 \$	
Apr-20		\$12,778,726.16	0.9973 \$		32,391			(\$784,782.98)	\$13,565,564.51 \$	
May-20		\$14,026,649.35	0.9834 \$	14,263,177.64	31,478			(\$694,750.02)	\$15,678,638.79 \$	
Jun-20		\$16,441,376.06	0.9952 \$		30,745			(\$712,155.97)	\$18,280,294.48 \$	
Jul-20		\$18,485,548.57	0.9931 \$	18,613,614.66	30,167			(\$853,652.98)	\$20,402,176.48 \$	(
Aug-20		\$17,362,355.11	0.9907 \$	17,525,484.73	29,896			(\$845,051.99)	\$19,318,799.59 \$	
Sep-20		\$16,544,312.57	0.9882 \$	16,741,449.31	29,340			(\$788,706.00)	\$18,428,600.29 \$	
Oct-20		\$15,987,434.80	0.9777 \$	16,352,318.80	28,656			(\$793,175.01)	\$18,018,385.80 \$	
Nov-20		\$16,077,321.45	0.9697 \$	16,580,225.90	28,088	590.30		(\$800,196.01)	\$18,096,536.89 \$	
Dec-20	\$243,160,961.24	\$15,588,388.48	0.9481 \$		26,546		\$31,378,916.18	(\$812,401.99)	\$18,374,509.31 \$	(

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

PA Rate Template Part II

Rate Development and Change

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central
HMO
Small Group
1/1/2022

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

Development of the Projected Index Rate	Actual Exp		Manual Data		
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	457.27	\$ 600.63	4 <- Actual Experience PMPM should be consistent with the Index Rate for Experience P	Period on URRT
Two year trend projection Factor	1.13	35	1.135		
Unadjusted Projected Allowed EHB Claims PMPM	\$	518.86	\$ 681.53	For Info	ormational Pu
Single Risk Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program	1.00	00	1.000	Blended B	Base Period Unadju
Change in Morbidity - All Other	0.7	70	0.770	<- See URRT Instructions Blended E	arned Premium
Total Non-Morbidity Changes	0.99	90	0.990	Blended Le	oss Ratio
Change in Demographics	1.00	00	1.000	<- See URRT Instructions	

\$ 684.17

Total Non-Morbidity Changes	0.990	0.990	
Change in Demographics	1.000	1.000	<- See URRT Instructions
Change in Network	0.990	0.990	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 395.27	\$ 519.18	
Credibility Factors	0%	100%	<- See Instructions

Total Adjusted Projected Allowed EHB Claims PMPM	\$ 395.27	\$	519.18	
Credibility Factors	0%		100%	<- See Instructions
Blended Projected EHB Claims PMPM		\$	519.18	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims				
Adjusted Projected Allowed EHB Claims PMPM	\$ 519.18	<- Inde	x Rate for Proje	ection Period on URRT
Projected Paid to Allowed Ratio	0.538			
Projected Incurred EHB Claims PMPM	\$ 279.26			
Market-wide Adjustments				
Projected Incurred Risk Adjustment PMPM	-\$88.75			
Projected Incurred Exchange User Fees PMPM	\$0.00			
Projected Incurred Reinsurance Recoveries PMPM	\$0.00			
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 368.01			
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 684.17	<- Marl	ket-Adjusted In	dex Rate
Projected Allowed Non-EHB Claims PMPM	\$0.00			
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 368.01			

Table 6. Retention

Retention Items - Express in percentages	Pero	entages	PMPM Amounts
Administrative Expenses		15.70%	\$70.7
General and Claims		10.91%	\$49.1
Agent/Broker Fees and Commissions		4.39%	\$19.7
Quality Improvement Initiatives		0.40%	\$1.8
Taxes and Fees		0.63%	\$2.8
Risk Adjustment User Fee		0.06%	\$0.2
PCORI Fee		0.04%	\$0.2
PA Premium & Other Taxes (if applicable)		0.00%	\$0.0
Federal Income Tax		0.53%	\$2.4
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.0
Profit/Contingency (after tax)		2.00%	\$9.0
Total Retention		18.34%	\$82.6
Projected Required Revenue PMPM	\$	450.64	

Table 8. Components of Rate Change

Market-Adjusted Projected Allowed Total Claims PMPM

\$ \$ \$	268.72 597.30 (225.93)	•	281.15 600.61 (225.90)		12.43 3.31	4.6%
\$ \$		•				1 20/
\$		•				1 20/
\$	(225.93)	\$	(225.90)	\$		1.2%
Ċ					0.04	0.0%
¢						
C .				_		
ک ک	371.37	Ş	374.71	\$	3.35	1.2%
\$ \$	50.88	\$ \$	50.47	\$	(0.40)	-0.2%
\$	(164.67)	-	(98.01)	-	66.67	24.8%
\$	•	<u>ې</u>	• • • • • • • • • • • • • • • • • • • •	-	•	-0.4%
\$	166.80	\$	102.94	\$	(63.86)	-23.8%
\$	-	\$	-	\$	-	0.0%
\$	-	\$	-	\$	-	0.0%
\$	422.04	\$	426.85	Ş	4.80	1.8%
		_				• ••
\$	-	\$	- /	\$	-	0.0%
\$	(204.69)	\$	· · · · · · · · · · · · · · · · · · ·			2.8%
Ş	-	\$	(0.00)	\$	(0.00)	0.0%
\$	-	\$	-	\$	-	0.0%
\$	(204.69)	Ş	(197.25)	Ş	7.44	2.8%
\$		\$, ,	-0.1%
\$		\$		\$		0.1%
\$		\$		\$		0.1%
\$	51.27	\$	51.55	\$	0.28	0.1%
	\$0.00			\$	-	0.0%
\$	268.62	\$	281.15	\$	12.52	4.7%
	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	\$ 166.80 \$ - \$ 422.04 \$ - \$ (204.69) \$ - \$ (204.69) \$ 1.40 \$ 5.37 \$ 51.27	\$ - \$ \$ \$ 422.04 \$ \$ \$ (204.69) \$ \$ \$ - \$ \$ \$ (204.69) \$ \$ 5 \$ \$ (204.69) \$ \$ \$ 5.37 \$ \$ 51.27 \$	\$ 166.80 \$ 102.94 \$ - \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$	\$ 166.80 \$ 102.94 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 166.80 \$ 102.94 \$ (63.86) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$

For Informational Purposes only - No input required.

ſ	Diameter Description of the editoria of Claimer before Normanitation	۸.	600.64	A landou Dobo of Function on Double door LIDDT
	Blended Base Period Unadjusted Claims before Normalization	\$	600.61	<- Index Rate of Experience Period on URRT
	Blended Earned Premium	\$	243,160,961.24	
	Blended Loss Ratio		75.56%	

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

Effective Date	1/1/2022	4/1/2022	7/1/2022	10/1/2022	Total S	ingle Risk Pool
# of Member Months Renewing in Quarter	344	111	144	418		1,018
Adjusted Projected Allowed EHB Claims PMPM	\$ 519.18	\$ 519.18	\$ 519.18	\$ 519.18	\$	519.18
Months of Trend	-	3	6	9		
Annual Trend	6.52%	6.52%	6.52%	6.52%		
Single Risk Pool Projected Allowed Claims	\$ 519.18	\$ 527.44	\$ 535.84	\$ 544.37	\$	532.79
Quarterly Trend Factor	1.000	1.016	1.032	1.049		1.026

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022	
Average Age Factor	1.55	4	1.560
Average Geographic Factor	1.03	5	1.028
Average Tobacco Factor	1.00	00	1.000
Average Benefit Richness (induced demand)	1.00	00	1.000
Average Network Factor	1.00	00	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$678.6	3 \$ 6	84.17
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 421.9	5 \$ 4	26.85
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 421.9	5 \$	4

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

	2021	2022	
Paid-to-Allowed	0.515	0.538	
	_		
URRT Trend (Total Applied Trend Factor)	1.137		<- URRT W1, S2
URRT Morbidity	0.610	0.770	<- URRT W1, S2
URRT "Other"	0.991	0.990	<- URRT W1, S2
Risk Adjustment	\$ 138.16	\$ 88.75	<- URRT W1, S3
Exchange User Fee	\$ -		<- URRT W1, S3
Reinsurance Recoveries	\$ -		<- URRT W1, S3
Capitation	\$ 0.30		<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.515		 <- For 2021 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjust
Benefit Richness	1.000		
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	16.56%	15.70%	
Taxes and Fees	0.52%		
Profit and/or Contingency	2.00%		
	2.00%		

PA Rate Template Part III
Table 10. Plan Rates

Calibration	Age Calibration Factor	1.560
Age Calibration Factor	1.560	
Carrier Name:	Keystone Health Plan Central Product(s):	HMO
Market Segment:	Small Group	
Market Segment:	1/1/2022	
Rate Effective Date:	1/1/2022	
Base Period Start Date	1/1/2023	
Base Period Start Date	1/1/2021	
Date of Most Recent Membership:	2/1/2021	
Date of Most Recent Membership:	2/1/2021	
Date of Most Recent Membership:	2/1/2021	
Market Adjusted Index Rate:	S 684.17	

Base Period Star	rt Date	1/1/2022 1/1/2020																						
Date of Most Re Market Adjusted	cent Membership: d Index Rate:	\$ 684.17									45 CFR Part 156.8 (d	(2) Allowable Factors								02-01-2021 Nur	nber of Covered Liv	es by Rating Area		
Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2021 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2022	1/1/2022 HIOS Plan II (If 1/1/2021 Plan	D Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange (compar On/Off or determin	y- Richness ed (induced	Benefits in addition to Provider Catastrophic	n-Funding of CSR justment Pure Premium Admin Co	Taxes & Fees (not including Profit or Exchange fees) Contingency	Total Covered Lives Mapped into 2022 Plans @ 02- 01-2021 Liv	Projected ives	2021 Calibrated 2022 Plan Adjusted Calibrated Plan Index Rate Adjusted Index PMPM Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	1 2	3 4	5 6	7 8	2022 Continu Discontin Plans 9 Total Indicat	nued/ tinued ans
Totals - Current M Total - Projected N	•						0.643 0.643		2.0			1.000 \$ 368.01 15.7% 1.000 \$ 368.01 15.7%	0.6% 2.0% 0.6% 2.0%	89 8	85	\$ 268.72 \$ 281.15	4.6%				- 31	46 -	12 89	
Transitional Plans		N/A TI	RANSITIONAL	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					- 0	,
Plan 1	53789PA0090004	HMO Bi	ronze HMO 8000/0/50	E		Bronze	0.64330943	Standard AV	Off 0.	538 1.0	00 1.000 1.000 1.000	1.000 \$368.01 15	7% 0.6% 2.0%	89	85	\$268.72 \$ 281.15	N/A 4.6% 0.0%	100.0%			31	46	12 89 1	
Plan 3												\$0.00		-		\$ -	0.0%	0.0% 0.0%					- 0	<u> </u>
Plan 4												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 5												\$0.00 \$0.00		-		\$ -	0.0% 0.0%	0.0% 0.0%					- 0 - 0	,
Plan 7												\$0.00 \$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 9												\$0.00 \$0.00		-		\$ -	0.0% 0.0%	0.0% 0.0%					- <u>0</u>	
Plan 10												\$0.00		-		\$ -	0.0%	0.0%					- 0	,
Plan 11												\$0.00 \$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 12 Plan 13												\$0.00		-		\$ -	0.0% 0.0%	0.0% 0.0%					- 0)
Plan 14												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 15												\$0.00 \$0.00 \$0.00 \$0.00 \$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 17												\$0.00		-		\$ -	0.0% 0.0%	0.0% 0.0%					- 0	,
Plan 18												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 19												\$0.00				\$ -	0.0%	0.0%					- 0	
Plan 21												\$0.00		-		\$ -	0.0%	0.0%					- 0	,
Plan 22												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 23												\$0.00		- <u>-</u>		\$ -	0.0% 0.0%	0.0%					- 0	,
Plan 25												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 26												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 27 Plan 28												\$0.00		-		\$ - \$ -	0.0%	0.0%					- 0	<u> </u>
Plan 29												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 30												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 32												\$0.00		-		\$ -	0.0%	0.0%					- 0	,
Plan 33												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 34												\$0.00		-		\$ -	0.0% 0.0%	0.0%					- 0	
Plan 36												\$0.00		- 1		\$ -	0.0%	0.0%					- 0	,
Plan 37												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 38												\$0.00 \$0.00		-		\$ -	0.0% 0.0%	0.0%					- 0)
Plan 40												\$0.00		- 1		\$ -	0.0%	0.0%					- 0	
Plan 41												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 42												\$0.00 \$0.00		-		\$ -	0.0% 0.0%	0.0%					- 0)
Plan 44												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 45												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 46 Plan 47												\$0.00 \$0.00		-		\$ - \$ -	0.0% 0.0%	0.0% 0.0%					- 0	
Plan 48												\$0.00		-		\$ -	0.0%	0.0%					- 0	
Plan 49												\$0.00		-		\$ -	0.0%	0.0%					- 0	
riaii 30												ŞU.UU		-		\$ -	0.0%	U.U7 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
1/1/2022

	Quarter 1 2021, 21-year-old Non-Tobacco Premium PMPM	Quarter 1 2022, 21-year-old Non-Tobacco Premium PMPM	Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM	Quarter 2 2022, 21-year-old Non-Tobacco Premium PMPM	Quarter 3 2022, 21-year-old Non-Tobacco Premium PMPM	Quarter 4 2022, 21-year-old Non-Tobacco Premium PMPM
Discontinued, New, Modified, Existing HIOS Plan ID (Standard 1/1/2021 Plan Plan Number Discontinued, New, Modified, Existing 1/1/2022 HIOS Plan ID (If Discontinued & Mapped) Exchange On/Off or Discontinued & Mapped) Metallic Tier Off	Average (weighted by enrollment by rating 1 2 3 4 5 6 7 8 9 area)	Average (weighted by enrollment by rating 1 2 3 4 5 6 7 8 9 area)	Average (weighted by enrollment by rating 1 2 3 4 5 6 7 8 9 area)	Average (weighted by enrollment by rating a rea)	Average (weighted by enrollment by rating area)	Average (weighted by enrollment by rating 1 2 3 4 5 6 7 8 9 area)
Totals These cells auto-fill using the data entered in Table 10. \$	- \$ - \$ - \$ - \$ - \$ 268.72 \$ 290.22 \$ - \$ 274.09 \$ 280.56	\$ - \$ - \$ - \$ - \$ - \$ 281.15 \$ 303.64 \$ - \$ 286.77 \$ 293.53	0.0% 0.0% 0.0% 0.0% 4.6% 4.6% 0.0% 4.6% 4.6%	\$ - \$ - \$ - \$ - \$ - \$ 285.62 \$ 308.47 \$ - \$ 291.34 \$ 298.20	\$ - \$ - \$ - \$ - \$ - \$ 290.17 \$ 313.39 \$ - \$ 295.98 \$ 302.95	\$ - \$ - \$ - \$ - \$ - \$ 300.69 \$ 307.78
Plan 1	\$268.72 \$290.22 \$274.09 \$ 280.56 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S	4.6% 4.6% 4.6% 4.6%	S - S - S 285.62 S 308.47 S - S 291.34 S 298.20 S - S	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	S - S - S 294.79 S 318.37 S - S 300.69 S 307.78 S - S
Plan 45 0 0 0 0 0 0 Plan 46 0 0 0 0 0 0 Plan 47 0 0 0 0 0 0 Plan 48 0 0 0 0 0 0 Plan 49 0 0 0 0 0 0 Plan 50 0 0 0 0 0 0	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -

PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

	Proj	ection Perio	d Age and	Tobacco F	actors	
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	1.000		44	1.397	1.000
19	0.941	1.000		45	1.444	1.000
20	0.970	1.000		46	1.500	1.000
21	1.000	1.000		47	1.563	1.000
22	1.000	1.000		48	1.635	1.000
23	1.000	1.000		49	1.706	1.000
24	1.000	1.000		50	1.786	1.000
25	1.004	1.000		51	1.865	1.000
26	1.024	1.000		52	1.952	1.000
27	1.048	1.000		53	2.040	1.000
28	1.087	1.000		54	2.135	1.000
29	1.119	1.000		55	2.230	1.000
30	1.135	1.000		56	2.333	1.000
31	1.159	1.000		57	2.437	1.000
32	1.183	1.000		58	2.548	1.000
33	1.198	1.000		59	2.603	1.000
34	1.214	1.000		60	2.714	1.000
35	1.222	1.000		61	2.810	1.000
36	1.230	1.000		62	2.873	1.000
37	1.238	1.000		63	2.952	1.000
38	1.246	1.000		64+	3.000	1.000
39	1.262	1.000				

^{*}PA follows the federal default age curve.

Carrier Name: Keystone Health Plan Central

Product(s):

Market Segment:

Rate Effective Date:

HMO

Small Group

1/1/2022

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	Rating Area	Rating Area Current Proposed Factor Factor		DOH Approval Date					
HMO	All	1.000	1.000	4/19/2013					

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Table B

			<u>Projected</u>	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>Membership</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	1,018	\$696,487	\$374,635	0.54	1.000	0.54	1.00	1.00
Total			1,018	696,487	374,635	0.54	1.00	0.54	1.00	1.00
PMPM				684.17	368.01					
Rate Dev II				684.17	368.01					

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7/12/2021

Company Name: Keystone Health Plan Central
(KHPC)

Market: Small Group
Product: HMO

Effective Date of Rates: January 1, 2022

Ending date of Rates:

March 31, 2022

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>		A0090004		0090004	53789PA0090004		
Plan Marketing Name =>		0 8000/0/50	Bronze HMC		Bronze HMC		
Form # =>		IPC-SGP		PC-SGP	C22-KHPC-SGP 9		
Rating Area =>		6		7			
Network =>		MO	HMO Bronze		HMO Bronze		
Metal => Deductible =>		nze Rx Combined		nze Rx Combined	\$8000 Med/Rx Combined		
Coinsurance =>		%		%	\$8000 IVIEG/1		
Copays =>		PCP/SPC/ER		PCP/SPC/ER	\$50/\$85/\$0		
OOP Maximum =>		Rx Combined		Rx Combined	\$8550 Med/F		
Pediatric Dental (Yes/No) =>		es		es	Ye		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$215.08	\$215.08	\$232.29	\$232.29	\$219.38	\$219.38	
15	\$234.20	\$234.20	\$252.93	\$252.93	\$238.88	\$238.88	
16	\$241.51	\$241.51	\$260.83	\$260.83	\$246.34	\$246.34	
17	\$248.82	\$248.82	\$268.72	\$268.72	\$253.79	\$253.79	
18	\$256.69	\$256.69	\$277.23	\$277.23	\$261.82	\$261.82	
19	\$264.56	\$264.56	\$285.73	\$285.73	\$269.85	\$269.85	
20	\$272.72	\$272.72	\$294.53	\$294.53	\$278.17	\$278.17	
21	\$281.15	\$281.15	\$303.64	\$303.64	\$286.77	\$286.77	
22	\$281.15	\$281.15	\$303.64	\$303.64	\$286.77	\$286.77	
23 24	\$281.15	\$281.15	\$303.64	\$303.64	\$286.77	\$286.77 \$286.77	
24 25	\$281.15 \$282.27	\$281.15 \$282.27	\$303.64 \$304.86	\$303.64 \$304.86	\$286.77 \$287.92	\$286.77	
26	\$287.90	\$287.90	\$310.93	\$310.93	\$293.66	\$293.66	
27	\$294.65	\$294.65	\$318.22	\$318.22	\$300.54	\$300.54	
28	\$305.61	\$305.61	\$330.06	\$330.06	\$311.72	\$311.72	
29	\$314.61	\$314.61	\$339.78	\$339.78	\$320.90	\$320.90	
30	\$319.11	\$319.11	\$344.63	\$344.63	\$325.49	\$325.49	
31	\$325.85	\$325.85	\$351.92	\$351.92	\$332.37	\$332.37	
32	\$332.60	\$332.60	\$359.21	\$359.21	\$339.25	\$339.25	
33	\$336.82	\$336.82	\$363.76	\$363.76	\$343.55	\$343.55	
34	\$341.32	\$341.32	\$368.62	\$368.62	\$348.14	\$348.14	
35	\$343.57	\$343.57	\$371.05	\$371.05	\$350.44	\$350.4	
36	\$345.81	\$345.81	\$373.48	\$373.48	\$352.73	\$352.73	
37	\$348.06	\$348.06	\$375.91	\$375.91	\$355.02	\$355.0	
38	\$350.31	\$350.31	\$378.34	\$378.34	\$357.32	\$357.3	
39	\$354.81	\$354.81	\$383.20	\$383.20	\$361.91	\$361.9	
40	\$359.31	\$359.31	\$388.05	\$388.05	\$366.50	\$366.50	
41	\$366.06	\$366.06	\$395.34	\$395.34	\$373.38	\$373.38	
42	\$372.52	\$372.52	\$402.33	\$402.33	\$379.97	\$379.9	
43 44	\$381.52 \$392.77	\$381.52 \$392.77	\$412.04 \$424.19	\$412.04 \$424.19	\$389.15 \$400.62	\$389.15 \$400.62	
45	\$405.98	\$405.98	\$424.19	\$424.19	\$414.10	\$400.6	
45	\$405.98	\$405.98	\$455.46	\$455.46	\$430.16	\$414.1	
47	\$439.44	\$439.44	\$474.59	\$474.59	\$448.23	\$448.2	
48	\$459.68	\$459.68	\$496.45	\$496.45	\$468.87	\$468.8	
49	\$479.64	\$479.64	\$518.01	\$518.01	\$489.23	\$489.23	
50	\$502.13	\$502.13	\$542.30	\$542.30	\$512.18	\$512.18	
51	\$524.34	\$524.34	\$566.29	\$566.29	\$534.83	\$534.83	
52	\$548.80	\$548.80	\$592.71	\$592.71	\$559.78	\$559.7	
53	\$573.55	\$573.55	\$619.43	\$619.43	\$585.02	\$585.0	
54	\$600.26	\$600.26	\$648.28	\$648.28	\$612.26	\$612.2	
55	\$626.96	\$626.96	\$677.12	\$677.12	\$639.50	\$639.5	
56	\$655.92	\$655.92	\$708.40	\$708.40	\$669.04	\$669.0	
57	\$685.16	\$685.16	\$739.98	\$739.98	\$698.87	\$698.8	
58	\$716.37	\$716.37	\$773.68	\$773.68	\$730.70	\$730.7	
59	\$731.83	\$731.83	\$790.38	\$790.38	\$746.47	\$746.4	
60	\$763.04	\$763.04	\$824.08	\$824.08	\$778.30	\$778.3	
61	\$790.03	\$790.03	\$853.23	\$853.23	\$805.83	\$805.83	
62	\$807.74	\$807.74	\$872.36	\$872.36	\$823.90	\$823.90	
63	\$829.95	\$829.95	\$896.35	\$896.35	\$846.55	\$846.55	
64+	\$843.44	\$843.44	\$910.92	\$910.92	\$860.31	\$860.3	

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Company Name: Keystone Health Plan Central (KHPC)

Market: Small Group

Product: HMO

Effective Date of Rates: April 1, 2022

Ending date of Rates:

June 30, 2022

HIOS Plan ID (Off Exchange)=>		0090004	53789PA		53789PA0090004		
Plan Marketing Name =>		Bronze HMO 8000/0/50 C22-KHPC-SGP		8000/0/50	Bronze HMO 8000/0/50		
Form # =>			C22-KH		C22-KHPC-SGP		
Rating Area =>	Н	<u> </u>	7 HMO		9 HMO		
Network => Metal =>		nze	Bronze \$8000 Med/Rx Combined		Bronze		
Deductible =>	_	Rx Combined			\$8000 Med/Rx Combined		
Coinsurance =>		%	38000 Wed/1		38000 Wed/1		
Copays =>	_	PCP/SPC/ER	\$50/\$85/\$0		\$50/\$85/\$0		
OOP Maximum =>		Rx Combined	\$8550 Med/F		\$8550 Med/F		
Pediatric Dental (Yes/No) =>	Y	es	Ye	es	Yes		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$218.50	\$218.50	\$235.98	\$235.98	\$222.87	\$222.8	
15	\$237.92	\$237.92	\$256.96	\$256.96	\$242.68	\$242.6	
16	\$245.35	\$245.35	\$264.98	\$264.98	\$250.25	\$250.2	
17	\$252.77	\$252.77	\$273.00	\$273.00	\$257.83	\$257.8	
18	\$260.77	\$260.77	\$281.63	\$281.63	\$265.99	\$265.9	
19	\$268.77	\$268.77	\$290.27	\$290.27	\$274.14	\$274.1	
20	\$277.05	\$277.05	\$299.22	\$299.22	\$282.59	\$282.5	
21	\$285.62	\$285.62	\$308.47	\$308.47	\$291.33	\$291.3	
22	\$285.62	\$285.62	\$308.47	\$308.47	\$291.33	\$291.3	
23	\$285.62	\$285.62	\$308.47	\$308.47	\$291.33	\$291.3	
24	\$285.62	\$285.62	\$308.47	\$308.47	\$291.33	\$291.3	
25	\$286.76	\$286.76	\$309.70	\$309.70	\$292.50	\$292.5	
26	\$292.47	\$292.47	\$315.87	\$315.87	\$298.32	\$298.	
27 28	\$299.33	\$299.33	\$323.28	\$323.28	\$305.32	\$305.	
28 29	\$310.47	\$310.47	\$335.31	\$335.31	\$316.68	\$316.	
30	\$319.61 \$324.18	\$319.61 \$324.18	\$345.18 \$350.11	\$345.18 \$350.11	\$326.00 \$330.66	\$326.0 \$330.0	
31	\$331.03	\$331.03	\$350.11	\$357.52	\$337.65	\$337.	
32	\$337.89	\$337.89	\$364.92	\$364.92	\$344.65	\$344.	
33	\$342.17	\$337.83	\$369.55	\$369.55	\$349.02	\$349.	
34	\$346.74	\$346.74	\$374.48	\$374.48	\$353.68	\$353.	
35	\$349.03	\$349.03	\$376.95	\$374.46	\$356.01	\$356.	
36	\$351.31	\$351.31	\$379.42	\$379.42	\$358.34	\$358.	
37	\$353.60	\$353.60	\$381.89	\$381.89	\$360.67	\$360.	
38	\$355.88	\$355.88	\$384.35	\$384.35	\$363.00	\$363.	
39	\$360.45	\$360.45	\$389.29	\$389.29	\$367.66	\$367.	
40	\$365.02	\$365.02	\$394.22	\$394.22	\$372.32	\$372.	
41	\$371.88	\$371.88	\$401.63	\$401.63	\$379.31	\$379.	
42	\$378.45	\$378.45	\$408.72	\$408.72	\$386.02	\$386.	
43	\$387.59	\$387.59	\$418.59	\$418.59	\$395.34	\$395.	
44	\$399.01	\$399.01	\$430.93	\$430.93	\$406.99	\$406.	
45	\$412.44	\$412.44	\$445.43	\$445.43	\$420.68	\$420.	
46	\$428.43	\$428.43	\$462.70	\$462.70	\$437.00	\$437.	
47	\$446.42	\$446.42	\$482.14	\$482.14	\$455.35	\$455.	
48	\$466.99	\$466.99	\$504.35	\$504.35	\$476.33	\$476.	
49	\$487.27	\$487.27	\$526.25	\$526.25	\$497.01	\$497.	
50	\$510.12	\$510.12	\$550.93	\$550.93	\$520.32	\$520.	
51	\$532.68	\$532.68	\$575.30	\$575.30	\$543.33	\$543.	
52	\$557.53	\$557.53	\$602.13	\$602.13	\$568.68	\$568.	
53	\$582.66	\$582.66	\$629.28	\$629.28	\$594.32	\$594.	
54	\$609.80	\$609.80 \$636.93	\$658.58	\$658.58	\$621.99	\$621.	
55	\$636.93		\$687.89	\$687.89	\$649.67	\$649.	
56 57	\$666.35	\$666.35	\$719.66 \$751.74	\$719.66 \$751.74	\$679.68	\$679. \$709.	
	\$696.06 \$727.76	\$696.06 \$727.76	\$751.74	\$751.74 \$785.98	\$709.98 \$742.31	\$709. \$742.	
58 59	\$727.76	\$727.76 \$743.47	\$785.98	\$785.98 \$802.95	\$742.31 \$758.34	\$742. \$758.	
60	\$775.17	\$775.17	\$837.19	\$837.19	\$790.68	\$758. \$790.	
61	\$802.59	\$802.59	\$866.80	\$866.80	\$818.64	\$818.	
62	\$820.59	\$820.59	\$886.23	\$886.23	\$837.00	\$837.	
63	\$843.15	\$843.15	\$910.60	\$910.60	\$860.01	\$860.0	
64+	\$856.85	\$856.85	\$925.40	\$925.40	\$873.99	\$873.9	

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Company Name: Keystone Health Plan Central
(KHPC)

Market: Small Group
Product: HMO

Effective Date of Rates: July 1, 2022

Ending date of Rates:

September 30, 2022

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA	10090004	53789PA	0090004	53789PA0090004	
Plan Marketing Name =>	Bronze HM0	8000/0/50	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C22-KH	PC-SGP	C22-KH	PC-SGP	C22-KH	PC-SGP
Rating Area =>		6		7	9	
Network =>		МО	НМО		HMO	
Metal =>		nze		nze	Bronze	
Deductible =>		Rx Combined		Rx Combined	\$8000 Med/I	
Coinsurance =>		% PCP/SPC/ER		% PCP/SPC/ER	0' \$50/\$95/\$0	
Copays => OOP Maximum =>		Rx Combined		Rx Combined	\$50/\$85/\$0 PCP/SPC/ER \$8550 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		es		es	Yesso Weay	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$221.98	\$221.98	\$239.74	\$239.74	\$226.42	\$226.42
15	\$241.71	\$241.71	\$261.05	\$261.05	\$246.55	\$246.55
16	\$249.26	\$249.26	\$269.20	\$269.20	\$254.24	\$254.24
17	\$256.80	\$256.80	\$277.34	\$277.34	\$261.94	\$261.94
18	\$264.93	\$264.93	\$286.12	\$286.12	\$270.22	\$270.22
19	\$273.05	\$273.05	\$294.89	\$294.89	\$278.51	\$278.51
20	\$281.46	\$281.46	\$303.98	\$303.98	\$287.09	\$287.09
21	\$290.17	\$290.17	\$313.38	\$313.38	\$295.97	\$295.97
22	\$290.17	\$290.17	\$313.38	\$313.38	\$295.97	\$295.97
23	\$290.17	\$290.17	\$313.38	\$313.38 \$313.38	\$295.97	\$295.97 \$295.97
24 25	\$290.17 \$291.33	\$290.17 \$291.33	\$313.38 \$314.64	\$313.38 \$314.64	\$295.97 \$297.16	\$295.97 \$297.16
26	\$297.13	\$297.13	\$320.90	\$320.90	\$303.08	\$303.08
27	\$304.10	\$304.10	\$328.43	\$328.43	\$310.18	\$310.18
28	\$315.41	\$315.41	\$340.65	\$340.65	\$321.72	\$321.72
29	\$324.70	\$324.70	\$350.68	\$350.68	\$331.19	\$331.19
30	\$329.34	\$329.34	\$355.69	\$355.69	\$335.93	\$335.93
31	\$336.31	\$336.31	\$363.21	\$363.21	\$343.03	\$343.03
32	\$343.27	\$343.27	\$370.73	\$370.73	\$350.14	\$350.14
33	\$347.62	\$347.62	\$375.43	\$375.43	\$354.58	\$354.58
34	\$352.27	\$352.27	\$380.45	\$380.45	\$359.31	\$359.31
35	\$354.59	\$354.59	\$382.95	\$382.95	\$361.68	\$361.68
36	\$356.91	\$356.91	\$385.46	\$385.46	\$364.05	\$364.05
37	\$359.23	\$359.23	\$387.97	\$387.97	\$366.42	\$366.42
38	\$361.55	\$361.55	\$390.48	\$390.48	\$368.78	\$368.78
39	\$366.19	\$366.19	\$395.49	\$395.49	\$373.52	\$373.52
40 41	\$370.84 \$377.80	\$370.84 \$377.80	\$400.50 \$408.03	\$400.50 \$408.03	\$378.25 \$385.36	\$378.25 \$385.36
42	\$384.48	\$377.80	\$415.23	\$415.23	\$392.16	\$392.16
43	\$393.76	\$393.76	\$425.26	\$425.26	\$401.64	\$401.64
44	\$405.37	\$405.37	\$437.80	\$437.80	\$413.47	\$413.47
45	\$419.01	\$419.01	\$452.53	\$452.53	\$427.39	\$427.39
46	\$435.26	\$435.26	\$470.08	\$470.08	\$443.96	\$443.96
47	\$453.54	\$453.54	\$489.82	\$489.82	\$462.61	\$462.61
48	\$474.43	\$474.43	\$512.38	\$512.38	\$483.92	\$483.92
49	\$495.03	\$495.03	\$534.63	\$534.63	\$504.93	\$504.93
50	\$518.24	\$518.24	\$559.70	\$559.70	\$528.61	\$528.61
51	\$541.17	\$541.17	\$584.46	\$584.46	\$551.99	\$551.99
52	\$566.41	\$566.41	\$611.72	\$611.72	\$577.74	\$577.74
53	\$591.95	\$591.95	\$639.30	\$639.30	\$603.79	\$603.79
54	\$619.51	\$619.51	\$669.07	\$669.07	\$631.90	\$631.90
55	\$647.08	\$647.08	\$698.85	\$698.85	\$660.02	\$660.02
56 57	\$676.97	\$676.97 \$707.14	\$731.12 \$763.72	\$731.12 \$763.72	\$690.51	\$690.51 \$721.29
57 58	\$707.14 \$739.35	\$707.14	\$763.72	\$763.72	\$721.29 \$754.14	\$721.29 \$754.14
58 59	\$739.35 \$755.31	\$739.35 \$755.31	\$798.50 \$815.74	\$798.50 \$815.74	\$754.14 \$770.42	\$754.14 \$770.42
60	\$787.52	\$787.52	\$850.52	\$850.52	\$803.27	\$803.27
61	\$815.38	\$815.38	\$880.61	\$880.61	\$831.69	\$831.69
62	\$833.66	\$833.66	\$900.35	\$900.35	\$850.33	\$850.33
63	\$856.58	\$856.58	\$925.11	\$925.11	\$873.71	\$873.71
64+	\$870.50	\$870.50	\$940.14	\$940.14	\$887.91	\$887.91

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Company Name: Keystone Health Plan Central
(KHPC)

Market: Small Group

Product: HMO

Effective Date of Rates: October 1, 2022

Ending date of Rates:

December 31, 2022

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>		0090004	53789PA		53789PA0090004		
Plan Marketing Name =>	Bronze HM0		Bronze HMC		Bronze HMO 8000/0/50		
Form # =>		PC-SGP	C22-KH		C22-KHPC-SGP 9		
Rating Area =>		6	7				
Network =>		MO	НМО		HMO Bronze		
Metal => Deductible =>		nze Rx Combined	\$8000 Med/Rx Combined		\$8000 Med/Rx Combined		
Coinsurance =>		%	\$8000 IVIEU/I		\$8000 IVIEG/F		
Copays =>		PCP/SPC/ER	\$50/\$85/\$0		\$50/\$85/\$0		
OOP Maximum =>		Rx Combined	\$8550 Med/I		\$8550 Med/F		
Pediatric Dental (Yes/No) =>		es	Y		Ye		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$225.51	\$225.51	\$243.56	\$243.56	\$230.02	\$230.02	
15	\$245.56	\$245.56	\$265.20	\$265.20	\$250.47	\$250.47	
16	\$253.22	\$253.22	\$273.48	\$273.48	\$258.29	\$258.29	
17	\$260.89	\$260.89	\$281.76	\$281.76	\$266.11	\$266.11	
18	\$269.14	\$269.14	\$290.67	\$290.67	\$274.53	\$274.53	
19	\$277.40	\$277.40	\$299.59	\$299.59	\$282.95	\$282.95	
20	\$285.95	\$285.95	\$308.82	\$308.82	\$291.67	\$291.67	
21	\$294.79	\$294.79	\$318.37	\$318.37	\$300.69	\$300.69	
22	\$294.79	\$294.79	\$318.37	\$318.37	\$300.69	\$300.69	
23	\$294.79	\$294.79	\$318.37	\$318.37	\$300.69	\$300.69	
24 25	\$294.79 \$295.97	\$294.79 \$295.97	\$318.37 \$319.65	\$318.37 \$319.65	\$300.69 \$301.89	\$300.69 \$301.89	
26	\$301.86	\$301.86	\$326.01	\$326.01	\$307.90	\$307.90	
27	\$308.94	\$308.94	\$333.66	\$333.66	\$315.12	\$315.12	
28	\$320.44	\$320.44	\$346.07	\$346.07	\$326.85	\$326.85	
29	\$329.87	\$329.87	\$356.26	\$356.26	\$336.47	\$336.47	
30	\$334.59	\$334.59	\$361.35	\$361.35	\$341.28	\$341.28	
31	\$341.66	\$341.66	\$368.99	\$368.99	\$348.49	\$348.49	
32	\$348.74	\$348.74	\$376.64	\$376.64	\$355.71	\$355.71	
33	\$353.16	\$353.16	\$381.41	\$381.41	\$360.22	\$360.22	
34	\$357.88	\$357.88	\$386.51	\$386.51	\$365.03	\$365.03	
35	\$360.23	\$360.23	\$389.05	\$389.05	\$367.44	\$367.44	
36	\$362.59	\$362.59	\$391.60	\$391.60	\$369.84	\$369.84	
37	\$364.95	\$364.95	\$394.15	\$394.15	\$372.25	\$372.25	
38	\$367.31	\$367.31	\$396.69	\$396.69	\$374.65	\$374.65	
39	\$372.02	\$372.02	\$401.79	\$401.79	\$379.47	\$379.47	
40	\$376.74	\$376.74	\$406.88	\$406.88	\$384.28	\$384.28	
41 42	\$383.82	\$383.82	\$414.52	\$414.52	\$391.49	\$391.49	
	\$390.60	\$390.60	\$421.84	\$421.84	\$398.41	\$398.41	
43 44	\$400.03 \$411.82	\$400.03 \$411.82	\$432.03 \$444.77	\$432.03 \$444.77	\$408.03 \$420.06	\$408.03 \$420.06	
45	\$411.82	\$411.82	\$459.73	\$459.73	\$420.06	\$434.19	
46	\$442.18	\$442.18	\$477.56	\$477.56	\$454.13	\$451.03	
47	\$460.76	\$460.76	\$497.62	\$497.62	\$469.97	\$469.97	
48	\$481.98	\$481.98	\$520.54	\$520.54	\$491.62	\$491.62	
49	\$502.91	\$502.91	\$543.14	\$543.14	\$512.97	\$512.97	
50	\$526.49	\$526.49	\$568.61	\$568.61	\$537.02	\$537.02	
51	\$549.78	\$549.78	\$593.77	\$593.77	\$560.78	\$560.78	
52	\$575.43	\$575.43	\$621.46	\$621.46	\$586.94	\$586.94	
53	\$601.37	\$601.37	\$649.48	\$649.48	\$613.40	\$613.40	
54	\$629.38	\$629.38	\$679.73	\$679.73	\$641.96	\$641.96	
55	\$657.38	\$657.38	\$709.97	\$709.97	\$670.53	\$670.53	
56	\$687.75	\$687.75	\$742.76	\$742.76	\$701.50	\$701.50	
57	\$718.40	\$718.40	\$775.88	\$775.88	\$732.77	\$732.77	
58	\$751.12	\$751.12	\$811.21	\$811.21	\$766.15	\$766.1	
59	\$767.34	\$767.34	\$828.73	\$828.73	\$782.69	\$782.69	
60	\$800.06	\$800.06	\$864.06	\$864.06	\$816.06	\$816.06	
61	\$828.36	\$828.36	\$894.63	\$894.63	\$844.93	\$844.93	
62	\$846.93	\$846.93	\$914.69	\$914.69	\$863.87	\$863.87	
63 64+	\$870.22 \$884.36	\$870.22 \$884.36	\$939.84 \$955.11	\$939.84 \$955.11	\$887.62 \$902.06	\$887.62 \$902.06	

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

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

Company Name Keystone Health Plan Central (KHPC)
Market Small Group
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

	RATING AREA 6							RATING AF	REA 7			RATING AREA 9	1												
	02-01-2021 Number of Cove	red Lives by Ra	ting County		1	0	20	0	0	6	4	0	0	0	0	12	26	8	4	7	1	0	0	0	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA0090004	Bronze HMO 8000/0/50	нмо	Bronze	Off	\$281.15	\$281.15	\$281.15	5 \$281.15	\$281.15	\$281.15	\$281.15	\$281.15	\$281.15	\$281.15	\$303.64	\$303.64	\$303.64	\$303.64	\$286.77	\$286.77	\$286.77	\$286.77	\$286.77	\$286.77	\$286.77

	 			_					
B	C	D	E	F	G	Н		J	K L M N O P Q R
Unified Rate Review v5.3									To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + S
							_		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + I
Company Legal Name:	Keystone Health Plan Central						State:	PA	To validate, select the Validate button or Ctrl + Shift + I.
HIOS Issuer ID:	53789						Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.
Effective Date of Rate Change(s):	1/1/2022								
Market Level Calculations (Same for a	all Plans)								
Section I: Experience Period Data									
Experience Period:	Г	1/1/2020	to 12	2/31/2020					
·	-	7 - 1	<u>Total</u>	<u>PMPM</u>					
Allowed Claims			\$406,053.09	\$457.27					
Reinsurance			\$0.00	\$0.00					
Incurred Claims in Experience Period			\$291,529.18	\$328.30					
Risk Adjustment			-\$78,809.00 \$424.613.50	-\$88.75					
Experience Period Premium Experience Period Member Months			\$424,613.50 888	\$478.17					
Experience remountember Months			088						
Section II: Projections									
		Year	l Trend	Year 2 Trei	nd				
Panafit Catagory	Experience Period Index					Trended EHB Allowed Claims			
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM	_		
npatient Hospital	\$103.56	1.054		1.052	1.000	\$114.8			
Outpatient Hospital	\$195.47	1.056		1.053	1.000	\$217.3			
Professional	\$110.83	1.049		1.034	1.000	\$120.2			
Other Medical	\$4.37 \$12.41	1.056 1.030		1.053 1.030	1.000 1.000	\$4.8 \$13.1			
Capitation Prescription Drug	\$30.63	1.103		1.104	1.015				
Total	\$457.27		2.020	2,20 ,	1.010	\$508.7			
						,			
Morbidity Adjustment				0.770					
Demographic Shift				1.000					
Plan Design Changes				1.000					
Other		- *- *		0.990					
Adjusted Trended EHB Allowed Claim	s PMPM for	1/1/2022		\$387.78					
Manual EHB Allowed Claims PMPM			-	\$510.18					
Applied Credibility %				\$519.18 0.00%					
					Projected Period Totals				
Projected Index Rate for		1/1/2022		\$519.18	\$528,525.24				
Reinsurance				\$0.00	\$0.00				
Risk Adjustment Payment/Charge				-\$164.99	-\$167,959.82				
Exchange User Fees				0.00%	\$0.00				
Market Adjusted Index Rate				\$684.17	\$696,485.06				
Projected Member Months			1	1,018					
1 Tojected Member Months				1,010					
Information Not Releasable to th	ne Public Unless Authorized by	law. This information has not be	en nublically disclosed and may be prive	ileged and confidential. It is for intern	al government use only and mu	st not he disseminated distribu	ited or coni	ed to nersons not	authorized to receive the information. Unauthorized disclosure may result in
information Not Releasable to th	ie Public Unless Authorized by	Law: This information has not be	en publically disclosed and may be priv	ileged and confidential. It is for intern prosecution to the full		st not be disseminated, distribi	itea, or copi	ed to persons not a	authorized to receive the information. Unauthorized disclosure may result in

Product-Plan Data Collection

Keystone Health Plan Central Company Legal Name: HIOS Issuer ID: 53789

Effective Date of Rate Change(s): 1/1/2022

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

HMO 39PA009
200 4 000
SERUUS
ronze HMO
PA0090004
Bronze
0.643
Renewing
HMO
No
1/1/2022
4.62%
1.62%
1.62%

Worksheet 1 Totals	Section II: Experience Period and Current Pla	an Level Information	
	2.1 Plan ID (Standard Component ID)	Total	53789PA0090004
\$406,053	2.2 Allowed Claims	\$406,053	\$406,053
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$114,524	\$114,524
	2.5 Cost Sharing Reduction	\$0	\$0
\$291,529	2.6 Incurred Claims	\$291,529	\$291,529
-\$78,809	2.7 Risk Adjustment Transfer Amount	-\$78,809	-\$78,809
\$424,614	2.8 Premium	\$424,614	\$424,614
888	2.9 Experience Period Member Months	888	888
	2.10 Current Enrollment	89	89
	2.11 Current Premium PMPM	\$436.66	\$436.66
	2.12 Loss Ratio	84.30%	84.30%
	Per Member Per Month		
	2.13 Allowed Claims	\$457.27	\$457.27
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$128.97	\$128.97
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$328.30	\$328.30
	2.18 Risk Adjustment Transfer Amount	-\$88.75	-\$88.75
	2.19 Premium	\$478.17	\$478.17

Sec	tion	III:	Plan	Αdjι	ustment	Facto

3.1 Plan ID (Standard Component ID)	53789PA0090004
3.2 Market Adjusted Index Rate	\$684.17
3.3 AV and Cost Sharing Design of Plan	0.5379
3.4 Provider Network Adjustment	1.0000
3.5 Benefits in Addition to EHB	1.0000
Administrative Costs	
3.6 Administrative Expense	15.70%
3.7 Taxes and Fees	0.63%
3.8 Profit & Risk Load	2.00%
3.9 Catastrophic Adjustment	1.0000
3.10 Plan Adjusted Index Rate	\$450.61

3.11 Age Calibration Factor	0.6411	0.6411
3.12 Geographic Calibration Factor	0.9731	0.9731
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$281.12

Section IV: Projected Plan Level Information

4.15 Incurred Claims

4.17 Premium

4.16 Risk Adjustment Transfer Amount

4.1 Plan ID (Standard Component ID)	Total	53789PA0090004
4.2 Allowed Claims	\$528,523	\$528,523
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$244,235	\$244,235
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$284,288	\$284,288
4.7 Risk Adjustment Transfer Amount	-\$90,346	-\$90,346
4.8 Premium	\$458,748	\$458,748
4.9 Projected Member Months	1,018	1,018
4.10 Loss Ratio	77.17%	77.17%
Per Member Per Month		
4.11 Allowed Claims	\$519.18	\$519.18
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$239.92	\$239.92
4.14 Cost Sharing Reduction	\$0.00	\$0.00

\$279.26 -\$88.75

\$450.64

\$279.26

-\$88.75 \$450.64 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.

State: To validate, select the Validate button or Ctrl + Shift + I. Small Group Market:

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 Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. Select only the Rating Areas you are offering plans within and add a factor for each area.

To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

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, 2022

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789Market: Small GroupEffective Date: 1/1/2022

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

Effective Date: 1/1/2022Average Rate Change: 4.6%

• Range of Requested Rate Change: 4.6% to 4.6%

• Total additional annual revenue generated from the proposed rate change: \$21,634

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

• Current Covered Lives and Policyholders: 89/60

• 2022 Number of Plans/Change from 2021: 1/No Changes

Contract Form #: C22-KHPC-SGP

• Form Filing SERFF #: CABC-132793464

• Binder SERFF #: CABC-PA22-125107258

• HIOS Issuer ID: 53789

HIOS Submission Tracking Number: 53789-2003721964618918917

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 BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2022. 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	1/1/2018	CABC-131022144	-13.4%
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
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%

Average Rate Change

KHPC is proposing an aggregate annual 4.6% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

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

Future Cost and Utilization: 6.5%

Less migration of groups from ACA to ASO arrangements: -1.0% Lower 2020 risk adjustment payable amount than 2019: -0.9%

Please note the filing includes a COVID-19 adjustment of 1.026.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 41.

Benefit Changes 2021-2022

A summary of proposed 2022 benefits is included in Exhibit A.

There are benefit changes being implemented in 2022. 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, 2020 and December 31, 2020.

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, 2021

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).
- CBC 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 CBC'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.

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

BEP Allowed Claims

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

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/9/2021.

Loss Ratio in BEP: Loss ratio is 84.30%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC 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) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.52%

Trend levels reflect CBC'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. CBC 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 BlueCross (CBC)'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 CBC 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 CBC'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. CBC 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 CBC'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. CBC projects 3% change in morbidity due to COVID-19 claim suppression during 2020. The morbidity factor is based on the following analysis:

- 1. Gather BEP claims, membership and premium from Ib Manual Data, Table 2. This is for the filing BEP 1/1/2020-12/31/2020.
- 2. Develop Claim PMPM A using data from (1)
- 3. Gather 2019 claims, membership and premium from Ib Manual Data, Table 2 from the 2021 annual filing. This is for BEP 1/1/2019-12/31/2019. Trend the claims data 12 months to the filing BEP in (1).
- 4. Develop Claim PMPM B using data from (2)
- 5. Claim PMPM B/Claim PMPM A 1 = 3.6%
- 6. 3% is applied in rating due to market competition.

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

2. In addition to the COVID-19 morbidity change, KHPC is also applying a factor of 0.745 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.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2020 to 2022. 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 CBC'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.

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

Changes in Network: No Network change is applied.

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:

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

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

Trended Claim PMPM

```
= [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] × [Other Adjustment]
```

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the <u>Projections Factors</u> 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:

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

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:

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

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]
- $+ [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]$

Projected Incurred Risk Adjustments PMPM:

Relevant to 2022 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2022. 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. 2019-2020 risk adjustment results
- 5. Market improvement in coding risk: CBC'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 CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

The 2022 projected risk adjustment PMPM is set equal to the 2020 amount sent by the Department on 5/9/21.

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 \ 2022 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2022 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2021 \ 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:

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.25 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 CBC'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 CBC 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 BlueCross 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 CBC'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. The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement redacted version. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20210513.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_21-
 - 63_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20210513.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.4%. 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. Exchange Fee: N/A
- 2. 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 CBC. 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_21-63_Initial_KHP_HMO_List-Billed_Supporting_20210518.xlsb for the calculation.

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

Geographic factors are unchanged from 2021.

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

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using CBC'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 2017-2019 filings. Actual comes from Table 4.

Attachments and Examples

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

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

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

Broker Contracts Actuarial Value Screenshots

List-Billed Data

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 2021 Rate Filing Justification.

, ASA, MAAA

Actuarial Associate
Capital BlueCross



KEYSTONE HEALTH PLAN CENTRAL RFJ Part II – Consumer Friendly Justification

Rate Increase Considerations: Changes being requested are based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- o Slowing migration to non-ACA group coverage options
- o Anticipated risk adjustment transfer amounts
- o Anticipated increase in facility and physician unit costs
- o Anticipated changes in prescription drug unit costs
- o Continuing change in utilization such as
 - Intensity of medical services rendered
 - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - Further migration from brand prescription drugs to generic prescription drugs
 - Favorable impacts of value based benefits designs
- o Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- o Inflation adjustment to administrative expenses

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53789PA0090004		No Preference	23	281.15
53789PA0090004 53789PA0090004		No Preference No Preference	24	281.15 282.27
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53789PA0090004	Rating Area 6	No Preference	45	405.98
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Rate Expiration Date*	6/30/2022 Age-Based Rates			
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53789PA0090004 Rating Area 7	No Preference	56	731.12
53789PA0090004 Rating Area 7	No Preference	57	763.72
53789PA0090004 Rating Area 7	No Preference	58	798.50
53789PA0090004 Rating Area 7	No Preference	59	815.74
53789PA0090004 Rating Area 7	No Preference	60	850.52
53789PA0090004 Rating Area 7	No Preference	61	880.61
53769FA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	62	900.35
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		15	246.55
53789PA0090004 Rating Area 9	No Preference	16	254.24
53789PA0090004 Rating Area 9	No Preference	17	261.94
53789PA0090004 Rating Area 9	No Preference	18	270.22
53789PA0090004 Rating Area 9	No Preference	19	278.51
53789PA0090004 Rating Area 9	No Preference	20	287.09
53789PA0090004 Rating Area 9	No Preference	21	295.97
53789PA0090004 Rating Area 9	No Preference	22	295.97
53789PA0090004 Rating Area 9	No Preference	23	295.97
53789PA0090004 Rating Area 9	No Preference	24	295.97
53789PA0090004 Rating Area 9	No Preference	25	297.16
53789PA0090004 Rating Area 9	No Preference	26	303.08
53789PA0090004 Rating Area 9	No Preference	27	310.18
53789PA0090004 Rating Area 9	No Preference	28	321.72
53789PA0090004 Rating Area 9	No Preference	29	331.19
53789PA0090004 Rating Area 9	No Preference	30	335.93
53789PA0090004 Rating Area 9	No Preference	31	343.03
53789PA0090004 Rating Area 9	No Preference	32	350.14
53789PA0090004 Rating Area 9	No Preference	33	354.58
53789PA0090004 Rating Area 9	No Preference	34	359.31
53789PA0090004 Rating Area 9	No Preference	35	361.68
53789PA0090004 Rating Area 9	No Preference	36	364.05
53789PA0090004 Rating Area 9	No Preference	37	366.42
53789PA0090004 Rating Area 9	No Preference	38	368.78
53789PA0090004 Rating Area 9	No Preference	39	373.52
53789PA0090004 Rating Area 9	No Preference	40	378.25
53789PA0090004 Rating Area 9	No Preference	41	385.36
53789PA0090004 Rating Area 9	No Preference	42	392.16
53789PA0090004 Rating Area 9	No Preference	43	401.64
53789PA0090004 Rating Area 9	No Preference	44	413.47
53789PA0090004 Rating Area 9	No Preference	45	427.39
53789PA0090004 Rating Area 9	No Preference	46	443.96
53789PA0090004 Rating Area 9	No Preference	47	462.61
53789PA0090004 Rating Area 9	No Preference	48	483.92
53789PA0090004 Rating Area 9	No Preference	49	504.93
53789PA0090004 Rating Area 9	No Preference	50	528.61
53789PA0090004 Rating Area 9	No Preference	51	551.99
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o de la companya de	No Preference		631.90
53789PA0090004 Rating Area 9	No Preference	55	660.02
53789PA0090004 Rating Area 9	No Preference	56	690.51
53789PA0090004 Rating Area 9	No Preference	57	721.29
53789PA0090004 Rating Area 9	No Preference	58	754.14
53789PA0090004 Rating Area 9	No Preference	59	770.42
53789PA0090004 Rating Area 9	No Preference	60	803.27
53789PA0090004 Rating Area 9	No Preference	61	831.69
53789PA0090004 Rating Area 9	No Preference	62	850.33
53789PA0090004 Rating Area 9	No Preference	63	873.71
53789PA0090004 Rating Area 9	No Preference	64 and over	887.91

	If you are not in a community ratio	g state, select Age-Based Rates under Rating	n Method and provide an Individual Rate	for every age hand
	-	obacco User, you must give a rate for Tobacc	· · · · · · · · · · · · · · · · · · ·	Tor every age band.
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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-To No Preference enrollee on a pl
53789PA0090004	Rating Area 6	No Preference	0-14	
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53789PA0090004		No Preference	62	
53789PA0090004	•	No Preference	63	8
53789PA0090004		No Preference	64 and over	
53789PA0090004		No Preference	0-14	2
53789PA0090004 53789PA0090004		No Preference No Preference	15	
53789PA0090004 53789PA0090004		No Preference No Preference	16	
53789PA0090004 53789PA0090004		No Preference	18	
53789PA0090004	•	No Preference	19	
53789PA0090004		No Preference	20	
53789PA0090004	Rating Area 7	No Preference	21	;
53789PA0090004		No Preference	22	;
53789PA0090004 53789PA0090004	_	No Preference	23	;
53789PA0090004 53789PA0090004		No Preference No Preference	24 25	
53789PA0090004 53789PA0090004		No Preference	25	,
53789PA0090004		No Preference	27	
53789PA0090004		No Preference	28	
53789PA0090004	Rating Area 7	No Preference	29	
53789PA0090004		No Preference	30	,
53789PA0090004		No Preference	31	;
53789PA0090004		No Preference	32	
53789PA0090004 53789PA0090004		No Preference	33	;
53789PA0090004 53789PA0090004		No Preference No Preference	34	;
53789PA0090004 53789PA0090004		No Preference No Preference	35	
53789PA0090004 53789PA0090004		No Preference	37	
53789PA0090004	•	No Preference	38	
53789PA0090004		No Preference	39	
53789PA0090004	Rating Area 7	No Preference	40	
53789PA0090004		No Preference	41	
53789PA0090004	•	No Preference	42	
53789PA0090004	•	No Preference	43	
53789PA0090004 53789PA0090004		No Preference No Preference	44	
53789PA0090004 53789PA0090004		No Preference No Preference	45	
53769PA0090004 53789PA0090004		No Preference	47	
53789PA0090004		No Preference	48	
53789PA0090004	_	No Preference	49	
53789PA0090004	Rating Area 7	No Preference	50	
53789PA0090004		No Preference	51	Į.
53789PA0090004		No Preference	52	
53789PA0090004	•	No Preference	53	
53789PA0090004	Doting Area 7	No Preference		

52790DA0000004 Poting Area 7	No Preference	EG	740.76
53789PA0090004 Rating Area 7	No Preference	56 57	742.76
53789PA0090004 Rating Area 7	No Preference	58	775.88 811.21
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7			
	No Preference	59	828.73
53789PA0090004 Rating Area 7	No Preference	60	864.06
53789PA0090004 Rating Area 7	No Preference	61	894.63
53789PA0090004 Rating Area 7	No Preference	62	914.69
53789PA0090004 Rating Area 7	No Preference	63	939.84
53789PA0090004 Rating Area 7	No Preference	64 and over	955.11
53789PA0090004 Rating Area 9	No Preference	0-14	230.02
53789PA0090004 Rating Area 9	No Preference	15	250.47
53789PA0090004 Rating Area 9	No Preference	16	258.29
53789PA0090004 Rating Area 9	No Preference	17	266.11
53789PA0090004 Rating Area 9	No Preference	18	274.53
53789PA0090004 Rating Area 9	No Preference	19	282.95
53789PA0090004 Rating Area 9	No Preference	20	291.67
53789PA0090004 Rating Area 9	No Preference	21	300.69
53789PA0090004 Rating Area 9	No Preference	22	300.69
53789PA0090004 Rating Area 9	No Preference	23	300.69
53789PA0090004 Rating Area 9	No Preference	24	300.69
53789PA0090004 Rating Area 9	No Preference	25	301.89
53789PA0090004 Rating Area 9	No Preference	26	307.90
53789PA0090004 Rating Area 9	No Preference	27	315.12
53789PA0090004 Rating Area 9	No Preference	28	326.85
53789PA0090004 Rating Area 9	No Preference	29	336.47
53789PA0090004 Rating Area 9	No Preference	30	341.28
53789PA0090004 Rating Area 9	No Preference	31	348.49
53789PA0090004 Rating Area 9	No Preference	32	355.71
53789PA0090004 Rating Area 9	No Preference	33	360.22
53789PA0090004 Rating Area 9	No Preference	34	365.03
53789PA0090004 Rating Area 9	No Preference	35	367.44
53789PA0090004 Rating Area 9	No Preference	36	369.84
53789PA0090004 Rating Area 9	No Preference	37	372.25
53789PA0090004 Rating Area 9	No Preference	38	374.65
53789PA0090004 Rating Area 9	No Preference	39	379.47
53789PA0090004 Rating Area 9	No Preference	40	384.28
53789PA0090004 Rating Area 9	No Preference	41	391.49
53789PA0090004 Rating Area 9	No Preference	42	398.41
53789PA0090004 Rating Area 9	No Preference	43	408.03
53789PA0090004 Rating Area 9	No Preference	44	420.06
53789PA0090004 Rating Area 9	No Preference	45	434.19
53789PA0090004 Rating Area 9	No Preference	45	451.03
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	40	469.97
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference		
		48	491.62
53789PA0090004 Rating Area 9	No Preference	49	512.97
53789PA0090004 Rating Area 9	No Preference	50	537.02
53789PA0090004 Rating Area 9	No Preference	51	560.78
53789PA0090004 Rating Area 9	No Preference	52	586.94
53789PA0090004 Rating Area 9	No Preference	53	613.40
53789PA0090004 Rating Area 9	No Preference	54	641.96
53789PA0090004 Rating Area 9	No Preference	55	670.53
53789PA0090004 Rating Area 9	No Preference	56	701.50
53789PA0090004 Rating Area 9	No Preference	57	732.77
53789PA0090004 Rating Area 9	No Preference	58	766.15
53789PA0090004 Rating Area 9	No Preference	59	782.69
53789PA0090004 Rating Area 9	No Preference	60	816.06
53789PA0090004 Rating Area 9	No Preference	61	844.93
53789PA0090004 Rating Area 9	No Preference	62	863.87
53789PA0090004 Rating Area 9	No Preference	63	887.62
53789PA0090004 Rating Area 9	No Preference	64 and over	902.06

SMALL GROUP 1-50 PORTFOLIO

Changes	Plan Name	HIG	OS ID	Deductible	Coinsurance	Out-of-Pocket	PCP	Specialist	Emergency	Urgent	IP Hospital	Hi-Tech Imaging	Lab	OP Surgery	Small Group: Rx \$0	Small Group: Rx \$250 (brand only deductible)
				(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		
										В	RONZE PRODUCTS					
nges	Bronze HMO 8000/0/50	53789P	A0090004	\$8,000	0%	\$8,550	\$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

			AV	Prici	ng AV	Meta	al Level	HRA	Amount	Deducti	ble: Tier 1	Deductil	ble: Tier 2	Coinsurar	nce: Tier 1	Coinsura	nce: Tier 2	MC	OOP	PCP:	Tier 1	PCP:	ier 2
Line On/Off Exchange New/Existing HIOS Med Description	Rx Description	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38 Off-Exchange Existing 53789PA0090004 Bronze HMO 8000/0/50	Combined	63.5%	64.3%	51.5%	53.8%	Bronze	Bronze	0	0	8,000	8,000	8,000	8,000	0%	0%	0%	0%	8,550	8,550	50	50	50	50

			SPC:	Tier 1	SPC:	: Tier 2	ı	R	ı	JC	IP Hosp Co	pay Per Day	Hi-Tech	Imaging	Low End	Imaging	Lab: T	ier 1	Lab: ⁻	Tier 2	OP Surg	;: Tier 1
Line On/Off Exchange New/Existing HIOS	Med Description	Rx Description	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38 Off-Exchange Existing 53789PA0090004 Bronze	HMO 8000/0/50	Combined	D/0	85	D/0	85	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	D/50	D/50	D/100	D/85	D/0	D/0

		OP Surg:	Tier 2	Rx	Ded	Rx Gen - De	ed Applies?	Rx Ge	n Pref	Rx Gen N	on-Pref	Rx Brar	nd Pref	Rx Brand I	Non-Pref	Rx Specialty	Coin Tier 1	Rx Specialty	/ Max Tier 1	Rx Specialty	/ Coin Tier 2	Rx Specialty	/ Max Tier 2
Line On/Off Exchange New/Existing HIOS Med Description	Rx Description	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38 Off-Exchange Existing 53789PA0090004 Bronze HMO 8000/0/50	Combined	D/0	D/0	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%	0	0

			Rx Gen F	ref Coins	Rx Gen Non	-Pref Coins	Rx Brand	Pref Coin	Rx Brand No	on-Pref Coins	Rx Gen Pre	f Mail Copay	Rx Gen Non-P	ref Mail Copay	Rx Brand Pre	ef Mail Copay	Rx Brand Non-P	ref Mail Copay
Line On/Off Exchange New/Existing HIOS	Med Description	Rx Description	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38 Off-Exchange Existing 53789PA0090004 Bron	ze HMO 8000/0/50	Combined	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0	0	0

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

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Benefit Mix Changes

Benefit Mix Calculation	
	M 1G DMDM
	Manual Cost PMPM
Average in Experience Period	339.58
Average in Rating Period	218.46
Benefit Mix Adjustment	0.643

BEP Manual Cost Calcul	339.58	369,829
HIOC 14 Digit	Manual Cost	DED MM
HIOS 14 Digit 45127PA0130001	<u>PMPM</u> 329.28	<u>BEP MM</u> 96
45127PA0130001 45127PA0130002	329.28	96 196
45127PA0130002 45127PA0130003		190
45127PA0130005 45127PA0130004	285.19	80 101
45127PA0130004 45127PA0130005	297.07	0
	329.28 339.51	0
45127PA0130006 45127PA0130007	285.19	0
45127PA0130007 45127PA0130008	297.07	0
45127PA0130008 45127PA0010054	396.82	
45127PA0010054 45127PA0010055		11,712
45127PA0010055 45127PA0010057	404.51 387.71	23,929
45127PA0010057 45127PA0010058	395.69	6,932
45127PA0010038 45127PA0010069	393.69	11,070 652
45127PA0010070 45127PA0010084	319.72	2,412
	353.35	11,538
45127PA0010085 45127PA0010089	362.65	32,604
45127PA0010089 45127PA0010090	332.72	19,544
45127PA0010090 45127PA0010116	342.84 367.13	65,799
		9,629
45127PA0010117	375.89	23,922
45127PA0010124	312.69	13,868
45127PA0010131	298.49	12,725
45127PA0010132	309.97	20,892
45127PA0010135	243.29	10,256
45127PA0010143	310.59	10,911
45127PA0010144	319.72	31,699
45127PA0010161	347.48	5,246
45127PA0010170	290.97	11,984
45127PA0010184	284.28	5,776
45127PA0010185	296.26	8,608
45127PA0010186	279.20	2,907
45127PA0010187	291.37	3,657
45127PA0010188	333.35	3
45127PA0010189	343.46	697
45127PA0010190	318.33	539
45127PA0010191	329.10	452
45127PA0010192	311.49	406
45127PA0010193	317.72	207
45127PA0010194	323.66	2,433
45127PA0010195	334.15	4,485
45127PA0010196	346.08	0
45127PA0010197	311.63	0
45127PA0010198	322.53	0
45127PA0010199	277.28	0
45127PA0010200	362.65	0
45127PA0010201	312.69	0
45127PA0010202	309.97	0
53789PA0090004	218.46	888
82795PA0130001	344.64	974

14

Exhibit D_BenMix

Projected 2022 Manual C	218.46	1,018 Proj Member
HIOS 14 Digit	Total	<u>Dist</u>
53789PA0090004	218.46	1,018

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Network Mix Changes

Projected MemberMonths	1,018	100.0%	0.990
	MM	Dist	Network Factor
НМО	1,018	100.0%	0.99
BEP MemberMonths	369,829	100.0%	1.000
PPO	368,468	99.6%	1.00
EPO	473	0.1%	0.90
HMO	888	0.2%	0.99

82795

PPO

Data					
Market	Issuer	Product	Product ID	HIOS ID	Plan Name
SG	45127	EPO	45127PA013	45127PA0130001	Gold Valley Advantage EPO 2000/0/20 Rx 250
SG	45127	EPO	45127PA013	45127PA0130002	Gold Valley Advantage EPO 2000/0/20 Rx 0
SG	45127	EPO	45127PA013	45127PA0130003	Silver Valley Advantage EPO 5000/0/35 Rx 250
SG	45127	EPO	45127PA013	45127PA0130004	Silver Valley Advantage EPO 5000/0/35 Rx 0
SG	45127	EPO	45127PA013	45127PA0130005	Gold Capital Advantage EPO 2000/0/20 Rx 250
SG	45127	EPO	45127PA013	45127PA0130006	Gold Capital Advantage EPO 2000/0/20 Rx 0
SG	45127	EPO	45127PA013	45127PA0130007	Silver Capital Advantage EPO 5000/0/35 Rx 250
SG	45127	EPO	45127PA013	45127PA0130008	Silver Capital Advantage EPO 5000/0/35 Rx 0
SG	45127	PPO	45127PA001	45127PA0010054	Platinum PPO 0/0/15 Rx 250
SG	45127	PPO	45127PA001	45127PA0010055	Platinum PPO 0/0/15 Rx 0
SG	45127	PPO	45127PA001	45127PA0010057	Platinum PPO 250/0/15 Rx 250
SG	45127	PPO	45127PA001	45127PA0010058	Platinum PPO 250/0/15 Rx 0
SG	45127	PPO	45127PA001	45127PA0010069	Gold PPO HRA 3500/0/35 - 700 Rx 250
SG	45127	PPO	45127PA001	45127PA0010070	Gold PPO HRA 3500/0/35 - 700 Rx 0
SG	45127	PPO	45127PA001	45127PA0010084	Gold PPO 1000/0/25 Rx 250
SG	45127	PPO	45127PA001	45127PA0010085	Gold PPO 1000/0/25 Rx 0
SG	45127	PPO	45127PA001	45127PA0010089	Gold PPO 2000/0/20 Rx 250
SG	45127	PPO	45127PA001	45127PA0010090	Gold PPO 2000/0/20 Rx 0
SG	45127	PPO	45127PA001	45127PA0010116	Gold PPO 500/0/25 Rx 250
SG	45127	PPO	45127PA001	45127PA0010117	Gold PPO 500/0/25 Rx 0
SG	45127	PPO	45127PA001	45127PA0010124	Silver QHDHP PPO 2750/0/25
SG	45127	PPO	45127PA001	45127PA0010131	Silver PPO 4000/0/45 Rx 250
SG	45127	PPO	45127PA001	45127PA0010132	Silver PPO 4000/0/45 Rx 0
SG	45127	PPO	45127PA001	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0
SG	45127	PPO	45127PA001	45127PA0010143	Silver PPO 3500/0/45 Rx 250
SG	45127	PPO	45127PA001	45127PA0010144	Silver PPO 3500/0/45 Rx 0
SG	45127	PPO	45127PA001	45127PA0010161	Gold QHDHP PPO 1500/0/10
SG	45127	PPO	45127PA001	45127PA0010170	Silver QHDHP PPO 3500/0/25
SG	45127	PPO	45127PA001	45127PA0010184	Silver PPO 5000/0/40 Rx 250
SG	45127	PPO	45127PA001	45127PA0010185	Silver PPO 5000/0/40 Rx 0
SG	45127	PPO	45127PA001	45127PA0010186	Silver PPO 6000/0/35 Rx 250
SG	45127	PPO	45127PA001	45127PA0010187	Silver PPO 6000/0/35 Rx 0
SG	45127	PPO	45127PA001	45127PA0010188	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 250
SG	45127	PPO	45127PA001	45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 0
SG	45127	PPO	45127PA001	45127PA0010190	Gold PPO 2000/20/20 Rx 250
SG	45127	PPO	45127PA001	45127PA0010191	Gold PPO 2000/20/20 Rx 0
SG	45127	PPO	45127PA001	45127PA0010192	Silver PPO 5000/20/35 Rx 250
SG	45127	PPO	45127PA001	45127PA0010193	Silver PPO 5000/20/35 Rx 0
SG	45127	PPO	45127PA001	45127PA0010194	Gold PPO 3000/0/15 Rx 250
SG	45127	PPO	45127PA001	45127PA0010195	Gold PPO 3000/0/15 Rx 0
SG	45127	PPO	45127PA001	45127PA0010196	Gold Simple PPO 0/0/25
SG	45127	PPO	45127PA001	45127PA0010197	Gold PPO Choice 3000/0/30 Rx 250
SG	45127	PPO	45127PA001	45127PA0010198	Gold PPO Choice 3000/0/30 Rx 0
SG	45127	PPO	45127PA001	45127PA0010199	Silver QHDHP-E PPO 4500/0/10
SG	45127	PPO	45127PA001	45127PA0010200	Gold Performance PPO 1000/0/20 Rx 0
SG	45127	PPO	45127PA001	45127PA0010201	Silver QHDHP Performance PPO 2750/0/15
SG	45127	PPO	45127PA001	45127PA0010202	Silver Performance PPO 4000/0/25 Rx 0
SG	53789	НМО	53789PA009	53789PA0090004	Bronze HMO 8000/0/50
			1		

82795PA013 82795PA0130001

Gold PPO 0/0/20 Rx 500

15

369	,829		1,018	
	MM			
BEP	P	rojected		Network
96		0		0.9
196		0		0.9
80		0		0.9
101		0		0.9
0		0		0.9
0		0		0.9
0		0		0.9
0		0		0.9
11712		0		1
23929		0		1
6932		0		1
11070		0		1
652		0		1
2412		0		1
11538		0		1
32604		0		1
19544		0		1
65799		0		1
9629		0		1
23922		0		1
13868		0		1
12725		0		1
20892		0		1
10256		0		1
10911		0		1
31699		0		1
5246		0		1
11984		0		1
5776		0		1
8608		0		1
2907		0		1
3657		0		1
3		0		1
697		0		1
539		0		1
452		0		1
406		0		1
207		0		1
2433		0		1
4485		0		1
0		0		1
0		0		1
0		0		1
0		0		1
0		0		1
0		0		1
0		0		1
888		1018		0.99
974		0		1

Keystone Health Plan Central Small Group Rates Effective 1/1/2022

Trend

Trend by Service Category
Year 2

		Year 1			Year 2					
<u>Category</u>	<u>Cost</u>	<u>Util</u>	Induced Demand	Cost	<u>Util</u>	Induced Demand	Total Year 1	Total Year 2	<u>Weights</u>	Total Weights
Inpatient Hospital	5.40%	0.00%	0.00%	5.20%	0.00%	0.0%	5.4%	5.2%	23%	18%
Outpatient Hospital	5.60%	0.00%	0.00%	5.30%	0.00%	0.0%	5.6%	5.3%	46%	36%
Professional	4.90%	0.00%	0.00%	3.40%	0.00%	0.0%	4.9%	3.4%	28%	22%
Other Medical	5.60%	0.00%	0.00%	5.30%	0.00%	0.0%	5.6%	5.3%	3%	3%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	10.10%	1.30%	0.00%	10.40%	1.50%	0.0%	11.5%	12.1%	100%	21%
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	6.7%						
Medical	5.4%						
Drug	11.5%						
Agg Med + Rx Trend	6.7%						
Dental and Vision	2.0%						

Aggregate Pricing Trend Year 2						
Total	6.3%					
Medical	4.7%					
Drug	12.1%					
Agg Med + Rx Trend	6.3%					
Dental and Vision	2.0%					

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Year 1 Raw Trends*	
--------------------	--

	Year 1 Raw Trends*				Year 2 Ra	w Trends*		
URRT Categories	<u>Cost</u>	<u>Utilization</u>	Induced Demand	<u>Composite</u>	<u>Cost</u>	<u>Utilization</u>	Induced Demand	Composite
Inpatient Hospital	5.1%	0.0%	0.0%	5.1%	4.9%	0.0%	0.0%	4.9%
Outpatient Hospital	5.3%	0.0%	0.0%	5.3%	5.0%	0.0%	0.0%	5.0%
Professional	4.6%	0.0%	0.0%	4.6%	3.1%	0.0%	0.0%	3.1%
Other Medical	5.3%	0.0%	0.0%	5.3%	5.0%	0.0%	0.0%	5.0%
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%
Prescription Drugs	9.8%	1.3%	0.0%	11.1%	10.1%	1.5%	0.0%	11.8%
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

	Medical	<u>Dru</u>	g
Intensity	0.0%	Contracting	0.0%
Leveraging	0.30%	Leveraging	0.30%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.30%	Total	0.30%

Keystone Health Plan Central Small Group Rates Effective 1/1/2022

Credibility Manual Development for URRT

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Experience Period Member Months

369,829

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	\$	107.01	1.054	1.000	1.052	1.000	118.65 \$	38,872,403	\$ 39,575,610	\$ 107.01
Outpatient Hospital	\$	218.44	1.056	1.000	1.053	1.000	242.90 \$	68,020,496	\$ 80,786,689	\$ 218.44
Professional	\$	131.74	1.049	1.000	1.034	1.000	142.89 \$	37,686,510	\$ 48,721,863	\$ 131.74
Other Medical	\$	15.81	1.056	1.000	1.053	1.000	17.58 \$	4,879,674	\$ 5,848,460	\$ 15.81
Capitation	\$	0.03	1.030	1.000	1.030	1.000	0.03 \$	11,022	\$ 11,022	\$ 0.03
Prescription Drug	\$	127.57	1.101	1.013	1.104	1.015	159.43 \$	41,273,688	\$ 47,179,065	\$ 127.57
Total	\$	600.60					681.49			\$ 600.60

^{*} All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC) Morbidity 0.770

Other
Change in Demographics 1.0000
Change in Network 0.9900
Change in Benefits 1.0000
Change in Other 1.0000
Projected Index Rate 519.16

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Paid to Allowed Ratio Development

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 Medical Rate Development

 Base Experience Period:
 1/1/2020-12/31/2020

 Data as of
 2/28/2021

 Rating Period:
 1/1/2022 - 12/31/2022

 Trend Months:
 24

 Trend:
 5.4%

Drug Rate Development						
Base Experience Period:	1/1/2020-12/31/2020					
Data as of	2/28/2021					
Rating Period:	1/1/2022 - 12/31/2022					
Trend Months:	24					
Trend:	11.5%					

Pediatric Dental Rate Development						
Base Experience Period:	1/1/2020-12/31/2020					
Data as of	2/28/2021					
Rating Period:	1/1/2022 - 12/31/2022					
Trend Months:	24					
Trend:	2.0%					

Pediatric Vision Rate Deve	elopment
Base Experience Period:	1/1/2020-12/31/2020
Data as of	2/28/2021
Rating Period:	1/1/2022 - 12/31/2022
Trend Months:	24
Trend:	2.0%

1 Medical Paid and Incurred Claims + ACA Payments	146,225,490
2 Completion Factor	0.98
3 BEP Completed Claims (1) / (2)	148,840,757
4 BEP Member Months	369,829
5 BEP Completed Claim PMPM (3) / (4)	402.46
6 Trend Factor	1.11
7 Trended Claim PMPM (5) x (6)	446.76
8 Benefit Change Factor and Network	0.637
9 Morbidity	0.770
10 Capitation	11,022
11 Capitation PMPM	0.03
12 Other Adjustment	1.000
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	218.98

Helid.	11.370
1 BEP Paid and Incurred Claims	50,685,447
2 Completion Factor	1.000
3 BEP Completed Claims (1) / (2)	50,687,054
4 BEP Member Months	369,829
5 BEP Completed Claim PMPM (3) / (4)	137.06
6 Trend Factor	1.24
7 Trended Claim PMPM (5) x (6)	170.49
8 Benefit Change Factor	0.643
9 Morbidity	0.770
10 Rx Rebates	9,413,366
11 Rx Rebates PMPM	25.45
12 Other Adjustment	1.000
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	58.94

BEP Paid and Incurred Claims	523,366
Completion Factor	0.921
BEP Completed Claims (1) / (2)	568,480
BEP Member Months	369,829
BEP Completed Claim PMPM (3) / (4)	1.54
Trend Factor	1.04
Trended Claim PMPM (5) x (6)	1.60
Benefit Change Factor	1.00
Morbidity	0.770
Other Adjustment	1.000
Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	1.23

1	BEP Paid and Incurred Claims	49,373
2	Completion Factor	0.991
3	BEP Completed Claims (1) / (2)	49,846
4	BEP Member Months	369,829
5	BEP Completed Claim PMPM (3) / (4)	0.13
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	0.14
8	Benefit Change Factor	1.00
9	Morbidity	0.770
10		
11		
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.11

	Expected Claim PMPM in
	Rating Period
Medical	218.98
Drug	58.94
Pediatric Dental	1.23
Pediatric Vision	0.11
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	279.26
Total Expected Incurred in Rating Period Net RA	368.01
Projected Allowed	519.18
Paid to Allowed Ratio	0.538

*Other Adjustment is for Rx Contracting

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Retention

	$\underline{\text{Medical} + \text{Rx}}$	<u>Dental</u>	<u>Vision</u>
Reinsurance Contribution	\$0.00	\$0.00	\$0.00
Risk Adjustment Fee	\$0.25	\$0.00	\$0.00
Admin PMPM	\$48.49	\$0.60	\$0.09
Broker PMPM	\$19.79	\$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	0.4%	0.4%	0.4%
Contingency	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.20	\$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%			
\$0.25	0.1%			
\$49.18	10.9%			
\$19.79	4.4%			
\$0.00	0.0%			
\$0.00	0.0%			
\$0.00	0.0%			
0.4%	0.4%			
2.0%	2.0%			
\$0.20	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	34%	0.00%		0	0.00%	0.00%
2	11%	0.00%		3	0.00%	0.00%
3	14%	0.00%		6	0.00%	0.00%
4	41%	0.00%		9	0.00%	0.00%
				_		
	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>			
	15.7%	2.0%	0.6%			
Claims	10.9%					
Broker	4.4%					
Quality Improvement	0.4%		19			

HIOS	53789PA0090004
	Bronze HMO
Med Plan	8000/0/50
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	368.01
Expected Premium PMPM *	\$450.64
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20
Risk Adjustment Fee	0.25
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	1.80
Federal Income Tax**	1.89
MLR Adjusted Claims	\$369.81
MLR Adjusted Premium	\$448.30
Expected Member Distribution	100.0%

Unadjusted Premium	\$450.64
Expected MLR Adjusted Claims	\$369.81
Expected MLR Adjusted Premium	\$448.30

MLR	82.5%

^{*} From Exhibit L

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

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Projected Index Rate

Projected Index Rate	\$519.18				
Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	\$519.18		34%	\$519.18	\$684.17
April - June (Index 2)	\$527.63	6.7%	11%	\$527.44	\$692.44
July - September (Index 3)	\$536.22	6.7%	14%	\$535.84	\$700.84
October - December (Index 4)	\$544.95	6.7%	41%	\$544.37	\$709.37
Average for Projection Period	\$533.10			\$532.79	\$697.79

^{*} From URRT and Exhibit B

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Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Market Adjusted Index Rate

Development of Market Adjusted Index Rate

519.18
0.54
279.26
0.00
-88.75
0.00
368.01
684.17

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 2022 Risk Adjustment Transfer

Projected 2020 Risk Adjustment Payment PMPM

Projected 2022 Risk Adjustment Transfer	-\$88.75
Projected 2020 Risk Adjustment Transfer	-\$78,809
2020 MemberMonths	888

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-\$88.75

Adjustment for Network	1.000
Adjustment for Induced Demand	1.000
Rate Development by Benefit Option	Off Exchange
Level of Coverage	Bronze
HIOS	53789PA0090004
Med Plan Name:	Bronze HMO 8000/0/50
Rx:	Combined
Network:	HMO
HRA	N
Q1 Market Adjusted Index Rate	684.17
AV and Cost Sharing Adjustment	0.54
Network	1.000
Induced Demand	1.000
Total Projected Claims PMPM + Market Level Adjustments:	368.01
Retention	
Admin PMPM	\$49.18

Adjustment for Network	1.000
Adjustment for Induced Demand	1.000
Rate Development by Benefit Option	Off Exchange
Level of Coverage	Bronze
HIOS	53789PA0090004
Med Plan Name:	Bronze HMO 8000/0/50
Rx:	Combined
Network:	НМО
HRA	N
Q1 Market Adjusted Index Rate	684.17
Q1 Warket Augusted flues Rate	004.17
AV and Cost Sharing Adjustment	0.54
Network	1.000
Induced Demand	1.000
Total Projected Claims PMPM + Market Level Adjustments:	368.01
Retention	
Admin PMPM	\$49.18
Broker PMPM	\$19.79
Risk Adjustment User Fee	\$0.25
PCORTF	\$0.20
Placeholder1	\$0.00
Placeholder2	\$0.00
Premium Tax	0.0%
Federal Income Tax	0.5%
Insurer Tax	0.0%
Contingency	2.0%
Quality Improvement	0.4%
	3,
Premium Neutrality	1.60
Total Premium Single Rate:	\$281.15
Plan Adjusted Index Rates	\$450.64
Expected Member Distribution	100.0%
Zipette Atemor Distribution	100.070
	\$68.97
Admin	15.7%
Taxes	0.6%
2000-0	0.070

| Calibrate | Cali

7/12/2021

Exhibit M_PlanAdjInd

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Calibration

Expected Average Age Factor:	1.571
List-Billed Adjustment for Max 3 Children	1.007
Adjusted Average Age Factor	1.560
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.603

	Age Factors	
<u>Age</u>	Distribution of Poplulation	Age Factor
0-14	12.8%	0.7650
15	1.0%	0.8330
16	1.0%	0.8590
17	1.1%	0.8850
18	1.0%	0.9130
19	1.1%	0.9410
20	1.1%	0.9700
21	1.4%	1.0000
22	1.4%	1.0000
23	1.3%	1.0000
24	1.4%	1.0000
25	1.6%	1.0040
26	1.6%	1.0240
27	1.6%	1.0480
28	1.5%	1.0870
29	1.7%	1.1190
30	1.8%	1.1350
31	1.6%	1.1590
32	1.7%	1.1830
33	1.7%	1.1980
34	1.6%	1.2140
35	1.6%	1.2220
36	1.7%	1.2300
37	1.7%	1.2380
38	1.7%	1.2460
39	1.8%	1.2620
40	1.7%	1.2780
41	1.8%	1.3020
42	1.6%	1.3250
43	1.6%	1.3570
44	1.8%	1.3970
45	1.5%	1.4440
46	1.7%	1.5000
47	1.7%	1.5630
48	1.8%	1.6350
49	1.8%	1.7060
50	2.0%	1.7860
51	2.1%	1.8650
52	2.1%	1.9520
53	2.1%	2.0400
54	2.1%	2.1350
55	2.2%	2.2300
56	2.3%	2.3330
57 58	2.2%	2.4370
	2.2%	2.5480
59 60	2.3%	2.6030
60	2.3%	2.7140
61	2.2%	2.8100
62	2.1%	2.8730
63	2.1%	2.9520
64+	3.5%	3.0000

Region Factors				
Region	Distribution of Population	<u>Factor</u>		
6	49.6%	1.0000		
7	29.2%	1.0800		
9	21.2%	1.0200		

7/12/2021

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Exhibit N_Calibration

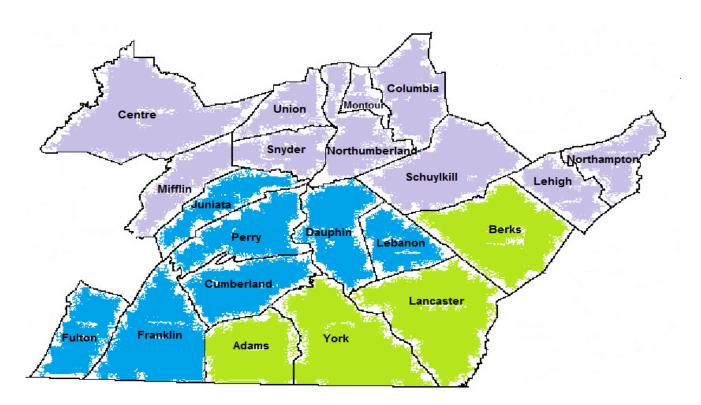
Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Rating Factors

Age Factors

<u>Age</u>	Premium Ratio	<u>Age</u>	Premium Ratio	<u>Age</u>	Premium Ratio	Age	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

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Region



Region Property of the Region Region	<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 | Bas

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Keystone Health Plan Central Small Group Rates Effective 1/1/2022 Morbidity Factor Calculation

From Ib Manual Data Table 2

	Earned Premium		Ultimate Incurred Claims Member Months		Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment	
I	\$	243,160,961.24	\$ 200,146,137.31	369,829	\$ (9,413,365.99)	\$ 11,022.05	\$ 9,277,790.00	

	Premium Incurred C PMPM PMPM			RA	PMPM	Loss Ratio*
\$	657.50	\$	515.76	\$	25.09	75.6%

2019 BEP from 2021 Annual Filing

	Earned Premium		Ultimate Incurred	Member Months	Total Prescription	Total EHB	Risk Adjustment
			Claims	Wielliber Wiolitis	Drug Rebates*	Capitation	Kisk Aujustillelit
	\$ 315,438,7	722.74	\$ 269,696,701.86	506,640	\$ (14,153,272.73)	\$ 11,448.50	\$ 16,258,847.00

F	Premium PMPM	urred Clm PMPM	RA PMPM		Loss Ratio*	
\$	622.61	\$ 504.41	\$	32.09	77.0%	

	BEP Start	BEP End	BEP MidPoint
Annual Filing BEP (pre-COVID)	1/1/2019	12/31/2019	7/2/2019
New BEP (w COVID)	1/1/2020	12/31/2020	7/1/2020
	Trend Months		12
	Total Claims Trend		6.3%
	Rx Trend for Rebates		12.1%
	Capitation Trend		3%

2019 BEP Trended to New BEP

Earned Premium	Ultimate Incurred	Member Months	Total Prescription	Total EHB	Risk Adjustment	
Earneu Preimum	Claims	Weiliber Worths	Drug Rebates*	Capitation	Risk Adjustment	
\$ 333,113,599.54	\$ 286,688,433.43	506,640	\$ (15,859,591.29)	\$ 11,705.14	\$ 16,258,847.00	

Premium		Incurred Clm		RA PMPM		Loss	
PMPM		PMPM				Ratio*	
\$	657.50	\$	534.58	\$	32.09	77.5%	

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^{*}Loss Ratio net of risk adjustment

		COVID Morbidity		Morbidity Factor
Change in Incurred Claims	Change in LR	Factor	Addl Factor*	Applied
3.6%	2.6%	1.026	0.750	0.770

^{*}Note that the additional factor varies with projected risk adjustment transfer amount. This factor assumes KHPC membership less risky than CAAC (majority of the BEP), resulting in a large risk adjustment transfer payment.

^{*}Loss Ratio net of risk adjustment

Keystone Health Plan Central Small Group Rates Effective 1/1/2022 MLR Exhibit

	MLR	Member	Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2017	100.47%	84.00%	10,257	10,812
2018	85.27%	79.65%	3,985	11,580
2019	89.25%	81.67%	1,145	1,514

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June 25, 2021

Ms. Tracie Gray, 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 21-63

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

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated June 10, 2021. KHPC is providing the following in response to the objection letter:

- Q&A written response
- O&A exhibits
- Trend leveraging calculation workbook
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised rates (PA and Federal templates)
- Revised memos Actuarial, Cover Letter, Rate Change Summary

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 1: Correction to Rate/Rule Schedule tab: Last Filing
- Question 5: Change to Exhibit Q, additional morbidity factor
- Question 5: Change to Table 5, add network factor
- Question 9: Correction to Table 6, Retention, Administrative Expenses, General and Claims
- Question 10: Correction to Table 6, Federal Income Tax
- Question 12: Correction to Table 12, include tobacco factors of 1.0 for ages 18-20
- Question 13: Correction to Table 14: Add HMO current and proposed factors; Add DOH network approval date

If you have any questions regarding this filing, please call me at the control of the control of

, Corporate Counsel

, ASA, MAAA, Vice President and Chief Actuary, Actuarial Services

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in SG_21-63_Initial_KHP_HMO_Q&AExhibits1_Supporting_20210625.xlsx

Question 1. Under the Rate/Rule Schedule tab, please update the SERFF Tracking Number of the Last Filing as currently the provided SERFF number is linked to CAIC's Q4 small group quarterly filing.

Answer 1. The Rate/Rule Schedule tab has been corrected.

Question 2. Per Pennsylvania Final Rate Filing Guidance, the trend listed in Table 3 of the PAAM Exhibits should match the aggregate 2-year trend in the URRT. The composite 2-year trend used in Table 5, row 12, is 1.135. However, the composite 2-year trend for the URRT comes out to 1.1125. Please explain the difference or update, as necessary.

Answer 2. For both Table 5 and the URRT, the components of trend (IP, OP, Prof, etc.) match. The aggregate varies because the manual data (CAAC, CAIC, KHPC combined) is used to develop the average trend for rate development. In contrast, the URRT uses company-specific data in Section II: Projections, and then allows for a manual PMPM. The URRT manual PMPM comes directly from Table 5, and therefore uses the aggregate trend from Table 5.

Question 3. A COVID-19 morbidity adjustment factor was used to bring the 2020 base experience in line with a BEP not influenced by COVID19. Currently, there is no mention of a COVID-19 adjustment being made to the projected claims. Please confirm that Capital is expecting no impact to Plan Year 2022 claims as a result from COVID-19.

Answer 3. This confirms that Capital is not making an additional adjustment for COVID-19 in 2022. We assume that 2020 adjusted for COVID-19 and trended is the best predictor of 2022.

Question 4. For the development of the 1.03 COVID morbidity factor, we had the following questions.

- a. For the COVID factor development, please include demonstration for how the 2019 and 2020 calendar years were adjusted for any differences in morbidity, demographics, plan design, geography, trend, etc. in the development of the factor.
- b. In the LR calculation for the support for the COVID factor on the "Exhibit Q_Morbidity" tab, the claims are trended from 2019 to 2020 but the premium is not. Please provide support for this apparent disconnect.

Answer 4.

- a. For this estimate, morbidity, demographics, plan design, and geography are assumed to be the same between 2019 and 2020.
- b. Exhibit Q has been corrected to reflect 2020 premium PMPM.

Question 5. Per Table 5, Single Risk Pool Adjustment Factors, please answer the following questions:

- a. Per Exhibit Q_Morbidity, the Change in Morbidity Other is being adjusted by an additional factor of 0.745. Please quantitatively and qualitatively support this adjustment.
- b. The Change in Demographics adjustment is currently 1.000. Please provide an exhibit demonstrating that the demographics between the manual data members and KHPC members are the same.
- c. The Change in Network adjustment is currently 1.000. Please quantitatively and qualitatively support this adjustment. Please be sure to explain why a manual data consisting almost completely of PPO/EPO networks does not need to be adjusted to represent KHPC's HMO network.
- d. The Change in Benefit adjustment is currently 1.000. Please quantitatively and qualitatively support this adjustment. Please be sure to explain how the manual data, which consists of higher metal levels, has the same benefit structure as KHPC's single bronze plan.

Answer 5.

- a. We are required to use KHPC specific risk-adjustment estimates in the rating of KHPC. In order to align rates across issuers (CAAC, CAIC, KHPC), the morbidity factor is developed. We did not use a comparison of PLRS, but instead used the morbidity factor to align rate relativities across issuers. The rate relativity between plans offered in CAAC, CAIC and KHCP is consistent with 2021. This approach allows consumers to shop CBC based on benefit differences and lessens market confusion. Please note that due to changes in the rate development (adding a network factor in c. below), the additional morbidity factor is changing from 0.745 to 0.75. This aligns KHPC bronze rates with CAAC bronze rates, with only a 1% difference for network.
- b. We utilize the assumption that small group membership will change annually in non-credible companies such as KHPC and Capital Advantage Insurance Company (CAIC). But for rating purposes, we use combined data to project demographics. Small Group members do not see a difference between a CBC plan offered by CAAC, CAIC or KHPC. They are able to choose the plan that best fits their needs and that could change from year to year.
- c. Exhibit D1 Network Change has been added to the rate development to show the change in network between the manual BEP and the HMO projection. The network factor is now 0.99. This is reflected in the URRT and Table 5.
- d. While no change in allowed claims is displayed in the URRT or Table 5, change in incurred claims in developed in Exhibit D Benefit Mix Changes. This factor is then applied in Exhibit G Paid-to-Allowed Ratio in order to project claims at the HMO benefit level. The differences in plan design contribute to cost-sharing differences. While some allowed cost utilization differences may occur between plans with varying

AV, the main differences are seen in incurred claims. This drives the paid-to-allowed ratio down, and ultimately aligning the KHPC bronze rates with CAAC bronze rates.

Question 6. The following questions pertain to the development of the 2022 risk adjustment estimate.

- a. Please provide support for applying no changes to the 2020 risk adjustment results in projecting the 2022 information.
- b. Please provide support for assuming no change to the statewide average premium would occur between 2020 and 2022.
- c. Please provide support for assuming no changes in the relative risk for the Company relative to the statewide.

Answer 6.

- a. Rate development is being performed on an experience net risk adjustment basis. That means that we are neither making an issuer-specific morbidity adjustment to the base experience period or an adjustment to risk adjustment. This approach assumes that experience net risk adjustment is the best predictor of future experience.
- b. The statewide average premium is assumed to be equal between 2020 and 2022. This is because premiums statewide decreased in 2021 and we expect them to be at or below trend in 2022. The net result is estimated to be no change from 2020.
- c. The rationale is the same as explained in bullet a. above. Capital is assuming a steady state when using experience net risk adjustment as the basis of our projection.

Question 7. Please provide support for not including any utilization trend in the Medical trend amounts.

Answer 7. Annually, the actuarial team meets with our Chief Medical Officer to discuss utilization trends by market segment based on provider conversations and emerging trends in the medical community. Based on those conversations, her best estimate is no change in utilization from 2020 to 2022. Please note this is pre-Covid-19, as Covid-19 factors are applied separately.

Question 8. Please provide quantitative support for the 0.3% leveraging adjustment utilized on the Exhibit E_Trend tab.

Answer 8. Please see SG_21-63_Initial_KHP_HMO_Leveraging_Supporting_20210625.xlsx, tab: LeveragingSGAllData. In order to determine the future impact of leveraging, including the impact of increasing cost sharing due to allowed costs rising, the exhibit shows a claim probability distribution with allowed amounts by range. The data is 2020 CBC ACA single risk pool population. The average pricing AV in the Small Group market is approximately 0.86 ((from Exhibit G, Paid-to-Allowed Ratio). From the data, I can infer that a deductible (applying to all services) of \$1,160 is equal to 86% AV for this population. Using that deductible amount, I can measure incurred claims and member cost-sharing trend, given an allowed trend of 6.0%. Claims are trended in a database in order to move claims into the correct buckets. Please note that the total allowed amounts are increasing at 6.0% annually (columns P and Z). Given the deductible and allowed trend, incurred claims trend at 6.5%, member cost-share at 1.3% and leveraging is 6.5%-6.0% = 0.5%. Due to market competition, the applied leveraging factor is 0.3%.

- **Question 9.** In the PAAM Exhibits, Table 6. Retention, under the Administrative Expenses section, General and Claims is listed as 69.49%. Please update.
- **Answer 9.** Table 6, General and Claims Administrative Expenses has been corrected.
- **Question 10.** Per the PA Final Rate Filing Guidance, the profit listed in Table 6 is an after-tax amount. Given, that the profit is after-tax, the federal income tax percentage, in Table 6, is understated. In Table 6, the Federal Income Tax is listed as 0.42%. Please either update the estimated federal income tax percentage to 0.5316456% or change the after-tax profit to 1.58%. Please update all affected exhibits and documents.
- **Answer 10.** The Federal Income Tax has been corrected to 0.5316456%.
- **Question 11.** Per Table 10. Plan Rates, the Metallic Tier Actuarial Value is 0.64330943 while the Pricing AV is 0.537. Please quantitatively and qualitatively support this variation.
- **Answer 11.** Because KHPC only offers one plan, the plan pricing AV is equal to the paid-to-allowed ratio: calculation found in Exhibit G. While the pricing AV varies from the metallic tier value, please note that the bronze KHPC plan is similarly priced to the CAAC Bronze PPO plan, and is approximately 1% lower due to network.
- **Question 12.** In Table 12, Age and Tobacco Factors, please fill in the tobacco factor for Age Bands: 18, 19, and 20 to be listed as 1.000.
- **Answer 12.** Table 12 has been corrected to include a Tobacco Factor of 1.000 for ages 18, 19, and 20.
- **Question 13.** Please complete Table 14: Network Factors, as the Current Factor, Proposed Factor, and DOH Approval Date are left blank for the HMO network.
- **Answer 13.** Table 14 has been updated to include values in the appropriate fields.
- **Question 14.** The current submitted broker contract agreement is not for this upcoming plan year. When does Capital expect to have their commission schedule finalized? Once finalized, please provide the current broker contract agreement. Please note that once rates have been finalized, a change to rates will not be allowed to change even if the commission schedule changes.
- **Answer 14.** We expect to have 2022 broker contracts finalized by August. We acknowledge that a change to rates will not be allowed once rates are finalized.
- **Question 15.** Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) has been met.
- **Answer 15.** Please see Q&A Exhibits 1 and 1a for a comprehensive list of all CBC Individual and Small Group expanded bronze plans, and supporting analysis. For the PCP copay analysis,

2019 CBC ACA PCP data is used, trended at 3% for 3 years to 2022. 2020 data was not used due to suppressed in-person visits due to COVID-19. The analysis shows that a \$50 PCP is less than 50% of the average 2022 PCP visit cost.

Question 16. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017 - 2020, as applicable.

Answer 16. Please see Q&A Exhibit 2 for the requested data.

Question 17. 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 17. I confirm that the exhibits above have been tested to ensure that rates are identical.

Capital Blue Cross Q&A Exhibit 1 Expanded Bronze Plans Individual and Small Group Market

Plan Offerings for 2022

			Meets the requirements to be a high deductible health	<u>Cost-sharing <= 50% Coinsurance</u>	Meet Expanded	
Market Segment	HIOS Plan ID	<u>Plan Name</u>	plan within the meaning of 26 U.S.C. 223(c)(2)	<u>Equivalent</u>	Bronze	<u>Notes</u>
Small Group	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	Y	N	Y	High Deductible Health Plan
Small Group	53789PA0090004	Bronze HMO 8000/0/50	N	Y	Y	\$50 PCP Copay
Individual	45127PA0020031	Bronze QHDHP PPO 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020020	Bronze PPO 7450/0/50	N	Y	Y	\$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0020033	Bronze QHDHP PPO Choice 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020025	Bronze PPO Choice 7100/0/50	N	Y	Y	\$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140005	Bronze Valley Advantage EPO 7450/0/50	N	Y	Y	\$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140010	Bronze Capital Advantage EPO 7450/0/50	N	Y	Y	\$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	53789PA0100008	Bronze HMO 7450/0/50	N	Y	Y	\$50 PCP Copay and 50% Coins on Specialty Drugs

From: CostSharingTool_2022

Expanded Bronze Plan Review

This review checks that each plan with an Expanded Bronze metal level meets the 1. Meet the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2).

OR

- 2. Pay for at least one major service before the deductible with reasonable cost sharing.

 -Major services are defined as the below list of benefits.
- -Reasonable cost sharing is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state. The values are set to default to \$0 and states may update the values below.

	Copay	Coins
Primary Care Visits	\$50	50%
Specialist Visit	\$0	50%
Emergency Room Services	\$0	50%
Inpatient Hospital Services (e.g.,	\$0	50%
Generic Drugs	\$0	50%
Preferred Brand Drugs	\$0	50%
Specialty Drugs	\$0	50%

Capital Blue Cross Q&A Exhibit 1a

ACA Members - Small Group and Individual 2019 Data Trended to 2022

Allowed	<u>Visits</u>	Cost per Visit	<u>Trend</u>	2022 Cost Per Visit	Max Copay	Copay Applied
\$18,415,525	\$182,253	\$101.04	3%	\$110.41	\$55.21	\$50

Keystone Health Plan Central Small Group Rates Q&A Exhibit 2

Projected vs. Actual

	Paid		Risk Adjustment		Exhange User Fees		Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2017	\$403.76	\$450.78	-\$5.93	-\$3.46	\$0.00	\$0.64	\$409.70	\$454.88
2018	\$315.56	\$280.60	-\$42.86	-\$135.99	\$0.00	\$0.00	\$358.42	\$416.60
2019	\$378.14	\$318.58	-\$10.13	-\$127.80	\$0.00	\$0.00	\$388.27	\$446.38
2020	\$166.72	\$328.30	-\$222.18	-\$88.75	\$0.00	\$0.00	\$388.90	\$417.05



July 13, 2021

Ms. Tracie Gray, 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 21-63**

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

Sub-TOI Code: H15G.003 Small Group Only

Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated July 6, 2021. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised rates (PA and Federal templates)
- Revised memos Actuarial, Cover Letter, Rate Change Summary
- Public filing PDF

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

• Question 2: Correction to Table 5, Morbidity Factor

ľ	f you have any questions regarding this filing, please call me at (or via email at
	or at
(). Thank you for your assistance in this matter.

Sincerely,



Director, Actuarial Services Capital BlueCross

Enclosures

cc: FSA, MAAA, Senior Director, Actuarial Services

ASA, MAAA, Vice President and Chief Actuary, Actuarial Services

Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in SG_21-63_Initial_KHP_HMO_Q&AExhibits2_Supporting_20210713.xlsx

Question 1. Does KHPC have any transitional membership? If so, has there recently been a significant drop in transition membership? Do you anticipate a drop in 2022?

Answer 1. KHPC does not have transitional enrollment.

Question 2. As a follow-up to question 4, please provide the 2019 and 2020 average risk score (using the same HHS model), average age factor, average actuarial value, and average geographic factor to support the assumption that the morbidity, demographic, plan design, and geographic mix is the same between 2019 and 2020.

Answer 2. Please see Q&A Exhibit 1 for the requested information. While the factors do vary between 2019 and 2020, the method used to estimate the impact of COVID shown in Exhibit Q is reasonable with a modification. In order to account for changes in risk, I have updated Exhibit Q to include the impact of risk adjustment on the 2019 and 2020 loss ratios. So if we compare the loss ratio net risk adjustment of 2020 compared to the loss ratio of 2019 claims and premium trended to 2020 (with risk adjustment equal to 2019), the difference is 2.6%. This would suggest that results are 2.6% better in 2020 than 2019 would have predicted. Using the loss ratio approach accounts for changes in geography and age since those are allowable rating factors so are included in premium. The addition of the risk adjustment transfer amount to the loss ratio means that change in risk is also considered. Due to this modification, I'm adjusting the COVID-19 adjustment factor from 1.03 to 1.026.

Question 3. Please update the 2020 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.

Answer 3. The risk adjustment amount in Table 2 has been updated to the CMS amount released on June 30th.

Question 4. If the projected risk adjustment transfer amount in Table 5 was 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 4. The risk adjustment amount in Table 5 was not adjusted.

Question 5. Please provide an exhibit showing the actual experience for calendar years 2016 – 2020 and the projection experience for 2021 and 2022 for the following categories: Member

Months, Total Administrative Expenses, Total Incurred Claims, Total Premium, Total Actual Paid Taxes and Fees, Profit, Total Underwriting Gain/Loss and Underwriting Gain/Loss PMPM.

Answer 5. Please see Q&A Exhibit 2 for the requested data.

Question 6. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

Answer 6. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 7. Please ensure that the 7/13/21 versions of the following items are posted in SERFF with your July 13th response to this data call.

- a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
- b. PA Actuarial Memorandum
- c. PA Actuarial Memorandum Exhibits
- d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values no "NA")
- e. URRT
- f. Federal Rate Template
- g. Part III: Actuarial Memorandum
- h. Updated Rate Change Request Summary (Attachment I)
- i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

Answer 7. I confirm the requested information has been submitted.

Keystone Health Plan Central Small Group Rates Q&A Exhibit 1

Risk Score, Induced Demand, Geography, AV and Age

				<u>Risk</u>	<u>Induced Demand</u>	<u>Geography</u>	<u>Actuarial Value</u>	<u>Age</u>
<u>Year</u>	<u>Issuer</u>	<u>Market</u>	Billed MemberMoths	Issuer Avg PLRS	Issuer Avg IDF	Issuer Avg GCF	Issuer Avg AV	Issuer Avg ARF
2019	45127	Small Group	505,365	1.4952	1.0696	1.1874	0.7721	1.5448
2019	53789	Small Group	1,151	0.8023	1.0000	1.1876	0.6000	1.6143
2019	82795	Small Group	915	1.6438	1.0736	1.1867	0.7872	1.5935
2020	45217	Small Group	371,085	1.3245	1.0711	1.1772	0.7753	1.5567
2020	53789	Small Group	900	0.7726	1.0000	1.1696	0.6000	1.5541
2020	82795	Small Group	989	1.5293	1.0800	1.1778	0.8000	1.5963
2019	All	Small Group	507,431	1.4939	1.0694	1.1874	0.7718	1.5451
2020	All	Small Group	372,975	1.3237	1.0710	1.1772	0.7750	1.5568

Keystone Health Plan Central Small Group Rates Q&A Exhibit 2 Financial History & Projection

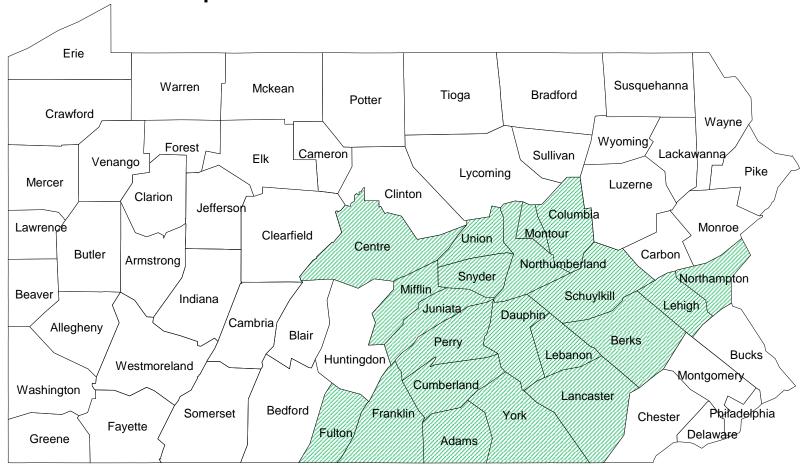
Year	Member Months	Total Premium	Total Incurred	Total Admin	Total Taxes & Fees	Total Profit	Annual Underwriting gain/loss	Annual Underwriting gain/loss PMPM
2016	10,725	\$3,593,501	\$3,176,842	\$746,766	\$26,367	-\$356,474	-\$356,474	-\$33.24
2017	10,235	\$4,182,963	\$4,297,040	\$534,344	-\$1,440,845	\$792,424	\$792,424	\$77.42
2018	3,986	\$1,345,001	\$973,370	\$230,572	\$124,741	\$16,318	\$16,318	\$4.09
2019	1,822	\$933,644	\$767,006	\$87,938	\$111,664	-\$32,964	-\$32,964	-\$18.09
2020	1,057	\$418,237	\$381,233	\$79,898	\$19,186	-\$62,080	-\$62,080	-\$58.73
Projected 2021	884	\$373,701	\$228,212	\$63,234	\$2,002	\$80,253	\$80,253	\$90.78
Projected 2022	1,018	\$459,998	\$375,846	\$72,048	\$2,904	\$9,200	\$9,200	\$9.04

2016-2020 is directly from Supplemental Health Care Exhibits 2021 is from the corporate budget

2021 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

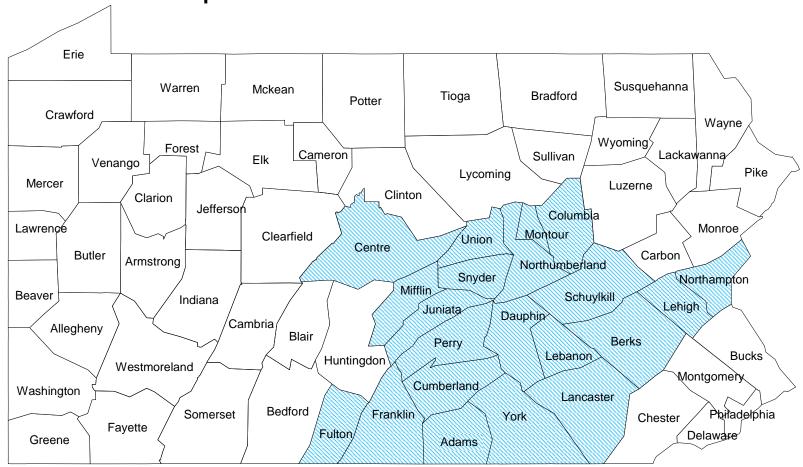
: 2021 on-exchange service area

: 2021 off-exchange only service area

2022 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

: 2022 on-exchange service area

: 2022 off-exchange only service area