Independence 🚭

May 17, 2023

Ms. Lindsi Swartz, Director Bureau of Accident and Health Insurance Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

SUBMITTED VIA SERFF

RE: QCC Insurance Company, Inc. Individual PPO Rate Filing effective 1/1/2024 INAC-133668798

Dear Ms. Swartz:

Attached is the 2024 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2024 through December 31, 2024.

Per the guidance provided in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a Reinsurance Morbidity Adjustment factor of 1.00 to all individual plans. We also applied a factor of 1.22 to Silver plans for the impact of non-payment of CSR costs per the guidance. This submission incorporates a 50% coinsurance parameter for the reinsurance program.

The proposed rates represent a 2.7% decrease over the previously approved 2023 rates.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number: QCC Insurance Company, Inc. 93688

Market Individual
 On or Off Exchange On and Off
 Effective Date of Coverage January 1, 2

4. Effective Date of Coverage
5. Average Rate Change Requested
-2.7%

6. Range of Rate Changes Requested -3.4% to -2.3%

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7. Total Annual Revenue Generated from the Proposed Rate Change -\$7,361,242 8. **Products** PPO 9. Rating Areas and Change from 2023 Rating Area 8; No Change 10. Metal Levels and Catastrophic Plans Gold, Silver, Bronze Current covered lives and policyholders 35,089 lives 11. as of February 1, 2023 12. Number of plans offered in 2024 and 16 plans in 2024; 14 plans in 2023 change from 2023 Corresponding contract form number, 13. INLG-133660974, INLG-133660976, SERFF, and binder numbers INLG-133661007 INLG-PA24-125116242, INLG-PA24-125116369 See appendix for form numbers HIOS Issuer ID # 31609; Tracking # 14. HIOS Issuer ID # and submission tracking Number N/A

Please contact

with any questions

regarding this filing.

Sincerely,

Independence 🚭

APPENDIX

Form Numbers

08535.ON Rev. 1.24 08535-OC.ON Rev. 1.24 08535-OC.OFF Rev. 1.24 08535-OC.OFF Rev. 1.24 08537.ON.PDEN Rev. 1.24 08537-OC.ON.PDEN Rev. 1.24 08537-OC.OFF Rev. 1.24 08537-OC.OFF Rev. 1.24 08537-OC.ON.PDEN.HSA Rev. 1.24 08537-OC.ON.PDEN.HSA Rev. 1.24 08537-OC.ON.PDEN.HSA Rev. 1.24 08537-OC.OFF.PDEN.HSA Rev. 1.24 PREV/SCH-II Rev. 1.24

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) and PA Actuarial Memorandum Rate Exhibits to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Co., Inc. in the Commonwealth of Pennsylvania. It is provided as a component of a state rate filing. This submission may not be appropriate for other purposes.

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name: QCC Insurance Co., Inc. ("QCC")

State: Pennsylvania

NAIC #: 93688
Market: Individual

Marketplace: On and Off Exchange

Effective Date(s): 1/1/2024 – 12/31/2024

Average Rate Change: -2.7%

Range of Rate Changes: -3.4% to -2.3%

Products: PPO

Rating Areas: Rating Area 8

Metal Levels: Gold, Silver, Bronze, Catastrophic

Current Members: 35,089
Number of 2024 Plans: 16
HIOS Issuer ID (5-digit): 31609

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for QCC. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence 31609.

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:

INAC-133668798 QCC Consumer PA Actuarial Memorandum May 17, 2023 Revised June 21, 2023

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2020	5.10%	INAC- 131927222
January 1, 2021	-3.90%	INAC- 132358777
January 1, 2022	-0.80%	INAC- 132818429
January 1, 2023	0.90%	INAC- 133254407

The historical rate changes varied by metallic tier based on plan benefits as illustrated via the Pricing AV.

Proposed rate changes may vary by metallic tier and plan based on plan benefit changes, and the revision to the CSR Defunding Adjustment factor.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is -2.7%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2022 to calendar year 2024 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is -2.7%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2023, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

Benefit changes were made to the following plans to assure compliance with Actuarial Value Requirements, including differences that resulted from changes to the AV Calculator. The basis for pricing changes was our internal pricing model.

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

Table 2 illustrates the experience period claims and premiums using calendar year data. The data is consistent with the data reported in Section 1 of Worksheet I of the URRT.

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined INAC-133668798

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data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2022 and paid through February 2023. Earned premiums and member months are for January through December 2022. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania, including out-of-network claims written by QCC but paid by QCC for POS plans. No private reinsurance was applicable.

The Non-EHB benefits portion of Allowed Claims is shown separately in cell H36 of Table 2. Capitation is uniform by age for the experience period. Net pharmacy rebates are illustrated in cell I36 of Table 2.

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2022 risk transfer results.

In the URRT v6.0, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

G. CREDIBILITY OF DATA

The experience period data, defined in Section F as the combined experience of QCC Insurance Company, Inc., and the experience period data for Keystone Health Plan East ("KHPE"). is considered 100% credible.

H. TREND IDENTIFICATION

Table 3 identifies the proposed annual medical and prescription drug allowed claims cost and utilization trends. These data match the data illustrated in Section 2 of Worksheet I of the URRT. Additional discussion is provided in Section I, Historical Experience.

We populated the URRT with the Total Annual Trend calculated in cell C52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences. To arrive more closely with the result in the Actuarial Memo Rate Exhibit, we adjusted the utilization component of Capitation trend in the URRT.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2018 through 2022 for the product line.

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

c. Rebates

Rebate payments will be made as appropriate for 2022 for QCC in Consumer. Rebate payments will be made if applicable for the 2023 policy period. We do not anticipate 2024 rebates for QCC Consumer.

d. Benefit Changes

Historical medical costs are normalized for the impact of benefit and mix factors to isolate the effect that changes in plan design or member movements amongst plans has on historical trend. By isolating this impact we avoid projecting cost trends into the future that are due to non-repeatable historical member movements or benefit changes.

- 1. Benefit changes are calculated to value the cost-to-health-plan impact of year-over-year changes in plan designs. The methodology used to calculate the benefit changes is consistent with the one used in the calculation of Pricing AV.
- 2. Mix impact is calculated using the historical average costs by member at the metallic level, separately for HMO and PPO products.

J. TERMINATED PLANS

The following plan is being terminated in 2024:

31609PA0190003 Personal Choice PPO Silver

2. RATE DEVELOPMENT AND CHANGE

A. DEVELOPMENT OF PROJECTED INDEX RATE, MARKET-ADJUSTED INDEX RATE, & TOTAL ALLOWED CLAIMS

Table 5 illustrates the development of the Projected Index Rate and Market-Adjusted Index Rate beginning with the Experience Period Index Rate. Exhibit A provides additional information about the adjustment factors.

Changes in Population Risk Morbidity

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the individual market-wide morbidity.

COVID-19 Impact

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2022 QCC Individual claims data by individual member. 2022 claims

paid through February 2023 were completed and complied into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2024 using a 12% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This adjustment reflects: additional benefits required to be covered as essential health benefits; recently mandated benefits required by state law that are not reflected in the experience period data; benefits in the experience that are removed for the projection period; anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period; changes in demographic characteristics of the single risk pool experience period population and the projection period population (including age, gender, region, and tobacco use); changes in the provider network (adding or removing a provider system or introducing a limited network option); and anticipated changes in pharmacy rebates.

Table 5 of the Actuarial Memorandum Rate Exhibit shows the components used in calculating change in other. The calculations of the components are based on the changes in values shown in Table 7.

CSR payments are funded through premiums in this filing. The additional cost to provide the CSRs is recognized in Column P of Table 10 of the Actuarial Memorandum Rate Exhibit. In URRT Part I, the cost is reflected in the Paid to Allowed factor. The Paid to Allowed factor in the URRT Part 1 is equal to the Paid to Allowed factor in Table 5 multiplied by the value in cell P15 of Table 10 of the Actuarial Memorandum Rate Exhibit.

B. RETENTION ITEMS

Table 6 illustrates the retention items, expressed as percentages of premium. Consistent with conversations with our State regulator, no Pricing load was applied for the Managed Care Assessment levied pursuant to Article VIII-I of the Pennsylvania Code, as it will be separately reimbursed. Federal Income Tax is calculated by applying the tax rate to the sum of the HIF plus Profit/Contingency.

Administrative Expenses 13.02%

General and Claims 10.44%
Agent/Broker Fees and Commissions 1.78%

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Quality Improvement Initiatives	0.80%	
Taxes and Fees	0.0070	2.60%
RA User Fee	0.03%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.61%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2023 filing. The changes in the factors reflect small differences from the projected populations in 2023 and 2024.

D. COMPONENTS OF RATE CHANGE

Table 8 illustrates the components of rate change, based on inputs form other sections of the Rate Exhibits. The results in Row H are similar to the values in Row A of Table 8.

Data in Table 9 is consistent with the 2023 and 2024 URRT with the exception of Risk Adjustment which was revised to project company-specific values.

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance)	\$525.46
Premium PMPM	\$637.83
Quality Improvement Expense PMPM	\$5.01
Exchange User Fee PMPM	\$12.85
HIF PMPM	\$0.00
Federal Income Tax PMPM	\$3.32
Premium Tax PMPM	\$12.52
Federal MLR	85.0%

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2024 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

Attached to this actuarial memorandum are exhibits providing actuarial certifications for the use of alternate methods of calculating the Actuarial Value, where applicable, as well as required support for the calculations.

The factor "AV and Cost Sharing Design of Plan" in Worksheet 2 of the URRT is the product of the Pricing AV, the Non-Funding of CSR Adjustment, and the Benefit Richness Factors from the Actuarial Memo Rate Exhibit. Again, please note that the URRT requires factors to be rounded to four decimal places, resulting in small differences.

4. PLAN PREMIUM DEVELOPMENT FOR 21-YEAR OLD NON-TOBACCO USER

Table 11 is populated from other sections of the Rate Exhibits, along with the population by age and rating area for the Projection Period.

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2023 filing.

6. ACTUARIAL CERTIFICATION

I, am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of gross premium rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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

- The projected index rate is:
 - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
 - —Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered;
 and

- —Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.

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PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Seament:	Individual
Rate Effective Date:	1/1/2024
Base Period Start Date:	1/1/2022

12/31/2024 12/31/2022

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period
Average Age	42.0	42.0	42.0
Total	436,775	35,089	421,068
<18	44,360	3,637	43,644
18-24	36.173	2.976	35.712
25-29	37,417	2,841	34,092
30-34	36,309	2,878	34,536
35-39	31,788	2,593	31,116
40-44	30,951	2,512	30,144
45-49	31.102	2.483	29.796
50-54	43,760	3,417	41,004
55-59	56,116	4,563	54,756
60-63	65,170	5,279	63,348
64+	23.629	1.910	22.920

Table 2. Experience Period Claims and Premiums

Earned Prem	ium	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
\$ 275	873 501 89	\$ 258 530 841 79	\$ 261 926 498 97	436.775	\$ 66,989,894.12	\$ 328,916,393,09	ς .	5 (27 370 411 86)	\$ 3.758.772.97	\$ 118 304 05	\$ 46,871,019.66	\$ 18,327,933.61
Experience Period Tot	al Allowed EHI	B Claims + EHB Capitation PMPM (no	et of prescription drug rebates)									\$ 699.00
Loss Ratio		•	•	•		•		•	•	•	•	67.57%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.11%	6.80%	0.00%	12.26%	18.59%
Outpatient Hospital	4.51%	6.80%	0.00%	11.62%	20.83%
Professional	2.89%	6.80%	0.00%	9.88%	24.88%
Other Medical	2.89%	6.80%	0.00%	9.88%	0.00%
Capitation				2.05%	13.19%
Prescription Drugs	-0.97%	6.80%	0.00%	5.76%	22.51%
Total Annual Trend			ł	8.78%	100.00%
Months of Trend			ł	24	
Total Applied Trend Projection Factor				1 183	

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-19		\$ 18,051,259.87	1.0000	\$ 18,051,259.87	42,000	\$ 429.79		5 (492,291.09)		\$ 636.
Feb-19		\$ 17.757.623.26	1.0000		41.254	\$ 430.45		\$ (448.797.59)		\$ 573.
Mar-19		\$ 20,097,530.80	1.0000	\$ 20,097,530.80	40,467	\$ 496.64		\$ (492,899.97)	\$ 25,704,687.40	\$ 635.
Apr-19		\$ 21.363.236.17	1.0000		39.991	\$ 534.20		\$ (522,688,96)		\$ 664.
May-19		\$ 21,292,942,55	1,0000		39.398	\$ 540.46		\$ (530.540.85)	\$ 26,108,279,98	\$ 662.
Jun-19		\$ 18,968,106.13	1.0000		38,925	\$ 487.30		\$ (498,859.07)		\$ 588.
Jul-19		\$ 21.065.054.35	1.0000		38.397			S (543.604.99)		\$ 654
Aug-19		\$ 19,823,589.29	1.0000		37,984			\$ (527,901.06)	\$ 23,594,536.49	\$ 621
Sep-19		\$ 18.789.229.31	1.0000		37.566	\$ 500.17		S (514.777.60)	\$ 22.173.279.96	\$ 590
Oct-19		\$ 21,050,632,47	1,0000		37,195	\$ 565.95		S (574.250.76)	S 24.637.132.01	\$ 662
Nov-19		\$ 18,913,443.67	1.0000		36,757	\$ 514.55		\$ (544,966.97)	\$ 22,033,859.28	\$ 599.
Dec-19	\$ 304,626,833,47	\$ 20,684,025,67	1,0000		36,150		S 61.241.780.13	S (581.994.57)		\$ 653
Jan-20		\$ 17,873,443.87	1.0000		40,990	\$ 436.04		\$ (1,446,354.33)		\$ 611
Feb-20		S 18.739.034.44	1.0000		40.211	\$ 466.02		S (1.418.835.90)		\$ 606
Mar-20		S 17.713.962.82	1,0000		39.657	\$ 446.68		S (1,399,304,13)		S 546.
Apr-20		\$ 16,357,323.06	1.0000		39,462	\$ 414.51		\$ (1,511,941.50)		\$ 456
May-20		\$ 16.699.447.43	1.0000		39.339	\$ 424.50		S (1.507.070.70)		\$ 478
Jun-20		\$ 19,113,214.55	1.0000		39,094	\$ 488.90		\$ (1,497,760.66)		\$ 562
Jul-20		\$ 19.872.416.54	1.0000		38.887			S (1.570.688.68)		\$ 584
Aug-20		S 19.304.319.98	1,0000		38,849	\$ 496.91		S (1.569.112.45)		\$ 565
Sep-20		\$ 20,994,772.30	1.0000		38,663			\$ (1,561,829.73)		\$ 616
Oct-20		S 22.036.797.44	1.0000		38.287	\$ 575.57		S (1.706.233.26)	S 24.701.934.64	\$ 645
Nov-20		\$ 21,556,883.96	1.0000		37,770			\$ (1,683,179.66)		\$ 627
Dec-20	\$ 302,517,236.44	\$ 22,670,309.14	1.0000		37,160		\$ 57,284,681.86	\$ (1,656,171.34)		\$ 666
Jan-21		S 16.739.589.49	1.0000		40.561			S (1.455.109.25)		\$ 573
Feb-21		\$ 16,728,031.24	1.0000		41,675			S (1,494,712.50)		\$ 525
Mar-21		\$ 21,865,563.08	1.0000		41,437			\$ (1,486,254.19)		\$ 667
Apr-21		S 21.344.347.61	1,0000		41.593	S 513.17		S (1.652.699.76)		S 629
May-21		\$ 22,427,963.77	1.0000		41,678			\$ (1,655,326.20)		\$ 634
Jun-21		\$ 23.231.730.54	1.0000		41.466	\$ 560.26		S (1.647.299.16)		\$ 657
Jul-21		\$ 20,804,963.27	1.0000		41,316	\$ 503.56		\$ (1,722,262.22)		\$ 589
Aug-21		\$ 22,885,701.59	1.0000		41,346	\$ 553.52		5 (1,722,898.93)		\$ 640
Sep-21		\$ 22,712,357,52	1.0000		41.733			S (1.738.792.78)		\$ 619
Oct-21		\$ 24,412,722.19	1.0000		41,538			\$ (1,855,750.32)		\$ 657
Nov-21		\$ 24.257.500.02	1.0000		41.432			S (1.851.085.14)		\$ 654
Dec-21	\$ 307.125.622.77	\$ 25,162,316.60	1.0000		41,245		S 68.984.823.62			\$ 668
Jan-22		\$ 18,988,717.82	1.0000		38,453			\$ (2,267,536.24)		\$ 656
Feb-22		S 19.981.917.59	0.9964		38.246	\$ 524.32		S (2.255.290.43)		\$ 656
Mar-22		S 21.490.339.41	0.9964		37.644			S (2.219.509.61)		S 711
Apr-22		\$ 21,674,149.73	0.9947		37,082	\$ 587.61		\$ (2,273,592.16)		\$ 688
May-22		\$ 23.376.755.54	0.9937		36.761	\$ 639.94		S (2.253.933.05)		S 732
Jun-22		\$ 22,539,198.85 \$ 20,767,379.90	0.9916		36,358	\$ 625.17		\$ (2,229,194.14) \$ (2,269.141.96)		\$ 708 \$ 649
Jul-22						\$ 582.54		S (2.269.141.96) S (2.253.305.74)		S 648
Aug-22		\$ 21.582.138.10	0.9882		35.814					
Sep-22		\$ 21,732,456.16	0.9848		35,531	\$ 621.06		\$ (2,235,453.67)	\$ 24,282,096.36	\$ 683
Oct-22		\$ 21.752.700.74	0.9805		35.236	\$ 629.60		S (2.387.891.05)		\$ 68
Nov-22		\$ 22,011,914.29	0.9725		34,967	\$ 647.31		\$ (2,370,488.69)	\$ 24,628,828.18	\$ 704 \$ 730
Dec-22	\$ 278,873,501.89	\$ 22,633,173.66	0.9617	\$ 23,534,750.08	34,613	\$ 679.94	\$ 66,989,894.12	\$ (2,355,075.12)	\$ 25,284,760.31	5 73

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2024

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	Tota	al Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 1,042,320,735.81	\$ 804,865,680.83	\$ 813,522,457.38	1,785,539	\$ 162,300,693.08	\$ 975,823,150.47	s -	S	(87,034,102.59)	\$ 133,463,180.41	\$ 295,656.41	\$ 35,016,811.29	\$ 49,507,878.22
Experience Period Total Allowed EH	B Claims + EHB Capitation PMPM (no	t of prescription drug rebates)										\$ 572.52
Loss Ratio												75.25%

Loss Ratio
"Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.11%	6.80%	0.00%	12.26%	18.59%
Outpatient Hospital	4.51%	6.80%	0.00%	11.62%	20.83%
Professional	2.89%	6.80%	0.00%	9.88%	24.88%
Other Medical	2.89%	6.80%	0.00%	9.88%	0.00%
Capitation				2.05%	13.19%
Prescription Drugs	-0.97%	6.80%	0.00%	5.76%	22.51%
Total Annual Trend				8.78%	100.00%
Months of Trend				24	
Total Applied Trend Brojection Factor				4.403	

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

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-19		S 36.102.519.74	1.0000	\$ 36.102.519.74	84.000	S 429.79		\$ (984,582,18)	5 53.438.007.90	
Feb-19		\$ 35,515,246.52	1.0000	\$ 35,515,246.52	82,508	\$ 430.45		\$ (897,595.19)	\$ 47,293,947.55	573.
Mar-19		S 40.195.061.60	1.0000	\$ 40.195.061.60	80.934	\$ 496.64		\$ (985,799,95)	S 51.409.374.79	635.
Apr-19		\$ 42,726,472.34	1.0000	\$ 42,726,472.34	79,982	\$ 534.20		\$ (1,045,377.92)	\$ 53,155,827.28	664.
May-19		\$ 42.585.885.10	1.0000	\$ 42.585.885.10	78.796	\$ 540.46		\$ (1.061.081.70)	\$ 52.216.559.96	662
Jun-19		S 37.936.212.26	1.0000	\$ 37.936.212.26	77.850	S 487.30		S (997.718.14)	\$ 45,780,154,60	588.
Jul-19		\$ 42,130,108.70	1.0000	\$ 42,130,108.70	76,794	\$ 548.61		\$ (1,087,209.98)	\$ 50,241,652.84	654.
Aug-19		S 39.647.178.58	1.0000	\$ 39.647.178.58	75.968	S 521.89		\$ (1.055,802,11)	\$ 47,189,072,99	621.
Sep-19		\$ 37,578,458.62	1.0000	\$ 37,578,458.62	75,132	\$ 500.17		\$ (1,029,555.20)	\$ 44,346,559.92	590.
Oct-19		S 42.101.264.94	1.0000	\$ 42.101.264.94	74.390	\$ 565.95		S (1.148.501.52)	\$ 49,274,264,02	662.
Nov.19		\$ 37.876.887.34	1,0000	\$ 37.826.887.34	73 514	\$ 514.55		\$ (1.089.933.95)	\$ 44,067,718,55	599
Dec-19	\$ 609,253,666,94	S 41.368.051.34	1.0000	S 41.368.051.34	72.300	S 572.17	\$ 122,483,560,26	\$ (1.163.989.15)	\$ 47.236.619.95	653.
Jan-20		\$ 35,746,887,74	1,0000	\$ 35.746.887.74	81 980	S 436.04		\$ (2.892.708.67)	50 149 785 59	611.
Feh-20		5 37 478 068 88	1,000		80.422	\$ 466.02		\$ (2.837.671.79)	\$ 48 782 075 27	606
Mar-20		S 35.427.925.64	1,0000		79.314	S 446.68		\$ (2.798.608.25)	S 43.381.780.77	546.
Apr-20		S 32.714.646.12	1.0000	S 32.714.646.12	78.924	S 414.51		S (3.023.883.00)	\$ 36.033.917.78	456.
May 20		\$ 33,398,894,86	1,0000		78.678	\$ 424.50		\$ (3.014.141.40)	\$ 37,667,839,48	478.
lun-20		\$ 38 226 429 10	1,000	\$ 38 226 429 10	78 188	\$ 488.90		\$ (2.995.521.31)	\$ 43.946.756.13	562
Jul-20		S 39.744.833.08	1,0000		77,774	S 511.03		5 (3.141.377.36)	\$ 45,427,955,16	584
Aug-20		S 38.608.639.96	1,0000		77,698	S 496.91		5 (3.138.224.91)	S 43.967.209.17	565.
Sep-20		\$ 41,989,544,60	1,0000		77,336	S 543.02		\$ (3,133,559,46)	\$ 47,698,535,36	616.
0ct-20		S 41.989.344.80	1,0000		76.574	\$ 575.57		S (3.412.466.52)	\$ 49.403.869.28	645.
Nov-20		S 43 113 767 92	1,0000		75,540	S 570.74		5 (3.366.359.31)	\$ 47,381,192,31	627.
Nov-20	5 605 034 472 88	S 45,113,767.92 S 45,340,618.28	1,0000		75,340	\$ 610.07	\$ 114 569 363 72	5 (3,360,339.31)	5 49,581,192.31 5 49,535,333.81	666
Jan-21	3 803,034,472,88	S 55 605 291 82	1,0000	\$ 55.605.291.82	74-320 81 122	\$ 685.45	3 114,389,393,72	\$ (5.127.075.95)	5 67 768 892 00	835
Jan-21 Feb-21		S 55,605,291,82 S 54,806,468,81	1,0000		81.122 83.350	S 657.55		\$ (5.285.149.47)	S 64 449 253 88	335.
Mar.21		S 21 754 704 61	1,0000		83,330 87,874	S 865.83		5 (5,285,140.47)	\$ 82 871 292 45	7/3
Mar-21 Apr-21	-	S /1./54./U4.61 S 68.143.682.43	1,0000		8Z.8/4 83.186	S 865.83 S 819.17		S (5.751.255.53) S (5.788.220.14)	S 82.8/1.292.45 S 76.925.500.85	999
May-21		S 65 189 970 17	1,0000		83 356	S 782.07		5 (5,786,220.14)	5 72 396 646 19	924
May-21	-	S 69.710.918.28	1,0000		85.35b 82.932	S /82.0/		S (5.817.521.29) S (5.852.339.55)	S 72.396.646.19 S 77.333.527.67	937
Jun-21 Jul-21		S 67.650.477.52	1,0000		82.932 82.632	S 840.58 S 818.70		\$ (6.038.221.27)	S 73.952.259.74	932
	-	S 23 586 320 11	1.0000		82,632 82,692	S 818.70 S 889.88		\$ (6,038,221.27) \$ (6,087,318,17)	\$ 73,952,259.74	s 894. S 963.
Aug-21 Sep-21		S 74.264.376.64	1,0000		82.692	S 889.88 S 889.76		S (6.128.998.83)	S 79.701.551.56 S 79.567.390.29	963
	-	\$ 74,264,376.64 \$ 75,848,290.10	1.0000		83,466 83,076	S 889.76 S 913.00				953
Oct-21		S 75.848.290.10 S 76.681.852.34	1,0000	\$ 75.848.290.10 \$ 76.681.852.34	85.U/b 82.864	S 913.00 S 925.39		\$ (6.302.747.17) \$ (6.258.979.73)	S 80.910.834.50 5 S 81.366.559.80	9/3
Nov-21		S 76.681.852.34 S 76.508.969.68	1,0000 1,0000			S 925.39 S 927.49			S 81.366.559.80 S 80.195.180.44	981
Dec-21	S 614.251.245.54				82,490		\$ 157.874.327.85	\$ (6,198,953.89)		
Jan-22		\$ 61,875,412.22	1.0000		154,040			\$ (7,212,190.76)		
Feb-22		S 62.505.476.46	0.9979		155.268	S 403.40		\$ (7.261.587.92)	5 71.725.736.98	461.
Mar-22		\$ 70,663,687.76	0.9977		153,233	\$ 462.20		\$ (7,164,505.78)	\$ 80,914,328.04	528
Apr-22		S 67.403.625.69	0.9968		151.421			\$ (7.492.156.62)	S 74.710.298.91	
May-22		S 69.403.677.06	0.9959		149.892	S 464.94		\$ (7,417,400,47)	5 75.972.178.06	506
Jun-22		\$ 69,731,660.40	0.9948	\$ 70,098,336.92	148,729	\$ 471.32		\$ (7,358,255.70)	\$ 76,249,229.93	512
Jul-22		S 66.279.052.73	0.9933	\$ 66.726.937.36	147.981	S 450.92		\$ (7.164.182.25)	S 71.455.418.69	482
Aug-22		\$ 68,714,263.36	0.9915	\$ 69,303,039.13	147,240	\$ 470.68		\$ (7,127,367.84)	\$ 74,748,158.26	507
Sep-22		S 67.977.346.57	0.9877		146.396	S 470.13		\$ (7.085.381.38)	S 73.308.008.74	500
Oct-22		S 66,492,395,28	0.9826		145,264	S 465.83		\$ (7.303,681,49)	S 71.410.480.25	49:
Nov-22		S 67,417,894.93	0.9739		143,986	\$ 480.78		\$ (7,249,347.75)	\$ 73,000,937.95	507
Dec-22	S 1.042.320.735.81	S 66,401,188,37	0.9619	\$ 69.028,343.86	142.089	S 485.81	\$ 162,300,693,08	S (7.198.044.64)	S 72,486,364,80	510

Dec-221 S 1.042

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

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

QCC Insurance Company, Inc. PPO Individual Carrier Name:

Product(s): Market Segment: Rate Effective Date: 1/1/2024

Incurred Dates: 1/1/2022 to 12/31/2022

Attachment Point: Reinsurance Cap: Coinsurance Rate:

\$60,000 \$100,000 50%

Proj. Incurred Claim Impact: -4.1%

Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims wit Reinsurance
\$0	\$29,999	180,849	1,723,890	\$439,106,099	\$439,106,099
\$30,000	\$34,999	774	8.341	\$25,065,010	\$25,065,010
\$35,000	\$39,999	631	6,862	\$23,622,059	\$23,622,059
\$40,000	\$44,999	469	5.270	\$19,895,900	\$19,895,900
\$45,000	\$49,999	394	4,447	\$18,760,386	\$18,760,386
\$50,000	\$54,999	303	3,327	\$15,871,543	\$15,871,543
\$55,000	\$59,999	268	2,993	\$15,397,898	\$15,397,898
\$60,000	\$64,999	235	2,660	\$14,684,799	\$13,397,898
\$65,000	\$69,999	225	2,501	\$15,196,232	\$14,348,116
\$70,000	\$74,999	208	2,352	\$15,081,808	\$13,780,904
\$75,000	\$74,999	178	1.969	\$13,783,749	\$13,780,904
• /	\$84,999	168	1,920	, , .	· · · · · · · · · · · · · · · · · · ·
\$80,000	\$84,999 \$89,999	141	1,920	\$13,819,393 \$12,346,861	\$11,949,697 \$10,403,430
	\$89,999 \$94,999	110	<u> </u>		. , , ,
\$90,000	. ,	-	1,204	\$10,170,367	\$8,385,184
\$95,000	\$99,999	124	1,418	\$12,068,312	\$9,754,156
\$100,000	\$109,999	146	1,622	\$15,309,346	\$12,389,346
\$110,000	\$119,999	141	1,536	\$16,217,275	\$13,397,275
\$120,000	\$129,999	122	1,347	\$15,220,692	\$12,780,692
\$130,000	\$139,999	88	966	\$11,821,379	\$10,061,379
\$140,000	\$149,999	87	956	\$12,590,982	\$10,850,982
\$150,000	\$159,999	66	740	\$10,228,166	\$8,908,166
\$160,000	\$169,999	70	777	\$11,570,312	\$10,170,312
\$170,000	\$179,999	55	638	\$9,618,945	\$8,518,945
\$180,000	\$189,999	60	659	\$11,077,584	\$9,877,584
\$190,000	\$199,999	45	477	\$8,759,355	\$7,859,355
\$200,000	\$209,999	34	390	\$6,978,624	\$6,298,624
\$210,000	\$219,999	45	506	\$9,686,157	\$8,786,157
\$220,000	\$229,999	44	493	\$9,916,755	\$9,036,755
\$230,000	\$239,999	28	304	\$6,598,803	\$6,038,803
\$240,000	\$249,999	28	322	\$6,837,705	\$6,277,705
\$250,000	\$259,999	22	237	\$5,594,639	\$5,154,639
\$260,000	\$269,999	20	231	\$5,285,312	\$4,885,312
\$270,000	\$279,999	26	305	\$7,149,603	\$6,629,603
\$280,000	\$289,999	15	167	\$4,277,472	\$3,977,472
\$290,000	\$299,999	10	107	\$2,931,399	\$2,731,399
\$300,000	\$324,999	26	297	\$8,054,140	\$7,534,140
\$325,000	\$349,999	25	277	\$8,427,848	\$7,927,848
\$350,000	\$374,999	18	200	\$6,563,718	\$6,203,718
\$375,000	\$399,999	20	225	\$7,798,976	\$7,398,976
\$400,000	\$424,999	12	138	\$4,962,632	\$4,722,632
\$425,000	\$449,999	8	95	\$3,508,075	\$3,348,075
\$450,000	\$474,999	10	99	\$4,643,598	\$4,443,598
\$475,000	\$499,999	9	98	\$4,407,822	\$4,227,822
\$500,000	\$599,999	14	150	\$7,740,811	\$7,460,811
\$600,000	\$699,999	10	109	\$6.634.340	\$6,434,340
\$700,000	\$799,999	10	119	\$7,409,383	\$7,209,383
\$800,000	\$899,999	5	60	\$4,208,435	\$4,108,435
\$900,000	\$999,999	7	84	\$6,691,847	\$6,551,847
\$1,000,000+	222,222	10	117	\$13,393,091	\$13,193,091
\$1,000,000+ Total		186,413	1,785,539	\$13,393,091	\$13,193,091

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

QCC Insurance Company, Inc. PPO Individual Carrier Name:

Product(s): Market Segment: Rate Effective Date: 1/1/2024

\$60,000 \$100,000 50% Attachment Point: Reinsurance Cap: Coinsurance Rate:

Proj. Incurred Claim Impact: -4.3% Proj. Morbidity Impact: 0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2024								
Ammund Imaurum	d Claims Banga	Unique Mambaus	Mambay Mouths	Total Insured Claims	Total Incurred Claims with			
Annual Incurre	•	Unique Members	Member Months	Total Incurred Claims	Reinsurance			
\$0	\$29,999	179,624	1,710,219	\$509,843,448	\$509,843,448			
\$30,000	\$34,999	899	10,050	\$29,128,295	\$29,128,295			
\$35,000	\$39,999	651	7,107	\$24,441,688	\$24,441,688			
\$40,000	\$44,999	547	5,925	\$23,199,969	\$23,199,969			
\$45,000	\$49,999	510	5,538	\$24,122,452	\$24,122,452			
\$50,000	\$54,999	387	4,331	\$20,263,088	\$20,263,088			
\$55,000	\$59,999	314	3,553	\$18,020,231	\$18,020,231			
\$60,000	\$64,999	305	3,423	\$19,002,468	\$18,651,234			
\$65,000	\$69,999	230	2,482	\$15,530,484	\$14,665,242			
\$70,000	\$74,999	207	2,354	\$14,998,861	\$13,709,430			
\$75,000	\$79,999	186	2,099	\$14,381,131	\$12,770,566			
\$80,000	\$84,999	178	1,973	\$14,656,519	\$12,668,260			
\$85,000	\$89,999	178	2,020	\$15,542,109	\$13,111,054			
\$90,000	\$94,999	169	1,900	\$15,614,181	\$12,877,091			
\$95,000	\$99,999	137	1,508	\$13,347,893	\$10,783,947			
\$100,000	\$109,999	251	2,813	\$26,220,847	\$21,200,847			
\$110,000	\$119,999	198	2,180	\$22,713,636	\$18,753,636			
\$120,000	\$129,999	154	1,723	\$19,110,062	\$16,030,062			
\$130,000	\$139,999	120	1,339	\$16,140,530	\$13,740,530			
\$140,000	\$149,999	119	1,312	\$17,282,551	\$14,902,551			
\$150,000	\$159,999	101	1.134	\$15,700,348	\$13,680,348			
\$160,000	\$169,999	75	813	\$12,357,258	\$10,857,258			
\$170,000	\$179,999	71	764	\$12,459,373	\$11,039,373			
\$180,000	\$189,999	64	719	\$11,847,370	\$10,567,370			
\$190,000	\$199,999	48	541	\$9,379,366	\$8,419,366			
\$200,000	\$209,999	57	619	\$11,714,137	\$10,574,137			
\$210,000	\$219,999	48	552	\$10,325,330	\$9,365,330			
\$220,000	\$229,999	46	520	\$10,353,789	\$9,433,789			
\$230,000	\$239,999	49	535	\$11,516,501	\$10,536,501			
\$240,000	\$249,999	33	351	\$8.105.648	\$7,445,648			
\$250,000	\$259,999	25	283	\$6,380,930	\$5,880,930			
\$260,000	\$269,999	34	377	\$9,029,102	\$8,349,102			
\$270,000	\$279,999	37	431	\$10,198,630	\$9,458,630			
				\$10,198,630				
\$280,000	\$289,999	32	355 217	1-7 7	\$8,501,599			
\$290,000	\$299,999	20		\$5,918,377	\$5,518,377			
\$300,000	\$324,999	51	569	\$15,821,090	\$14,801,090			
\$325,000	\$349,999	45	520	\$15,172,912	\$14,272,912			
\$350,000	\$374,999	29	322	\$10,445,129	\$9,865,129			
\$375,000	\$399,999	25	285	\$9,698,408	\$9,198,408			
\$400,000	\$424,999	16	185	\$6,656,016	\$6,336,016			
\$425,000	\$449,999	15	164	\$6,551,257	\$6,251,257			
\$450,000	\$474,999	14	152	\$6,477,642	\$6,197,642			
\$475,000	\$499,999	16	177	\$7,806,447	\$7,486,447			
\$500,000	\$599,999	33	368	\$17,952,384	\$17,292,384			
\$600,000	\$699,999	16	177	\$10,159,597	\$9,839,597			
\$700,000	\$799,999	9	95	\$6,636,295	\$6,456,295			
\$800,000	\$899,999	9	96	\$7,655,134	\$7,475,134			
\$900,000	\$999,999	9	108	\$8,404,666	\$8,224,666			
\$1,000,000+		22	261	\$30,473,607	\$30,033,607			
Total		186,413	1,785,539	\$1,187,898,784	\$1,136,241,961			

ate Effective Date:	1/1/2024	
Table 5. Development of the Projected Index Rate. Market-Adjusted Index Rate, and T	otal Allowed Claims	

Rate Development and Change					
Carrier Name:		Insurance Compa	ny, In	-	
Product(s):	PPC				
Market Segment: Rate Effective Date:		vidual /2024			
Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate			s		
Development of the Projected Index Rate	Α.	ctual Experience		Manual Data	
Total Allowed FMS Claims + FMS Carrination PMSM (net of prescription doug releases) PMSM		Data 600 m	٠	577 52	r. Artual Panerience PMPM s
	,	1 183	-	1 183	- PLUM LANGERICS PROPERTY
Two year trend projection Factor Unadjusted Projected Allowed INS Claims PMPM		1.183		1.183 677.46	l
Unadjusted Projected Allowed Eria Califfs Provide Single Risk Pool Adjustment Factors	\$	827.13	5	677.46	
Change in Morbidty - Impact of Bainsurance Program		1.000		1.000	
Change in Morbidity - All Other		1,000		1,000	c. See URRY Instructions
Total Non-Morbidity Changes					<- see URKT Instructions
		1.001		1.376	
Change in Demographics		0.999		0.991	<- See URRT Instructions
Change in Network		1.003		1.388	
Change in Benefits		1.000		1.000	<- See URRT Instructions
Charase in Other		1.000		1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	5	828.29	5	912.44	
Credibility Factors		0%		100%	<- See Instructions
Blended Projected EHB Claims PMPM			\$	932.44	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims					
Adjusted Projected Allowed EHS Claims PMPM	5	932.44	< In	iex Rate for Proje	ction Period on URRT
Projected Paid to Allowed Ratio		0.687			
Projected Incurred EHB Claims PMPM	5	640.89			
Market-wide Adjustments Projected Incurred Risk Adjustment PMPM		\$108.81			
Projected incurred test Adjustment PNPM Projected Incurred Exchange User Fees PMPM		\$11.45			
Projected Incurred Reinsurance Recoveries PMPM		\$27.88			
Market-Adjusted Projected Incurred EHB Claims PMPM	\$	517.66			
Market-Adjusted Projected Allowed EHS Claims PMPM	s	753.15	< M	arket-Adjusted In	dex Rate
Projected Allowed Non-EHB Claims PMPM	s	0.25			
Market-Adjusted Projected Incurred Total Claims PMPM	5	517.83			
Market-Adjusted Projected Incurred Total Claims PMPM Market-Adjusted Projected Allowed Total Claims PMPM	s	517.83 753.40			

Blended Base Period Unadjusted Claims before Normalization	\$	572.52	<- Index Rate of Experience Period on UR
Blended Earned Premium	5	1,042,320,735.81	
Blended Loss Ratio		75,25%	

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

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total Single Risk Pool
# of Member Months Renewing in Quarter					
Adjusted Projected Allowed EHS Claims PMPM	\$ 932.44	\$ 932.44	\$ 932.44	\$ 932.44	\$ 932.44
Months of Trend		3	6	9	
Annual Trend	8.78%	8.78%	8.78%	8.78%	
Single Risk Pool Projected Allowed Claims	\$ 932.44	\$ 952.26	\$ 972.51	\$ 993.19	\$ -

Table 6. Retention

Retention Items - Express in percentages	Pe	rcentages	PMPM Amounts
Administrative Expenses		13.02%	\$81.8
General and Claims		10.44%	\$65.6
Agent/Broker Fees and Commissions		1.78%	\$11.1
Quality Improvement Initiatives		0.80%	\$5.0
Taxes and Fees		2.60%	\$16.3
Risk Adjustment User Fee		0.03%	\$0.1
PCORI Fee		0.04%	\$0.2
PA Premium & Other Taxes (f applicable)		2.00%	\$12.5
Federal Income Tax		0.53%	\$1.3
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.0
Profit/Contingency (after tax)		2.00%	\$12.5
Total Retention		17.61%	\$110.7
Projected Required Revenue PMPM	s	628.54	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.710	1.74
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.004	1.00
Average Senefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.00
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 760.22	\$ 753.40
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 437.60	\$ 430.40

Table 8. Components of Rate Change

Rate Components		2023		2024	D	ifference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$	376.07	\$	366.09	\$	(9.99)	-2.7%
B. Base period allowed claims before normalization	5	569.62	5	572.52	5	2.90	0.8%
C. Normalization factor component of change	5	(241.73)	5	(245.45)	5	(3.72)	-1.0%
D. Change in Normalized Allowed Claims Adjustment Components							
D1. Sase period allowed claims after normalization D2. URRT Trend	5	327.89	5	327.06	5	(0.82)	-0.2%
D2. URRY Trend D3. URRY Morbidity	5	56.93	5	59.95	5	3.02	0.8%
DA LIBET Other	5		5	*	5		0.0%
DS. Normalized URRT Risk Adjustment on an allowed basis	5	124.12	5	145.66	5	21.54	5.7%
DS. Normalized Diotri Kisk Adjustment on an allowed basis DS. Normalized Exchange User Fee on an allowed basis	5	(80.08)	5	(90.44)	5	(30.36)	-8.1%
DC. Normalized Exchange User Fee on an allowed basis D7. Normalized Beinsurance Becoveries on an allowed basis	5	10.91	5	11.18	5	0.27	0.1%
	5	(22.31)	5	(23.17)	5	(0.86)	-0.2%
DB. Subtotal - Sum(D1:07)	5	437.46	5	430.25	5	(7.21)	-1.9%
E. Change in Allowable Plan Adjusted Level Components E1. Network							
	5	0.00	5		5	(0.00)	0.0%
E2. Pricing AV E3. Sensiti Subness	5	(140.82)	5	(134.53)	5	6.29	1.7%
E3. Denerit richness E4. Catastrophic Eliability	5	0.00	5		5	(0.00)	0.0%
	5		5		5	- 1	0.0%
E5. Subtotal - Sum(E1:E4) F. Change in Retention Components	5	(140.82)	5	(134.53)	5	6.29	1.7%
F1. Administrative Expenses F2. Taxon and Sens	5	48.95	5	47.65	5	(1.29)	-0.3%
	5	9.79	5	9.52	5	(0.27)	-0.1%
F3. Profit and/or Contingency	5	7.52	5	7.32	5	(0.20)	-0.1%
F4. Subtotal - Sum(F2F3)	5	66.25	5	64.48	\$	(1.77)	-0.5%
G. Change in Miscellaneous Items	\$	-	\$		\$		0.0%
M. Sum of Components of Rate Change (should approximate the change shown in line A)	s	362.89	5	360.21	\$	(2.69)	-0.7%

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

	2023	2024]
Paid-to-Allowed	0.678	0.687	ı
URRT Trend (Total Applied Trend Factor)	1.174		
URRT Morbidity	1.000		
URRT "Other"	1.323	1.376	ł
			Ų
Risk Adjustment	\$ (70.77)		
Exchange User Fee			
Reinsurance Recoveries	\$ 26.28	\$ 27.88	
Capitation	5 -	\$ -	Į
Network	1.000		
Pricing AV	0.678		
Benefit Richness	1.000		
Catastrophic Eligibility	1.000	1.000	ł
Administrative Expenses	13.01%		
Taxes and Fees	2.60%	2.60%	
Profit and/or Contingency	2.00%	2.00%	ł

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PA Rate Template Part III
Table 10. Plan Rates

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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

	Proj	ection Perio	d Age and	Tobacco F	actors	
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.225
15	0.833			41	1.302	1.225
16	0.859			42	1.325	1.225
17	0.885			43	1.357	1.225
18	0.913			44	1.397	1.225
19	0.941			45	1.444	1.225
20	0.970			46	1.500	1.225
21	1.000	1.125		47	1.563	1.225
22	1.000	1.125		48	1.635	1.225
23	1.000	1.125		49	1.706	1.225
24	1.000	1.125		50	1.786	1.375
25	1.004	1.125		51	1.865	1.375
26	1.024	1.125		52	1.952	1.375
27	1.048	1.125		53	2.040	1.375
28	1.087	1.125		54	2.135	1.375
29	1.119	1.125		55	2.230	1.375
30	1.135	1.175		56	2.333	1.375
31	1.159	1.175		57	2.437	1.375
32	1.183	1.175		58	2.548	1.375
33	1.198	1.175		59	2.603	1.375
34	1.214	1.175		60	2.714	1.375
35	1.222	1.175		61	2.810	1.375
36	1.230	1.175		62	2.873	1.375
37	1.238	1.175		63	2.952	1.375
38	1.246	1.175		64+	3.000	1.375
39	1.262	1.175				

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

Carrier Name: QCC Insurance Company, Inc.

Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2024

Table 13. Geographic Factors

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

Table 14. Network Factors

	Projection Period Network	Factors		
Network Name	Rating Area	Current Factor	Proposed Factor	Approval Date
PPO	Rating Area 8	1.000	1.000	5/6/1997
EPO	Rating Area 8	0.950	0.950	5/6/1997

PA Rate Template Part VI - Rate Change Summary Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:
Revised Requested Average Rate Change:
Minimum Requested Rate Change:
Maximum Requested Rate Change:
Mayed Marged Marged
Available in Rating Areas:

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

The company expects its annual medical costs to increase:

Explanation of requested rate change:

8.78%



Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas		Text
1			1	
2			1	
3			1	
4			1	
5			1	
6			1	
7			1	
			-	
8		8	1	8

Ending date of Rates: December 31, 2024

HIOS Plan ID (On Exchange)=>	31609PA0	0070002	31609PA	0070003	3160994	0070004	31609PA	0070011	31609PA0	070012	31609PA	0160001	31609PA	0160005	31609PA0	0160006	31609PA0	0160009														
HIOS Plan ID (Off Exchange)=>		2070002	3100317	0070003	3200317	40070004	51005174	0070011	31003170	0,0015	310031 A	0100001	310031 A	0100003	31003174	0100000	31003170	220000	31609PA	0180001	31609PA0	180004	31609PA0	180005	31609PA0	190002	31609PA	A0190004	31609PA	0190006	31609PA	A0180008
Plan Marketing Name =>	Personal Choi	ice PPO Gold	ersonal Choice F	PO Silver Clas	Personal Choi	ice PPO Bronze	ersonal Choice I	PPO Gold Class	rsonal Choice PPI	O Gold Prefere	ersonal Choice E	EPO Catastroph	sonal Choice EF	O Bronze Rese	ersonal Choice E	PO Bronze Ba	rsonal Choice EP	PO Bronze Clas	ersonal Choice	EPO Catastroph	sonal Choice EPC	O Bronze Rese	ersonal Choice El	PO Bronze Bas	Personal Choi	ice PPO Gold	Personal Choi	ice PPO Bronze	rsonal Choice Pl	O Gold Prefere	rsonal Choice E	PO Bronze Clas
Form # =>	08535.ON	Rev. 1.23	08535.ON	Rev. 1.23	08535.ON	Rev. 1.23	08535.ON	Rev. 1.23	08535.ON F	Rev. 1.23	08537.ON.PD	EN Rev. 1.23	08537.ON.PDEN	I.HSA Rev. 1.23	08537.ON.PD	EN Rev. 1.23	08535.ON I	Rev. 1.23	08537.OFI	Rev. 1.23	8537.OFF.PDEN.	.HSA Rev. 1.2	08537.OFF I	Rev. 1.23	08535.OFF	Rev. 1.23	08535.OF	F Rev. 1.23	08535.OFF	Rev. 1.23	08537.OFF	Rev. 1.23
Rating Area =>	8		8	3		8	8	1	8		8	1		1	8	3	8			3	8		8		8			8		1		ś
Network =>			Personal Cho						Personal Choic						Personal Cho										Personal Choi							
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Deductible =>	\$0		\$3,5			,000	\$1,2 20		\$0		\$9,4		\$7,0		\$9,4		\$4,2			100	\$7,45		\$9,10		20			,000 0%	\$			200
Coinsurance =>	\$30/		\$30/\$75						\$15/\$								\$65 no ded/\$								\$30/				\$15/		\$65/\$65	
Copays => OOP Maximum =>	\$8,2		\$30/\$75			,450	\$50 no ded/2 \$9.4		\$15/\$		\$9,4		\$7,4		\$9,4		\$65 no ded/3 \$9,4			450	\$7,45		\$9,45 \$9,45		\$8,2			50% after ded ,450	\$15/			450
Pediatric Dental (Yes/No) =>	36,2 Ye		30,5 Ye	300	35,	es	35,4 Ve	+30	30,00 Yes		75,5 Ye	+50	37,	+30	35,4 Ye	+30	35,4: Yes	150		430	37,4: Yes	50	35,43 Yes	30	30,2 Ye		33,	es	30,0 Ye	15	25,	05
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$417.19	\$417.19	\$354,72	\$354.72	\$241.04	\$241.04	\$347.92	\$347.92	\$448.96	\$448.96	\$195.63	\$195.63	\$221.83	\$221.83	\$199.62	\$199.62	\$223.98	\$223.98	\$195.63	\$195.63	\$221.83	\$221.83	\$199.62	\$199.62	\$417.19	\$417.19	\$241.04	\$241.04	\$448.96	\$448.96	\$223.98	\$223.98
15	\$454.27	\$454.27	\$386.25	\$386.25	\$262.47	\$262.47	\$378.85	\$378.85	\$488.87	\$488.87	\$213.02	\$213.02	\$241.55	\$241.55	\$217.36	\$217.36	\$243.89	\$243.89	\$213.02	\$213.02	\$241.55	\$241.55	\$217.36	\$217.36	\$454.27	\$454.27	\$262.47	\$262.47	\$488.87	\$488.87	\$243.89	\$243.89
16	\$468.45	\$468.45	\$398.31	\$398.31	\$270.66	\$270.66	\$390.67	\$390.67	\$504.13	\$504.13	\$219.67	\$219.67	\$249.09	\$249.09	\$224.15	\$224.15	\$251.50	\$251.50	\$219.67	\$219.67	\$249.09	\$249.09	\$224.15	\$224.15	\$468.45	\$468.45	\$270.66	\$270.66	\$504.13	\$504.13	\$251.50	\$251.50
17	\$482.63	\$482.63	\$410.37	\$410.37	\$278.85	\$278.85	\$402.50	\$402.50	\$519.39	\$519.39	\$226.32	\$226.32	\$256.63	\$256.63	\$230.93	\$230.93	\$259.11	\$259.11	\$226.32	\$226.32	\$256.63	\$256.63	\$230.93	\$230.93	\$482.63	\$482.63	\$278.85	\$278.85	\$519.39	\$519.39	\$259.11	\$259.11
18	\$497.90	\$497.90	\$423.35	\$423.35	\$287.68	\$287.68	\$415.23	\$415.23	\$535.82	\$535.82	\$233.48	\$233.48	\$264.75	\$264.75	\$238.24	\$238.24	\$267.31	\$267.31	\$233.48	\$233.48	\$264.75	\$264.75	\$238.24	\$238.24	\$497.90	\$497.90	\$287.68	\$287.68	\$535.82	\$535.82	\$267.31	\$267.31
19	\$513.16	\$513.16	\$436.33	\$436.33	\$296.50	\$296.50	\$427.97	\$427.97	\$552.25	\$552.25	\$240.64	\$240.64	\$272.87	\$272.87	\$245.54	\$245.54	\$275.51	\$275.51	\$240.64	\$240.64	\$272.87	\$272.87	\$245.54	\$245.54	\$513.16	\$513.16	\$296.50	\$296.50	\$552.25	\$552.25	\$275.51	\$275.51
20	\$528.98	\$528.98	\$449.78	\$449.78	\$305.64	\$305.64	\$441.16	\$441.16	\$569.27	\$569.27	\$248.06	\$248.06	\$281.28	\$281.28	\$253.11	\$253.11	\$284.00	\$284.00	\$248.06	\$248.06	\$281.28	\$281.28	\$253.11	\$253.11	\$528.98	\$528.98	\$305.64	\$305.64	\$569.27	\$569.27	\$284.00	\$284.00
21	\$545.34 \$545.34	\$613.51 \$613.51	\$463.69 \$463.69	\$521.65 \$521.65	\$315.09 \$315.09	\$354.48 \$354.48	\$454.80 \$454.80	\$511.65 \$511.65	\$586.88 \$586.88	\$660.24 \$660.24	\$255.73 \$255.73	\$287.70 \$287.70	\$289.98 \$289.98	\$326.23 \$326.23	\$260.94 \$260.94	\$293.56 \$293.56	\$292.78 \$292.78	\$329.38 \$329.38	\$255.73 \$255.73	\$287.70 \$287.70	\$289.98 \$289.98	\$326.23 \$326.23	\$260.94 \$260.94	\$293.56 \$293.56	\$545.34 \$545.34	\$613.51 \$613.51	\$315.09 \$315.09	\$354.48 \$354.48	\$586.88 \$586.88	\$660.24 \$660.24	\$292.78 \$292.78	\$329.38 \$329.38
22	\$545.34	\$613.51	\$463.69	\$521.65	\$315.09	\$354.48	\$454.80	\$511.65	\$586.88	\$660.24	\$255.73	\$287.70	\$289.98	\$326.23	\$260.94	\$293.56	\$292.78	\$329.38	\$255.73	\$287.70	\$289.98	\$326.23	\$260.94	\$293.56	\$545.34	\$613.51	\$315.09	\$354.48	\$586.88	\$660.24	\$292.78	\$329.38
24	\$545.34	\$613.51	\$463.69	\$521.65	\$315.09	\$354.48	\$454.80	\$511.65	\$586.88	\$660.24	\$255.73	\$287.70	\$289.98	\$326.23	\$260.94	\$293.56	\$292.78	\$329.38	\$255.73	\$287.70	\$289.98	\$326.23	\$260.94	\$293.56	\$545.34	\$613.51	\$315.09	\$354.48	\$586.88	\$660.24	\$292.78	\$329.38
25	\$547.52	\$615.96	\$465.54	\$523.74	\$316.35	\$355.89	\$456.62	\$513.70	\$589.23	\$662.88	\$256.75	\$288.85	\$291.14	\$327.53	\$261.98	\$294.73	\$293.95	\$330.70	\$256.75	\$288.85	\$291.14	\$327.53	\$261.98	\$294.73	\$547.52	\$615.96	\$316.35	\$355.89	\$589.23	\$662.88	\$293.95	\$330.70
26	\$558.43	\$628.23	\$474.82	\$534.17	\$322.65	\$362.98	\$465.72	\$523.93	\$600.97	\$676.09	\$261.87	\$294.60	\$296.94	\$334.06	\$267.20	\$300.60	\$299.81	\$337.28	\$261.87	\$294.60	\$296.94	\$334.06	\$267.20	\$300.60	\$558.43	\$628.23	\$322.65	\$362.98	\$600.97	\$676.09	\$299.81	\$337.28
27	\$571.52	\$642.96	\$485.95	\$546.69	\$330.21	\$371.49	\$476.63	\$536.21	\$615.05	\$691.93	\$268.01	\$301.51	\$303.90	\$341.89	\$273.47	\$307.65	\$306.83	\$345.19	\$268.01	\$301.51	\$303.90	\$341.89	\$273.47	\$307.65	\$571.52	\$642.96	\$330.21	\$371.49	\$615.05	\$691.93	\$306.83	\$345.19
28	\$592.78	\$666.88	\$504.03	\$567.03	\$342.50	\$385.32	\$494.37	\$556.16	\$637.94	\$717.68	\$277.98	\$312.73	\$315.21	\$354.61	\$283.64	\$319.10	\$318.25	\$358.03	\$277.98	\$312.73	\$315.21	\$354.61	\$283.64	\$319.10	\$592.78	\$666.88	\$342.50	\$385.32	\$637.94	\$717.68	\$318.25	\$358.03
29	\$610.24	\$686.51	\$518.87	\$583.73	\$352.59	\$396.66	\$508.92	\$572.54	\$656.72	\$738.81	\$286.16	\$321.93	\$324.49	\$365.05	\$291.99	\$328.49	\$327.62	\$368.57	\$286.16	\$321.93	\$324.49	\$365.05	\$291.99	\$328.49	\$610.24	\$686.51	\$352.59	\$396.66	\$656.72	\$738.81	\$327.62	\$368.57
30	\$618.96	\$727.28	\$526.29	\$618.39	\$357.63	\$420.21	\$516.20	\$606.53	\$666.11	\$782.68	\$290.25	\$341.05	\$329.13	\$386.72	\$296.17	\$348.00	\$332.31	\$390.46	\$290.25	\$341.05	\$329.13	\$386.72	\$296.17	\$348.00	\$618.96	\$727.28	\$357.63	\$420.21	\$666.11	\$782.68	\$332.31	\$390.46
31	\$632.05	\$742.66	\$537.42	\$631.46	\$365.19	\$429.10	\$527.11	\$619.36	\$680.19	\$799.23	\$296.39	\$348.26	\$336.09	\$394.90	\$302.43	\$355.35	\$339.33	\$398.72	\$296.39	\$348.26	\$336.09	\$394.90	\$302.43	\$355.35	\$632.05	\$742.66	\$365.19	\$429.10	\$680.19	\$799.23	\$339.33	\$398.72
32	\$645.14	\$758.04	\$548.55 \$555.50	\$644.54	\$372.75 \$377.48	\$437.98 \$443.54	\$538.03 \$544.85	\$632.18	\$694.28	\$815.78	\$302.53 \$306.36	\$355.47 \$359.98	\$343.05 \$347.40	\$403.08 \$408.19	\$308.69	\$362.71 \$367.31	\$346.36	\$406.97	\$302.53	\$355.47 \$359.98	\$343.05 \$347.40	\$403.08 \$408.19	\$308.69	\$362.71 \$367.31	\$645.14	\$758.04	\$372.75 \$377.48	\$437.98 \$443.54	\$694.28 \$703.08	\$815.78 \$826.12	\$346.36 \$350.75	\$406.97
33	\$653.32 \$662.04	\$767.65 \$777.90	\$562.92	\$652.71 \$661.43	\$377.48	\$443.54	\$552.13	\$640.20 \$648.75	\$703.08 \$712.47	\$826.12 \$837.15	\$310.46	\$359.98	\$352.04	\$408.19	\$312.61 \$316.78	\$367.31	\$350.75 \$355.43	\$412.13 \$417.64	\$306.36 \$310.46	\$359.98	\$347.40	\$408.19	\$312.61 \$316.78	\$367.31	\$653.32 \$662.04	\$767.65 \$777.90	\$377.48	\$443.54	\$703.08	\$826.12	\$355.43	\$412.13 \$417.64
34	\$666.41	\$777.90	\$562.92	\$665.79	\$385.04	\$449.46	\$552.13	\$653.02	\$712.47	\$842.67	\$310.46	\$364.79	\$352.04	\$416.37	\$318.87	\$374.67	\$355.43	\$420.39	\$310.46	\$364.79	\$352.04	\$416.37	\$318.87	\$374.67	\$666.41	\$777.90	\$382.52	\$452.42	\$717.17	\$842.67	\$355.43	\$417.64
35	\$670.77	\$788.15	\$570.34	\$670.15	\$387.56	\$455.38	\$559.40	\$657.30	\$721.86	\$848.19	\$314.55	\$369.59	\$356.68	\$419.09	\$320.96	\$377.12	\$360.12	\$423.14	\$314.55	\$369.59	\$356.68	\$419.09	\$320.96	\$377.12	\$670.77	\$788.15	\$387.56	\$455.38	\$721.86	\$848.19	\$360.12	\$423.14
37	\$675.13	\$793.28	\$574.05	\$674.51	\$390.08	\$458.35	\$563.04	\$661.57	\$726.56	\$853.70	\$316.59	\$372.00	\$359.00	\$421.82	\$323.04	\$379.58	\$362.46	\$425.89	\$316.59	\$372.00	\$359.00	\$421.82	\$323.04	\$379.58	\$675.13	\$793.28	\$390.08	\$458.35	\$726.56	\$853.70	\$362.46	\$425.89
38	\$679.49	\$798.41	\$577.76	\$678.87	\$392.60	\$461.31	\$566.68	\$665.85	\$731.25	\$859.22	\$318.64	\$374.40	\$361.32	\$424.55	\$325.13	\$382.03	\$364.80	\$428.64	\$318.64	\$374.40	\$361.32	\$424.55	\$325.13	\$382.03	\$679.49	\$798.41	\$392.60	\$461.31	\$731.25	\$859.22	\$364.80	\$428.64
39	\$688.22	\$808.66	\$585.18	\$687.58	\$397.64	\$467.23	\$573.96	\$674.40	\$740.64	\$870.26	\$322.73	\$379.21	\$365.95	\$430.00	\$329.31	\$386.93	\$369.49	\$434.15	\$322.73	\$379.21	\$365.95	\$430.00	\$329.31	\$386.93	\$688.22	\$808.66	\$397.64	\$467.23	\$740.64	\$870.26	\$369.49	\$434.15
40	\$696.94	\$853.76	\$592.60	\$725.93	\$402.69	\$493.29	\$581.23	\$712.01	\$750.03	\$918.79	\$326.82	\$400.36	\$370.59	\$453.98	\$333.48	\$408.51	\$374.17	\$458.36	\$326.82	\$400.36	\$370.59	\$453.98	\$333.48	\$408.51	\$696.94	\$853.76	\$402.69	\$493.29	\$750.03	\$918.79	\$374.17	\$458.36
41	\$710.03	\$869.79	\$603.72	\$739.56	\$410.25	\$502.55	\$592.15	\$725.38	\$764.12	\$936.04	\$332.96	\$407.88	\$377.55	\$462.50	\$339.74	\$416.19	\$381.20	\$466.97	\$332.96	\$407.88	\$377.55	\$462.50	\$339.74	\$416.19	\$710.03	\$869.79	\$410.25	\$502.55	\$764.12	\$936.04	\$381.20	\$466.97
42	\$722.58	\$885.15	\$614.39	\$752.63	\$417.49	\$511.43	\$602.61	\$738.20	\$777.62	\$952.58	\$338.84	\$415.08	\$384.22	\$470.67	\$345.75	\$423.54	\$387.93	\$475.22	\$338.84	\$415.08	\$384.22	\$470.67	\$345.75	\$423.54	\$722.58	\$885.15	\$417.49	\$511.43	\$777.62	\$952.58	\$387.93	\$475.22
43	\$740.03 \$761.84	\$906.53 \$933.25	\$629.23 \$647.77	\$770.80	\$427.58	\$523.78	\$617.16	\$756.03 \$778.31	\$796.40	\$975.59 \$1.004.34	\$347.03	\$425.11	\$393.50	\$482.04	\$354.10 \$364.53	\$433.77 \$446.55	\$397.30 \$409.01	\$486.70 \$501.04	\$347.03 \$357.25	\$425.11 \$437.64	\$393.50	\$482.04	\$354.10	\$433.77 \$446.55	\$740.03	\$906.53 \$933.25	\$427.58	\$523.78	\$796.40	\$975.59	\$397.30 \$409.01	\$486.70 \$501.04
44	\$761.84	\$964.65	\$669.57	\$793.52 \$820.22	\$440.18 \$454.99	\$539.22 \$557.36	\$635.36 \$656.73	\$804.50	\$819.87 \$847.45	\$1,004.34	\$357.25 \$369.27	\$437.64 \$452.36	\$405.10 \$418.73	\$496.25 \$512.95	\$376.80	\$461.58	\$409.01	\$501.04	\$357.25	\$452.36	\$405.10 \$418.73	\$496.25 \$512.95	\$364.53 \$376.80	\$461.58	\$761.84 \$787.47	\$933.25	\$440.18 \$454.99	\$539.22 \$557.36	\$819.87 \$847.45	\$1,004.34 \$1.038.13	\$409.01	\$501.04
46	\$818.01	\$1.002.06	\$695.54	\$852.03	\$472.64	\$578.98	\$682.20	\$835.70	\$880.32	\$1,038.13	\$383.60	\$469.90	\$434.97	\$532.84	\$391.41	\$479.48	\$439.17	\$537.98	\$383.60	\$469.90	\$434.97	\$532.84	\$391.41	\$479.48	\$818.01	\$1.002.06	\$472.64	\$578.98	\$880.32	\$1,038.13	\$439.17	\$537.98
47	\$852.37	\$1,044.15	\$724.75	\$887.82	\$492.49	\$603.29	\$710.85	\$870.79	\$917.29	\$1,123.68	\$399.71	\$489.64	\$453.24	\$555.22	\$407.85	\$499.62	\$457.62	\$560.58	\$399.71	\$489.64	\$453.24	\$555.22	\$407.85	\$499.62	\$852.37	\$1,044.15	\$492.49	\$603.29	\$917.29	\$1,123.68	\$457.62	\$560.58
48	\$891.63	\$1,092.25	\$758.13	\$928.71	\$515.17	\$631.09	\$743.60	\$910.91	\$959.55	\$1,175.45	\$418.12	\$512.20	\$474.12	\$580.79	\$426.64	\$522.63	\$478.70	\$586.40	\$418.12	\$512.20	\$474.12	\$580.79	\$426.64	\$522.63	\$891.63	\$1,092.25	\$515.17	\$631.09	\$959.55	\$1,175.45	\$478.70	\$586.40
49	\$930.35	\$1,139.68	\$791.06	\$969.04	\$537.54	\$658.49	\$775.89	\$950.46	\$1,001.22	\$1,226.49	\$436.28	\$534.44	\$494.71	\$606.01	\$445.16	\$545.33	\$499.48	\$611.87	\$436.28	\$534.44	\$494.71	\$606.01	\$445.16	\$545.33	\$930.35	\$1,139.68	\$537.54	\$658.49	\$1,001.22	\$1,226.49	\$499.48	\$611.87
50	\$973.98	\$1,339.22	\$828.15	\$1,138.71	\$562.75	\$773.78	\$812.27	\$1,116.88	\$1,048.17	\$1,441.23	\$456.73	\$628.01	\$517.90	\$712.12	\$466.04	\$640.80	\$522.91	\$718.99	\$456.73	\$628.01	\$517.90	\$712.12	\$466.04	\$640.80	\$973.98	\$1,339.22	\$562.75	\$773.78	\$1,048.17	\$1,441.23	\$522.91	\$718.99
51	\$1,017.06	\$1,398.46	\$864.78	\$1,189.08	\$587.64	\$808.01	\$848.20	\$1,166.28	\$1,094.53	\$1,504.98	\$476.94	\$655.79	\$540.81	\$743.62	\$486.65	\$669.15	\$546.03	\$750.80	\$476.94	\$655.79	\$540.81	\$743.62	\$486.65	\$669.15	\$1,017.06	\$1,398.46	\$587.64	\$808.01	\$1,094.53	\$1,504.98	\$546.03	\$750.80
52	\$1,064.50	\$1,463.69	\$905.12	\$1,244.54	\$615.06	\$845.70		\$1,220.68	\$1,145.59	\$1,575.19	\$499.18	\$686.38	\$566.04	\$778.31	\$509.35	\$700.36	\$571.51	\$785.82	\$499.18	\$686.38	\$566.04	\$778.31	\$509.35	\$700.36	\$1,064.50	\$1,463.69	\$615.06	\$845.70	\$1,145.59	\$1,575.19	\$571.51	\$785.82
53	\$1,112.49	\$1,529.68	\$945.93	\$1,300.65	\$642.78	\$883.83	\$927.79	\$1,275.71	\$1,197.24	\$1,646.20	\$521.69	\$717.32	\$591.56	\$813.39	\$532.32	\$731.94	\$597.27	\$821.25	\$521.69	\$717.32	\$591.56	\$813.39	\$532.32	\$731.94	\$1,112.49	\$1,529.68	\$642.78	\$883.83	\$1,197.24	\$1,646.20	\$597.27	\$821.25
54	\$1,164.30	\$1,600.91	\$989.98	\$1,361.22	\$672.72	\$924.99	\$971.00	\$1,335.12	\$1,252.99	\$1,722.86	\$545.98	\$750.73	\$619.11	\$851.27	\$557.11	\$766.02	\$625.09	\$859.49	\$545.98	\$750.73	\$619.11	\$851.27	\$557.11	\$766.02	\$1,164.30	\$1,600.91	\$672.72	\$924.99	\$1,252.99	\$1,722.86	\$625.09	\$859.49
55	\$1,216.11 \$1,272.28	\$1,672.15 \$1,749.38	\$1,034.03 \$1.081.79	\$1,421.79 \$1,487.46	\$702.65 \$735.10	\$966.14 \$1,010.77	\$1,014.20 \$1,061.05	\$1,394.53 \$1,458.94	\$1,308.74 \$1,369.19	\$1,799.52 \$1,882.64	\$570.28 \$596.62	\$784.13 \$820.35	\$646.66 \$676.52	\$889.15 \$930.22	\$581.90 \$608.77	\$800.11 \$837.06	\$652.90 \$683.06	\$897.74 \$939.20	\$570.28 \$596.62	\$784.13 \$820.35	\$646.66 \$676.52	\$889.15 \$930.22	\$581.90 \$608.77	\$800.11 \$837.06	\$1,216.11 \$1,272.28	\$1,672.15 \$1,749.38	\$702.65 \$735.10	\$966.14 \$1,010.77	\$1,308.74 \$1,369.19	\$1,799.52 \$1,882.64	\$652.90 \$683.06	\$897.74 \$939.20
56	\$1,272.28	\$1,749.38	\$1,081.79	\$1,487.46	\$767.87	\$1,010.77	\$1,061.05	\$1,458.94	\$1,369.19	\$1,882.64	\$623.21	\$856.92	\$706.68	\$930.22	\$635.91	\$837.06	\$713.50	\$939.20	\$623.21	\$856.92	\$706.68	\$930.22	\$635.91	\$837.06	\$1,272.28	\$1,749.38	\$767.87	\$1,010.77	\$1,369.19	\$1,882.64	\$713.50	\$939.20
58	\$1,389.53	\$1,910.60	\$1,181.48	\$1,624.54	\$802.85	\$1,103.92	\$1,158.83	\$1,593.39	\$1,495.37	\$2,056.13	\$651.60	\$895.95	\$738.87	\$1,015.94	\$664.88	\$914.20	\$746.00	\$1,025.75	\$651.60	\$895.95	\$738.87	\$1,015.94	\$664.88	\$914.20	\$1,389.53	\$1,910.60	\$802.85	\$1,103.92	\$1,430.23	\$2,056.13	\$746.00	\$1,025.75
59	\$1,419.52	\$1,951.84	\$1,206.99	\$1,659.60	\$820.18	\$1,127,75	\$1,183.84	\$1,627.79	\$1,527.65	\$2,000.13	\$665.67	\$915.29	\$754.82	\$1,037.87	\$679.23	\$933.94	\$762.11	\$1,047.90	\$665.67	\$915.29	\$754.82	\$1,037.87	\$679.23	\$933.94	\$1,419.52	\$1,951.84	\$820.18	\$1,127,75	\$1,527.65	\$2,100.52	\$762.11	\$1.047.90
60	\$1,480.05	\$2,035.07	\$1,258.45	\$1,730.38	\$855.15	\$1,175.84	\$1,234.33	\$1,697.20	\$1,592.79	\$2,190.09	\$694.05	\$954.32	\$787.01	\$1,082.13	\$708.19	\$973.76	\$794.60	\$1,092.58	\$694.05	\$954.32	\$787.01	\$1,082.13	\$708.19	\$973.76	\$1,480.05	\$2,035.07	\$855.15	\$1,175.84	\$1,592.79	\$2,190.09	\$794.60	\$1,092.58
61	\$1,532.41	\$2,107.06	\$1,302.97	\$1,791.58	\$885.40	\$1,217.43	\$1,277.99	\$1,757.23	\$1,649.13	\$2,267.56	\$718.60	\$988.08	\$814.84	\$1,120.41	\$733.24	\$1,008.21	\$822.71	\$1,131.23	\$718.60	\$988.08	\$814.84	\$1,120.41	\$733.24	\$1,008.21	\$1,532.41	\$2,107.06	\$885.40	\$1,217.43	\$1,649.13	\$2,267.56	\$822.71	\$1,131.23
62	\$1,566.76	\$2,154.30	\$1,332.18	\$1,831.75	\$905.25	\$1,244.72	\$1,306.64	\$1,796.63	\$1,686.11	\$2,318.40	\$734.71	\$1,010.23	\$833.11	\$1,145.53	\$749.68	\$1,030.81	\$841.16	\$1,156.59	\$734.71	\$1,010.23	\$833.11	\$1,145.53	\$749.68	\$1,030.81	\$1,566.76	\$2,154.30	\$905.25	\$1,244.72	\$1,686.11	\$2,318.40	\$841.16	\$1,156.59
63	\$1,609.84	\$2,213.54	\$1,368.81	\$1,882.12	\$930.15	\$1,278.95	\$1,342.57	\$1,846.03		\$2,382.15	\$754.91	\$1,038.01	\$856.02	\$1,177.03	\$770.29	\$1,059.16	\$864.29	\$1,188.39	\$754.91	\$1,038.01	\$856.02	\$1,177.03	\$770.29	\$1,059.16	\$1,609.84	\$2,213.54	\$930.15	\$1,278.95	\$1,732.47	\$2,382.15	\$864.29	\$1,188.39
64+	\$1,636.02	\$2,249.53	\$1,391.07	\$1,912.72	\$945.27	\$1,299.75	\$1,364.40	\$1,876.05	\$1,760.64	\$2,420.88	\$767.19	\$1,054.89	\$869.94	\$1,196.17	\$782.82	\$1,076.38	\$878.34	\$1,207.72	\$767.19	\$1,054.89	\$869.94	\$1,196.17	\$782.82	\$1,076.38	\$1,636.02	\$2,249.53	\$945.27	\$1,299.75	\$1,760.64	\$2,420.88	\$878.34	\$1,207.72

QCC Insurance Company Individual Plan Design Summary

				On/Off			
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Expanded Bron	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070012	Personal Choice PPO Gold Deluxe	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Expanded Bron	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Expanded Bron	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Expanded Bron	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Expanded Bron	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Expanded Bron	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Expanded Bron	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190006	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Expanded Bron	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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Inified Rate Review v6.0											To add a	product to	Vorksheet 2 -	Plan Prod	duct Info, sel	ct the Add Pr	roduct but	tton or
											To add a	plan to Wo	ksheet 2 - Pla	n Product	t Info, select	he Add Plan	button or	r Ctrl + :
Company Legal Name:	QCC Insurance Company, Inc.										To valida	te, select th	· Validate but	tton or Ctr	rl + Shift + I.			
HIOS Issuer ID:	31609	State:	PA								To finalize	e, select the	Finalize butto	on or Ctrl +	+ Shift + F.			
Effective Date of Rate Change(s):	1/1/2024	Market:	Individual															
Market Level Calculations (Same for a	all Plane)																	
ivialitet Level Calculations (Same for a	ili rialisj																	
Section I: Experience Period Data																		
Experience Period:		1/1/202	22 to	12/31/2022														
Experience remod.		1/1/202	Total	PMPM														
Allowed Claims			\$305,423,0		\$699.27													
Reinsurance			\$18,327,9		\$41.96													
Incurred Claims in Experience Period			\$220,105,2		\$503.93													
Risk Adjustment			\$46,871,0	19.66	\$107.31													
Experience Period Premium			\$278,873,5		\$638.48													
Experience Period Member Months			43	6,775														
Section II: Projections																		
Section II. Projections		Year	r 1 Trend	1	Year 2 Tr	rend												
	Experience Period Index	Teach	1 110.00		100.2	cité	Trended EHB Allowed Claims											
Benefit Category	Rate PMPM	Cost	Utilization	Cost		Utilization												
						Utilization	PMPM											
inpatient Hospital	\$129.93	1 1.05	51	1.068	1.051	1.068	PMPM \$163.68											
Inpatient Hospital Outpatient Hospital	\$145.60	0 1.04	15	1.068 1.068	1.045	1.068 1.068	\$163.68 \$181.36											
Outpatient Hospital Professional	\$145.60 \$173.91	0 1.04 1 1.02	15 29	1.068 1.068 1.068	1.045 1.029	1.068 1.068 1.068	\$163.68 \$181.36 \$210.04											
Outpatient Hospital Professional Other Medical	\$145.60 \$173.9: \$0.00	0 1.04 1 1.02 0 1.02	15 29 29	1.068 1.068 1.068 1.068	1.045 1.029 1.029	1.068 1.068 1.068 1.068	\$163.68 \$181.36 \$210.04 \$0.00											
Outpatient Hospital Professional Other Medical Capitation	\$145.60 \$173.9: \$0.00 \$92.20	0 1.04 1 1.02 0 1.02 0 1.00	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug	\$145.6(\$173.9: \$0.00 \$92.2(\$157.3)	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068	1.045 1.029 1.029	1.068 1.068 1.068 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation	\$145.60 \$173.9: \$0.00 \$92.20	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total	\$145.6(\$173.9: \$0.00 \$92.2(\$157.3)	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment	\$145.6(\$173.9: \$0.00 \$92.2(\$157.3)	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total	\$145.6(\$173.9: \$0.00 \$92.2(\$157.3)	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 19 19 19 19 19 19 19	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1.07 1.07 1.07 1.07 1.07 1.07 1.07 1.07	15 15 19 19 19 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1 1.02 0 1.02 0 1.02 0 1.00 8 0.99	15 15 19 19 19 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1.07 1.07 1.07 1.07 1.07 1.07 1.07 1.07	15 15 19 19 19 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003 \$828.59	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1.07 1.07 1.07 1.07 1.07 1.07 1.07 1.07	15 15 19 19 19 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003	1.068 1.068 1.068 1.068 1.020	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1.07 1.07 1.07 1.07 1.07 1.07 1.07 1.07	15 15 19 19 19 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003 \$828.59	1.068 1.068 1.068 1.068 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	1/1/202	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003 \$828.59 \$932.44 0.00%	1.068 1.068 1.068 1.058 1.020 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	0 1.04 1.07 1.07 1.07 1.07 1.07 1.07 1.07 1.07	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.990 1.000 1.003 \$828.59 \$932.44 0.00%	1.068 1.068 1.068 1.058 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	1/1/202	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 1.000 1.000 \$828.59 992.44 0.00%	1.068 1.068 1.068 1.020 1.020 1.058 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	1/1/202	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.003 \$828.59 \$932.44 0.00%	1.068 1.068 1.068 1.068 1.068 1.020 1.020 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	1/1/202	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 1.000 1.000 \$828.59 992.44 0.00%	1.068 1.068 1.068 1.020 1.020 1.058 Projected Period Totals 5392,654,213.76 537,079,978.24 566,664,974.24 584,246,9374.24	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											
Outpatient Hospital Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	\$145.66 \$173.9: \$0.00 \$92.2(\$157.33 \$699.00	1/1/202	15 15 19 19 10 10 10 10	1.068 1.068 1.068 1.068 1.068	1.045 1.029 1.029 1.000 0.990 1.000 0.999 1.000 1.000 \$828.59 \$932.44 0.00%	1.068 1.068 1.068 1.068 1.068 1.020 1.020 1.020 1.068	\$163.68 \$181.36 \$210.04 \$0.00 \$95.92 \$175.94											

Product-Plan Data Collection

Company Legal Name: 31609 1/1/2024 State: Market: PA Individual HIOS Issuer ID: Effective Date of Rate Change(s):

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

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

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information																			
1.1 Product Name		Personal	Choice ON Exchange	PPO Indiv			Person	nal Choice ON Exchai	nge EPO			Person	al Choice OFF Excha	nge EPO			Personal Choice OFF	F Exchange PPO Indiv	
1.2 Product ID			31609PA007					31609PA016					31609PA018				31609	PA019	
1.3 Plan Name	PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	PPO Gold	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	d EPO Bronze Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	EPO Bronze Classic	PPO Gold	PPO Silver	PPO Bronze	PPO Gold
1.4 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
1.5 Metal	Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Bronze	Gold	d Bronze	Catastrophic	Bronze	Bronze	Gold	Bronze	Gold	Silver	Bronze	Gold
1.6 AV Metal Value	0.803	0.715	0.648	0.799	0.820	0.621	0.641	0.638	0.797	0.649	0.621	0.641	0.638	0.797	0.649	0.803	0.648	0.648	0.820
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Terminated	d New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Terminated	Renewing	New
1.8 Plan Type	PPO	PPO	PPO	PPO	PPO	EPC	EPC	EPO	EPC	D EPC	EPC	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No.	Yes	No	No	No	No	No	No	No	No	No

1.10 Effective Date of Proposed Rates
1.11 Cumulative Rate Change % (over 12 mos prior)
1.12 Product Rate Increase %
1.13 Submission Level Rate Increase %

1/1/2024 1/1/2024 -2.32% -2.32%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	I Information																			
	2.1 Plan ID (Standard Component ID)	Total	31609PA0070002		31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006		31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005		31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
\$305,423,058	2.2 Allowed Claims	\$305,423,058	\$43,087,542	\$39,476,688	\$27,805,966	\$0	\$0	\$221,320	\$28,032,476	\$32,534,534	\$3,396,169	\$0	\$686,765	\$26,889,821	\$6,791,727	\$10,131,830	\$0	\$59,219,308	\$12,965,424	\$14,183,488	\$0
\$18,327,934	2.3 Reinsurance	\$18,327,933	\$2,366,189	\$2,456,686	\$1,567,661	\$0	\$0	\$0	\$1,734,707	\$1,677,909	\$301,104	\$0	\$26,399	\$1,637,385	\$360,747	\$677,917	\$0	\$4,058,644	\$656,897	\$805,688	\$0
	2.4 Member Cost Sharing	\$66,989,894	\$5,749,587	\$6,262,624	\$8,002,939	\$0	\$0	\$118,363	\$7,841,811	\$12,028,171	\$359,409	\$0	\$94,197	\$6,786,435	\$2,575,397	\$1,074,343	\$0	\$7,791,875	\$3,651,036	\$4,653,706	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$220,105,231	2.6 Incurred Claims	\$220,105,231	\$34,971,766	\$30,757,379	\$18,235,366	\$0	\$0	\$102,956	\$18,455,957	\$18,828,454	\$2,735,656	\$0	\$566,169	\$18,466,001	\$3,855,584	\$8,379,570	\$0	\$47,368,789	\$8,657,490	\$8,724,094	\$0
\$46,871,020	2.7 Risk Adjustment Transfer Amount	\$40,744,002	\$15,264,962	\$12,817,291	-\$1,396,934	\$0	\$0	\$35,515	-\$1,808,597	-\$21,826,440	\$997,533	\$0	\$9,835	\$7,942,994	-\$1,830,023	\$4,042,019	\$0	\$22,572,640	\$2,871,730	\$1,051,478	\$0
\$278,873,502	2.8 Premium	\$278,873,504	\$30,191,173	\$33,055,162	\$29,731,553	\$0	\$0	\$300,021	\$28,894,947	\$50,811,925	\$1,595,345	\$0	\$270,144	\$19,449,559	\$8,216,469	\$5,411,713	\$0	\$41,501,764	\$14,991,163	\$14,452,566	\$0
436,775	2.9 Experience Period Member Months	436,775	33,320	38,633	50,140	0	0	1,092	52,075	107,546	1,826	0	702	35,217	17,692	6,388	0	46,897	18,898	26,349	0
	2.10 Current Enrollment	35,089	3,008	2,992	4,463	542	0	51	3,951	7,614	0	0	15	2,804	1,408	0	0	4,407	1,506	2,328	0
	2.11 Current Premium PMPM	\$650.06	\$910.28	\$843.18	\$593.24	\$767.10	\$0.00	\$282.95	\$556.85	\$482.93	\$0.00	\$0.00	\$340.40	\$549.59	\$468.51	\$0.00	\$0.00	\$888.21	\$788.46	\$552.54	\$0.00
	2.12 Loss Ratio	68.87%	76.94%	67.05%	64.36%	#DIV/0!	#DIV/0!	30.68%	68.14%	64.96%	105.51%	#DIV/0!	202.22%	67.41%	60.37%	88.64%	#DIV/0!	73.93%	48.47%	56.27%	#DIV/0!
	Per Member Per Month																				
	2.13 Allowed Claims	\$699.27	\$1,293.14	\$1,021.84	\$554.57	#DIV/0!	#DIV/0!	\$202.67	\$538.31	\$302.52	\$1,859.90	#DIV/0!	\$978.30	\$763.55	\$383.89	\$1,586.07	#DIV/0!	\$1,262.75	\$686.07	\$538.29	#DIV/0!
	2.14 Reinsurance	\$41.96	\$71.01	\$63.59	\$31.27	#DIV/0!	#DIV/0!	\$0.00	\$33.31	\$15.60	\$164.90	#DIV/0!	\$37.61	\$46.49	\$20.39	\$106.12	#DIV/0!	\$86.54	\$34.76	\$30.58	#DIV/0!
	2.15 Member Cost Sharing	\$153.37	\$172.56	\$162.11	\$159.61	#DIV/0!	#DIV/0!	\$108.39	\$150.59	\$111.84	\$196.83	#DIV/0!	\$134.18	\$192.70	\$145.57	\$168.18	#DIV/0!	\$166.15	\$193.20	\$176.62	#DIV/0!
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
	2.17 Incurred Claims	\$503.93	\$1,049.57	\$796.14	\$363.69	#DIV/0!	#DIV/0!	\$94.28	\$354.41	\$175.07	\$1,498.17	#DIV/0!	\$806.51	\$524.35	\$217.93	\$1,311.77	#DIV/0!	\$1,010.06	\$458.12	\$331.10	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$93.28	\$458.13	\$331.77	-\$27.86	#DIV/0!	#DIV/0!	\$32.52	-\$34.73	-\$202.95	\$546.29	#DIV/0!	\$14.01	\$225.54	-\$103.44	\$632.75	#DIV/0!	\$481.32	\$151.96	\$39.91	#DIV/0!
	2.19 Premium	\$638.48	\$906.10	\$855.62	\$592.97	#DIV/0!	#DIV/0!	\$274.74	\$554.87	\$472.47	\$873.68	#DIV/0!	\$384.82	\$552.28	\$464.42	\$847.17	#DIV/0!	\$884.96	\$793.27	\$548.51	#DIV/0!

Section III: Plan Adjustment Factors																				
3.1 Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
3.2 Market Adjusted Index Rate											\$753.15				•					
3.3 AV and Cost Sharing Design of Plan		1.0207	0.8678	0.5897	0.8512	1.0984	0.5038	0.5713	0.5141	0.0000	0.5768	0.5033	0.5707	0.5136	0.0000	0.5762	1.0196	0.0000	0.5891	1.0973
3.4 Provider Network Adjustment		1.0231	1.0231	1.0231	1.0231	1.0231	0.9719	0.9719	0.9719	0.0000	0.9719	0.9719	0.9719	0.9719	0.0000	0.9719	1.0231	0.0000	1.0231	1.0231
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010
Administrative Costs							•											•		
3.6 Administrative Expense		13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	0.00%	13.02%	13.02%	13.02%	13.02%	0.00%	13.02%	13.02%	0.00%	13.02%	13.02%
3.7 Taxes and Fees		2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	0.00%	2.60%	2.60%
3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	0.00%	2.00%	2.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	0.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$954.72	\$811.71	\$551.58	\$796.18	\$1,027.40	\$447.65	\$507.63	\$456.80	\$0.00	\$512.52	\$447.65	\$507.60	\$456.82	\$0.00	\$512.50	\$954.65	\$0.00	\$551.57	\$1,027.40
3.11 Age Calibration Factor	0.5738										0.5738									
3.12 Geographic Calibration Factor	1.0000										1.0000									
3.13 Tobacco Calibration Factor	0.9957										0.9957									

3.11 Age Calibration Factor	0.5738										0.5738									
3.12 Geographic Calibration Factor	1.0000										1.0000									
3.13 Tobacco Calibration Factor	0.9957										0.9957									
3.14 Calibrated Plan Adjusted Index Rate		\$545.46	\$463.75	\$315.14	\$454.88	\$586.99	\$255.76	\$290.03	\$260.99	\$0.00	\$292.82	\$255.76	\$290.01	\$260.99	\$0.00	\$292.81	\$545.42	\$0.00	\$315.13	\$586.99
Section IV: Projected Plan Level Information																				
4.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
4.2 Allowed Claims	\$369,528,043	\$35,381,737	\$50,257,982	\$46,144,316	\$6,021,713	\$12,077	\$499,456	\$38,979,269	\$74,615,803	\$0	\$9,874	\$147,020	\$27,684,410	\$13,809,349	\$0	\$0	\$51,864,981	\$0	\$24,087,974	\$12,083
4.3 Reinsurance	\$11,739,086	\$1,006,246	\$1,504,685	\$1,492,977	\$181,312	\$335	\$17,061	\$1,321,701	\$2,547,059	\$0	\$335	\$5,018	\$938,003	\$471,009	\$0	\$0	\$1,474,243	\$0	\$778,770	\$335
4.4 Member Cost Sharing	\$95,307,202	\$2,545,554	\$7,512,415	\$15,208,241	\$954,308	\$442	\$198,333	\$13,309,342	\$28,972,994	\$0	\$3,329	\$58,454	\$9,466,627	\$5,368,961	\$0	\$0	\$3,756,723	\$0	\$7,951,033	\$448
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$262,481,756	\$31,829,937	\$41,240,882	\$29,443,098	\$4,886,093	\$11,301	\$284,062	\$24,348,227	\$43,095,750	\$0	\$6,211	\$83,548	\$17,279,780	\$7,969,380	\$0	\$0	\$46,634,015	\$0	\$15,358,172	\$11,301
4.7 Risk Adjustment Transfer Amount	\$45,819,309	\$3,927,519	\$5,872,998	\$5,827,299	\$707,685	\$1,306	\$66,590	\$5,158,785	\$9,941,531	\$0	\$1,306	\$19,585	\$3,661,158	\$1,838,413	\$0	\$0	\$5,754,180	\$0	\$3,039,649	\$1,306
4.8 Premium	\$269,905,418	\$34,465,271	\$43,818,356	\$29,543,624	\$5,178,890	\$12,330	\$273,992	\$24,070,245	\$41,741,661	\$0	\$6,151	\$80,586	\$17,081,626	\$7,719,177	\$0	\$0	\$50,490,853	\$0	\$15,410,326	\$12,330
4.9 Projected Member Months	421,104	36,096	53,976	53,556	6,504	12	612	47,412	91,368	0	12	180	33,648	16,896	0	0	52,884	0	27,936	12
4.10 Loss Ratio	83.14%	82.91%	82.99%	83.24%	83.00%	82.88%	83.40%	83.30%	83.38%	#DIV/0!	83.29%	83.41%	83.31%	83.38%	#DIV/0!	#DIV/0!	82.91%	#DIV/0!	83.24%	82.88%
Per Member Per Month		•																		
4.11 Allowed Claims	\$877.52	\$980.21	\$931.12	\$861.61	\$925.85	\$1,006.40	\$816.11	\$822.14	\$816.65	#DIV/0!	\$822.87	\$816.78	\$822.77	\$817.31	#DIV/0!	#DIV/0!	\$980.73	#DIV/0!	\$862.26	\$1,006.91
4.12 Reinsurance	\$27.88	\$27.88	\$27.88	\$27.88	\$27.88	\$27.88	\$27.88	\$27.88	\$27.88	#DIV/0!	\$27.88	\$27.88	\$27.88	\$27.88	#DIV/0!	#DIV/0!	\$27.88	#DIV/0!	\$27.88	\$27.88
4.13 Member Cost Sharing	\$226.33	\$70.52	\$139.18	\$283.97	\$146.73	\$36.81	\$324.07	\$280.72	\$317.10	#DIV/0!	\$277.41	\$324.74	\$281.34	\$317.77	#DIV/0!	#DIV/0!	\$71.04	#DIV/0!	\$284.62	\$37.31
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00
4.15 Incurred Claims	\$623.32	\$881.81	\$764.06	\$549.76	\$751.24	\$941.72	\$464.15	\$513.55	\$471.67	#DIV/0!	\$517.58	\$464.16	\$513.55	\$471.67	#DIV/0!	#DIV/0!	\$881.82	#DIV/0!	\$549.76	\$941.72
4.16 Risk Adjustment Transfer Amount	\$108.81	\$108.81	\$108.81	\$108.81	\$108.81	\$108.81	\$108.81	\$108.81	\$108.81	#DIV/0!	\$108.81	\$108.81	\$108.81	\$108.81	#DIV/0!	#DIV/0!	\$108.81	#DIV/0!	\$108.81	\$108.81
4.17 Premium	\$640.95	\$954.82	\$811.81	\$551.64	\$796.26	\$1,027.50	\$447.70	\$507.68	\$456.85	#DIV/0!	\$512.58	\$447.70	\$507.66	\$456.86	#DIV/0!	#DIV/0!	\$954.75	#DIV/0!	\$551.63	\$1,027.50

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 8		1.0000

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Company, Inc. in the Commonwealth of Pennsylvania. It is provided as a component of an application for certification as a Qualified Health Plan and a state rate filing. This submission may not be appropriate for other purposes.

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: QCC Insurance Company, Inc. ("QCC")

State: Pennsylvania

HIOS Issuer ID (5-digit): 31609

Market: Individual

Effective Date(s): 1/1/2024

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for QCC. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities.

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:



PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2022 to calendar year 2024 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021.

We are projecting that claims will increase by 9.6% in 2024. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 4.3% in the 2024 time period.

Some plan benefits are mandated by federal and state law. Benefit changes for some plans were also made. All changes in benefits are in compliance with the uniform modifications rules stipulated by the Federal government.

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is -2.7%. The minimum increase is -3.4% and the maximum increase is -2.3%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

The single risk pool reflects all covered lives for every individual non-grandfathered product and plan combination for KHPE in the state of Pennsylvania. It is established according to the Single Risk Pool requirements in 45 CFR § 156.80(d).

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2022 and paid through February 2023. Earned premiums and member months are for January through December 2022. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

Earned Premiums in the Experience Period are developed by summing the earned premium reported in the company's internal data warehouse.

2

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2022 through December 2022 and paid through February 2023 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2022 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2022 period but they are not adjusted for IBNR.

Allowed Claims

Allowed claims are determined by separately obtaining paid-to-date fee-for-service claims and member cost-sharing amounts, applying claim lag factors to those amounts to estimate ultimate incurred fee-for-service claims and member-sharing amounts and adding them together with capitation amounts.

Allowed claims do not include ineligible claims, payments for services other than medical care provided, recovery payments related to internal large claim pooling mechanisms, or active live reserves.

IBNR Development

Medical fee for service incurred but not reported (IBNR) claims are modeled through the use of standard claim lag methodologies. A range of results is developed, and a provision for adverse deviation is applied. The provision for adverse deviation is dependent on many factors such as stability, size, product mix, etc.

The completion factors are developed annually in the 2Q - 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2022 paid through February 2023.

Experience Period Index Rate

The Index Rate of Experience Period is estimated by removing cost and utilization trend from the Index Rate for Projection Period.

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

Experience Period Index Rate PMPM Data is provided in Section II. The data is provided by benefit category using a standardized indicator from the internal data warehouse that assigns each claim line to a category based on the type of provider and the location of the service.

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2022 through December 2022 is projected to the future rating period by several factors.

3

Morbidity Adjustment

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the individual market-wide morbidity.

COVID-19 Impact

Demographic Shift

This factor reflects the projected change in the average age, rating area, and tobacco utilization of the single risk pool.

Plan Design Changes

This factor reflects any changes in EHB allowed claims due to plan design changes.

Other Changes

This factor reflects changes in cost related to items other than changes in Morbidity, Demographic Shift, or Plan Design.

Trend Factors

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

CREDIBILITY MANUAL RATE DEVELOPMENT

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates. The combined claims are determined to be 100% credible as reflected in Table 5.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2022 risk transfer results.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only) With the expiration of the reinsurance program at the end of the 2016 benefit year, there are no projected reinsurance recoveries or reinsurance premium assumed in the rates.

MARKET ADJUSTED INDEX RATE

The template calculates a MAIR by subtracting the amounts entered for reinsurance and risk adjustment and dividing by 1 minus the exchange user fee percentage. The MAIR calculation flows into Worksheet 2.

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules: federal reinsurance program adjustment, risk adjustment and exchange user fees. The Market Adjusted Index Rate reflects the average demographic characteristics of the single risk pool.

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

All products and plans included in the single risk pool are shown in Worksheet 2. INAC-133668798 5
QCC Consumer

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the URRT were valued using the AV Calculator, where possible, otherwise the AV Metal Values were developed under an alternate methodology. Actuarial certifications required by 45 CFR Part 156, §156.135 are provided in a separate document.

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

Experience Period data is shown for each plan included in the single risk pool.

SECTION III: PLAN ADJUSTMENT FACTORS

The MAIR is adjusted for each plan based on its plan design, provider network, and non-EHBs. Administrative costs are added to calculate the Plan Adjusted Index Rate. The Plan Adjusted Index Rate is multiplied by the Age Calibration Factor, Geographic Calibration Factor, and Tobacco Calibration Factor to calculate the Calibrated Plan Adjusted Index Rate.

PLAN ADJUSTED INDEX RATE

The Plan Adjusted Index Rate is calculated as the issuer Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rule. These include actuarial value and cost sharing adjustment, provider network, delivery system and utilization management adjustment, adjustment for benefits in addition to the EHBs, impact of specific eligibility categories for the catastrophic plan and administrative costs.

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

An Administrative Expense Load is applied to Projected Incurred Claims to reflect expenses related to quality improvement and fraud detection/recovery and other expenses of operating a business, broker commissions, and premium payment processing fees.

Profit & Risk Load/Contribution to Surplus

A Profit & Risk Load/Contribution to Surplus for the single risk pool is applied to Projected Incurred Claims for the projection period, if applicable.

Taxes and Fees

A Taxes & Fees load is applied to Projected Incurred Claims to pass through fees and taxes levied by the federal and state governments.

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic and tobacco factors for the expected distribution. The average age of the combined individual risk pool population is 42.

The Average Age factor is the reciprocal of the weighted average age factor based on the projected membership. The Tobacco Factor is calculated as the reciprocal of the projected average factor for tobacco users multiplied by the projected tobacco use prevalence.

There is only one geographic rating area for this filing. The geographic rating area factor for this filing is 1.0.

Small differences result between the Calibrated Plan Adjusted Index rates and the Age 21 non-tobacco rates in the Rate Template due to rounding restrictions required in the URRT Part 1.

When rounded to the nearest dollar, the Calibrated Plan Adjusted Index Rates match the Age 21 non-tobacco rates in the Rate Template as required in the DIT.

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2023 enrollment.

LOSS RATIO

The loss ratio calculated in Section IV is generated within the template and is not based on the MLR formula. The projected loss ratio for the single risk pool is estimated to exceed 80% reflecting premium adjustments permitted by the federal MLR calculation.

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2023. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plan is being terminated in 2024:

31609PA0190003 Personal Choice PPO Silver

WORKSHEET 3: RATING AREAS

There are nine rating areas in Pennsylvania. These plans are offered only in Rating Area 8, which consists of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

ACTUARIAL CERTIFICATION

I, am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries in good standing with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

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

- The projected index rate is:
 - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
 - —Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - -Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- 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, unless an alternate methodology was required. When an alternate methodology was used to calculate the AV Metal Value a copy of the actuarial certification required by 45 CFR Part 156, §156.135 was included.

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7 00 A 100 A		tan nata tanua		80 80	- 8
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FAR-1-100		the natural leaves		97 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
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PAPATEEN PARAMETER	Total Service	Manage To 1		97 97 97	
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PROPERTY PRO				90 W 90 W 90 W	W W
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PROPERTY PRO	Tarra State S			97.0 90.0 90.0	- 5
PREATEUR PROPERTY PRO		-		60 S 60 S 60 S 60 S	- 5
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PREATED PROPERTY OF THE PROPER	Part and a			90.0 90.0 90.0	
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PROPERTY.				50 50 50	- 1
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PREFACTORS PREFACTORS PREFACTORS				013 013 014	- 10 20
PROPERTIES		THE RESERVE AND THE		97.7 97.7 97.7	- 6
PREATURE PREATURE PREATURE		THE RESERVE AND THE PARTY OF TH		700 M	A1.
PREPARED PROPERTY OF THE PROPE	Party State 5			915 915	- 0
PREATURE PREATURE PREATURE		THE REST OF THE PARTY OF T		100 mm (100 mm) (100	- 1
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PREPARENT PREPARENT PREPARENT		teen meter teen our		10.0 10.4 10.4	
PROPARED PRO				10 10 10 10 10 10 10 10 10 10 10 10 10 1	# #
PREPARED PROPERTY OF THE PROPE		THE STATE OF THE S		100 100 100	10 80 80
PREPAREDO PREPAREDO PREPAREDO	Table State S	teen meter teen no		90.0 90.0 90.0	- 20
PREATURE PREATURE PREATURE		toes selected		10.7 10.2	- N
PREATURE PREATURE PREATURE				90 N 90 N 97 N	
PREPARED PROPERTY OF THE PROPE	Partie State S	States to Market Marris National Assessment Control of		711/8 701/8 701/8 701/8	- 0
PROPAREDO PROPAREDO PROPAREDO		teen meter teen our		107 107	- 5
PREATURE PREATURE PREATURE	==:	teen meta teenne		60 0 60 0 60 0 60 0	
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PARAMETER PARAMETER PARAMETER	Ratio State 5			907 907 907	- 8
PAPATEE PAPATEE PAPATEE				10.70 10.77 10.77 10.78 10.78 10.78 10.78 10.78 10.78 10.78 10.78 10.78 10.78	90 90 90 90
PAPATEE				100 A 100 A 100 A 100 A	- 2
PAPATRICA PAPATRICA PAPATRICA	Part and	to a serio to		100 A 100 A 100 A	- 2
PROPERTY OF THE PROPERTY OF TH	Territoria de la constantina della constantina d	Name and the other		100 m 100 m	200 200 200 200 200 200 200 200 200 200
PARAMET PARAMET PARAMET	Terra mark	The series the same		20 20 20	- 1
PARAMETER		then metin theories		00 N	
PARAMETER PARAME	Territoria de la compansión de la compan	1001 10010 100100		01 0 02 0 02 0 03 0 03 0 04 0 04 0 05 0 05 0 05 0 05 0 05 0 05	- 8
PAPACET PAPACET PAPACET PAPACET	Table State 5	ter selection		81.6 81.0 81.0	- N
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PROPERTY PRO	Territoria Territoria	the selection of		100 mm m m m m m m m m m m m m m m m m m	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PARAMETER PARAME	Total Service	Manage To 1		80 B	20
PAPACET PAPACET PAPACET				101.0 101.0 101.0	- 100 100 100 100 100 100 100 100 100 100
PAPATEE PAPATEE PAPATEE	Rename I	then me to the row		101 M 101 M 101 M 101 M 101 M 101 M 101 M 101 M 101 M	- 2
PARATUS PARATU		teen meter teenne		20 20 20	- 1
PROPERTY OF THE PROPERTY OF TH	Particular State S	Sant tarks Marring		01 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
PROPERTY				00 00 00	- 1
PAPATES PAPATES PAPATES	Ratio State 5			90.0 90.0 90.0	- 5
PROPERTY OF THE PROPERTY OF T	Total State			00 00 00 00 00	10 10 10 10
PROPERTY OF THE PERSON OF THE	Total Service			10.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5	- 5
PARAMEN PARAMEN PARAMEN PARAMEN				10.0 10.0 10.0 10.0	10 10 10 10 10
PAPATRIA PAPATRIA PAPATRIA	Territoria Territoria			80	- 3
PROPERTY OF THE PROPERTY OF TH	Table State 5	then no to town		100 0 100 0 100 0 100 0 100 0	- 10 20 20
PROPERTY OF THE PERSON OF THE				500 H 500 H 500 H	- 2
PAPATES PAPATES PAPATES	Ratio State 5			100 M	- 2
PROPERTY OF THE PROPERTY OF T	Territoria de la constanta de	teen melle teenne		900 900 900	- 8
PAPATEE	Table State S	then no to town		00 P 00 P 00 P	-
PAPATEEN PAPATEEN PAPATEEN		THE RESERVE		100 100 100	
PARAMETER PARAME	Ratio State 5			90.0 90.0 90.0 90.0	- 1
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PAPATRICA PAPATRICA PAPATRICA	Total Service			00 V	
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	Terrent .	then melter there are		100 100 100 100 100 100 100 100 100 100	
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PARAMETER	Face and	then makes become		8.0 8.0	
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	Participant Control	tean marks team our		90 W	2 2 2 3 4 4 5
FREATURE FRE	Terrore 1	Makes to a No. Nation of the		000 000 000	
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PARAMETER PARAME	Para sua s	their technical residue their		012 019 019	00 00 00 00 00 00 00 00 00 00 00 00 00
	Research .	States Market Administra		90.8 91.6 97.8	50 80 80
PREATURE PROPERTY OF THE PROPE	Terrore 1	Marin Martin Minor the		90 m	20 20 20 20 20 20 20 20 20 20 20 20 20 2
PROPERTY OF THE PROPERTY OF TH				00.0 00.0 00.0	190 191 191
PARAMETER PARAME	Terrana I			100 mg	35
750 AVE	Party State	Total to the total	-	78.9 78.9	5
7800000 7800000		to a section to a section of the sec		10 10 10 10 10 10 10 10 10 10 10 10 10 1	100 100 100 100 100 100 100 100 100 100
PROPERTY	Para sua t	Table Sales American		200 M	61 61 61
PROPERTY OF THE PROPERTY OF TH	Participant Control	teen meter teen no		61.0 61.0	0 0 0 0 0 0 0 0 0
F88/4/1000 F88/4/1000 F88/4/1000	Partie State 5	to a serie to a series		200 200	- 2
				100 M	
PARACTURE PARACTURE PARACTURE	Participant Participant	their technical residue their		81.0 1074 1074	5 5 6 6 6
PARAMETER	Face and	then makes become		9.4 9.4	- 0
750°0100		Table Sales American		919 919	
PARALTHIA PARALTHIA PARALTHIA				00'8 00'9 00'8	2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
PARACTURE PARACTURE PARACTURE	ner en	the selections		10.0 10.0 10.0	
PARAMETER	Part and	Sagar San Na Sagar Na Sagar San Na Sagar Na		100 M	96
2 (1/4) (1/4				200 M	20 20 20
PROPERTY	Para sua s			01 N	- 2
PREFECTION PROPERTY.	Territoria de la constantina della constantina d	terror terror		913 913	
PROPERTY OF THE PROPERTY OF TH				97.5 97.5 98.5	- 1
PARALTHEE PARATHEE		the selections		90 W	20 20 20 20
PROPERTY OF THE PROPERTY OF TH	Participant Participant	tean make team or		100 100 100	- 5
	Tarra San S			90 90 90 90 90 90 90 90 90 90 90 90 90 9	1
PROPERTY OF THE PROPERTY OF TH				90.0 90.0 90.0	90 90 90
F100*A/1000 F100*A/1000 F100*A/1000	Para mark	tean marker team one		97.0 97.0 97.0	- 2
PROPARED PRO	Part and	Man nath Marris		15.00 10.00 10.00	4
PROPERTY OF THE PROPERTY OF TH	Terror to a to	toon make too one		80.0 80.0 90.0	100 100 100 100 100 100 100 100 100 100
PROPERTY OF THE PROPERTY OF TH				975 975 975	- 6
PREATURE PROPERTY.	Ratio State	team marker beautiful		200 200	- 5
	Territoria de la constanta de	Marin Marin Manager			1
PROPERTY OF THE PROPERTY OF TH				90.0 90.0 90.0	60 60 80
PROPAGES PROPAGES PROPAGES		term marker terminal		019 019 019	20
PREATURE PROPERTY OF THE PROPE	Partie State S	Man sales Manries Man sales Manries		90.0 90.0 90.0	2
PARATURA				90.0 90.0 90.0	19 19 10
PARALTHIA PARALTHIA PARALTHIA				90.0 90.0 90.0	60 60 80 80
PARACTURE PARACTURE PARACTURE	ner en	Magan San Man, Manarawa Magan San Man, Manarawa Manarawa Man, Manarawa Man, Man, Man, Man, Man, Man, Man, Man,		27.5 67.9 97.0	20 20 20 20 20 20 20 20 20 20 20 20 20 2
PREATURE PROPERTY OF THE PROPE	name and	Man na to Marria		800 804	99 92 90
PARATURA				700 H 700 H 500 H	90 90 90
	Part and	Total traction following		100 P	100 100 100 100 100 100 100 100 100 100
PARAMETER	Para sua s	team marker beautiful		90.0 91.0 90.0	
PARALTINA PARALTINA PARALTINA	Territoria de la constanta de			800 800 800	100 Miles
				90 P	50 50 50 50 50 50 50 50 50 50 50 50 50 5
PROPERTY OF THE PROPERTY OF TH	ners such	term marker terminal		600 600 600	20 20 20 20 20
PROPERTY OF THE PROPERTY OF TH	Partie State S	Total Service Service		90.0 90.0 90.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PROPERTY OF THE PROPERTY OF TH		their technical records		07.0 00.0 50.0	
	Territoria de la compansión de la compan			100 100 100	
PARACTURE PARACTURE PARACTURE	Territoria de la constanta de	ter sets terror		95.6 95.6 95.6	20 20 20 20 20 20 20 20 20 20 20 20 20 2
PROPERTY OF THE PROPERTY OF TH				60.0 60.0 60.0	97
		tean marker team nor			
				792.0 792.0	100
PROPERTY.	Participant Participant	Total Service Service Service Service Service		1942 M 1923 M 1923 M 1923 M 1923 M 1927 M	
PROPERTY OF THE PROPERTY OF TH	Pages State 5			191.8 191.9 201.8 101.9 101.9 101.9 101.9 101.9 101.9	100 100 100 100 100 100 100 100 100 100
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**************************************	Maria Sala S Sala S S S S S S S S S S S S S S	Total Sales Sales Sales		101 N	100 100 100 100 100 100 100 100 100 100
**************************************	Section Sectio	Total Sales Sales Sales			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Marie Mari	Total Sales Sales Sales		101 (101 (101 (101 (101 (101 (101 (101	100 100 100 100 100 100 100 100 100 100
		States taches Assessed		100 mm m	20 20 20 20 20 20 20 20 20 20 20 20 20 2
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		States taches Assessed		100 mm m	20 20 20 20 20 20 20 20 20 20 20 20 20 2
				100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 20 20 20 20 20 20 20 20 20 20 20 20 2
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				75.9	V3.1
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				925	30.0
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PROPARTOR					
				ITTA	19730
PROPARTOR				MIN.	
FRANCISCO				10.5	353
PROPERTY					
FRANCISCO				500	200
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		Many Ing No. Advantage		807.0	761.W
CARCACTURE.					
PROPERTY		**************		100.0	80.00
PROPERTY					85
PROPERTY					
				87	8.5
				10.9	87.0
				100.00	87.0
PROPERTOR				10.0	82.0
PROPERTY					
PROPERTY				100.00	90.0
PROPERTY				MLA	33.10
FRANCISCO				107	80.0
PROPERTY.					
PROPERTY				50 N	80.0
PROPERTOR		Total Section Sections		20.0	200
PRODUCTOR					
PRODUCTOR					
				10.0	8.0
				90.0	200
				90.0	80.0
				790.00	8770
PROPERTY				790.00	97.6
PROPERTY.					20
PROPERTY					
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PROPERTY.				100	9900
		Total Inches States of		100.0	90.0
PROPERTY				1909	900
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THE STREET					
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PROPERTY OF THE PROPERTY OF TH		Total said	A CONTROL OF THE PARTY OF THE P		90.00 90.00 90.00 90.00 90.00	80 80 824
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			A Marie or over A Marie or over D. Marie or over		000 M	960 960 960
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PROPERTY OF THE PERTY OF THE PE		Total Sales	In the code In th		No. 10 N	900 900 900
10000 10000 10000 10000		Total Sale	II. Alberto char III. Alberto char III. Alberto char III. Alberto char III. Alberto char		90.0 90.0 90.0	90.0 90.0 90.0
11000 11000 11000 11000		THE SET OF T	n there are n the read		10.0 10.0 10.0	97 1 97 9 97 9 97 9
10000 10000 10000 10000		Total said	A Tribute of the A Tribute of the C. Tribute of the C. Tribute of the C. Tribute of the		100 A	911 911
10000 10000 10000 10000		Total tach	A Color of the Col		70.0 70.0	20 S
11000 11000 11000 11000		Total Sales	A Majoritorial A Majoritorial A Majoritorial		70.0 20.0	800 800 600
20070 20070 20070 20070		Total Sales State Sales State Sales Sales Sales	A Administration of the control o		00 X 00 X 00 X	900 900 900
1980 1980 1980		Total Inch	n American		100 M	9819 9819 9819
1100m		Name of the last o	II. Allegator (Aur. III. Alleg		TALLS TALLS TALLS	198.0 192.0 201.0 271.0
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20000 20000 20000 20000		Total such	A State of the Control of the Contro		00 8 00 8 00 9	201 901
70000 70000 70000		Transmission of the control of the c	L Marine des		51 51	975 975
20000 20000 20000 20000		Total last	N. Miller or page A. Miller or page	-	100 100 100	90 90 90
10000 10000 10000 10000		Total said	S. Millerto char S. Millerto char S. Millerto char S. Millerto char		907 W 707 W 707 W 707 W	873 873 873
70000 70000 70000		Total Santa	n American		100 M	900 900 900
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70000 70000 70000			L Marine des		017 107 107 107 107 107 107 107 107 107	92.0 92.0
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(1 California (1			Name of the Control of the Cont		100 100 100 100	67 67 88
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70000 70000 70000		Manufacture Manufacture Manufacture	Little or other Little or other	-	100 S	903 903 803
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			- American	-	10.0 10.0 10.0	872 863 863
70070 70070 70070 70070					070.00 070.00 070.00	80 80 80 80
110000 110000 110000		to the same	A STREET COM		101 th 101 th 101 th	80.0 80.0 80.0
FRANK FRANK FRANK FRANK FRANK			- Carrier		100 G	50.0 50.0 67.0
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PROPERTY OF THE PERTY OF THE PE		Total Dark	. Same of the same		100	903 903
10000 10000 10000 10000					101 M	97.0 97.0 90.0
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11000 11000 11000			- Marriage	-	100 A 100 A 100 A	900 900 900
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11000 11000 11000 11000		to the same	A Table of the		00 W	901 903 903 903
20000 20000 20000 20000			Manager (Manager (Man	-		
FRANK FRANK FRANK FRANK FRANK			- Carrier		107.0 107.0 107.0	903 903 903 903
****	2				10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0	6.3 6.2 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3
20000 20000	THE PERSON	t team mark	- Administration		100 P 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N	20.3 20.3 20.2 20.2 20.3 20.3 20.3 20.4 20.4 20.3 20.3 20.3 20.3 20.3 20.3 20.3 20.3
200/0 200/0 200/0 200/0 200/0 200/0 200/0		State Sales			100 P 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N	933 932 933 933 933 933 933 933 933 933
2 (2007) 2 (2007)		Name to the last t	A Management of the Control of the C		100 P 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N 100 N	503 503 503 503 503 503 503 503
# 1980/06 # 1980		Manus such			100 P	505 505 505 505 505 505 505 505
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PROPERTY					
				900 W	90
PROPERTY OF THE PROPERTY OF TH	Party State 5	Man marks have no		1013 1013 1013 1013 1013 1013 1013 1013	900 900 900
FREATURE FRE		to a serie to a series		000 000	20 20
PROPERTY OF THE PROPERTY OF TH				2015 2015 2015 2015 2015 2015 2015 2015	20 20 20 20
				900 900 900	97 900 900
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PROPARED PRO		team makes team one		00 W	80 80 80
#1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0 #1887-01100-0		ter sets terror		93 93	201 201
FRANCISCO FRANCI				70.0 70.0 70.0	20 20 20
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PROPERTY PROP		Man to the Man to		7018 7018 7018 5018 6018 6018 6018 6018 6018 6018 6018 6	90 90 90 80
PROPERTY		Sant Marin Marin Val		90.0 90.0 90.0	- 00 - 00 - 00
PROPERTY	Tanana i	team marker beautiful		(T), (E), (E), (E), (E), (E), (E), (E), (E	200 200 200
75000000 75000000 750000000				900 900	90 70 81
1				100 M	60° 60° 80°
75000000 750000000 750000000		tages marker faller over		95	# 100 m
FREATURE FRE		to a serie to a series		90.0 90.0 90.0	20 60
75000000 75000000 75000000		Takes such a Marring			900 900 900
PREFAMILE		the state to the state of		001 30 001 30 000 30 00	907 903 807
PROPERTY OF THE PROPERTY OF TH	Para San S			90.0 70.0 70.0	801 901
### CONTROL OF THE PROPERTY OF				70 CE	1980 1784 1784
		the service the service		90.10 90.00 90.00 90.00	80 80 80
PROPERTY	Para such	Table Sales American			97 97 97
PREADURE	Tanana I	term marker terminal		90.0 90.0	90 90 90
PREFAMILE				101.00 10	80 80 60
PREMIUM		the selections		90.9 90.9 90.9	20 20 20 20
PROFESSION OF THE PROFESSION O	Terrores Terrores			00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	20 20 20
FRANCISCO PARACTERS FRANCI	Terroria .	tean marks there are	-	100 100 100	20
PROPERTY OF THE PROPERTY OF TH				97.0 97.0 97.7	W W
200-0-1000 200-0-1000 200-0-1000 200-0-1000	Ten suit	tean marker team one		000 000 000 000 000 000 000 000 000 00	20 20 20 20
PROPERTY OF THE PROPERTY OF TH	Tanana I	Man nath Marris		90.0 91.0 97.0	- 2
		Makes to a No. Nation of the		10 10 10 10 10 10 10 10 10 10 10 10 10 1	100
PROPERTY OF THE PROPERTY OF TH				900 900 900	- 62 20 20 20
PROPERTY OF THE PROPERTY OF TH	Territoria de la constanta de			00 00 00 00 00 00 00 00 00 00 00 00 00	9
PROPERTY OF THE PROPERTY OF TH				90 90 90	10 10 10
PROPERTY OF THE PROPERTY OF TH				00.00 00.00 00.00 00.00	87 87 83
		the selections		01.8 01.8 01.0	901 901
PROPERTY OF THE PROPERTY OF TH	Terrores Const	Total India State of the Control of		90 90 90 90 90 90 90 90 90 90 90 90 90 9	20
	Terrore 1			## 1 ## 1 ## 1 ## 1 ## 1 ## 1 ## 1 ##	90 90 90 90
PROPERTY OF THE PROPERTY OF TH				90.0 90.0 70.0 90.0	80 80 80 81
PREVIOUS				10.00 10.00	700 1000
PREFACIONS		Makes to a No. Nation of the	_	100 100 100	(8) (8)
PROPERTY OF THE PROPERTY OF TH	Total Control	The control of the co		1912 1912 1913 1914 1915 1917 1917 1918 1918 1918 1918	100 100 100
FAMILY F	Part State S	the control the cone		100 to 100 to 100 to	900 900 900
PROPERTY					80 80 80 80
PROPERTY PRO		Marin Bartin Marin Na		101. 10 201. 20 201. 20 20 20 20 20 20 20 20 20 20 20 20 20 2	877 877 877
				97.0 90.0 90.0	90 90 90
PROPERTY PRO	Para San P			60.0 60.0 60.0	90 90 90 90
**************************************	-	the selections		90.0 90.0	20 20
PROPERTY PRO		tana mata tanana tana mata tanana		60.00 60.00 50.00	900 900 900
		Marin Bartin Marin Na		80.0 60.0	87 87 87 87
				75.8 76.8 76.8 87.8	#1) #1: 100:
PREFERENCE		ter sets terms		60 S	100 100 100
PRODUCT PRODUC		tan neto tarros		7019 7719 7919	197. 197. 198.
PROPERTY	Party Start	Man marks four our		330.8	187
PROPERTY				101.0 101.0	1907
FANATURE FANATURE FANATURE FANATURE FANATURE	Ten man	then no to the one		10.7 M 10.5 M 10.5 M 10.5 M 10.5 M 10.5 M 10.5 M 10.5 M	
PREFERENCE PROPERTY OF THE PRO	Ballon Street B	Maria Maria Maria Ma		107.0 107.0	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Table Annual Tabl	Face and a second secon	Sans series because		101.0 101.0	001 007 207 207 207 207 207 207 207 207 207
		Sans series because		101.9 102.0 103.0 10	Wald
E MONTHUM E E MONTHUM E E MONTHUM E E E MONTHUM E E E E E E E E E E E E E E E E E E E		Sans series because		100 M	00.000 mg / m
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		Marin		30 V V V V V V V V V V V V V V V V V V V	Garden G
		Marin			Garden G
2 Feb (1997) 1997 1					California Cal
1				81.9 86.8 86.8 86.2 86.2 86.2 86.2 86.2 86.2	2
		Marin		81.9 86.8 86.8 86.2 86.2 86.2 86.2 86.2 86.2	
				2015 2015 2015 2015 2015 2015 2015 2015	
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			_		83.3
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PROPERTY.					1854
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PROGRAM				107.0	W 1
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		Sees marker beautiful		50.00 50.00	
PROPERTY PRO	Patricipa S		-	90.5	201
PREPARENT PREPARENT PREPARENT	Participant Control	team marker feet over		80	801 801
PROPAREDO PROPAREDO PROPAREDO PROPAREDO	Territoria de la compansión de la compan	teen meter teen our		000 000	801 801
PRAFACTORY PRAFACTORY PRAFACTORY PRAFACTORY PRAFACTORY PRAFACTORY	Participant Partic			000 000	80.0 80.0 80.0 80.0 80.0
EMPARTMENT EMPARTMENT EMPARTMENT EMPARTMENT EMPARTMENT EMPARTMENT	Participant Partic	then make the row		00 0 00 0 00 0 00 0 00 0	80.0 80.0 80.0 80.0 80.0 80.0 80.0 90.0
ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON ERROLLINGON	Patric State 5	toes selos toescole		90 % 90 % 90 % 90 % 90 %	803 803 803 803 803 803 803 803 803 803
STARTALISMOS	Patric State 5	then make the row		00 0 00 0 00 0 00 0 00 0	800 800 800 800 800 800 800 800 800 800
DE REAL ANTINOSE DE REA	Participant			00 0 00 0 00 0 00 0 00 0 00 0 00 0 00	800 800 800 800 800 800 800 800 800 800
PREATMENT PREATM	Participan III	Manufacture Manufa		00 0 00 0 00 0 00 0 00 0 00 0 00 0 00	80 80 80 80 80 80 80 80 80 80 80 80 80 8
PREATMENT PREATM	Parts State			00 0 00 0 00 0 00 0 00 0 00 0 00 0 00	80 80 80 80 80 80 80 80 80 80 80 80 80 8
IF SEAL ACTIONS IF SEAL ACTION	Patric State 5	Manufacture Manufa		00 0 00 0 00 0 00 0 00 0 00 0 00 0 00	853 857 857 857 853 853 853 853 853 853 853
IF SEAT ANY TIMES IN THE SEAT AND THE SEAT ANY TIMES IN THE SEAT AND T	Patitio State 5			10.7 m 10.7 m 10	80.0 80.1 80.1 80.0 80.0 80.0 80.0 80.0
# 500 A THORN	Patin State 5	Manus San Manus Nar		60 S 10 S	800 801 801 801 803 803 803 803 803 803 803 803 803 803
PERMATERIAL PROPERTY OF THE PE	Patric State 5	Name of the American		100 M	800 801 801 802 803 803 803 803 803 803 803 803 803 803
\$1000 A FROM \$10000 A	Patrici State S Account of the Section Sec	Marin Sarkin Marin Na		100 M	800 801 801 802 803 803 803 803 803 803 803 803 803 803
	Matter State S	Mario Barrio America		00 % 00 % 00 % 00 % 00 % 00 % 00 % 00	801 801 801 801 801 801 801 801 801 801
	Mattheway B	Marin Sarkin Marin Na		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	800 801 901 901 901 901 901 901 901 901 901 9
	Patrici State 5	Mario Barrio America		00 % 00 % 00 % 00 % 00 % 00 % 00 % 00	801 801 801 801 801 801 801 801 801 801
	Patrici State 5	Mario Barrio America		2 C C C C C C C C C C C C C C C C C C C	800 801 801 801 801 801 801 801 801 801
	Matter State 8	Mario Sachio Mario del		100 mm m	80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Maria Sana B Maria Sana B Ma			100 A	80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Name and A	Mario Sario, Mario Na Mario Sario, Mario Na		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	800 807 807 807 807 807 807 807 807 807
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	Amount of the control	Mana marka Manana		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30.00 (10
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		Manus market Manusca		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	303 303 303 303 303 303 303 303

CONTRACTOR FOR STATE	Principal and the second secon	The state of the s	AND THE RESERVE OF THE RESERVE OF THE PERSON	page	
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ner	**************************************	Table 1	-	totometer hyrid	
Report To S Printer To S Printe	Appending to a state of the sta	Marie Control of Contr	Interitor per Propinsi Interior anglia in	Registed Asia Ton State of Sta	The Name of Street, St
\$ 100 miles 100				90.0 90.0 90.0	90. 90. 90. 90. 90. 90. 90. 90. 90. 90.
PARTICIPAL PROPERTY OF THE PARTICIPAL PROPERTY OF THE PARTICIPAL P	Terrent .	Marie Idanie, Marie Idanie Amerika Marie Idanie Ida		10.0 10.0 10.0	900 900 900
PROPERTY.		Total Service Services Total Service Service Total Servic		60.0 60.0 75.0 75.0	60 901 80 80 80
PREFERENCE	Partie State S	Malanti Marithin, Malanti Marithia Malanti Marithia Malanti Malanti Marithia, Malanti Marithia Malanti Marithia, Malanti Malan		10.0 10.0 10.0	#11 #17 #17
PROPERTY.		Total Inches following	_	20.5	90 90 90
PROPERTIES. PROPERTIES. PROPERTIES.		Total market feet one total market feet one total market feet one		67.6 67.6 67.6 67.6	90
\$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A \$1880 A1780A		Marco Sarthon, Marco char Marco Sarthon, Marco char		60.0 60.0 60.0 60.0	197 197 1981
PROPERTY.		THE RESTRICTED AND THE PARTY OF		FEE OF SECOND	100 100 100
	Table State S	Marie Martin, Marie vice Marie Martin, Marie vice		100.0 100.0 100.0 100.0	90. (8)
PROPERTIES. PROPERTIES. PROPERTIES.		THE I HAVE THE THE THE THE THE THE THE THE THE TH		100 K	
		Stages Ing Str. Stages rated	- 3	90.00 90.00 90.00	987 987 987
				603 603 603 603	90 90 90
PROPERTIES PROPERTIES PROPERTIES	Table 1	Total marks for the last of th		900 B	80 87
# 1997/1798/1998 # 1997/1798/1999 # 1997	Territoria de la constanta de	Total marks following their marks following their marks following		90.0 90.0 90.0	90 90 90
PROPERTIES		Malanti Salar Rosi. A Region of the Malanti Salar Rosi. A Rosi Rosi Rosi. A Rosi Rosi Rosi Rosi Rosi Rosi Rosi Rosi		762.00 762.00 752.00 752.00	80 80 80
PROPERTIES				HE HE HE HE HE HE HE J	80 80 90 90
PROPERTIES PROPERTIES PROPERTIES	Table 1	Marco Sacritos Marco viva Marco Sacritos Marco Viva Marco Viva		110 110 110	201 201 201
PROPERTIES PROPERTIES PROPERTIES		Total market feet one		100 100 100 T	100
THE APPLICATION		THE RESTRICTED AND THE PARTY OF		191.6 191.9 191.9	160 160 160
PROPERTIES	Para sun i	Total to the Ten Admir our total to the Ten Admir our Ten		000 N 000 N 000 N	700 200 200 200
PROPERTIES		Topic marks following		173.8 173.8 170.9 100.9	201 201
	Terrore 1	THE RESERVE AND THE PARTY OF TH		900 900 900	90 80 20
EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT					80 80 80 80
PREFERENCE PROPERTY OF THE PRO	Talle to 1	THE RESERVE AND THE		00 W 00 W 00 W	100 100 100 100
U BBF AFFISHER U BBF AFFISHER U BBF AFFISHER U BBF AFFISHER	Part State S	Total Section Sections Separated Section Section Separated Section Section Separated Section Section Separated Section Section Section Section Section Sec		90.0 90.0 90.0 90.0	90. 90. 90. 90.
EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT EMPARAMENT		Malanti Salar Rosi. A Region of the Malanti Salar Rosi. A Rosi Rosi Rosi. A Rosi Rosi Rosi Rosi Rosi Rosi Rosi Rosi		90.0 90.0 90.0	97 95 90 90
FRANCISC				61.0 61.0 61.0	907 907 907
E MARIA ACTIONAL E MARIA ACTIONAL		Marco Sacritos Marco viva Marco Sacritos Marco Viva Marco Viva		100 100 100 100 100 100 100 100 100 100	100 100 100 100
U BBF AFFISHER U BBF AFFISHER U BBF AFFISHER U BBF AFFISHER	Total Control	THE RESERVE AND THE PARTY AND		97.0 50.0 50.0 50.0 60.0	20 20 20
PROPERTY PRO	Territor I	THE RESERVE AND THE PARTY AND		60 W 60 W 60 W	1907 1907 1907
PROFUNCTION PROFUN		Total Indiana State of the Stat		501.0 191.0 191.0 191.0	180 180 180
PREPARENT PREPARENT PREPARENT PREPARENT	Tarrana 1	Total State of the Control of the Co	_	902 902 903	- 100 - 100
PARACTURE PARACTURE PARACTURE PARACTURE	Tana and a	THE IS NOT THE THE THE THE THE THE THE THE THE TH		007 007 007	
PREFERENCE		Total market feet that the state of the stat		50.0 50.0 50.0 50.0 50.0 70.0	27 20 20 20
PERFACTION PROPERTY OF THE PERFACT STATES		THE RESERVE AND THE PARTY AND		00.00 00.00 00.00 00.00	
# 1000 (1000 M) # 1000				100 M	
PROPERTIES PROPERTIES PROPERTIES		Many market fellers over Many market fellers over Many market fellers over Many market fellers over		90.0 90.0 90.0	80 80 80 87
PROPERTIES PROPERTIES		THE RESERVE AND THE STREET AND THE S		90.0 90.0 90.0	907 907 903
PROPERTIES		Marco Sacritos Marco viva Marco Sacritos Marco Viva Marco Viva		80.0 80.0 80.0	807 807 807
PROPERTIES PROPERTIES PROPERTIES		Total marks following total marks following total marks following		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	Territoria de la constanta de	Total market feet one total market feet one total market feet one		900 900 800	(88) (88)
PROPERTIES PROPERTIES PROPERTIES		Makes Machine Makes of the Makes Machine Makes of Makes Makes Makes of Makes Makes Makes Makes of Makes Makes		100 to 100 to 100 to	1953 1963 1964
				TOTAL TOTAL TOTAL	1901 1901 1900
PROPERTIES	Table 1	Total Inches State of the		60.0 60.0 60.0	500 500 500
PROPERTIES				90.0 90.0	80 80 80
PROPERTY OF THE PROPERTY OF TH		Man substitution		000 000 000 000 000	400 400 400 400
FREFACTIONS FREFACTIONS FREFACTIONS FREFACTIONS	Territoria de la constanta de	the series the same		90 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 20 20 20
FEMALESIA FEMALESIA FEMALESIA FEMALESIA	Ratio State 5			90 90 90	80 80 90
PREFACTION PROFACTIONS	Terrana t	teen meter teen per		97.9 97.9 97.9	90 90 91
PERFACTION PROPERTY OF THE PERFACT STATES OF				90 W	60 60 60 80
PREPARENTE		term marker terminal		610 619 619	100 100 100 100
PROPERTY OF THE PROPERTY OF TH	Partie State S	teen meter teen ne		20.5 20.5 20.5	
PARATURA PARATURA PARATURA PARATURA			_	97.9 97.9 97.0	90 90 90
PARAPHAN PARAPHAN PARAPHAN PARAPHAN				900 a 900 a 900 a	907 907 900 900
		Marin San Marin Na		0019 1912 1913 1913 1913 1913 1913 1913 19	201 201 201 201
PARACTURE PARACTURE PARACTURE	Part and			GIV GIV	- 10 10 10
PAPACES PAPACES PAPACES	Part and P	teen meter teen out		Ual N 100 100 100 100 100 100 100 100 100 1	20
PREPARENT PREPARENT				60 W	907 907 907
PARACTURE PARACTURE PARACTURE	Talle to 1	Total Section Nationals		60 P	90 90 90
PARATUS PARATU	Rate State 5			MARK MICH MICH MICH MICH	90 90 90
PARAPESE PARAPESE PARAPESE PARAPESE	Terrore 1	ter sets terms			90 91
PREPARENT PREPARENT	Territor I	Man sales ferrore		9076 9079 9079	1907 1907 1900
PARATUS PARATU	Name and P	then make the one		100 m 100 m 100 m 100 m	100 100 100
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PARACTURE PARACTURE PARACTURE PARACTURE	Terrent			90 W	90 90 90
PREPARENT PREPARENT PREPARENT				100 M 100 M 100 M 100 M	80 80
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PANATURE PANATURE PANATURE PANATURE	Terroria .	ter sets terror		60	20 20
PREACTION OF THE PROPERTY OF T	Terrory C	The state of the s		974 974 964	900 900 900 900
PROFITE PROFIT				000 000 000 000 000 000 000 000 000 00	90 90 90 90
PROPERTY PRO	Ratio State 5	term market features		67.6 67.6 67.6	
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PREPARENT PREPARENT		The state for the state of		901 S	100 100 100 100
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PROPERTY OF THE PROPERTY OF TH	Table State S	ter sets terms		90.0 90.0 90.0 90.0	# P
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PREATURE PROPERTY OF THE PROPE	Tana San S	then make the way		100 100 100	# P
PROPERTY OF THE PROPERTY OF TH		Man substitution		00 W	90 90 80
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PROPERTY OF THE PROPERTY OF TH	Part and P	tean make team or		100 100 100	
PREPARENT PREPARENT PREPARENT PREPARENT	Table State 5	term market beauty	_	90.0 100.0 100.0 100.0	90 90 90
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PARATES PARATE	Rest State S			90.00 100.00 100.00 100.00	20 20 20 20 20 20 20 20 20 20 20 20 20 2
PARAPERE PARAPERE PARAPERE PARAPERE	Territoria de la constanta de	tan neto tan ne		90.0 90.0 90.0	80 80 80
PREFACTORS PROPAGES	Terrory C	the second		10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0	
PARAPERS PARAPESS PAR		teen meta-teen ne		60.4 60.8 60.8 90.8	60 60 60 60 60
PREPARENT PREPARENT PREPARENT PREPARENT	Partie State 5	teen meter teen ne		10.00 10.00	801 801 803 803 804 804 803 803 803 803 803 803 803 803 803 804 804 805 805 805 805 805 805 805 805 805 805
PROPERTY OF THE PROPERTY OF TH	Tarre Start	then make the way		715 B	90 90 90
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resture	Name and Address of the Owner, where					
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			teen meter teen no		100 TO 10	# P
PROPERTY PRO					20.0 20.0 20.0	901 907 53.1
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PROPERTY OF THE PARTY OF THE PA			Topic Service Service		00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	
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PROPERTY PRO	name of		teen meter teen over			97 97 97
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			term marker features	_	97.5 97.5	20
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			teen meta teen ne		100	100 100 100
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2 00 Me 2 10 M		Manus Saurina Manus saur		0559 06.00 0	800 801 801 803 803 803 803 803 803 803 803 803 803
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		Marin Sachio, Asservas		100 100 100 100 100 100 100 100 100 100	800 801 802 803 803 803 803 803 803 803 803 803 803
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### (### (### (### (### (### (### (###		Marin Isahin Marinta		000 000 000 000 000 000 000 000 000 00	900 900 900 900 900 900 900 900 900 900
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ner.	Responsor.		-	nameter .	**********
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PARAMETER PARAME				013 013 014	10 10 10
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PROPERTY PRO		Many market fellow our fellow market fellow our fellow market fellow our fellow market fellow our fellow market fellow our		93 93 20	- 5
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	Table State S	THE RESERVE AND THE PARTY AND		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 2
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PREATERN PRE		THE STATE OF THE S		27.0 27.0 27.0	- 8
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PREPARED PROPARED PRO		teen meta-teen ou		90.0 90.0 90.0 90.0	
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PAPACET PAPACET PAPACET PAPACET		then no to town		90.0 90.0 90.0 90.0	- 5
PAPACEE PAPACEE PAPACEE		teen meta teenne		100 mm (100 mm	100
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PAPATEN PAPATEN PAPATEN PAPATEN	Terrore Control	Sant tarks Marring		973 973 974	100 Miles
PROPERTY				60 N 60 N 60 N	
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PROPERTY OF THE PROPERTY OF T				90.0 90.0 90.0	- 8
PROPERTY OF THE PROPERTY OF TH		the material		61.0 61.0 61.0 61.0	- 5
PAPATRIA PAPATRIA PAPATRIA	Table State S	then be to the one		101 M 101 M 101 M	3
PROPERTY PRO	Tanana i	ter selection		10.0 10.0 10.0 10.0	- 100 - 100
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Cover Page

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019, 31609PA016, 31609PA018

This single PDF file contains <u>four</u> separate actuarial certifications for the unique plan designs

under Issuer ID 31609. Please refer to all of the pages contained herein.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002,

31609PA0070003, 31609PA0190003, 31609PA0070004, 31609PA0190004,

31609PA0070011, 31609PA0070012, 31609PA0190006

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2024. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

The cost-sharing for inpatient hospital services for a subset of these plans differs by facility and professional claims. Inpatient hospital services account for about 20% of allowed costs in the AV calculation.

The cost-sharing for laboratory outpatient and professional services for a subset of these plans varies by site of service. Laboratory outpatient and professional services account for about 3% of allowed costs in the AV calculation.

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays or coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 14% of allowed costs in the AV calculation.

The cost-sharing for primary care for a subset of these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for occupational and physical therapy for a subset of these plans varies by site

of service. Occupational and physical therapy accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for x-rays and diagnostic imaging for a subset of these plans varies by site of service. X-rays and diagnostic imaging accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for imaging (CT/PET scans, MRIs) for a subset of these plans varies by site of service. Imaging accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

Method 156.135(b)(2) was used for inpatient hospital, laboratory site of service, outpatient facility, primary care, specialist care, occupational and physical therapy, x-rays, imaging, outpatient mental health and substance abuse, and generic drugs cost-sharing.

Confirmation that only in-network cost-sharing, including multitier networks, was considered:

I confirm that only in-network cost-sharing was considered.

Description of the standardized plan population data used:

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between January 2022 and December 2022.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO data incurred between January 2022 and December 2022.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Primary Care Copay Differential

For primary care, our recent data indicated that 80% of utilization came from office visits in person and 20% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - s	sharing	
HIOS_ID	PCP	Virtual PCP	AV Input
31609PA0070002, 31609PA0190002	\$30	\$20	\$ 28.00
31609PA0070003, 31609PA0190003	\$30	\$20	\$ 28.00
31609PA0070003-04	\$30	\$20	\$ 28.00
31609PA0070003-05	\$25	\$20	\$ 24.00
31609PA0070003-06	\$5	\$0	\$ 4.00
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 13.00

Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
31609PA0070002, 31609PA0190002	\$65	\$45	\$ 64.00
31609PA0070003, 31609PA0190003	\$75	\$50	\$ 73.75
31609PA0070003-04	\$75	\$50	\$ 73.75
31609PA0070003-05	\$50	\$35	\$ 49.25
31609PA0070003-06	\$10	\$5	\$ 9.75
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 14.50

Combination of Copays and Coinsurance for IP Hospital

The copays for inpatient hospital facility claims were combined with the coinsurance on professional claims to calculate equivalent copays for inpatient claims.

First, we took the allowed PMPY inpatient costs and divided that by the utilization by admit PMPY to calculate the average cost per admit. We also took the utilization by day PMPY and divided that by the utilization by admit PMPY to calculate the average length of stay.

The average cost per admit was divided by the average length of stay to calculate the average cost per day. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

The professional coinsurance was multiplied by the professional portion of the daily inpatient cost to calculate equivalent daily copay for that piece. Because there is a 5-day maximum on our plans' inpatient copays, an effective copay factor was calculated by dividing the PMPY cost sharing from a \$100 per day inpatient copay with a 5-day maximum by the PMPY cost sharing from a \$100 per day inpatient copay without any maximum. The equivalent daily professional copay amount was then divided by this factor in order to determine the final professional copay reflecting a 5-day maximum.

The final professional copay was then added onto the facility copay in order to determine the equivalent overall IP hospital copay amount. The exhibit below shows this calculation.

HIOS IDs		31609PA0070012, 31609PA0190006
IP Cost Sharing		
Facility	\$750	\$500
Professional	20%	20%

AVC Continuance Table	Gold		Gold
PMPY for IP		\$1,577	\$1,577
Admit PMPY		0.06	0.06
Claim per Admit		\$24,919	\$24,919
Average LOS (days)		4.7	4.7
Effective Copay Factor for 5-days		0.47	0.47

Assumption from Data		
% Facility Cost	85%	85%
% Professional Cost	15%	15%

Calculations		
Professional Claim per Admit	\$3,738	\$3,738
Professional Claim per Day	\$788	\$788
Equiv. Copay per Day no max	\$158	\$158
Equiv. Copay per Day, 5-day max	\$338	\$338
Total Copay per Day, 5-day max	\$1,088	\$838

Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims was blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

	31609PA0070003,	31609PA0070004,
HIOS IDs	31609PA0190003	31609PA0190004
Facility	25%	25%
Professional	30%	50%
Blend	74.3%	71.3%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Coinsurance for Laboratory Services

For the lab site of service cost-sharing, our recent data suggested that 15% of units are at a hospital setting with an average unit cost of \$59.22, while 85% of units are at a freestanding setting with an average unit cost of \$22.51. Taking a weighted average of a 50% issuer coinsurance applied to \$59.22 and a 100% issuer coinsurance applied to \$22.51 produced an average issuer paid amount of \$23.57 out of an average cost of \$28.01, giving an effective issuer coinsurance of 84.1% which was entered into the AV calculator.

Combination of Coinsurance for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 80% of outpatient facility claims came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the coinsurance in a hospital setting and the coinsurance in an ambulatory surgery center.

	31609PA0070003,	31609PA0070011
	31609PA0190003	
Hospital	50.0%	40.0%
ASC	30.0%	20.0%
Blend	54.0%	64.0%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 55% of outpatient facility utilization came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the copay in a hospital setting and the copay in an ambulatory surgery center.

ASC Blend	\$300 \$520.00	\$300 \$520.00
Hospital	\$700	\$700
	31609PA0190002	31609PA0190006
	31609PA0070002,	31609PA0070012,

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 80% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

X-rays and Diagnostic Imaging Site-of-service Copay Differential

For the x-ray site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

X-rays and Diagnostic Imaging Site-of-service Coinsurance Differential

For the x-ray site of service cost-sharing, our recent data indicated that 30% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

Imaging (CT/PET scans, MRIs) Site-of-service Copay Differential

For the imaging site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

Imaging (CT/PET scans, MRIs) Site-of-service Coinsurance Differential

For the imaging site of service cost-sharing, our recent data indicated that 20% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

		Cost-		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
	Phys. Ther.	\$65	\$95	\$71.00
31609PA0070002, 31609PA0190002	X-rays	\$60	\$90	\$81.00
31009FA0190002	Imaging	\$120	\$160	\$148.00
	Phys. Ther.	\$75	\$105	\$81.00
31609PA0070003, 31609PA0190003	X-rays	30%	50%	56%
	Imaging	30%	50%	54%

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

	Cost - s	haring	
HIOS_ID	MH/SA Office	MH/SA Other	AV Input
31609PA0070002, 31609PA0190002	\$65	\$65	\$65.00
31609PA0070004, 31609PA0190004	50%	50%	50%
31609PA0070011	20%	20%	80%
31609PA0070012, 31609PA0190006	\$15	\$45	\$22.50

For plans 31609PA0070003 and 31609PA0190003 and the silver variations of plan 31609PA0070003, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services. For plans 31609PA0070003 and 31609PA0070003-04, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

OP Visit Cost-sharing OP Visit Weight	31609PA0070003, 31609PA0190003 \$75 75%	31609PA0070003-04 \$75 75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	14%	14%
OP Other Cost-sharing after Deductible	30%	20%
OP Other Weight after Deductible	11%	11%
Effective Copay (AV Input)	\$97.93	\$95.25

OP Visit Cost-sharing OP Visit Weight	31609PA0070003-05 \$50 75%	31609PA0070003-06 \$10 75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	10%	10%
OP Other Weight after Deductible	25%	25%
Effective Copay (AV Input)	\$43.54	\$13.54

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sha	ring	
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0070002, 31609PA0190002	\$3	\$15	\$ 10.20
31609PA0070003, 31609PA0190003	\$3	\$20	\$ 13.20
31609PA0070004, 31609PA0190004	\$5	\$35	\$ 23.00
31609PA0070003-04	\$3	\$20	\$ 13.20
31609PA0070003-05	\$3	\$10	\$ 7.20
31609PA0070003-06	\$3	\$4	\$ 3.60
31609PA0070011	\$3	\$15	\$ 10.20
31609PA0070012, 31609PA0190006	\$3	\$15	\$ 10.20

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Not applicable.

Certification Language:

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 those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

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 methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signs	ature:		
Actuary Prin	ited Name:		
D ate:	8/17/2023		

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160006, 31609PA0180005,

31609PA0180001, 31609PA0160001

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2024. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Additionally, the cost-sharing for the first 3 outpatient mental health office visits for these plans is exempt from the deductible. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for plans 31609PA0160006 and 31609PA0180005 varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

Method 156.135(b)(2) was used for the primary care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

Confirmation that only in-network cost-sharing, including multitier networks, was considered:

I confirm that only in-network cost-sharing was considered.

Description of the standardized plan population data used:

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

For these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the fact that the first 3 outpatient mental health visits are exempt from the deductible. The effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

Using the bronze continuance table in the Final 2024 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of \$0 for the first three visits times the proportion of visits within the first three visits, which according to our experience period between January 2022 and December 2022 for commercial PPO is 11.50%, and the average cost per service from the AV Calculator times the remaining proportion of visits. This effective copay was then used as the cost-sharing for outpatient mental health office visits in our blended outpatient mental health calculation below.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	\$109.36	\$109.36
Copay for Visits 1-3:	\$0.00	\$0.00
Visits 1-3 Proportion:	11.50%	11.50%
Eff. Member Copay	\$96.78	\$96.78

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
OP Visit Cost-sharing	\$96.78	\$96.78
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	25%	25%
OP Other Cost-sharing after Deductible	N/A	N/A
OP Other Weight after Deductible	N/A	N/A
Effective Copay (AV Input)	\$133.04	\$133.04

Primary Care Copay Differential

For primary care, our recent data indicated that 80% of utilization came from office visits in person and 20% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing				
HIOS_ID	PCP Virtual PCP		ID PCP Virtual PCP		AV Input
31609PA0160006, 31609PA0180005	\$20	\$15	\$ 19.00		
31609PA0160001, 31609PA0180001	\$50	\$35	\$ 47.00		

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sha	ring	
HIOS_ID	Low-Cost Generic Generic		AV Input
31609PA0160006, 31609PA0180005	\$3	\$25	\$ 16.20

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Not applicable.

Certification Language:

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 those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

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 methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signs	ature:		
Actuary Prin	ted Name:		
Date:	8/17/2023		

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160005, 31609PA0180004

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2024. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

Method 156.135(b)(2) was used for outpatient mental health and substance abuse.

Confirmation that only in-network cost-sharing, including multitier networks, was considered:

I confirm that only in-network cost-sharing was considered.

Description of the standardized plan population data used:

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

	Cost - s	haring	
HIOS_ID	MH/SA Office MH/SA Other		AV Input
31609PA0160005, 31609PA0180004	0%	0%	100%

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Not applicable.

Certification Language:

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 those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

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 methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary sign	ature:		
Actuary Prin	ated Name:		
•			
Date:	8/17/2023		

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160009, 31609PA0180008

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2024. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

Method 156.135(b)(2) was used for primary care, specialist care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

Confirmation that only in-network cost-sharing, including multitier networks, was considered:

I confirm that only in-network cost-sharing was considered.

Description of the standardized plan population data used:

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the generic drugs utilization and average cost per low-cost generic drug, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Primary Care Copay Differential

For primary care, our recent data indicated that 80% of utilization came from office visits in person and 20% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	PCP Virtual PCP		AV Input
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 62.00

Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	SP Virtual SP		AV Input
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 64.25

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

For these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services. Additionally, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

	31609PA0160009, 31609PA0180008
OP Visit Cost-sharing	\$65
OP Visit Weight	75%
Avg Cost/Unit OP Other	\$241.79
OP Other Cost-sharing in Deductible	100%
OP Other Weight in Deductible	16%
OP Other Cost-sharing after Deductible	50%
OP Other Weight after Deductible	9%
Effective Copay (AV Input)	\$98.07

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. For these plans, the cost-sharing entered into the AV calculator is an effective coinsurance to capture the blending of a copay for low-cost generic drugs and coinsurance for normal generic drugs.

	Cost - sha	ring		
	Low-Cost		Low-Cost	
HIOS_ID	Generic	Generic	Generic Cost	AV Input
31609PA0160009, 31609PA0180008	\$3	50%	\$5.13	47%

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Not applicable.

Certification Language:

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 those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (iii) conducted by a member of the American Academy of Actuaries; and
- (iv)performed in accordance with generally accepted actuarial principles and methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signs	ature:		
Actuary Prin	ted Name:		
Date:	8/17/2023		

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used as requested in the guidance.

An Individual Morbidity Adjustment of 1.000 was used as requested in the guidance.

XXXXXXXXX the impact of COVID in the Experience Period that we do not expect to recur in the Projection Period.

 $The \ change \ in \ demographics \ was \ calculated \ considering \ changes \ to \ age, \ geography, \ and \ to bacco \ use.$

The change in the average age was measured by comparing the average age factor calculated in this filing, based on February 2021 enrollments, to the average age factor calculated for the prior annual filing.

	2023	2024	
	Filing	Filing Cl	nange
Age Factor	1.730	1.743	1.008
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			1.008

No changes were assumed for this filing.

The network factors used in Table 10 are based on the network differentials from the prior filing.

The network factor used for PPO was 1.000.

The network factor used for EPO was 0.950.

The factors used in Table 10 recalibrate the values so that the differentials between the factors remains constant, and the composite factor equals 1.000.

Table 10 factors: PPO 1.023

EPO 0.972

REDACTION JUSTIFICATION – QCC CONSUMER

DOCUMENT

<u>URRT Part III – Federal Actuarial Memorandum</u>

Redacted Name of opining actuary (page 8)

Redacted COVID-19 Impact (page 4) – confidential and proprietary information

Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)

Redacted COVID-19 Impact (page 5) – confidential and proprietary information

Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memo Rate Exhibits

Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj" – confidential and proprietary information

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

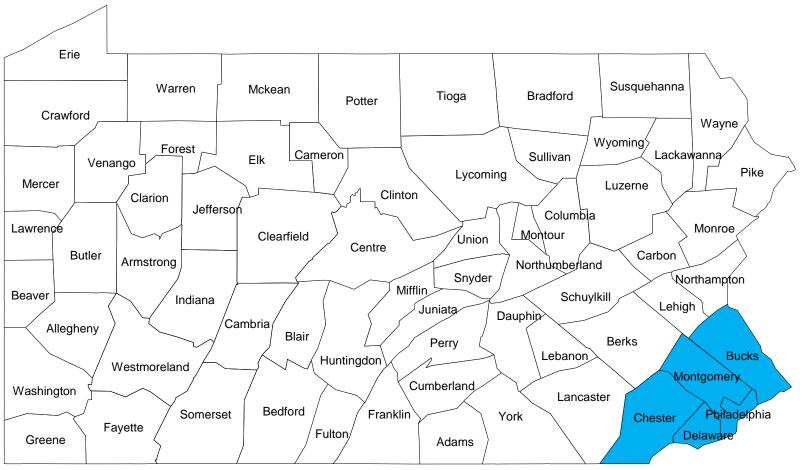
Unique AV Justification file

Redacted name of opining actuary (page 11) Redacted AV Screenshots (all)

2023 and 2024 Service Area

Issuer: QCC Insurance Company

Market: Individual



Key (modify as needed)

: On-exchange service area

: Off-exchange only service area

Responses to Section E, Standard Questions

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

We do not project that 2024 membership will differ significantly from the current membership.

2. <u>a. Experience Period Claims</u>: a. Please confirm that all claims which are capitated have been removed from the experience period claims.

We confirm that capitated claims have been removed.

b. Please confirm that all non-EHB claims have been removed from the experience period claims.

We confirm that non-EHB claims have been removed.

c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

We work with our PBM to forecast rx rebate increases from the base period to the rating period. These projected increases are fully reflected in the trend component of the rate development.

3. <u>COVID</u>: a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.

We confirm there is no COVID adjustment in Tables 2-4. No COVID adjustment was made in Table 5.

4. Trend

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

N/A

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

N/A

5. Table 6 – Retention

a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a

demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

We confirm that we used a Federal Income Tax rate of 21% in this calculation.

b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.

We confirm that these factors are consistent.

c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.

We confirm that the commission PMPM is consistent between the four options.

6. Pricing AVs

a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is **not** separated by metal level).

We confirm that the Pricing AV's were calculated using a single risk pool.

b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

Metal AV is a national average AV which is not intended for pricing purposes per CMS Guidance (noted below). Please see attached model for Pricing AV calculation. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. The same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

Pricing based on local data should give a more accurate result than pricing using national data. Our pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data.

In addition, CMS continues to state that "the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes" in its Actuarial Calculator Methodology.

This is further supported by the Society of Actuaries paper, "A Summary of the 2020 Actuarial Value Calculator", which states " It is important to remember that the AV calculator was designed to determine if specific benefit designs meet the de minimis criteria and not for plan pricing."

7. Expanded Bronze Plans

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

Please see the attached "EBP" exhibit.

8. PAAM Exhibits – Consumer Factors

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

The proposed geographic area rating factors shown in Tab V are the same as those used in the previous year.

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

The proposed network factors shown in Tab V are the same as those used in the previous year. Within Table 10, they are normalized using the membership in Table 10 to result in a composite factor of 1.000.

9. Public Health Emergency

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

We did not make an adjustment for the expiration of the Public Health Emergency.

b. Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?

We did not make an adjustment to morbidity for the expiration of the Public Health Emergency.

c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventive and covered at 100%.

Services classified as preventive will be covered at 100%.

10. MLR Exhibit

- a. Please complete table below which summarizes the most recent three years of complete MLR information. i. Actual is the final information which was filed for the specified calendar year ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)
- a. Please complete table below which summarizes the most recent three years of complete MLR information. i. Actual is the final information which was filed for the specified calendar year

ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

	N	1LR	Member	Months
Calendar Year	Actual	Pricing	Actual	Pricing
2019	74.1%	85.8%	466,084	492,072
2020	72.2%	83.2%	468,369	505,932
2021	71.3%	85.2%	497,020	498,720

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

No withdrawals are proposed in this filing.

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

These plans satisfy the requirements by providing first dollar coverage (before deductible) as follows:

QCC .	HIOS IDs	Plan Marketing Name	FDC Generic Rx	FDC Primary Care Services	HSA Plan
	31609PA0070004, 31609PA0190004	Personal Choice PPO Bronze	X	X	
	31609PA0160006, 31609PA0180005	Personal Choice EPO Bronze Basic	X		
	31609PA0160005, 31609PA0180004	Personal Choice EPO Bronze Reserve			Х
	31609PA0160009, 31609PA0180008	Personal Choice EPO Bronze Classic		X	

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.

Market: Individual PPO SERFF ID: INAC-133668798

			Redaction Justification				
тос#	Description	Completed (Mark with "X")	Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)		
Federal Documents Required to Be Filed with PID							
	RFJ Part I - Unified Rate Review Template	Х					
	RFJ Part II – Consumer Friendly Justification						
A.2.	RFJ Part III – Actuarial Memorandum	Х	Υ	29-36	Υ		
	Federal Rates Template	Х					
Summary	Documents/Confirmation of HIOS & SERFF Submissions						
A.2.B.	HIOS Submission	Х					
A.2.C.	SERFF Submission	Х					
A.2.D.	SERFF Rate/Rule Schedule Tab	Х					
В.	Cover Letter & PA Bulletin Information	Х					
	al Memorandum and Rate Exhibits						
D.1.A.	Company Information	Х	Υ	4	Υ		
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	5	N/A		
D.1.C.	Average Rate Change	X	N	5	N/A		
212101	Membership Count	X	N	5	N/A		
D.1.D.	PA Act. Exhibits Table 1	X	N	13	N/A		
D.1.E.	Benefit Changes	X	N	5	N/A		
D.1.L.	Experience Period Claims & Premium	X	N	5-6	N/A		
D.1.F.	PA Act. Exhibits Table 2	X	N	13	N/A		
	Credibility of Data	X	N	7	N/A		
D.1.G.	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	14	N/A		
	Trend Identification	X	N	7	N/A		
D.1.H.	PA Act. Exhibits Table 3	X	N	13	N/A		
		X	N	7	N/A		
D.1.I.	Historical Experience PA Act. Exhibits Table 4	X					
		X	N N	13 8	N/A		
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims PA Act. Exhibits Table 5	1		17	N/A		
		X	N		N/A		
D.2.B.	Retention Items	X	N	9-10	N/A		
	PA Act. Exhibits Table 6	X	N	17	N/A		
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10	N/A		
	PA Act. Exhibits Table 7	X	N	17	N/A		
D 2 D	Components of Rate Change	X	N	10	N/A		
D.2.D.	PA Act. Exhibits Table 8	X	N	17	N/A		
	PA Act. Exhibits Table 9	X	N	17	N/A		
D.3.	Plan Rate Development	X	N	10-11	N/A		
	PA Act. Exhibits Table 10	X	N	18	N/A		
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	11	N/A		
	PA Act. Exhibits Table 11	X	N	19-20	N/A		
D.5.A.	Age and Tobacco Factors	X	N	11	N/A		
	PA Act. Exhibits Table 12	X	N	21	N/A		
D.5.B.	Geographic Factors	X	N	11	N/A		
	PA Act. Exhibits Table 13	X	N	21	N/A		
D.5.C.	Network Factors	X	N	11	N/A		
	PA Act. Exhibits Table 14	Х	N	21	N/A		
D.5.D	Rate Change Request Summary	X	N	22	N/A		
	PA Act. Exhibits Table 15	X	N	22	N/A		
D.5.E.	Service Area Composition	Х	N	11	N/A		
D.5.F	Composite Rating	Х	N	11	N/A		
D.6.	Actuarial Certifications	Х	Υ	11-12	Y		
Additional		1			T		
E.	Department Plan Design Summary & Rate Tables	Х	N	23-25	N/A		
	Service Area Map	Х	N	83	N/A		
Summary	Documents/Confirmation of HIOS & SERFF Submissions	X			Υ		