

## Supporting Document Schedules

| Satisfied - Item: | ACA Public Rate Filing PDF |
| :--- | :--- |
| Comments: |  |
| Attachment(s): | UPMC Health Coverage Inc. Individual Public PDF 1 UPMC-133641900.pdf |
| Item Status: |  |
| UPMC Health Coverage Inc. Individual Public PDF 2 UPMC-133641900.pdf |  |

May 17, 2023

Ms. Lindsi Swartz
Commonwealth of Pennsylvania Insurance Department
Insurance Product Regulation \& Market Enforcement
Actuarial Review Division
Bureau of Life, Accident \& Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

Dear Ms. Swartz,

UPMC Health Coverage, Inc. respectfully requests approval of a rate filing for Individual
On and Off Exchange HMO products. The rates are proposed for effective dates of 1/1/2024 through 12/31/2024.

Company Name/NAIC \#: UPMC Health Coverage, Inc./15451
Market: Individual
On or Off Exchange: On and Off
Effective Date of Coverage: 1/1/2024
Average Rate Change Requested (Table 11): 11.34\% (\$40.62)
Range of Rate Change Requested (Table 11): 4.50\% to $16.45 \%$ ( $\$ 16.11$ to $\$ 58.93$ )
Products Offered: HMO
Rating Areas Where Plans are Offered: 1, 5 (no change from 2023)
Metal Levels Offered: Catastrophic, Bronze, Silver, Gold
Currently Enrolled Lives Affected by the Rate Change: 2,202
Currently Enrolled Policyholders Affected by the Rate Change: 1,587
Number of Plans Offered in 2024: 8 (1 less than 2023)
Total additional annual revenue generated from the proposed rate change: $\$ 2,205,947$
Corresponding Contract Form \#: 660, 676
Binder ID\#: UPMC-PA24-125116425
HIOS Issuer ID \#: 62560
Submission Tracking \#: UPMC-133641900
If you have any questions or require additional information, please call me at 978-420-6794 or email me at killamm@upmc.edu.

Sincerely,


## PA Actuarial Memorandum

## Section 1 - Basic Information and Data

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

## 1A. Company Information

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

Company Legal Name: UPMC Health Coverage, Inc.
NAIC \#: 15451
HIOS Issuer ID: 62560
Market: Individual
Exchange: On and Off Exchange
Products: HMO
Effective Date: 1/1/2024

Company Contact Information:


## Filing Information:

Rate Filing SERFF Tracking \#: UPMC-133641900
Form Filing SERFF Tracking \#: UPMC-133666167, UPMC-133666186
Binder SERFF Tracking \#: UPMC-PA24-125116425

## 1B. Rate History and Proposed Variations in Rate Changes

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2023 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

| SERFF Tracking \# | Year | Rate Change* |
| :---: | :---: | :---: |
| UPMC-132364646 | 2021 | N/A* |
| UPMC-132801380 | 2022 | $2.5 \%$ |
| UPMC-133257300 | 2023 | $4.4 \%$ |

[^0]
## 1C. Average Rate Change

- Average rate change in Table 10, column AC of the PA Actuarial Memorandum Exhibits: $10.0 \%$
- Change in 21-year-old non-tobacco premium PMPM in Table 11, cell AN13 of the

PA Actuarial Memorandum Exhibits: 11.3\%

## 1D. Membership Count

Various breakdowns of the membership count for the captioned company and market are displayed in Table 1 of the PA Actuarial Memorandum Exhibits.

## 1E. Benefit Changes

A table with these changes has been included in Appendix I. All plans have metal level actuarial values in accordance with the latest HHS requirements.

## 1F. Experience Period Claims and Premium

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered under the captioned market. Claims and premium data for all non-grandfathered policies in the single risk pool for the captioned company and market from the experience period (January 2022 - December 2022) with two months of run-out are displayed in Table 2 of the PA Actuarial Memorandum Exhibits. This section provides a discussion of each field in the table and its relation to the corresponding fields on the URRT. Please note that no data for Transitional (Grandmothered) policies is included in this table.

## Earned Premium:

This represents the revenue accumulated by the captioned company during the experience period. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium listed in Table 2 does match the total premium listed in section I, worksheet 1 of the URRT.

## Paid Claims:

This field includes uncompleted paid medical, pharmacy, and pediatric vision experience period claims for the captioned company and market.

## Ultimate Incurred Claims:

This field includes completed paid medical and pharmacy experience period claims for the captioned company and market. We used the standard Development/Completion Factor Method to calculate IBNR. The completion factors used in Table 4b are displayed in the table below. Factors were calculated using our entire ACA-related Individual block of business and no unexpected factors were observed. Because two months run-out is available, the impact of IBNR is minimal. Please note that the ultimate incurred claims shown in Table 2 do not match the total incurred claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the ultimate incurred claims less total prescription drug rebates listed in Table 2 and HHS cost-sharing.

| Month | Completion Factor |
| :---: | :---: |
| $1 / 1 / 2022$ | 0.9998 |
| $2 / 1 / 2022$ | 0.9996 |
| $3 / 1 / 2022$ | 0.9982 |
| $4 / 1 / 2022$ | 0.9972 |
| $5 / 1 / 2022$ | 0.9960 |
| $6 / 1 / 2022$ | 0.9932 |
| $7 / 1 / 2022$ | 0.9912 |
| $8 / 1 / 2022$ | 0.9883 |
| $9 / 1 / 2022$ | 0.9854 |
| $10 / 1 / 2022$ | 0.9812 |
| $11 / 1 / 2022$ | 0.9675 |
| $12 / 1 / 2022$ | 0.9432 |

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

| Incurred Claims Processed by Claim System: | $\$$ | $21,654,697$ |
| ---: | :--- | ---: |
| Claims Processed Outside Claim System: | $\$$ | - |
| Claims Estimated by IBNR: | $\$$ | 339,776 |
| Ultimate Incurred Claims: | $\mathbf{\$}$ | $\mathbf{2 1 , 9 9 4 , 4 7 4}$ |

## Member Months:

The sum of the experience period member months shown in Table 1 is also displayed in Table 2.

## Estimated Cost Sharing:

This field represents the difference between allowed claims and ultimate incurred claims in Table 2.

## Allowed Claims:

This field includes allowed medical and pharmacy claims as well as pediatric dental and vision claims from the experience period for the captioned company and market, which are pulled directly from our data warehouse. Please note that the allowed claims shown in Table 2 do not match the total allowed claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the allowed claims less total prescription drug rebates listed in Table 2.

## Non-EHB portion of Allowed Claims:

This field displays the amount of allowed experience period claims that can be attributed to non-EHBs for the captioned market and company.

## Total Prescription Drug Rebates:

This field shows the amount of prescription drug rebates received for the captioned company and market during the experience period. Pharmacy rebates have been removed from the total incurred and allowed claims displayed in section I, worksheet 1 of the URRT.

## Total EHB Capitation:

EHB benefits were not paid for via capitation during the experience period.

## Total Non-EHB Capitation:

Non-EHB benefits were not paid for via capitation during the experience period.

## Estimated Risk Adjustment:

Experience period Risk Adjustment for the captioned company is estimated to be a receipt of $\$ 496,079$ per the Pennsylvania Insurance Department estimate for Benefit Year 2022, disseminated by the Department on May 8, 2023 via e-mail. The receipt translates to a PMPM of \$18.07.

## Estimated Reinsurance Recoveries:

Experience period recoveries from the state-based reinsurance program are estimated to be a receivable of $\$ 1,310,743$ aligning with the estimate from the Pennsylvania Insurance Department based on data through May 2, 2023, which translates to a PMPM of $\$ 47.75$.

## Loss Ratio:

The loss ratio calculated in Table 2 is 94.78\%.

## 1G. Credibility of Data

The manual data for this filing was developed using the entirety of ACA-compliant experience period data from each of UPMC's subsidiary companies in the Individual market, which is displayed in tables $2 \mathrm{~b}, 3 \mathrm{~b}$, and 4 b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,245,888 member months of experience.

The experience period data for this company consists of 27,450 member months from ACA-compliant policies. Because the manual data encompasses the single risk pool of all UPMC Individual market companies, we believe it most appropriately represents the claim experience for use in calculating projected rates. Therefore, we assign $100 \%$ credibility to the manual data and $0 \%$ credibility is used for each company-specific single risk pool. Adjustments to the data include the trend and network adjustments discussed in the "Index Rate" section below.

## 1H. Trend Identification

The overall annual trend used in rate development is 4.64\%. Historical allowed claims from our Individual block of ACA-compliant business across all of UPMC's subsidiary companies were used to develop year-over-year trend factors for use in the projected rates, and the basis for this trend is the three-year annualized change between 2019 and 2022. This approach omits the substantial impact that the COVID-19 pandemic had on calendar year 2020 claims.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. Please note that the minor changes made to benefit designs in order to keep plan actuarial values within the allowed ranges were not significant enough to warrant an adjustment for induced demand with regard to trend, so the induced
demand column has been populated with zeroes in Tables 3 and 3 b . No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

Please see Exhibit 5 of the Supporting Exhibits for trend development.

## 11. Historical Experience

Historical data from the four most recent calendar years for the captioned company and market with two months of run-out is provided in Table 4. Allowed claims were developed using the same manner described above for Table 2. The historical data listed in Table 4b consists of a blend of ACA-compliant experience data from each of UPMC's subsidiary companies in the Individual market and was used in the development of manual trend.

## Section 2 - Rate Development \& Change

## 2A. Projected Index Rate, Market-Adjusted Index Rate, \& Total Allowed Claims

Table 5 of the PA Actuarial Memorandum Exhibits shows the development of the projected index rate, MarketAdjusted Index Rate, and projected total allowed claims. Detailed discussions on the development of each quantity are provided below.

## Index Rate:

For this filing, the Index Rate of the Experience Period is set equal to the manual rate as outlined above in Section 1G of this memorandum. The calculation of the manual rate is shown in Table 2 b of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of $4.64 \%$ annual trend to the Index Rate of Experience Period.

For 2024, the Pennsylvania Insurance Department has mandated that an adjustment factor of 1.0 is applied to the index rate to reflect the morbidity impact of the state-based reinsurance program in the Individual market. In line with that guidance, no adjustment for changes in morbidity as a result of the state-based reinsurance program has been applied.


An adjustment factor of 1.340 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the
captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 8 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.968 has been applied to the index rate in the Change in Other category. This adjustment accounts for medical and pharmacy cost savings initiatives that UPMC has actively engaged in, and represents the impact of those savings in 2024 relative to the 2022 experience period. Please see Exhibit 9 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

No other adjustments have been applied to the index rate. The average age for our experience period Individual risk pool was 45.1 with an average premium factor of 1.88 . This is nearly identical to our 2023 experience so far with age 45.3 and premium factor 1.89. Due to the stability of the population, no demographic adjustment has been made to the rates. Please note that the Index Rate of Projection Period of $\$ 808.73$ shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT.

## Market-Adjusted Index Rate:

The Projected Index Rate is adjusted by adding estimates for risk adjustment and marketplace fees (with impacts and costs spread across the whole risk pool) to obtain the Projected Market Adjusted Index Rate.

Projection period Risk Adjustment PMPM has been estimated to be a payment of $\$ 21.76$, which is displayed in Table 5. The value was derived by first using a blend of the estimated experience period Risk Adjustment PMPM from each of UPMC's subsidiary companies in the Individual market. The projection period Risk Adjustment PMPM then accounts for the impact of known changes to HHS model weights for the 2024 Benefit Period. Finally, the transfer amount is adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2024 model changes and the RADV program.

Please see Exhibit 10 of the Supporting Exhibits for the derivation of this estimate.

The value entered in Section II, Worksheet 1 of the URRT was $\$ 28.02$ since the calculation of the Market Adjusted Index Rate is done on an allowed claims basis in the URRT. The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment.

The member-weighted average of a 3.0\% Marketplace User Fee for Marketplace enrollees combined with 0\% for non-Marketplace enrollees calculates to $2.3 \%$. This load is developed based on fees from on-exchange policies, but is spread over all policies uniformly. This translates to a PMPM of $\$ 13.62$, which was entered as a positive value in Table 5 since the calculation adds this value. The effect for this adjustment is an increase in premium as additional revenue will be required to cover the anticipated payment. Since the URRT requires the exchange user fee to be listed on an "allowed" basis, the final value included in the URRT was calculated by first taking exchange user fee PMPM of $\$ 13.62$ divided by the paid-to-allowed ratio to derive the "allowed" exchange user fee PMPM. This value was then divided by the market adjusted index rate to arrive at the final value of $2.6 \%$.

The index rate was not adjusted for any anticipated recovery from the state-based reinsurance program for this initial rate filing, per PID 2024 ACA Rate Filing Final Guidance issued on March 21, 2023.

## Total Allowed Claims:

The Market-Adjusted Index Rate is further modified to develop the projected total allowed claims PMPM by adding the projected allowed non-EHB claims PMPM. Benefits that were offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is $\$ 1.47$ PMPM.

## 2B. Retention Items

Retention items related to this filing are shown in Table 6 of the PA Actuarial Memorandum Exhibits. Detailed discussions on each item are provided below.

Administrative Expenses:
Administrative costs of $10.8 \%$ of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.


Taxes and Fees:
Taxes and Fees are expected to be $0.4 \%$ of premium in 2024. This accounts for the projected Federal Income Tax in 2024. Please note that the Risk Adjustment Administration Fee of $\$ 0.21$ PMPM and the projected PCORI Fee of $\$ 0.25$ PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

## Profit/Contingency:

The projected surplus and risk margin for this company is $1.5 \%$ for 2024. This value is listed in both Table 6 and the URRT. The same level of margin is expected for each plan included in this filing.

## Projected Loss Ratio

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is 85.3\%, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

## 2C. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization factors for 2023 and 2024 are provided in Table 7 of the PA Actuarial Memorandum Exhibits. 2023 factors have been taken from the prior annual rate filing of the captioned company and market. Detailed discussion on each of the 2024 factors are provided below as well as in Section 5 of this memorandum.

## Average Age Factor:

The average age factor was calculated using our projected ACA-related Individual population with the prescribed HHS Age Factors for 2024. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Individual business, the average age factor is 1.888 and average age was 45.1 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.997 , which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.882. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

## Average Geographic Factor:

The calibration factor of 0.980 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits. Please see the Geographic Factors section below for a discussion on the development of factors applied for each rating area.

## Average Tobacco Factor:

The average tobacco factor was calculated using projected membership, which is assumed to have the same split for tobacco status as current membership. The member-weighted average of a $2.5 \%$ load applied for enrollees who qualify as tobacco users combined with a $0 \%$ load for non-tobacco users yields an average tobacco factor of 1.002 . The derivation of this factor is shown below.

| Tobacco Status | Feb 2023 Enrollment <br> Split | Tobacco Factor | Calibration Factor |
| :---: | :---: | :---: | :---: |
| Non-User | $92.5 \%$ | 1.000 | 0.925 |
| User | $7.5 \%$ | 1.025 | 0.077 |
| Total | $100.0 \%$ |  | 1.002 |

## Average Benefit Richness:

Benefit richness factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

## Average Network Factor:

Network factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits. Please see the Network Factors section below for a discussion on the factors applied for each network.

## 2D. Components of Rate Change

Data to support the calculation of the components of the rate change is presented in Tables 8 and 9 of the PA Actuarial Memorandum Exhibits. Values presented in the 2023 columns have been taken from this company's 2023 annual rate filing.

## Section 3 - Plan Rate Development

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2024 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

## Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fullyinsured commercial block of business. This model calculates an AV for a given plan by first trending 2022 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

## Benefit Richness (induced demand)

Benefit richness factors were calculated using the formula (Plan AV)^2-(Plan AV) +1.24, where (Plan AV) is equal to the product of the Plan AV described above and, when applicable, the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

## Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.47 PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2024 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

## Provider Network

Please see the Network Factors section below for a discussion on the development of the provider network factors applied in Table 10.

## Catastrophic Eligibility

No adjustments were made for catastrophic plans. Current enrollment is minimal and not credible.

## Non-Funding of CSR Adjustment

To account for the elimination of funding for cost-share reduction subsidies, the Pennsylvania Insurance Department has mandated the rates for all silver plans offered both on and off the exchange be increased via the CSR Defunding Adjustment in Table 10 of the Actuarial Memorandum Rate Exhibits. The captioned company will apply a factor of 1.22 as the CSR Defunding Adjustment for 2024. Several off-exchange only silver plans continue to be included for 2024 to minimize disruption to non-subsidized members enrolled in silver plans.

## Section 4 - Plan Premium Development for 21-Year-Old Non-Tobacco User

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2024 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder.

## Section 5 - Plan Factors

## 5A. Age and Tobacco Factors

As indicated in Table 12 of the PA Actuarial Memorandum Exhibits, the default federal standard age curve for 2024 is used in the development of the Consumer Adjusted Premium Rates. A tobacco load of $2.5 \%$ will be used for all 21-and-over age bands in the Individual market in 2024. This load has not changed from 2023.

## 5B. Geographic Factors

The geographic rating areas used within this filing are the same as those defined by the state. For 2024, the proposed geographic factors are identical to the 2023 filing for this company with the exception of Rating Area 5. The table below displays the current and proposed factors:

| Region | $\mathbf{2 0 2 3}$ | $\mathbf{2 0 2 4}$ |
| :---: | :---: | :---: |
| 1 | 0.966 | 0.966 |
| 5 | 0.966 | 0.993 |

The proposed factor for Rating Area 5 acknowledges the elevated costs observed in that region relative to Rating Area 1 (which factor Rating Area 5 had previously aligned with) after accounting for age, benefit level, and morbidity. Please see Exhibit 14 of the Supporting Exhibits for an illustration of this change.

## 5C. Network Factors

Since only one network is included in this filing, no network adjustments were deemed necessary for 2023.

## 5D. Rate Change Summary

Table 15 of the PA Actuarial Memorandum Exhibits has been populated as described in state guidance.

## 5E. Service Area Composition

Table 13 of the PA Actuarial Memorandum Exhibits shows the areas in which plans will be offered in 2024. Service area maps for 2023 and 2024 have been uploaded in the Supporting Documentation section in SERFF.

## 5F. Composite Rating

No composite rating is used with these plans.

## 5G. Connectivity Factors

Connectivity features are not available under these plans.

## Section 6 - Reference Information and Certification

## URRT Warning Alerts

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. These particular Catastrophic plans are offered in 2023 but have no current enrollment. Similar error messages appeared in the prior year's version of the URRT for the captioned company.

## SERFF Rate / Rule Schedule Tables

In accordance with PID guidance, the SERFF Rate/Rule Schedule Tab of this rate filing contains the proposed premium rates for all proposed plans, and Excel versions of the Federal Rates Template and the PA Plan Design Summary and Rate Tables.

The Company Rate Information and Rate Review Detail is complete and accurate. Current premiums are consistent with our enrollment as of February 15, 2023. The rate change data presented is consistent with Table 11 and the number of policyholders affected is populated using the total covered lives shown in Table 10 cell V15. The total requested rate change entered is consistent with Cell AN13 of Table 11.

## Standard Questions

Per PID ACA Rate Filing Final Guidance issued on March 21, 2023, the Standard Questions to be included with the initial filing are enclosed with this rate filing in a separate document under the Supporting Documentation tab in SERFF.

## List of Supporting Exhibits

Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR \& Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Derivation of Annual Trend
- Exhibit 6: Current/Projected Commissions by OEP and SEP
- Exhibit 7: Derivation of 3-child Cap Adjustment Factor
- Exhibit 8: Derivation of Change in Network Factor
- Exhibit 9: Derivation of Change in Other Factor
- Exhibit 10: Derivation of Projected Risk Adjustment PMPM
- Exhibit 11: Projected Administrative Expense Load Development
- Exhibit 12: Derivation of Projected Taxes and Fees
- Exhibit 13: Derivation of PHE Morbidity Adjustment
- Exhibit 14: Derivation of Change in Geographic Rating Factors
- Exhibit 15: Exchange User Fee Development
- Exhibit 16: Support for Change in Network Rating Factors


## Actuarial Certification

I, , am a Member of the American Academy of Actuaries in good standing. I am currently
Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this 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.
- The projected Index Rate is:
a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
b. Developed in compliance with the applicable Actuarial Standards of Practice
c. Reasonable in relation to the benefits provided and the population anticipated to be covered
d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery 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 URRT for all plans except those specified in the certification.


Date

PA Rate Template Part I
Data Relevant to the Rate Filing
Table 0. Identitying Information



|  | Membermonts | Members | Membermonts |
| :---: | :---: | :---: | :---: |
|  | Expereince ereciod |  | Projetete fationgeriod |
| Average cee | 48.4 | 476 | 476 |
| Toal | 27.50 | $\frac{2022}{145}$ | ${ }_{2}^{27,60}$ |
| (188 | , |  | (1, |
| (is | ${ }_{\substack{1.1,67 \\ 1.96}}$ | ${ }_{129}^{98}$ | (1.294 |
| - | $\underset{\substack{1,735 \\ 1,68}}{\substack{\text { c, }}}$ | ${ }_{1}^{149}$ | - |
|  |  | ${ }_{2}^{137}$ |  |
| ¢5s, | ¢, | $\underset{\substack{375 \\ 488}}{ }$ | ${ }_{\substack{4.716 \\ 6.129}}^{\text {a }}$ |
|  |  | ${ }_{\substack{488 \\ 186}}^{\text {dic }}$ | $\stackrel{\substack{6,332 \\ 2,30}}{\text { c, }}$ |




-Stoud evoul URert Tened



Table 2b. Manual Experience Period Claims and Premiums


Table 3b. Manual Trend Components


Table 4b. Historical Manual Experience

| Month-rear | Otal Annual Premium | Incurred Clams | Completion factors* | Utimate Incurrec claims | Member | Utimate fruured PMPM | $\begin{aligned} & \text { Estimated Annual Cost Sharing } \\ & \text { (Member + HHS) } \\ & \hline \end{aligned}$ | Prescripion Drug Rebates* | $\begin{gathered} \text { Allowed Claims (Net of } \\ \text { Prescription Drug Rebates) } \end{gathered}$ | Allowed PMPM |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\underbrace{}_{\substack{\text { fapa } 19 \\ \text { feb-19 }}}$ |  |  | ${ }_{\text {1.0000 }}{ }^{\text {s }}$ |  | ${ }_{\substack{139,133 \\ 13755}}$ | ${ }_{\substack{390.19 \\ 377.68}}$ |  |  |  | ${ }_{\substack{488,67 \\ 4545}}^{4}$ |
| ${ }_{\substack{\text { Feb-19 } \\ \text { Mar-19 }}}^{\text {a }}$ |  |  | ${ }^{1.000000}$ s |  | ${ }_{\substack{1375,535 \\ 135}}^{12}$ | ${ }_{\substack{377.68 \\ 414.30}}$ |  |  | ${ }_{6}^{65,8,8,5,5333,777}$ | ${ }_{\substack{454,35 \\ 485}}$ |
|  |  |  | 1.0000 s 1.0000 s |  | 134,153 <br> 12383 | ${ }_{4}^{4472.165}$ |  |  |  | 512.83 <br> 5024 |
| $\xrightarrow{\text { Jun-19 }}$ |  |  |  | (in | $\xrightarrow{132.83}$ | ${ }_{4}^{44.658}$ |  |  |  |  |
| ${ }^{\text {Itur } 19}$ |  |  | $1.0000 \mathrm{~s}^{\text {s }}$ 1.0000 s |  | $\xrightarrow{129,1,188}$ | ${ }_{\substack{465.739}}^{4.79}$ |  |  |  |  |
|  |  | 5 | ${ }_{1}^{1.0000}$ s | 56,794,52887 | ${ }^{126,195}$ | ${ }_{499.70}^{46}$ |  | (4,678, 840, 35 |  | ${ }_{4}^{52022}$ |
| Oot-19 |  |  |  | (6,348,3,9,84 | $\xrightarrow{124,83}$ | 507.46 <br> 45581 |  |  |  | ¢ $\begin{gathered}515131 \\ 49713 \\ 4\end{gathered}$ |
|  | 885, 50, 0,00.95 | 59,78,988, 18 | 1.000 | $59,78,968.18$ | 122,156 |  | 1448812.6650 | (5,192, 693, 5 ) | 63,74202425 |  |
| $\xrightarrow{\text { Jan-20 } 20}$ |  | ${ }_{51,275,850.42}$ | ${ }^{1.0000}{ }^{\text {s }}$ | ${ }_{5}^{51,275,58,42}$ | ${ }^{126,196}$ | ${ }^{406,32}$ |  | (14,469,467.53] | ${ }^{64,300929529}$ | ${ }_{50953}^{5093}$ |
| ${ }_{\text {Heorer }}$ |  | ${ }_{\text {Stin }}$ | ${ }_{1}^{1.00000}$ s | ${ }_{\text {Ster }}$ | ${ }_{\text {124,45 }}^{122,901}$ | ${ }_{41501}^{414}$ |  |  | $\xrightarrow{6}$ |  |
| Apr-20 |  | ${ }^{42,001,881.188}$ | 1.0000 | 42,001,818, 38 | 122,296 | ${ }^{33,44}$ |  | (4,777, 17, 6,6] | 43,731,433,31 | ${ }^{35759}$ |
|  |  |  |  | 45,560,787.48 |  | ${ }^{376.37}$ |  | ${ }^{14.5688,23,56}$ |  |  |
| Jun |  |  | ${ }_{\text {1.00000 }}{ }^{\text {s }}$ |  | $\xrightarrow{1120,47} 1$ | ${ }_{\substack{465.61 \\ 48.73}}^{4 .}$ |  |  |  |  |
| Aus 20 |  | 57,870,588.09 | 1.0000 s | $57,870.588 .09$ | 119,004 | ${ }^{488,29}$ |  | (4,937, 5992,29) | 62,457,150,97 |  |
| Sep-20 |  |  | ${ }^{1.0000}{ }_{1}^{1.000}$ s |  | $\xrightarrow{118,124} 1$ | (488,288 |  |  | ${ }_{\text {ci, }}^{6,709,3838.19}$ | ( $\begin{array}{r}522.41 \\ 553.30 \\ \hline\end{array}$ |
| Nor 22 O | 79206 |  | 1.0000 s | ${ }_{56,110,955.62}$ | ${ }^{115,695}$ | 48.99 |  | (4,706,9912.66) | $59.898,3,32.04$ | 514.18 |
|  | 79,260,679 |  |  | 60,198,128.95 |  | 52.21 | ${ }^{123,315,966,7}$ | [5,222,6992, 3 ] | $62.752,20955$ |  |
|  |  |  | ${ }_{1}^{1.00000} 5$ |  | ${ }_{1112,688}^{11298}$ | ${ }_{4}^{439575}$ |  |  |  |  |
| $\mathrm{Mar}_{\text {Ara } 21}$ |  |  | ${ }_{\text {1.0000 }}^{\text {s }}$ |  | $\xrightarrow{111,437} 1112$ |  |  |  | C6,983,76.57 | (59212 |
| Mav-21 |  | 55,9,1,95,32 | 1.0000 s | 55,9,1,15,32 | 111.463 | ${ }_{50216}$ |  |  | ${ }_{62,022,515138}$ | 5556 |
| Iun-21 |  |  | 1.000 |  | ${ }^{111,681}$ | 518.3 |  |  | ${ }_{6}^{6,494,600.46}$ | ${ }_{5}^{56854}$ |
| ${ }_{\text {Alse2l }}$ |  | ${ }_{5}^{59,0353,317.50}$ | ${ }_{1}^{1.00000}{ }^{\text {s }}$ | ${ }_{5}^{59,0,35300317.50}$ | ${ }_{112,2716}^{11206}$ | ${ }_{5}^{43,36}$ |  |  |  |  |
| ${ }_{\text {Sep } 2 \text {-2 }}$ |  | $61.981,56$,80 | 1.0000 s | $6^{61,981,58,80}$ | 113,006 | 548.48 |  | (5,175,38,744) | 66,603,219,02 |  |
| Nor-21 |  |  | ${ }_{1}^{1.00000} 5$ |  | ${ }_{112}^{112,780}$ | ${ }_{5}^{5951.88}$ |  |  |  | (569.48 |
| Dec.21 | 719,17.377.14 | 64,03, $6,82,47$ | 1.000 | 64,03, $6,62.47$ | 110,464 | 59.73 | ${ }^{1288882226.3}$ | [5,704,697,75) | 66,686,108.15 | 6036 |
|  |  | ${ }_{4}^{49.45855,581 / 379}$ | ${ }_{0}^{0.9999895}$ |  | $\xrightarrow{1077785}$ | ${ }_{\substack{48593 \\ 4532}}$ |  |  |  |  |
| ${ }_{\text {Mar } 22}$ |  |  | ${ }^{0.9982}{ }^{\text {a }}$ |  | ${ }_{\text {107,497 }}^{108}$ |  |  |  |  | 60193 <br> 5015 |
| ${ }_{\text {Apor }}^{\text {Mar } 22}$ |  | ${ }_{\text {5l, }}^{51,43,9,93,81}$ | ${ }_{0}^{0.9960} 5$ | ${ }_{\text {51, }}^{51,64,53,52,08}$ | ${ }_{105,202}^{1003}$ | ${ }_{400.95}^{485}$ |  | (5,20,9,980,41) | 5 |  |
| 22 |  | $52,888,30,76$ | 0.9932 s | 5 53,170,66, 87 | 109,269 | 50994 |  | [5,572,414,47) | 588.624 .477 .38 | 559.73 |
|  |  |  | 0.9912 ${ }^{0.088}$ | 47,94,585,77 | ${ }_{\text {coser }}^{103,43}$ |  |  |  |  | ( 5 S422 |
| Sep 22 |  | 50,29, 3, 54, 57 | 0.9854 5 | 51,090,212.44 | 101.562 | 50.55 |  | ${ }^{4} 4.922,956.12$ 2] |  |  |
| $\xrightarrow{\text { Oot } 22}$ | s |  | ${ }_{0}^{0.9812}{ }^{0.955} 5$ |  | $\xrightarrow{100,688}$ 99,49 | 504.98, |  |  |  | ¢ |
| Dec.22] | 97.12 | 51,067,842,64 |  | ${ }_{54,144,13,988}$ |  | 550.29 | $5 \quad 139,730.568 .22$ | ${ }_{\text {[5, 211 } 1,045,54]}$ | $58,784219,64$ | 597.49 |

## PA Rate Template Part II <br>  <br> Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Clain

| Develomenet ofthe Prijected didex ate | Actul Experience | Manaiatata |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ${ }^{\text {a }}$ |  |  |  |  |  |  |  |
|  | 9609 |  |  | For Informational Purposes only - No input requer |  |  |  |
|  |  |  |  |  |  |  | iodon |
|  | 1015 <br> 1.000 | ${ }_{\substack{1.015 \\ 129}}$ | - S.ee uert herscrioions | Blended Earned Premium Blended Loss Ratio | s | 662,693,697.12 |  |

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


rable 7 . Normalized Market-Ajusted Projected Allowed Total Claims

| Retertion lems-E |  |  |
| :---: | :---: | :---: |
|  |  | (se |
|  |  | Stict |
|  | ${ }^{0.388}$ | ${ }_{5}^{5288}$ |
|  | ${ }_{\substack{\text { cose }}}^{\text {0.3, }}$ | (is |
|  | 0.000 | 5000 |
|  | cose | $\substack{52,40 \\ 5000}$ |
| Profitconingenvy (fiter tax) | 1.500 | S14.48 |
| Totaleeterion | ${ }^{12} 268$ | 9968 |
| Poicceed Eequired evenue emm | 5 76539 |  |

Table 8. Components of Rate Chanze


| Pidtaned | - | ${ }^{2024}$ |
| :---: | :---: | :---: |
|  |  |  |
| URRT Trend (Total Applied Trend Factor) URRT Morbidity |  | ${ }_{\substack{1005 \\ 1025}}^{1025}$ |
|  |  |  |
|  | 15,68 <br> 1583 <br> 15 | ${ }_{\substack{2176 \\ 17.65}}$ |
| Reanema | ${ }^{28,68}$ |  |
|  |  |  |
|  |  |  |
|  | coit | - |
| Astinitative Ex | cos | coine |
|  | coox | 150\% |

## 



 N..ne:





| - |  |  |  | ${ }^{10}$ |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | ${ }^{\text {w }}$ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |






# PA Rate Template Part IV A - Individual 

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

| Carrier Name: | UPMC HEALTH COVERAGE INC. |
| :--- | :--- |
| Product(s): | HMO |
| Market Segment: | Individual |
| Rate Effective Date: | $1 / 1 / 2024$ |
|  |  |


| Plan Number | HIOS Plan ID (Standard Component) | $\begin{gathered} \text { 1/1/2023 Plan } \\ \text { Marketing Name } \\ \hline \end{gathered}$ | $\begin{array}{\|c} \text { Discontinued, } \\ \text { New, Modified, } \\ \text { Existing } \\ (\mathrm{D}, \mathrm{~N}, \mathrm{M}, \mathrm{E}) \text { for } \\ 2024 \\ \hline \end{array}$ | 1/1/2024 Plan HIOS Plan ID (If $1 / 1 / 2023$ Plan Discontinued \& Mapped) | Metallic Tier | Exchange On/Off or Off |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Totals

## These cells auto-fill using the data entered in Table 10 .

| Plan 1 | 62560 PA0010116 | UPMC Advantage Gold \$1,000/ S 20 - Standard Network | M |  | Gold | On/off |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Plan 2 | 62560 PA0010117 | UPMC Advantage Silver $53,900 / / 50-$ - tandard Network | M |  | Silver | On/off |
| Plan 3 | 62560 PA0010118 | UPMC Advantage Silver $53,500 /$ / 50 - Standard Network | M |  | Silver | Off |
| Plan 4 | 62560 PA0010120 | UPMC Advantage Silver $\mathrm{HSA} \$ 4,000 / 50$ - Standard Network | M |  | Silver | off |
| Plan 5 | 62560 PA0010122 | UPMC Advantage Bronze $56,700 / 50$ - Standard Network | M |  | Bronze | On/off |
| Plan 6 | 62560 PA0010123 | UPMC Advantage Catastrophic $59,450 / 50-$ Standard Network | M |  | Catastrophic | On/Off |
| Plan 7 | 62560 PA0010124 | UPMC Advantage Gold HSA $52,500 / 10 \%$ - Standard Network | M |  | Gold | On/Off |
| Plan 8 | 62560 PA0010125 | UPMC Advantage Silver $\$ 2,600 / 550$ - Standard Network | M |  | Silver | On/off |
| Plan 9 | 62560 PA0010126 | UPMC Advantage Silver $56,800 /$ S25-Standard Network | DM | 62560 PA0010117 | Silver | On/Off |
| Plan 10 | 0 | - | 0 | 0 |  | 0 |
| Plan 11 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 12 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 13 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 14 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 15 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 16 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 17 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 18 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 19 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 20 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 21 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 22 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 23 | 0 | 0 | 0 | 0 |  | 0 |
| Plan 24 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 25 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 26 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 27 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 28 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 29 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 30 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 31 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 32 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 33 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 34 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 35 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 36 | 0 |  |  | 0 | 0 | 0 |
| Plan 37 | 0 |  | 0 | 0 | 0 | 0 |
| Plan 38 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 39 | 0 | 0 |  | 0 | 0 | 0 |
| Plan 40 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 41 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 42 | 0 | 0 | 0 |  | 0 | 0 |
| Plan 43 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 44 | 0 |  | 0 | 0 | 0 | 0 |
| Plan 45 | 0 | 0 | 0 |  | 0 | 0 |
| Plan 46 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 47 |  |  | 0 | 0 | 0 | 0 |
| Plan 48 | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan 49 |  | 0 | 0 | 0 | 0 | 0 |
| Plan 50 | 0 | 0 | 0 | 0 | 0 | 0 |






|  |  |
| :--- | :--- |
|  |  |
| Clarion |  |

$\square 005$










## PA Rate Quarterly Template Part V

## Consumer Factors

Table 12. Age and Tobacco Factors

| Projection Period Age and Tobacco Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Age <br> Band | Age Factor | Tobacco Factor | Age <br> Band | Age Factor | Tobacco Factor |
| 0-14 | 0.765 |  | 40 | 1.278 | 1.025 |
| 15 | 0.833 |  | 41 | 1.302 | 1.025 |
| 16 | 0.859 |  | 42 | 1.325 | 1.025 |
| 17 | 0.885 |  | 43 | 1.357 | 1.025 |
| 18 | 0.913 |  | 44 | 1.397 | 1.025 |
| 19 | 0.941 |  | 45 | 1.444 | 1.025 |
| 20 | 0.970 |  | 46 | 1.500 | 1.025 |
| 21 | 1.000 | 1.025 | 47 | 1.563 | 1.025 |
| 22 | 1.000 | 1.025 | 48 | 1.635 | 1.025 |
| 23 | 1.000 | 1.025 | 49 | 1.706 | 1.025 |
| 24 | 1.000 | 1.025 | 50 | 1.786 | 1.025 |
| 25 | 1.004 | 1.025 | 51 | 1.865 | 1.025 |
| 26 | 1.024 | 1.025 | 52 | 1.952 | 1.025 |
| 27 | 1.048 | 1.025 | 53 | 2.040 | 1.025 |
| 28 | 1.087 | 1.025 | 54 | 2.135 | 1.025 |
| 29 | 1.119 | 1.025 | 55 | 2.230 | 1.025 |
| 30 | 1.135 | 1.025 | 56 | 2.333 | 1.025 |
| 31 | 1.159 | 1.025 | 57 | 2.437 | 1.025 |
| 32 | 1.183 | 1.025 | 58 | 2.548 | 1.025 |
| 33 | 1.198 | 1.025 | 59 | 2.603 | 1.025 |
| 34 | 1.214 | 1.025 | 60 | 2.714 | 1.025 |
| 35 | 1.222 | 1.025 | 61 | 2.810 | 1.025 |
| 36 | 1.230 | 1.025 | 62 | 2.873 | 1.025 |
| 37 | 1.238 | 1.025 | 63 | 2.952 | 1.025 |
| 38 | 1.246 | 1.025 | 64+ | 3.000 | 1.025 |
| 39 | 1.262 | 1.025 |  |  |  |

*PA follows the federal default age curve.

| Carrier Name: | UPMC HEALTH COVERAGE INC. |
| :--- | :--- |
| Product(s): | HMO |
| Market Segment: | Individual |
| Rate Effective Date: | $\mathbf{1 / 1 / 2 0 2 4}$ |

Table 13. Geographic Factors

| Geographic Area Factors |  |  |  |
| :---: | :---: | :---: | :---: |
| Area | Counties | Current Factor | Proposed Factor |
| Rating Area 1 | Crawford | 0.966 | 0.966 |
| Rating Area 2 |  |  |  |
| Rating Area 3 |  |  |  |
| Rating Area 4 |  |  |  |
| Rating Area 5 | Clearfield | 0.966 | 0.993 |
| Rating Area 6 |  |  |  |
| Rating Area 7 |  |  |  |
| Rating Area 8 |  |  |  |
| Rating Area 9 |  |  |  |

Table 14. Network Factors

| Projection Period Network Factors |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Network Name | Rating Area | Current <br> Factor | Proposed <br> Factor | Approval <br> Date |  |  |  |
| Standard | 1,5 | 1.000 | 1.000 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

PA Rate Template Part VI - Rate Change Summary




# UPMC Health Coverage, Inc. 

Individual
Plan Design Summary


## Company Name UPMC Health Coverage, Inc. <br> Market <br> Individual <br> RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY



| RATING | EA 2 |  | RATING AREA 3 |  |  |  |  |  |  |  |  |  |  |  |  | RATING AREA 4 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elk | Cameron | Potter | Bradford | Carbon | Clinton | Lackawanna | Luzerne | Lycoming | Monroe | Pike | Sullivan | Susquehanna | Tioga | Wayne | Wyoming | Allegheny | Armstrong | Beaver |


| 0 | 0 | 0 | 7 | 0 | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Butler | Fayette | Greene | Indiana | Lawrence | Washington | Westmoreland |

RATING AREA 5

| 0 | 0 | 1,128 | 7 | 0 | 8 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bedford | Blair | Clearfield | Cambria | Huntingdon | Jefferson | Somerset |

RATING AREA 6

|  |  |  |  |  | , |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Northampton | Northumberland | Schuylkill | Snyder | Union | Adams | Berks | Lancaster | York |


| 0 | 0 | 0 | 0 |
| :---: | :---: | :---: | :---: |
| Fulton | Juniata | Lebanon | Perry |



Product-Plan Data Collection
Company Lega Name:
Hos IssueriD:





## ,



|  | Indevidara HMO |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
| ${ }^{1.2}$ Prodict 10 | Goals 51000 [20. | S3900 5 So | crs 5 coissa |  |  |  |  | Silver 52.600 S50 | Siver $56.800 / 55$ |
|  | ${ }^{\text {coser }}$ | 62560P000/1017 | 62560P00010118 |  | 62560200001212 | 60paotoliz | 2566PA0001224 | 6256PPoovo1215 |  |
| 1.5 Meal |  | siver | Siver | , |  | Catastrophic |  | Siver |  |
| 1.6 Av Meal value | 0.800 | 0.708 | 0.75 | 0.72 | 0.666 | 2 | 0.782 | 0.718 |  |
| $\frac{1.7 \text { Plan Cateory }}{1.8 \text { Pan Tree }}$ | Reneume | Renewing | Renenumg | Renewing | Renewing | Renewive | Renenume | nevirs | inated |
| ${ }_{1} 1.9$ Prantrye | res | ${ }_{\text {res }}^{\text {res }}$ | No | No | res | Yes | Ves | ves | No |
| 1.10 Effective Date of Proosed $\beta$ Rates | I/1/2024 | 2024 |  | 1/1/2024 | 1/1/2024 |  |  |  |  |
|  | ${ }^{11.148}$ | 13,98\% | ${ }^{14959}$ | 8368 | 12,3\% | 0.008 | 5.28\% | 15.118 | 0.00\% |
|  |  |  |  |  | ${ }^{111.788 \%}$ |  |  |  |  |





| 4.1 Plan 1 (Standarat Commonent IO) | Total | $62568 \times 20010116$ | Pa0010117 | Pa0010118 | A0010120 | Pa0010122 | 23 | Pa0010124 | 62560P00010125 | 62560900010126 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | ${ }_{522,409986}$ | S10,100, 3 , | ${ }^{52,26,1,87}$ | S1,37,0041 | S157,655 | $52.24,564$ |  | 53,185,542 | S3,80,0,44 |  |
| $\frac{4.3 \text { Reinsuane }}{4.4 \text { Member Cost Sharing }}$ |  |  |  |  |  |  |  |  |  |  |
| ${ }_{4}^{4.4 .5 \text { Member Costs Sharing }}$ | 55,87, 85 | ${ }_{52,212,33^{3}}^{50}$ | 5663.204 | ${ }_{5380,127}^{50}$ | 550.079 | S870, 123 |  | ${ }_{5881,587}$ | ${ }_{5838,780}$ |  |
|  | S16,622,20 | 57,980,997 | S1, $1.18,583$ | 5995,314 | ${ }_{5107586}$ | ¢1,374,421 |  | ${ }_{52,303,955}$ | ${ }_{52,241264}$ |  |
|  |  |  |  | S.58,123 |  |  |  |  | S77,812 |  |
| ${ }_{4}^{4.8}$ Prenium |  |  | - | 210,732 |  |  |  | ¢ | [i26,158 |  |
| 4.10 loss fatio | 80.99\%) | ${ }_{84578}$ |  | ${ }_{84888}{ }^{1,58}$ | ${ }^{85} 5098$ | ${ }^{8,551 \%}$ | Oovol | ${ }_{\text {84,8880 }}$ | 69.0 |  |
| ${ }^{\text {Pa }}$ Per Member Per Month |  |  |  |  |  |  |  |  |  |  |
| 4.12 Reinsurance | 50.00 | S0000 | S000 | 5000 | 50.00 | S000 | wovol | 50.00 | 50.00 | move |
| $\frac{4.13}{4.14}$ Member Coits fratig | ¢ 5 S20,2.5 | ${ }_{\text {Sl17,47 }}^{50.00}$ | ${ }_{\text {S22454 }}^{50.00}$ | $\underset{\substack{\text { S21313 } \\ 5000}}{ }$ |  |  | (tovol | cilis |  |  |
| . 15 n nurured clims | ${ }_{560094}$ | 5680.74 | ${ }_{561033}$ | 5588.10 | 5527.38 | 5463.70 | Hovos | 5568.04 | ${ }_{5626,75}$ |  |
|  |  |  |  |  |  |  |  |  |  |  |

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift $+R$. Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

## Rating Area

Rating Area 1
Rating Area 5

Rating Factor
0.9660

# RFJ Part II - Consumer Friendly Justification <br> Individual Exchange HMO Rate Filing 

The rate change for UPMC Health Options Individual plans is $11.34 \%$ for 2024 . Rate change drivers include the following:

- Increases in medical and pharmacy cost and utilization
- Changes to the state reinsurance program for the Individual health insurance market.


## Scope and Range of the Rate Increase

The number of individuals affected by this rate increase is 2,202. The proposed rate increase varies by plan due to various changes made to meet $A V$ requirements on a plan-by-plan basis. The range of the proposed rate change is $4.50 \%$ to $16.45 \%$.

## Financial Experience of the Product

UPMC Health Coverage incurred an underwriting loss in the ACA Individual market in 2022.

## Changes in Medical Service Costs

Cost and utilization increases are expected to increase by approximately 4.64\% for 2024.

## Changes in Benefits

No changes in benefits contributed significantly to the increase.

## Administrative Costs and Anticipated Profits

Changes in administrative costs contribute to the rate increase. This rate filing anticipates a surplus and risk margin for 2024.

## RFJ Part III: Actuarial Memorandum

## General Information

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

## Company Identifying Information:

Company Legal Name: UPMC Health Coverage, Inc.
NAIC \#: 15451
State: PA
HIOS Issuer ID: 62560
Market: Individual
Exchange: On and Off Exchange
Products: HMO
Effective Date: 1/1/2024

Company Contact Information:


## Filing Information:

Rate Filing SERFF Tracking \#: UPMC-133641900
Form Filing SERFF Tracking \#: UPMC-133666167, UPMC-133666186
Binder SERFF Tracking \#: UPMC-PA24-125116425

## Rate History:

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2023 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

| SERFF Tracking \# | Year | Rate Change* |
| :---: | :---: | :---: |
| UPMC-129629050 | 2014 | $0.0 \%$ |
| UPMC-129640573 | 2015 | $0.0 \%$ |
| UPMC-130072609 | 2016 | $0.0 \%$ |
| UPMC-130536761 | 2017 | $9.3 \%$ |
| UPMC-131034852 | 2018 | $-8.3 \%$ |
| UPMC-131496004 | 2019 | $12.1 \%$ |


| UPMC-131943282 | 2020 | $2.2 \%$ |
| :---: | :---: | :---: |
| UPMC-132364646 | 2021 | N/A** |
| UPMC-132801380 | 2022 | $2.5 \%$ |
| UPMC-133257300 | 2023 | $4.4 \%$ |

* Historical increases in this table are from PAAM Exhibits Table 10
** Structure of Table 10 leads to DIV/0 error in cell AC15 for 2021 filing


## Proposed Rate Increase(s)

## Reasons for Rate Increase(s):

The proposed rate increase calculated for HMO products in section I, worksheet 2 of the URRT is $11.8 \%$

The largest drivers of the rate increase include the following:

- Increases in medical and pharmacy cost and utilization
- Changes to the state reinsurance program for the Individual health insurance market.

Increases may vary by product due to annual changes in cost sharing, the impact of which may vary from plan to plan.

## Market Experience

## Single Risk Pool

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered under the captioned market.

## Experience Period Premium and Claims

## Paid Through Date:

The reported claims during the experience period have a paid through date of February 2023.

## Current Date:

Current enrollment and premium data is reported as of February 15, 2023.

## Premiums (net of MLR Rebate) in Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2022 premium for all non-grandfathered policies in the single risk pool for the captioned company and market. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium is also listed in Table 2 of the PA Actuarial Memorandum Exhibits.

## Allowed and Incurred Claims Incurred During the Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2022 claims experience for all non-grandfathered policies in the single risk pool for the captioned company and market, paid through February 2023. Allowed medical, pharmacy, pediatric dental, and pediatric vision claims are pulled directly from our data warehouse. We
used the standard Development/Completion Factor Method to calculate IBNR. Factors were calculated using our entire block of ACA-related Individual business and no unexpected factors were observed. Because two months run-out is available the impact of IBNR is minimal.

| Month | Completion Factor |
| :---: | :---: |
| $1 / 1 / 2022$ | 0.9998 |
| $2 / 1 / 2022$ | 0.9996 |
| $3 / 1 / 2022$ | 0.9982 |
| $4 / 1 / 2022$ | 0.9972 |
| $5 / 1 / 2022$ | 0.9960 |
| $6 / 1 / 2022$ | 0.9932 |
| $7 / 1 / 2022$ | 0.9912 |
| $8 / 1 / 2022$ | 0.9883 |
| $9 / 1 / 2022$ | 0.9854 |
| $10 / 1 / 2022$ | 0.9812 |
| $11 / 1 / 2022$ | 0.9675 |
| $12 / 1 / 2022$ | 0.9432 |

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

| Incurred Claims Processed by Claim System: | $\$$ | $21,654,697$ |
| ---: | :--- | ---: |
| Claims Processed Outside Claim System: | $\$$ | - |
| Claims Estimated by IBNR: | $\$$ | 339,776 |
| Ultimate Incurred Claims: | $\$$ | $\mathbf{2 1 , 9 9 4 , 4 7 4}$ |

## Benefit Categories

Medical claims are split into nine categories in our data warehouse. They, along with pediatric dental \& vision claims, are mapped into the categories in the URRT as follows:

| UPMC Benefit Category | URRT Benefit Category |
| :---: | :---: |
| Inpatient | Inpatient Hospital |
| Catastrophic | Inpatient Hospital |
| Outpatient | Outpatient Hospital |
| Behavioral | Outpatient Hospital |
| PCP | Professional |
| Specialist | Professional |
| Diagnostic | Other Medical |
| ER | Other Medical |
| Other | Other Medical |
| Pediatric Dental | Other Medical |
| Pediatric Vision | Other Medical |

Drug claims are in separate tables and directly mapped into the Prescription Drugs category. Note that services
are the unit of measurement used for the Other Medical category.

## Projection Factors

Trend Factors (cost/utilization):
The overall annual trend used in rate development is $4.64 \%$. Historical allowed claims from our Individual block of ACA-compliant business across all of UPMC's subsidiary companies were used to develop year-over-year trend factors for use in the projected rates, and the basis for this trend is the three-year annualized change between 2019 and 2022. This approach omits the substantial impact that the COVID-19 pandemic had on calendar year 2020 claims.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. Please note that the minor changes made to benefit designs in order to keep plan actuarial values within the allowed ranges were not significant enough to warrant an adjustment for induced demand with regard to trend, so the induced demand column has been populated with zeroes in Tables 3 and 3b. No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

Please see Exhibit 5 of the Supporting Exhibits for trend development.

## Adjustments to Trended EHB Allowed Claims PMPM

## Changes in the Morbidity of the Population Insured:

For 2024, the Pennsylvania Insurance Department has mandated that an adjustment factor of 1.0 is applied to the index rate to reflect the morbidity impact of the state-based reinsurance program in the Individual market. In line with that guidance, no adjustment for changes in morbidity as a result of the state-based reinsurance program has been applied.


Changes in Benefits:
No changes were made to the PA EHB Benchmark plan for 2024, so no adjustments were necessary.

## Changes in Demographics:

No other adjustments have been applied to the index rate. The average age for our experience period Individual risk pool was 45.1 with an average premium factor of 1.88 . This is nearly identical to our 2023 experience so far with age 45.3 and premium factor 1.89. Due to the stability of the population, no demographic adjustment has been made to the rates.

## Other Adjustments:

An adjustment factor of 1.340 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 8 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.968 has been applied to the index rate in the Change in Other category. This adjustment accounts for medical and pharmacy cost savings initiatives that UPMC has actively engaged in, and represents the impact of those savings in 2024 relative to the 2022 experience period. Please see Exhibit 9 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

## Credibility Manual Rate Development

## Source and Appropriateness of Manual Rate Used:

The manual data for this filing was developed using the entirety of ACA-compliant experience period data from each of UPMC's subsidiary companies in the Individual market, which is displayed in tables $2 \mathrm{~b}, 3 \mathrm{~b}$, and 4 b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,245,888 member months of experience.

## Adjustments Made to the Data:

Adjustments made to the manual data are discussed in the "Projection Factors" section above.

## Inclusion of Capitation Payments:

No benefits are projected to be paid for via capitation.

## Credibility of Experience

The experience period data for this company consists of 27,450 member months from ACA-compliant policies. Because the manual data encompasses the single risk pool of all UPMC Individual market companies, we believe it most appropriately represents the claim experience for use in calculating projected rates. Therefore, we assign $100 \%$ credibility to the manual data and $0 \%$ credibility is used for each company-specific single risk pool.

## Establishing the Index Rate

For this filing, the Index Rate of the Experience Period is set equal to the manual rate due to align with the single risk pool Index Rate. The calculation of the manual rate is shown in Table $2 b$ of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of 4.64\% annual trend to the Index Rate of Experience Period. The adjustments described in the Projection Factors section above were then applied to the trended manual rate to generate the Index Rate of the Projection Period. Please note that the Index Rate of Projection Period of $\$ 808.73$ shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT. Please also note that claims corresponding to non-EHBs were not included in the calculation of the index rates despite being covered during the experience period.

## Paid to Allowed Ratio

The Paid to Allowed Average Factor was calculated by taking the weighted average of the company-determined Actuarial Values for all plans using projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

## Development of the Market Adjusted Index Rate

The Projected Index Rate is adjusted by adding estimates for Risk Adjustment and Marketplace Fees (with impacts and costs spread across the whole risk pool) to obtain the projected Market Adjusted Index Rate. Derivation of the PMPM values used for the Risk Adjustment, Marketplace Fees adjustments, and projected Reinsurance recoveries are described in the following sections.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:
Experience period Risk Adjustment for the captioned company is estimated to be a receipt of $\$ 496,079$ per the Pennsylvania Insurance Department estimate for Benefit Year 2022, disseminated by the Department on May 8, 2023 via e-mail. The receipt translates to a PMPM of \$18.07.

Experience period recoveries from the state-based reinsurance program are estimated to be a receivable of $\$ 1,310,743$ aligning with the estimate from the Pennsylvania Insurance Department based on data through May 2,2023 , which translates to a PMPM of $\$ 47.75$.

## Projected Risk Adjustments PMPM:

Projection period Risk Adjustment PMPM has been estimated to be a payment of $\$ 21.76$, which is displayed in Table 5. The value was derived by first using a blend of the estimated experience period Risk Adjustment PMPM from each of UPMC's subsidiary companies in the Individual market. The projection period Risk Adjustment PMPM then accounts for the impact of known changes to HHS model weights for the 2024 Benefit Period. Finally, the transfer amount is adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2024 model changes and the RADV program.

Please see Exhibit 10 of the Supporting Exhibits for the derivation of this estimate.

The value entered in Section II, Worksheet 1 of the URRT was $\$ 27.93$ since the calculation of the Market Adjusted Index Rate is done on an allowed claims basis in the URRT. The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment.

## Exchange User Fees:

The member-weighted average of a 3.0\% Marketplace User Fee for Marketplace enrollees combined with 0\% for non-Marketplace enrollees calculates to $2.3 \%$. This load is developed based on fees from on-exchange policies, but is spread over all policies uniformly. This translates to a PMPM of $\$ 13.62$, which was entered as a positive value in Table 5 since the calculation adds this value. The effect for this adjustment is an increase in premium as
additional revenue will be required to cover the anticipated payment. Since the URRT requires the exchange user fee to be listed on an "allowed" basis, the final value included in the URRT was calculated by first taking exchange user fee PMPM of $\$ 13.62$ divided by the paid-to-allowed ratio to derive the "allowed" exchange user fee PMPM. This value was then divided by the market adjusted index rate to arrive at the final value of $2.6 \%$.

## Estimated Reinsurance Recoveries PMPM:

The index rate was not adjusted for any anticipated recovery from the state-based reinsurance program for this initial rate filing, per PID 2024 ACA Rate Filing Final Guidance issued on March 21, 2023.

## Non-Benefit Expenses and Profit \& Risk

## Administrative Expense Load:

Administrative costs of $10.8 \%$ of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.


## Profit \& Risk Margin:

The projected profit margin for this company is $1.5 \%$ for 2024. This value is listed in both Table 6 and the URRT. The same level of profit margin is expected for each plan included in this filing.

## Taxes and Fees:

Taxes and Fees are expected to be $0.4 \%$ of premium in 2024. This accounts for the projected Federal Income Tax in 2024. Please note that the Risk Adjustment Administration Fee of $\$ 0.21$ PMPM and the projected PCORI Fee of $\$ 0.25$ PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

## Plan Adjusted Index Rates

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2024 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

## Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fullyinsured commercial block of business. This model calculates an AV for a given plan by first trending 2022 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any
impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

## Benefit Richness (induced demand)

Benefit richness factors were calculated using the formula (Plan AV)^2-(Plan AV) +1.24 , where (Plan AV) is equal to the product of the Plan AV described above and, when applicable, the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

## Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is $\$ 1.47$ PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2024 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

## Provider Network

Since only one network is included in this filing, no network adjustments were deemed necessary for 2023.

## Catastrophic Eligibility

No adjustments were made for catastrophic plans. Current enrollment is minimal and not credible.

## Non-Funding of CSR Adjustment

To account for the elimination of funding for cost-share reduction subsidies, the Pennsylvania Insurance Department has mandated the rates for all silver plans offered both on and off the exchange be increased via the CSR Defunding Adjustment in Table 10 of the Actuarial Memorandum Rate Exhibits. The captioned company will apply a factor of 1.22 as the CSR Defunding Adjustment for 2024. Several off-exchange only silver plans continue to be included for 2024 to minimize disruption to non-subsidized members enrolled in silver plans.

## Calibration

## Age Curve Calibration:

The average age factor was calculated using our projected ACA-related Individual population with the prescribed HHS Age Factors for 2024. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Individual business, the average age factor is 1.888 and average age was 45.1 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.997 , which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.882. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

## Geographic Factor Calibration:

The geographic rating areas used within this filing are the same as those defined by the state. For 2024, the proposed geographic factors are identical to the 2023 filing for this company with the exception of Rating Area 5. The table below displays the current and proposed factors:

| Region | $\mathbf{2 0 2 3}$ | $\mathbf{2 0 2 4}$ |
| :---: | :---: | :---: |
| 1 | 0.966 | 0.966 |
| 5 | 0.966 | 0.993 |

The proposed factor for Rating Area 5 acknowledges the elevated costs observed in that region relative to Rating Area 1 (which factor Rating Area 5 had previously aligned with) after accounting for age, benefit level, and morbidity. Please see Exhibit 14 of the Supporting Exhibits for an illustration of this change.

The calibration factor of 0.980 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits.

## Tobacco Use Rating Factor Calibration:

The average tobacco factor was calculated using projected membership, which is assumed to have the same split for tobacco status as current membership. The member-weighted average of a $2.5 \%$ load applied for enrollees who qualify as tobacco users combined with a $0 \%$ load for non-tobacco users yields an average tobacco factor of 1.002. The derivation of this factor is shown below.

| Tobacco Status | Feb 2023 Enrollment <br> Split | Tobacco Factor | Calibration Factor |
| :---: | :---: | :---: | :---: |
| Non-User | $92.5 \%$ | 1.000 | 0.925 |
| User | $7.5 \%$ | 1.025 | 0.077 |
| Total | $100.0 \%$ |  | $\mathbf{1 . 0 0 2}$ |

## Consumer Adjusted Premium Rate Development

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2024 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder. The Plan Adjusted Index Rates are divided by the age calibration factor then multiplied by the specific age, geographic, and tobacco factors shown in Tables 12, 13, and 14 of the PA Actuarial Memorandum Exhibits, respectively, to develop the Consumer Adjusted Premium Rates.

## Projected Loss Ratio

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is $85.3 \%$, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the
federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

## Plan Product Info

## AV Metal Values

Metal values were determined using the final 2024 HHS AV Calculator. For plans with designs that were incompatible with the AV Calculator, a Supporting Documentation and Justification narrative has been included with the AV Screenshots.

## Membership Projections

Membership projections for renewing plans were developed based on our anticipated competitive positioning in the market combined with our current enrollment distribution by plan. Colleagues with market expertise provided enrollment estimates for new plans. Additional membership is also expected as a result of the end of the Medicaid continuous coverage requirement and the resulting redetermination of Medicaid eligibility.

## Terminated Plans and Products

Please see Table 10 of the PA Actuarial Memorandum Exhibits for a mapping of all terminated SCIDs to a 2024 plan, where applicable.

## Warning Alerts

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. These particular Catastrophic plans are offered in 2023 but have no current enrollment. Similar error messages appeared in the prior year's version of the URRT for the captioned company.

## Effective Rate Review Information

The Pennsylvania Insurance Department is responsible for conducting effective rate review for all submitted rates.

## Reliance

Below is a summary of the information that we have relied on as part of rate development.

| Source | Type of Information | Comments |
| :---: | :---: | :---: |
| Jeffrey A. Bees, CFO, Commercial <br> Products and WorkPartners | Projected administrative <br> expenses | I have not performed any independent <br> audit or otherwise verified the <br> accuracy of this data/information. |
| Joseph Bayura, Director, Product <br> Development \& Small Group Sales | Projected membership for new <br> plans | I have not performed any independent <br> audit or otherwise verified the <br> accuracy of this data/information. |
| Rachel Oaks, Sr. Director, Medical <br> Economics | Anticipated savings from medical <br> savings initiatives | I have not performed any independent <br> audit or otherwise verified the <br> accuracy of this data/information. |

## List of Supporting Exhibits

Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR \& Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Derivation of Annual Trend
- Exhibit 6: Current/Projected Commissions by OEP and SEP
- Exhibit 7: Derivation of 3-child Cap Adjustment Factor
- Exhibit 8: Derivation of Change in Network Factor
- Exhibit 9: Derivation of Change in Other Factor
- Exhibit 10: Derivation of Projected Risk Adjustment PMPM
- Exhibit 11: Projected Administrative Expense Load Development
- Exhibit 12: Derivation of Projected Taxes and Fees
- Exhibit 13: Derivation of PHE Morbidity Adjustment
- Exhibit 14: Derivation of Change in Geographic Rating Factors
- Exhibit 15: Exchange User Fee Development
- Exhibit 16: Support for Change in Network Rating Factors


## Actuarial Certification

I, am a Member of the American Academy of Actuaries in good standing. I am currently
Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this 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.
- The projected Index Rate is:
a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
b. Developed in compliance with the applicable Actuarial Standards of Practice
c. Reasonable in relation to the benefits provided and the population anticipated to be covered
d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery 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 URRT for all plans except those specified in the certification.


Date








## Exhibit 1: Derivation of Projection Period MLR

| Projected Paid Claims | Projected Net Amount of Risk Adjustment |  | Projected Quality Improvement Initiatives |  | Projected Exchange <br> User Fees |  | Projected Taxes \& Fees |  | Projected Premium |  | Loss Ratio |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$ 16,622,120 | \$ | $(601,871)$ | \$ | 421,378 | \$ | 483,051 | \$ | 79,411 | \$ | 21,252,735 | 85.3\% |

Exhibit 2: Actual vs Pricing MLR \& Member Months

|  | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Pricing | Actual | Pricing |
| $\mathbf{2 0 1 9}$ | $108.9 \%$ | $86.8 \%$ | 36 | 36 |
| $\mathbf{2 0 2 0}$ | $68.3 \%$ | $87.9 \%$ | 36 | 36 |
| $\mathbf{2 0 2 1}$ | $101.0 \%$ | $82.8 \%$ | 34,728 | 41,460 |

Exhibit 3: Derivation of Age Calibration Factor

| Age Band | Age Factor | Current/Projected Enrollment Distribution |
| :---: | :---: | :---: |
| 0-14 | 0.765 | 6.18\% |
| 15 | 0.833 | 0.52\% |
| 16 | 0.859 | 0.50\% |
| 17 | 0.885 | 0.58\% |
| 18 | 0.913 | 0.57\% |
| 19 | 0.941 | 0.75\% |
| 20 | 0.970 | 0.86\% |
| 21 | 1.000 | 0.90\% |
| 22 | 1.000 | 0.94\% |
| 23 | 1.000 | 0.83\% |
| 24 | 1.000 | 0.85\% |
| 25 | 1.004 | 0.81\% |
| 26 | 1.024 | 1.10\% |
| 27 | 1.048 | 1.26\% |
| 28 | 1.087 | 1.31\% |
| 29 | 1.119 | 1.27\% |
| 30 | 1.135 | 1.37\% |
| 31 | 1.159 | 1.38\% |
| 32 | 1.183 | 1.49\% |
| 33 | 1.198 | 1.51\% |
| 34 | 1.214 | 1.55\% |
| 35 | 1.222 | 1.50\% |
| 36 | 1.230 | 1.45\% |
| 37 | 1.238 | 1.44\% |
| 38 | 1.246 | 1.57\% |
| 39 | 1.262 | 1.42\% |
| 40 | 1.278 | 1.48\% |
| 41 | 1.302 | 1.46\% |
| 42 | 1.325 | 1.54\% |
| 43 | 1.357 | 1.53\% |
| 44 | 1.397 | 1.51\% |
| 45 | 1.444 | 1.55\% |
| 46 | 1.500 | 1.44\% |
| 47 | 1.563 | 1.54\% |
| 48 | 1.635 | 1.59\% |
| 49 | 1.706 | 1.63\% |
| 50 | 1.786 | 1.75\% |
| 51 | 1.865 | 1.92\% |
| 52 | 1.952 | 2.15\% |
| 53 | 2.040 | 2.16\% |
| 54 | 2.135 | 2.24\% |
| 55 | 2.230 | 2.38\% |
| 56 | 2.333 | 2.62\% |
| 57 | 2.437 | 2.86\% |
| 58 | 2.548 | 3.24\% |
| 59 | 2.603 | 3.44\% |
| 60 | 2.714 | 3.69\% |
| 61 | 2.810 | 4.35\% |
| 62 | 2.873 | 5.28\% |
| 63 | 2.952 | 6.11\% |
| 64 and over | 3.000 | 6.64\% |


| Initial Age Factor: | 1.88774 |
| :---: | :---: |
| 3-child cap Adjustment: | 0.99699 |
| Final Age Factor used: | 1.88206 |

Exhibit 4: Derivation of Geographical Calibration Factor

| Rating Areas | Portion of <br> Projected Enrl | Proposed Factor |
| :--- | ---: | ---: |
| 1 | $46.55 \%$ | 0.966 |
| 2 | $0.00 \%$ | 1.165 |
| 3 | $0.00 \%$ | 1.280 |
| 4 | $0.00 \%$ | 0.966 |
| 5 | $53.45 \%$ | 0.993 |
| 6 | $0.00 \%$ | 1.431 |
| 7 | $0.00 \%$ | 1.455 |
| 9 | $0.00 \%$ | 1.274 |


| Calibration <br> Factor |
| :---: |
| $\mathbf{0 . 9 8 0}$ |

## Exhibit 5: Derivation of Annual Trend

Entire ACA-compliant Individual Block

## Base Data

Inpatient Hospital

| Inpatient hospital |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | ADMIT CNT | ENROLLMENT | Unit Cost | UTILIZATION |  |
| PTPM |  |  |  |  |  |  |
| 2019 | $\$ 167,542,399$ | 9,049 | $1,561,967$ | $\$ 18,515.02$ | 69.5 |  |
| 2022 | $\$ 127,217,639$ | 5,950 | $1,245,888$ | $\$ 21,381.12$ | 57.3 |  |


|  | Outpatient Hospital |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | SERVICE CNT | ENROLLMENT | Unit Cost | UTILIZATION |
| PTPM |  |  |  |  |  |
| 2019 | $\$ 211,485,560$ | 527,069 | $1,561,967$ | $\$ 401.25$ | $4,049.3$ |
| 2022 | $\$ 176,886,593$ | 426,412 | $1,245,888$ | $\$ 414.83$ | $4,107.1$ |

Professional

| Professional |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | SERVICE CNT | ENROLLMENT | Unit Cost | UTILIZATION <br> ADMIT PTPM |  |
| 2019 | $\$ 140,269,799$ | $1,016,813$ | $1,561,967$ | $\$ 137.95$ | $7,811.8$ |  |
| 2022 | $\$ 120,609,957$ | 857,760 | $1,245,888$ | $\$ 140.61$ | $8,261.7$ |  |



Prescription Drugs

|  | Prescription Drugs |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | Prescriptions | ENROLLMENT | Unit Cost | UTILIZATION <br> PTPM |
| 2019 | $\$ 155,609,709$ | $1,583,425$ | $1,561,967$ | $\$ 98.27$ | $12,164.9$ |
| 2022 | $\$ 171,516,844$ | $1,269,172$ | $1,245,888$ | $\$ 135.14$ | $12,224.3$ |

Pediatric Dental

| Pediatric Dental |  |  |  |  |  |  |  |  | UTILIZATION |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | SERVICE CNT | ENROLLMENT | Unit Cost | PTPM |  |  |  |  |
| 2019 | $\$ 1,155,856$ |  | $1,561,967$ |  |  |  |  |  |  |
| 2022 | $\$ 1,230,756$ |  | $1,245,888$ |  |  |  |  |  |  |

Pediatric Vision

| Pediatric Vision |  |  |  |  |  |  |  |  | UTILIZATION |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| YEAR | ALLOWED AMT | SERVICE CNT | ENROLLMENT | Unit Cost | PTPM |  |  |  |  |
| 2019 | $\$ 422,008$ |  | $1,561,967$ |  |  |  |  |  |  |
| 2022 | $\$ 367,440$ |  | $1,245,888$ |  |  |  |  |  |  |

## 2019 to 2022 Trend Output (3 Year Compounded)

| Service Category | 2021 Allowed Amt | Weight | Cost | Utilization | Overall |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Inpatient Hospital | $\$ 127,217,639$ | $18.2 \%$ | $4.91 \%$ | $-6.24 \%$ | $-1.63 \%$ |
| Outpatient Hospital | $\$ 176,886,593$ | $25.3 \%$ | $1.12 \%$ | $0.47 \%$ | $1.59 \%$ |
| Professional | $\$ 120,609,957$ | $17.3 \%$ | $0.64 \%$ | $1.88 \%$ | $2.53 \%$ |
| Other Medical | $\$ 102,866,110$ | $14.7 \%$ | $8.35 \%$ | $-0.22 \%$ | $8.12 \%$ |
| Capitation | $\$ 0$ | $0.0 \%$ | $0.00 \%$ | $0.00 \%$ | $0.00 \%$ |
| Prescription Drugs | $\$ 171,516,844$ | $24.5 \%$ | $11.20 \%$ | $0.16 \%$ | $11.38 \%$ |

Historical Annual Trend $4.64 \%$

Exhibit 7: Derivation of 3-child Cap Adjustment Factor

| Total Members | Dependents <br> under the age of <br> 21 in excess of 3 <br> per contract | \% of Total | 3-child Cap <br> Adjustment |
| :---: | :---: | :---: | ---: |
| 100,652 | 303 | $0.3010 \%$ | $\mathbf{0 . 9 9 6 9 9}$ |

UPMC Feburary 2023 Individual Population including all legal entities

Exhibit 8: Derivation of Change in Network Factor

| Legal Entity | Average Network <br> Factor | Induced Demand <br> Factor | Average <br> Geographic Factor | Normalized <br> Product / <br> Factor | Portion of <br> Projected <br> Enrollment |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Service Area / <br> Induced Demand <br> Factor | Network Factor |  |  |  |  |  |  |
| Health Coverage | 1.155 | 1.073 | 0.980 | 1.103 | 1.340 | $2.2 \%$ |  |
| Health Options | 0.842 | 1.074 | 0.994 | 1.103 | 0.993 | $\mathbf{1 . 3 4 0}$ |  |

Normalization Check:

## Exhibit 9: Derivation of Change in Other Factor

| Legal Entity | Unadjusted Projected Allowed EHB Claims PMPM |  | Change in Morbidity | Change in Network | Total Adjusted Projected Allowed EHB Claims PMPM |  | Projected Paid to Allowed Ratio | Projected Incurred EHB Claims PMPM |  | Projected Savings from Initiatives |  | Adjusted Projected Incurred EHB Claims PMPM |  | Adjusted Projected Allowed EHB Claims PMPM |  | Portion of Projected Enrollment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Health Coverage | \$ | 614.43 | 1.015 | 1.340 | \$ | 835.56 | 0.777 | \$ | 648.97 | \$ | 15.61 | \$ | 633.36 | \$ | 815.46 | 2.2\% |
| Health Options | \$ | 614.43 | 1.015 | 0.993 | \$ | 619.17 | 0.779 | \$ | 482.39 | \$ | 15.61 | \$ | 466.78 | \$ | 599.13 | 97.8\% |
| Average |  |  |  |  | \$ | 623.90 |  | \$ | 486.04 |  |  | \$ | 470.43 | \$ | 603.87 |  |
|  |  |  |  |  |  |  |  |  |  | Change in Benefits/Other Factor to Apply: |  |  |  | 0.9679 |  |  |

## Exhibit 10: Derivation of Projected Risk Adjustment PMPM

Step 1:

## 2022 Estimate

| Market / Legal Entity | Transfer | Member Months | Transfer PMPM |
| :---: | :---: | :---: | :---: |
| IND / UPMC Health Options, Inc. | $-\$ 30,227,206$ | $1,218,438$ | $-\$ 24.81$ |
| IND / UPMC Health Coverage, Inc. | $\$ 496,079$ | 27,450 | $\$ 18.07$ |
| Total | $\mathbf{- \$ 2 9 , 7 3 1 , 1 2 7}$ | $\mathbf{1 , 2 4 5 , 8 8 8}$ | $\mathbf{- \$ 2 3 . 8 6}$ |

Step 2:
2022 Estimate Adjusted for 2024 HHS Risk Model

| Market | Transfer PMPM |
| :---: | :---: |
| IND | $-\$ 22.79$ |

Change in Transfer PMPM: $\square$

Step 3:
2024 Projection As Implemented in Filing

| Market | Transfer PMPM |
| :---: | :---: |
| IND | $-\$ 21.76$ |

The 2024 projected risk adjustment transfer PMPM (-\$21.76; cell C29) used in the filing reflects the 2024 projected RADV adjustment PMPM (\$1.03; cell C36)
$\square$

Exhibit 11: Projected Administrative Expense Load Development

| General and Claims PMPM | Agent/Broker Fees and Commissions PMPM | Quality Improvement Initiatives PMPM |  |  | quired MPM | General and Claims \% of Projected Revenue | Agent/Broker Fees and Commissions \% of Projected Revenue | Quality Improvement Initiatives \% of Projected Revenue | Admin Expense \% of Projected Revenue |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$ 61.15 | \$ 6.16 | \$ | 15.23 | \$ | 765.39 | 8.0\% | 0.8\% | 2.0\% | 10.78\% |

Exhibit 12: Derivation of Projected Taxes and Fees

| Risk Adjustment User Fee PMPM | PCORI Fee PMPM | PA Premium Tax (if applicable) PMPM | Federal Income Tax PMPM | Total Taxes \& Fees PMPM | 2023 Projected Lives (from Table 10) | 2023 Projected Member Months | Projected Taxes \& Fees |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$0.21 | \$0.25 | \$0.00 | \$2.41 | \$2.87 | 2,305 | 27,660 | \$79,411 |
|  |  |  |  |  | Projected Taxes \& Fees from Exhibit 1: |  | \$79,411 |
|  |  |  |  |  | Check: |  | TRUE |

Exhibit 14: Derivation of Change in Geographic Rating Factors

| Rating Area | Current Factor | Proposed Factor |
| :--- | ---: | ---: |
| Rating Area 1 | 0.966 | 0.966 |
| Rating Area 2 |  |  |
| Rating Area 3 |  |  |
| Rating Area 4 |  |  |
| Rating Area 5 | 0.966 | 0.993 |
| Rating Area 6 |  |  |
| Rating Area 7 |  |  |
| Rating Area 9 |  |  |


|  | Rating Area 5 |  | Total Market |  | Differential |
| :---: | ---: | ---: | ---: | ---: | ---: |
| Claims PMPM | $\$$ | 690.05 | $\$$ | 605.24 | 1.140 |
| Avg PLRS | 1.714 | 1.573 | 1.090 |  |  |
| Total |  |  |  | 1.046 |  |

## Exhibit 15: Exchange User Fee Development

| Exchange Status | Current/Projected <br> Premium Distribution | Exchange Fee | Weighted Exch Fee |
| :--- | ---: | ---: | ---: |
| Off Exchange | $23.9 \%$ | $0.0 \%$ | $0.0 \%$ |
| On Exchange | $76.1 \%$ | $3.0 \%$ | $2.3 \%$ |
| Total | $100.0 \%$ |  | $\mathbf{2 . 3 \%}$ |


| Projected Required Revenue PMPM: | $\$$ | 765.39 |
| :--- | :--- | ---: |
| Projected Paid Exchange User Fees PMPM: | $\mathbf{\$}$ | 17.46 |


| 2024 Business Rules Template v13.0 | All fields with an asterisk ( ${ }^{*}$ ) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Enter the Issuer Rule on the first row (no Product ID or Plan ID). |  |  |  |  |  |
|  | For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule. |  |  |  |  |  |
|  | For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule. |  |  |  |  |  |
|  | Issuer level rule will apply only to plan type indicated in cell C10. |  |  |  |  |  |
|  |  |  |  |  |  |  |
| HIOS Issuer ID* 62560 |  |  |  |  |  |  |
| Medical, Dental, or Both?* Medical |  |  |  |  |  |  |
| Product ID | Medical or Dental Rule?* | What is the maximum number of rated underage dependents on this policy? | Is there a maximum age for a dependent? | How is age determined for rating and eligibility purposes? | How is tobacco status determined for subscribers and dependents? | What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber? |
|  | Medical | 3 | 25 | Age on effective date | 6 | Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Life Partner, No; Foster Child, No; Ward, No |

## Standard Questions - IND Health Coverage

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

For renewing plans, the basis of our projected membership for plan year 2024 is our current membership as of $2 / 1 / 2023$. Because we expect the market to expand in 2024 as a direct result of the end of Medicaid eligibility redeterminations, we included approximately 4,700 additional enrollees in our projections across all subsidiaries, and allocated this enrollment across plans in our portfolio proportionally to the enrollment as of $2 / 1 / 2023$. For new plans to be introduced in 2024, we relied on internal modelling and colleagues familiar with market dynamics to estimate enrollment. Please refer to the projected membership in Table 10 of the PAAM Exhibits.
2. Experience Period Claims:
a. Please confirm that all claims which are capitated have been removed from the experience period claims.
b. Please confirm that all non-EHB claims have been removed from the experience period claims.

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

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

We can confirm that Tables 2-4 of the PAAM Exhibits are not adjusting for COVID. We are not including a COVID adjustment factor in our filing, thus no associated factor is reflected in Table 5 of the PAAM Exhibits.
b. If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.

The COVID adjustment factor in the filing is 1.0 (no adjustment).
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.

UPMC is filing a $1.5 \%$ surplus and risk load for the 2024 rating period, including consideration of the $\mathbf{2 1 \%}$ federal income tax rate. The surplus and tax are both reflected in Table 6, and cell C57 does not reflect any additional adjustments.
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 can confirm that the Risk Adjustment User Fee of \$0.21 PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.
c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee - Renewing, Open Enrollment Enrollee - New, Special Enrollment Period Enrollee - New, Special Enrollment Enrollee Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.

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

Unlike the AV Calculator (AVC), which relies on a national data set, UPMC models actuarial value of benefit based on its own allowed claims experience. The UPMC benefit valuation calculator is updated annually and is used to determine the actuarial value of a plan design by readjudicating an experience period claim by claim to calculate the plan liability for each policyholder. The ratio of the total plan liability to the total allowed claims is the plan AV. This simulation ensures that UPMC has the ability to calculate factors that account for embedded versus aggregate deductibles or out-of-pocket maximums, and that claim types align with our schedule of benefits.

Table 10 of the PAAM Exhibits illustrates the AV results from both the AVC and our pricing process for each plan.

## 7. Expanded Bronze Plans:

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

All Bronze Plans offered under UPMC Health Coverage (Issuer ID 62560) in the Individual market are within standard Bronze de minimus range.

## 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.

Please see Supporting Exhibit 14 for support for the proposed change in geographic rating factors.
b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.

Please see Supporting Exhibit 16 for support for the proposed change in network rating factors.

## 9. Public Health Emergency:

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

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

A morbidity factor of 1.015 is being applied to the 2024 ACA Individual index rate. When

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

For Plan Year 2024, UPMC Health Plan will apply cost share for COVID-19 diagnostic and antibody testing and prescription antiviral and monoclonal antibody treatment in accordance with the cost share set forth in a member's plan documents. COVID-19 vaccines will continue to be covered at no-cost to members as a preventive service. Over-the-counter COVID-19 tests will no longer be eligible for reimbursement under a member's medical benefit.
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)

|  | MLR |  | Member Months |  |
| :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Actual | Pricing | Actual | Pricing |
| $\mathbf{2 0 1 9}$ | $108.9 \%$ | $86.8 \%$ | 36 | 36 |
| $\mathbf{2 0 2 0}$ | $68.3 \%$ | $87.9 \%$ | 36 | 36 |
| $\mathbf{2 0 2 1}$ | $101.0 \%$ | $82.8 \%$ | 34,728 | 41,460 |

b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.

Because the policies issued in the Individual market align with the calendar year, these MLRs are fairly comparable. MLR differences observed by plan year can be attributed to claims experience emerging differently than expected as well as Risk Adjustment transfers generally materializing less favorable than projected at the time of pricing.

The actual and pricing member months are comparable. Variances are generally driven by relative rate position among other carriers, which are not known at the time of rating, as well as any holistic changes to the market.
c. Does the insurer expect to pay MLR rebates for the 3-year period above?

UPMC does not expect to pay MLR rebates for the 3-year period above.

## 11. Plan of Withdrawal:

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

UPMC does not intend to discontinue the issuance of any plan, product, or book of business at the end of the policy term for current policyholders without offering alternative coverage.

## 2023 Service Area

 Issuer: UPMC Health Coverage

Key (modify as needed)
: On-exchange service area
: Off-exchange service area

## 2024 Service Area

 Issuer: UPMC Health Coverage

Key (modify as needed)
: On-exchange service area
: Off-exchange service area


[^0]:    * Historical increases in this table are from Table 10
    ** Structure of Table 10 leads to DIV/0 error in cell AC15 for 2021 filing

