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 0% coinsurance parameter for the reinsurance program.

The proposed rates represent a 3.6% increase 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, 2024

5. Average Rate Change Requested 3.6%

6. Range of Rate Changes Requested 2.7% to 3.9%

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7.	Total Annual Revenue Generated from	
	the Proposed Rate Change	\$9,968,543
8.	Products	PPO
9.	Rating Areas and Change from 2023	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2023	35,089 lives
12.	Number of plans offered in 2024 and change from 2023	17 plans in 2024; 14 plans in 2023
13.	Corresponding contract form number,	INLG-133660974, INLG-133660976,
	SERFF, and binder numbers	INLG-133661007,
		INLG-PA24-125116242,
		INLG-PA24-125116369
		See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking	HIOS Issuer ID # 31609; Tracking #
	Number	N/A
	se contact at	or with any
ques	tions regarding this filing.	
Since	erely,	

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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: 3.6%

Range of Rate Changes: 2.7% to 3.9%

Products: PPO

Rating Areas: Rating Area 8

Metal Levels: Gold, Silver, Bronze, Catastrophic

Current Members: 35,089
Number of 2024 Plans: 17
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:

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 3.6%. 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 3.6%.

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
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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 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

No plans are being terminated during 2024:

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% INAC-133668798

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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		12.98%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.78%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.64%
RA User Fee	0.05%	
PCORI Fee	0.06%	
PA Premium Tax	2.00%	
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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 Segment:	Individual
Rate Effective Date:	1/1/2024
Base Period Start Date:	1/1/2022
Date of Most Recent Membership:	2/1/2023

to 12/31/2024 to 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			
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		

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 278,873,501.89	\$ 258,530,841.79	\$ 261,926,498.97	436,775	\$ 66,989,894.12	\$ 328,916,393.09	\$ -	\$ (27,370,411.86)	\$ 3,758,772.97	\$ 118,304.05	\$ 40,744,001.83	\$ 18,327,933.61
Experience Period Total Allowed EH	Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 699.00
Loss Ratio											68.87%

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				8.78%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.183	

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19		5 18,051,259.87	1.0000		42,000	\$ 429.79		\$ (492,291.09)		63
Feb-19		17,757,623.26	1.0000		41,254	\$ 430.45		\$ (448,797.59)		57.
Mar-19	2	20.097.530.80	1.0000		40.467	\$ 496.64		S (492.899.97)		63
Apr-19		5 21,363,236.17	1.0000		39,991			\$ (522,688.96)		66
May-19		21.292.942.55	1.0000		39.398	\$ 540.46		S (530.540.85)		66
Jun-19		18,968,106.13	1.0000		38,925	\$ 487.30		\$ (498,859.07)		51
Jul-19		21,065,054.35	1.0000		38,397	\$ 548.61		\$ (543,604.99)		6
Aug-19	2	19.823.589.29	1.0000		37.984	\$ 521.89		\$ (527.901.06)		
Sep-19	_3	18,789,229.31	1.0000		37,566	\$ 500.17		\$ (514,777.60)		
Oct-19		21.050.632.47	1.0000		37.195			S (574.250.76)		
Nov-19	3	18,913,443.67	1.0000		36,757			\$ (544,966.97)		
Dec-19	\$ 304,626,833.47	20,684,025.67	1.0000		36,150		\$ 61,241,780.13			
Jan-20		17,873,443.87	1.0000		40,990			\$ (1,446,354.33)		
Feb-20		5 18,739,034.44	1.0000			\$ 466.02		\$ (1,418,835.90)		
Mar-20		17.713.962.82	1.0000		39.657	\$ 446.68		S (1.399.304.13)		
Apr-20	_3	16,357,323.06	1.0000		39,462	\$ 414.51		\$ (1,511,941.50)		
May-20		16,699,447.43	1.0000		39,339	\$ 424.50		\$ (1,507,070.70)		
Jun-20	2 ا	19.113.214.55	1,0000		39.094	\$ 488.90		\$ (1,497,760,66)		
Jul-20		19,872,416.54	1.0000			\$ 511.03		\$ (1,570,688.68)		
Aug-20	2	19.304.319.98	1.0000		38.849	\$ 496.91		S (1.569.112.45)		
Sep-20		20,994,772.30	1.0000		38,663	\$ 543.02		\$ (1,561,829.73)		
Oct-20		5 22,036,797.44	1.0000		38,287	\$ 575.57		\$ (1,706,233.26)		
Nov-20	2 ا	21.556.883.96	1,0000		37.770	S 570.74		S (1.683.179.66)		
Dec-20	\$ 302,517,236,44		1.0000		37,160					
Jan-21		5 16,739,589.49	1.0000		40,561			\$ (1,455,109.25)		
Feb-21	2	5 16.728.031.24	1.0000			\$ 401.39		S (1.494.712.50)		
Mar-21		21,865,563.08	1.0000			\$ 527.68		\$ (1,486,254.19)		
Apr-21		21.344.347.61	1.0000		41.593	\$ 513.17		\$ (1.652.699.76)		
May-21	2_	22.427.963.77	1,0000		41.678	\$ 538.12		S (1.655.326.20)		
Jun-21		23,231,730.54	1.0000		41,466			\$ (1,647,299.16)		
Jul-21	2	5 20.804.963.27	1.0000		41.316	\$ 503.56		S (1.722.262.22)		
Aug-21		22,885,701.59	1.0000		41,346	\$ 553.52		\$ (1,722,898.93)		
Sep-21		5 22.712.357.52	1.0000		41.733	\$ 544.23		S (1.738.792.78)		
Oct-21	2_	24.412.722.19	1,0000		41,538	\$ 587.72		S (1.855.750.32)		
Nov-21		24,257,500.02	1.0000		41,432			\$ (1,851,085.14)		
Dec-21	\$ 307,125,622.77	5 25,162,316.60	1.0000		41,245		\$ 68,984,823.62	\$ (1,842,703.72)		
Jan-22	2	18.988.717.82	1.0000		38.453	\$ 493.82		S (2,267,536,24)		
Feb-22		19,981,917.59	0.9964		38,246	\$ 524.32		\$ (2,255,290.43)		
Mar-22		21.490.339.41	0.9964		37.644			S (2.219.509.61)		
Apr-22		21,674,149.73	0.9947		37,082			\$ (2,273,592.16)		
May-22	3	23,376,755.54	0.9937			\$ 639.94		\$ (2,253,933.05)		
Jun-22	2	5 22.539.198.85	0.9916		36,358	\$ 625.17		S (2.229.194.14)		
Jul-22		20,767,379.90	0.9883		36,070	\$ 582.54		\$ (2,269,141.96)		
Aug-22		21.582.138.10	0.9882		35.814	\$ 609.82		S (2.253.305.74)		
Sep-22	3	5 21,732,456.16	0.9848		35,531			\$ (2,235,453.67)		
Oct-22	3	5 21,752,700.74	0.9805		35,236	\$ 629.60		\$ (2,387,891.05)		
Nov-22		22.011.914.29	0.9725		34.967	\$ 647.31		S (2.370.488.69)		
Dec-22	\$ 278.873.501.89	22.633.173.66	0.9617	\$ 23,534,750.08	34.613	\$ 679.94	5 66 989 894 12	\$ (2.355.075.12)	S 25,284,760,31 S	

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	Total P	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 -	\$	(87,034,102.59)	\$ 133,463,180.41	\$ 295,656.41	\$ 18,175,705.92	\$ 49,507,878.22
Experience Period Total Allowed EH	experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)									\$ 572.52		
Loss Ratio	,		,		,			,		,		76.45%

*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 Projection Factor				1 183	

Cotal Applied Trend Projection Factor

Support Cost | Hilborian Indused | Hilborian and Mainbras personations

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 Druz Rebates)	Allowed PMPM
Jan-19		\$ 36,102,519,74	1.0000		84,000			\$ (984,582,18)	\$ 53,438,007,90	
Feb-19		\$ 35,515,246.52	1.0000		82,508			\$ (897,595.19)	\$ 47,293,947.55	
Mar-19	L.	S 40.195.061.60	1.0000		80.934			\$ (985,799.95)	S 51.409.374.79	
Apr-19	<u> </u>	\$ 42,726,472.34	1.0000		79,982			\$ (1,045,377.92)	\$ 53,155,827.28	
May-19	L.	\$ 42.585.885.10	1.0000		78.796			\$ (1.061.081.70)	\$ 52.216.559.96	
Jun-19	Ŀ	S 37.936.212.26	1,0000		77.850			S (997.718.14)	S 45.780.154.60	
Jul-19	<u> </u>	\$ 42,130,108.70	1.0000		76,794			\$ (1,087,209.98)	\$ 50,241,652.84	
Aug-19	į:	S 39.647.178.58	1.0000		75.968			\$ (1.055.802.11)	S 47.189.072.99	
Sep-19		\$ 37,578,458.62	1.0000		75,132			\$ (1,029,555.20)	\$ 44,346,559.92	
Oct-19		S 42.101.264.94	1.0000		74.390			\$ (1.148.501.52)	S 49.274.264.02	
Nov-19	. P	37.826.887.34	1.0000		73.514			\$ (1,089,933,95)	S 44.067.718.55	
Dec-19	\$ 609,253,666.94		1.0000		72,300			\$ (1,163,989.15)	\$ 47,236,619.95	
Jan-20	į.	\$ 35,746,887.74	1.0000		81,980			\$ (2,892,708.67)		
Feb-20 Mar-20	P.	S 37.478.068.88 S 35.427.925.64	1,0000		80.422 79.314			\$ (2.837.671.79)	S 48.782.075.27 S 43.381.780.77	
	į.							\$ (2,798,608.25)		
Aor-20	H	S 32.714.646.12	1.0000		78.924			\$ (3.023.883.00)	\$ 36.033.917.78	
May-20	H	\$ 33,398,894.86	1.0000		78,678			\$ (3,014,141.40)	\$ 37,667,839.48	
Jun-20	H	\$ 38,226,429.10			78,188			\$ (2,995,521.31)	\$ 43,946,756.13	
Jul-20	H	S 39.744.833.08 S 38.608.639.96	1,0000		77.774 77.698			S (3.141.377.36) S (3.138.224.91)	S 45.427.955.16 S 43.967.209.17	
Aug-20	H	\$ 38,608,639.96 \$ 41,989,544.60							\$ 43,967,209.17 \$ 47.698.535.36	
Sep-20 Oct-20	H	S 41.989.544.60 S 44.073.594.88	1.0000		77.326 76,574			\$ (3.123.659.46) \$ (3.412.466.52)	5 47.698.535.36 5 49.403.869.28	
	H	\$ 43,113,767.92	1.0000		75,540			\$ (3,366,359,31)	\$ 47,381,192,31	
Nov-20 Dec-20	S 605.034.472.88	5 43,113,767.92 5 45.340.618.28	1.0000		75,540			\$ (3,366,359.31) \$ (3,312,342.69)	\$ 47,381,192.31 \$ 49.535.333.81	
	5 605,034,472.88	\$ 45.340.618.28 \$ 55.605.291.82	1.0000		74.520 81.122			\$ (5.177.075.95)	\$ 67.768.892.00	
Jan-21 Feb-21	H	S 55.605.291.82 S 54.806.468.81	1,0000		81.122			\$ (5.285,149,47)	S 64.449.253.88	
Mar-21	H	\$ 71.754.704.61	1.0000		82.874			\$ (5,251,235,53)	\$ 82.871.292.45	
Apr-21	H	S 68.143.682.43	1,0000		83.186			S (5.788.220.14)	S 76.925.500.85	
May-21	H	5 65.189.970.17	1.0000		83,356			S (5,817,521,29)	S 72.396.646.19	
Jun-21	H	S 69.710.918.28	1.0000		82.932			\$ (5.852.339.55)	\$ 77.333.527.67	
Jul-21	H	S 67.650.477.52	1,0000		82.632			S (6.038.221.27)	S 73.952.259.74	
Aug-21	H	5 73,586,320,11	1.0000		82,692		1	S (6.087.318.17)	S 79.701.551.56	
Sep-21	H	S 74.264.376.64	1.0000		83.466			S (6.128.998.83)	S 79.567.390.29	S 953
Oct-21	F.	S 75.848.290.10	1,0000		83.076		1	S (6.302.747.17)	\$ 80,910,834,50	
Nov-21	H	5 76.681.852.34	1.0000		82.864		1	\$ (6.258.979.73)	\$ 81 366 559 80	
Dec-21	5 614 251 245 54		1,0000		82 490			\$ (6.198.953.89)	S 80.195.180.44	
Jan-22	614.251.245.54	5 61.875.412.22	1,0000		154,040			S (7.212.190.76)		
Feb-22		5 62,505,476,46	0.9979		155,268			\$ (7,261,587,92)	S 71.725.736.98	
Mar-22	1	S 70.663.687.76	0.9977		153,233			S (7.164.505.78)	S 80.914.328.04	
Apr-22		5 67.403.625.69	0.9968		151,421			\$ (7,492,156,62)	S 74.710.298.91	
May-22	1	5 69.403.677.06	0.9959		149.892			S (7.417.400.47)	S 75.972.178.06	
Jun-22		S 69.731.660.40	0.9948		148.729			\$ (7.358.255.70)	S 76.249.229.93	
Jul-22		S 66.279.052.73	0.9933		147.981			S (7.164.182.25)	S 71,455,418,69	
Aug-22		S 68.714.263.36	0.9915		147.240			S (7.127.367.84)	S 74,748,158,26	
Sep-22		S 67.977.346.57	0.9877		146.396			\$ (7.085.381.38)	\$ 73,308,008,74	
Oct-22		5 66 492 395 28	0.9826		145.264			5 (7.303.681.49)	5 71 410 480 25	
Nov-22		S 67.417.894.93	0.9739		143,986			\$ (7.249.347.75)	S 73.000.937.95	
Dec-22	S 1.042.320.735.81	S 66.401.188.37	0.9619		142.089			S (7.198.044.64)	S 72.486.364.80	

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

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

Carrier Name: QCC Insurance Company, Inc.

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

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

	ant i oncies omy. mearree	Dates 1/1/2022 to 12/31/2022 Total Incurred Claims with
Amount Incomes	l Claima Danca	
Annual Incurred		Reinsurance
· · · · · · · · · · · · · · · · · · ·	\$29,999	\$439,106,099
\$30,000	\$34,999	\$25,065,010
\$35,000	\$39,999	\$23,622,059
\$40,000	\$44,999	\$19,895,900
\$45,000	\$49,999	\$18,760,386
\$50,000	\$54,999	\$15,871,543
\$55,000	\$59,999	\$15,397,898
\$60,000	\$64,999	\$14,684,799
\$65,000	\$69,999	\$15,196,232
\$70,000	\$74,999	\$15,081,808
\$75,000	\$79,999	\$13,783,749
\$80,000	\$84,999	\$13,819,393
\$85,000	\$89,999	\$12,346,861
\$90,000	\$94,999	\$10,170,367
\$95,000	\$99,999	\$12,068,312
\$100,000	\$109,999	\$15,309,346
\$110,000	\$119,999	\$16,217,275
\$120,000	\$129,999	\$15,220,692
\$130,000	\$139,999	\$11,821,379
\$140,000	\$149,999	\$12,590,982
\$150,000	\$159,999	\$10,228,166
\$160,000	\$169,999	\$11,570,312
\$170,000	\$179,999	\$9,618,945
\$180,000	\$189,999	\$11,077,584
\$190,000	\$199,999	\$8,759,355
\$200,000	\$209,999	\$6,978,624
\$210,000	\$219,999	\$9,686,157
\$220,000	\$229,999	\$9,916,755
\$230,000	\$239,999	\$6,598,803
\$240,000	\$249,999	\$6,837,705
\$250,000	\$259,999	\$5,594,639
\$260,000	\$269,999	\$5,285,312
\$270,000	\$279,999	\$7,149,603
\$280,000	\$289,999	\$4,277,472
\$290,000	\$299,999	\$2,931,399
\$300,000	\$324,999	\$8,054,140
\$300,000	\$349,999	\$8,427,848
\$350,000	\$374,999	\$6,563,718
\$375,000	\$399,999	\$7,798,976
\$400,000	\$424,999	\$4,962,632
\$425,000	\$449,999	\$3,508,075
\$450,000	\$474,999	\$4,643,598
\$475,000	\$499,999	\$4,407,822
\$500,000	\$599,999	\$7,740,811
\$600,000	\$699,999	\$6,634,340
\$700,000	\$799,999	\$7,409,383
\$800,000	\$899,999	\$4,208,435
\$900,000	\$999,999	\$6,691,847
\$1,000,000+		\$13,393,091
Total		\$946,985,638

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

Carrier Name: QCC Insurance Company, Inc.

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

Reinsurance Program	Impact Continuance Table	Development - Plan Year 2024
		Total Incurred Claims with
Annual Incurred		Reinsurance
\$0	\$29,999	\$509,843,448
\$30,000	\$34,999	\$29,128,295
\$35,000	\$39,999	\$24,441,688
\$40,000	\$44,999	\$23,199,969
\$45,000	\$49,999	\$24,122,452
\$50,000	\$54,999	\$20,263,088
\$55,000	\$59,999	\$18,020,231
\$60,000	\$64,999	\$19,002,468
\$65,000	\$69,999	\$15,530,484
\$70,000	\$74,999	\$14,998,861
\$75,000	\$79,999	\$14,381,131
\$80,000	\$84,999	\$14,656,519
\$85,000	\$89,999	\$15,542,109
\$90,000	\$94,999	\$15,614,181
\$95,000	\$99,999	\$13,347,893
\$100,000	\$109,999	\$26,220,847
\$110,000	\$119,999	\$22,713,636
\$120,000	\$129,999	\$19,110,062
\$130,000	\$139,999	\$16,140,530
\$140,000	\$149,999	\$17,282,551
\$150,000	\$159,999	\$15,700,348
\$160,000	\$169,999	\$12,357,258
\$170,000	\$179,999	\$12,459,373
\$180,000	\$189,999	\$11,847,370
\$190,000	\$199,999	\$9,379,366
\$200,000	\$209,999	\$11,714,137
\$210,000	\$219,999	\$10,325,330
\$220,000	\$229,999	\$10,353,789
\$230,000	\$239,999	\$11,516,501
\$240,000	\$249,999	\$8,105,648
\$250,000	\$259,999	\$6,380,930
\$260,000	\$269,999	\$9,029,102
\$270,000	\$279,999	\$10,198,630
\$280,000	\$289,999	\$9,141,599
\$290,000	\$299,999	\$5,918,377
\$300,000	\$324,999	\$15,821,090
\$300,000	\$349,999	\$15,172,912
\$350,000	\$374,999	\$10,445,129
\$375,000	\$374,595	\$9,698,408
\$400,000	\$424,999	\$9,698,408
\$400,000		\$6,551,257
	\$449,999	
\$450,000	\$474,999	\$6,477,642
\$475,000	\$499,999	\$7,806,447
\$500,000	\$599,999	\$17,952,384
\$600,000	\$699,999	\$10,159,597
\$700,000	\$799,999	\$6,636,295
\$800,000	\$899,999	\$7,655,134
\$900,000	\$999,999	\$8,404,666
\$1,000,000+		\$30,473,607
Total		\$1,187,898,784

PA Rate Template Part II
Rate Development and Change
Carrier Name:
Produciţi;
Market Engenet:
Rate Effective Date:

Development of the Projected Index Rate	Ac	tual Experience Data		Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drue rebates) PMPM	s	699.00	s	572.52	<- Actual Experience PMPN
Two year trend projection Factor		1.183		1.183	
Unadjusted Projected Allowed EHS Claims PMPM	5	827.13	5	677.46	
Sinale Rink Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program		1.000		1.000	
Change in Morbidity - All Other		1.000		1.000	<- See URRT Instructions
Total Non-Morbidity Changes		1.001		1.376	
Change in Demographics		0.999		0.991	<- See URRT Instructions
Change in Network		1.001		1.388	
Change in Benefits		1.000		1.000	<- See URRT Instructions
Change in Other		1.000		1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	5	828.29	s	912.44	
Credbility Factors		0%		100%	<- See Instructions
Blended Projected EHB Claims PMPM			5	932,44	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims	\top				
Adjusted Projected Allowed EHS Claims PMPM	5	932.44	<- In	dex Rate for Proje	ction Period on URRT
Projected Paid to Allowed Ratio		0.687			
Projected Incurred EHB Claims PMPM	\$	640.89			
Market-wide Adjustments					
Projected Incurred Risk Adjustment PMPM		\$103.63			
Projected Incurred Exchange User Fees PMPM		\$13.45			
Projected Incurred Reinsurance Recoveries PMPM		\$0.00			
Market-Adjusted Projected Incurred EHS Claims PMPM	\$	550.71			
Market-Adjusted Projected Allowed EHB Claims PMPM	5	801.24	< M	larket-Adjusted Inc	lex Rate
Projected Allowed Non-EHB Claims PMPM	s	0.25			
Market-Adjusted Projected Incurred Total Claims PMPM	5	550.88			
Market-Adjusted Projected Allowed Total Claims PMPM	s	801.49			

Blended Base Period Unadicated Claims before Normalization	\$	572.52	<- Index Rate of Experience Period on URS
Blended Earned Premium	5	1,042,320,735.81	
Blended Loss Ratio		76,45%	

Table SA. 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	s -

Table 6. Retention

Retention Items - Express in percentages	Perce	ntages	PMPM Amounts
Administrative Expenses		13.02%	\$87.0
General and Claims		20.44%	\$69.8
Agent/Broker Fees and Commissions		1.78%	\$11.8
Quality Improvement Initiatives		0.80%	\$5.3
Taxes and Fees		2.60%	\$17.3
Risk Adjustment User Fee		0.03%	\$0.2
PCORI Fee		0.04%	\$0.2
PA Premium & Other Taxes (if applicable)		2.00%	\$13.3
Federal Income Tax		0.53%	\$1.5
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.0
Profit/Contingency (after tax)		2.00%	\$11.3
Total Retention		17.61%	\$117.7
Projected Required Revenue PMPM	s	668.66	

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		1.000
Market-Adjusted Projected Allowed Total Claims PMPM	s	760.22	s	801.49
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$	437.60	\$	457.87

Rate Components	_	2023	_	2024	-	ifference	Percent Change
	-		_				
A. Calibrated Plan Adjusted Index Rate (PMPM)	5	376.07	5	389.46	5	13.19	1.6%
Base period allowed claims before normalization	5	569.62	\$	572.52	5	2.90	0.8%
C. Normalization factor component of change	\$	(241.73)	\$	(245.45)	5	(3.72)	-1.0%
D. Change in Normalized Allowed Claims Adjustment Components							
D1. Base period allowed claims after normalization	\$	327.89	5	327.06	\$	(0.82)	-0.2%
D2. URRT Trend	\$	56.93	5	59.95	s	3.02	0.8%
D3. URRT Morbidity	\$		\$		\$		0.0%
D4. URRT Other	5	124.12	5	145.66	s	21.54	5.7%
DS. Normalized URRT Risk Adjustment on an allowed basis	5	(80.08)	5	(85.14)	5	(25.06)	-6.9%
DS. Normalized Exchange User Fee on an allowed basis	\$	10.91	5	11.15	s	0.27	0.1%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$	(22.31)	\$		s	22.31	5.9%
DB. Subtotal - Sum(D1:07)	5	437.46	5	457.72	s	20.27	5.4%
E. Change in Allowable Plan Adjusted Level Components							
E1. Network	\$	0.00	\$		\$	(0.00)	0.0%
E2. Pricing AV	\$	(140.82)	\$	(143.12)	\$	(2.30)	-0.6%
E3. Benefit Richness	\$	0.00	\$		\$	(0.00)	0.0%
E4. Catastrophic Eligibility	\$		\$		\$		0.0%
ES. Subtotal - Sum(E1:E4)	5	(140.82)	\$	(143.12)	5	(2.30)	-0.6%
F. Charge in Retention Components							
F1. Administrative Expenses	5	48.95	5	50.69	s	1.75	0.5%
F2. Taxes and Fees	5	9.79	5	10.12	s	0.11	0.1%
F3. Profit and/or Contingency	\$	7.52	5	7.78	s	0.27	0.1%
F4. Subtotal - Sum(F2:F3)	5	66.25	\$	68.60	5	2.35	0.6%
G. Change in Miscellaneous Items	5		s		5		0.0%
					Ľ		
H. Sum of Components of Rate Change (should approximate the change shown in line A)	5	362.89	\$	383.20	ŝ	20.31	5.4%

	2023	2024]									
Paid-to-Allowed	0.678	0.687	1									
[J	i	1	1	İ	İ	i e e e e e e e e e e e e e e e e e e e	i e e e e e e e e e e e e e e e e e e e	i e e e e e e e e e e e e e e e e e e e	i e e e e e e e e e e e e e e e e e e e
URRT Trend (Total Applied Trend Factor)	1.174			<- URRT W1, 52								
URRT Morbidity	1.000			<- URRT W1, 52								
URRT "Other"	1.323	1.376	ł	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52
			J	1			1					
Risk Adjustment	\$ (70.77)			<- URRT W1, 53								
Exchange User Fee	\$ 12.85			<- URRT W1. 53								
Reinsurance Recoveries	\$ 26.28			<- URRT W1, 53								
Capitation	s -	5 -	ı	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52	<- URRT W1, 52
			ı									
Network	1.000	1.000										
Pricing AV	0.678			<- For 2023 in cell JS	<- For 2023 in cell JB1, please include a factor	<- For 2023 in cell JB1, please include a factor equal to the product of th	<- For 2023 in cell JB2, please include a factor equal to the product of the average Pricing.	<- For 2023 in cell JS1, please include a factor equal to the product of the average Pricing AV and the Non-Fun	<- For 2023 in cell JB2, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR is	c- For 2023 in cell JB2, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjur	«- For 2023 in cell JB2, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustme	<- For 2023 in cell JB2, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000										
Catastrophic Eligibility	1.000	1.000	۱									
			ı									
Administrative Expenses	13.01%	13.02%										
Taxes and Fees	2.60%	2.60%										
Profit and/or Contingency	2.00%	2.00%	1									
			1									

PA Rate Template Part III Table 10. Plan Rates Total Consend then @ \$2-03-2021 15,000 2227 5 304.88 2227 5 304.88 2227 5 277.63 18.89 5 50516 22.77 5 681.92 24.80 5 181.22 24.80 5 181.22

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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	Age	Tobacco		Age	Age	Tobacco
Band	Factor	Factor		Band	Factor	Factor
0-14	0.765			40	1.278	1.230
15	0.833			41	1.302	1.230
16	0.859			42	1.325	1.230
17	0.885			43	1.357	1.230
18	0.913			44	1.397	1.230
19	0.941			45	1.444	1.230
20	0.970			46	1.500	1.230
21	1.000	1.130		47	1.563	1.230
22	1.000	1.130		48	1.635	1.230
23	1.000	1.130		49	1.706	1.230
24	1.000	1.130		50	1.786	1.380
25	1.004	1.130		51	1.865	1.380
26	1.024	1.130		52	1.952	1.380
27	1.048	1.130		53	2.040	1.380
28	1.087	1.130		54	2.135	1.380
29	1.119	1.130		55	2.230	1.380
30	1.135	1.180		56	2.333	1.380
31	1.159	1.180		57	2.437	1.380
32	1.183	1.180		58	2.548	1.380
33	1.198	1.180		59	2.603	1.380
34	1.214	1.180		60	2.714	1.380
35	1.222	1.180		61	2.810	1.380
36	1.230	1.180		62	2.873	1.380
37	1.238	1.180		63	2.952	1.380
38	1.246	1.180		64+	3.000	1.380
39	1.262	1.180				

^{*}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:
Maximum Requested Rate Change:
Maximum Requested Rate Change:
Mayed Mapped Members:
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%

QCC Insurance Company, Inc. PPO Individual 1/1/2024



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		В	1	8
			0	

Company Name: OCC Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2024

Ending date of Rates: December 31, 2024

HIOS Plan ID (On Exchange)=>	31609PA0	0070002	31609PA007	70003	31609PA0	070004	31609PA	0070011	31609PA0	070012	31609PA0	160001	31609PA	0160005	31609PA0	160006	31609PA0	160009														-		
HIOS Plan ID (Off Exchange)=>	-										-								31609PA	0180001	31609PA	0180004	31609PA0	0180005	31609PA0	190002	31609PA0	190003	31609PA	190004	31609PA0	190006	31609PA	0180008
Plan Marketing Name =>	Personal Choi	ice PPO Gold	ersonal Choice PPO	Silver Class	Personal Choice	PPO Bronze	ersonal Choice I	PPO Gold Class	sonal Choice PPI	O Gold Prefer	ersonal Choice E	PO Catastrophr	sonal Choice EP	O Bronze Reset	ersonal Choice E	O Bronze Bas	ersonal Choice EF	O Bronze Clas	ersonal Choice E	PO Catastroph	rsonal Choice EP	O Bronze Rese	rsonal Choice E	PO Bronze Bas	Personal Choic	e PPO Gold	ersonal Choice Pi	PO Silver Class	Personal Choic	e PPO Bronze	rsonal Choice PP	O Gold Prefere	rsonal Choice El	AO Bronze Clas
Form # =>	08535.ON	Rev. 1.24	08535.ON Rev	v. 1.24	08535.ON R	Rev. 1.24	08535.ON	Rev. 1.24	08535.ON F	Rev. 1.24	08537.ON.PDE	N Rev. 1.24	8537.ON.PDEN	LHSA Rev. 1.24	08537.ON.PDI	N Rev. 1.24	08535.ON	Rev. 1.24	08537.OFF	Rev. 1.24	D8537.OFF.PDE	N.HSA Rev. 1.2	08537.OFF	Rev. 1.24	08535.OFF	Rev. 1.24	08535.OFF	Rev. 1.24	08535.OFF	Rev. 1.24	08535.OFF	Rev. 1.24	08537.OFF	Rev. 1.24
Rating Area =>	8		8		8		8		8		8		8		8		8					3	8		8		8		8		8		8	
Network =>	Personal Choi		Personal Choice		Personal Choic		Personal Cho		Personal Choi						Personal Choi						Personal Cho		Personal Choi											
Metal =>	Gol		Silver		Bron:		Go		Gol	d	Catastr		Bro		Bron		Bron		Catastr		Bro		Bron		Goli	1	Silve		Bro		Gol	.d	Bron	
Deductible =>	\$0		\$3,500		\$6,00		\$1,2		\$0		\$9,4		\$7,0		\$9,4		\$4,2		\$9,1		\$7,4		\$9,1		\$0		\$3,51		\$6,0		\$0		\$4,2	
Coinsurance =>	201		30%						201		0%								00						201		301		\$50 no ded/5		201		50	
Copays => OOP Maximum =>	\$30/		\$30/\$75 no \$8,500		\$50 no ded/50 \$9.45		\$50 no ded/2 \$9.4		\$15/\$ \$8.0		1-3 no ded (U%)		0% after ded/		1-3 no ded (U% \$9.4		\$65 no ded/		1-3 no ded (U% \$9.4		6 0% after ded/	450	1-3 no ded (U% \$9.4		\$30/5 \$8,2		\$30/\$75 \$8.51		\$50 no ded/5		\$15/: \$8.0		\$65/\$65 \$9.4	
Pediatric Dental (Yes/No) =>	30,2 Ye		38,500 Yes	_	\$3,43 Yes		Ye.	150	Yes		ye.		37,5 Ye		23,4 Ye		35,4 Ye		35,A Ye		31,		33,4 Ye		Ye:		Yes		Ye		38,0 Ye		35,4 Ye	
Age Band	Non-Tobacco			Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		Non-Tobacco		Non-Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	
0 - 14	\$443.82	\$443.82	\$377.37	\$377.37	\$256.44	\$256.44	\$370.14	\$370.14	\$477.63	\$477.63	\$208.13	\$208.13	\$235.99	\$235.99	\$212.37	\$212.37	\$238.27	\$238.27	\$208.13	\$208.13	\$235.99	\$235.99	\$212.37	\$212.37	\$443.82	\$443.82	\$377.37	\$377.37	\$256.44	\$256.44	\$477.63	\$477.63	\$238.27	\$238.27
15	\$483.27	\$483.27	\$410.92	\$410.92	\$279.23	\$279.23	\$403.04	\$403.04	\$520.08	\$520.08	\$226.63	\$226.63	\$256.97	\$256.97	\$231.25	\$231.25	\$259.45	\$259.45	\$226.63	\$226.63	\$256.97	\$256.97	\$231.25	\$231.25	\$483.27	\$483.27	\$410.92	\$410.92	\$279.23	\$279.23	\$520.08	\$520.08	\$259.45	\$259.45
16	\$498.36	\$498.36	\$423.74	\$423.74	\$287.95	\$287.95	\$415.62	\$415.62	\$536.32	\$536.32	\$233.70	\$233.70	\$264.99	\$264.99	\$238.47	\$238.47	\$267.55	\$267.55	\$233.70	\$233.70	\$264.99	\$264.99	\$238.47	\$238.47	\$498.36	\$498.36	\$423.74	\$423.74	\$287.95	\$287.95	\$536.32	\$536.32	\$267.55	\$267.55
17	\$513.44	\$513.44	\$436.57	\$436.57	\$296.66	\$296.66	\$428.20	\$428.20	\$552.55	\$552.55	\$240.77	\$240.77	\$273.01	\$273.01	\$245.68	\$245.68	\$275.65	\$275.65	\$240.77	\$240.77	\$273.01	\$273.01	\$245.68	\$245.68	\$513.44	\$513.44	\$436.57	\$436.57	\$296.66	\$296.66	\$552.55	\$552.55	\$275.65	\$275.65
18	\$529.69	\$529.69	\$450.38	\$450.38	\$306.05	\$306.05	\$441.75	\$441.75	\$570.03	\$570.03	\$248.39	\$248.39	\$281.65	\$281.65	\$253.46	\$253.46	\$284.37	\$284.37	\$248.39	\$248.39	\$281.65	\$281.65	\$253.46	\$253.46	\$529.69	\$529.69	\$450.38	\$450.38	\$306.05	\$306.05	\$570.03	\$570.03	\$284.37	\$284.37
19	\$545.93	\$545.93	\$464.20	\$464.20	\$315.43	\$315.43	\$455.29	\$455.29	\$587.51	\$587.51	\$256.01	\$256.01	\$290.29	\$290.29	\$261.23	\$261.23	\$293.09	\$293.09	\$256.01	\$256.01	\$290.29	\$290.29	\$261.23	\$261.23	\$545.93	\$545.93	\$464.20	\$464.20	\$315.43	\$315.43	\$587.51	\$587.51	\$293.09	\$293.09
20	\$562.76	\$562.76	\$478.50	\$478.50	\$325.15	\$325.15	\$469.32	\$469.32	\$605.62	\$605.62	\$263.90	\$263.90	\$299.24	\$299.24	\$269.28	\$269.28	\$302.13	\$302.13	\$263.90	\$263.90	\$299.24	\$299.24	\$269.28	\$269.28	\$562.76	\$562.76	\$478.50	\$478.50	\$325.15	\$325.15	\$605.62	\$605.62	\$302.13	\$302.13 \$350.40
21 22	\$580.16 \$580.16	\$652.68 \$652.68	\$493.30 \$493.30	\$554.96 \$554.96	\$335.21 \$335.21	\$377.11 \$377.11	\$483.84 \$483.84	\$544.32 \$544.32	\$624.35 \$624.35	\$702.39 \$702.39	\$272.06 \$272.06	\$306.07 \$306.07	\$308.49 \$308.49	\$347.05 \$347.05	\$277.61 \$277.61	\$312.31 \$312.31	\$311.47 \$311.47	\$350.40 \$350.40	\$272.06 \$272.06	\$306.07 \$306.07	\$308.49 \$308.49	\$347.05 \$347.05	\$277.61 \$277.61	\$312.31 \$312.31	\$580.16 \$580.16	\$652.68 \$652.68	\$493.30 \$493.30	\$554.96 \$554.96	\$335.21 \$335.21	\$377.11 \$377.11	\$624.35 \$624.35	\$702.39 \$702.39	\$311.47 \$311.47	\$350.40
22 23	\$580.16	\$652.68	\$493.30	\$554.96	\$335.21	\$377.11	\$483.84 \$483.84	\$544.32	\$624.35	\$702.39	\$272.06	\$306.07	\$308.49	\$347.05	\$277.61	\$312.31	\$311.47	\$350.40	\$272.06	\$306.07	\$308.49	\$347.05	\$277.61	\$312.31	\$580.16	\$652.68	\$493.30	\$554.96	\$335.21	\$377.11	\$624.35	\$702.39	\$311.47	\$350.40
23 24	\$580.16	\$652.68	\$493.30	\$554.96	\$335.21	\$377.11	\$483.84	\$544.32	\$624.35	\$702.39	\$272.06	\$306.07	\$308.49	\$347.05	\$277.61	\$312.31	\$311.47	\$350.40	\$272.06	\$306.07	\$308.49	\$347.05	\$277.61	\$312.31	\$580.16	\$652.68	\$493.30	\$554.96	\$335.21	\$377.11	\$624.35	\$702.39	\$311.47	\$350.40
25	\$582.48	\$655.29	\$495.27	\$557.18	\$336.55	\$378.62	\$485.78	\$546.50	\$626.85	\$705.20	\$273.15	\$307.29	\$309.72	\$348.44	\$278.72	\$313.56	\$312.72	\$351.81	\$273.15	\$307.29	\$309.72	\$348.44	\$278.72	\$313.56	\$582.48	\$655.29	\$495.27	\$557.18	\$336.55	\$378.62	\$626.85	\$705.20	\$312.72	\$351.81
26	\$594.08	\$668.34	\$505.14	\$568.28	\$343.26	\$386.16	\$495.45	\$557.38	\$639.33	\$719.25	\$278.59	\$313.41	\$315.89	\$355.38	\$284.27	\$319.81	\$318.95	\$358.81	\$278.59	\$313.41	\$315.89	\$355.38	\$284.27	\$319.81	\$594.08	\$668.34	\$505.14	\$568.28	\$343.26	\$386.16	\$639.33	\$719.25	\$318.95	\$358.81
27	\$608.01	\$684.01	\$516.98	\$581.60	\$351.30	\$395.21	\$507.06	\$570.45	\$654.32	\$736.11	\$285.12	\$320.76	\$323.30	\$363.71	\$290.94	\$327.30	\$326.42	\$367.22	\$285.12	\$320.76	\$323.30	\$363.71	\$290.94	\$327.30	\$608.01	\$684.01	\$516.98	\$581.60	\$351.30	\$395.21	\$654.32	\$736.11	\$326.42	\$367.22
28	\$630.63	\$709.46	\$536.22	\$603.24	\$364.37	\$409.92	\$525.93	\$591.68	\$678.67	\$763.50	\$295.73	\$332.70	\$335.33	\$377.24	\$301.76	\$339.48	\$338.57	\$380.89	\$295.73	\$332.70	\$335.33	\$377.24	\$301.76	\$339.48	\$630.63	\$709.46	\$536.22	\$603.24	\$364.37	\$409.92	\$678.67	\$763.50	\$338.57	\$380.89
29	\$649.20	\$730.35	\$552.00	\$621.00	\$375.10	\$421.99	\$541.42	\$609.09	\$698.65	\$785.98	\$304.44	\$342.49	\$345.20	\$388.35	\$310.65	\$349.48	\$348.53	\$392.10	\$304.44	\$342.49	\$345.20	\$388.35	\$310.65	\$349.48	\$649.20	\$730.35	\$552.00	\$621.00	\$375.10	\$421.99	\$698.65	\$785.98	\$348.53	\$392.10
30	\$658.48	\$773.72	\$559.90	\$657.88	\$380.46	\$447.04	\$549.16	\$645.26	\$708.64	\$832.65	\$308.79	\$362.83	\$350.14	\$411.41	\$315.09	\$370.23	\$353.52	\$415.38	\$308.79	\$362.83	\$350.14	\$411.41	\$315.09	\$370.23	\$658.48	\$773.72	\$559.90	\$657.88	\$380.46	\$447.04	\$708.64	\$832.65	\$353.52	\$415.38
31	\$672.41	\$790.08	\$571.73	\$671.79	\$388.51	\$456.50	\$560.77	\$658.91	\$723.62	\$850.26	\$315.32	\$370.50	\$357.54	\$420.11	\$321.75	\$378.06	\$360.99	\$424.17	\$315.32	\$370.50	\$357.54	\$420.11	\$321.75	\$378.06	\$672.41	\$790.08	\$571.73	\$671.79	\$388.51	\$456.50	\$723.62	\$850.26	\$360.99	\$424.17
32	\$686.33	\$806.44	\$583.57	\$685.70	\$396.55	\$465.95	\$572.38	\$672.55	\$738.61	\$867.86	\$321.85	\$378.17	\$364.94	\$428.81	\$328.41	\$385.88	\$368.47	\$432.95	\$321.85	\$378.17	\$364.94	\$428.81	\$328.41	\$385.88	\$686.33	\$806.44	\$583.57	\$685.70	\$396.55	\$465.95	\$738.61	\$867.86	\$368.47	\$432.95
33	\$695.03	\$816.66	\$590.97	\$694.39	\$401.58	\$471.86	\$579.64	\$681.08	\$747.97	\$878.87	\$325.93	\$382.97	\$369.57	\$434.25	\$332.58	\$390.78	\$373.14	\$438.44	\$325.93	\$382.97	\$369.57	\$434.25	\$332.58	\$390.78	\$695.03	\$816.66	\$590.97	\$694.39	\$401.58	\$471.86	\$747.97	\$878.87	\$373.14	\$438.44
34	\$704.31 \$708.96	\$827.57	\$598.87	\$703.67	\$406.94 \$409.63	\$478.16	\$587.38	\$690.17 \$694.72	\$757.96 \$762.96	\$890.60 \$896.47	\$330.28 \$332.46	\$388.08 \$390.64	\$374.51 \$376.97	\$440.05 \$442.95	\$337.02 \$339.24	\$396.00 \$398.61	\$378.12 \$380.62	\$444.30 \$447.22	\$330.28 \$332.46	\$388.08 \$390.64	\$374.51 \$376.97	\$440.05 \$442.95	\$337.02 \$339.24	\$396.00 \$398.61	\$704.31 \$708.96	\$827.57 \$833.02	\$598.87 \$602.81	\$703.67 \$708.30	\$406.94 \$409.63	\$478.16 \$481.31	\$757.96	\$890.60 \$896.47	\$378.12 \$380.62	\$444.30 \$447.22
35	\$708.96	\$833.02 \$838.48	\$602.81 \$606.76	\$708.30 \$712.94	\$409.63	\$481.31 \$484.46	\$591.25 \$595.12	\$699.27	\$767.95	\$896.47	\$332.46	\$390.64	\$379.44	\$442.95	\$339.24	\$401.22	\$380.62	\$447.22	\$332.46	\$390.64	\$379.44	\$442.95	\$339.24	\$401.22	\$708.96	\$833.02	\$602.81	\$708.30	\$409.63	\$481.31	\$762.96 \$767.95	\$896.47	\$380.62	\$447.22
36 37	\$718.24	\$838.48	\$610.71	\$717.58	\$412.31	\$484.46	\$595.12	\$703.82	\$767.95	\$902.34	\$334.63	\$393.19	\$379.44	\$445.85	\$341.46	\$401.22	\$385.60	\$450.15	\$334.63	\$393.19	\$379.44	\$445.85	\$341.46	\$401.22	\$718.24	\$838.48	\$610.71	\$717.58	\$412.31	\$484.46	\$767.95	\$902.34	\$385.60	\$450.15
38	\$722.88	\$849.38	\$614.65	\$722.22	\$417.67	\$490.76	\$602.86	\$708.37	\$777.94	\$914.08	\$338.99	\$398.31	\$384.38	\$451.64	\$345.90	\$406.43	\$388.09	\$456.01	\$338.99	\$398.31	\$384.38	\$451.64	\$345.90	\$406.43	\$722.88	\$849.38	\$614.65	\$722.22	\$417.67	\$490.76	\$777.94	\$914.08	\$388.09	\$456.01
30	\$732.16	\$860.29	\$622.54	\$731.49	\$423.04	\$497.07	\$610.61	\$717.46	\$787.93	\$925.82	\$343.34	\$403.42	\$389.31	\$457.44	\$350.34	\$411.65	\$393.08	\$461.86	\$343.34	\$403.42	\$389.31	\$457.44	\$350.34	\$411.65	\$732.16	\$860.29	\$622.54	\$731.49	\$423.04	\$497.07	\$787.93	\$925.82	\$393.08	\$461.86
40	\$741.44	\$908.27	\$630.44	\$772.29	\$428.40	\$524.79	\$618.35	\$757.48	\$797.92	\$977.45	\$347.69	\$425.92	\$394.25	\$482.96	\$354.79	\$434.61	\$398.06	\$487.62	\$347.69	\$425.92	\$394.25	\$482.96	\$354.79	\$434.61	\$741.44	\$908.27	\$630.44	\$772.29	\$428.40	\$524.79	\$797.92	\$977.45	\$398.06	\$487.62
41	\$755.37	\$925.33	\$642.28	\$786.79	\$436.44	\$534.64	\$629.96	\$771.70	\$812.90	\$995.81	\$354.22	\$433.92	\$401.65	\$492.03	\$361.45	\$442.77	\$405.53	\$496.78	\$354.22	\$433.92	\$401.65	\$492.03	\$361.45	\$442.77	\$755.37	\$925.33	\$642.28	\$786.79	\$436.44	\$534.64	\$812.90	\$995.81	\$405.53	\$496.78
42	\$768.71	\$941.67	\$653.62	\$800.69	\$444.15	\$544.09	\$641.09	\$785.33	\$827.26	\$1,013.40	\$360.48	\$441.59	\$408.75	\$500.72	\$367.83	\$450.60	\$412.70	\$505.55	\$360.48	\$441.59	\$408.75	\$500.72	\$367.83	\$450.60	\$768.71	\$941.67	\$653.62	\$800.69	\$444.15	\$544.09	\$827.26	\$1,013.40	\$412.70	\$505.55
43	\$787.28	\$964.41	\$669.41	\$820.02	\$454.88	\$557.23	\$656.57	\$804.30	\$847.24	\$1,037.87	\$369.19	\$452.25	\$418.62	\$512.81	\$376.72	\$461.48	\$422.66	\$517.76	\$369.19	\$452.25	\$418.62	\$512.81	\$376.72	\$461.48	\$787.28	\$964.41	\$669.41	\$820.02	\$454.88	\$557.23	\$847.24	\$1,037.87	\$422.66	\$517.76
44	\$810.48	\$992.84	\$689.14	\$844.20	\$468.29	\$573.65	\$675.92	\$828.01	\$872.22	\$1,068.47	\$380.07	\$465.58	\$430.96	\$527.93	\$387.82	\$475.08	\$435.12	\$533.03	\$380.07	\$465.58	\$430.96	\$527.93	\$387.82	\$475.08	\$810.48	\$992.84	\$689.14	\$844.20	\$468.29	\$573.65	\$872.22	\$1,068.47	\$435.12	\$533.03
45	\$837.75	\$1,026.25	\$712.33	\$872.60	\$484.04	\$592.95	\$698.66	\$855.86	\$901.56	\$1,104.41	\$392.85	\$481.25	\$445.46	\$545.69	\$400.87	\$491.06	\$449.76	\$550.96	\$392.85	\$481.25	\$445.46	\$545.69	\$400.87	\$491.06	\$837.75	\$1,026.25	\$712.33	\$872.60	\$484.04	\$592.95	\$901.56	\$1,104.41	\$449.76	\$550.96
46	\$870.24	\$1,066.04	\$739.95	\$906.44	\$502.82	\$615.95	\$725.76	\$889.06	\$936.53	\$1,147.24	\$408.09	\$499.91	\$462.74	\$566.85	\$416.42	\$510.11	\$467.21	\$572.33	\$408.09	\$499.91	\$462.74	\$566.85	\$416.42	\$510.11	\$870.24	\$1,066.04	\$739.95	\$906.44	\$502.82	\$615.95	\$936.53	\$1,147.24	\$467.21	\$572.33
47	\$906.79	\$1,110.82	\$771.03	\$944.51	\$523.93	\$641.82	\$756.24	\$926.40	\$975.86	\$1,195.43	\$425.23	\$520.91	\$482.17	\$590.66	\$433.90	\$531.53	\$486.83	\$596.36	\$425.23	\$520.91	\$482.17	\$590.66	\$433.90	\$531.53	\$906.79	\$1,110.82	\$771.03	\$944.51	\$523.93	\$641.82	\$975.86	\$1,195.43	\$486.83	\$596.36
48	\$948.56 \$989.75	\$1,161.99 \$1,212.45	\$806.55 \$841.57	\$988.02 \$1,030.92	\$548.07 \$571.87	\$671.38 \$700.54	\$791.08 \$825.43	\$969.07 \$1,011.15	\$1,020.81 \$1,065.14	\$1,250.50	\$444.82 \$464.13	\$544.90 \$568.56	\$504.38 \$526.28	\$617.87 \$644.70	\$453.89 \$473.60	\$556.02 \$580.16	\$509.25 \$531.37	\$623.84 \$650.93	\$444.82 \$464.13	\$544.90 \$568.56	\$504.38 \$526.28	\$617.87 \$644.70	\$453.89 \$473.60	\$556.02 \$580.16	\$948.56 \$989.75	\$1,161.99 \$1,212.45	\$806.55 \$841.57	\$988.02	\$548.07 \$571.87	\$671.38 \$700.54	\$1,020.81 \$1.065.14	\$1,250.50 \$1,304.80	\$509.25 \$531.37	\$623.84 \$650.93
49 50	\$1,036.17	\$1,212.45		\$1,030.92	\$571.87	\$823.19	\$825.43 \$864.14	\$1,011.15	\$1,065.14	\$1,304.80 \$1,533.25	\$485.90	\$668.11	\$526.28	\$544.70	\$473.60	\$681.74	\$531.37	\$650.93	\$464.13	\$568.56	\$526.28	\$757.57	\$473.60	\$580.16	\$989.75	\$1,212.45	\$841.57	\$1,030.92 \$1,211.42	\$571.87	\$823.19	\$1,065.14	\$1,304.80	\$556.29	\$764.89
50 51	\$1,082.00	\$1,424.73		\$1,211.42	\$625.17	\$823.19	\$864.14	\$1,188.19	\$1,115.09	\$1,533.25	\$485.90	\$697.66	\$550.96	\$757.57	\$495.81	\$711.90	\$556.29	\$764.89	\$485.90	\$697.66	\$550.96	\$757.57	\$495.81	\$681.74	\$1,036.17	\$1,424.73	\$881.03	\$1,211.42	\$598.69	\$823.19	\$1,115.09	\$1,533.25	\$556.29	\$764.89
52	\$1,132.47	\$1,557.15		\$1,324.02	\$654.33	\$899.70	\$944.46	\$1,298.63	\$1,218.73	\$1,675.76	\$531.06	\$730.21	\$602.17	\$827.99	\$541.89	\$745.11	\$607.99	\$835.99	\$531.06	\$730.21	\$602.17	\$827.99	\$541.89	\$745.11	\$1,132.47	\$1,557.15	\$962.92	\$1,324.02	\$654.33	\$899.70	\$1,218.73	\$1,675.76	\$607.99	\$835.99
53	\$1,183.53	\$1,627.35		\$1,383.71	\$683.83	\$940.26	\$987.03	\$1,357.17	\$1,273.67	\$1,751.30	\$555.00	\$763.13	\$629.32	\$865.31	\$566.32	\$778.70	\$635.40	\$873.67	\$555.00	\$763.13	\$629.32	\$865.31	\$566.32	\$778.70	\$1,183.53	\$1,627.35	\$1,006.33	\$1,383.71	\$683.83	\$940.26	\$1,273.67	\$1,751.30	\$635.40	\$873.67
54	\$1,238.64	\$1,703.13		\$1,448.14	\$715.67	\$984.05	\$1,033.00	\$1,420.37	\$1,332.99	\$1,832.86	\$580.85	\$798.67	\$658.63	\$905.61	\$592.70	\$814.96	\$664.99	\$914.36	\$580.85	\$798.67	\$658.63	\$905.61	\$592.70	\$814.96	\$1,238.64	\$1,703.13	\$1,053.20	\$1,448.14	\$715.67	\$984.05	\$1,332.99	\$1,832.86	\$664.99	\$914.36
55	\$1,293.76	\$1,778.92		\$1,512.58	\$747.52	\$1,027.84	\$1,078.96	\$1,483.57	\$1,392.30	\$1,914.41	\$606.69	\$834.20	\$687.93	\$945.91	\$619.07	\$851.22	\$694.58	\$955.04	\$606.69	\$834.20	\$687.93	\$945.91	\$619.07	\$851.22	\$1,293.76	\$1,778.92	\$1,100.06	\$1,512.58	\$747.52	\$1,027.84	\$1,392.30	\$1,914.41	\$694.58	\$955.04
56	\$1,353.51	\$1,861.08	\$1,150.87	\$1,582.44	\$782.04	\$1,075.31	\$1,128.80	\$1,552.10	\$1,456.61	\$2,002.84	\$634.72	\$872.73	\$719.71	\$989.60	\$647.66	\$890.54	\$726.66	\$999.16	\$634.72	\$872.73	\$719.71	\$989.60	\$647.66	\$890.54	\$1,353.51	\$1,861.08	\$1,150.87	\$1,582.44	\$782.04	\$1,075.31	\$1,456.61	\$2,002.84	\$726.66	\$999.16
57	\$1,413.85	\$1,944.04		\$1,652.99	\$816.91	\$1,123.25	\$1,179.12	\$1,621.29	\$1,521.54	\$2,092.12	\$663.01	\$911.64	\$751.79	\$1,033.71	\$676.54	\$930.24	\$759.05	\$1,043.70	\$663.01	\$911.64	\$751.79	\$1,033.71	\$676.54	\$930.24	\$1,413.85	\$1,944.04	\$1,202.17	\$1,652.99	\$816.91	\$1,123.25	\$1,521.54	\$2,092.12	\$759.05	\$1,043.70
58	\$1,478.25	\$2,032.59		\$1,728.28	\$854.12	\$1,174.41	\$1,232.82	\$1,695.13	\$1,590.84	\$2,187.41	\$693.21	\$953.16	\$786.03	\$1,080.79	\$707.35	\$972.61	\$793.63	\$1,091.24	\$693.21	\$953.16	\$786.03	\$1,080.79	\$707.35	\$972.61	\$1,478.25	\$2,032.59	\$1,256.93	\$1,728.28	\$854.12	\$1,174.41	\$1,590.84	\$2,187.41	\$793.63	\$1,091.24
59	\$1,510.16	\$2,076.47		\$1,765.58	\$872.55	\$1,199.76	\$1,259.44	\$1,731.72	\$1,625.18	\$2,234.63	\$708.17	\$973.74	\$803.00	\$1,104.12	\$722.62	\$993.60	\$810.76	\$1,114.79	\$708.17	\$973.74	\$803.00	\$1,104.12	\$722.62	\$993.60	\$1,510.16	\$2,076.47	\$1,284.06	\$1,765.58	\$872.55	\$1,199.76	\$1,625.18	\$2,234.63	\$810.76	\$1,114.79
60	\$1,574.55	\$2,165.01		\$1,840.87	\$909.76	\$1,250.92	\$1,313.14	\$1,805.57	\$1,694.49	\$2,329.92	\$738.37	\$1,015.26	\$837.24	\$1,151.21	\$753.43	\$1,035.97	\$845.33	\$1,162.33	\$738.37	\$1,015.26	\$837.24	\$1,151.21	\$753.43	\$1,035.97	\$1,574.55	\$2,165.01	\$1,338.82	\$1,840.87	\$909.76	\$1,250.92	\$1,694.49	\$2,329.92	\$845.33	\$1,162.33
61	\$1,630.25	\$2,241.59		\$1,905.99	\$941.94	\$1,295.17	\$1,359.59	\$1,869.44	\$1,754.42	\$2,412.33	\$764.49	\$1,051.17	\$866.86	\$1,191.93	\$780.08	\$1,072.62	\$875.23	\$1,203.44	\$764.49	\$1,051.17	\$866.86	\$1,191.93	\$780.08	\$1,072.62	\$1,630.25	\$2,241.59	\$1,386.17	\$1,905.99	\$941.94	\$1,295.17	\$1,754.42	\$2,412.33	\$875.23	\$1,203.44
62	\$1,666.80	\$2,291.85		\$1,948.72	\$963.06	\$1,324.21	\$1,390.07	\$1,911.35	\$1,793.76	\$2,466.42	\$781.63	\$1,074.74	\$886.29	\$1,218.65	\$797.57	\$1,096.66	\$894.85	\$1,230.42	\$781.63	\$1,074.74	\$886.29	\$1,218.65	\$797.57	\$1,096.66	\$1,666.80	\$2,291.85	\$1,417.25	\$1,948.72	\$963.06	\$1,324.21	\$1,793.76	\$2,466.42	\$894.85	\$1,230.42
63 64+	\$1,712.63	\$2,354.87		\$2,002.30 \$2.034.86	\$989.54 \$1.005.63	\$1,360.62 \$1,382.74	\$1,428.30 \$1.451.52	\$1,963.91	\$1,843.08	\$2,534.24	\$803.12 \$816.18	\$1,104.29 \$1,122.25	\$910.66	\$1,252.16 \$1,272.52	\$819.50 \$832.83	\$1,126.82 \$1.145.14	\$919.46	\$1,264.26 \$1,284.81	\$803.12 \$816.18	\$1,104.29	\$910.66	\$1,252.16 \$1,272.52	\$819.50 \$832.83	\$1,126.82 \$1.145.14	\$1,712.63 \$1.740.48	\$2,354.87 \$2,393.16	\$1,456.22 \$1,479.90	\$2,002.30 \$2,034.86	\$989.54 \$1.005.63	\$1,360.62 \$1,382.74	\$1,843.08 \$1.873.05	\$2,534.24 \$2,575.44	\$919.46 \$934.41	\$1,264.26 \$1,284.81
64+	\$1,740.48	\$2,393.16	\$1,479.90	\$2,034.86	\$1,005.63	\$1,582.74	51,451.52	\$1,995.84	\$1,8/3.05	\$4,575.44	>816.18	\$1,122.25	\$925.47	\$1,472.52	\$832.83	\$1,145.14	5934.41	\$1,284.81	\$816.18	\$1,122.25	\$925.47	\$1,272.52	\$832.83	\$1,145.14	\$1,/40.48	\$2,393.16	\$1,4/9.90	\$2,034.86	\$1,005.63	\$1,382.74	\$1,873.05	\$4,575.44	\$934.41	\$1,284.81

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	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070012	Personal Choice PPO Gold Deluxe	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On	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	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	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
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	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	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

| Second

A B	С	D	E	F	G	Н	I J	K L M N O P Q R S
Unified Rate Review v6.0	•	•	•					To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
2								To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
3 Company Legal Name:	QCC Insurance Company, Inc.							To validate, select the Validate button or Ctrl + Shift + I.
4 HIOS Issuer ID:	31609	State:	PA					
HIOS ISSUER ID:			Individual					To finalize, select the Finalize button or Ctrl + Shift + F.
Effective Date of Rate Change(s):	1/1/2024	Market:	Individual	J				
6								
1 Unified Rate Review v6.0 2 3 Company Legal Name: 4 HIOS Issuer ID: 5 Effective Date of Rate Change(s): 6 7 8 9 9 Market Level Calculations (Same for 9): 10 Section I: Experience Period Data Experience Period: 11 Allowed Claims 12 Incurred Claims in Experience Period Risk Adjustment Experience Period Premium Experience Period Premium Experience Period Premium Experience Period Member Months 10 Section II: Projections	11 m 1							
Market Level Calculations (Same for	all Plans)							
9								
1 Section I: Experience Period Data								
2 Experience Period:		1/1/20	22 to	12/31/2022				
3			Total	PMPM				
4 Allowed Claims			\$305,423,058.25	\$699.27				
Reinsurance			\$18,327,933.61					
Incurred Claims in Experience Period			\$220,105,230.52					
7 Risk Adjustment			\$40,744,001.83					
8 Experience Period Premium			\$278,873,501.89					
9 Experience Period Member Months			436,775	•				
0								
1 Section II: Projections	1	Var	r 1 Trend	Year 2	Trond	T	1	
-	Experience Period Index		ii I frend	Teal 2	Trend	Trended EHB Allowed Claims		
Ponofit Catagory	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
4 Inpatient Hospital	\$129.9							
5 Outpatient Hospital	\$145.6							
6 Professional	\$173.9							
7 Other Medical	\$0.0	00 1.0	29 1.068	1.029	1.06	\$0.00		
8 Capitation	\$92.2	20 1.0				\$95.92		
9 Prescription Drug	\$157.3		90 1.068	0.990	1.06			
0 Total	\$699.0	00				\$826.94		
1					1			
2 Morbidity Adjustment				1.000				
Demographic Shift				0.999				
Plan Design Changes Other				1.000 1.003				
Adjusted Trended EHB Allowed Clain	or DMADMA for	1/1/20	24	\$828.59				
Adjusted Trended ETIB Allowed Claim	IS I WILLIAM TO	1/1/20	27	J020.33]			
Manual EHB Allowed Claims PMPM				\$932.44				
Applied Credibility %				0.00%				
0					•			
1					Projected Period Totals	<u>=</u>		
Projected Index Rate for		1/1/20	24	\$932.44				
Reinsurance				\$0.00				
Risk Adjustment Payment/Charge				\$150.77	\$63,484,422.3			
5 Exchange User Fees				<u>2.42%</u> \$801.06				
Market Adjusted Index Rate				\$801.06	\$337,298,855.8	ā		
8 Projected Member Months				421,068				
Inpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Clain Manual EHB Allowed Claims PMPM Applied Credibility % Manual EHB Allowed Claims PMPM Applied Credibility % Reinsurance Risk Adjustment Payment/Charge Exhange User Fees Market Adjusted Index Rate Market Adjusted Index Rate				421,000	ji			
	Public Unless Authorized by La	aw: This information has not been	publically disclosed and may be privile	ged and confidential. It is for internal	I government use only and must no	ot be disseminated, distributed. or o	opied to persons not authorize	td to receive the information. Unauthorized disclosure may result in prosecution

Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID: Effective Date of Rate Change(s): 31609 1/1/2024 State: Market: PA Individual 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 (hoice ON Exchange	PPO Indiv			Person	al Choice ON Exchar	nge EPO			Person	al Choice OFF Exchar	ige EPO			Personal Choice OFF	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 Deluxe	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	EPO Bronze Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold E	PO Bronze Classic	PPO Gold	PPO Silver	PPO Bronze	PPO Gold Deluxe
1.4 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007 3	1609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
1.5 Metal	Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Bronze	Gold	Bronze	Catastrophic	Bronze	Bronze	Gold	Bronze	Gold	Silver	Bronze	Gold
1.6 AV Metal Value	0.803	0.715	0.646	0.785	0.820	0.621	0.641	0.638	0.000	0.649	0.621	0.641	0.638	0.000	0.649	0.803	0.715	0.646	0.820
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Renewing	Renewing	New
1.8 Plan Type	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPC	EPO	EPC	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	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
1.11 Cumulative Rate Change % (over 12 mos prior)	4.95%	4.95%	4.20%	4.56%	0.00%	3.75%	4.95%	3.74%	0.00%	0.00%	3.75%	4.95%	3.74%	0.00%	0.00%	4.95%	4.95%	4.19%	0.00%
1.12 Product Rate Increase %			4.70%					4.19%					4.59%				4.8	10%	
1.13 Submission Level Rate Increase %										4.58%									

Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	el Information																			
	2.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004 31	1609PA0190006
\$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
\$40,744,002	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	34,547	3,008	2,992	4,463	0	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	\$648.22	\$910.28	\$843.18	\$593.24	\$0.00	\$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/01	\$274.74	\$554.87	\$472.47	\$873.68	#DIV/01	\$384.82	\$552.28	\$464.42	\$847.17	#DIV/01	\$884.96	\$793.27	\$548.51	#DIV/01

Section III: Plan Adjustment Factors																				
3.1 Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012 3	1609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
3.2 Market Adjusted Index Rate											\$801.06									
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	0.8670	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	1.0231	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	0.0000	1.0000	1.0010	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010	1.0010	1.0010
Administrative Costs																				
3.6 Administrative Expense		12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	0.00%	12.98%	12.98%	12.98%	12.98%	0.00%	12.98%	12.98%	12.98%	12.98%	12.98%
3.7 Taxes and Fees		2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	0.00%	2.64%	2.64%	2.64%	2.64%	0.00%	2.64%	2.64%	2.64%	2.64%	2.64%
3.8 Profit & Risk Load		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%	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	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$1,015.45	\$863.33	\$586.66	\$846.82	\$1,092.75	\$476.12	\$539.92	\$485.86	\$0.00	\$545.11	\$476.13	\$539.89	\$485.87	\$0.00	\$545.09	\$1,015.37	\$863.40	\$586.65	\$1,092.74
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		\$580.16	\$493.25	\$335.18	\$483.82	\$624.32	\$272.03	\$308.47	\$277.59	\$0.00	\$311.44	\$272.03	\$308.46	\$277.59	\$0.00	\$311.43	\$580.11	\$493.29	\$335.17	\$624.32
Section IV: Projected Plan Level Information																				
4.1 Plan ID (Standard Component ID)	Total	31609PA0070002				31609PA0070012 3				31609PA0160007	31609PA0160009	31609PA0180001			31609PA0180007	31609PA0180008			31609PA0190004	
4.2 Allowed Claims	\$379,220,105	\$36,491,466	\$34,396,444	\$47,317,966	\$6,195,348	\$0	\$510,795	\$39,878,967	\$76,312,288	\$0	\$0	\$150,363	\$28,324,488	\$14,123,902	\$0	\$0	\$53,492,880	\$17,323,677	\$24,701,521	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$102,397,797	\$2,735,057	\$5,362,170	\$16,340,412	\$1,025,351	\$0	\$213,098	\$14,300,150	\$31,129,876	\$0	\$0	\$62,805	\$10,171,366	\$5,768,651	\$0	\$0	\$4,036,390	\$2,709,528	\$8,542,944	\$0
A.E. Cost Sharing Reduction	¢0	co	co.	¢o.	ćn	¢o.	¢n	0.0	¢n.	03	¢0	¢0	co.	ćo	¢o.	¢o.	03	co.	co.	50

4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	, SI
4.6 Incurred Claims	\$276,822,308	\$33,756,409	\$29,034,274	\$30,977,554	\$5,169,997	\$0	\$297,697	\$25,578,817	\$45,182,412	\$0	\$0	\$87,558	\$18,153,122	\$8,355,252	\$0	\$0	\$49,456,490	\$14,614,150	\$16,158,578	\$r
4.7 Risk Adjustment Transfer Amount	\$43,635,548	\$3,740,652	\$3,720,755	\$5,550,043	\$674,014	\$0	\$63,422	\$4,913,336	\$9,468,525	\$0	\$0	\$18,654	\$3,486,964	\$1,750,943	\$0	\$0	\$5,480,403	\$1,872,813	\$2,895,026	\$r
4.8 Premium	\$289,970,117	\$37,031,638	\$31,316,860	\$31,743,513	\$5,564,522	\$0	\$294,394	\$25,862,573	\$44,849,845	\$0	\$0	\$86,587	\$18,353,565	\$8,293,965	\$0	\$0	\$54,250,523	\$15,764,316	\$16,557,816	\$1
4.9 Projected Member Months	421,068	36,096	35,904	53,556	6,504	0	612	47,412	91,368	0	0	180	33,648	16,896	0	0	52,884	18,072	27,936	-
4.10 Loss Ratio	82.98%	82.79%	82.87%	83.06%	82.87%	#DIV/0!	83.20%	83.11%	83.18%	#DIV/0!	#DIV/0!	83.20%	83.12%	83.18%	#DIV/0!	#DIV/0!	82.80%	82.86%	83.07%	#DIV/0
Per Member Per Month																				
4.11 Allowed Claims	\$900.61	\$1,010.96	\$958.01	\$883.52	\$952.54	#DIV/0!	\$834.63	\$841.12	\$835.22	#DIV/0!	#DIV/0!	\$835.35	\$841.79	\$835.93	#DIV/0!	#DIV/0!	\$1,011.51	\$958.59	\$884.22	#DIV/0
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0
4.13 Member Cost Sharing	\$243.19	\$75.77	\$149.35	\$305.11	\$157.65	#DIV/0!	\$348.20	\$301.61	\$340.71	#DIV/0!	#DIV/0!	\$348.92	\$302.29	\$341.42	#DIV/0!	#DIV/0!	\$76.33	\$149.93	\$305.80	#DIV/0
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0
4.15 Incurred Claims	\$657.43	\$935.18	\$808.66	\$578.41	\$794.90	#DIV/0!	\$486.43	\$539.50	\$494.51	#DIV/0!	#DIV/0!	\$486.43	\$539.50	\$494.51	#DIV/0!	#DIV/0!	\$935.19	\$808.66	\$578.41	#DIV/0
4.16 Risk Adjustment Transfer Amount	\$103.63	\$103.63	\$103.63	\$103.63	\$103.63	#DIV/0!	\$103.63	\$103.63	\$103.63	#DIV/0!	#DIV/0!	\$103.63	\$103.63	\$103.63	#DIV/0!	#DIV/0!	\$103.63	\$103.63	\$103.63	#DIV/0
4.17 Premium	\$688.65	\$1,025.92	\$872.24	\$592.72	\$855.55	#DIV/0!	\$481.04	\$545.49	\$490.87	#DIV/0!	#DIV/0!	\$481.04	\$545.46	\$490.88	#DIV/0!	#DIV/0!	\$1,025.84	\$872.31	\$592.71	#DIV/0

Rating Area Data Collection

 $Specify \ the \ total \ number \ of \ Rating \ Areas \ in \ your \ State \ by \ selecting \ the \ Create \ Rating \ Areas \ button \ or \ Ctrl + Shift + R.$ ${\it Select only the Rating Areas you are offering plans within and add a factor for each area.}$

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

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 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 4.6%. The minimum increase is 3.7% and the maximum increase is 5.0%.

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.

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.

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.

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

No plans are being terminated during 2024.

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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PROPERTY OF THE PROPERTY OF TH	Table State S	team marker beauting		- 81	
PROFACTION PROFACTION				- 1	-
PROPARENT PROPARENT PROPARENT	Party State Party State	team made team or		800	-
PROFACTION CONTRACTOR	Terre trans	town make top you			80.2 10.2
PROPERTY OF THE PROPERTY OF TH		teles make the con-	=	107	-
PROPERTY OF THE PROPERTY OF TH	Table State S	team mades become		810	-
PROFESSION PROFESSION				-	200
PROFESSION OF THE PROFESSION O	Para State	teamments teamme		00 to	9015 9015 9015 9015 9015 9015 9015 9015
7 100 A 100	Total State	teen meter teen no		216 211	- 1
PROPERTY OF				27	
PROPAGED	Patro tra 1	then make the role			- 1
PART ATTENDED				111	
PROPERTY OF THE PROPERTY OF TH		team make the con-			811 311 312 313 313 313 313 313 313 313 3
PROPERTY OF THE PROPERTY OF TH	Terro and	teen meter teen no		90.0	-
PROFESSION OF THE PROFESSION O				100	- 2
7 100 A 1 100 A 10	Patrick State 5	town mater town on		- 101	- 1
PARTATION PARTATION PARTATION	Face and	teen meter teen no		-	- 1
PROFESSION CONTRACTORS				- 8	- 9
PARAL TURNS PARAL TURNS PARAL TURNS	Face and	then make the one		- 61	-
FEMALES				72.0 70.0 50.0	100
PROPERTY					
	Para San S	team make team or		100	97

			CARLE AND CO.	D. The returns	2.20.7	
				CONTRACTOR		
	And the second					
	ner .	**************************************	Name of Street	*	nameter'	1000700010
		Append to the Control of the Control	Regional State of the Control of the	Region	State de Control de San Lineau et la Control de Control	Name and Address of
	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	Annual Control of the	Take to the Name of the Parks	hos.	0.0 0.1	and a replace
	PROPERTIES	Terrorian I	Total Inches South Con-		107	
	PERMITTER	Tarra State S	Total Section Sections Total Section Sections Total Section Sections			
	PROPERTY	Part and	Total technical con-		10.7	
	PROPERTY	Tarra State S	THE RESERVE AND THE			
	PROPERTY		Total Section Sections Total Section Sections	=	705	
	PROPERTIES.		Total Section Sold Con-		70.7	
	PROPERTIES	Participant Control	THE RESERVE AND THE STREET CO.		21	
	PROPERTY		THE RESERVE AND THE	_	27	
	PROPERTY	Participant .	Total Section Sections	=	10.0	
	PROPERTIES.		Total Section Sold Con-			
	PROPERTY	Party Start	Total market feet our		10.3	
	PROPERTY		THE RESERVE AND THE			
	PROPERTY	Participant .	Total Section Sections	=	594	*
	PROPERTY		Total Section Sections Total Section Sections Total Section Sections			
	PROPERTIES	Tarra State S	Total tracks the road	_	100	- 2
	PROPERTY.		Total Section Section	_	27	
	PROPERTY	Patro Stat 5	THE RESERVE AND THE		97	
	PROPERTIES		THE REST OF THE PARTY OF			
	PROPERTY	Party State 5	Total trackin tolerance total trackin tolerance total trackin tolerance	==	100	
	PROPERTY.		THE RESERVE AND THE	==		
	PROPERTY	Tarra State S	Total marks there are		103	
	PROPERTIES		THE RESERVE AND THE		10.9	
	PROPERTY	Tarra State S	Total Section Sections Total Section Sections Total Section Sections		10.0 70.0	
	PROPERTY		Total Section Sections Total Section Sections Total Section Sections		20.0	
	PROPERTY		THE RESERVE AND THE	= ₹	- 11	
	PROPERTY	Terrana I	THE RESERVE AND THE	=	10.5	
	PROPERTY.	Personal Control	Man marks for the later than the lat	=	10.0	
	PROPERTY.		Man marks topic our topic marks topic our topic marks topic our		10.4	
	PROPERTIES PROPERTIES	Maria desart	Many States States over Many States States over Many States States over		- 1	
	PROPERTY		Marie Sarbin Marrison Marie Sarbin Marrison Marie Sarbin Marrison			
	PROPERTY	Participant Control of the Control o	THE RESERVE AND THE		10.2	
	11000000		100000000000000000000000000000000000000		-	
	PARTICIPATION CONTRACTOR CONTRACT	Personal Control	Many market fellers may be an inches fellers may be an inches fellers	=	20.5 20.5	
	1000 ATOM	Terrorea C	Total Service Service		10.6	
	E SERVICIONO PER CONTROL PER C	Participant Control of the Control o	THE RESERVE AND THE		10.8	
	*********		THE RESERVE		27	
	PROPERTY				975	
	PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS	Terrorian I	Total Inches South Con-		- 21	
	PROPERTY		Total Section Sections Total Section Sections Total Section Sections		011	
	PROGRAM	Participant Control	THE RESERVE AND THE STREET CO.		10.2	
	PROPERTY		10011 10070 10011 00		100 N	
	PROPERTY	Participant .	Total Section Sections Total Section Sections	=	192	
	1000 ATOM		THE RESERVE AND THE PARTY OF		100	
	PROPERTY.	Terroria I	Total Section Sections Total Section Sections Total Section Sections		100	
	PROPERTY		Total Section Sections Total Section Sections Total Section Sections		100	
	PROGRAM	Participant Control	THE RESERVE AND THE STREET CO.		6019	
	PROPERTY		1001 10010 1001100	=		
	PROPERTIES.	Terrorest Terrorest	THE RESERVE AND THE			
	F100000000		THE RESERVE AND THE PARTY OF		27.0	
	PROPERTY	Party Start	Total market feet our			
	PROPERTY		THE RESERVE AND THE			
	PROPERTY	Part and	term makes terminal			
	F100000000		THE RESERVE AND THE PARTY OF			
	PROPERTIES.	Terro stand	Total technical control of their technical control of their technical control of their technical control of their technical control of their technical control of their technical control of their technical control of the technical control of their technical control			
	PROPERTIES		THE RESERVE AND THE PARTY NAMED TO BE THE PA		90.0	
	PROPERTY	Patro State 5	town makes town our	=	80	
	F100000000		THE RESERVE AND THE PARTY OF		10.4	
	PROPERTY	Patro Start	topic market topic con-		16.6	
	PROPERTY		Total Section Sections Total Section Sections Total Section Sections		202	
	PROPERTY	Tarra State S	Total market feet over			
	PROPERTY		THE RESERVE AND THE		10.5	
	PROPERTY	Terrores 1	town makes town our	=	Oli S	
	PROPERTY		1001 10010 1001100		-	
	FIRST STREET	Part State	Man harts become		303	
	PROPERTY				- 23	
	PROPERTY.	Malia das S Malia das S	Manufacture Manufa			
	PROPERTY.				91	
	PROPERTY.	Territoria de la constanta de	then be to the one		95	
	PROPERTIES CONTRACTORS			=	- 100	
	PROPERTY OF THE PROPERTY OF TH	Personal Control	teen meter teen no	=		
	PROPERTY				21	
		Talla bas t	Man meter teaming Man meter teaming		- 27	
	PROPERTIES CONTRACTORS			==	- 11	
	PROPERTY OF THE PROPERTY OF TH	Personal Control	then have become	=		
	PROPERTY					
		Mallo State S	Manufacture Manufac			
	PROPERTY				10.1 10.1	
	PROPERTY.	Tanada I			- 17	
	PROPERTY.	Terrana I	tone make the		704	
	FANCAS DE LA CONTRACTOR	Part State	then he'to become		103 103 103	
	PROPERTY		team marker begunner		- 25 - 25	
		Mallo State S	Manufacture Manufacture		- 40	
	PROPERTY				- 44	
	PROPERTY	Territoria de la constanta de	Manufacture Manufacture	=	975	
	F10000000	Terrana I		=	912	
	70000000000000000000000000000000000000			=		
	PROPERTY	Terrore Control	Manufacture Sauce		- 22	
	PROPERTY	Mallo State S	Manufacture Manufacture			
	F100*47*1100		teau mater teau mar		71.5	
		Mallo State S	Manufacture Manufacture		- 61	
	PROPERTY					
		Maria desart	Man meter teaming			
	PROPERTY					
				= ₹	100.0	
	FRACTURE	Terrana I	Manufacture San	==	101	
	FRANCISCO	Personal Control	Man harts become		97	
	PROPAGES PROPAGES PROPAGES				- 2	
	PROPARENT PROPARENT PROPARENT PROPARENT PROPARENT PROPARENT	Patrick State 5	State marks beauty			
Marie Mari	E ANTALISME E ANTALISME	Patricipa I Patricipa I	teen meter teen not			
	# 000 A 1 1000 B 1 100 A 1000 B 1 1000	Patrick State 5			211 211 211	
FEMALES	I MANAGEMENT PROPERTY OF THE P	Participant	teen marke teen no		201 10 201 10 201 10 201 10 201 10 201 10 201 10 201 10 201 10	
	If the American Control of the	Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5 Patin Stat 5	teen marke teen no		201 M 201 M	

FRANCIS					
		team makes become		W.C	
PROPERTY OF THE PERTY OF T				800	- 1
	terrent 	team mater teamour		100	÷
PROPERTY.	Terrore 1	tages marker tages over		***	-
	terrent 	team make team no		100	95
LINGUIS .	Part and a second	team make teamour		10.7	- 2
				900	,
PROPERTY OF THE PROPERTY OF TH	Manual State	teen meter teen ne	=	91	- 2
PROPERTY				100	-
PROPERTY	Paramet .	team marker beautiful			- 1
PROPERTY				111	-
	Marin Anni P Marin Anni P	tages marker tages over		U13	- 1
	Maria San S Maria San S	team marker beautiful		101	
PROPERTY				07.5 07.5	- 1
	Service Servic	team marker beautiful		111	-
PROPERTY				10.0	- 2
PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	Name and a second	team make teamour		97 97 97	- 9
				- 10.7	- 2
PROPERTY	Tall and Tall and	team marks team our		721.0	- 1
	Marin State S	teen meter teen no	=	10.0	- 2
PROPERTY				112	- 20
710-2-11	Tarra State S	tern nate terms			
				0.0	- 1
		team marker beautiful	=	- 81	-
-		tour name tour our			_ 1
	Terrores Terrores	teen meter teen ne		-	
-		Land Control of Contro		- 27	
	Territoria de la constanta de	team marker beautiful		510	-
	Ratio State S				
	-	terror terror		- 41	-
	Ratio State S	team marker beautiful		- 00	-
	Terrore 1	tour nate tourne		013 013 013 013 013 013	
	Tana and	Manager Manager			
-		San make taxana			
			=	90	
PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	terran t			20	- 1
PROPERTY			=	200	- 1
	Terrores I	team marks team our team marks team our		200	
PROPERTY.	Terrore 1	Total Date Service		100	
	Participant Communication Comm	tour name tour our		20	- 1
PROPERTY			=	974 974	
PROPERTY					
PROPERTY	Territoria de la constanta de	teen nette teenne	=	-	-
					- :
PROPERTY	Participant Participant	teen meter teen ne teen meter teen ne	=	900 900 900	-
PROPERTY				100	999
PROPERTY	Part and	teen make teen out		- 100	-
PROPERTY.		lan new tar ne		100 mm m m m m m m m m m m m m m m m m m	-
PROPERTY					- 1
PROPERTY OF THE PERSON NAMED IN COLUMN 1	Territoria de la constanta de	teen meter teen me	=	21 21 21	- 8
PROPERTY.				7110	
PROPERTY	Party State 5	teen meter teen ne teen meter teen ne		91.5 91.7	
PROPERTY.				115	
PROPERTY	Part and	tean mater team or		90.0	
PROPERTY		terment terms			
PROPERTY OF THE PERSON NAMED IN COLUMN 1				- 17	
PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PE	Tarra tarra	teen meter teen nor		916	
			=	100	-
PROPERTY.	Participant Participant	tour name tour our		800	-
PROPERTY OF THE PERSON NAMED IN COLUMN 1					
	Terrore t	team marker beautiful		70.2 70.2	-
-		tons make tons on		27	
	Para man			2019	- 2
		the same the same		91	
	Terrore T	tern nete ternor		- 31	
	Territoria de la compansión de la compan	teen nette teen ne			
	Section 1. Section 2.			00 B	
	territoria.	then make become		- 17	
				110	
	Terra sun 1	Seem marker how		100	
	Part and	tean mate team or		919 919	-
	Part and	Man make teaming		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Falls State 5	teen make teen no teen make teen no		101 M 102 M 102 M 103 M 104 M	
	Falls State 5	teen make teen no teen make teen no		101.0 201.0 201.0 201.0 201.0 201.0	
	Factor State S	Topic control there is a second control there is a second control the control		101.0 201.0 201.0 201.0 201.0 201.0	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Factor State 5	teen make teen no teen make teen no		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		The state of the s		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Topic control there is a second control there is a second control the control		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1
		Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1
		The state of the s		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1
		Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1
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		Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara Maria Maria Managara		60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
				60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	1
				60.8 20.7 20.2 20.2 20.2 20.2 20.2 20.2 20.2	

	PROPERTY				- 41	- 1
	PROPERTY.	Terro anno	then melts become		200	
	PROPERTY					
	PROPERTY.	Tarra State S	then melts therefor	=	40	90
	PROPERTY				10.7	
	PROPERTY.		then metin therefore then metin therefore		70.0 70.0	
	**********				10.5 10.5	100
	PROPERTY		then metin therefore then metin therefore		27	39
	**********				191.0 191.0	359
	**********	Part and	then melts become		164	- 1
	PROPERTY				1017	90
	7 AND THE R. P. LEWIS CO., LANS.	Tana and T	then me'to there are		931	- 2
	PROPERTY				20.5 20.5	-
	**********	Part and	then melts become	=	- 103	-
	PROPERTIES	Participant Control	teamments teamme	=	- 112	-
	PROPERTIES	Partie and B	teen meter teen not	=	10.0	
	PROPERTIES	Participant Control	teamments teamme	=	- 27	- 1
	PROPERTY					
	PROPERTIES		The same to the same		679	-
	PROPERTIES				22	
	PROPERTIES	Participant Control	teamments teamme	=	97.9	
	750707000 750707000				200	
	PROPERTY				60	-
	750707000 750707000				00.0 00.0	
	PROPERTIES PROPERTIES			=	10.0	-
	750707000 750707000				702	-
	PROPERTIES PROPERTIES	Page State 5	teamments teamme	=	10.0	100
	PROPERTY					959
	F8874/7008	Patricipa d	then melte blen ne		70.5	-
	PROPERTY				20.5 20.5	
	PROPERTY	Terra con t	teen meter teen our		- 110	
	PROPERTY				-	
	PROPERTY	Part and a	teen meter teen our	=	800	-
	PROPERTY			ਛ≡	910	
	PROPERTY	Terrore 1	team mater team or			
	PROFESSION					
	PROPERTY	Terrore 1			100	
	**************************************				10.5 10.5	-
	PROPERTY	Para San S	teen meta teen ne		512	- 10
	PROPERTY	ment and	THE REAL PROPERTY.		014 014	
	PROPERTY	Para track	teen meter teen one		90.0 90.0	
	PROPERTY	ment and	THE REAL PROPERTY.	ਛ≡	100 A	
	PROFESSION				10.0 (0.0	
	PROPERTIES.	ment man	Makes the No. Makes the		80.0 80.0	
	PROPERTY			=		-
	PARTICION .		THE RESERVE LABOUR.	==	100	_ 1
	F88047000					-
	PROPERTY	Party State S	then meter there are	==	-	-
	PROPERTY					
	PROPERTY	Party State 5	teamments teamme	=	100	-
	**********				-	
	F100017000	Part and	then metin there is	=	10.0	
	F88047000				90.7	
	PROPERTY	Carrie State S	teen meter teen ne		- 01	
	F88047000				918	
	PROPERTY		then metin therefore then metin therefore		017	
	PROPERTY OF				10.0 10.0	
	PROPERTY OF THE PARTY OF THE PA				70.0	-
	F88047600				10.0	100
	F88047000	Participant Control of the Control o	then metin therefor		10.7	999
	PREPARENTE PREPARENTE	Terrorian I	then melte become		101	-
	7 000 A COLUMN			_	001.8 201.9	,,,
	PROPERTY	Part and	then melts become		193	
	CONTRACTOR CONTRACTOR				97.5	Ï
	PROPERTY		then metin therefore then metin therefore		93	Ï
	PROPERTY				W.8	
	PROPERTY	Partie and B	teen meter teen not	==	20.5	
	PROPERTY.			=	10.5	
	PROPERTY	Part and	teen meter teen our		8	Ĭ
	PROPERTY.				117	
	PROPERTY.	Terrore 1	teamment teampe		94	
	PROPERTY.	Maria State 5	Takes marker believes		- 10	
	PROPERTY.	Terrore 1	team mater team or		90.4 90.4	
	PROPERTY.	Matter and B	Manusche Morrise	=	- 10	
	PROPERTY.				10.0	
	PROPERTY.	Maria State 5	THE SHARE SHOWING		-	
	PROPERTY.				100	
	PROPERTY.	ment and	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1		- 60	ш
	P AND ALCOHOLOGY					
		Tarre dan 1	teen meter teering teen meter teering		900	
	PROPERTY.			= =	-	
	THE STATE OF THE S			▭	915	-
	PROPERTY.			=	10.2	_
	THE STATE OF THE S	Terrana 1	then make there are	=	70.9	-
				==	- 57	
	THE STATE OF THE S	Terrana 1	then make there are	F	70.3 70.3	= :
				==	- 5	
	PROPERTY.	Tarra sun 1	team marker team over	=	109	
				==	10.7 10.7	
	Page Action			=	10.6	
	PROPERTY			⋿	100.0	
	F 200 ACTION	Territoria de la constantina della constantina d	teen meter teen ne	=	10.0	
	PROPERTY OF THE PROPERTY OF TH				- 50	
	PROPERTY.	Territoria de la constantina della constantina d	teen meter teen no	=	- 27	
	PROPERTY.				- 100	
	PROPERTY OF THE PROPERTY OF TH	Terrores I	teen meter teen our		94	
	PROPERTY.				- 100	
	PROPERTY OF THE PARTY OF THE PA	Terra con 1	teen meter teen our		89	
	PROPERTY.					
	PROPERTY OF THE PROPERTY OF TH	Terrore Control	tean mater team		84	
	PROPERTY.			=	911	
	PROPERTY OF THE PROPERTY OF TH	Terrore Control	tean mater team			
	PROPERTY.			=	107	
	PROPERTY OF THE PROPERTY OF TH	Terrent .		=	91	
	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	Personal Control	team marks there are	=	953	
	**********	Terrana I	Manufacture 1	=	100	
	PROPERTY.	Name and Address of the Owner, when the Owner, when the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owne	team marker beautiful	▭	84	
Anna Anna				==	10.0 10.0	
	THE STREET	Terrore 1	teen make teen no	=	500	
### 1	PROPERTY.				90.0 90.0	
					107	- 1

	200,200				2.0.7	
	terminate					
				_		
		Annaham .		AP .	Name of Street	- Anna Canada
Regard Rosella Valendari		Applied San Inches (San II	Security and Control of the Control	have the up of a security of the first	Total or the Control of the Control	Bits to security security
	PROPERTIES		Total or Security Control of the Con		900	
		Patro State 5 Patro State 5	Tages market tages our		81	
			THE RESERVE AND THE		W.F	
		Patro State 5 Patro State 5	Total Inches Section of the Control		90.5	
			Tages and the tages of			
		Terrore 1	Total Service Service Service Service Service Service Service Service	☱	10.5 10.5 10.5	
			100 100 100 100		-	
		Parameter 1	Total Inches Sections See 1 Section Sections See 1 Section Sections See 1 Section Sections See 1 Section Sections See 1 Section Sections See 1 Section Sections	=	20	
					57.6	
		Patro State 5 Patro State 5	Total Inches Administration of the Control of the C		10.7 10.5	
		Party State 5	Total Section for the con-		1927	
					90.8 90.8	
		Em em	Total to the file form of the control of the contro	☱	100	
					100	
		Ratio State	Marie Santon Marie Color Marie Santon Marie Color Marie Santon Marie Color Marie Santon Marie Color		607	
			Topic to the topic the topic to the topic the topic to the topic topic the		10.5	
		Part and	Total Section following		0.0	
				=	10.8	
		Para State S	Total Inches Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of the Statistics of Statistics of Stati	=	102	
					97.9	
		Party State 5	Topic marks for the con-		70.9	
			THE RESERVE ASSESSMENT		100 100 100	
		Part and 1	Topic topics following		10.1	
	PAPATONA PAP		THE RESERVE AND THE	F	## ##	
		Tarra san 1	TABLE SEATON THEORY OF THE SEATON	=	97.0	
		Terrena I	THE RESERVE ASSESSMENT	=	100	
		ten mit	Topic marks for the con-	=	10.7	
					197	
		Participant Control	Total Inches following the transport of		- 61	
				=		
		Tarrella I	THE I HAVE THE THE THE THE THE THE THE THE THE TH		102	
		Terrana I	The control of the co		- 81	
		Tarra san 1		=	10.0 10.0 10.0	
		Territoria I	Total Inches Sections Their Inches Sections Total Inches Sections Total Inches Sections Total Inches Sections Total Inches Sections		200	
		Part and 1				
			THE I HAVE THE THE THE THE THE THE THE THE THE TH		10 V	
			100 100 100 100		00 to 100	
			Total Inches Administrative Control Inches Inches Administrative Control Inches	=	90	
			Total Section Source of the Control		93	
		Part State 5	Total Inches following the transport of		100	
		Part and 1	THE RESERVE ASSESSMENT		10.0	
		Part and	Total marks following		714	
		Part and 1			10.0	
			Total Inches Administration Colores Inches Inc	=	-	
			THE RESERVE AND THE	=	197.0	
		Barriera Bar	Marie Markin Marie Color Marie Markin Marie Color Marie Markin Marie Color Marie Markin Marie Color		We	
			TABLE SEATON THE THE SEATON THE S		107 E	
	THE STATE OF	Table State S	THE RESERVE AND THE PARTY OF TH			
		Part and 1	THE RESERVE AND THE		10.4	
	F SAP ACTIONS P	Barriera Bar	Total Service Security of Security Service Security of Security Service Security of Security Service Security of Security Service Security of Security Service Security of Security Service Security of Security Service Security of Security Service Security of Security Security Securi	=	104	
					100	
			Total Inches Admirate Total Inches		213 213	
			THE RESERVE AND THE	=	000	
		East State S	Total Inches following the team of team of team of the team of the team of tea		104	
			Tages and the tages of		0.0	
		Territoria Territoria	Topic marks following		20.5	
					MAN MANA	
		Ratio State S	Total Inches for the last the	=	W.A.	
		Barriera Barriera	THE I HAVE THE THE THE THE THE THE THE THE THE TH			
			THE RESERVE AND THE	=	101	
	PROPERTY.	Management of the state of the	THE REPORT OF THE PARTY OF THE		10.0	
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-	Patricipa II	teen nette teenne			
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-	Part and	San he's become	=	- 11	
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-	Participant Communication of the Communication of t	tean make team or		10.0	
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PROPERTY.			=	2018 2018 2018	27
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-	Territoria	team marker team our		50 B	810 913
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		to an inches to an inches		103	95 5 95 5
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		town marks town our		105	407
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PROPERTY.		then metin therefor			900
		teen meter teen no		160	100
PROPERTY AND A				2013 2013 2013 2013	
-	Table State S	teen meter teen our		900	81
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PROPERTY.				000 000	-
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PERSONAL PROPERTY OF				70.0	-
		tean make team na			- 60
		teen meter top your		- 27	-
PROPERTY.		Total sales Service		100	97
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PROPERTY.	Territoria de la compansión de la compan	team marker team over		514	911
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PROPERTY !	Patro Stat S Patro Stat S	Mani Sarini Manirina Mani Sarini Manirina Mani Sarini Manirina Mani Sarini Manirina Mani Sarini Manirina		101 M	213 213 213 213 213 213 213 213 213 213
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PROPERTY	Participant Control	Total Inches Sections	_	10.0	
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PROPERTY		THE RESERVE AND THE		-	
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PROPERTY		100 100 100 100		- 27	
PROPERTY	Paris State	Marie Markin Marie Con- Marie Markin Marie Con- Marie Markin Marie Con-	==	872	ľ
PREFERENCE PREFERENCE		THE RESERVE AND THE		10.7 10.7 10.7	
PREFACTION PREFACTION PREFACTION	Territoria Territoria	Total Inches Management Total Inches Management Total Inches Management Total Inches Management Total Inches Management Total Inches Management			
				- 107 - 107 - 107	
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PROPERTY		THE RESERVE AND THE		100.0	2
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PROPERTY	===:	THE RESERVE AND THE		100	-
PROPERTY OF		Total or the No. Share of the State of the S		910	
PROFESSION CONTRACTOR	Territoria de la compansión de la compan	THE RESERVE AND THE		97	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES		1000 1000 1000 100	=	100 100 100	
PROPERTIES	Terroria C	Topic marks following topic marks following topic marks following	=	67.0	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES		THE RESERVE AND THE		10.4	
PROPERTIES	Partie State 5	Marie Market Marie Con- Marie Market Marie Con- Marie Market Marie Con- Marie Market Marie Con-		701.0	
PROFESSION PROFESSION		THE RESERVE		107	
PREFERENCE PREFERENCE PREFERENCE		Table to the table to the	==		ľ
PROPERTIES		THE RESERVE AND THE		100	
PROPAREIS PROPAREIS PROPAREIS	Participant Control of the Control o	Mari Bartin Marin Na Mari Bartin Marin Na Mari Bartin Marin Na	뺕		
PROPERTY.		THE REAL PROPERTY OF		87	=
PREFACTORS PREFACTORS PREFACTORS	Part and T	Total Service Services Total Service Service Total Service Service Total Service Service	▝	10.0 10.0 10.0	
PROPERTY.		THE RESERVE ASSESSMENT		1000 1000 1000 1000	
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PROPERTY		Mary marks there are their marks their our		- 10	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES	Terrent .	Total Indian Color of the Color	=	10.0	
PROPERTY		Mary marks there are their marks their our		100 g	
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Page Artist		THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADD		- 22	
PREPARED PREPARED PREPARED PREPARED PREPARED		Total Inches following		200 200 200	
FRANCISC	Party State 5	the sector the sec	=	- 10	
PREPARENT PREPARENT	Management of the state of the	THE REAL PROPERTY.		0.1	
	Paris State	Marie Santon Marie Con- Marie Santon Marie Con- Marie Santon Marie Con- Marie Santon Marie Con-	==	100	Ī
PROPERTY.		THE RESERVE AND THE		911	
PARAMETERS PARAMETERS PARAMETERS	Part and	Total I have been been to be t	_	10.1	
FRANCISC		Total Inches Section Co.			
PROPERTY PRO	Paris State	Marie Santon Marie Con- Marie Santon Marie Con- Marie Santon Marie Con- Marie Santon Marie Con-	_	103	
PROPERTY.		Total Inches Sections		-	
PROPERTY OF THE PROPERTY OF TH	Participant Control of	Total Service Service		210	
				100	100
PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T		Total Inches Admirate Total Inches		100	
PROPERTY.		THE RESERVE ASSESSMENT			
PROPERTY	East State S	Table Service Services	=	131.7 131.5 131.5	-
FRANCISCO		THE RESERVE AND THE			
PROPERTY.				- 11	
PROPERTY	Party State 5	THE RESERVE AND THE		IN P	
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PROPERTY	Party State 5	Total Inches for the last the		100	Ĭ
PROPERTY		Topic Spirit Spi		11 6 12 5 12 5 12 5 12 5 12 5 12 5 12 5 12 5	
PROPERTIES.	Part and	their market their risk		60	
PROPERTIES		THE RESERVE AND THE		0.0	
PROPERTY	Paris State	Total Inches following	_	819	Ĭ
PROPARENT PROPARENT PROPARENT PROPARENT		THE RESERVE AND THE		U.1	
PROPERTY		Marie Market Marie Co. Marie Market Marie Co. Marie Market Marie Co. Marie Market Marie Co.		100	Ĭ
PROFUNDING PROFUNDING PROFUNDING PROFUNDING PROFUNDING PROFUNDING		Total Inches Section Co.		60.0 60.0	
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PROPERTY		Total Inches Sections		- 1	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES	Terra mana	THE I HAVE THE THE THE THE THE THE THE THE THE TH		194.0	-
PROPERTY				100	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES		Total Inches Admirate Total Inches		200.0	
PROPERTY				100.0 100.0 100.0	
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P SECTION		Man ha to the coa		- 17	
PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES				-	
PROPAREDO PROPAREDO PROPAREDO PROPAREDO	Party State 5	team marks team our team marks team our		- 21	
PROFICES PROFILES PRO					
PROPERTIES.	Para series	teen meter teen ne	=	- 81	
PROPERTIES					
				10.0	Ш
PROPERTIES PROPERTIES PROPERTIES PROPERTIES PROPERTIES	Patricipa S	then make the one		201 W 201 W 201 W 201 W 201 W	
PROPERTIES PROPERTIES				91.5 91.5 91.5 91.5 91.5 91.5	
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PROPAREDO PROPAREDO PROPAREDO	Part and P	takes suchs there are		21	
PROPAREDO PROPAREDO PROPAREDO	Part and P			30.50 31.13	
PROPAREDO PROPAREDO PROPAREDO	Part and P			20.5 20.5 20.5 20.6 20.5 20.5 20.5 20.5 20.5 20.5 20.5 20.5	
PROPAREDO PROPAREDO PROPAREDO	Part and P	Total Inches Marin Charles Cha		21	
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PROPAREDO PROPAREDO PROPAREDO	Part and P	The same terms of the same ter		100 M 100 M	
PROPAREDO PROPAREDO PROPAREDO	Part and P	Total Inches Marin Charles Cha		100 M 100 M	
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PROPERTY					-
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				90.0 01.0	-
	Personal Control	teen meter teen ne	=	100	- 8
PROPERTY.				17.0	91
PROPERTY.	Party State 5	then melts become then melts become		100	9
THE STATE OF				102	
	Patro des 5	then metin therefore them metin therefore	=	100	- 2
-				10.0	- 1
PROPERTY	Personal Control	then melts become	=	919	
PROPERTY.				97.0	-
PROPERTY	Territoria S	then metin therefor		60	-
				014 014	-
PROPERTY.	Part and	tean make team or team make team or	▭	903	- 1
PROPERTY	Territoria I	then melte become			2
PROPERTY	Participant Communication Comm	town marks town our		101	-
PROPERTY OF THE PERSON NAMED IN COLUMN 1				900	-
PROPERTY.		teen meter teen ne		703	- 10
PROPERTY	Territoria I	then melte become		81	-
		team marker team one		013 013	- 1
- FEBRUARY	Terra disast	then melts become		10.0	9
PROPERTY	Territoria S	then metin therefor		00.3	-
PROPERTY	Territoria de la constanta de	then melts become	=	101.0 101.0	- 2
				100.0 100.0	700
PROPERTY.	Patricipa I	teen nette teen ne		100	
PROPERTY			=	90.0	
THE STATE OF	Territoria I	then melts become	=	194	- 2
PROPERTY.			=	900	- 27
PROPERTY	Part and Par	then make there has			
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PROPERTY.	Part and P	tean make teamour	=	110	1
PROPERTY					
PROPERTY	termina in the same of the sam	teamments teamme		90	
			=	600	- 2
PROPERTY.	Terrore 1	teen meter teen ne		91	- 1
			=	10.0	
PROPERTY	Participant Participant Control of the Control of t	team marks team our	=	903	-
PROPERTY					-
-	Table State 5	teen meter teen not teen meter teen not		- 85	-
PROPERTY			=	- 100	-
	Part and	teen meter teen no	=	- 11	
PROPERTY					
PROPERTY.	Participant Communication Comm	then metin therefor		102	-
				102	
PROPERTY.	Part and	toes selve toes or	▭	200	- 0
PROPERTY	Territoria I			-	- 1
PROPERTY.	Face and a second	then make the one		0.0	-
				105	-
PROPERTY	Territoria I	1001100700 1001100	=	90.0	-
PROPERTY.			=	916	- 2
		team marker team one		67-0 67-3	- 1
PROPERTY.	Terror and	toes selve toes or		22	- 10
PROPERTY	Participant Communication Comm	then metin therefor		80	90
PROPERTY.	Particular Particular	Total marks tour na		10.5	-
PROPERTY	Territoria I	then metin therefor	=	7017	- 0
				196.0	75
				200.00 200.00	- 2
	Territoria de la constanta de	teen mette teen ne		84	- 8
			=	20.0	- 1
PROPERTY	Participant Communication of the Communication of t	toes selve toes or		910	- 0
PROPERTY				20.7 101.8 20.9 20.9 20.7 20.7 20.7	
	Party State 5	then me'to there'se then me'to there'se		90	- 8
				907	- 5
	Table State 5	teen meter teen ne	=	91	21
FREEZE				100 T	- 2
	Second .	then melts become	☱	100	- 8
PROPERTY				90.0	- 27
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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 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
31609PA0070004, 31609PA0190004	\$50	\$35	\$ 47.00
31609PA0070011	\$50	\$35	\$ 47.00
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.

Blend	\$520.00	\$520.00
ASC	\$300	\$300
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-s		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0070002, 31609PA0190002	Phys. Ther.	\$65	\$95	\$71.00
	X-rays	\$60	\$90	\$81.00
	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 - sharing		
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 - sharing		
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0070002, 31609PA0190002	\$3	\$15	\$ 10.20
31609PA0070003, 31609PA0190003	\$3	\$20	\$ 13.20
31609PA0070004, 31609PA0190004	\$3	\$25	\$ 16.20
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	ted Name:		
Date	5/5/2023		

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	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 - sharing		
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	5/5/2023		

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 - sharing		
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 Prir	nted Name:		
Date:	5/5/2023		

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 sign	ature:		
Actuary Prin	ted Name:		
Date:	5/5/2023		

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

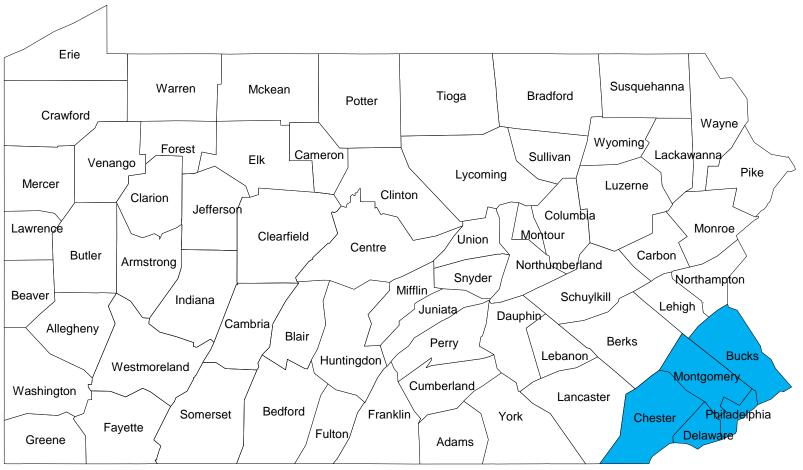
Unique AV Justification file

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 Do	ocuments 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
<u> </u>	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