

SERFF Tracking #:	CABC-131022039	State Tracking #:	BINDER # CABC-PA18-125069613,CABC-131022...	Company Tracking #:	17-50
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State:	Pennsylvania	Filing Company:	Keystone Health Plan Central
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Rates - KHPC Individual HMO		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Public Rate Filings
Comments:	
Attachment(s):	Ind_17-50_Revised_KHP_HMO_PublicRateFiling_Supporting_20170810-02.pdf Ind_17-50_Revised_KHP_HMO_PublicRateFiling_Supporting_20170810-03.pdf Ind_17-50_Revised_KHP_HMO_PublicRateFiling_Supporting_20170810-04.pdf Ind_17-50_Revised_KHP_HMO_PublicRateFiling_Supporting_20170810-01.pdf
Item Status:	
Status Date:	

<u>Rate Development by Benefit Option</u>		Off-Exchange Bronze HMO 7350/0/60 Combined Bronze 53789PA0100008	Off-Exchange Catastrophic HMO 7350/0/75 Combined Catastrophic 53789PA0100004
Plan Name			
Level of Coverage			
HIOS ID:			
Tobacco Adjustment		1.006	1.006
Plan Adjusted Index Rates		\$554.51	\$343.61
Expected Member Distribution		74.2%	25.8%
<u>Relativity Checks</u>			
Claims		1.00	0.57
Premium		1.00	0.62
Retention %		16%	22%
Admin %		10%	16%
Taxes %		4.52%	4.5%
Calibrated Index Rates from PA Rate Exhibits		\$356.54	\$221.05

Benefit Plans

											500.31		
												<u>CY2017 Plan Adj</u>	<u>Calibrated</u>
#	<u>Combo Description</u>	<u>Projected Membership</u>	<u>Proj MM</u>	<u>New or Existing</u>	<u>Product ID</u>	<u>Plan ID</u>	<u>On/Off Exchange</u>	<u>Metal Level</u>	<u>Metal Value</u>	<u>Pricing Value</u>	<u>Induced Demand</u>	<u>Index Rate</u>	<u>Plan Index</u>
1	Bronze HMO 7350/0/60 Combined	74.2%	26,820	Existing	53789PA0100008	53789PA0100008	Off Exchange	Bronze	61.3%	73.3%	0.96	\$554.63	\$356.54
2	Catastrophic HMO 7350/0/75 Combined	25.8%	9,312	Existing	53789PA0100004	53789PA0100004	Off Exchange	Catastrophic	60.3%	72.7%	0.96	\$343.86	\$221.05

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Calibration

Expected Average Age Factor:	1.507
Expected Average Region Factor:	1.032
Cumulative Rating Factors (Premium Neutrality):	1.556

Age Factors			Region Factors		
<u>Age</u>	<u>Distribution of Population</u>	<u>Age Factor</u>	<u>Region</u>	<u>Distribution of Population</u>	<u>Factor</u>
0-14	12.4%	0.7650	6	31%	1.00
15	0.7%	0.8330	7	51%	1.03
16	1.4%	0.8590	9	19%	1.08
17	1.2%	0.8850			
18	1.4%	0.9130			
19	1.7%	0.9410			
20	1.5%	0.9700			
21	2.0%	1.0000			
22	1.5%	1.0000			
23	1.2%	1.0000			
24	1.6%	1.0000			
25	4.4%	1.0040			
26	4.6%	1.0240			
27	3.7%	1.0480			
28	3.6%	1.0870			
29	2.2%	1.1190			
30	1.3%	1.1350			
31	0.8%	1.1590			
32	0.8%	1.1830			
33	1.3%	1.1980			
34	0.7%	1.2140			
35	1.2%	1.2220			
36	1.1%	1.2300			
37	1.2%	1.2380			
38	1.0%	1.2460			
39	0.8%	1.2620			
40	1.2%	1.2780			
41	1.2%	1.3020			
42	0.8%	1.3250			
43	1.6%	1.3570			
44	1.5%	1.3970			
45	1.4%	1.4440			
46	1.6%	1.5000			
47	1.6%	1.5630			
48	1.4%	1.6350			
49	1.6%	1.7060			
50	1.6%	1.7860			
51	1.8%	1.8650			
52	2.1%	1.9520			
53	1.9%	2.0400			
54	1.9%	2.1350			
55	2.2%	2.2300			
56	1.9%	2.3330			
57	2.0%	2.4370			
58	2.1%	2.5480			
59	2.3%	2.6030			
60	2.6%	2.7140			
61	2.5%	2.8100			
62	2.7%	2.8730			
63	3.6%	2.9520			
64+	0.0%	3.0000			

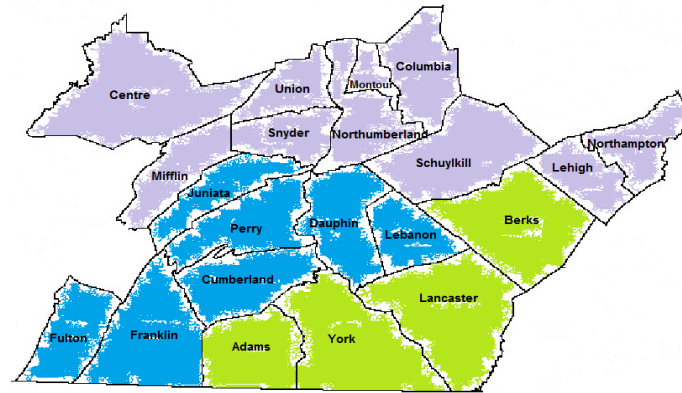
Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Rating Factors

Age and Tobacco

Age Range	Age Factor	Tobacco Factor
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.025
22	1.000	1.025
23	1.000	1.025
24	1.000	1.025
25	1.004	1.025
26	1.024	1.025
27	1.048	1.025
28	1.087	1.025
29	1.119	1.025
30	1.135	1.025
31	1.159	1.025
32	1.183	1.025
33	1.198	1.025
34	1.214	1.025
35	1.222	1.025
36	1.230	1.025
37	1.238	1.025
38	1.246	1.025
39	1.262	1.025
40	1.278	1.075
41	1.302	1.075
42	1.325	1.075
43	1.357	1.075
44	1.397	1.075
45	1.444	1.1
46	1.500	1.1
47	1.563	1.1
48	1.635	1.1
49	1.706	1.1
50	1.786	1.15
51	1.865	1.15
52	1.952	1.15
53	2.040	1.15
54	2.135	1.15
55	2.230	1.2
56	2.333	1.2
57	2.437	1.2
58	2.548	1.2
59	2.603	1.2
60	2.714	1.25
61	2.810	1.25
62	2.873	1.25
63	2.952	1.25
64+	3.000	1.25

Region

Region	Factor
6	1.00
7	1.03
9	1.08



Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Rating Factors

Benefit Plans			Base Rates					
<u>#</u>	<u>Combo Description</u>	<u>Medical Plan Description</u>	<u>Medical + Rx</u>	<u>Medical</u>	<u>Rx</u>	<u>1/1/2018 - 12/31/2018</u> <u>Pediatric Dental</u>	<u>Pedatric Vision</u>	<u>Total</u>
1	Bronze HMO 7350/0/60 Combined	Bronze HMO 7350/0/60	\$355.46	\$291.48	\$61.91	\$2.78	\$0.37	\$356.54
2	Catastrophic HMO 7350/0/75 Combined	Catastrophic HMO 7350/0/75	\$219.07	\$179.64	\$38.26	\$2.78	\$0.37	\$221.05

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Regional Analysis

<u>Region</u>	<u>DemoUnits</u>	<u>MemberMonths</u>	<u>AdjustedPaid</u>	<u>AllowedAmount</u>	<u>Adjusted Allowed</u>	<u>Allowed PMPM</u>	<u>Demo</u>	<u>Relative Demo</u>	<u>Normalized Allowed</u>	<u>Relative Value Normalized</u>	<u>Rating Factor</u>
6	368,356	296,531	90,261,766	107,236,316	116,957,368	394.42	1.2422	1.00	393.16	-3.2%	1.00
7	362,378	294,970	89,289,240	107,114,203	118,932,154	403.20	1.2285	0.99	406.39	0.1%	1.03
9	248,747	199,516	64,263,901	75,473,210	85,405,208	428.06	1.2468	1.01	425.14	4.7%	1.08
						406.18	1.24	1.00	406.16	0.0%	

Data - Claims and Enrollment for 12 Months Ending December 2016 and Hospital and Physician Contracting thru 2018

Total		979,481	791,017	243,814,906	289,823,729	1.11	321,294,730	366.39	1.2383	1.00	405.98	
<u>Region</u>	<u>Group County Name</u>	<u>DemoUnits</u>	<u>MemberMonths</u>	<u>AdjustedPaid</u>	<u>AllowedAmount</u>	<u>Contracted Increase</u>	<u>Adjusted Allowed</u>	<u>Allowed PMPM w Increase</u>	<u>Demo</u>	<u>Relative Demo</u>	<u>Normalized Allowed</u>	<u>Relative Value Normalized</u>
7	ADAMS	13,679	10,443	3,394,184	3,973,174	1.14	4,512,605	432.12	1.3099	1.06	408.48	100.6%
7	BERKS	125,887	100,900	32,916,422	39,021,187	1.10	43,051,624	426.68	1.2476	1.01	423.47	104.3%
6	CENTRE	19,922	17,590	5,658,648	6,477,963	1.10	7,109,452	404.18	1.1326	0.91	441.89	108.8%
6	COLUMBIA	5,415	4,139	1,163,209	1,406,248	1.11	1,555,268	375.76	1.3082	1.06	355.67	87.6%
9	CUMBERLAND	74,534	61,189	19,135,213	22,553,892	1.11	25,078,821	409.86	1.2181	0.98	416.64	102.6%
9	DAUPHIN	95,161	75,619	26,105,853	30,417,196	1.13	34,369,550	454.51	1.2584	1.02	447.22	110.2%
9	FRANKLIN	39,366	31,689	8,899,778	10,555,168	1.15	12,097,676	381.76	1.2423	1.00	380.53	93.7%
9	FULTON	4,396	3,536	1,268,027	1,403,703	1.16	1,624,041	459.29	1.2431	1.00	457.49	112.7%
9	JUNIATA	2,419	1,763	1,007,291	1,112,588	1.03	1,145,491	649.74	1.3721	1.11	586.35	144.4%
7	LANCASTER	135,437	114,895	31,644,795	38,454,128	1.10	42,405,854	369.08	1.1788	0.95	387.70	95.5%
9	LEBANON	28,061	22,155	6,645,000	8,007,213	1.20	9,624,084	434.40	1.2666	1.02	424.68	104.6%
6	LEHIGH	155,388	125,195	36,288,278	43,695,605	1.09	47,444,604	378.97	1.2412	1.00	378.08	93.1%
6	MIFFLIN	4,933	4,057	1,125,642	1,281,771	1.11	1,420,226	350.07	1.2159	0.98	356.51	87.8%
6	MONTOUR	1,354	1,070	523,520	606,126	1.12	680,642	636.11	1.2650	1.02	622.65	153.4%
6	NORTHAMPTON	122,092	97,609	28,885,496	34,516,080	1.09	37,718,646	386.43	1.2508	1.01	382.54	94.2%
6	ORTHUMBERLAN	12,764	9,899	4,070,566	4,622,745	1.10	5,093,158	514.51	1.2894	1.04	494.09	121.7%
9	PERRY	4,810	3,565	1,202,738	1,423,449	1.03	1,465,544	411.09	1.3492	1.09	377.29	92.9%
6	SCHUYLKILL	34,409	27,296	9,431,239	11,009,074	1.10	12,089,177	442.89	1.2606	1.02	435.04	107.2%
6	SNYDER	7,182	5,779	2,054,579	2,351,995	1.03	2,421,549	419.03	1.2427	1.00	417.51	102.8%
6	UNION	4,898	3,897	1,060,590	1,268,710	1.12	1,424,644	365.57	1.2570	1.02	360.13	88.7%
7	YORK	87,375	68,732	21,333,839	25,665,715	1.13	28,962,071	421.38	1.2712	1.03	410.44	101.1%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Terminated Products/Plans

<u>HIOS Plan ID</u>	<u>Description</u>
53789PA0030002	BlueCross Value 750.0, a Multi-State Plan
53789PA0030003	BlueCross Value 750.0, a Multi-State Plan
53789PA0030004	BlueCross Value 750.0, a Multi-State Plan
53789PA0040001	BlueCross Value 0.50, a Multi-State Plan
53789PA0040002	BlueCross Value 0.50, a Multi-State Plan
53789PA0040003	BlueCross Value 0.50, a Multi-State Plan
53789PA0050002	BlueCross 750.0, a Multi-State Plan
53789PA0060001	BlueCross 0.50, a Multi-State Plan
53789PA0100006	Healthy Benefits HMO 2500.0
53789PA0100009	Healthy Benefits HMO 4500.0
53789PA0100010	Healthy Benefits HMO 3500.0
53789PA0100013	Healthy Benefits HMO 1000.0
53789PA0100014	Healthy Benefits HMO 500.0
53789PA0100015	Healthy Benefits HMO 0.0
53789PA0100016	Healthy Benefits HMO 0.0.10
53789PA0100017	Healthy Benefits HMO 1500.30
53789PA0110004	Healthy Benefits Value HMO 6850.0
53789PA0110006	Healthy Benefits Value HMO 2500.0
53789PA0110008	Healthy Benefits Value HMO 6300.50
53789PA0110009	Healthy Benefits Value HMO 4500.0
53789PA0110010	Healthy Benefits Value HMO 3500.0
53789PA0110013	Healthy Benefits Value HMO 1000.0
53789PA0110014	Healthy Benefits Value HMO 500.0
53789PA0110015	Healthy Benefits Value HMO 0.0
53789PA0110016	Healthy Benefits Value HMO 0.0.10
53789PA0110017	Healthy Benefits Value HMO 6850.0
53789PA0110018	Healthy Benefits Value HMO 6850.0
53789PA0110019	Healthy Benefits Value HMO 6300.50
53789PA0110020	Healthy Benefits Value HMO 6300.50
53789PA0110021	Healthy Benefits Value HMO 4500.0
53789PA0110022	Healthy Benefits Value HMO 4500.0
53789PA0110023	Healthy Benefits Value HMO 3500.0
53789PA0110024	Healthy Benefits Value HMO 3500.0
53789PA0110027	Healthy Benefits Value HMO 2500.0
53789PA0110028	Healthy Benefits Value HMO 2500.0
53789PA0110031	Healthy Benefits Value HMO 1000.0
53789PA0110032	Healthy Benefits Value HMO 1000.0
53789PA0110033	Healthy Benefits Value HMO 500.0
53789PA0110034	Healthy Benefits Value HMO 500.0
53789PA0110035	Healthy Benefits Value HMO 0.0
53789PA0110036	Healthy Benefits Value HMO 0.0
53789PA0110039	Healthy Benefits Value HMO 0.0.10
53789PA0110040	Healthy Benefits Value HMO 0.0.10
53789PA0110041	Healthy Benefits Value HMO 1500.30
53789PA0110042	Healthy Benefits Value HMO 1500.30
53789PA0110043	Healthy Benefits Value HMO 1500.30

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central		
Product(s):	HMO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2016	to	12/31/2018
Base Period Start Date	1/1/2016	to	12/31/2016
Date of Most Recent Membership	2/1/2017		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2017)	Projected Rating Period
Average Age	44	39	39
Total	411,088	3,011	35,132
<18	34,183	477	5,724
18-24	32,339	332	3,984
25-29	49,548	555	6,660
30-34	33,295	147	1,764
35-39	29,280	155	1,850
40-44	31,743	185	2,220
45-49	37,934	220	2,640
50-54	46,520	280	3,360
55-59	52,305	314	3,768
60-63	52,024	340	4,080
64+	11,917	6	72

*Tables 1, 2 and 4 must include data for all non-grandfathered business (ACA compliant and Transitional)

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 139,697,816.27	\$ 128,512,122.77	\$ 130,712,645.97	411,088	\$ 29,178,800.82	\$ 155,912,248.74		\$ (4,310,509.52)	\$ 6,643,054.47		\$ (35,618,498.63)	\$ 5,577,386.64
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 384.94
Loss Ratio											122.47%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite URRT Trend **	Weight*
Inpatient Hospital	10.38%	-0.50%	3.00%	13.12%	27.61%
Outpatient Hospital	9.81%	1.00%	3.00%	14.24%	33.38%
Professional	7.62%	1.00%	3.00%	11.59%	20.51%
Other Medical	9.81%	1.00%	3.00%	10.24%	1.98%
Capitation				3.00%	4.20%
Prescription Drugs	14.60%	1.50%	3.00%	19.86%	12.32%
Total Annual Trend				13.68%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.292	

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

** Should = URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-14	\$ 3,952,282.05	\$ 134,270.88	1.0000	\$ 134,270.00	402	\$ 334.00	\$ 1,073,482.80	\$ 1,301.18	\$ 165,878.80	\$ 412.63
Feb-14		\$ 498,545.84	1.0000	\$ 498,545.00	515	\$ 968.05		\$ 2,442.52	\$ 541,130.41	\$ 1,050.74
Mar-14		\$ 495,149.05	1.0000	\$ 495,149.00	647	\$ 765.30		\$ 2,119.75	\$ 553,878.18	\$ 850.16
Apr-14		\$ 299,915.17	1.0000	\$ 299,916.00	1,006	\$ 298.13		\$ 515.93	\$ 374,633.52	\$ 372.40
May-14		\$ 415,728.89	1.0000	\$ 415,728.00	1,439	\$ 288.90		\$ 408.82	\$ 487,657.12	\$ 338.89
Jun-14		\$ 247,144.17	1.0000	\$ 247,144.00	1,418	\$ 174.29		\$ 309.35	\$ 323,403.72	\$ 228.07
Jul-14		\$ 385,727.54	1.0000	\$ 385,728.00	1,496	\$ 274.34		\$ 325.69	\$ 462,529.19	\$ 326.97
Aug-14		\$ 297,347.72	1.0000	\$ 297,348.00	1,268	\$ 234.50		\$ 524.13	\$ 364,593.13	\$ 287.53
Sep-14		\$ 496,334.71	1.0000	\$ 496,338.00	1,247	\$ 398.03		\$ 24,957.16	\$ 547,649.97	\$ 430.17
Oct-14		\$ 532,214.07	1.0000	\$ 532,222.00	1,214	\$ 438.40		\$ 941.17	\$ 609,496.23	\$ 502.06
Nov-14		\$ 756,265.17	1.0000	\$ 756,270.00	1,171	\$ 218.85		\$ 848.39	\$ 295,309.48	\$ 252.19
Dec-14		\$ 548,697.05	1.0000	\$ 548,704.00	1,132	\$ 502.39		\$ 16,571.11	\$ 616,685.86	\$ 544.78
Jan-15	\$ 8,583,492.10	\$ 958,711.00	1.0000	\$ 958,722.72	1,783	\$ 537.70	\$ 2,213,666.68	\$ 1,447.63	\$ 1,185,470.81	\$ 653.66
Feb-15		\$ 783,236.00	1.0000	\$ 783,245.57	2,150	\$ 364.30		\$ 2,298.45	\$ 1,491,675.81	\$ 693.80
Mar-15		\$ 729,857.00	1.0000	\$ 729,865.92	2,822	\$ 258.63		\$ 60,635.18	\$ 1,587,964.76	\$ 562.71
Apr-15		\$ 802,445.00	1.0000	\$ 802,454.81	2,761	\$ 290.64		\$ 9,182.95	\$ 1,892,419.78	\$ 685.41
May-15		\$ 823,880.00	1.0000	\$ 823,890.07	2,717	\$ 303.24		\$ 9,486.30	\$ 2,002,013.30	\$ 736.85
Jun-15		\$ 783,278.00	1.0000	\$ 783,287.57	2,702	\$ 289.89		\$ 134,954.15	\$ 1,480,856.60	\$ 551.76
Jul-15		\$ 1,039,896.00	1.0000	\$ 1,039,908.71	2,650	\$ 392.42		\$ 12,159.64	\$ 1,871,481.26	\$ 706.22
Aug-15		\$ 775,651.00	1.0000	\$ 775,660.48	2,625	\$ 295.49		\$ 10,867.99	\$ 1,732,961.68	\$ 660.18
Sep-15		\$ 867,087.00	1.0000	\$ 867,097.60	2,627	\$ 330.07		\$ 136,754.37	\$ 875,901.27	\$ 333.42
Oct-15		\$ 750,093.00	1.0000	\$ 750,098.17	2,560	\$ 292.77		\$ 5,615.57	\$ 868,090.12	\$ 338.83
Nov-15		\$ 1,096,024.00	1.0000	\$ 1,096,037.39	2,565	\$ 427.31		\$ 4,128.24	\$ 1,103,170.12	\$ 430.09
Dec-15		\$ 981,610.00	1.0000	\$ 981,622.00	2,522	\$ 389.22		\$ 156,847.33	\$ 947,982.71	\$ 375.89
Jan-16	\$ 139,697,816.27	\$ 7,303,827.98	1.0000	\$ 7,303,870.32	11,439	\$ 232.32	\$ 29,178,800.82	\$ 168,653.20	\$ 8,702,144.23	\$ 276.80
Feb-16		\$ 9,117,897.96	0.9999	\$ 9,118,145.61	14,381	\$ 265.22		\$ 101,580.55	\$ 10,758,517.89	\$ 312.92
Mar-16		\$ 12,338,140.61	0.9999	\$ 12,339,791.73	36,787	\$ 335.44		\$ 317,876.32	\$ 14,306,944.18	\$ 388.91
Apr-16		\$ 11,346,799.02	0.9998	\$ 11,349,525.35	36,841	\$ 308.07		\$ 354,389.41	\$ 13,102,923.17	\$ 355.66
May-16		\$ 11,684,353.67	0.9993	\$ 11,692,211.52	36,138	\$ 323.54		\$ 353,453.20	\$ 13,301,508.38	\$ 368.08
Jun-16		\$ 12,596,118.83	0.9920	\$ 12,698,060.04	35,539	\$ 357.50		\$ 365,896.29	\$ 14,207,086.45	\$ 399.99
Jul-16		\$ 11,212,655.60	0.9975	\$ 11,243,208.97	34,928	\$ 321.38		\$ 326,341.31	\$ 12,785,445.08	\$ 365.53
Aug-16		\$ 10,408,614.96	0.9960	\$ 10,450,869.33	34,428	\$ 303.56		\$ 378,491.72	\$ 11,853,807.28	\$ 344.31
Sep-16		\$ 10,277,051.12	0.9782	\$ 10,506,533.70	33,991	\$ 309.10		\$ 349,299.37	\$ 11,876,620.45	\$ 349.40
Oct-16		\$ 11,117,844.05	0.9836	\$ 11,303,672.99	33,032	\$ 342.20		\$ 417,637.55	\$ 12,511,969.65	\$ 378.78
Nov-16		\$ 11,147,639.22	0.9558	\$ 11,662,938.83	32,387	\$ 360.03		\$ 497,214.31	\$ 12,745,915.97	\$ 394.05
Dec-16		\$ 9,961,179.75	0.9018	\$ 11,045,422.60	31,157	\$ 354.51		\$ 479,706.36	\$ 12,236,813.91	\$ 392.75

* Express Completion Factor as a percentage

Carrier Name: Keystone Health Plan Central

Product(s): HMO

Market Segment: Individual

Rate Effective Date: 1/1/2018

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
											\$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ -
Loss Ratio											0.00%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite URRT Trend**	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

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

** Should = URRT Trend

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-14				#DIV/0!		#DIV/0!				#DIV/0!
Feb-14				#DIV/0!		#DIV/0!				#DIV/0!
Mar-14				#DIV/0!		#DIV/0!				#DIV/0!
Apr-14				#DIV/0!		#DIV/0!				#DIV/0!
May-14				#DIV/0!		#DIV/0!				#DIV/0!
Jun-14				#DIV/0!		#DIV/0!				#DIV/0!
Jul-14				#DIV/0!		#DIV/0!				#DIV/0!
Aug-14				#DIV/0!		#DIV/0!				#DIV/0!
Sep-14				#DIV/0!		#DIV/0!				#DIV/0!
Oct-14				#DIV/0!		#DIV/0!				#DIV/0!
Nov-14				#DIV/0!		#DIV/0!				#DIV/0!
Dec-14				#DIV/0!		#DIV/0!				#DIV/0!
Jan-15				#DIV/0!		#DIV/0!				#DIV/0!
Feb-15				#DIV/0!		#DIV/0!				#DIV/0!
Mar-15				#DIV/0!		#DIV/0!				#DIV/0!
Apr-15				#DIV/0!		#DIV/0!				#DIV/0!
May-15				#DIV/0!		#DIV/0!				#DIV/0!
Jun-15				#DIV/0!		#DIV/0!				#DIV/0!
Jul-15				#DIV/0!		#DIV/0!				#DIV/0!
Aug-15				#DIV/0!		#DIV/0!				#DIV/0!
Sep-15				#DIV/0!		#DIV/0!				#DIV/0!
Oct-15				#DIV/0!		#DIV/0!				#DIV/0!
Nov-15				#DIV/0!		#DIV/0!				#DIV/0!
Dec-15				#DIV/0!		#DIV/0!				#DIV/0!
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a percentage

PA Rate Template Part II
Rate Development and Change

Carrier Name:	Keystone Health Plan Central
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2018

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 384.94	\$ 1,000	< Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection factor	1.292	1.000	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 497.49	-	
Single Risk Pool Adjustment Factors			
Change in Morbidity	1.182		< See URRT Instructions
Change in Other	1.014	0.000	
Change in Demographics			< See URRT Instructions
Change in Network	1.007		< See URRT Instructions
Change in Benefits			< See URRT Instructions
Change in Other	1.007		< See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 596.25	\$ -	
Credibility Factors	100%	0%	< See Instructions
Blended Projected EHB Claims PMPM		\$ 596.25	< Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 596.25		< Index Rate for Projection Period on URRT - Individual or First Quarter Small Group
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	\$ -		< Index Rate for Projection Period on URRT - Small Group
Projected Paid to Allowed Ratio	0.628		< Paid to Allowed Average Factor in Projection Period on URRT
Projected Paid EHB Claims PMPM	\$ 374.32		
Market-wide Adjustments			
Projected Risk Adjustment PMPM	\$ (42.55)		
Projected Paid Exchange User Fees PMPM	\$ -		
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 416.86		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 664.02		< Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ -		
Market-Adjusted Projected Paid Total Claims PMPM	\$ 416.86		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 664.02		

Table 6. Retention

Retention Items - Express in percentages	
Administrative Expenses	11.32%
General and Claims	9.42%
Agent/Broker Fees and Commissions	1.40%
Quality Improvement Initiatives	0.50%
Taxes and Fees	4.52%
PCORI Fees (Enter \$ amount here: \$ 0.20)	0.04%
Pa Premium Tax (if applicable)	0.00%
Federal Income Tax	0.70%
Health Insurance Providers Fee	3.78%
Profit/Contingency (after tax)	2.00%
Total Retention	17.85%
Projected Required Revenue PMPM	\$ 507.42

Table 8. Components of Rate Change

Rate Components	2017	2018	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	294.4485819	321.6248074	\$27.18	9.2%
B. Base period allowed claims before normalization	\$ 398.65	\$ 384.94	-\$13.71	-5%
C. Normalization factor component of change	\$ (110.55)	\$ -139.0724395	-\$28.52	-50.10
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 288.10	\$ 245.87	\$ (42.23)	-14%
D2. URRT Trend	\$ 46.59	\$ 71.89	\$ 25.29	9%
D3. URRT Morbidity	\$ 76.87	\$ 57.84	\$ (19.03)	-6%
D4. URRT Other	\$ (7.48)	\$ 5.24	\$ 12.72	4%
D5. Normalized URRT RA/RI on an allowed basis	0.122191538	43.28819459	\$ 43.17	15%
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0%
D7. Subtotal - Sum(D1-D6)	\$ 404.20	\$ 424.12	\$ 19.92	7%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (69.15)	\$ 0	\$ 69.15	23%
E2. Pricing AV	\$ (60.78)	\$ (113.88)	\$ (53.10)	-18%
E3. Benefit Richness	\$ -	\$ (12.41)	\$ (12.41)	-4%
E4. Catastrophic Eligibility	\$ (37.92)	\$ (32.24)	\$ 5.68	2%
E5. Subtotal - Sum(E1-E4)	\$ (167.85)	\$ (158.53)	\$ 9.32	3%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 41.01	\$ 36.42	\$ (4.59)	-2%
F2. Taxes and Fees	\$ 2.60	\$ 14.55	\$ 11.94	4%
F3. Profit and/or Contingency	\$ -	\$ 6.43	\$ 6.43	2%
F4. Subtotal - Sum(F1-F3)	\$ 43.61	\$ 57.40	\$ 13.79	5%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 279.97	\$ 322.99	\$ 43.03	15%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 384.94	< Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 139,697,816.27	
Blended Loss Ratio	122.47%	

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

Effective Date	1/1/2018	4/1/2018	7/1/2018	10/1/2018	Total Single Risk Pool
# of Member Months Renewing in Quarter					
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 596.25	\$ 596.25	\$ 596.25	\$ 596.25	\$ 596.25
Months of Trend	-	3	6	9	
Annual Trend	13.68%	13.68%	13.68%	13.68%	
Single Risk Pool Projected Allowed Claims	\$ 596.25	\$ 615.68	\$ 635.73	\$ 656.45	
Quarterly Trend Factor	100.0%	103.3%	106.6%	110.1%	0.0%
2018 Trend Factors by Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

	2017	2018
Normalization Factors		
Average Age Factor	1.663	1.507
Average Geographic Factor	1.004	1.033
Average Tobacco Factor	1.000	1.006
Average Benefit Richness (induced demand)	1.000	1.009
Average Network Factor	0.829	1.008
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 576.46	\$ 664.02
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 416.59	\$ 424.12

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

	2017	2018
Paid-to-Allowed	0.769	0.628
URRT Trend (Total Applied Trend Factor)	1.162	1.292
URRT Morbidity	1.230	1.182
URRT "Other"	0.982	1.014
Risk Adjustment	\$ 0.13	\$ 42.55
Exchange User Fee	\$ -	\$ -
Capitation	\$ 13.13	\$ -
Network	0.829	1.000
Pricing AV	0.819	0.731
Benefit Richness	1.000	0.960
Catastrophic Eligibility	0.862	0.892
Administrative Expenses	13.93%	11.32%
Taxes and Fees	0.88%	4.52%
Profit and/or Contingency	0.00%	2.00%

Table 10. Plan Rates

Table 10. Plan Rates

Total Covered Lives @ 02-01-2017	3,011
----------------------------------	-------

02-01-2017 Number of Covered Lives by Rating Area										2018 Continued/ Discontinued Plans Indicator
1	2	3	4	5	6	7	8	9	Total	
-	-	-	-	-	853	1,650	-	508	3,011	

[illegible]

PA Rate Template Part IV A - Individual
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2018

Table with 7 columns: Plan Number, HIOS Plan ID (Standard Component), 1/1/17 Plan Marketing Name, Discontinued, New, Modified, Existing (D,N,M,E) for 2018, 1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan Discontinued), Metallic Tier, Exchange On/Off or Off. Rows include Totals and Plan 1 through Plan 4.

Table with 10 columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, (weighted by enrollment by rating area). Rows include 2017 21-year-old, Non-Tobacco Premium PMPM and detailed premium calculations for Plan 1 through Plan 4.

PA Rate Template Part IV A - Individual
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2018

Table with 7 columns: Plan Number, HIOS Plan ID (Standard Component), 1/1/17 Plan Marketing Name, Discontinued, New, Modified, Existing (D,N,M,E) for 2018, 1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan Discontinued), Metallic Tier, Exchange On/Off or Off. Rows include Totals and Plan 1 through Plan 4.

Table titled '2018 21-year-old, Non-Tobacco Premium PMPM'. It contains 10 columns for rating areas and a final column for weighted enrollment. Rows show premium amounts for various rating areas and a total.

Table titled 'Change in 21-year-old Non-Tobacco Premium PMPM'. It contains 10 columns for rating areas and a final column for weighted enrollment. Rows show percentage changes for various rating areas and a total.

PA Rate Template Part IV A - Individual
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2018

Plan Number	HIOS Plan ID (Standard Component)	1/1/17 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2018	1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan Discontinued)	Metallic Tier	Exchange On/Off or Off
Totals						
These cells auto-fill using the data entered in Table 10.						
Plan 1	53789PA0100008	Bronze HMO 7350/0/60	M	Bronze HMO 7350/0/60	Bronze	Off
Plan 2	53789PA0100004	Catastrophic HMO 7350/0/7	M	Catastrophic HMO 7350/0/7	Catastrophic	Off
Plan 3	0	0	0	0	0	0
Plan 4	0	0	0	0	0	0

PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	Keystone Health Plan Central
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2018

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.075
15	0.833			41	1.302	1.075
16	0.859			42	1.325	1.075
17	0.885			43	1.357	1.075
18	0.913	1.000		44	1.397	1.075
19	0.941	1.000		45	1.444	1.100
20	0.970	1.000		46	1.500	1.100
21	1.000	1.025		47	1.563	1.100
22	1.000	1.025		48	1.635	1.100
23	1.000	1.025		49	1.706	1.100
24	1.000	1.025		50	1.786	1.150
25	1.004	1.025		51	1.865	1.150
26	1.024	1.025		52	1.952	1.150
27	1.048	1.025		53	2.040	1.150
28	1.087	1.025		54	2.135	1.150
29	1.119	1.025		55	2.230	1.200
30	1.135	1.025		56	2.333	1.200
31	1.159	1.025		57	2.437	1.200
32	1.183	1.025		58	2.548	1.200
33	1.198	1.025		59	2.603	1.200
34	1.214	1.025		60	2.714	1.250
35	1.222	1.025		61	2.810	1.250
36	1.230	1.025		62	2.873	1.250
37	1.238	1.025		63	2.952	1.250
38	1.246	1.025		64+	3.000	1.250
39	1.262	1.025				

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schuylkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.010	1.030
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	0.990	1.080

Table 14. Network Factors

[illegible]

Keystone Health Plan Central Individual Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0100004	Catastrophic HMO 7350/0/75 Combined w/Med	HMO	Catastrophic	Off	HMO	6,7,9	All
53789PA0100008	Bronze HMO 7350/0/60 Combined w/Med	HMO	Bronze	Off	HMO	6,7,9	All

Company Name: Keystone Health Plan Central
 Market: Individual
 Product: HMO
 Effective Date of Rates: January 1, 2018

Ending date of Rates: December 31, 2018

HIOS Plan ID (On Exchange)=>	53789PA0100004		53789PA0100004		53789PA0100004	
HIOS Plan ID (Off Exchange)=>	53789PA0100004		53789PA0100004		53789PA0100004	
Plan Marketing Name =>	Catastrophic HMO 7350/0/75 Combined w/Med		Catastrophic HMO 7350/0/75 Combined w/Med		Catastrophic HMO 7350/0/75 Combined w/Med	
Form # =>	KHPC-Ind-HMO-21cnty-AGRMT-v0118		KHPC-Ind-HMO-21cnty-AGRMT-v0118		KHPC-Ind-HMO-21cnty-AGRMT-v0118	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Catastrophic		Catastrophic		Catastrophic	
Deductible =>	\$7350 Med/Rx Combined		\$7350 Med/Rx Combined		\$7350 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER	
OOP Maximum =>	\$7350 Med/Rx Combined		\$7350 Med/Rx Combined		\$7350 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$169.10	\$169.10	\$174.18	\$174.18	\$182.63	\$182.63
15	\$184.14	\$184.14	\$189.66	\$189.66	\$198.87	\$198.87
16	\$189.88	\$189.88	\$195.58	\$195.58	\$205.07	\$205.07
17	\$195.63	\$195.63	\$201.50	\$201.50	\$211.28	\$211.28
18	\$201.82	\$201.82	\$207.87	\$207.87	\$217.96	\$217.96
19	\$208.01	\$208.01	\$214.25	\$214.25	\$224.65	\$224.65
20	\$214.42	\$214.42	\$220.85	\$220.85	\$231.57	\$231.57
21	\$221.05	\$226.58	\$227.68	\$233.37	\$238.73	\$244.70
22	\$221.05	\$226.58	\$227.68	\$233.37	\$238.73	\$244.70
23	\$221.05	\$226.58	\$227.68	\$233.37	\$238.73	\$244.70
24	\$221.05	\$226.58	\$227.68	\$233.37	\$238.73	\$244.70
25	\$221.93	\$227.48	\$228.59	\$234.31	\$239.69	\$245.68
26	\$226.36	\$232.01	\$233.15	\$238.98	\$244.46	\$250.58
27	\$231.66	\$237.45	\$238.61	\$244.58	\$250.19	\$256.45
28	\$240.28	\$246.29	\$247.49	\$253.68	\$259.50	\$265.99
29	\$247.36	\$253.54	\$254.78	\$261.15	\$267.14	\$273.82
30	\$250.89	\$257.16	\$258.42	\$264.88	\$270.96	\$277.74
31	\$256.20	\$262.60	\$263.88	\$270.48	\$276.69	\$283.61
32	\$261.50	\$268.04	\$269.35	\$276.08	\$282.42	\$289.48
33	\$264.82	\$271.44	\$272.76	\$279.58	\$286.00	\$293.15
34	\$268.36	\$275.06	\$276.41	\$283.32	\$289.82	\$297.07
35	\$270.12	\$276.88	\$278.23	\$285.18	\$291.73	\$299.03
36	\$271.89	\$278.69	\$280.05	\$287.05	\$293.64	\$300.98
37	\$273.66	\$280.50	\$281.87	\$288.92	\$295.55	\$302.94
38	\$275.43	\$282.31	\$283.69	\$290.78	\$297.46	\$304.90
39	\$278.97	\$285.94	\$287.33	\$294.52	\$301.28	\$308.82
40	\$282.50	\$303.69	\$290.98	\$312.80	\$305.10	\$327.99
41	\$287.81	\$309.39	\$296.44	\$318.68	\$310.83	\$334.14
42	\$292.89	\$314.86	\$301.68	\$324.30	\$316.32	\$340.05
43	\$299.97	\$322.46	\$308.96	\$332.14	\$323.96	\$348.26
44	\$308.81	\$331.97	\$318.07	\$341.93	\$333.51	\$358.53
45	\$319.20	\$351.12	\$328.77	\$361.65	\$344.73	\$379.21
46	\$331.58	\$364.73	\$341.52	\$375.68	\$358.10	\$393.91
47	\$345.50	\$380.05	\$355.87	\$391.45	\$373.14	\$410.46
48	\$361.42	\$397.56	\$372.26	\$409.49	\$390.33	\$429.36
49	\$377.11	\$414.82	\$388.43	\$427.27	\$407.28	\$448.01
50	\$394.80	\$454.02	\$406.64	\$467.64	\$426.38	\$490.34
51	\$412.26	\$474.10	\$424.63	\$488.32	\$445.24	\$512.03
52	\$431.49	\$496.21	\$444.44	\$511.10	\$466.01	\$535.91
53	\$450.94	\$518.58	\$464.47	\$534.14	\$487.02	\$560.07
54	\$471.94	\$542.73	\$486.10	\$559.02	\$509.70	\$586.15
55	\$492.94	\$591.53	\$507.73	\$609.28	\$532.38	\$638.85
56	\$515.71	\$618.85	\$531.18	\$637.42	\$556.97	\$668.36
57	\$538.70	\$646.44	\$554.86	\$665.83	\$581.80	\$698.16
58	\$563.24	\$675.88	\$580.13	\$696.16	\$608.30	\$729.95
59	\$575.39	\$690.47	\$592.66	\$711.19	\$621.43	\$745.71
60	\$599.93	\$749.91	\$617.93	\$772.41	\$647.93	\$809.91
61	\$621.15	\$776.44	\$639.79	\$799.73	\$670.84	\$838.56
62	\$635.08	\$793.85	\$654.13	\$817.66	\$685.88	\$857.36
63	\$652.54	\$815.68	\$672.12	\$840.15	\$704.74	\$880.93
64+	\$663.14	\$828.94	\$683.04	\$853.81	\$716.19	\$895.25

Company Name: Keystone Health Plan Central
 Market: Individual
 Product: HMO
 Effective Date of Rates: January 1, 2018

Ending date of Rates: December 31, 2018

HIOS Plan ID (On Exchange)=>	53789PA0100008		53789PA0100008		53789PA0100008	
HIOS Plan ID (Off Exchange)=>	53789PA0100008		53789PA0100008		53789PA0100008	
Plan Marketing Name =>	Bronze HMO 7350/0/60 Combined w/Med		Bronze HMO 7350/0/60 Combined w/Med		Bronze HMO 7350/0/60 Combined w/Med	
Form # =>	KHPC-Ind-HMO-21cnty-AGRMT-v0118		KHPC-Ind-HMO-21cnty-AGRMT-v0118		KHPC-Ind-HMO-21cnty-AGRMT-v0118	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	\$7350 Med/Rx Combined		\$7350 Med/Rx Combined		\$7350 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER	
OOP Maximum =>	\$7350 Med/Rx Combined		\$7350 Med/Rx Combined		\$7350 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$272.76	\$272.76	\$280.94	\$280.94	\$294.58	\$294.58
15	\$297.00	\$297.00	\$305.91	\$305.91	\$320.76	\$320.76
16	\$306.27	\$306.27	\$315.46	\$315.46	\$330.77	\$330.77
17	\$315.54	\$315.54	\$325.01	\$325.01	\$340.79	\$340.79
18	\$325.53	\$325.53	\$335.29	\$335.29	\$351.57	\$351.57
19	\$335.51	\$335.51	\$345.57	\$345.57	\$362.35	\$362.35
20	\$345.85	\$345.85	\$356.22	\$356.22	\$373.52	\$373.52
21	\$356.54	\$356.46	\$367.24	\$376.42	\$385.07	\$394.69
22	\$356.54	\$365.46	\$367.24	\$376.42	\$385.07	\$394.69
23	\$356.54	\$365.46	\$367.24	\$376.42	\$385.07	\$394.69
24	\$356.54	\$365.46	\$367.24	\$376.42	\$385.07	\$394.69
25	\$357.97	\$366.92	\$368.71	\$377.93	\$386.61	\$396.27
26	\$365.10	\$374.23	\$376.05	\$385.46	\$394.31	\$404.17
27	\$373.66	\$383.00	\$384.87	\$394.49	\$403.55	\$413.64
28	\$387.56	\$397.25	\$399.19	\$409.17	\$418.57	\$429.03
29	\$398.97	\$408.95	\$410.94	\$421.22	\$430.89	\$441.66
30	\$404.68	\$414.80	\$416.82	\$427.24	\$437.05	\$447.98
31	\$413.24	\$423.57	\$425.63	\$436.27	\$446.29	\$457.45
32	\$421.79	\$432.34	\$434.45	\$445.31	\$455.54	\$466.92
33	\$427.14	\$437.82	\$439.95	\$450.95	\$461.31	\$472.84
34	\$432.85	\$443.67	\$445.83	\$456.98	\$467.47	\$479.16
35	\$435.70	\$446.59	\$448.77	\$459.99	\$470.55	\$482.32
36	\$438.55	\$449.51	\$451.71	\$463.00	\$473.63	\$485.47
37	\$441.40	\$452.44	\$454.64	\$466.01	\$476.71	\$488.63
38	\$444.25	\$455.36	\$457.58	\$469.02	\$479.79	\$491.79
39	\$449.96	\$461.21	\$463.46	\$475.04	\$485.96	\$498.10
40	\$455.66	\$469.84	\$469.33	\$504.53	\$492.12	\$529.03
41	\$464.22	\$499.04	\$478.15	\$514.01	\$501.36	\$538.96
42	\$472.42	\$507.85	\$486.59	\$523.09	\$510.22	\$548.48
43	\$483.83	\$520.12	\$498.35	\$535.72	\$522.54	\$561.73
44	\$498.09	\$535.45	\$513.04	\$551.51	\$537.94	\$578.29
45	\$514.85	\$566.34	\$530.30	\$583.33	\$556.04	\$611.64
46	\$534.82	\$588.30	\$550.86	\$605.95	\$577.60	\$635.36
47	\$557.28	\$613.01	\$574.00	\$631.40	\$601.86	\$662.05
48	\$582.95	\$641.25	\$600.44	\$660.48	\$629.59	\$692.55
49	\$608.27	\$669.09	\$626.51	\$689.16	\$656.93	\$722.62
50	\$636.79	\$732.31	\$655.89	\$754.28	\$687.73	\$790.89
51	\$664.96	\$764.70	\$684.90	\$787.64	\$718.15	\$825.87
52	\$695.98	\$800.37	\$716.85	\$824.38	\$751.65	\$864.40
53	\$727.35	\$836.45	\$749.17	\$861.55	\$785.54	\$903.37
54	\$761.22	\$875.41	\$784.06	\$901.67	\$822.12	\$945.44
55	\$795.09	\$954.11	\$818.95	\$982.74	\$858.70	\$1,030.44
56	\$831.82	\$998.18	\$856.77	\$1,028.13	\$898.36	\$1,078.04
57	\$868.90	\$1,042.68	\$894.97	\$1,073.96	\$938.41	\$1,126.09
58	\$908.48	\$1,090.17	\$935.73	\$1,122.88	\$981.15	\$1,177.38
59	\$928.09	\$1,113.70	\$955.93	\$1,147.11	\$1,002.33	\$1,202.80
60	\$967.66	\$1,209.58	\$996.69	\$1,245.86	\$1,045.08	\$1,306.34
61	\$1,001.89	\$1,252.36	\$1,031.95	\$1,289.93	\$1,082.04	\$1,352.55
62	\$1,024.35	\$1,280.44	\$1,055.08	\$1,318.85	\$1,106.30	\$1,382.88
63	\$1,052.52	\$1,315.65	\$1,084.10	\$1,355.12	\$1,136.72	\$1,420.90
64+	\$1,069.62	\$1,337.04	\$1,101.71	\$1,377.15	\$1,155.20	\$1,444.01

Keystone Health Plan Central
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

RATING AREA 6

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union
53789PA0100004	Catastrophic HMO 7350/0/75 Combined w/Med	HMO	Catastrophic	Off	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05	\$221.05
53789PA0100008	Bronze HMO 7350/0/60 Combined w/Med	HMO	Bronze	Off	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54	\$356.54

Keystone Health Plan Central
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

					RATING AREA 7				RATING AREA 9							
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	
53789PA0100004	Catastrophic HMO 7350/0/75 Combined w/Med	HMO	Catastrophic	Off	\$227.68	\$227.68	\$227.68	\$227.68	\$238.73	\$238.73	\$238.73	\$238.73	\$238.73	\$238.73	\$238.73	
53789PA0100008	Bronze HMO 7350/0/60 Combined w/Med	HMO	Bronze	Off	\$367.24	\$367.24	\$367.24	\$367.24	\$385.07	\$385.07	\$385.07	\$385.07	\$385.07	\$385.07	\$385.07	

2018 Rates Table Template v7.1	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.																
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.																
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.																
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.																
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.																
HIOS Issuer ID*	53789																
Federal TIN*	23-2399845																
Rate Effective Date*	1/1/2018																
Rate Expiration Date*	12/31/2018																
Rating Method*	Age-Based Rates																
<table><tr><th>Plan ID*</th><th>Rating Area ID*</th><th>Tobacco*</th><th>Age*</th><th>Individual Rate*</th><th>Individual Tobacco Rate*</th></tr><tr><td>Required: Enter the 14-character Plan ID</td><td>Required: Select the Rating Area ID</td><td>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</td><td>Required: Select the age of a subscriber eligible for the rate</td><td>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</td><td>Required: Enter the rate of an Individual tobacco enrollee on a plan</td></tr></table>						Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*	Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*												
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	272.76	272.76												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	15	297.00	297.00												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	16	306.27	306.27												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	17	315.54	315.54												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	18	325.53	325.53												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	19	335.51	335.51												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	20	345.85	345.85												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	21	356.54	365.46												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	22	356.54	365.46												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	23	356.54	365.46												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	24	356.54	365.46												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	25	357.97	366.92												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	26	365.10	374.23												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	27	373.66	383.00												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	28	387.56	397.25												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	29	398.97	408.95												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	30	404.68	414.80												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	31	413.24	423.57												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	32	421.79	432.34												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	33	427.14	437.82												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	34	432.85	443.67												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	35	435.70	446.59												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	36	438.55	449.51												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	37	441.40	452.44												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	38	444.25	455.36												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	39	449.96	461.21												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	40	455.66	489.84												
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	41	464.22	499.04												

53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	42	472.42	507.85
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	43	483.83	520.12
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	44	498.09	535.45
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	45	514.85	566.34
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	46	534.82	588.30
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	47	557.28	613.01
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	48	582.95	641.25
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	49	608.27	669.09
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	50	636.79	732.31
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	51	664.96	764.70
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	52	695.98	800.37
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	53	727.35	836.45
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	54	761.22	875.41
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	55	795.09	954.11
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	56	831.82	998.18
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	57	868.90	1042.68
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	58	908.48	1090.17
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	59	928.09	1113.70
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	60	967.66	1209.58
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	61	1001.89	1252.36
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	62	1024.35	1280.44
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	63	1052.52	1315.65
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1069.62	1337.04
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	280.94	280.94
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	15	305.91	305.91
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	16	315.46	315.46
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	17	325.01	325.01
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	18	335.29	335.29
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	19	345.57	345.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	20	356.22	356.22
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	21	367.24	376.42
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	22	367.24	376.42
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	23	367.24	376.42
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	24	367.24	376.42
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	25	368.71	377.93
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	26	376.05	385.46
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	27	384.87	394.49
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	28	399.19	409.17
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	29	410.94	421.22
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	30	416.82	427.24
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	31	425.63	436.27
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	32	434.45	445.31
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	33	439.95	450.95
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	34	445.83	456.98
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	35	448.77	459.99
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	36	451.71	463.00
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	37	454.64	466.01
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	38	457.58	469.02

	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	39	463.46	475.04
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	40	469.33	504.53
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	41	478.15	514.01
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	42	486.59	523.09
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	43	498.35	535.72
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	44	513.04	551.51
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	45	530.30	583.33
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	46	550.86	605.95
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	47	574.00	631.40
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	48	600.44	660.48
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	49	626.51	689.16
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	50	655.89	754.28
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	51	684.90	787.64
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	52	716.85	824.38
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	53	749.17	861.55
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	54	784.06	901.67
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	55	818.95	982.74
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	56	856.77	1028.13
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	57	894.97	1073.96
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	58	935.73	1122.88
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	59	955.93	1147.11
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	60	996.69	1245.86
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	61	1031.95	1289.93
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	62	1055.08	1318.85
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	63	1084.10	1355.12
	53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1101.71	1377.15
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	294.58	294.58
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	15	320.76	320.76
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	16	330.77	330.77
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	17	340.79	340.79
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	18	351.57	351.57
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	19	362.35	362.35
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	20	373.52	373.52
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	21	385.07	394.69
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	22	385.07	394.69
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	23	385.07	394.69
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	24	385.07	394.69
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	25	386.61	396.27
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	26	394.31	404.17
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	27	403.55	413.64
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	28	418.57	429.03
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	29	430.89	441.66
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	30	437.05	447.98
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	31	446.29	457.45
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	32	455.54	466.92
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	33	461.31	472.84
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	34	467.47	479.16
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	35	470.55	482.32
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	36	473.63	485.47

	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	37	476.71	488.63
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	38	479.79	491.79
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	39	485.96	498.10
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	40	492.12	529.03
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	41	501.36	538.96
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	42	510.22	548.48
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	43	522.54	561.73
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	44	537.94	578.29
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	45	556.04	611.64
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	46	577.60	635.36
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	47	601.86	662.05
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	48	629.59	692.55
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	49	656.93	722.62
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	50	687.73	790.89
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	51	718.15	825.87
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	52	751.65	864.40
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	53	785.54	903.37
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	54	822.12	945.44
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	55	858.70	1030.44
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	56	898.36	1078.04
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	57	938.41	1126.09
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	58	981.15	1177.38
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	59	1002.33	1202.80
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	60	1045.08	1306.34
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	61	1082.04	1352.55
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	62	1106.30	1382.88
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	63	1136.72	1420.90
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1155.20	1444.01
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	169.10	169.10
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	15	184.14	184.14
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	16	189.88	189.88
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	17	195.63	195.63
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	18	201.82	201.82
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	19	208.01	208.01
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	20	214.42	214.42
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	21	221.05	226.58
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	22	221.05	226.58
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	23	221.05	226.58
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	24	221.05	226.58
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	25	221.93	227.48
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	26	226.36	232.01
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	27	231.66	237.45
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	28	240.28	246.29
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	29	247.36	253.54
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	30	250.89	257.16
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	31	256.20	262.60
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	32	261.50	268.04
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	33	264.82	271.44
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	34	268.36	275.06

	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	35	270.12	276.88
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	36	271.89	278.69
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	37	273.66	280.50
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	38	275.43	282.31
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	39	278.97	285.94
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	40	282.50	303.69
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	41	287.81	309.39
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	42	292.89	314.86
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	43	299.97	322.46
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	44	308.81	331.97
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	45	319.20	351.12
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	46	331.58	364.73
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	47	345.50	380.05
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	48	361.42	397.56
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	49	377.11	414.82
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	50	394.80	454.02
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	51	412.26	474.10
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	52	431.49	496.21
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	53	450.94	518.58
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	54	471.94	542.73
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	55	492.94	591.53
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	56	515.71	618.85
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	57	538.70	646.44
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	58	563.24	675.88
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	59	575.39	690.47
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	60	599.93	749.91
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	61	621.15	776.44
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	62	635.08	793.85
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	63	652.54	815.68
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	663.14	828.94
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	174.18	174.18
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	15	189.66	189.66
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	16	195.58	195.58
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	17	201.50	201.50
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	18	207.87	207.87
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	19	214.25	214.25
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	20	220.85	220.85
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	21	227.68	233.37
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	22	227.68	233.37
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	23	227.68	233.37
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	24	227.68	233.37
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	25	228.59	234.31
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	26	233.15	238.98
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	27	238.61	244.58
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	28	247.49	253.68
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	29	254.78	261.15
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	30	258.42	264.88
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	31	263.88	270.48
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	32	269.35	276.08

53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	33	272.76	279.58
	Rating Area 7	Tobacco User/Non-Tobacco User	34	276.41	283.32
	Rating Area 7	Tobacco User/Non-Tobacco User	35	278.23	285.18
	Rating Area 7	Tobacco User/Non-Tobacco User	36	280.05	287.05
	Rating Area 7	Tobacco User/Non-Tobacco User	37	281.87	288.92
	Rating Area 7	Tobacco User/Non-Tobacco User	38	283.69	290.78
	Rating Area 7	Tobacco User/Non-Tobacco User	39	287.33	294.52
	Rating Area 7	Tobacco User/Non-Tobacco User	40	290.98	312.80
	Rating Area 7	Tobacco User/Non-Tobacco User	41	296.44	318.68
	Rating Area 7	Tobacco User/Non-Tobacco User	42	301.68	324.30
	Rating Area 7	Tobacco User/Non-Tobacco User	43	308.96	332.14
	Rating Area 7	Tobacco User/Non-Tobacco User	44	318.07	341.93
	Rating Area 7	Tobacco User/Non-Tobacco User	45	328.77	361.65
	Rating Area 7	Tobacco User/Non-Tobacco User	46	341.52	375.68
	Rating Area 7	Tobacco User/Non-Tobacco User	47	355.87	391.45
	Rating Area 7	Tobacco User/Non-Tobacco User	48	372.26	409.49
	Rating Area 7	Tobacco User/Non-Tobacco User	49	388.43	427.27
	Rating Area 7	Tobacco User/Non-Tobacco User	50	406.64	467.64
	Rating Area 7	Tobacco User/Non-Tobacco User	51	424.63	488.32
	Rating Area 7	Tobacco User/Non-Tobacco User	52	444.44	511.10
	Rating Area 7	Tobacco User/Non-Tobacco User	53	464.47	534.14
	Rating Area 7	Tobacco User/Non-Tobacco User	54	486.10	559.02
	Rating Area 7	Tobacco User/Non-Tobacco User	55	507.73	609.28
	Rating Area 7	Tobacco User/Non-Tobacco User	56	531.18	637.42
	Rating Area 7	Tobacco User/Non-Tobacco User	57	554.86	665.83
	Rating Area 7	Tobacco User/Non-Tobacco User	58	580.13	696.16
	Rating Area 7	Tobacco User/Non-Tobacco User	59	592.66	711.19
	Rating Area 7	Tobacco User/Non-Tobacco User	60	617.93	772.41
	Rating Area 7	Tobacco User/Non-Tobacco User	61	639.79	799.73
	Rating Area 7	Tobacco User/Non-Tobacco User	62	654.13	817.66
	Rating Area 7	Tobacco User/Non-Tobacco User	63	672.12	840.15
	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	683.04	853.81
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	182.63	182.63
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	15	198.87	198.87
	Rating Area 9	Tobacco User/Non-Tobacco User	16	205.07	205.07
	Rating Area 9	Tobacco User/Non-Tobacco User	17	211.28	211.28
	Rating Area 9	Tobacco User/Non-Tobacco User	18	217.96	217.96
	Rating Area 9	Tobacco User/Non-Tobacco User	19	224.65	224.65
	Rating Area 9	Tobacco User/Non-Tobacco User	20	231.57	231.57
	Rating Area 9	Tobacco User/Non-Tobacco User	21	238.73	244.70
	Rating Area 9	Tobacco User/Non-Tobacco User	22	238.73	244.70
	Rating Area 9	Tobacco User/Non-Tobacco User	23	238.73	244.70
	Rating Area 9	Tobacco User/Non-Tobacco User	24	238.73	244.70
	Rating Area 9	Tobacco User/Non-Tobacco User	25	239.69	245.68
	Rating Area 9	Tobacco User/Non-Tobacco User	26	244.46	250.58
	Rating Area 9	Tobacco User/Non-Tobacco User	27	250.19	256.45
	Rating Area 9	Tobacco User/Non-Tobacco User	28	259.50	265.99
	Rating Area 9	Tobacco User/Non-Tobacco User	29	267.14	273.82
	Rating Area 9	Tobacco User/Non-Tobacco User	30	270.96	277.74

	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	31	276.69	283.61
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	32	282.42	289.48
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	33	286.00	293.15
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	34	289.82	297.07
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	35	291.73	299.03
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	36	293.64	300.98
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	37	295.55	302.94
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	38	297.46	304.90
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	39	301.28	308.82
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	40	305.10	327.99
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	41	310.83	334.14
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	42	316.32	340.05
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	43	323.96	348.26
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	44	333.51	358.53
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	45	344.73	379.21
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	46	358.10	393.91
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	47	373.14	410.46
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	48	390.33	429.36
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	49	407.28	448.01
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	50	426.38	490.34
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	51	445.24	512.03
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	52	466.01	535.91
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	53	487.02	560.07
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	54	509.70	586.15
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	55	532.38	638.85
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	56	556.97	668.36
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	57	581.80	698.16
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	58	608.30	729.95
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	59	621.43	745.71
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	60	647.93	809.91
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	61	670.84	838.56
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	62	685.88	857.36
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	63	704.74	880.93
	53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	716.19	895.25

2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date* Rating Method*	53789			
	23-2399845			
	1/1/2018			
	3/31/2018			
	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	209.63
53789PA0090004	Rating Area 6	No Preference	15	228.26
53789PA0090004	Rating Area 6	No Preference	16	235.38
53789PA0090004	Rating Area 6	No Preference	17	242.51
53789PA0090004	Rating Area 6	No Preference	18	250.18
53789PA0090004	Rating Area 6	No Preference	19	257.85
53789PA0090004	Rating Area 6	No Preference	20	265.80
53789PA0090004	Rating Area 6	No Preference	21	274.02
53789PA0090004	Rating Area 6	No Preference	22	274.02
53789PA0090004	Rating Area 6	No Preference	23	274.02
53789PA0090004	Rating Area 6	No Preference	24	274.02
53789PA0090004	Rating Area 6	No Preference	25	275.12
53789PA0090004	Rating Area 6	No Preference	26	280.60
53789PA0090004	Rating Area 6	No Preference	27	287.17
53789PA0090004	Rating Area 6	No Preference	28	297.86
53789PA0090004	Rating Area 6	No Preference	29	306.63
53789PA0090004	Rating Area 6	No Preference	30	311.01
53789PA0090004	Rating Area 6	No Preference	31	317.59
53789PA0090004	Rating Area 6	No Preference	32	324.17
53789PA0090004	Rating Area 6	No Preference	33	328.28
53789PA0090004	Rating Area 6	No Preference	34	332.66
53789PA0090004	Rating Area 6	No Preference	35	334.85
53789PA0090004	Rating Area 6	No Preference	36	337.04
53789PA0090004	Rating Area 6	No Preference	37	339.24
53789PA0090004	Rating Area 6	No Preference	38	341.43
53789PA0090004	Rating Area 6	No Preference	39	345.81
53789PA0090004	Rating Area 6	No Preference	40	350.20
53789PA0090004	Rating Area 6	No Preference	41	356.77

53789PA0090004	Rating Area 6	No Preference	42	363.08
53789PA0090004	Rating Area 6	No Preference	43	371.85
53789PA0090004	Rating Area 6	No Preference	44	382.81
53789PA0090004	Rating Area 6	No Preference	45	395.68
53789PA0090004	Rating Area 6	No Preference	46	411.03
53789PA0090004	Rating Area 6	No Preference	47	428.29
53789PA0090004	Rating Area 6	No Preference	48	448.02
53789PA0090004	Rating Area 6	No Preference	49	467.48
53789PA0090004	Rating Area 6	No Preference	50	489.40
53789PA0090004	Rating Area 6	No Preference	51	511.05
53789PA0090004	Rating Area 6	No Preference	52	534.89
53789PA0090004	Rating Area 6	No Preference	53	559.00
53789PA0090004	Rating Area 6	No Preference	54	585.03
53789PA0090004	Rating Area 6	No Preference	55	611.06
53789PA0090004	Rating Area 6	No Preference	56	639.29
53789PA0090004	Rating Area 6	No Preference	57	667.79
53789PA0090004	Rating Area 6	No Preference	58	698.20
53789PA0090004	Rating Area 6	No Preference	59	713.27
53789PA0090004	Rating Area 6	No Preference	60	743.69
53789PA0090004	Rating Area 6	No Preference	61	770.00
53789PA0090004	Rating Area 6	No Preference	62	787.26
53789PA0090004	Rating Area 6	No Preference	63	808.91
53789PA0090004	Rating Area 6	No Preference	64 and over	822.05
53789PA0090004	Rating Area 7	No Preference	0-14	215.91
53789PA0090004	Rating Area 7	No Preference	15	235.11
53789PA0090004	Rating Area 7	No Preference	16	242.44
53789PA0090004	Rating Area 7	No Preference	17	249.78
53789PA0090004	Rating Area 7	No Preference	18	257.69
53789PA0090004	Rating Area 7	No Preference	19	265.59
53789PA0090004	Rating Area 7	No Preference	20	273.77
53789PA0090004	Rating Area 7	No Preference	21	282.24
53789PA0090004	Rating Area 7	No Preference	22	282.24
53789PA0090004	Rating Area 7	No Preference	23	282.24
53789PA0090004	Rating Area 7	No Preference	24	282.24
53789PA0090004	Rating Area 7	No Preference	25	283.37
53789PA0090004	Rating Area 7	No Preference	26	289.01
53789PA0090004	Rating Area 7	No Preference	27	295.79
53789PA0090004	Rating Area 7	No Preference	28	306.80
53789PA0090004	Rating Area 7	No Preference	29	315.83
53789PA0090004	Rating Area 7	No Preference	30	320.34
53789PA0090004	Rating Area 7	No Preference	31	327.12
53789PA0090004	Rating Area 7	No Preference	32	333.89
53789PA0090004	Rating Area 7	No Preference	33	338.12
53789PA0090004	Rating Area 7	No Preference	34	342.64
53789PA0090004	Rating Area 7	No Preference	35	344.90
53789PA0090004	Rating Area 7	No Preference	36	347.16
53789PA0090004	Rating Area 7	No Preference	37	349.41
53789PA0090004	Rating Area 7	No Preference	38	351.67

53789PA0090004	Rating Area 7	No Preference	39	356.19
	Rating Area 7	No Preference	40	360.70
	Rating Area 7	No Preference	41	367.48
	Rating Area 7	No Preference	42	373.97
	Rating Area 7	No Preference	43	383.00
	Rating Area 7	No Preference	44	394.29
	Rating Area 7	No Preference	45	407.56
	Rating Area 7	No Preference	46	423.36
	Rating Area 7	No Preference	47	441.14
	Rating Area 7	No Preference	48	461.46
	Rating Area 7	No Preference	49	481.50
	Rating Area 7	No Preference	50	504.08
	Rating Area 7	No Preference	51	526.38
	Rating Area 7	No Preference	52	550.93
	Rating Area 7	No Preference	53	575.77
	Rating Area 7	No Preference	54	602.58
	Rating Area 7	No Preference	55	629.40
	Rating Area 7	No Preference	56	658.47
	Rating Area 7	No Preference	57	687.82
	Rating Area 7	No Preference	58	719.15
	Rating Area 7	No Preference	59	734.67
	Rating Area 7	No Preference	60	766.00
	Rating Area 7	No Preference	61	793.10
	Rating Area 7	No Preference	62	810.88
	Rating Area 7	No Preference	63	833.17
	Rating Area 7	No Preference	64 and over	846.71
53789PA0090004	Rating Area 9	No Preference	0-14	226.40
53789PA0090004	Rating Area 9	No Preference	15	246.52
53789PA0090004	Rating Area 9	No Preference	16	254.21
53789PA0090004	Rating Area 9	No Preference	17	261.91
53789PA0090004	Rating Area 9	No Preference	18	270.19
53789PA0090004	Rating Area 9	No Preference	19	278.48
53789PA0090004	Rating Area 9	No Preference	20	287.06
53789PA0090004	Rating Area 9	No Preference	21	295.94
53789PA0090004	Rating Area 9	No Preference	22	295.94
53789PA0090004	Rating Area 9	No Preference	23	295.94
53789PA0090004	Rating Area 9	No Preference	24	295.94
53789PA0090004	Rating Area 9	No Preference	25	297.13
53789PA0090004	Rating Area 9	No Preference	26	303.04
53789PA0090004	Rating Area 9	No Preference	27	310.15
53789PA0090004	Rating Area 9	No Preference	28	321.69
53789PA0090004	Rating Area 9	No Preference	29	331.16
53789PA0090004	Rating Area 9	No Preference	30	335.89
53789PA0090004	Rating Area 9	No Preference	31	343.00
53789PA0090004	Rating Area 9	No Preference	32	350.10
53789PA0090004	Rating Area 9	No Preference	33	354.54
53789PA0090004	Rating Area 9	No Preference	34	359.27
53789PA0090004	Rating Area 9	No Preference	35	361.64
53789PA0090004	Rating Area 9	No Preference	36	364.01

53789PA0090004	Rating Area 9	No Preference	37	366.38
53789PA0090004	Rating Area 9	No Preference	38	368.74
53789PA0090004	Rating Area 9	No Preference	39	373.48
53789PA0090004	Rating Area 9	No Preference	40	378.21
53789PA0090004	Rating Area 9	No Preference	41	385.32
53789PA0090004	Rating Area 9	No Preference	42	392.12
53789PA0090004	Rating Area 9	No Preference	43	401.59
53789PA0090004	Rating Area 9	No Preference	44	413.43
53789PA0090004	Rating Area 9	No Preference	45	427.34
53789PA0090004	Rating Area 9	No Preference	46	443.91
53789PA0090004	Rating Area 9	No Preference	47	462.56
53789PA0090004	Rating Area 9	No Preference	48	483.86
53789PA0090004	Rating Area 9	No Preference	49	504.88
53789PA0090004	Rating Area 9	No Preference	50	528.55
53789PA0090004	Rating Area 9	No Preference	51	551.93
53789PA0090004	Rating Area 9	No Preference	52	577.68
53789PA0090004	Rating Area 9	No Preference	53	603.72
53789PA0090004	Rating Area 9	No Preference	54	631.84
53789PA0090004	Rating Area 9	No Preference	55	659.95
53789PA0090004	Rating Area 9	No Preference	56	690.43
53789PA0090004	Rating Area 9	No Preference	57	721.21
53789PA0090004	Rating Area 9	No Preference	58	754.06
53789PA0090004	Rating Area 9	No Preference	59	770.34
53789PA0090004	Rating Area 9	No Preference	60	803.19
53789PA0090004	Rating Area 9	No Preference	61	831.60
53789PA0090004	Rating Area 9	No Preference	62	850.24
53789PA0090004	Rating Area 9	No Preference	63	873.62
53789PA0090004	Rating Area 9	No Preference	64 and over	887.81

2018 Rates Table Template v7.1	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	53789			
Federal TIN*	23-2399845			
Rate Effective Date*	4/1/2018			
Rate Expiration Date*	6/30/2018			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	214.23
53789PA0090004	Rating Area 6	No Preference	15	233.27
53789PA0090004	Rating Area 6	No Preference	16	240.55
53789PA0090004	Rating Area 6	No Preference	17	247.84
53789PA0090004	Rating Area 6	No Preference	18	255.68
53789PA0090004	Rating Area 6	No Preference	19	263.52
53789PA0090004	Rating Area 6	No Preference	20	271.64
53789PA0090004	Rating Area 6	No Preference	21	280.04
53789PA0090004	Rating Area 6	No Preference	22	280.04
53789PA0090004	Rating Area 6	No Preference	23	280.04
53789PA0090004	Rating Area 6	No Preference	24	280.04
53789PA0090004	Rating Area 6	No Preference	25	281.16
53789PA0090004	Rating Area 6	No Preference	26	286.76
53789PA0090004	Rating Area 6	No Preference	27	293.48
53789PA0090004	Rating Area 6	No Preference	28	304.40
53789PA0090004	Rating Area 6	No Preference	29	313.36
53789PA0090004	Rating Area 6	No Preference	30	317.85
53789PA0090004	Rating Area 6	No Preference	31	324.57
53789PA0090004	Rating Area 6	No Preference	32	331.29
53789PA0090004	Rating Area 6	No Preference	33	335.49
53789PA0090004	Rating Area 6	No Preference	34	339.97
53789PA0090004	Rating Area 6	No Preference	35	342.21
53789PA0090004	Rating Area 6	No Preference	36	344.45
53789PA0090004	Rating Area 6	No Preference	37	346.69
53789PA0090004	Rating Area 6	No Preference	38	348.93
53789PA0090004	Rating Area 6	No Preference	39	353.41
53789PA0090004	Rating Area 6	No Preference	40	357.89
53789PA0090004	Rating Area 6	No Preference	41	364.61

53789PA0090004	Rating Area 6	No Preference	42	371.05
53789PA0090004	Rating Area 6	No Preference	43	380.01
53789PA0090004	Rating Area 6	No Preference	44	391.22
53789PA0090004	Rating Area 6	No Preference	45	404.38
53789PA0090004	Rating Area 6	No Preference	46	420.06
53789PA0090004	Rating Area 6	No Preference	47	437.70
53789PA0090004	Rating Area 6	No Preference	48	457.87
53789PA0090004	Rating Area 6	No Preference	49	477.75
53789PA0090004	Rating Area 6	No Preference	50	500.15
53789PA0090004	Rating Area 6	No Preference	51	522.27
53789PA0090004	Rating Area 6	No Preference	52	546.64
53789PA0090004	Rating Area 6	No Preference	53	571.28
53789PA0090004	Rating Area 6	No Preference	54	597.89
53789PA0090004	Rating Area 6	No Preference	55	624.49
53789PA0090004	Rating Area 6	No Preference	56	653.33
53789PA0090004	Rating Area 6	No Preference	57	682.46
53789PA0090004	Rating Area 6	No Preference	58	713.54
53789PA0090004	Rating Area 6	No Preference	59	728.94
53789PA0090004	Rating Area 6	No Preference	60	760.03
53789PA0090004	Rating Area 6	No Preference	61	786.91
53789PA0090004	Rating Area 6	No Preference	62	804.55
53789PA0090004	Rating Area 6	No Preference	63	826.68
53789PA0090004	Rating Area 6	No Preference	64 and over	840.11
53789PA0090004	Rating Area 7	No Preference	0-14	220.66
53789PA0090004	Rating Area 7	No Preference	15	240.27
53789PA0090004	Rating Area 7	No Preference	16	247.77
53789PA0090004	Rating Area 7	No Preference	17	255.27
53789PA0090004	Rating Area 7	No Preference	18	263.35
53789PA0090004	Rating Area 7	No Preference	19	271.42
53789PA0090004	Rating Area 7	No Preference	20	279.79
53789PA0090004	Rating Area 7	No Preference	21	288.44
53789PA0090004	Rating Area 7	No Preference	22	288.44
53789PA0090004	Rating Area 7	No Preference	23	288.44
53789PA0090004	Rating Area 7	No Preference	24	288.44
53789PA0090004	Rating Area 7	No Preference	25	289.59
53789PA0090004	Rating Area 7	No Preference	26	295.36
53789PA0090004	Rating Area 7	No Preference	27	302.29
53789PA0090004	Rating Area 7	No Preference	28	313.54
53789PA0090004	Rating Area 7	No Preference	29	322.77
53789PA0090004	Rating Area 7	No Preference	30	327.38
53789PA0090004	Rating Area 7	No Preference	31	334.30
53789PA0090004	Rating Area 7	No Preference	32	341.23
53789PA0090004	Rating Area 7	No Preference	33	345.55
53789PA0090004	Rating Area 7	No Preference	34	350.17
53789PA0090004	Rating Area 7	No Preference	35	352.48
53789PA0090004	Rating Area 7	No Preference	36	354.78
53789PA0090004	Rating Area 7	No Preference	37	357.09
53789PA0090004	Rating Area 7	No Preference	38	359.40

	53789PA0090004	Rating Area 7	No Preference	39	364.01
	53789PA0090004	Rating Area 7	No Preference	40	368.63
	53789PA0090004	Rating Area 7	No Preference	41	375.55
	53789PA0090004	Rating Area 7	No Preference	42	382.18
	53789PA0090004	Rating Area 7	No Preference	43	391.41
	53789PA0090004	Rating Area 7	No Preference	44	402.95
	53789PA0090004	Rating Area 7	No Preference	45	416.51
	53789PA0090004	Rating Area 7	No Preference	46	432.66
	53789PA0090004	Rating Area 7	No Preference	47	450.83
	53789PA0090004	Rating Area 7	No Preference	48	471.60
	53789PA0090004	Rating Area 7	No Preference	49	492.08
	53789PA0090004	Rating Area 7	No Preference	50	515.16
	53789PA0090004	Rating Area 7	No Preference	51	537.94
	53789PA0090004	Rating Area 7	No Preference	52	563.04
	53789PA0090004	Rating Area 7	No Preference	53	588.42
	53789PA0090004	Rating Area 7	No Preference	54	615.82
	53789PA0090004	Rating Area 7	No Preference	55	643.22
	53789PA0090004	Rating Area 7	No Preference	56	672.93
	53789PA0090004	Rating Area 7	No Preference	57	702.93
	53789PA0090004	Rating Area 7	No Preference	58	734.95
	53789PA0090004	Rating Area 7	No Preference	59	750.81
	53789PA0090004	Rating Area 7	No Preference	60	782.83
	53789PA0090004	Rating Area 7	No Preference	61	810.52
	53789PA0090004	Rating Area 7	No Preference	62	828.69
	53789PA0090004	Rating Area 7	No Preference	63	851.48
	53789PA0090004	Rating Area 7	No Preference	64 and over	865.31
	53789PA0090004	Rating Area 9	No Preference	0-14	231.37
	53789PA0090004	Rating Area 9	No Preference	15	251.94
	53789PA0090004	Rating Area 9	No Preference	16	259.80
	53789PA0090004	Rating Area 9	No Preference	17	267.66
	53789PA0090004	Rating Area 9	No Preference	18	276.13
	53789PA0090004	Rating Area 9	No Preference	19	284.60
	53789PA0090004	Rating Area 9	No Preference	20	293.37
	53789PA0090004	Rating Area 9	No Preference	21	302.44
	53789PA0090004	Rating Area 9	No Preference	22	302.44
	53789PA0090004	Rating Area 9	No Preference	23	302.44
	53789PA0090004	Rating Area 9	No Preference	24	302.44
	53789PA0090004	Rating Area 9	No Preference	25	303.65
	53789PA0090004	Rating Area 9	No Preference	26	309.70
	53789PA0090004	Rating Area 9	No Preference	27	316.96
	53789PA0090004	Rating Area 9	No Preference	28	328.76
	53789PA0090004	Rating Area 9	No Preference	29	338.43
	53789PA0090004	Rating Area 9	No Preference	30	343.27
	53789PA0090004	Rating Area 9	No Preference	31	350.53
	53789PA0090004	Rating Area 9	No Preference	32	357.79
	53789PA0090004	Rating Area 9	No Preference	33	362.33
	53789PA0090004	Rating Area 9	No Preference	34	367.17
	53789PA0090004	Rating Area 9	No Preference	35	369.59
	53789PA0090004	Rating Area 9	No Preference	36	372.01

53789PA0090004	Rating Area 9	No Preference	37	374.42
53789PA0090004	Rating Area 9	No Preference	38	376.84
53789PA0090004	Rating Area 9	No Preference	39	381.68
53789PA0090004	Rating Area 9	No Preference	40	386.52
53789PA0090004	Rating Area 9	No Preference	41	393.78
53789PA0090004	Rating Area 9	No Preference	42	400.74
53789PA0090004	Rating Area 9	No Preference	43	410.42
53789PA0090004	Rating Area 9	No Preference	44	422.51
53789PA0090004	Rating Area 9	No Preference	45	436.73
53789PA0090004	Rating Area 9	No Preference	46	453.66
53789PA0090004	Rating Area 9	No Preference	47	472.72
53789PA0090004	Rating Area 9	No Preference	48	494.49
53789PA0090004	Rating Area 9	No Preference	49	515.97
53789PA0090004	Rating Area 9	No Preference	50	540.16
53789PA0090004	Rating Area 9	No Preference	51	564.06
53789PA0090004	Rating Area 9	No Preference	52	590.37
53789PA0090004	Rating Area 9	No Preference	53	616.98
53789PA0090004	Rating Area 9	No Preference	54	645.72
53789PA0090004	Rating Area 9	No Preference	55	674.45
53789PA0090004	Rating Area 9	No Preference	56	705.60
53789PA0090004	Rating Area 9	No Preference	57	737.05
53789PA0090004	Rating Area 9	No Preference	58	770.63
53789PA0090004	Rating Area 9	No Preference	59	787.26
53789PA0090004	Rating Area 9	No Preference	60	820.83
53789PA0090004	Rating Area 9	No Preference	61	849.87
53789PA0090004	Rating Area 9	No Preference	62	868.92
53789PA0090004	Rating Area 9	No Preference	63	892.81
53789PA0090004	Rating Area 9	No Preference	64 and over	907.32

2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date* Rating Method*	53789			
	23-2399845			
	7/1/2018			
	9/30/2018			
	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	218.93
53789PA0090004	Rating Area 6	No Preference	15	238.39
53789PA0090004	Rating Area 6	No Preference	16	245.83
53789PA0090004	Rating Area 6	No Preference	17	253.27
53789PA0090004	Rating Area 6	No Preference	18	261.28
53789PA0090004	Rating Area 6	No Preference	19	269.30
53789PA0090004	Rating Area 6	No Preference	20	277.59
53789PA0090004	Rating Area 6	No Preference	21	286.18
53789PA0090004	Rating Area 6	No Preference	22	286.18
53789PA0090004	Rating Area 6	No Preference	23	286.18
53789PA0090004	Rating Area 6	No Preference	24	286.18
53789PA0090004	Rating Area 6	No Preference	25	287.32
53789PA0090004	Rating Area 6	No Preference	26	293.05
53789PA0090004	Rating Area 6	No Preference	27	299.92
53789PA0090004	Rating Area 6	No Preference	28	311.08
53789PA0090004	Rating Area 6	No Preference	29	320.24
53789PA0090004	Rating Area 6	No Preference	30	324.81
53789PA0090004	Rating Area 6	No Preference	31	331.68
53789PA0090004	Rating Area 6	No Preference	32	338.55
53789PA0090004	Rating Area 6	No Preference	33	342.84
53789PA0090004	Rating Area 6	No Preference	34	347.42
53789PA0090004	Rating Area 6	No Preference	35	349.71
53789PA0090004	Rating Area 6	No Preference	36	352.00
53789PA0090004	Rating Area 6	No Preference	37	354.29
53789PA0090004	Rating Area 6	No Preference	38	356.58
53789PA0090004	Rating Area 6	No Preference	39	361.16
53789PA0090004	Rating Area 6	No Preference	40	365.74
53789PA0090004	Rating Area 6	No Preference	41	372.61

53789PA0090004	Rating Area 6	No Preference	42	379.19
53789PA0090004	Rating Area 6	No Preference	43	388.35
53789PA0090004	Rating Area 6	No Preference	44	399.79
53789PA0090004	Rating Area 6	No Preference	45	413.24
53789PA0090004	Rating Area 6	No Preference	46	429.27
53789PA0090004	Rating Area 6	No Preference	47	447.30
53789PA0090004	Rating Area 6	No Preference	48	467.90
53789PA0090004	Rating Area 6	No Preference	49	488.22
53789PA0090004	Rating Area 6	No Preference	50	511.12
53789PA0090004	Rating Area 6	No Preference	51	533.73
53789PA0090004	Rating Area 6	No Preference	52	558.62
53789PA0090004	Rating Area 6	No Preference	53	583.81
53789PA0090004	Rating Area 6	No Preference	54	610.99
53789PA0090004	Rating Area 6	No Preference	55	638.18
53789PA0090004	Rating Area 6	No Preference	56	667.66
53789PA0090004	Rating Area 6	No Preference	57	697.42
53789PA0090004	Rating Area 6	No Preference	58	729.19
53789PA0090004	Rating Area 6	No Preference	59	744.93
53789PA0090004	Rating Area 6	No Preference	60	776.69
53789PA0090004	Rating Area 6	No Preference	61	804.17
53789PA0090004	Rating Area 6	No Preference	62	822.20
53789PA0090004	Rating Area 6	No Preference	63	844.80
53789PA0090004	Rating Area 6	No Preference	64 and over	858.53
53789PA0090004	Rating Area 7	No Preference	0-14	225.50
53789PA0090004	Rating Area 7	No Preference	15	245.54
53789PA0090004	Rating Area 7	No Preference	16	253.20
53789PA0090004	Rating Area 7	No Preference	17	260.87
53789PA0090004	Rating Area 7	No Preference	18	269.12
53789PA0090004	Rating Area 7	No Preference	19	277.37
53789PA0090004	Rating Area 7	No Preference	20	285.92
53789PA0090004	Rating Area 7	No Preference	21	294.77
53789PA0090004	Rating Area 7	No Preference	22	294.77
53789PA0090004	Rating Area 7	No Preference	23	294.77
53789PA0090004	Rating Area 7	No Preference	24	294.77
53789PA0090004	Rating Area 7	No Preference	25	295.94
53789PA0090004	Rating Area 7	No Preference	26	301.84
53789PA0090004	Rating Area 7	No Preference	27	308.91
53789PA0090004	Rating Area 7	No Preference	28	320.41
53789PA0090004	Rating Area 7	No Preference	29	329.84
53789PA0090004	Rating Area 7	No Preference	30	334.56
53789PA0090004	Rating Area 7	No Preference	31	341.63
53789PA0090004	Rating Area 7	No Preference	32	348.71
53789PA0090004	Rating Area 7	No Preference	33	353.13
53789PA0090004	Rating Area 7	No Preference	34	357.85
53789PA0090004	Rating Area 7	No Preference	35	360.20
53789PA0090004	Rating Area 7	No Preference	36	362.56
53789PA0090004	Rating Area 7	No Preference	37	364.92
53789PA0090004	Rating Area 7	No Preference	38	367.28

	53789PA0090004	Rating Area 7	No Preference	39	371.99
	53789PA0090004	Rating Area 7	No Preference	40	376.71
	53789PA0090004	Rating Area 7	No Preference	41	383.78
	53789PA0090004	Rating Area 7	No Preference	42	390.56
	53789PA0090004	Rating Area 7	No Preference	43	400.00
	53789PA0090004	Rating Area 7	No Preference	44	411.79
	53789PA0090004	Rating Area 7	No Preference	45	425.64
	53789PA0090004	Rating Area 7	No Preference	46	442.15
	53789PA0090004	Rating Area 7	No Preference	47	460.72
	53789PA0090004	Rating Area 7	No Preference	48	481.94
	53789PA0090004	Rating Area 7	No Preference	49	502.87
	53789PA0090004	Rating Area 7	No Preference	50	526.45
	53789PA0090004	Rating Area 7	No Preference	51	549.74
	53789PA0090004	Rating Area 7	No Preference	52	575.38
	53789PA0090004	Rating Area 7	No Preference	53	601.32
	53789PA0090004	Rating Area 7	No Preference	54	629.32
	53789PA0090004	Rating Area 7	No Preference	55	657.33
	53789PA0090004	Rating Area 7	No Preference	56	687.69
	53789PA0090004	Rating Area 7	No Preference	57	718.34
	53789PA0090004	Rating Area 7	No Preference	58	751.06
	53789PA0090004	Rating Area 7	No Preference	59	767.27
	53789PA0090004	Rating Area 7	No Preference	60	799.99
	53789PA0090004	Rating Area 7	No Preference	61	828.29
	53789PA0090004	Rating Area 7	No Preference	62	846.86
	53789PA0090004	Rating Area 7	No Preference	63	870.15
	53789PA0090004	Rating Area 7	No Preference	64 and over	884.30
	53789PA0090004	Rating Area 9	No Preference	0-14	236.44
	53789PA0090004	Rating Area 9	No Preference	15	257.46
	53789PA0090004	Rating Area 9	No Preference	16	265.49
	53789PA0090004	Rating Area 9	No Preference	17	273.53
	53789PA0090004	Rating Area 9	No Preference	18	282.18
	53789PA0090004	Rating Area 9	No Preference	19	290.84
	53789PA0090004	Rating Area 9	No Preference	20	299.80
	53789PA0090004	Rating Area 9	No Preference	21	309.07
	53789PA0090004	Rating Area 9	No Preference	22	309.07
	53789PA0090004	Rating Area 9	No Preference	23	309.07
	53789PA0090004	Rating Area 9	No Preference	24	309.07
	53789PA0090004	Rating Area 9	No Preference	25	310.31
	53789PA0090004	Rating Area 9	No Preference	26	316.49
	53789PA0090004	Rating Area 9	No Preference	27	323.91
	53789PA0090004	Rating Area 9	No Preference	28	335.96
	53789PA0090004	Rating Area 9	No Preference	29	345.85
	53789PA0090004	Rating Area 9	No Preference	30	350.80
	53789PA0090004	Rating Area 9	No Preference	31	358.22
	53789PA0090004	Rating Area 9	No Preference	32	365.64
	53789PA0090004	Rating Area 9	No Preference	33	370.27
	53789PA0090004	Rating Area 9	No Preference	34	375.22
	53789PA0090004	Rating Area 9	No Preference	35	377.69
	53789PA0090004	Rating Area 9	No Preference	36	380.16

53789PA0090004	Rating Area 9	No Preference	37	382.63
53789PA0090004	Rating Area 9	No Preference	38	385.11
53789PA0090004	Rating Area 9	No Preference	39	390.05
53789PA0090004	Rating Area 9	No Preference	40	395.00
53789PA0090004	Rating Area 9	No Preference	41	402.41
53789PA0090004	Rating Area 9	No Preference	42	409.52
53789PA0090004	Rating Area 9	No Preference	43	419.41
53789PA0090004	Rating Area 9	No Preference	44	431.78
53789PA0090004	Rating Area 9	No Preference	45	446.30
53789PA0090004	Rating Area 9	No Preference	46	463.61
53789PA0090004	Rating Area 9	No Preference	47	483.08
53789PA0090004	Rating Area 9	No Preference	48	505.34
53789PA0090004	Rating Area 9	No Preference	49	527.28
53789PA0090004	Rating Area 9	No Preference	50	552.01
53789PA0090004	Rating Area 9	No Preference	51	576.42
53789PA0090004	Rating Area 9	No Preference	52	603.31
53789PA0090004	Rating Area 9	No Preference	53	630.51
53789PA0090004	Rating Area 9	No Preference	54	659.87
53789PA0090004	Rating Area 9	No Preference	55	689.24
53789PA0090004	Rating Area 9	No Preference	56	721.07
53789PA0090004	Rating Area 9	No Preference	57	753.21
53789PA0090004	Rating Area 9	No Preference	58	787.52
53789PA0090004	Rating Area 9	No Preference	59	804.52
53789PA0090004	Rating Area 9	No Preference	60	838.83
53789PA0090004	Rating Area 9	No Preference	61	868.50
53789PA0090004	Rating Area 9	No Preference	62	887.97
53789PA0090004	Rating Area 9	No Preference	63	912.39
53789PA0090004	Rating Area 9	No Preference	64 and over	927.21

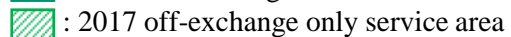
2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date* Rating Method*	53789			
	23-2399845			
	10/1/2018			
	12/31/2018			
	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	223.73
53789PA0090004	Rating Area 6	No Preference	15	243.62
53789PA0090004	Rating Area 6	No Preference	16	251.22
53789PA0090004	Rating Area 6	No Preference	17	258.83
53789PA0090004	Rating Area 6	No Preference	18	267.02
53789PA0090004	Rating Area 6	No Preference	19	275.20
53789PA0090004	Rating Area 6	No Preference	20	283.69
53789PA0090004	Rating Area 6	No Preference	21	292.46
53789PA0090004	Rating Area 6	No Preference	22	292.46
53789PA0090004	Rating Area 6	No Preference	23	292.46
53789PA0090004	Rating Area 6	No Preference	24	292.46
53789PA0090004	Rating Area 6	No Preference	25	293.63
53789PA0090004	Rating Area 6	No Preference	26	299.48
53789PA0090004	Rating Area 6	No Preference	27	306.50
53789PA0090004	Rating Area 6	No Preference	28	317.90
53789PA0090004	Rating Area 6	No Preference	29	327.26
53789PA0090004	Rating Area 6	No Preference	30	331.94
53789PA0090004	Rating Area 6	No Preference	31	338.96
53789PA0090004	Rating Area 6	No Preference	32	345.98
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53789PA0090004	Rating Area 6	No Preference	35	357.39
53789PA0090004	Rating Area 6	No Preference	36	359.73
53789PA0090004	Rating Area 6	No Preference	37	362.07
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53789PA0090004	Rating Area 6	No Preference	42	387.51
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53789PA0090004	Rating Area 6	No Preference	44	408.57
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53789PA0090004	Rating Area 6	No Preference	46	438.69
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53789PA0090004	Rating Area 6	No Preference	57	712.73
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53789PA0090004	Rating Area 6	No Preference	59	761.27
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53789PA0090004	Rating Area 7	No Preference	28	327.44
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	53789PA0090004	Rating Area 7	No Preference	39	380.16
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	53789PA0090004	Rating Area 7	No Preference	54	643.13
	53789PA0090004	Rating Area 7	No Preference	55	671.75
	53789PA0090004	Rating Area 7	No Preference	56	702.78
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	53789PA0090004	Rating Area 7	No Preference	58	767.54
	53789PA0090004	Rating Area 7	No Preference	59	784.11
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	53789PA0090004	Rating Area 7	No Preference	63	889.24
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53789PA0090004	Rating Area 9	No Preference	61	887.56
53789PA0090004	Rating Area 9	No Preference	62	907.46
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53789PA0090004	Rating Area 9	No Preference	64 and over	947.57

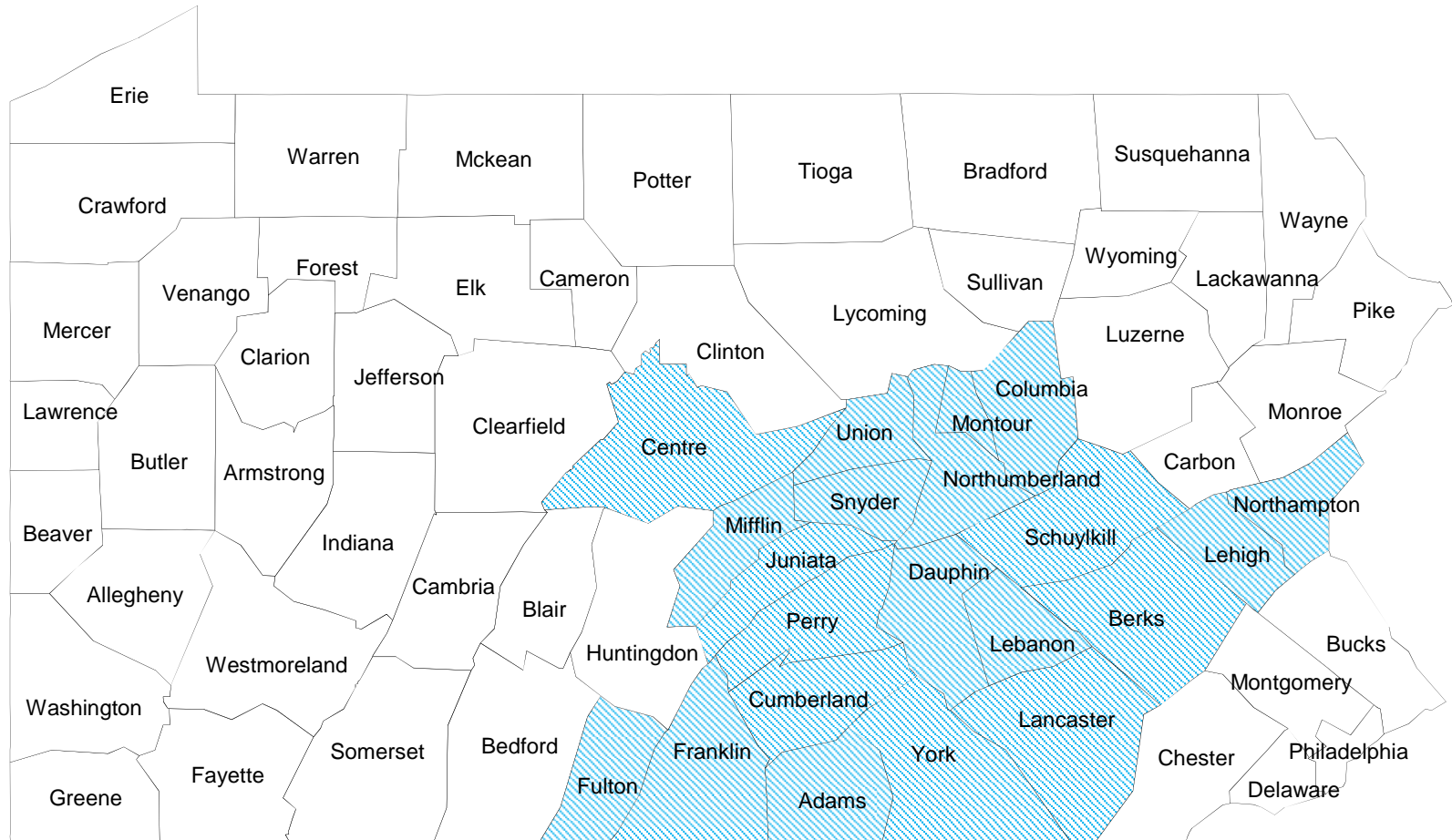
Market: Individual




2018 Service Area


Issuer: 53789

Market: Individual



Key (*modify as needed*)

 : 2018 on-exchange service area

 : 2018 off-exchange only service area

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1

Total Medical - Trend Model and Market Adjustments

	<u>2017</u>	<u>2018</u>	<u>Average</u>
	13%	12%	12.3%

Commerical Medical Trend

Cost	Total	5.3%	4.7%	5.0%
	Facility	5.9%	5.7%	5.8%
	Professional	4.0%	2.7%	3.4%
Utilization		0.6%	0.6%	0.6%

Total Drug- Trend Model and Market Adjustments

	<u>2017</u>	<u>2018</u>	<u>Average</u>
	18%	19%	18.8%

Commercial Drug Trend

Cost	12.2%	13.0%	12.6%
Utilization	1.4%	1.7%	1.6%

Adjustment Specific to Market Segment

Induced Utilization	3.0%	3.0%	3.0%
Leveraging (Applied Medical Only)	2.5%	2.5%	2.5%
Intensity	1.0%	1.0%	1.0%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1a

Capital BlueCross Monthly Medical Trend Report

Capital BlueCross Monthly Medical Trend Report

For 12 Month Periods Ended

Individual PPO

	12 Months Ended:			% Change	
	201705	201605	201505	2017/2016	2016/2015
<u>Allowed PMPM</u>					
Inpatient	\$ 141.70	\$ 114.13	\$ 68.46	24.2%	66.7%
Outpatient	242.50	196.71	133.55	23.3%	47.3%
Professional	157.94	142.53	107.96	10.8%	32.0%
Medical Total	\$ 542.15	\$ 453.37	\$ 309.96	19.6%	46.3%
Non-Specialty Drug	-	-	-	0.0%	0.0%
Specialty Drug	-	-	-	0.0%	0.0%
Pharmacy Total	\$ -	\$ -	\$ -	0.0%	0.0%
Grand Total	\$ 542.15	\$ 453.37	\$ 309.96	19.6%	46.3%
<u>Incurred/Paid PMPM</u>					
Inpatient	\$ 137.11	\$ 109.53	\$ 65.00	25.2%	68.5%
Outpatient	201.27	163.48	109.43	23.1%	49.4%
Professional	125.43	108.84	82.59	15.2%	31.8%
Medical Total	\$ 463.82	\$ 381.86	\$ 257.03	21.5%	48.6%
<u>Utilization Metrics</u>					
Admissions/1000 Members	85.1	72.5	49.2	17.5%	47.3%
Average Length of Stay	4.65	5.32	4.66	-12.6%	14.1%
Days/1000 Members	396	385	229	2.7%	68.0%
Outpatient Visits/1000 Members	3,126	2,686	1,966	16.4%	36.6%
Professional Visits/1000 Members	11,027	9,671	7,086	14.0%	36.5%
Non-Specialty Prescriptions PMPY	-	-	-	0.0%	0.0%
Specialty Prescriptions PMPY	-	-	-	0.0%	0.0%
<u>Unit Cost (Allowed)</u>					
Cost per Inpatient Admission	\$ 19,981.75	\$ 18,901.95	\$ 16,699.51	5.7%	13.2%
Cost per Outpatient Visit	930.98	878.83	815.00	5.9%	7.8%
Cost per Professional Visit	171.87	176.84	182.82	-2.8%	-3.3%
Cost per Non-Specialty Prescription	-	-	-	0.0%	0.0%
Cost per Specialty Prescription	-	-	-	0.0%	0.0%
<u>Unit Cost (Incurred/Paid)</u>					
Cost per Inpatient Admission	\$ 19,334.48	\$ 18,140.68	\$ 15,855.18	6.6%	14.4%
Cost per Outpatient Visit	772.70	730.35	667.86	5.8%	9.4%
Cost per Professional Visit	136.49	135.05	139.86	1.1%	-3.4%
Cost per Non-Specialty Prescription	-	-	-	0.0%	0.0%
Cost per Specialty Prescription	-	-	-	0.0%	0.0%
<u>Member Months</u>					
Medical	518,820	252,275	119,523	105.7%	111.1%
Rx	-	-	-	0.0%	0.0%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1b

Medical Trends																												
Individual PPO Only																												
Row Labels	Member Months	Demo Factor	Allowed Amount	Allowed PMPM	3 Month Allowed PMPM	12 Month Allowed PMPM	1 Month Allowed Trend	3 Month Allowed Trend	12 Month Allowed Trend	Paid Amount	Paid PMPM	3 Month Paid PMPM	12 Month Paid PMPM	1 Month Paid Trend	3 Month Paid Trend	12 Month Paid Trend	Visits	Visits/ 1000	3 Month Visits/ 1000	12 Month Visits/ 1000	1 Month Visits Trend	3 Month Visits Trend	12 Month Visits Trend	Admits	Admits/ 1000	3 Month Admits/ 1000	12 Month Admits/ 1000	1 Month Admits Trend
IP, OP, PROF																												
201501	9,848	1.248	\$3,310,234	\$336.13	\$318.77	\$263.59	-6.26%	15.10%		\$2,649,276	\$269.02	\$265.85	\$215.37	-13.27%	15.53%		7,540	9,187.65	8,858.10	7,847.78	-0.89%	1.81%		55	67.02	45.52	38.88	49.85%
201502	9,948	1.245	\$3,388,455	\$340.62	\$345.01	\$280.60	1.33%	26.82%		\$2,789,605	\$280.42	\$286.37	\$230.99	4.24%	26.79%		7,571	9,132.69	9,196.27	8,228.88	-0.60%	5.96%		40	48.25	53.37	41.19	-28.00%
201503	9,899	1.245	\$3,674,779	\$371.23	\$349.33	\$295.75	8.99%	15.56%		\$3,036,781	\$306.78	\$285.42	\$244.59	9.40%	11.63%		8,383	10,162.24	9,494.12	8,594.84	11.27%	6.30%		62	75.16	63.45	44.65	55.77%
201504	9,817	1.245	\$3,647,400	\$371.54	\$361.07	\$304.76	0.08%	13.27%	81.83%	\$3,077,620	\$313.50	\$300.16	\$252.70	2.19%	12.91%	103.96%	8,571	10,476.93	9,921.12	8,839.34	3.10%	12.00%	54.97%	54	66.01	63.11	46.53	-12.18%
201505	9,755	1.247	\$3,412,117	\$349.78	\$364.23	\$309.96	-5.86%	5.57%	72.49%	\$2,822,272	\$289.32	\$303.24	\$257.03	-7.71%	5.89%	89.56%	8,367	10,292.72	10,310.25	9,052.60	-1.76%	12.11%	53.73%	56	68.89	70.03	49.20	4.36%
201506	9,687	1.252	\$3,983,926	\$411.27	\$377.44	\$323.55	17.58%	8.04%	70.84%	\$3,433,040	\$354.40	\$318.98	\$269.79	22.49%	11.76%	86.38%	8,450	10,467.85	10,412.51	9,283.95	1.70%	9.67%	52.09%	58	71.85	68.90	52.35	4.30%
201507	9,615	1.255	\$3,287,915	\$341.96	\$367.69	\$330.79	-16.85%	1.83%	66.66%	\$2,798,517	\$291.06	\$311.59	\$276.63	-17.87%	3.81%	79.99%	8,122	10,137.00	10,299.57	9,439.88	-3.16%	3.81%	49.40%	40	49.92	63.60	53.37	-30.52%
201508	9,571	1.255	\$3,428,295	\$358.20	\$370.59	\$337.70	4.75%	1.75%	62.50%	\$2,968,873	\$310.19	\$318.65	\$283.26	6.58%	5.08%	73.91%	7,977	10,001.82	10,203.19	9,592.71	-1.33%	-1.04%	47.33%	53	66.45	62.76	54.66	33.11%
201509	9,531	1.257	\$3,727,491	\$391.09	\$363.68	\$348.10	9.18%	-3.65%	59.95%	\$3,257,194	\$341.75	\$314.26	\$293.44	10.17%	-1.48%	70.52%	8,351	10,515.13	10,217.44	9,760.51	5.13%	-1.87%	44.69%	57	71.78	62.69	57.65	8.02%
201510	9,546	1.258	\$4,493,007	\$470.67	\$406.62	\$363.29	20.35%	10.59%	59.54%	\$4,001,443	\$419.17	\$357.01	\$308.36	22.66%	14.58%	69.92%	9,431	11,856.06	10,790.46	9,962.25	12.75%	4.77%	42.21%	42	52.81	63.68	58.96	-26.43%
201511	9,502	1.259	\$4,021,467	\$423.22	\$428.36	\$376.69	-10.08%	15.59%	59.93%	\$3,586,135	\$377.41	\$379.47	\$321.51	-9.96%	19.09%	70.01%	8,894	11,232.36	11,201.49	10,220.61	-5.26%	9.78%	41.68%	56	70.74	65.10	62.80	33.95%
201512	9,451	1.263	\$4,082,178	\$431.93	\$442.00	\$382.69	2.06%	21.54%	52.93%	\$3,583,031	\$379.12	\$391.96	\$327.14	0.45%	24.73%	61.38%	9,803	12,447.76	11,844.33	10,480.79	10.82%	15.92%	38.08%	63	80.01	67.81	65.70	13.10%
201601	35,340	1.344	\$15,285,550	\$432.53	\$430.80	\$398.36	0.14%	5.95%	51.13%	\$12,165,852	\$344.25	\$356.12	\$335.45	-9.20%	-0.25%	55.76%	34,926	11,859.52	11,852.16	10,914.63	-4.73%	9.84%	39.08%	223	75.74	75.61	68.11	-5.34%
201602	36,968	1.343	\$17,597,877	\$476.03	\$452.13	\$418.79	10.06%	5.55%	49.25%	\$14,536,556	\$393.22	\$370.42	\$351.36	14.22%	-2.38%	52.11%	39,420	12,796.19	12,351.04	11,432.08	7.90%	10.26%	38.93%	250	81.17	78.69	72.15	7.17%
201603	37,773	1.344	\$20,135,904	\$533.08	\$481.64	\$443.15	11.98%	8.97%	49.84%	\$16,932,467	\$448.27	\$396.39	\$372.22	14.00%	1.13%	52.18%	44,863	14,252.48	12,995.19	12,038.04	11.38%	9.72%	40.06%	235	74.97	77.30	72.54	-7.64%
201604	37,743	1.346	\$17,145,669	\$454.27	\$487.89	\$448.15	-14.78%	13.25%	47.05%	\$14,396,756	\$381.44	\$407.75	\$376.34	-14.91%	14.50%	48.93%	39,922	12,693.10	13,250.63	12,216.45	-10.94%	11.80%	38.21%	238	75.69	77.25	73.35	0.96%
201605	37,548	1.348	\$17,184,801	\$457.68	\$481.73	\$453.37	6.55%	46.27%	54.77%	\$14,672,636	\$390.77	\$406.87	\$381.86	2.45%	9.84%	48.57%	39,624	12,663.76	13,204.32	12,357.41	-0.23%	6.91%	36.51%	207	66.17	72.29	72.46	-12.57%
201606	37,359	1.350	\$18,538,104	\$496.22	\$469.32	\$460.55	8.42%	-2.56%	42.34%	\$16,074,393	\$430.27	\$400.74	\$389.27	10.11%	1.10%	44.29%	39,992	12,845.87	12,733.99	12,487.98	1.44%	-2.01%	34.51%	237	76.17	72.68	72.97	15.11%
201607	37,222	1.351	\$16,623,703	\$446.61	\$466.84	\$462.57	-10.00%	-4.31%	39.84%	\$14,396,325	\$386.77	\$402.60	\$392.03	-10.11%	-1.26%	41.72%	36,593	11,797.52	12,436.88	12,477.92	-8.16%	-6.14%	32.18%	206	66.53	69.62	72.91	-12.66%
201608	36,980	1.351	\$18,908,936	\$511.33	\$484.67	\$470.93	14.49%	0.61%	39.45%	\$16,542,542	\$447.34	\$421.41	\$400.48	15.66%	3.58%	41.38%	41,830	13,574.12	12,737.49	12,669.69	15.06%	-3.54%	32.08%	230	74.80	72.50	73.31	12.43%
201609	36,628	1.353	\$18,115,969	\$494.59	\$484.06	\$475.43	-3.27%	3.14%	36.58%	\$15,948,745	\$435.42	\$423.06	\$405.56	-2.66%	5.57%	38.21%	39,848	13,055.00	12,805.89	12,765.39	-3.82%	0.56%	30.79%	215	70.44	70.58	73.06	-5.83%
201610	36,248	1.356	\$19,560,404	\$539.63	\$515.09	\$481.53	9.11%	10.33%	32.55%	\$17,478,260	\$482.19	\$454.86	\$412.37	10.74%	12.98%	33.73%	41,719	13,811.30	13,479.29	12,885.23	5.79%	8.38%	29.34%	234	77.68	74.30	73.99	10.27%
201611	35,772	1.357	\$19,708,608	\$550.95	\$528.17	\$488.85	2.10%	8.97%	29.77%	\$17,587,721	\$491.66	\$469.54	\$420.00	1.97%	11.42%	30.63%	42,649	14,307.26	13,719.62	13,045.64	3.59%	7.71%	27.64%	234	78.68	75.57	74.46	1.28%
201612	34,296	1.364	\$20,821,892	\$607.12	\$565.21	\$499.29	10.20%	16.76%	30.47%	\$18,779,940	\$547.58	\$506.47	\$430.83	11.37%	19.72%	31.70%	42,032	14,706.81	14,267.05	13,188.00	2.79%	11.41%	25.83%	240	84.11	80.09	75.10	6.90%
201701	51,203	1.447	\$27,495,298	\$536.99	\$560.94	\$508.70	-11.55%	8.90%	27.70%	\$21,914,870	\$428.00	\$480.60	\$437.23	-21.84%	5.66%	30.34%	58,876	13,798.45	14,205.43	13,359.61	-6.18%	5.39%	22.40%	362	84.86	82.82	76.14	0.89%
201702	53,021	1.445	\$28,754,787	\$542.33	\$556.40	\$515.04	0.99%	5.34%	22.98%	\$23,872,282	\$450.24	\$466.12	\$442.14	5.20%	-0.73%	25.84%	61,009	13,807.93	14,026.98	13,454.14	0.07%	2.24%	17.69%	370	83.86	84.29	76.62	-1.18%
201703	53,556	1.445	\$32,312,620	\$603.34	\$561.31	\$523.35	11.25%	-0.69%	18.10%	\$27,525,949	\$513.97	\$464.65	\$449.55	14.15%	-8.26%	20.77%	68,724	15,398.81	14,344.85	13,605.89	11.52%	0.55%	13.02%	419	94.02	87.63	78.66	12.12%
201704	53,341	1.445	\$29,574,045	\$554.43	\$566.80	\$531.82	-8.11%	1.04%	18.67%	\$25,184,982	\$472.15	\$478.89	\$457.06	-8.14%	-0.36%	21.45%	67,697	15,229.76	14,814.96	13,846.51	-1.10%	4.29%	13.34%	451	101.59	93.18	81.31	8.04%
201705	53,194	1.445	\$30,862,372	\$580.19	\$579.35	\$542.15	4.64%	4.13%	19.58%	\$25,331,461	\$476.21	\$487.49	\$463.82	0.86%	4.58%	21.46%	70,936	16,002.51	15,543.08	14,153.16	5.07%	10.81%	14.53%	476	107.59	101.05	85.10	5.91%
Inpatient																												
201501	9,848	1.248	\$959,890	\$97.47	\$75.87	\$62.43	7.33%	44.24%		\$898,538	\$91.24	\$72.56	\$59.23	2.97%	46.10%									55	67.02	45.52	38.88	49.85%
201502	9,948	1.245	\$																									

Outpatient																								
201501	9,848	1.248	\$1,345,006	\$136.58	\$139.38	\$108.35	-12.65%	16.93%		\$1,039,151	\$105.52	\$114.30	\$86.33	-20.74%	16.50%		1,559	1,899.68	1,914.01	1,658.29	-9.58%	3.38%		
201502	9,948	1.245	\$1,480,712	\$148.85	\$147.20	\$116.32	8.98%	24.69%		\$1,191,414	\$119.76	\$119.39	\$93.57	13.50%	23.47%		1,644	1,983.11	1,993.82	1,748.49	4.39%	9.51%		
201503	9,899	1.245	\$1,507,485	\$152.29	\$145.92	\$123.99	2.31%	7.57%		\$1,233,976	\$124.66	\$116.67	\$100.64	4.09%	2.63%		1,820	2,206.28	2,029.84	1,836.58	11.25%	5.24%		
201504	9,817	1.245	\$1,670,862	\$170.20	\$157.06	\$129.89	11.76%	12.69%	87.20%	\$1,423,856	\$145.04	\$129.76	\$106.16	16.35%	13.52%	113.26%	1,922	2,349.39	2,178.80	1,903.89	6.49%	13.83%	70.23%	
201505	9,755	1.247	\$1,497,177	\$153.48	\$158.65	\$133.55	-9.83%	7.77%	81.56%	\$1,249,197	\$128.06	\$132.57	\$109.43	-11.71%	11.04%	103.36%	1,973	2,427.06	2,327.03	1,966.32	3.31%	16.71%	68.52%	
201506	9,687	1.252	\$1,510,039	\$155.88	\$159.89	\$138.35	1.57%	9.57%	79.78%	\$1,261,964	\$130.27	\$134.49	\$113.83	1.73%	15.27%	99.61%	1,861	2,305.36	2,360.71	2,024.37	-5.01%	16.30%	66.52%	
201507	9,615	1.255	\$1,479,086	\$153.83	\$154.40	\$142.38	-1.32%	-1.70%	77.67%	\$1,248,196	\$129.82	\$129.38	\$117.78	-0.35%	-0.29%	96.46%	1,848	2,306.40	2,346.56	2,071.09	0.05%	7.70%	63.46%	
201508	9,571	1.255	\$1,491,232	\$155.81	\$155.17	\$144.68	1.28%	-2.19%	72.11%	\$1,279,285	\$133.66	\$131.25	\$119.88	2.96%	-1.00%	87.49%	1,715	2,150.25	2,254.29	2,097.72	-6.77%	-3.13%	59.12%	
201509	9,531	1.257	\$1,449,338	\$152.07	\$153.90	\$148.80	-2.40%	-3.74%	71.11%	\$1,235,103	\$129.59	\$131.02	\$123.90	-3.05%	-2.58%	86.28%	1,751	2,204.60	2,220.57	2,134.08	2.53%	-5.94%	55.39%	
201510	9,546	1.258	\$1,892,080	\$198.21	\$168.69	\$154.82	30.34%	9.26%	70.42%	\$1,670,743	\$175.02	\$146.09	\$129.80	35.06%	12.92%	85.37%	1,981	2,490.26	2,281.63	2,179.42	12.96%	-2.77%	51.84%	
201511	9,502	1.259	\$1,681,663	\$176.98	\$175.76	\$159.09	-10.71%	13.27%	68.57%	\$1,497,224	\$157.57	\$154.07	\$134.18	-9.97%	17.39%	82.56%	1,886	2,381.81	2,358.93	2,232.48	-4.35%	4.64%	49.67%	
201512	9,451	1.263	\$1,709,533	\$180.88	\$185.38	\$161.09	2.21%	20.45%	57.58%	\$1,510,105	\$159.78	\$164.15	\$136.35	1.40%	25.28%	69.09%	2,135	2,710.82	2,527.25	2,282.34	13.81%	13.81%	43.44%	
201601	35,340	1.344	\$6,806,421	\$192.60	\$187.83	\$170.66	6.48%	11.34%	57.50%	\$5,325,532	\$150.69	\$153.48	\$142.07	-5.69%	5.06%	64.58%	7,726	2,623.43	2,596.36	2,394.04	-3.22%	13.79%	44.37%	
201602	36,968	1.343	\$7,675,408	\$207.62	\$198.04	\$180.04	7.80%	12.67%	54.78%	\$6,207,408	\$167.91	\$159.53	\$149.05	11.43%	3.55%	59.30%	8,525	2,767.26	2,698.57	2,500.07	5.48%	14.40%	42.98%	
201603	37,773	1.344	\$8,685,463	\$229.94	\$210.46	\$191.03	10.75%	13.52%	54.07%	\$7,216,647	\$191.05	\$170.33	\$158.35	13.78%	3.76%	57.35%	9,786	3,108.89	2,838.31	2,631.86	12.35%	12.31%	43.30%	
201604	37,743	1.346	\$7,553,438	\$200.13	\$212.60	\$193.47	-12.96%	13.19%	48.95%	\$6,261,431	\$165.90	\$175.01	\$160.20	-13.17%	14.03%	50.91%	8,557	2,720.61	2,866.33	2,659.14	-12.49%	10.40%	39.67%	
201605	37,548	1.348	\$7,692,104	\$204.86	\$211.66	\$196.71	2.36%	6.88%	47.30%	\$6,527,403	\$173.84	\$176.94	\$163.48	4.79%	10.91%	49.38%	8,696	2,779.40	2,869.85	2,686.01	2.16%	6.35%	36.60%	
201606	37,359	1.350	\$7,878,849	\$210.90	\$205.28	\$200.02	2.95%	-2.46%	44.58%	\$6,738,226	\$180.36	\$173.34	\$166.88	3.75%	1.77%	46.60%	8,718	2,800.45	2,766.68	2,714.45	0.76%	-2.52%	34.09%	
201607	37,222	1.351	\$7,700,564	\$206.88	\$207.54	\$202.29	-1.90%	-2.38%	42.08%	\$6,633,727	\$178.22	\$177.47	\$169.41	-1.19%	1.41%	43.84%	8,138	2,623.69	2,734.73	2,716.23	-6.31%	-4.59%	31.15%	
201608	36,980	1.351	\$8,825,566	\$238.66	\$218.76	\$207.64	15.36%	3.35%	43.52%	\$7,681,535	\$207.72	\$188.72	\$174.66	16.55%	6.66%	45.70%	9,135	2,964.36	2,795.81	2,759.79	12.98%	-2.58%	31.56%	
201609	36,628	1.353	\$7,791,534	\$212.72	\$219.41	\$209.61	-10.87%	6.89%	40.87%	\$6,799,004	\$185.62	\$190.51	\$176.96	-10.64%	9.90%	42.82%	8,554	2,802.47	2,796.44	2,778.72	-5.46%	1.08%	30.21%	
201610	36,248	1.356	\$8,196,142	\$226.11	\$225.87	\$211.43	6.30%	8.83%	36.57%	\$7,250,529	\$200.03	\$197.81	\$179.16	7.76%	11.46%	38.03%	8,783	2,907.85	2,891.73	2,797.85	3.76%	5.74%	28.38%	
201611	35,772	1.357	\$8,746,118	\$244.50	\$227.65	\$215.07	8.13%	4.06%	35.19%	\$7,757,154	\$216.85	\$200.71	\$182.90	8.41%	6.35%	36.30%	9,217	3,091.94	2,932.93	2,832.72	6.33%	4.90%	26.89%	
201612	34,296	1.364	\$10,182,635	\$296.90	\$255.13	\$222.19	21.44%	16.28%	37.92%	\$9,198,692	\$268.21	\$227.68	\$190.05	23.69%	19.51%	39.38%	9,439	3,302.98	3,097.25	2,872.00	6.83%	10.76%	25.84%	
201701	51,203	1.447	\$12,146,339	\$237.22	\$256.25	\$226.17	-20.10%	13.45%	32.53%	\$9,066,424	\$177.07	\$214.58	\$191.64	-33.98%	8.48%	34.89%	12,333	2,890.45	3,066.55	2,893.35	-12.49%	6.05%	20.86%	
201702	53,021	1.445	\$12,454,560	\$234.90	\$251.11	\$228.60	-0.98%	10.30%	26.97%	\$9,755,301	\$183.99	\$202.28	\$192.64	3.91%	0.78%	29.24%	13,075	2,959.37	3,018.97	2,910.65	2.38%	2.93%	16.42%	
201703	53,556	1.445	\$13,963,430	\$260.73	\$244.42	\$232.03	11.00%	-4.20%	21.46%	\$11,404,055	\$212.94	\$191.57	\$194.99	15.73%	-15.86%	23.14%	14,898	3,338.17	3,065.58	2,942.25	12.80%	-1.02%	11.79%	
201704	53,341	1.445	\$13,713,196	\$257.09	\$250.95	\$237.08	-1.40%	-2.07%	22.54%	\$11,326,326	\$212.34	\$203.14	\$199.01	-0.28%	-5.33%	24.23%	15,001	3,374.88	3,224.82	3,004.74	1.10%	5.16%	13.00%	
201705	53,194	1.445	\$14,215,357	\$267.24	\$261.68	\$242.50	3.95%	4.21%	23.28%	\$10,812,722	\$203.27	\$209.53	\$201.27	-4.27%	3.58%	23.12%	17,845	4,025.79	3,578.88	3,125.74	19.29%	18.55%	16.37%	
Professional																								
201501	9,848	1.248	\$1,005,338	\$102.09	\$103.52	\$92.81	-8.39%	-1.56%		\$711,588	\$72.26	\$78.98	\$69.82	-18.31%	-4.06%		5,981	7,287.98	6,944.09	6,189.49	1.65%	1.39%		
201502	9,948	1.245	\$1,157,948	\$109.99	\$109.99	\$98.08	14.02%	3.75%		\$875,118	\$87.97	\$82.87	\$74.30	21.74%	-0.29%		5,927	7,149.58	7,202.44	6,480.39	-1.90%	5.01%		
201503	9,899	1.245	\$1,203,467	\$121.57	\$113.38	\$102.87	4.45%	6.19%		\$902,807	\$91.20	\$83.84	\$78.35	3.67%	-0.26%		6,563	7,955.96	7,464.29	6,758.26	11.28%	6.59%		
201504	9,817	1.245	\$1,227,960	\$125.09	\$121.00	\$105.90	2.89%	16.89%	79.02%	\$930,938	\$94.83	\$91.32	\$80.90	3.98%	15.62%	108.87%	6,649	8,127.53	7,742.31	6,935.45	2.16%	11.50%	51.24%	
201505	9,755	1.247	\$1,102,327	\$113.00	\$119.91	\$107.96	-9.66%	9.02%	73.73%	\$829,524	\$85.04	\$90.37	\$82.59	-10.33%	9.04%	98.91%	6,394	7,865.65	7,983.22	7,086.28	-3.22%	10.84%	50.08%	
201506	9,687	1.252	\$1,251,673	\$129.21	\$122.42	\$110.76	14.35%	7.98%	68.01%	\$992,035	\$102.41	\$94.07	\$85.14	20.43%	12.21%	89.55%	6,589	8,162.49	8,051.80	7,259.58	3.77%	7.87%	48.50%	
201507	9,615	1.255	\$1,177,330	\$122.45	\$121.53	\$112.76	-5.24%	0.44%	62.07%	\$941,439	\$97.91	\$95.09	\$86.90	-4.39%	4.13%	79.12%	6,274	7,830.60	7,953.01	7,368.79	-4.07%	2.72%	45.88%	
201508	9,571	1.255	\$1,272,679	\$132.97	\$128.21	\$115.95																		

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1c

MEDSTATS Inpatient Authorization Summary

Individual Insured

Row Labels	Acute				
	Auths	MM	Auths/ 1000	Days/ 1000	ALOS
2015					
1	37	11,637	38.15	118.59	3.11
2	41	12,103	40.65	256.80	6.32
3	46	12,724	43.38	167.87	3.87
4	34	12,581	32.43	140.21	4.32
5	31	12,474	29.82	102.93	3.45
6	45	12,390	43.58	167.55	3.84
7	30	12,266	29.35	108.59	3.70
8	29	12,196	28.53	122.01	4.28
9	27	12,157	26.65	110.55	4.15
10	37	12,103	36.69	251.84	6.86
11	47	12,055	46.79	236.91	5.06
12	50	11,957	50.18	173.62	3.46
YTD	189	61,519	36.87	157.22	4.26
Total	454	146,643	37.15	162.93	4.39
2016					
1	204	66,790	36.65	158.11	4.31
2	222	71,360	37.33	175.90	4.71
3	248	74,574	39.91	199.05	4.99
4	226	74,598	36.35	183.70	5.05
5	210	73,698	34.19	186.27	5.45
6	230	72,885	37.87	182.26	4.81
7	235	72,204	39.06	189.13	4.84
8	228	71,413	38.31	169.21	4.42
9	217	70,619	36.87	168.23	4.56
10	248	69,276	42.96	214.10	4.98
11	249	68,097	43.88	228.03	5.20
12	240	65,288	44.11	211.92	4.80
YTD	1,110	361,020	36.90	181.12	4.91
Total	2,757	850,802	38.89	188.63	4.85
2017					
1	224	54,289	49.51	227.45	4.59
2	202	56,207	43.13	216.06	5.01
3	222	56,744	46.95	209.78	4.47
4	209	56,440	44.44	208.36	4.69
5	250	56,202	53.29	242.35	4.55
YTD	1,107	279,882	47.45	220.72	4.65
Total	1,107	279,882	47.45	220.72	4.65

Inpatient Utilization Trend	28.6%	21.9%
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Product
Market Segment

DRUG
INDIV

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1d

Total

Incurred Claims												Allowed Amount												Utilization												Allowed Cost/Rx (Excl. Disp. Fee)												Avg Dispensing Fee												Avg Copay												Avg Discount											
Date	Members	Demo/Factor	Incurred Claims	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Allowed Amount	Monthly PMPM	3-Month Avg PMPM	12-Month Avg PMPM	3 Month Trend	12 Month Trend	Rx Count	Util/1,000	3-Month Avg Util/1,000	12-Month Avg Util/1,000	3 Month Trend	12 Month Trend	Monthly Allowed Cost/Rx	3-Month Avg Cost/Rx	12-Month Avg Cost/Rx	3 Month Trend	12 Month Trend	Monthly Fee/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Copay/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend	Monthly Discount/Rx	3-Month Avg	12-Month Avg	3 Month Trend	12 Month Trend																																											
201406	12,161	1.2811	421,829	\$ 34.69	\$ 36.72	\$ 19.79		344.6%	564,344	46.41	\$ 49.23	\$ 29.25		251.4%	84.6%	6,787	6.697	6,877	5,269	92.3%	-92.1%	\$ 82.54	\$ 85.28	\$ 66.28	81.4%	2945.1%	\$ 0.61	\$ 0.63	\$ 0.33	0.0%	-49.4%	\$ 12.88	\$ 12.03	\$ 9.85	52.4%	1925.6%	\$ 106.60	\$ 100.46	\$ 83.41	125.7%	-68.4%																																										
201407	12,016	1.2853	451,423	\$ 37.57	\$ 35.05	\$ 21.87		296.5%	590,861	49.17	\$ 46.91	\$ 31.73		218.6%	102.1%	6,956	6.947	6,809	5,500	82.6%	-89.0%	\$ 84.29	\$ 82.04	\$ 68.84	73.1%	2159.0%	\$ 0.65	\$ 0.63	\$ 0.38	0.0%	-47.0%	\$ 11.94	\$ 12.03	\$ 10.15	51.8%	1502.3%	\$ 97.06	\$ 98.77	\$ 85.57	49.5%	-70.0%																																										
201408	11,763	1.2942	690,605	\$ 58.71	\$ 43.51	\$ 25.61		367.5%	823,155	69.98	\$ 55.05	\$ 35.88		260.2%	137.5%	6,648	6.782	6,808	5,714	77.5%	-84.0%	\$ 123.20	\$ 96.40	\$ 74.93	101.6%	1624.1%	\$ 0.62	\$ 0.63	\$ 0.43	0.0%	-48.0%	\$ 12.92	\$ 12.57	\$ 10.51	57.1%	1119.9%	\$ 125.53	\$ 109.52	\$ 90.27	63.5%	-71.7%																																										
201409	11,635	1.2950	549,718	\$ 47.25	\$ 47.77	\$ 28.52		371.6%	691,893	59.47	\$ 59.47	\$ 39.29		267.4%	159.3%	6,811	7.025	6,918	5,964	75.8%	-74.6%	\$ 100.96	\$ 102.53	\$ 78.59	107.7%	1063.3%	\$ 0.62	\$ 0.63	\$ 0.47	0.0%	-53.1%	\$ 12.64	\$ 12.49	\$ 10.82	54.0%	742.0%	\$ 115.14	\$ 112.36	\$ 93.51	69.5%	-75.3%																																										
201410	11,491	1.2968	664,087	\$ 57.79	\$ 54.58	\$ 32.32		463.6%	806,170	70.16	\$ 66.53	\$ 43.56		320.5%	191.3%	6,904	7.210	7,004	6,215	76.0%	-49.2%	\$ 116.15	\$ 113.37	\$ 83.61	137.7%	533.3%	\$ 0.62	\$ 0.62	\$ 0.50	0.0%	-65.8%	\$ 12.88	\$ 12.81	\$ 11.15	57.8%	361.1%	\$ 119.76	\$ 120.10	\$ 97.76	86.4%	-62.1%																																										
201411	11,301	1.3059	524,321	\$ 46.40	\$ 50.49	\$ 35.29		417.2%	663,457	58.71	\$ 62.79	\$ 47.05		293.4%	213.1%	6,358	6.751	6,997	6,442	75.4%	-69.6%	\$ 103.71	\$ 107.06	\$ 87.10	123.0%	98.3%	\$ 0.64	\$ 0.63	\$ 0.54	0.0%	-84.6%	\$ 13.00	\$ 12.84	\$ 11.43	54.2%	47.2%	\$ 118.18	\$ 117.69	\$ 101.10	82.7%	-92.6%																																										
201412	11,188	1.3124	684,218	\$ 61.16	\$ 55.11	\$ 39.67		461.1%	844,270	75.46	\$ 68.10	\$ 52.17		323.3%	248.1%	7,557	8.105	7,352	6,795	80.8%	80.7%	\$ 111.10	\$ 110.52	\$ 91.55	132.8%	101.6%	\$ 0.62	\$ 0.62	\$ 0.58	0.0%	-76.1%	\$ 13.36	\$ 13.09	\$ 11.78	56.3%	52.2%	\$ 119.29	\$ 119.11	\$ 104.76	83.5%	-89.5%																																										
201501	16,960	1.2913	805,775	\$ 47.51	\$ 51.06	\$ 42.51		286.5%	1,006,604	59.35	\$ 63.74	\$ 54.77		187.7%	223.7%	13,345	9.442	8,292	7,160	74.1%	79.0%	\$ 74.74	\$ 91.58	\$ 91.14	64.1%	84.6%	\$ 0.69	\$ 0.65	\$ 0.64	0.0%	-53.3%	\$ 5.73	\$ 9.54	\$ 11.17	13.7%	38.7%	\$ 95.56	\$ 107.42	\$ 105.44	49.4%	-81.6%																																										
201502	23,237	1.2624	1,259,055	\$ 54.18	\$ 53.50	\$ 46.25		231.7%	1,452,433	62.51	\$ 64.29	\$ 58.03		141.4%	214.2%	17,554	9.065	8,981	7,547	67.6%	78.0%	\$ 82.05	\$ 85.22	\$ 91.62	43.5%	77.6%	\$ 0.69	\$ 0.68	\$ 0.65	170.3%	-8.1%	\$ 4.91	\$ 6.85	\$ 10.21	-20.6%	23.5%	\$ 100.70	\$ 102.57	\$ 106.16	32.6%	-57.9%																																										
201503	27,744	1.2495	1,401,866	\$ 50.53	\$ 51.03	\$ 48.15		122.8%	1,613,363	58.15	\$ 59.94	\$ 59.19		68.1%	181.0%	23,507	10.167	9,609	8,046	55.8%	78.5%	\$ 67.93	\$ 74.16	\$ 87.62	7.6%	56.7%	\$ 0.70	\$ 0.69	\$ 0.66	58.6%	298.3%	\$ 4.59	\$ 4.97	\$ 9.01	-48.3%	3.5%	\$ 94.72	\$ 96.86	\$ 104.19	10.2%	48.2%																																										
201504	30,879	1.2544	1,874,462	\$ 60.70	\$ 55.40	\$ 50.51		83.3%	2,066,948	66.94	\$ 62.70	\$ 60.61		46.7%	149.8%	26,022	10.113	9,834	8,433	51.4%	76.1%	\$ 78.74	\$ 75.62	\$ 85.59	-3.1%	41.3%	\$ 0.69	\$ 0.70	\$ 0.67	5.9%	188.6%	\$ 4.33	\$ 4.57	\$ 7.95	-57.8%	-12.7%	\$ 96.74	\$ 97.07	\$ 102.87	1.7%	32.5%																																										
201505	32,143	1.2577	1,733,945	\$ 53.94	\$ 55.20	\$ 52.05		56.8%	1,919,340	59.71	\$ 61.69	\$ 61.37		28.3%	130.1%	26,306	9.821	10,026	8,738	47.3%	73.9%	\$ 72.26	\$ 73.14	\$ 83.61	-13.1%	31.9%	\$ 0.70	\$ 0.70	\$ 0.67	8.6%	133.9%	\$ 4.03	\$ 4.31	\$ 7.13	-62.6%	-24.3%	\$ 95.17	\$ 95.57	\$ 102.02	-3.1%	27.4%																																										
201506	24,546	1.2855	1,472,257	\$ 59.98	\$ 58.02	\$ 53.85		58.0%	1,659,163	67.59	\$ 64.47	\$ 62.86		30.9%	114.9%	18,825	9.203	9,751	8,899	41.8%	68.9%	\$ 87.45	\$ 78.65	\$ 84.08	-7.8%	26.9%	\$ 0.68	\$ 0.69	\$ 0.68	9.1%	102.4%	\$ 5.82	\$ 4.61	\$ 6.75	-61.7%	-31.4%	\$ 106.67	\$ 98.78	\$ 102.35	-1.7%	22.7%																																										
201507	22,666	1.2909	1,561,021	\$ 68.87	\$ 60.07	\$ 56.13		71.4%	1,745,349	77.00	\$ 67.09	\$ 64.92		43.0%	104.6%	16,734	8.859	9,355	8,995	37.4%	63.5%	\$ 103.64	\$ 85.37	\$ 85.93	4.1%	24.8%	\$ 0.66	\$ 0.68	\$ 0.68	7.9%	76.4%	\$ 6.47	\$ 5.23	\$ 6.52	-56.5%	-35.7%	\$ 118.31	\$ 104.93	\$ 104.08	6.2%	21.6%																																										
201508	20,980	1.2944	1,697,448	\$ 80.91	\$ 69.37	\$ 58.13		59.4%	1,862,235	88.76	\$ 77.23	\$ 66.72		40.3%	86.0%	14,793	8.461	8,861	9,056	30.1%	58.5%	\$ 125.22	\$ 103.93	\$ 87.73	7.8%	17.1%	\$ 0.67	\$ 0.67	\$ 0.68	7.4%	59.3%	\$ 6.92	\$ 6.36	\$ 6.32	-49.4%	-39.9%	\$ 123.18	\$ 115.39	\$ 104.83	5.4%	16.1%																																										
201509	12,422	1.2684	920,122	\$ 74.07	\$ 74.53	\$ 59.45		56.0%	1,091,139	87.84	\$ 83.80	\$ 68.13		40.9%	73.4%	7,905	7.636	8,439	9,080	22.0%	52.3%	\$ 137.43	\$ 118.51	\$ 89.36	15.6%	13.7%	\$ 0.61	\$ 0.65	\$ 0.68	3.9%	45.5%	\$ 12.81	\$ 7.91	\$ 6.37	-36.7%	-41.2%	\$ 139.32	\$ 124.35	\$ 105.92	10.7%	12.9%																																										
201510	12,393	1.2731	899,664	\$ 72.59	\$ 76.80	\$ 60.19		40.7%	1,058,631	85.42	\$ 87.61	\$ 68.91		31.7%	58.2%	8,088	7.832	8,067	9,105	15.2%	46.5%	\$ 130.29	\$ 129.68	\$ 90.14	14.4%	7.8%	\$ 0.60	\$ 0.63	\$ 0.68	2.4%	34.0%	\$ 12.32	\$ 9.85	\$ 6.38	-23.1%	-42.7%	\$ 134.94	\$ 130.41	\$ 106.67	8.6%	9.1%																																										
201511	12,416	1.2738	996,574	\$ 80.27	\$ 75.65	\$ 61.83		49.8%	1,144,244	92.16	\$ 88.48	\$ 70.54		40.9%	49.9%	8,087	7.816	7,761	9,147	10.9%	42.0%	\$ 140.87	\$ 136.19	\$ 91.86	27.2%	5.5%	\$ 0.62	\$ 0.61	\$ 0.67	-3.0%	24.5%	\$ 11.69	\$ 12.27	\$ 6.39	-4.4%	-44.1%	\$ 150.96	\$ 141.76	\$ 108.18	20.4%	7.0%																																										
201512	12,373	1.2807	1,136,381	\$ 91.84	\$ 81.56	\$ 63.35		48.0%	1,305,138	105.48	\$ 94.35	\$ 72.06		38.6%	38.1%	8,826	8.560	8,069	9,165	9.7%	34.9%	\$ 147.29	\$ 139.71	\$ 93.67	26.4%	2.3%	\$ 0.59	\$ 0.60	\$ 0.67	-3.6%	16.0%	\$ 12.31	\$ 12.11	\$ 6.39	-7.5%	-45.8%	\$ 146.52	\$ 144.21	\$ 109.52	21.1%	4.5%																																										
201601	67,075	1.4535	1,892,176	\$ 23.70	\$ 44.90	\$ 56.70		-12.1%	3,200,320	47.72	\$ 61.51	\$ 67.32		-3.5%	22.9%	42,399	7.585	7,748	8,795	-6.6%	22.8%	\$ 75.00	\$ 94.74	\$ 91.21	3.4%	0.1%	\$ 0.50	\$ 0.53	\$ 0.64	-18.3%	-42.9%	\$ 6.12	\$ 7.80	\$ 6.37	-18.3%	-42.9%	\$ 112.27	\$ 122.64	\$ 110.90	14.2%	5.2%																																										
201602	71,609	1.4457	3,597,401	\$ 59.24	\$ 44.53	\$ 55.53		-16.8%	5,004,567	69.89	\$ 62.96	\$ 68.17		-2.1%	17.5%	51,680	8.660	8,175	8,749	-9.0%	15.9%	\$ 96.36	\$ 91.93	\$ 92.90	7.9%	1.4%	\$ 0.47	\$ 0.49	\$ 0.60	-27.1%	-7.4%	\$ 7.22	\$ 7.20	\$ 6.65	5.1%	-34.9%	\$ 120.01	\$ 119.09	\$ 113.46	16.1%	6.9%																																										
201603	74,820	1.4419	4,489,815	\$ 60.01	\$ 47.21	\$ 56.73		-7.5%	5,920,820	79.13	\$ 66.16	\$ 70.95		10.4%	19.9%	58,124	9.322	8,555	8,758	-11.0%	8.9%	\$ 101.45	\$ 92.35	\$ 96.66	24.5%	10.3%	\$ 0.41	\$ 0.46	\$ 0.55	-34.2%	-15.9%	\$ 8.21	\$ 7.29	\$ 7.13	46.7%	-20.8%	\$ 137.55	\$ 124.55	\$ 119.86	28.6%	15.0%																																										
201604	74,826	1.4416	4,489,203	\$ 60.00	\$ 56.84	\$ 57.01		2.6%	5,677,992	75.88	\$ 75.04	\$ 72.08		19.7%	18.9%	50,295	8.066	8,683	8,544	-11.7%	1.3%	\$ 112.48	\$ 103.27	\$ 100.71	36.2%	17.7%	\$ 0.41	\$ 0.43	\$ 0.52	-37.8%	-22.0%	\$ 8.65	\$ 8.03	\$ 7.61	75.6%	-4.3%	\$ 144.64	\$ 134.12	\$ 125.78	38.2%	22.3%																																										
201605	73,966	1.4451	4,822,773	\$ 65.20	\$ 61.72	\$ 58.48		11.8%	5,970,838	80.72	\$ 78.57	\$ 74.24		27.4%	21.0%	47,581	7.719	8,372	8,332	-16.5%	-4.7%	\$ 125.09	\$ 112.22	\$ 106.43	53.4%																																																										

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 2

List-Billed Adjustment Calculation

List-Billed Adjustment Factor 1.00575
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	16,586	61,263	15,920	118,639	119,321
	Total Demo-Units wo				
SubscriberID	Children	Adults	Max Children	Total Demo-Units	Child Limit
800000209	4	2	3	6.317	7.082
800000563	2	2	2	4.725	4.725
800000814	0	2	0	2.786	2.786
800001166	0	2	0	2.913	2.913
800001551	0	1	0	1.357	1.357
800001872	1	1	1	2.003	2.003
800001956	1	2	1	4.702	4.702
800003575	0	2	0	4.944	4.944
800003635	0	1	0	2.873	2.873
800003676	0	2	0	3.135	3.135
800008395	0	1	0	1.246	1.246
800008401	2	2	2	4.07	4.07
800020939	0	2	0	5.428	5.428
800021365	2	2	2	5.74	5.74
800021448	0	1	0	1.952	1.952
800021461	0	3	0	6.524	6.524
800021473	0	1	0	3	3
800021486	0	1	0	2.135	2.135
800028864	0	2	0	5.952	5.952
800028880	0	1	0	2.81	2.81
800028898	0	1	0	2.135	2.135
800028903	0	1	0	3	3
800028905	0	1	0	2.873	2.873
800028912	0	1	0	2.873	2.873
800028915	3	2	3	5.426	5.426
800028960	0	1	0	1.246	1.246
800028973	0	2	0	3.333	3.333
800028980	0	1	0	2.714	2.714
800029178	0	1	0	2.81	2.81
800036207	0	1	0	1.262	1.262
800036213	1	2	1	3.622	3.622
800036233	1	2	1	3.494	3.494
800036308	0	1	0	3	3
800036333	0	1	0	1.278	1.278
800036347	4	3	3	6.332	7.097
800036360	0	1	0	1.635	1.635
800036375	1	2	1	4.643	4.643
800036377	0	1	0	3	3
800036379	2	2	2	5.149	5.149
800036380	0	1	0	2.873	2.873
800036438	0	3	0	4.81	4.81
800036443	0	1	0	2.437	2.437
800036453	3	2	3	5.704	5.704
800036509	0	1	0	2.81	2.81
800036537	0	1	0	1.5	1.5
800036546	0	1	0	1.706	1.706
800036548	0	1	0	1.23	1.23
800036550	0	2	0	6	6
800036554	2	1	2	3.16	3.16
800036582	0	2	0	5.151	5.151
800036608	0	2	0	5.746	5.746
800036621	0	1	0	3	3
800036622	0	2	0	6	6
800036655	0	2	0	5.437	5.437
800036676	1	1	1	2.265	2.265
800036684	0	1	0	3	3
800036957	0	1	0	3	3
800036968	2	2	2	5.06	5.06
800036983	0	2	0	6	6
800037005	0	1	0	2.873	2.873
800037007	0	2	0	5.714	5.714
800037017	2	2	2	5.222	5.222
800037040	2	3	2	6.095	6.757
800037044	0	1	0	1.357	1.357
800040505	0	1	0	3	3
800041399	0	1	0	1.246	1.246
800041475	0	1	0	2.437	2.437
800041476	2	2	2	4.205	4.205
800041479	1	3	1	4.885	4.885
800041480	0	1	0	2.548	2.548
800041483	0	1	0	3	3
800041487	0	1	0	1.397	1.397

**Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 3**

Broker Commission Calculation

<u>Proposed 2018</u>		
	<u>Catastrophic Plans</u>	<u>Non-Cat Plans</u>
Proposed 2017 Broker Commission (PMPM)	\$8	\$20
Projected Membership (CAAC, CAIC, and KHPC combined)	3.0%	97.0%
% of business brokered	30%	
Calculated Broker Commission in Rate Development	\$5.89	
Applied Broker Commission in Rate Development	\$6.00	

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 4

<u>Market</u>	<u>Issuer</u>	<u>Metal</u>	<u>Allowed Claims</u>	<u>Paid Claims</u>	<u>Premium</u>	<u>Risk Adjustment</u>	<u>Reinsurance</u>	<u>MemberMonths</u>	<u>RA Adjusted MLR</u>	<u>Paid to Allowed</u>
Individual	53789	Bronze	\$13,442,368	\$8,834,280	\$21,876,715	-\$13,143,117	\$569,077	69,446	95%	0.66
Individual	53789	Catastrophic	\$2,476,555	\$1,334,001	\$2,872,144	-\$32,253	\$62,990	24,607	45%	0.54

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 5

<u>Plan ID</u>	<u>Metal Level</u>	<u>Projected Membership</u>	<u>Projected Allowed Claims</u>	<u>Projected Paid Claims</u>	<u>Paid to Allowed Factor</u>
(1)	(2)	(3)	(4)	(5)	(6)
53789PA0100008	Bronze	26,820	19,836,591	14,212,015	0.72
53789PA0100004	Catastrophic	9,312	4,460,223	3,093,604	0.69
Total		36,132	24,296,814	17,305,619	0.71

<u>Average Tobacco Factor</u>	<u>AV and Cost Sharing</u>	<u>(8)/(6*7) Induced</u>
(7)	Factor	Utilization
	(8)	(9)
0.994	0.72	1.01
0.994	0.69	1.01
0.99	0.71	1.01

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 6

		Product Type		
		PPO	HMO	
Total Current Month Members		48,622	2,850	
		PPO	HMO	Tobacco Factor
Members without Tobacco Surcharge		45,619	2,738	1.00
Members with Tobacco Surcharge				
Age	Current Month Members	Tobacco Factor		
0	0	0	1.00	
1	0	0	1.00	
2	0	0	1.00	
3	0	0	1.00	
4	0	0	1.00	
5	0	0	1.00	
6	0	0	1.00	
7	0	0	1.00	
8	0	0	1.00	
9	0	0	1.00	
10	0	0	1.00	
11	0	0	1.00	
12	0	0	1.00	
13	0	0	1.00	
14	0	0	1.00	
15	0	0	1.00	
16	0	0	1.00	
17	0	0	1.00	
18	1	0	1.00	
19	3	1	1.00	
20	6	1	1.00	
21	6	1	1.03	
22	13	1	1.03	
23	26	5	1.03	
24	31	4	1.03	
25	33	1	1.03	
26	74	5	1.03	
27	65	10	1.03	
28	95	7	1.03	
29	73	5	1.03	
30	59	3	1.03	
31	63	3	1.03	
32	43	3	1.03	
33	67	1	1.03	
34	63	1	1.03	
35	81	3	1.03	
36	73	3	1.03	
37	78	3	1.03	
38	79	2	1.03	
39	71	0	1.03	
40	59	1	1.08	
41	74	3	1.08	
42	70	0	1.08	
43	68	0	1.08	
44	84	0	1.08	
45	74	2	1.10	
46	74	2	1.10	
47	91	4	1.10	
48	73	6	1.10	
49	87	1	1.10	
50	91	2	1.15	
51	76	2	1.15	
52	94	4	1.15	
53	76	2	1.15	
54	99	0	1.15	
55	61	3	1.20	
56	79	2	1.20	
57	65	3	1.20	
58	66	4	1.20	
59	85	2	1.20	
60	75	0	1.25	
61	61	3	1.25	
62	74	1	1.25	
63	75	0	1.25	
64	66	2	1.25	
65	0	0	1.25	
66	0	0	1.25	
67	3	0	1.25	
68	0	0	1.25	
69	0	0	1.25	
70	0	0	1.25	
71	0	0	1.25	
72	0	0	1.25	
73	0	0	1.25	
74	0	0	1.25	
75	0	0	1.25	
76	0	0	1.25	
77	0	0	1.25	
78	0	0	1.25	
79	0	0	1.25	
80	0	0	1.25	
81	0	0	1.25	
82	0	0	1.25	
83	0	0	1.25	
84	0	0	1.25	
85	0	0	1.25	
86	0	0	1.25	
87	0	0	1.25	
88	0	0	1.25	
89	0	0	1.25	
90	0	0	1.25	

Tobacco Calibration Factor		
PPO	HMO	Final Factor
0.993	0.997	0.994

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Individual Rates Effective January 1, 2018

With this response, please find corresponding Q&A Exhibits in “Ind_17-50_Initial_KHP_HMO_Q&AExhibits_Supporting_20170626.xlsm”

Question 1. Confirm HIOS submission and update the cover letter to include the HIOS submission tracking number.

Answer 1. I have confirmed the HIOS submission tracking number. This is the HIOS URR submission tracking number.

Question 2. As we discussed, please revise the PA AM and all supporting documents as well as the SERFF Rate/Rule Schedule tab to show the average and range of rate increase from Table 10 as directed in the 2018 Guidance.

Answer 2. I have revised the Actuarial Memo and all supporting documents to use Table 10.

Question 3. Worksheet II cell G29 of the URR shows a projected product rate increase of 7.61% while Table 11 shows 7.5%. Please reconcile.

Answer 3. I have updated the URR to match the Table 11 average rate increase. Please note that the URR uses projected membership to calculate the average rate change, while Table 11 uses current membership. This could cause slight variations between the two templates. For this filing, the current and projected membership are equal, so the tables should match.

Question 4. Please review the mapping directions on pages 12 – 13 of the 2018 Rate Guidance and update Table 10 columns AG – AO, as necessary. When revising, please remain cognizant that the total covered lives in cell V15 must equal Table 1 cell D18. If the mapping is correct, please explain why Table 10 cell V15 is not equivalent to Table 1 Cell D18.

Answer 4. I have updated Table 1 to match Table 10 covered lives.

Question 5. The Rate/Rule Schedule tab in SERFF shows 2,130 as the number of policy holders, rate change request summary shows 3,307 and Table 10 cell V15 shows 3,011. Please review and revise for consistency. Be advised that the 2018 Guidance, consistent with the 2017 guidance, states that the policy holders in the Rate/Rule Schedule tab should show data for the number of covered lives.

Answer 5. I have updated the SERFF Rate/Rule Schedule tab and Table 1 to show 3,011 covered lives.

Question 6. The Plan Design Summary shows off exchange, while the PID rate pages show on and off exchange. Please review and revise for consistency.

Answer 6. I have revised the PID rate pages to show off exchange only.

Question 7. The cover letter indicates off exchange while other documents, including the binder, the PA rate exhibits and the service area map, show on/off exchange. Please review and revise for consistency.

Answer 7. All exhibits and the binder have been updated to show off-exchange only.

Question 8. Please confirm that you have tested to ensure that the PID rate exhibits and the Federal rates template, in this filing, and in the binder are all the same.

Answer 8. I confirm that I have tested for accuracy and consistency between the PID rate exhibits and Federal rates template, in both this filing and the binder.

Question 9. Please update the cover letter to correctly reference the corresponding binder.

Answer 9. I have updated the cover letter to correctly reference the corresponding binder number.

Question 10. Does data in Tables 2 and 4 include transitional business? If so, please provide total claims amount, the total premium and the number of transitional members.

Answer 10. Table 2 and 4 do not include transitional business, as KHPC has only offered ACA-compliant plans in this market segment.

Question 11. Table 3 proposes a 13.68% annual trend. What is the basis? Please provide data and analysis that supports this trend and the assumed 3% trend in capitation. Additionally, please provide the quantitative development of the trend factors shown in Exhibit E for Cost, Utilization, and Induced Utilization.

Answer 11. Pricing trend data is found in Q&A Exhibit 1.

Trend is calculated using:

- Vendor Physician Cost Model
- Internal Hospital Contracting Model
- Internal Prescription Drug Trend Model
- Medical utilization estimates reviewed by CBC's Chief Medical Officer

The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static

utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.

Contracting increases are adjusted for the following factors:

- **Intensity:** Intensity is defined as the amount of inputs used to provide each unit of service. This is the measure of additional trend for technological changes, moving from less to more expensive treatments (i.e. shift from x-rays to MRIs or more expensive pharmaceutical drug treatments).
- **Leveraging:** The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles, to the paid trend. The individual market offers high deductibles, with no offerings under a 1000 deductible, making leveraging significant. Leveraging can be seen in historical trend reports as described below and see in Exhibit 1a (difference between incurred and allowed trends).

Utilization trend takes into account the following considerations:

- **Historical Data:** Please refer to Q&A Exhibit 2a for CAAC Individual trend summary and Q&A Exhibit 1b for trend detail. Please note that most trend exhibits are using Individual CAAC PPO data. This is because KHPC HMO has changed significantly between 2016 and 2017. KHPC is no longer offering its narrow network plan, is no longer offering plans on-exchange, and is only offering bronze and catastrophic plans in 2017. These changes make the HMO trend data useless.
 - 19.6% allowed claims trend 2017 over 2016
 - 21.5% incurred claims trend 2017 over 2016
 - Utilization Trends 2017 over 2016:
 - IP 17.5%
 - OP 16.4%
 - Prof 14.0%
- **Hospital Inpatient Authorization Reports:** Please refer to Q&A Exhibit 1c for Individual (CAAC and KHPC) inpatient authorizations by month. CBC does not currently have this report split by CAAC PPO and KHPC HMO, so this data differs slightly from Exhibits 2a and 2b. Year-to-date (YTD) 2017 inpatient acute days/1000 are 28.6 percent higher than YTD 2016.
- **Special Enrollment Period (SEP) Enrollment:** The BCBSA estimates that SEP enrollees cost an average of 55% more than open enrollment period (OEP) enrollees.
- **Continuity of Care:** Care Management is more difficult for individuals without continuous health care coverage, resulting in higher than average utilization rates.
- **Induced Utilization:** Induced utilization is CBC's best estimate for increased utilization in the individual market due to unknown future regulatory changes. CBC predicts that consumers will use more services in 2018 due to unknown coverage status in 2019.

The Prescription Drug model considers the following trend components:

- Price Inflation
- Contract Pricing
- Member Cost-Sharing
- Units per Script
- Brand/Generic Mix
- Therapeutic Mix
- Cost per Script
- Utilization

Prescription drug trends are also adjusted for intensity and induced demand. Also, please see Q&A Exhibit 1d for historical prescription drug trend detail (CAAC and KHPC combined).

Question 12. Please provide the development of the morbidity factors shown in the URRT in Exhibit F and in Table 5.

Answer 12. The development of the morbidity factor is our best estimate of the increased morbidity due to rising premiums in the individual market. As premiums rise, as they did in 2017, healthier than average people tend to drop coverage, worsening the pool as a whole. The morbidity change is an estimate but we do have indications of a worsening risk pool. Please refer to Exhibit 1a and question 11 for early claims trend and utilization metrics 2017 over 2016.

Question 13. Please provide the development and explain the purpose of the 1.357 factor shown in the other projection factor in the URRT for “Other Medical” in Exhibit F. Specifically, please provide the development of the 1.35 and 1.005 factors separately and explain each factor’s purpose.

Answer 13. 1.35 factor in “Other Medical” is to adjust the base data to include pediatric dental and vision claims. Due to data constraints, the pediatric dental and vision claims are not included in the base data. Pediatric dental and vision is underwritten by CAAC, but embedded with medical/Rx products underwritten by CAAC, CAIC, and KHPC. Because of this, data is difficult to allocate to each company. I hope to be able to provide this data split by company in the near future. But for this filing the rate development is performed as follows:

- Pediatric Dental: The pediatric dental calculation is taken directly from CAAC Stand-Alone Dental Filing CABC-130539624. The per-child-per month rate from the filing is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.
- Pediatric Vision: Rating begins with starting cost and utilization by procedure code. Separate in-network and out-of-network cost and utilization are used in the rating methodology. Starting cost and utilization are then adjusted based on the selected plan designs. Utilization is adjusted based on the chosen benefit period (12 months), copay, and the maximum allowance levels. Starting cost is adjusted based on copays, coinsurance, and maximums. Final cost per service is calculated as the minimum of the max for that service category and the starting cost, minus the copay, and multiplied by the coinsurance. The per-child-per-month rate is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.

- Please note that this factor is an estimate of allowed claims. Incurred claims are estimated separately as described in the above bullets. The “Other Medical” factor in the URRT only impacts the allowed calculation, which ultimately impacts the paid-to-allowed ratio. Premiums are not impacted.

The 1.005 factor is the list-billed adjustment. This is the additional premium needed to account for families with more than 3 children. The calculation is as follows:

1. Gather member-level small group current month enrollment by subscriber ID and age. Small group data is used as a gauge for both market segments. Both small group and individual use the same list-billed adjustment.
2. Calculate CMS demo-units by subscriber without the maximum 3 children limit. Demo-units are member-count (by age) x CMS age curve factor.
3. Calculate CMS demo-units by subscriber with the maximum 3 children limit, using the ages of the three oldest children under 21.
4. Sum step 2 demo-units for the entire population.
5. Sum step 3 demo-units for the entire population.
6. Step 4 divided by step 5 is the list-billed adjustment.

The calculation of the list-billed adjustment is found on Q&A Exhibit 2.

Question 14. What is the basis for the paid to allowed ratio of .632 shown in Table 5 and Worksheet 1, Section III of the URR? Provide data and analysis that demonstrates that the ratio is consistent with membership projections by plan included in the URR Worksheet 2 and in Table 10. The ratio for each plan should be relatively consistent with the metallic AV for the plan to which you are pricing, however it is recognized that they may not be exactly the same due to differences between the issuer’s experience and the experience underlying the AV Calculator.

Answer 14. The development of the paid-to-allowed ratio is explained on pages 6 to 8 of the actuarial memorandum. Exhibit G shows the paid-to-allowed calculation.

Question 15. Please provide the requested information regarding the projection of paid claims used to determine the paid-to-allowed ratio in Exhibit G.

- a) Please provide an explanation for the build-up of the 0.83 benefit change factor.
 - i) Specifically, how was the \$336.22 for the “Average Manual Claim PMPM in Experience Period” determined?
 - ii) Please provide an explanation for the development of the plan Total PMPM amounts on the “PMPM” tab.
 - iii) Please explain the 0.9 factor applied to the Total PMPM for the Catastrophic plan shown in Exhibit L to get to the “Manual Medical + Rx PMPM.”

Answer 15.

- i) KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000

per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments. This actuarial cost model derives a Manual Cost for each benefit design in the experience period. The member-month weighted average of the Manual Cost PMPMs equals “Average Manual Claim PMPM in Experience Period”.

- ii) The Total PMPM amounts are derived in the same manner as explained in i) above. Using the actuarial cost model, the Manual Cost PMPM is calculated for each of the benefits in the projection period.
- iii) Exhibit L has been corrected so that the catastrophic plan uses the Manual Cost PMPM from the “PMPM” tab for the “Manual Medical + Rx PMPM”. An additional adjustment was made to the catastrophic adjustment in order to appropriately adjust for catastrophic experience. All rates and other exhibits are being updated with this submission to reflect this change.

Question 16. In the taxes in fees section of your PA actuarial memorandum, number 5, you indicate that State Income Tax is included. Please remove and update all necessary documents and tables, if necessary.

Answer 16. As requested, I have removed State Income Tax from the rate development, actuarial memo, rates, and all other exhibits.

Question 17. In Table 6, the sum of cells C50 – C52, regarding administrative fees, does not equal cell C49 or the URRT. Please review and revise.

Answer 17. Table 6, cells C50-C52 have been updated to sum to C49.

Question 18. Please show the development of the average commission and circumstances in which broker commissions will be paid and if they will vary based on geographic location, metal level, plan, open enrollment vs. SEP enrollment, etc. Additionally, the current and 2018 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated PMPM.

Answer 18. KHPC pays commissions for renewal enrollment received during open enrollment, both on and off exchange, and in all geographic areas. Commission is less on catastrophic plans due to the lower premium. KHPC does not pay commission for SEP or new business. The 2018 broker commission schedule is yet to be finalized. Attached please find the 1/1/2017 copy of the broker agreement – redacted version. Files are as follows:

- a. Redacted Agent Agreement: “Ind_17-50_Initial_KHP_HMO_WBEBrokerIndRedacted_Supporting_20170626.pdf”
- b. Redacted Preferred Producer Master Agreement: “Ind_17-50_Initial_KHP_HMO_PPMABrokerIndRedacted_Supporting_20170626.pdf”

Please see Q&A Exhibit 3 for the calculation of the average broker commission. The projected 2018 broker commission is calculated based on proposed/best estimate broker payment levels. For rate development, the same broker PMPM is applied across all companies. The enrollment distribution between catastrophic and non-catastrophic plans includes CAAC, KHPC, and CAIC.

Question 19. Table 6, cell B54, indicates the PCORI fee is \$018. The 2018 PCORI PMPM amount should be \$0.20. Please revise. Also review the percent of premium in cell C54 to ensure the yielding amount is consistent with \$0.20.

Answer 19. I have updated the PCORI fee to \$0.20 PMPM.

Question 20. Please show development of the federal income tax in cell C56 of Table 6.

Answer 20. Federal income tax will be collected on the projected 2% profit/risk portion of the premium. That is, $0.35 \times 0.02 = 0.7\%$. State income tax previously included in this cell has been removed.

Question 21. Table 6 cell C63 indicates the Single Risk Pool PMPM is \$480.61, while the Single risk pool in the URRT in cell V43 indicates \$477.95. Please reconcile.

Answer 21. I have updated the URRT to match Table 6 Single Risk Pool PMPM.

Question 22. Please show the development of the Health Insurance Industry Fee of 3.78% as shown in Table 6 cell C57.

Answer 22. CBC’s finance department estimated our 2016 HIF fee to be 3.62%. The HIF assessment has risen from \$11.3 billion in 2016 to \$14.3 billion in 2018 (25% increase). If premiums, on average, have risen 20% in 2 years, the assessment needs to increase 5%. CBC trended the 3.62% at 4% over two years to arrive at 3.78%. The same HIF percentage is applied in rate development across all market segments.

Question 23. Please answer the following questions about the development of the risk adjustment transfer amount shown in Exhibit K:

- a) How was the statewide premium increase of 20% per year determined?
- b) How was the 0.80 factor to account for benefit changes in 2017 and 2018 determined?
- c) Please provide justification for using the statewide average premium in calculating the risk adjustment percentage instead of Capital’s own average premium.
- d) How are you accounting for the 2018 risk adjustment calculation change to remove the impact of administrative expenses? In other words, where is the adjustment to reduce the statewide average premium by 14%?

- e) Please explain and provide the development for the -1.5% adjustment for Market Improvement in Coding.
- f) Please explain and provide the development for the -2.0% adjustment for Internal Coding.
- g) Please explain and provide the development for the -10% adjustment for Change in AV.

Answer 23.

- a) The 20% average annual premium increase, is intended to represent anticipated increases due to allowance trend of roughly 5% - 8%, leveraging of roughly 3% - 5%, and another 10% for the impact of uncertainty of appropriate market competition coupled with significant selection issues in the Individual market. Also, with several years of history behind us, PA has seen significant rate increases in the Individual market. Since the aggregate 20% is truly an unknown, as it is impacted by things outside of CBC control, the estimate delivered was reviewed for reasonability and was deemed appropriate.
- b) The .80 benefit change factor is intended to represent the potential for significant buydowns that are typical when rate increases of 20% are projected. Ultimately, on a combined basis, the 20% mentioned in (a) above coupled with the .80 benefit change factor yields an average per annum of 7.33%.
- c) Since the statewide average premiums are normalized for AV of the state, then carrier specific AV applied back to get to an AV adjusted carrier premium, there is a need for an estimate of both the statewide AV as well as the carrier specific AV. Speculating that the state AV and the carrier AV are markedly different requires knowledge that we don't currently possess since history is limited. Since at the time of filing 2016 was still unknown, speculating what will occur in 2016, 2017 and ultimately 2018 requires simplifying assumptions. One of those simplifying assumptions is that the statewide AV, GCF and other complex components of the RA payment transfer formula are identical and remain unchanged.
- d) Similar to c) above, there is so much uncertainty in anticipating 2016 RA payment transfers as of the time of filing, exacerbating the difficulty in estimating 2018. While it is reasonable to think that the 14% administrative expense reduction mentioned in statutory guidance will have an impact, all of the moving parts of the RA payment transfer formula along with market and regulatory dynamics make speculation of impact a challenge for industry actuaries. Ultimately, after all of the assumptions are applied to the formula, total net impact was seen to be within a reasonable level of expectation, so the 14% AE was implicit and not explicitly stated.
- e) Capital BlueCross is a small plan with limited resources. The industry has commercially available services to improve coding efforts through exhaustive use of data and provider outreach programs. While CBC is engaged in the efforts of accurate, timely submission of RA data, we feel that the industry will outpace CBC in its ability to maximize value.
- f) Internal coding represents the fact that CBC's individual ACA book of business has had a churn rate that has made a multi-year perspective of member diagnosis and risk impossible. As of 2015, CBC had roughly 5,000 members in Individual ACA business. As of 2016, CBC had 70,000 members. In 2017, 50% of CBC Individual ACA business dropped coverage, and CBC gained roughly 30,000 new members. This places CBC at a disadvantage in terms of ability to assess a member's

Question 24. It appears the 7.5% rate increase does not include the impact of changes to the age factor slope or plan changes (i.e., mapping members from terminated plans to new or existing plans).

- a) If that is correct, please provide a rate increase calculation showing an itemized build-up accounting for these two items.
- b) If the 7.5% increase already includes these items, please provide an itemized build-up of the 7.5% including the two items listed.

Answer 24. The increase does include mapping, but KHPC is not mapping any members from 2017 to 2018. The increase does not include the impact of changes to the age curve. The change in age curve adds 1.9% to the rate increase.

Question 25. Please indicate if the pricing AVs shown in Exhibit L, row 26, include induced demand.

- a) If induced utilization is included, please provide the induced utilization amount for each plan as well as an explanation about how the amount was determined.
- b) If induced utilization is not included, please provide an explanation for where in the rate calculation it is included and an explanation about how the amount was determined.

Answer 25. Induced demand is not included to the pricing AVs. It is not a factor in this filing because KHPC is only offering bronze and catastrophic plans. Bronze and catastrophic plans have similar/same induced demand, so a factor is not applied at the plan level because normalization would make the net impact zero.

Question 26. Please provide an explanation for the significant difference in the Metal AVs in Exhibit A1 and the pricing AVs in Exhibit L.

Answer 26. The metal AVs and pricing AVs have some differences. There are several reasons why plan premiums may not be proportional to AV Pricing Values.

- KHPC does not use the AV Calculator as a pricing model
 - The AV Calculator is a nationwide model designed to provide a consistent and explainable process for determining benefits. It is not designed to be a region-specific pricing model
 - KHPC uses a vendor pricing model calibrated to Capital BlueCross (CBC) data. The actuarial model is explained in the Actuarial Memorandum under the Plan Adjusted Index Rate section.

KHPC has 2016 risk-adjusted results on Q&A Exhibit 3. Note that the paid-to-allowed ratio on bronze is higher than standard AV.

Question 27. In the supporting Excel exhibits, Exhibit A1 lists plan designs which are not proposed in 2018. Please update this exhibit as well as the actuarial memorandum.

Answer 27. Exhibit A1 is updated to only include plans offered by KHPC in 2018. The actuarial memo lists the correct number of plans.

Question 28. On page 14 of the 2018 Guidance, the department requested data regarding the development of the Pricing Avs in Table 10. Please provide this data in Excel.

Answer 28. The development of pricing AVs is found in Q&A Exhibit 5.

Question 29. Please provide the development for the catastrophic adjustment of 0.6.

Answer 29. The catastrophic adjustment is an estimate taken from the 2017 filing. The goal of the adjustment is to get to a premium relativity close to last year. Early 2017 results show catastrophic performing better than 40% below bronze. But it is difficult to gauge the impact of risk adjustment. With the 2017 premium increases, it is likely that higher risk consumers purchased bronze plans, which could reverse the ultimate risk-adjusted bronze results, and catastrophic-to-bronze relativity. For this reason, KHP did not make the catastrophic adjustment less than 0.60.

Question 30. Please provide the development for the tobacco surcharge adjustment of 0.994.

Answer 30. Please see Exhibit 6 for the development of the tobacco surcharge using current month individual enrollment by tobacco status.

Question 31. In Table 14, you have proposed changes to your geographic factors for rating areas 7 and 9. Please provide analysis of the data in exhibit Q in your supporting Excel exhibits. Explain and show the development of columns C, E, F, G and J in this exhibit.

Additionally:

- a) Please provide an explanation for how the impact of morbidity differences between regions was removed when developing the geographic factors.
- b) Please provide information on the development of the Contracted Increase values; specifically the wide variance of the factors even within a region.
- c) Please provide additional explanation around the magnitude and direction of the geographic factor changes as compared with the 2017 factors.

Answer 31. CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. CAAC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions. CAAC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims for the 2016 calendar year by region, normalized for demographics/risk. Demographics were normalized by gathering demo-units for the CY 2016. Demo-units are Milliman Health Cost Guidelines demographic factors x member-months. So demo-units divided by member-months is the average demographic factor in this population. The 2016 experience was adjusted for future contracting changes in order to project results to 2018. We then compared the claim cost for each of the three regions, and calculated cost differentials between the regions, mostly due to differences in hospital contracting between regions.

- a) In credible populations, normalizing for demographics is synonymous with normalizing for risk/morbidity. The claim PMPMS by county are normalized for demographics.
- b) The contracted increases come from CBC's provider contracting area. Provider contracting provides actuarial with contracted hospital and physician increases in 2017 and 2018. These increases are used to adjust claims by county from the 2016 base experience period to the 2018 projection period. The calculation is found in Q&A Exhibits 7a-7c.
 - a. Exhibit 7a: Summary of increases two-year contracted increases by hospital, also summarized by county.
 - i. Note that Hershey hospital contracted increase of 18% was mitigated to 10% in order mitigate further adverse impact to region 9. Hershey handles severe cases and patients come from all regions to be treated, so the cost is distributed across all regions.
 - b. Exhibit 7b: Provider contracting IP hospital contracting increases by month
 - c. Exhibit 7c: Provider contracting OP hospital contracting increases by month
 - d. For this exercise, professional contracting increases were assumed to be the same across all providers/counties.
- c) CBC has seen a change in the experience attributed to region 9 as well as future contracted increases in relation to region 6 and 7. Pinnacle accounts for a large portion of region 9 claims and their 2-year contracted increase of 21% is significant in comparison to the average.

Question 32. What is the basis for the Pediatric Dental and Pediatric Vision claims PMPMs? Are these services capitated?

Answer 32. Pediatric dental and vision services are not capitated. But due to data constraints, the pediatric dental and vision claims are not included in the base data. Pediatric dental and vision is underwritten by CAAC, but embedded with medical/Rx products underwritten by CAAC, CAIC, and KHPC. Because of this, data is difficult to allocate to each company. I hope to be able to provide this data split by company in the near future. But for this filing the rate development is performed as follows:

- Pediatric Dental: The pediatric dental calculation is taken directly from CAAC Stand-Alone Dental Filing CABC-130539624. The per-child-per month rate from the filing is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.
- Pediatric Vision: Rating begins with starting cost and utilization by procedure code. Separate in-network and out-of-network cost and utilization are used in the rating methodology. Starting cost and utilization are then adjusted based on the selected plan designs. Utilization is adjusted based on the chosen benefit period (12 months), copay, and the maximum allowance levels. Starting cost is adjusted based on copays, coinsurance, and maximums. Final cost per service is calculated as the minimum of the max for that service category and the starting cost, minus the copay, and multiplied by the coinsurance. The per-child-per-month rate is converted to a PMPM in an embedded plan, since every member pays, but only children receive the benefit.

Question 33. This filing proposes 2 plans, however, an AV screenshot has only been provided for the Bronze plan and not the Catastrophic plan. Please provide.

Answer 33. Page 2 of the AV screenshots shows the catastrophic plan.

If you have any further questions regarding this filing, please call me at [REDACTED] (or via email at [REDACTED])

[REDACTED] Thank you for your assistance in this matter.

Sincerely,

[REDACTED]

[REDACTED], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 1

Capital BlueCross Monthly Medical Trend Report

Capital BlueCross Monthly Medical Trend Report

For 12 Month Periods Ended

Individual PPO

	12 Months Ended:			% Change	
	201705	201605	201505	2017/2016	2016/2015
Allowed PMPM					
Inpatient	\$ 141.70	\$ 114.13	\$ 68.46	24.2%	66.7%
Outpatient	242.50	196.71	133.55	23.3%	47.3%
Professional	157.94	142.53	107.96	10.8%	32.0%
Medical Total	\$ 542.15	\$ 453.37	\$ 309.96	19.6%	46.3%
Non-Specialty Drug	-	-	-	0.0%	0.0%
Specialty Drug	-	-	-	0.0%	0.0%
Pharmacy Total	\$ -	\$ -	\$ -	0.0%	0.0%
Grand Total	\$ 542.15	\$ 453.37	\$ 309.96	19.6%	46.3%

Incurred/Paid PMPM

Inpatient	\$ 137.11	\$ 109.53	\$ 65.00	25.2%	68.5%
Outpatient	201.27	163.48	109.43	23.1%	49.4%
Professional	125.43	108.84	82.59	15.2%	31.8%
Medical Total	\$ 463.82	\$ 381.86	\$ 257.03	21.5%	48.6%

Utilization Metrics

Admissions/1000 Members	85.1	72.5	49.2	17.5%	47.3%
Average Length of Stay	4.65	5.32	4.66	-12.6%	14.1%
Days/1000 Members	396	385	229	2.7%	68.0%
Outpatient Visits/1000 Memk	3,126	2,686	1,966	16.4%	36.6%
Professional Visits/1000 Merr	11,027	9,671	7,086	14.0%	36.5%
Non-Specialty Prescriptions P	-	-	-	0.0%	0.0%
Specialty Prescriptions PMPY	-	-	-	0.0%	0.0%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 2

Without Adjustment for Pediatric Dental and Vision

Benefit Category	Experience Period				Adj't. from Experience to Projection Period		Annualized Trend		Projections		
	Allowed										
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
Other Medical	Services	161.95	564.52	7.62	1.130	1.005	1.098	1.040	198.05	684.15	11.29

With Adjustment for Pediatric Dental and Vision

Benefit Category	Experience Period				Adj't. from Experience to Projection Period		Annualized Trend		Projections		
	Allowed										
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
Other Medical	Services	161.95	564.52	7.62	1.130	1.357	1.098	1.040	198.05	923.60	15.24

Estimated Allowed PMPM	3.95
Estimated Incurred PMPM	3.87

Pediatric Dental Rate Development *

Total Annual Claims	280.44
Value of Deductible	19.64
Value of OOP	68.43
Dominion Annual Claims	192.37
Monthly Claims	16.03
Adverse Selection	0.143
Risk Adjusted Claims per Child	18.32
% of Members Age 0-18 **	18.7%
Projected Claims PMPM	\$3.42

* Claim details are found in 2018 Stand-Alone Dental Filing CAB-131022099

** From Small Group data

Pediatric Vision Rate Development *

Category	Claim Cost per Child per Month	
	In-Network	OON
Exam	\$ 1.35	\$ 0.04
Contact Lens Eval/Fitting	\$ -	\$ -
Frame	\$ 0.41	\$ 0.05
Eyeglass Lenses	\$ 0.81	\$ 0.05
Contact Lenses	\$ 0.58	\$ 0.02
Lens Option	\$ -	\$ -
Value Added Benefits	\$ 0.00	\$ -
Value of Combined Max	\$ 0.00	
Total	\$ 3.15	\$ 0.16
CBC Adjustment	72%	0.72
Voluntary Adjustment	45%	1.00
Low Vision Aid Adj		1.00
Estimated Claims Cost per Child		\$2.38
% of Members Age 0-18 **		18.7%
Projected Claims PMPM		\$0.44

* From CBC's internal vision quote model

** From Small Group data

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 3

BEP Benefit Calculation

Network	Broad	Member Months	AV	Network *
Broad	Platinum	1,165	0.9	1
Broad	Gold	4,207	0.8	1
Broad	Silver Std	22,655	0.7	1
Broad	CSR73	5,405	0.73	1
Broad	CSR87	11,600	0.87	1
Broad	CSR94	7,261	0.94	1
Broad	Bronze	11,269	0.6	1
Broad	Catastrophic	13,106	0.36	1
Value	Platinum	4,957	0.9	0.839
Value	Gold	16,151	0.8	0.839
Value	Silver Std	74,014	0.7	0.839
Value	CSR73	34,466	0.73	0.839
Value	CSR87	77,413	0.87	0.839
Value	CSR94	57,053	0.94	0.839
Value	Bronze	58,179	0.6	0.839
Value	Catastrophic	11,452	0.36	0.839
Total		410,353	0.75	0.87

BEP Calculated Manual Cost	343.61
BEP Impact of Network	0.87
BEP Adjusted Manual Cost for Network	298.53

Projection Period Benefit Calculation

	Bronze	Cat
Manual Cost	276.33	272.04
Cat Adj	1	0.6
AV	0.6	0.6
Adj AV	0.6	0.36
Manual Cost with Cat Adj	276.33	163.22
Proj Mem Dist	74%	26%

Proj Period Manual Cost	247.18
Proj Period Avg Network	1.00
Proj Adjusted Manual Cost for Network	247.18
Proj Period Avg AV	0.54

Benefit Mix Change	0.83
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Network Calculation

Region	6	7	9	Total
Value Member Months 2016	135,492	158,398	39,795	333,685
Network Factor*	0.73	0.73	0.83	0.74
Calculated Value of Network	0.74			

*Network factors from original 2017 KHPC filing (final filing removed value network plans)

2016 HMO Results by Broad/Value Network

Issuer	Product	Metal	Allowed Claims	Paid Claims	Premium	RA	Reins	MM	Paid PMPM	RA Adj	Paid PMPM
53789	Broad	Platinum	1,026,846	987,863	573,669	180,166	24,489	841	1174.63		960.40
53789	Broad	Gold	3,086,089	2,796,823	1,937,687	320,490	96,142	3,736	748.61		662.83
53789	Broad	Silver	27,851,951	24,772,038	19,730,352	-714,649	1,356,177	44,733	553.78		569.75
53789	Broad	Bronze	2,336,569	1,402,848	4,122,665	-2,051,530	73,729	11,272	124.45		306.46
53789	Broad	Catastrophic	1,485,411	801,573	1,655,078	439,812	20,889	13,127	61.06		27.56
53789	Value	Platinum	3,286,966	3,131,687	2,264,473	268,930	58,595	3,719	842.08		769.77
53789	Value	Gold	6,321,751	5,514,445	5,442,685	-603,352	106,777	13,222	417.07		462.70
53789	Value	Silver	87,164,871	76,824,913	81,076,848	-19,866,033	2,553,533	227,355	337.91		425.29
53789	Value	Bronze	11,105,799	7,431,432	17,754,050	-11,091,587	495,347	58,174	127.74		318.41
53789	Value	Catastrophic	991,143	532,427	1,217,066	-472,065	42,101	11,480	46.38		87.50
	Broad			30,761,145		(1,825,710)		73,709	417.33		442.10
	Value			93,434,905		(31,764,106)		313,950	297.61		398.79
Realized 2016 Value of Network	0.90										

Network Factor applied for Benefit Mix Adjustment Calc	0.839
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Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 4

Catastrophic Adjustment
2016 HMO Results by Metal Level

Market	Issuer	Metal	Allowed Claims	Paid Claims	Risk Adjustment	MemberMonths	Avg Age	Age Factor (Current CMS Age Curve)	Avg Network	Paid PMPM	RA, Age, and Network Adj Paid PMPM
Individual	53789	Bronze	\$13,442,368	\$8,834,280	-\$13,143,117	69,446	44	1.397	0.86	127.21	261.94
Individual	53789	Catastrophic	\$2,476,555	\$1,334,001	-\$32,253	24,607	25	1.004	0.92	54.21	59.80

Calculated Catastrophic Adjustment	0.23
Applied in Rating	0.58

Competitor Rates - 2017

State Code	FIPS County Code	County Name	Metal Level	Issuer Name	HIOS Issuer ID	Plan ID (Standard Component)	Plan Marketing Name	Plan Type	Rating Area	Source	Premium Adult Individual Age 21
PA	42027	Centre	Bronze	UPMC Health Options, Inc.	16322	16322PA0040024	UPMC Advantage Bronze \$6,950/\$35 – Premium Network	PPO	Rating Area 6	SERFF	\$204.01
PA	42027	Centre	Catastrophic	UPMC Health Options, Inc.	16322	16322PA0040026	UPMC Advantage Catastrophic \$7,150/\$0 - Premium Network	PPO	Rating Area 6	SERFF	\$177.48

Estimated UPMC Catastrophic Adjustment	0.87
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KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Individual Rates Effective January 1, 2018

With this response, please find corresponding Q&A Exhibits in “Ind_17-50_Initial_KHP_HMO_Q&AExhibits2_Supporting_20170714.xlsm”

Question 1. In response to question 11, you have indicated that changes to the HMO product offering render the HMO historical data useless. However, Table 4b has not been populated with manual claims. Please populate this Table and provide narrative regarding adjustments made to the manual data to reflect the HMO product and the current and expected enrolled population. The narrative and data provided does not support why the proposed 13.68% annual trend is appropriate for KHPC. Additionally, please ensure that all supporting data is provided within this submission and does not reference external data.

Answer 1. While the change in network and benefits from 2016 to 2017 makes trend data difficult to decipher, it is the best data we have to use in rate development. PPO trends are helpful to determine annual utilization and morbidity changes in the market, because the network and product offering stayed fairly consistent between 2016 and 2017. But KHPC’s HMO has historically attracted lower risk than PPO (low claims, high RA payout), which is a better starting point for projecting 2018 HMO Bronze and Catastrophic plans (that would tend to also attract healthier individuals) than any other data available to CBC.

Question 2. In response to Answer 11, please provide quantitative support for the induced utilization assumption of 3% annually and leveraging of 2.5% annually considering the projected decrease in the average paid-to-allowed ratio from 2016 to 2018.

Answer 2. Please see Q&A Exhibit 1 for Individual PPO trend data used to estimate adjustments to trend. As explained in Answer 1 above, PPO is the most stable data CBC has in the individual market when comparing 2017 over 2016. While PPO claim PMPMs are not good indicators for HMO experience, the trend in PPO claims is a reliable indicator for the individual market as a whole.

Note that 2017 over 2016 utilization/1000 increases are significantly higher than the 3 percent induced demand adjustment. It is difficult to distinguish between utilization changes and morbidity changes. In total, the pricing trend is 13.3% (including induced demand of 3%). The combination of the morbidity adjustment (discussed further in answer 3 below) and induced demand adjustment is still below 2017 over 2016 incurred trend.

2017 over 2016 allowed trend is 19.6% and incurred trend is 20.5% - a difference of 1.9%. As deductibles and other cost-sharing increases 2018 over 2017, we expect leveraging to grow. So the estimated impact of leveraging is 2.5%.

Please note that the difference in paid-to-allowed ratio between 2016 and 2018 is accounted for separately (outside of trend) in rate development. Differences in benefits between the BEP and projection period are handled in the Exhibit D (Benefit Mix). This calculation measures the average manual cost in the BEP and the projected manual cost in the projection period and adjusts claim projections accordingly.

Question 3. Table 10 indicates all 3,011 of the current covered lives are mapped to the two plans being offered in 2018. Please reconcile this with the list of terminated plans shown in Exhibit R and the response to Questions 24 that indicates KHPC is not mapping any members. Why does Table 10 not include a list of the terminated plans showing their current membership?

Answer 3. The terminated plans in Exhibit R are a list of plans that terminated in 2016. These are plans included in the URRT as they have experience in the base experience period. But they were not available in 2017 and will not be available in 2018. There are no plans terminating in 2017.

Question 4. Please reconcile the 1.35 “Other Medical” factor described in Answer 13 to the Exhibit C information, which lists the paid claims for pediatric dental and vision to be a combined \$4.08.

Answer 4. The other medical factor is applied to the URRT to estimate the allowed pediatric dental and vision amounts. Q&A Exhibit 2 shows the impact of the Other Medical factor. Please note that this factor has no impact on the final rates – it is only an estimate of allowed. Incurred claims used in rating are developed separately.

Please also note with this submission, I have corrected an error made on the pediatric dental and vision projected incurred claims PMPM. The pediatric dental incurred claim PMPM now matches the 2018 CAAC stand-alone pediatric dental filing CABC-131022099. And the pediatric vision projected incurred claims PMPM is updated to correctly adjust for the current distribution of members under age 19. Both calculations are also included in Q&A Exhibit 2.

Question 5. Please explain why the “list-billed adjustment” outlined in Answer 13 is listed as 1.005 but the calculation in Exhibit2 shows 1.006. Additionally, please explain why 1.005 is used in the rate development (for example, Exhibits F and G).

Answer 5. The list-billed adjustment of 1.005 is an estimate based on data compiled for the 2017 filings. The calculation uses small group data to estimate the impact of families with more than 3 children, and that calculation is used for all filings in both the individual and small group market. Current month small group data, submitted with the last Q&A, shows a slightly higher calculated factor of 1.006. CBC has maintained the 1.005 factor despite the slight calculated change in the most recent data.

Question 6. Please explain why the “Average Manual Claim PMPM in Experience Period” in Exhibit D is backed into by dividing by a hard-coded factor of 0.83. Why do you not use a calculated PMPM from the pricing model, as described in Answer 15(i)?

Answer 6. For this filing, the benefit mix adjustment was approached differently from other CBC filings. The BEP contained a mix of benefits and plans with both a broad and narrow network. In order to calculate the benefit mix change from the BEP to the projection period, we calculated the average benefit in the BEP using AV (manual cost was not run on each of the plans, but AV is a good approximate when working with relativities). We also calculated the average network factor – member weighted based on enrollment in a broad network plan or value network plan. The average value of the network was calculated using a weighted-average of the following:

- a. Network factors developed for 2017 HMO Individual Filing
- b. Realized network factor developed by analyzing Value versus Broad network results (adjusted for RA).
- c. Weighted 40% a. and 60% b.

The benefit change adjustment is the average AV in the projection period divided by the average AV (adjusted by network) in the BEP. The adjustment is 0.83, which is applied in Exhibit D cell E8.

The calculation is found on Q&A Exhibit 3.

Question 7. The response to Question 15(iii) indicates a correction was made to Exhibit L regarding the Catastrophic PMPM development; please explain where the change was made as the prior version of Exhibit L (from May 22, 2017) is identical until the retention calculations.

Answer 7. You are correct that the last submission did not contain the change I listed in Question 15 (iii). I have corrected Exhibit L so that the catastrophic plan used the manual cost PMPM from the PMPMs tab. I have also adjusted the Exhibit L, cell C38, to adjust RA for the catastrophic adjustment. Rates and other exhibits have been updated to reflect the changes made in Exhibit L.

Question 8. Please reconcile the updated Table 6 Retention information in cells C50:C52 with the values developed in Exhibit H as they no longer tie.

Answer 8. Exhibit H calculates the aggregate retention as a percent of premium based on projected member-weighted premium averages. Table 6 uses current month member-weighted premium averages. Because projected membership distribution differs from current month, the two calculations will not tie.

Question 9. Please answer the following questions about risk adjustment and the responses to Question 23:

- a) The 0.860 statewide average premium adjustment is intended to remove administrative costs from the statewide average premium utilized in the risk adjustment transfer calculation. This factor should be included in the calculation as a multiplication to the statewide premium amount as outlined in the 2018 Notice of Benefit and Payment Parameters. Please update your calculation to include this adjustment.

- b) Please provide more explanation for the -1.5% adjustment that accounts for “Market Improvement in Coding.” According to the response to Question 23(e) the assumption is that the market will be able to improve their coding at a quicker pace relative to KHPC which, all else equal, would increase KHPC’s risk adjustment payment. However, the way the adjustment is applied results in a decrease of KHPC’s risk adjustment payment; please explain this discrepancy.
- c) Please complete/provide the answers to Questions 23 (f) and (g) as it appears they were cut off.
- d) If you wish to make adjustments to the projected RA amount included in this rate submission and the URRT, based on the June 30, 2017 Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers, please do so. Provide narrative and an Excel spreadsheet demonstrating the development and assumptions.

Answer 9.

- a) The 0.86 adjustment is now explicitly reflected in the RA projection calculation in Exhibit K. Please note, as explained in the first Q&A Answer 13d, the application of 0.86 was implicit to the original calculation as there are numerous moving parts to projecting RA. The projected 2018 statewide average premium is the same as the original submission.
- b) You are correct that this factor was not applied correctly. I have made an adjustment to Exhibit K. But please note that the final projected RA PMPM is CBC’s best estimate, so we do not intend to change that estimate with this correction. In order to adjust for this, I have revised the AV adjustment described below.
- c) The complete answers are as follows:
 - a. Part f) is as follows: Internal coding represents the fact that CBC’s individual ACA book of business has had a churn rate that has made a multi-year perspective of member diagnosis and risk impossible. As of 2015, CBC had roughly 5,000 members in Individual ACA business. As of 2016, CBC had 70,000 members. In 2017, 50% of CBC Individual ACA business dropped coverage, and CBC gained roughly 30,000 new members. This places CBC at a disadvantage in terms of ability to assess a member’s risk. Since risk adjustment, closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believe that CBC is disadvantaged in the market. The amount is ultimately unknown, but it is estimated that it will have an unfavorable impact. 2% was reviewed for reasonability and was deemed appropriate.
 - i. Please note that as described in b) above, this factor was also not applied correctly. I have made an adjustment to Exhibit K, but the final RA PMPM is staying the same.
 - b. Part g) The -10% (changed to -17%) adjustment for change in AV is to reflect a lower RA PMPM in 2018 given that KHPC is only offering Bronze and Catastrophic plans. Most 2016 enrollees purchased Silver plans. The 17% is an estimated impact of moving from Silver AV to Bronze/Catastrophic AV.
- d) CBC will not adjust the projected RA amount based on the June 30, 2017 report.

Question 10. Please provide an itemized build-up of the 6.5% rate change (4.6% provided + 1.9% due to the age slope change) as previously requested. This will likely include items such as trend, morbidity, and benefit changes.

Answer 10. The components of the rate change are found on Table 8 of PA Rate Template Part II. Table 10 shows 4.9% increase, and it is estimated that 1.9% in additional premium can be attributed to the change in CMS age curve. And an additional 3.2% is attributable to change in regional rating factors. The sum of the components is very close to that on line H. of Table 8.

Question 11. Please provide a quantitative development for the 0.6 catastrophic adjustment factor. This quantitative development should show how the 0.6 accounts for the cost difference between the catastrophic and non-catastrophic members which is not captured by the age slope.

Answer 11. Data to support the catastrophic adjustment is found on Q&A Exhibit 4. Please note that with other changes in this submission (see Answer 7 above), I have revised the catastrophic adjustment to 0.58. The data in Q&A Exhibit 4 would support an even lower adjustment. But CBC has not implemented the full adjustment into rating. The market is factored into CBC's decision to keep the factor at 0.58. While most competitors do not offer both a Bronze and Catastrophic plan in 2017, UPMC is one competitor CBC could reference in making this pricing decision. UPMC's relativity between Bronze and Catastrophic is 0.87. And historically, CBC has had the lowest Catastrophic rate in the market. The combination of data and market intelligence has driven the decision to apply a factor of 0.58.

Question 12. The following questions are in response to Answer 31:

- a) Please provide an explanation for how the impact of large claims was removed in the development of the geographic factors.
- b) Please provide an explanation for how the allowed amounts in Exhibit Q (\$290 million), which represent calendar year 2016 data based on your response, compare to the allowed amount in Table 2 (\$156 million), which also represent calendar year 2016 data.

Answer 12.

- a) Large claims were not removed from the analysis. For this analysis, a credible population was used to compare results across regions (see answer b) below). CBC does not expect large claims to distort cost differences when compiling data at the regional level. Additionally, as was explained in the June Q&A, the analysis tempered the impact of Hershey Medical Center, so not to skew region 9 results, since Hershey is a unique treatment facility that handles high-cost, complicated procedures for patients who reside in all counties. Additionally, large claims drive cost differences between providers, so CBC deemed it appropriate to keep large claims in the analysis.
- b) The regional analysis was preformed using CBC's Small Group and MidMarket data. MidMarket is defined as groups with less than 100 employees. The combined market data in Exhibit Q is medical only, while Table 2 is medical and Rx small group data. The combined market data was used to gain credibility at the regional level. Also, these market segments do not experience the same volatility as the individual market, further adding credibility. The factors derived from the calculation are used in all filings in both market segments.

Question 13. Please ensure that all revisions are reflected in this resubmission.

Answer 13. I have checked the exhibits and memos for consistency and accuracy, including all revisions noted in this Q&A.

Question 14. Please provide a PDF file for public review (Public Rate Filing PDF) in SERFF to show the updated rate request. The following updated supporting items must be included:

- Cover Letter
- Rate Change Request Summary (Attachment 1)
- Part 1 - Unified Rate Review Template (URRT)
- Part II – Consumer Friendly Justification
- Part III – Federal Actuarial Memorandum (redacted)
- PA Actuarial Memorandum (redacted)
- PA Actuarial Memorandum Rate Exhibits
- PA Plan Design Summary and Rate Tables
- Federal Rates Templates
- Service Area Maps
- Correspondence – Q&A's

Answer 14. I have included the Public Rate Filing PDF with this submission.

If you have any further questions regarding this filing, please call me at [REDACTED] (or via email at [REDACTED])

[REDACTED] Thank you for your assistance in this matter.

Sincerely,

[REDACTED]

[REDACTED], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

PPO Individual

Row Labels	Member Months	Demo Factor	Allowed Amount	Allowed PMPM	3 Month Allowed PMPM	12 Month Allowed PMPM	1 Month Allowed Trend	3 Month Allowed Trend	12 Month Allowed Trend	Paid Amount	Paid PMPM	3 Month Paid PMPM	12 Month Paid PMPM	1 Month Paid Trend	3 Month Paid Trend	12 Month Paid Trend
IP, OP, PROF																
201406	10,477	1.236	\$2,616,234	\$249.71	\$267.33	\$189.38	-13.17%	53.34%		\$2,121,033	\$202.45	\$219.13	\$144.75	-14.83%	74.60%	
201407	10,306	1.242	\$2,656,190	\$257.73	\$265.19	\$198.48	3.21%	31.60%		\$2,177,248	\$211.26	\$217.30	\$153.70	4.35%	39.42%	
201408	10,154	1.245	\$2,809,666	\$276.71	\$261.24	\$207.81	7.36%	5.11%		\$2,351,416	\$231.58	\$214.94	\$162.88	9.62%	7.03%	
201409	10,014	1.245	\$2,673,788	\$267.01	\$267.10	\$217.63	-3.51%	-0.08%		\$2,202,449	\$219.94	\$220.88	\$172.09	-5.03%	0.80%	
201410	9,893	1.247	\$2,842,102	\$287.28	\$276.96	\$227.72	7.60%	4.44%		\$2,363,360	\$238.89	\$230.11	\$181.47	8.62%	5.90%	
201411	9,753	1.251	\$2,553,134	\$261.78	\$272.05	\$235.53	-8.88%	4.14%		\$2,133,289	\$218.73	\$225.86	\$189.12	-8.44%	5.08%	
201412	9,659	1.255	\$3,463,702	\$358.60	\$302.30	\$250.24	36.99%	13.18%		\$2,996,174	\$310.20	\$255.68	\$202.72	41.82%	15.76%	
201501	9,848	1.248	\$3,310,234	\$336.13	\$318.77	\$263.59	-6.26%	15.10%		\$2,649,276	\$269.02	\$265.85	\$215.37	-13.27%	15.53%	
201502	9,948	1.245	\$3,388,455	\$340.62	\$345.01	\$280.60	1.33%	26.82%		\$2,789,605	\$280.42	\$286.37	\$230.99	4.24%	26.79%	
201503	9,899	1.245	\$3,674,779	\$371.23	\$349.33	\$295.75	8.99%	15.56%		\$3,036,781	\$306.78	\$285.42	\$244.59	9.40%	11.63%	
201504	9,817	1.245	\$3,647,400	\$371.54	\$361.07	\$304.76	0.08%	13.27%	81.83%	\$3,077,620	\$313.50	\$300.16	\$252.70	2.19%	12.91%	103.96%
201505	9,755	1.247	\$3,412,117	\$349.78	\$364.23	\$309.96	-5.86%	5.57%	72.49%	\$2,822,272	\$289.32	\$303.24	\$257.03	-7.71%	5.89%	89.56%
201506	9,687	1.252	\$3,983,926	\$411.27	\$377.44	\$323.55	17.58%	8.04%	70.84%	\$3,433,040	\$354.40	\$318.98	\$269.79	22.49%	11.76%	86.38%
201507	9,615	1.255	\$3,287,915	\$341.96	\$367.69	\$330.79	-16.85%	1.83%	66.66%	\$2,798,517	\$291.06	\$311.59	\$276.63	-17.87%	3.81%	79.99%
201508	9,571	1.255	\$3,428,295	\$358.20	\$370.59	\$337.70	4.75%	1.75%	62.50%	\$2,968,873	\$310.19	\$318.65	\$283.26	6.58%	5.08%	73.91%
201509	9,531	1.257	\$3,727,491	\$391.09	\$363.68	\$348.10	9.18%	-3.65%	59.95%	\$3,257,194	\$341.75	\$314.26	\$293.44	10.17%	-1.48%	70.52%
201510	9,546	1.258	\$4,493,007	\$470.67	\$406.62	\$363.29	20.35%	10.59%	59.54%	\$4,001,443	\$419.17	\$357.01	\$308.36	22.66%	14.58%	69.92%
201511	9,502	1.259	\$4,021,467	\$423.22	\$428.36	\$376.69	-10.08%	15.59%	59.93%	\$3,586,135	\$377.41	\$379.47	\$321.51	-9.96%	19.09%	70.01%
201512	9,451	1.263	\$4,082,178	\$431.93	\$442.00	\$382.69	2.06%	21.54%	52.93%	\$3,583,031	\$379.12	\$391.96	\$327.14	0.45%	24.73%	61.38%
201601	35,340	1.344	\$15,285,550	\$432.53	\$430.80	\$398.36	0.14%	5.95%	51.13%	\$12,165,852	\$344.25	\$356.12	\$335.45	-9.20%	-0.25%	55.76%
201602	36,968	1.343	\$17,597,877	\$476.03	\$452.13	\$418.79	10.06%	5.55%	49.25%	\$14,536,556	\$393.22	\$370.42	\$351.36	14.22%	-2.38%	52.11%
201603	37,773	1.344	\$20,135,904	\$533.08	\$481.64	\$443.15	11.98%	8.97%	49.84%	\$16,932,467	\$448.27	\$396.39	\$372.22	14.00%	1.13%	52.18%
201604	37,743	1.346	\$17,145,669	\$454.27	\$487.89	\$448.15	-14.78%	13.25%	47.05%	\$14,396,756	\$381.44	\$407.75	\$376.34	-14.91%	14.50%	48.93%
201605	37,548	1.348	\$17,184,801	\$457.68	\$481.73	\$453.37	0.75%	6.55%	46.27%	\$14,672,636	\$390.77	\$406.87	\$381.86	2.45%	9.84%	48.57%
201606	37,359	1.350	\$18,538,104	\$496.22	\$469.32	\$460.55	8.42%	-2.56%	42.34%	\$16,074,393	\$430.27	\$400.74	\$389.27	10.11%	1.10%	44.29%
201607	37,222	1.351	\$16,623,703	\$446.61	\$466.84	\$462.57	-10.00%	-4.31%	39.84%	\$14,396,325	\$386.77	\$402.60	\$392.03	-10.11%	-1.26%	41.72%
201608	36,980	1.351	\$18,908,936	\$511.33	\$484.67	\$470.93	14.49%	0.61%	39.45%	\$16,542,542	\$447.34	\$421.41	\$400.48	15.66%	3.58%	41.38%
201609	36,628	1.353	\$18,115,969	\$494.59	\$484.06	\$475.43	-3.27%	3.14%	36.58%	\$15,948,745	\$435.42	\$423.06	\$405.56	-2.66%	5.57%	38.21%
201610	36,248	1.356	\$19,560,404	\$539.63	\$515.09	\$481.53	9.11%	10.33%	32.55%	\$17,478,260	\$482.19	\$454.86	\$412.37	10.74%	12.98%	33.73%
201611	35,772	1.357	\$19,708,608	\$550.95	\$528.17	\$488.85	2.10%	8.97%	29.77%	\$17,587,721	\$491.66	\$469.54	\$420.00	1.97%	11.42%	30.63%
201612	34,296	1.364	\$20,821,892	\$607.12	\$565.21	\$499.29	10.20%	16.76%	30.47%	\$18,779,940	\$547.58	\$506.47	\$430.83	11.37%	19.72%	31.70%
201701	51,203	1.447	\$27,495,298	\$536.99	\$560.94	\$508.70	-11.55%	8.90%	27.70%	\$21,914,870	\$428.00	\$480.60	\$437.23	-21.84%	5.66%	30.34%
201702	53,021	1.445	\$28,754,787	\$542.33	\$556.40	\$515.04	0.99%	5.34%	22.98%	\$23,872,282	\$450.24	\$466.12	\$442.14	5.20%	-0.73%	25.84%
201703	53,556	1.445	\$32,312,620	\$603.34	\$561.31	\$523.35	11.25%	-0.69%	18.10%	\$27,525,949	\$513.97	\$464.65	\$449.55	14.15%	-8.26%	20.77%
201704	53,341	1.445	\$29,574,045	\$554.43	\$566.80	\$531.82	-8.11%	1.04%	18.67%	\$25,184,982	\$472.15	\$478.89	\$457.06	-8.14%	-0.36%	21.45%
201705	53,194	1.445	\$30,862,372	\$580.19	\$579.35	\$542.15	4.64%	4.13%	19.58%	\$25,331,461	\$476.21	\$487.49	\$463.82	0.86%	4.58%	21.46%

Row Labels	Member Months	Demo Factor	Allowed Amount	Allowed PMPM	3 Month Allowed PMPM	12 Month Allowed PMPM	1 Month Allowed Trend	3 Month Allowed Trend	12 Month Allowed Trend	Paid Amount	Paid PMPM	3 Month Paid PMPM	12 Month Paid PMPM	1 Month Paid Trend	3 Month Paid Trend	12 Month Paid Trend
Inpatient																
201406	10,477	1.236	\$566,274	\$54.05	\$72.28	\$46.51	-38.37%	49.33%		\$539,901	\$51.53	\$68.97	\$42.81	-37.53%	56.88%	
201407	10,306	1.242	\$540,299	\$52.43	\$64.93	\$48.77	-3.00%	13.69%		\$523,557	\$50.80	\$61.80	\$45.23	-1.42%	15.06%	
201408	10,154	1.245	\$541,323	\$53.31	\$53.27	\$51.04	1.69%	-29.47%		\$495,592	\$48.81	\$50.39	\$47.41	-3.92%	-29.75%	
201409	10,014	1.245	\$545,707	\$54.49	\$53.40	\$53.64	2.22%	-26.12%		\$523,810	\$52.31	\$50.63	\$50.21	7.17%	-26.59%	
201410	9,893	1.247	\$494,283	\$49.96	\$52.60	\$55.86	-8.32%	-18.99%		\$473,593	\$47.87	\$49.67	\$52.42	-8.48%	-19.63%	
201411	9,753	1.251	\$383,030	\$39.27	\$47.98	\$57.01	-21.40%	-9.93%		\$368,737	\$37.81	\$46.06	\$53.63	-21.02%	-8.60%	
201412	9,659	1.255	\$877,143	\$90.81	\$59.87	\$58.36	131.23%	12.11%		\$855,864	\$88.61	\$57.95	\$55.19	134.37%	14.45%	
201501	9,848	1.248	\$959,890	\$97.47	\$75.87	\$62.43	7.33%	44.24%		\$898,538	\$91.24	\$72.56	\$59.23	2.97%	46.10%	
201502	9,948	1.245	\$749,795	\$75.37	\$87.82	\$66.20	-22.67%	83.05%		\$723,073	\$72.69	\$84.11	\$63.12	-20.34%	82.61%	
201503	9,899	1.245	\$963,826	\$97.37	\$90.03	\$68.89	29.18%	50.38%		\$899,998	\$90.92	\$84.92	\$65.61	25.08%	46.54%	
201504	9,817	1.245	\$748,577	\$76.25	\$83.00	\$68.96	-21.68%	9.40%	76.53%	\$722,827	\$73.63	\$79.08	\$65.64	-19.01%	8.99%	85.49%
201505	9,755	1.247	\$812,613	\$83.30	\$85.68	\$68.46	9.24%	-2.44%	55.59%	\$743,551	\$76.22	\$80.30	\$65.00	3.52%	-4.54%	61.47%
201506	9,687	1.252	\$1,222,214	\$126.17	\$95.13	\$74.44	51.46%	5.66%	60.06%	\$1,179,041	\$121.71	\$90.41	\$70.82	59.68%	6.47%	65.42%
201507	9,615	1.255	\$631,499	\$65.68	\$91.76	\$75.65	-47.94%	10.55%	55.11%	\$608,882	\$63.33	\$87.12	\$71.95	-47.97%	10.16%	59.08%
201508	9,571	1.255	\$664,384	\$69.42	\$87.21	\$77.07	5.69%	1.79%	51.01%	\$644,231	\$67.31	\$84.24	\$73.58	6.29%	4.91%	55.18%
201509	9,531	1.257	\$1,092,339	\$114.61	\$83.16	\$82.06	65.10%	-12.58%	53.00%	\$1,066,531	\$111.90	\$80.78	\$78.52	66.25%	-10.66%	56.39%
201510	9,546	1.258	\$1,096,509	\$114.87	\$99.60	\$87.47	0.22%	8.54%	56.59%	\$1,067,680	\$111.85	\$96.99	\$83.85	-0.05%	11.32%	59.94%
201511	9,502	1.259	\$1,090,803	\$114.80	\$114.76	\$93.74	-0.06%	31.58%	64.43%	\$1,048,431	\$110.34	\$111.36	\$89.87	-1.35%	32.20%	67.57%
201512	9,451	1.263	\$967,061	\$102.32	\$110.68	\$94.68	-10.87%	33.09%	62.25%	\$902,740	\$95.52	\$105.93	\$90.43	-13.43%	31.14%	63.85%
201601	35,340	1.344	\$3,579,271	\$101.28	\$103.83	\$96.14	-1.02%	4.25%	54.00%	\$3,350,108	\$94.80	\$97.64	\$91.46	-0.76%	0.68%	54.43%
201602	36,968	1.343	\$4,641,182	\$125.55	\$112.37	\$103.81	23.96%	-2.08%	56.81%	\$4,460,784	\$120.67	\$106.58	\$98.97	27.29%	-4.30%	56.81%
201603	37,773	1.344	\$5,454,287	\$144.40	\$124.22	\$111.93	15.01%	12.23%	62.48%	\$5,231,288	\$138.49	\$118.48	\$106.97	14.77%	11.85%	63.04%
201604	37,743	1.346	\$4,349,453	\$115.24	\$128.42	\$114.05	-20.19%	23.68%	65.37%	\$4,159,284	\$110.20	\$123.14	\$108.97	-20.43%	26.11%	66.01%
201605	37,548	1.348	\$4,003,262	\$106.62	\$122.12	\$114.13	-7.48%	8.67%	66.71%	\$3,913,678	\$104.23	\$117.67	\$109.53	-5.42%	10.41%	68.51%
201606	37,359	1.350	\$5,095,890	\$136.40	\$119.38	\$116.69	27.94%	-3.90%	56.75%	\$4,948,452	\$132.46	\$115.59	\$112.17	27.08%	-2.44%	58.40%
201607	37,222	1.351	\$3,875,851	\$104.13	\$115.71	\$116.76	-23.66%	-9.89%	54.34%	\$3,747,879	\$100.69	\$112.46	\$112.31	-23.98%	-8.67%	56.09%
201608	36,980	1.351	\$4,294,894	\$116.14	\$118.92	\$118.05	11.54%	-2.62%	53.16%	\$4,180,458	\$113.05	\$115.42	\$113.68	12.27%	-1.91%	54.50%
201609	36,628	1.353	\$4,861,473	\$132.73	\$117.59	\$119.62	14.28%	-1.50%	45.76%	\$4,739,518	\$129.40	\$114.30	\$115.31	14.46%	-1.12%	46.86%
201610	36,248	1.356	\$5,710,468	\$157.54	\$135.33	\$123.27	18.70%	16.95%	40.93%	\$5,603,350	\$154.58	\$132.20	\$119.06	19.47%	17.56%	42.00%
201611	35,772	1.357	\$5,112,264	\$142.91	\$144.36	\$125.16	-9.28%	21.39%	33.51%	\$4,952,004	\$138.43	\$140.77	\$120.93	-10.45%	21.96%	34.56%
201612	34,296	1.364	\$4,691,282	\$136.79	\$145.92	\$126.56	-4.29%	24.10%	33.66%	\$4,587,619	\$133.77	\$142.43	\$122.48	-3.37%	24.61%	35.43%
201701	51,203	1.447	\$7,625,881	\$148.93	\$143.72	\$131.03	8.88%	6.20%	36.30%	\$7,291,636	\$142.41	\$138.79	\$126.86	6.46%	4.98%	38.70%
201702	53,021	1.445	\$8,070,543	\$152.21	\$147.18	\$133.84	2.20%	1.96%	28.93%	\$7,825,656	\$147.60	\$142.25	\$129.68	3.64%	1.05%	31.02%
201703	53,556	1.445	\$9,210,252	\$171.97	\$157.86	\$137.21	12.98%	8.18%	22.59%	\$8,960,184	\$167.30	\$152.60	\$133.13	13.35%	7.14%	24.45%
201704	53,341	1.445	\$7,003,922	\$131.30	\$151.86	\$138.23	-23.65%	5.66%	21.21%	\$6,749,095	\$126.53	\$147.17	\$134.15	-24.37%	6.04%	23.10%
201705	53,194	1.445	\$7,966,285	\$149.76	\$151.04	\$141.70	14.05%	2.62%	24.16%	\$7,551,645	\$141.96	\$145.30	\$137.11	12.20%	2.14%	25.18%

Row Labels	Member Months	Demo Factor	Allowed Amount	Allowed PMPM	3 Month Allowed PMPM	12 Month Allowed PMPM	1 Month Allowed Trend	3 Month Allowed Trend	12 Month Allowed Trend	Paid Amount	Paid PMPM	3 Month Paid PMPM	12 Month Paid PMPM	1 Month Paid Trend	3 Month Paid Trend	12 Month Paid Trend
Outpatient																
201406	10,477	1.236	\$1,045,326	\$99.77	\$103.54	\$76.95	-9.68%	65.08%		\$826,014	\$78.84	\$82.63	\$57.03	-11.92%	102.77%	
201407	10,306	1.242	\$1,099,086	\$106.65	\$105.65	\$80.13	6.89%	43.09%		\$861,692	\$83.61	\$84.03	\$59.95	6.05%	57.74%	
201408	10,154	1.245	\$1,304,242	\$128.45	\$111.47	\$84.06	20.44%	21.90%		\$1,100,948	\$108.43	\$90.14	\$63.94	29.68%	27.58%	
201409	10,014	1.245	\$1,036,325	\$103.49	\$112.87	\$86.96	-19.43%	9.01%		\$822,310	\$82.12	\$91.39	\$66.51	-24.26%	10.60%	
201410	9,893	1.247	\$1,242,417	\$125.59	\$119.19	\$90.85	21.35%	12.81%		\$1,026,058	\$103.72	\$98.11	\$70.02	26.30%	16.76%	
201411	9,753	1.251	\$1,222,908	\$125.39	\$118.06	\$94.38	-0.16%	5.91%		\$1,019,421	\$104.52	\$96.69	\$73.50	0.78%	7.27%	
201412	9,659	1.255	\$1,510,205	\$156.35	\$135.66	\$102.23	24.69%	20.19%		\$1,285,963	\$133.14	\$113.68	\$80.64	27.37%	24.39%	
201501	9,848	1.248	\$1,345,006	\$136.58	\$139.38	\$108.35	-12.65%	16.93%		\$1,039,151	\$105.52	\$114.30	\$86.33	-20.74%	16.50%	
201502	9,948	1.245	\$1,480,712	\$148.85	\$147.20	\$116.32	8.98%	24.69%		\$1,191,414	\$119.76	\$119.39	\$93.57	13.50%	23.47%	
201503	9,899	1.245	\$1,507,485	\$152.29	\$145.92	\$123.99	2.31%	7.57%		\$1,233,976	\$124.66	\$116.67	\$100.64	4.09%	2.63%	
201504	9,817	1.245	\$1,670,862	\$170.20	\$157.06	\$129.89	11.76%	12.69%	87.20%	\$1,423,856	\$145.04	\$129.76	\$106.16	16.35%	13.52%	113.26%
201505	9,755	1.247	\$1,497,177	\$153.48	\$158.65	\$133.55	-9.83%	7.77%	81.56%	\$1,249,197	\$128.06	\$132.57	\$109.43	-11.71%	11.04%	103.36%
201506	9,687	1.252	\$1,510,039	\$155.88	\$159.89	\$138.35	1.57%	9.57%	79.78%	\$1,261,964	\$130.27	\$134.49	\$113.83	1.73%	15.27%	99.61%
201507	9,615	1.255	\$1,479,086	\$153.83	\$154.40	\$142.38	-1.32%	-1.70%	77.67%	\$1,248,196	\$129.82	\$129.38	\$117.78	-0.35%	-0.29%	96.46%
201508	9,571	1.255	\$1,491,232	\$155.81	\$155.17	\$144.68	1.28%	-2.19%	72.11%	\$1,279,285	\$133.66	\$131.25	\$119.88	2.96%	-1.00%	87.49%
201509	9,531	1.257	\$1,449,338	\$152.07	\$153.90	\$148.80	-2.40%	-3.74%	71.11%	\$1,235,103	\$129.59	\$131.02	\$123.90	-3.05%	-2.58%	86.28%
201510	9,546	1.258	\$1,892,080	\$198.21	\$168.69	\$154.82	30.34%	9.26%	70.42%	\$1,670,743	\$175.02	\$146.09	\$129.80	35.06%	12.92%	85.37%
201511	9,502	1.259	\$1,681,663	\$176.98	\$175.76	\$159.09	-10.71%	13.27%	68.57%	\$1,497,224	\$157.57	\$154.07	\$134.18	-9.97%	17.39%	82.56%
201512	9,451	1.263	\$1,709,533	\$180.88	\$185.38	\$161.09	2.21%	20.45%	57.58%	\$1,510,105	\$159.78	\$164.15	\$136.35	1.40%	25.28%	69.09%
201601	35,340	1.344	\$6,806,421	\$192.60	\$187.83	\$170.66	6.48%	11.34%	57.50%	\$5,325,532	\$150.69	\$153.48	\$142.07	-5.69%	5.06%	64.58%
201602	36,968	1.343	\$7,675,408	\$207.62	\$198.04	\$180.04	7.80%	12.67%	54.78%	\$6,207,408	\$167.91	\$159.53	\$149.05	11.43%	3.55%	59.30%
201603	37,773	1.344	\$8,685,463	\$229.94	\$210.46	\$191.03	10.75%	13.52%	54.07%	\$7,216,647	\$191.05	\$170.33	\$158.35	13.78%	3.76%	57.35%
201604	37,743	1.346	\$7,553,438	\$200.13	\$212.60	\$193.47	-12.96%	13.19%	48.95%	\$6,261,431	\$165.90	\$175.01	\$160.20	-13.17%	14.03%	50.91%
201605	37,548	1.348	\$7,692,104	\$204.86	\$211.66	\$196.71	2.36%	6.88%	47.30%	\$6,527,403	\$173.84	\$176.94	\$163.48	4.79%	10.91%	49.38%
201606	37,359	1.350	\$7,878,849	\$210.90	\$205.28	\$200.02	2.95%	-2.46%	44.58%	\$6,738,226	\$180.36	\$173.34	\$166.88	3.75%	1.77%	46.60%
201607	37,222	1.351	\$7,700,564	\$206.88	\$207.54	\$202.29	-1.90%	-2.38%	42.08%	\$6,633,727	\$178.22	\$177.47	\$169.41	-1.19%	1.41%	43.84%
201608	36,980	1.351	\$8,825,566	\$238.66	\$218.76	\$207.64	15.36%	3.35%	43.52%	\$7,681,535	\$207.72	\$188.72	\$174.66	16.55%	6.66%	45.70%
201609	36,628	1.353	\$7,791,534	\$212.72	\$219.41	\$209.61	-10.87%	6.89%	40.87%	\$6,799,004	\$185.62	\$190.51	\$176.96	-10.64%	9.90%	42.82%
201610	36,248	1.356	\$8,196,142	\$226.11	\$225.87	\$211.43	6.30%	8.83%	36.57%	\$7,250,529	\$200.03	\$197.81	\$179.16	7.76%	11.46%	38.03%
201611	35,772	1.357	\$8,746,118	\$244.50	\$227.65	\$215.07	8.13%	4.06%	35.19%	\$7,757,154	\$216.85	\$200.71	\$182.90	8.41%	6.35%	36.30%
201612	34,296	1.364	\$10,182,635	\$296.90	\$255.13	\$222.19	21.44%	16.28%	37.92%	\$9,198,692	\$268.21	\$227.68	\$190.05	23.69%	19.51%	39.38%
201701	51,203	1.447	\$12,146,339	\$237.22	\$256.25	\$226.17	-20.10%	13.45%	32.53%	\$9,066,424	\$177.07	\$214.58	\$191.64	-33.98%	8.48%	34.89%
201702	53,021	1.445	\$12,454,560	\$234.90	\$251.11	\$228.60	-0.98%	10.30%	26.97%	\$9,755,301	\$183.99	\$202.28	\$192.64	3.91%	0.78%	29.24%
201703	53,556	1.445	\$13,963,430	\$260.73	\$244.42	\$232.03	11.00%	-4.20%	21.46%	\$11,404,055	\$212.94	\$191.57	\$194.99	15.73%	-15.86%	23.14%
201704	53,341	1.445	\$13,713,196	\$257.09	\$250.95	\$237.08	-1.40%	-2.07%	22.54%	\$11,326,326	\$212.34	\$203.14	\$199.01	-0.28%	-5.33%	24.23%
201705	53,194	1.445	\$14,215,357	\$267.24	\$261.68	\$242.50	3.95%	4.21%	23.28%	\$10,812,722	\$203.27	\$209.53	\$201.27	-4.27%	3.58%	23.12%

Row Labels	Member Months	Demo Factor	Allowed Amount	Allowed PMPM	3 Month Allowed PMPM	12 Month Allowed PMPM	1 Month Allowed Trend	3 Month Allowed Trend	12 Month Allowed Trend	Paid Amount	Paid PMPM	3 Month Paid PMPM	12 Month Paid PMPM	1 Month Paid Trend	3 Month Paid Trend	12 Month Paid Trend
Professional																
201406	10,477	1.236	\$1,004,634	\$95.89	\$91.50	\$65.92	7.24%	44.76%		\$755,119	\$72.07	\$67.53	\$44.91	9.70%	65.54%	
201407	10,306	1.242	\$1,016,805	\$98.66	\$94.60	\$69.58	2.89%	34.06%		\$791,999	\$76.85	\$71.48	\$48.52	6.62%	46.22%	
201408	10,154	1.245	\$964,101	\$94.95	\$96.50	\$72.72	-3.76%	18.29%		\$754,876	\$74.34	\$74.41	\$51.53	-3.26%	27.32%	
201409	10,014	1.245	\$1,091,756	\$109.02	\$100.83	\$77.03	14.82%	10.19%		\$856,329	\$85.51	\$78.86	\$55.37	15.03%	16.77%	
201410	9,893	1.247	\$1,105,402	\$111.74	\$105.16	\$81.01	2.49%	11.16%		\$863,709	\$87.31	\$82.33	\$59.03	2.10%	15.19%	
201411	9,753	1.251	\$947,195	\$97.12	\$106.01	\$84.14	-13.08%	9.85%		\$745,131	\$76.40	\$83.11	\$61.99	-12.49%	11.70%	
201412	9,659	1.255	\$1,076,354	\$111.44	\$106.77	\$89.65	14.74%	5.89%		\$854,347	\$88.45	\$84.05	\$66.88	15.77%	6.58%	
201501	9,848	1.248	\$1,005,338	\$102.09	\$103.52	\$92.81	-8.39%	-1.56%		\$711,588	\$72.26	\$78.98	\$69.82	-18.31%	-4.06%	
201502	9,948	1.245	\$1,157,948	\$116.40	\$109.99	\$98.08	14.02%	3.75%		\$875,118	\$87.97	\$82.87	\$74.30	21.74%	-0.29%	
201503	9,899	1.245	\$1,203,467	\$121.57	\$113.38	\$102.87	4.45%	6.19%		\$902,807	\$91.20	\$83.84	\$78.35	3.67%	-0.26%	
201504	9,817	1.245	\$1,227,960	\$125.09	\$121.00	\$105.90	2.89%	16.89%	79.02%	\$930,938	\$94.83	\$91.32	\$80.90	3.98%	15.62%	108.87%
201505	9,755	1.247	\$1,102,327	\$113.00	\$119.91	\$107.96	-9.66%	9.02%	73.73%	\$829,524	\$85.04	\$90.37	\$82.59	-10.33%	9.04%	98.91%
201506	9,687	1.252	\$1,251,673	\$129.21	\$122.42	\$110.76	14.35%	7.98%	68.01%	\$992,035	\$102.41	\$94.07	\$85.14	20.43%	12.21%	89.55%
201507	9,615	1.255	\$1,177,330	\$122.45	\$121.53	\$112.76	-5.24%	0.44%	62.07%	\$941,439	\$97.91	\$95.09	\$86.90	-4.39%	4.13%	79.12%
201508	9,571	1.255	\$1,272,679	\$132.97	\$128.21	\$115.95	8.60%	6.92%	59.45%	\$1,045,357	\$109.22	\$103.17	\$89.80	11.55%	14.17%	74.28%
201509	9,531	1.257	\$1,185,814	\$124.42	\$126.61	\$117.23	-6.43%	3.42%	52.19%	\$955,561	\$100.26	\$102.46	\$91.02	-8.21%	8.92%	64.41%
201510	9,546	1.258	\$1,504,417	\$157.60	\$138.33	\$121.00	26.67%	13.82%	49.37%	\$1,263,020	\$132.31	\$113.93	\$94.72	31.97%	19.82%	60.46%
201511	9,502	1.259	\$1,249,001	\$131.45	\$137.84	\$123.86	-16.59%	7.51%	47.20%	\$1,040,480	\$109.50	\$114.04	\$97.46	-17.24%	10.53%	57.23%
201512	9,451	1.263	\$1,405,583	\$148.72	\$145.94	\$126.91	13.14%	15.26%	41.56%	\$1,170,186	\$123.82	\$121.89	\$100.35	13.07%	18.96%	50.04%
201601	35,340	1.344	\$4,899,857	\$138.65	\$139.14	\$131.57	-6.77%	0.59%	41.75%	\$3,490,212	\$98.76	\$105.00	\$101.91	-20.24%	-7.84%	45.97%
201602	36,968	1.343	\$5,281,288	\$142.86	\$141.72	\$134.94	3.04%	2.82%	37.58%	\$3,868,364	\$104.64	\$104.32	\$103.33	5.95%	-8.52%	39.06%
201603	37,773	1.344	\$5,996,155	\$158.74	\$146.96	\$140.18	11.12%	0.70%	36.27%	\$4,484,532	\$118.72	\$107.59	\$106.90	13.46%	-11.73%	36.45%
201604	37,743	1.346	\$5,242,778	\$138.91	\$146.87	\$140.63	-12.49%	5.55%	32.79%	\$3,976,041	\$105.35	\$109.61	\$107.17	-11.27%	4.38%	32.47%
201605	37,548	1.348	\$5,489,435	\$146.20	\$147.95	\$142.53	5.25%	4.40%	32.02%	\$4,231,555	\$112.70	\$112.26	\$108.84	6.98%	7.61%	31.79%
201606	37,359	1.350	\$5,563,365	\$148.92	\$144.66	\$143.84	1.86%	-1.57%	29.87%	\$4,387,715	\$117.45	\$111.81	\$110.22	4.21%	3.93%	29.46%
201607	37,222	1.351	\$5,047,288	\$135.60	\$143.59	\$143.51	-8.94%	-2.23%	27.27%	\$4,014,718	\$107.86	\$112.67	\$110.31	-8.16%	2.80%	26.94%
201608	36,980	1.351	\$5,788,476	\$156.53	\$147.00	\$145.25	15.44%	-0.65%	25.27%	\$4,680,550	\$126.57	\$117.27	\$112.14	17.35%	4.47%	24.87%
201609	36,628	1.353	\$5,462,962	\$149.15	\$147.06	\$146.19	-4.72%	1.66%	24.70%	\$4,410,223	\$120.41	\$118.25	\$113.29	-4.87%	5.76%	24.46%
201610	36,248	1.356	\$5,653,794	\$155.98	\$153.89	\$146.83	4.58%	7.17%	21.34%	\$4,624,380	\$127.58	\$124.85	\$114.15	5.96%	10.80%	20.52%
201611	35,772	1.357	\$5,850,225	\$163.54	\$156.16	\$148.62	4.85%	6.24%	19.99%	\$4,878,563	\$136.38	\$128.06	\$116.18	6.90%	9.20%	19.20%
201612	34,296	1.364	\$5,947,975	\$173.43	\$164.15	\$150.55	6.05%	11.62%	18.62%	\$4,993,629	\$145.60	\$136.35	\$118.31	6.76%	15.31%	17.89%
201701	51,203	1.447	\$7,723,078	\$150.83	\$160.97	\$151.50	-13.03%	4.61%	15.15%	\$5,556,809	\$108.53	\$127.23	\$118.72	-25.47%	1.91%	16.50%
201702	53,021	1.445	\$8,229,684	\$155.22	\$158.11	\$152.60	2.91%	1.24%	13.09%	\$6,291,325	\$118.66	\$121.58	\$119.82	9.34%	-5.06%	15.96%
201703	53,556	1.445	\$9,138,938	\$170.64	\$159.03	\$154.11	9.94%	-3.12%	9.93%	\$7,161,711	\$133.72	\$120.48	\$121.43	12.70%	-11.64%	13.59%
201704	53,341	1.445	\$8,856,928	\$166.04	\$163.99	\$156.51	-2.70%	1.88%	11.29%	\$7,109,562	\$133.29	\$128.58	\$123.89	-0.33%	1.06%	15.61%
201705	53,194	1.445	\$8,680,730	\$163.19	\$166.63	\$157.94	-1.72%	5.39%	10.82%	\$6,967,094	\$130.98	\$132.66	\$125.43	-1.73%	9.11%	15.24%

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Row Labels	Visits	Visits/ 1000	3 Month Visits/ 1000	12 Month Visits/ 1000	1 Month Visits Trend	3 Month Visits Trend	12 Month Visits Trend	Admits	Admits/ 1000	3 Month Admits/ 1000	12 Month Admits/ 1000	1 Month Admits Trend	3 Month Admits Trend	12 Month Admits Trend
IP, OP, PROF														
201406	6,757	7,739.24	7,700.04	6,104.27	-0.52%	35.84%		30	34.36	38.25	27.90	-7.38%	27.78%	
201407	7,123	8,293.81	7,934.64	6,318.48	7.17%	29.92%		33	38.42	36.62	29.19	11.83%	11.61%	
201408	6,940	8,201.69	8,075.77	6,510.89	-1.11%	13.90%		43	50.82	41.12	31.22	32.25%	8.44%	
201409	7,102	8,510.49	8,334.32	6,745.95	3.76%	8.24%		30	35.95	41.74	32.38	-29.26%	9.14%	
201410	7,753	9,404.23	8,700.31	7,005.22	10.50%	9.65%		31	37.60	41.52	33.82	4.60%	13.36%	
201411	6,597	8,116.89	8,679.16	7,213.93	-13.69%	7.47%		20	24.61	32.77	34.48	-34.56%	-20.29%	
201412	7,462	9,270.52	8,931.72	7,590.28	14.21%	7.17%		36	44.73	35.63	36.23	81.75%	-14.65%	
201501	7,540	9,187.65	8,858.10	7,847.78	-0.89%	1.81%		55	67.02	45.52	38.88	49.85%	9.65%	
201502	7,571	9,132.69	9,196.27	8,228.88	-0.60%	5.96%		40	48.25	53.37	41.19	-28.00%	62.85%	
201503	8,383	10,162.24	9,494.12	8,594.84	11.27%	6.30%		62	75.16	63.45	44.65	55.77%	78.09%	
201504	8,571	10,476.93	9,921.12	8,839.34	3.10%	12.00%	54.97%	54	66.01	63.11	46.53	-12.18%	38.63%	80.28%
201505	8,367	10,292.72	10,310.25	9,052.60	-1.76%	12.11%	53.73%	56	68.89	70.03	49.20	4.36%	31.23%	85.13%
201506	8,450	10,467.85	10,412.51	9,283.95	1.70%	9.67%	52.09%	58	71.85	68.90	52.35	4.30%	8.60%	87.66%
201507	8,122	10,137.00	10,299.57	9,439.88	-3.16%	3.81%	49.40%	40	49.92	63.60	53.37	-30.52%	0.78%	82.87%
201508	7,977	10,001.82	10,203.19	9,592.71	-1.33%	-1.04%	47.33%	53	66.45	62.76	54.66	33.11%	-10.39%	75.09%
201509	8,351	10,515.13	10,217.44	9,760.51	5.13%	-1.87%	44.69%	57	71.78	62.69	57.65	8.02%	-9.02%	78.08%
201510	9,431	11,856.06	10,790.46	9,962.25	12.75%	4.77%	42.21%	42	52.81	63.68	58.96	-26.43%	0.12%	74.31%
201511	8,894	11,232.36	11,201.49	10,220.61	-5.26%	9.78%	41.68%	56	70.74	65.10	62.80	33.95%	3.73%	82.11%
201512	9,803	12,447.76	11,844.33	10,480.79	10.82%	15.92%	38.08%	63	80.01	67.81	65.70	13.10%	8.17%	81.34%
201601	34,926	11,859.52	11,852.16	10,914.63	-4.73%	9.84%	39.08%	223	75.74	75.61	68.11	-5.34%	18.73%	75.17%
201602	39,420	12,796.19	12,351.04	11,432.08	7.90%	10.26%	38.93%	250	81.17	78.69	72.15	7.17%	20.88%	75.15%
201603	44,863	14,252.48	12,995.19	12,038.04	11.38%	9.72%	40.06%	235	74.97	77.30	72.54	-7.64%	14.00%	62.46%
201604	39,922	12,693.10	13,250.63	12,216.45	-10.94%	11.80%	38.21%	238	75.69	77.25	73.35	0.96%	2.17%	57.65%
201605	39,624	12,663.76	13,204.32	12,357.41	-0.23%	6.91%	36.51%	207	66.17	72.29	72.46	-12.57%	-8.14%	47.28%
201606	39,992	12,845.87	12,733.99	12,487.98	1.44%	-2.01%	34.51%	237	76.17	72.68	72.97	15.11%	-5.98%	39.39%
201607	36,593	11,797.52	12,436.88	12,477.92	-8.16%	-6.14%	32.18%	206	66.53	69.62	72.91	-12.66%	-9.87%	36.62%
201608	41,830	13,574.12	12,737.49	12,669.69	15.06%	-3.54%	32.08%	230	74.80	72.50	73.31	12.43%	0.30%	34.12%
201609	39,848	13,055.00	12,805.89	12,765.39	-3.82%	0.56%	30.79%	215	70.44	70.58	73.06	-5.83%	-2.88%	26.72%
201610	41,719	13,811.30	13,479.29	12,885.23	5.79%	8.38%	29.34%	234	77.68	74.30	73.99	10.27%	6.71%	25.49%
201611	42,649	14,307.26	13,719.62	13,045.64	3.59%	7.71%	27.64%	234	78.68	75.57	74.46	1.28%	4.23%	18.58%
201612	42,032	14,706.81	14,267.05	13,188.00	2.79%	11.41%	25.83%	240	84.11	80.09	75.10	6.90%	13.47%	14.30%
201701	58,876	13,798.45	14,205.43	13,359.61	-6.18%	5.39%	22.40%	362	84.86	82.82	76.14	0.89%	11.47%	11.79%
201702	61,009	13,807.93	14,026.98	13,454.14	0.07%	2.24%	17.69%	370	83.86	84.29	76.62	-1.18%	11.54%	6.20%
201703	68,724	15,398.81	14,344.85	13,605.89	11.52%	0.55%	13.02%	419	94.02	87.63	78.66	12.12%	9.42%	8.44%
201704	67,697	15,229.76	14,814.96	13,846.51	-1.10%	4.29%	13.34%	451	101.59	93.18	81.31	8.04%	12.50%	10.85%
201705	70,936	16,002.51	15,543.08	14,153.16	5.07%	10.81%	14.53%	476	107.59	101.05	85.10	5.91%	19.89%	17.45%

Row Labels	Visits	Visits/ 1000	3 Month Visits/ 1000	12 Month Visits/ 1000	1 Month Visits Trend	3 Month Visits Trend	12 Month Visits Trend	Admits	Admits/ 1000	3 Month Admits/ 1000	12 Month Admits/ 1000	1 Month Admits Trend	3 Month Admits Trend	12 Month Admits Trend
Inpatient														
201406								30	34.36	38.25	27.90	-7.38%	27.78%	
201407								33	38.42	36.62	29.19	11.83%	11.61%	
201408								43	50.82	41.12	31.22	32.25%	8.44%	
201409								30	35.95	41.74	32.38	-29.26%	9.14%	
201410								31	37.60	41.52	33.82	4.60%	13.36%	
201411								20	24.61	32.77	34.48	-34.56%	-20.29%	
201412								36	44.73	35.63	36.23	81.75%	-14.65%	
201501								55	67.02	45.52	38.88	49.85%	9.65%	
201502								40	48.25	53.37	41.19	-28.00%	62.85%	
201503								62	75.16	63.45	44.65	55.77%	78.09%	
201504								54	66.01	63.11	46.53	-12.18%	38.63%	80.28%
201505								56	68.89	70.03	49.20	4.36%	31.23%	85.13%
201506								58	71.85	68.90	52.35	4.30%	8.60%	87.66%
201507								40	49.92	63.60	53.37	-30.52%	0.78%	82.87%
201508								53	66.45	62.76	54.66	33.11%	-10.39%	75.09%
201509								57	71.78	62.69	57.65	8.02%	-9.02%	78.08%
201510								42	52.81	63.68	58.96	-26.43%	0.12%	74.31%
201511								56	70.74	65.10	62.80	33.95%	3.73%	82.11%
201512								63	80.01	67.81	65.70	13.10%	8.17%	81.34%
201601								223	75.74	75.61	68.11	-5.34%	18.73%	75.17%
201602								250	81.17	78.69	72.15	7.17%	20.88%	75.15%
201603								235	74.97	77.30	72.54	-7.64%	14.00%	62.46%
201604								238	75.69	77.25	73.35	0.96%	2.17%	57.65%
201605								207	66.17	72.29	72.46	-12.57%	-8.14%	47.28%
201606								237	76.17	72.68	72.97	15.11%	-5.98%	39.39%
201607								206	66.53	69.62	72.91	-12.66%	-9.87%	36.62%
201608								230	74.80	72.50	73.31	12.43%	0.30%	34.12%
201609								215	70.44	70.58	73.06	-5.83%	-2.88%	26.72%
201610								234	77.68	74.30	73.99	10.27%	6.71%	25.49%
201611								234	78.68	75.57	74.46	1.28%	4.23%	18.58%
201612								240	84.11	80.09	75.10	6.90%	13.47%	14.30%
201701								362	84.86	82.82	76.14	0.89%	11.47%	11.79%
201702								370	83.86	84.29	76.62	-1.18%	11.54%	6.20%
201703								419	94.02	87.63	78.66	12.12%	9.42%	8.44%
201704								451	101.59	93.18	81.31	8.04%	12.50%	10.85%
201705								476	107.59	101.05	85.10	5.91%	19.89%	17.45%

Row Labels	Visits	Visits/ 1000	3 Month Visits/ 1000	12 Month Visits/ 1000	1 Month Visits Trend	3 Month Visits Trend	12 Month Visits Trend	Admits	Admits/ 1000	3 Month Admits/ 1000	12 Month Admits/ 1000	1 Month Admits Trend	3 Month Admits Trend	12 Month Admits Trend
Outpatient														
201406	1,416	1,621.84	1,619.05	1,215.69	-3.63%	47.37%								
201407	1,505	1,752.38	1,685.35	1,267.04	8.05%	36.64%								
201408	1,555	1,837.70	1,736.17	1,318.29	4.87%	17.88%								
201409	1,481	1,774.72	1,788.15	1,373.39	-3.43%	10.44%								
201410	1,602	1,943.19	1,851.44	1,435.36	9.49%	9.85%								
201411	1,417	1,743.46	1,820.63	1,491.59	-10.28%	4.86%								
201412	1,691	2,100.84	1,928.68	1,591.18	20.50%	7.86%								
201501	1,559	1,899.68	1,914.01	1,658.29	-9.58%	3.38%								
201502	1,644	1,983.11	1,993.82	1,748.49	4.39%	9.51%								
201503	1,820	2,206.28	2,029.84	1,836.58	11.25%	5.24%								
201504	1,922	2,349.39	2,178.80	1,903.89	6.49%	13.83%	70.23%							
201505	1,973	2,427.06	2,327.03	1,966.32	3.31%	16.71%	68.52%							
201506	1,861	2,305.36	2,360.71	2,024.37	-5.01%	16.30%	66.52%							
201507	1,848	2,306.40	2,346.56	2,071.09	0.05%	7.70%	63.46%							
201508	1,715	2,150.25	2,254.29	2,097.72	-6.77%	-3.13%	59.12%							
201509	1,751	2,204.60	2,220.57	2,134.08	2.53%	-5.94%	55.39%							
201510	1,981	2,490.26	2,281.63	2,179.42	12.96%	-2.77%	51.84%							
201511	1,886	2,381.81	2,358.93	2,232.48	-4.35%	4.64%	49.67%							
201512	2,135	2,710.82	2,527.25	2,282.34	13.81%	13.81%	43.44%							
201601	7,726	2,623.43	2,596.36	2,394.04	-3.22%	13.79%	44.37%							
201602	8,525	2,767.26	2,698.57	2,500.07	5.48%	14.40%	42.98%							
201603	9,786	3,108.89	2,838.31	2,631.86	12.35%	12.31%	43.30%							
201604	8,557	2,720.61	2,866.33	2,659.14	-12.49%	10.40%	39.67%							
201605	8,696	2,779.40	2,869.85	2,686.01	2.16%	6.35%	36.60%							
201606	8,718	2,800.45	2,766.68	2,714.45	0.76%	-2.52%	34.09%							
201607	8,138	2,623.69	2,734.73	2,716.23	-6.31%	-4.59%	31.15%							
201608	9,135	2,964.36	2,795.81	2,759.79	12.98%	-2.58%	31.56%							
201609	8,554	2,802.47	2,796.44	2,778.72	-5.46%	1.08%	30.21%							
201610	8,783	2,907.85	2,891.73	2,797.85	3.76%	5.74%	28.38%							
201611	9,217	3,091.94	2,932.93	2,832.72	6.33%	4.90%	26.89%							
201612	9,439	3,302.98	3,097.25	2,872.00	6.83%	10.76%	25.84%							
201701	12,333	2,890.45	3,066.55	2,893.35	-12.49%	6.05%	20.86%							
201702	13,075	2,959.37	3,018.97	2,910.65	2.38%	2.93%	16.42%							
201703	14,898	3,338.17	3,065.58	2,942.25	12.80%	-1.02%	11.79%							
201704	15,001	3,374.88	3,224.82	3,004.74	1.10%	5.16%	13.00%							
201705	17,845	4,025.79	3,578.88	3,125.74	19.29%	18.55%	16.37%							

Row Labels	Visits	Visits/ 1000	3 Month Visits/ 1000	12 Month Visits/ 1000	1 Month Visits Trend	3 Month Visits Trend	12 Month Visits Trend	Admits	Admits/ 1000	3 Month Admits/ 1000	12 Month Admits/ 1000	1 Month Admits Trend	3 Month Admits Trend	12 Month Admits Trend
Professional														
201406	5,341	6,117.40	6,080.99	4,888.58	0.34%	33.07%								
201407	5,618	6,541.43	6,249.29	5,051.44	6.93%	28.22%								
201408	5,385	6,363.99	6,339.59	5,192.60	-2.71%	12.85%								
201409	5,621	6,735.77	6,546.17	5,372.57	5.84%	7.65%								
201410	6,151	7,461.03	6,848.87	5,569.86	10.77%	9.59%								
201411	5,180	6,373.42	6,858.53	5,722.33	-14.58%	8.19%								
201412	5,771	7,169.69	7,003.04	5,999.09	12.49%	6.98%								
201501	5,981	7,287.98	6,944.09	6,189.49	1.65%	1.39%								
201502	5,927	7,149.58	7,202.44	6,480.39	-1.90%	5.01%								
201503	6,563	7,955.96	7,464.29	6,758.26	11.28%	6.59%								
201504	6,649	8,127.53	7,742.31	6,935.45	2.16%	11.50%	51.24%							
201505	6,394	7,865.65	7,983.22	7,086.28	-3.22%	10.84%	50.08%							
201506	6,589	8,162.49	8,051.80	7,259.58	3.77%	7.87%	48.50%							
201507	6,274	7,830.60	7,953.01	7,368.79	-4.07%	2.72%	45.88%							
201508	6,262	7,851.57	7,948.90	7,494.99	0.27%	-0.43%	44.34%							
201509	6,600	8,310.53	7,996.88	7,626.43	5.85%	-0.68%	41.95%							
201510	7,450	9,365.80	8,508.83	7,782.83	12.70%	6.99%	39.73%							
201511	7,008	8,850.54	8,842.56	7,988.12	-5.50%	11.24%	39.60%							
201512	7,668	9,736.94	9,317.09	8,198.45	10.02%	16.51%	36.66%							
201601	27,200	9,236.09	9,255.80	8,520.60	-5.14%	8.78%	37.66%							
201602	30,895	10,028.93	9,652.48	8,932.02	8.58%	9.16%	37.83%							
201603	35,077	11,143.59	10,156.88	9,406.18	11.11%	9.01%	39.18%							
201604	31,365	9,972.49	10,384.30	9,557.31	-10.51%	12.19%	37.80%							
201605	30,928	9,884.37	10,334.47	9,671.41	-0.88%	7.07%	36.48%							
201606	31,273	10,045.42	9,967.30	9,773.53	1.63%	-1.87%	34.63%							
201607	28,455	9,173.82	9,702.16	9,761.69	-8.68%	-6.57%	32.47%							
201608	32,695	10,609.76	9,941.68	9,909.90	15.65%	-3.80%	32.22%							
201609	31,294	10,252.53	10,009.44	9,986.66	-3.37%	0.42%	30.95%							
201610	32,935	10,903.45	10,587.56	10,087.39	6.35%	9.13%	29.61%							
201611	33,432	11,215.31	10,786.69	10,212.92	2.86%	8.50%	27.85%							
201612	32,592	11,403.83	11,169.80	10,316.00	1.68%	11.59%	25.83%							
201701	46,543	10,908.01	11,138.88	10,466.25	-4.35%	5.21%	22.83%							
201702	47,933	10,848.55	11,008.01	10,543.49	-0.55%	2.05%	18.04%							
201703	53,826	12,060.64	11,279.27	10,663.64	11.17%	0.98%	13.37%							
201704	52,695	11,854.88	11,590.14	10,841.77	-1.71%	4.05%	13.44%							
201705	53,090	11,976.72	11,964.20	11,027.42	1.03%	8.69%	14.02%							

PPO Individu

Row Labels	Days	Days/ 1000	3 Month Days/ 1000	12 Month Days/ 1000	1 Month Days Trend	3 Month Days Trend	12 Month Days Trend	ALOS	3 Month ALOS	12 Month ALOS	1 Month ALOS Trend	3 Month ALOS Trend	12 Month ALOS Trend
IP, OP, PROF													
201406	104	119.12	211.10	137.82	-55.67%	37.81%		3.47	5.52	4.94	-52.13%	7.85%	
201407	182	211.92	200.27	148.05	77.90%	16.69%		5.52	5.47	5.07	59.09%	4.55%	
201408	140	165.45	165.24	154.85	-21.93%	-27.37%		3.26	4.02	4.96	-40.97%	-33.02%	
201409	134	160.58	179.56	161.88	-2.95%	-14.94%		4.47	4.30	5.00	37.19%	-22.06%	
201410	104	126.15	150.89	168.55	-21.44%	-24.66%		3.35	3.63	4.98	-24.89%	-33.54%	
201411	74	91.05	126.23	171.01	-27.82%	-23.61%		3.70	3.85	4.96	10.29%	-4.16%	
201412	225	279.53	165.02	177.05	207.01%	-8.10%		6.25	4.63	4.89	68.92%	7.68%	
201501	199	242.49	204.24	181.56	-13.25%	35.35%		3.62	4.49	4.67	-42.11%	23.44%	
201502	241	290.71	270.92	197.73	19.89%	114.62%		6.03	5.08	4.80	66.52%	31.79%	
201503	403	488.53	340.66	223.74	68.05%	106.43%		6.50	5.37	5.01	7.88%	15.92%	
201504	229	279.92	353.16	226.57	-42.70%	72.91%	89.46%	4.24	5.60	4.87	-34.76%	24.73%	5.09%
201505	250	307.53	359.13	229.41	9.86%	32.56%	69.46%	4.46	5.13	4.66	5.27%	1.02%	-8.46%
201506	301	372.87	319.90	250.85	21.25%	-6.09%	82.02%	5.19	4.64	4.79	16.25%	-13.53%	-3.01%
201507	194	242.12	307.67	253.54	-35.07%	-12.88%	71.25%	4.85	4.84	4.75	-6.54%	-13.55%	-6.35%
201508	270	338.52	317.94	268.08	39.82%	-11.47%	73.12%	5.09	5.07	4.90	5.04%	-1.20%	-1.12%
201509	333	419.33	333.06	289.60	23.87%	4.11%	78.90%	5.84	5.31	5.02	14.67%	14.44%	0.46%
201510	226	284.15	347.29	303.02	-32.24%	12.88%	79.78%	5.38	5.45	5.14	-7.89%	12.74%	3.14%
201511	347	438.30	380.48	331.83	54.25%	19.67%	94.04%	6.20	5.84	5.28	15.15%	15.37%	6.55%
201512	281	356.85	359.66	338.22	-18.58%	7.98%	91.03%	4.46	5.30	5.15	-28.02%	-0.17%	5.34%
201601	970	329.45	353.27	342.68	-7.68%	1.72%	88.75%	4.35	4.67	5.03	-2.48%	-14.33%	7.75%
201602	1,427	463.32	393.15	372.19	40.63%	3.33%	88.23%	5.71	5.00	5.16	31.22%	-14.52%	7.46%
201603	1,217	386.75	394.07	369.13	-16.53%	9.57%	64.98%	5.16	5.10	5.09	-9.62%	-3.89%	1.55%
201604	1,151	366.03	404.96	372.51	-5.36%	14.63%	64.41%	4.84	5.24	5.08	-6.26%	12.20%	4.29%
201605	1,384	442.42	398.32	385.42	20.87%	1.32%	68.01%	6.69	5.51	5.32	38.25%	10.29%	14.07%
201606	1,255	403.03	403.76	388.21	-8.90%	2.46%	54.76%	5.29	5.56	5.32	-20.86%	8.98%	11.03%
201607	1,063	342.64	396.17	387.26	-14.98%	-2.17%	52.74%	5.15	5.69	5.31	-2.66%	8.54%	11.80%
201608	979	317.75	354.61	380.98	-7.27%	-10.97%	42.12%	4.25	4.89	5.20	-17.52%	-11.23%	5.96%
201609	1,025	335.72	332.05	375.39	5.66%	-17.76%	29.62%	4.77	4.70	5.14	12.19%	-15.32%	2.29%
201610	1,216	402.54	351.72	380.16	19.90%	-11.22%	25.46%	5.18	4.73	5.14	8.73%	-16.81%	-0.02%
201611	1,274	427.45	388.21	382.91	6.19%	9.48%	15.39%	5.43	5.14	5.14	4.84%	5.03%	-2.68%
201612	897	313.84	382.31	378.08	-26.58%	15.13%	11.79%	3.73	4.77	5.03	-31.32%	1.47%	-2.20%
201701	2,020	473.30	414.68	392.55	50.81%	17.90%	14.55%	5.58	5.01	5.16	49.47%	5.77%	2.47%
201702	1,930	436.87	419.87	391.99	-7.70%	8.16%	5.32%	5.21	4.98	5.12	-6.59%	-3.04%	-0.82%
201703	2,168	485.79	465.30	402.70	11.20%	21.71%	9.09%	5.17	5.31	5.12	-0.83%	11.23%	0.61%
201704	1,766	397.21	440.02	404.86	-18.23%	6.11%	8.69%	3.91	4.72	4.98	-24.32%	-5.68%	-1.95%
201705	1,517	342.13	408.54	395.71	-13.87%	-2.70%	2.67%	3.18	4.04	4.65	-18.67%	-18.84%	-12.58%

Row Labels	Days	Days/ 1000	3 Month Days/ 1000	12 Month Days/ 1000	1 Month Days Trend	3 Month Days Trend	12 Month Days Trend	ALOS	3 Month ALOS	12 Month ALOS	1 Month ALOS Trend	3 Month ALOS Trend	12 Month ALOS Trend
Inpatient													
201406	104	119.12	211.10	137.82	-55.67%	37.81%		3.47	5.52	4.94	-52.13%	7.85%	
201407	182	211.92	200.27	148.05	77.90%	16.69%		5.52	5.47	5.07	59.09%	4.55%	
201408	140	165.45	165.24	154.85	-21.93%	-27.37%		3.26	4.02	4.96	-40.97%	-33.02%	
201409	134	160.58	179.56	161.88	-2.95%	-14.94%		4.47	4.30	5.00	37.19%	-22.06%	
201410	104	126.15	150.89	168.55	-21.44%	-24.66%		3.35	3.63	4.98	-24.89%	-33.54%	
201411	74	91.05	126.23	171.01	-27.82%	-23.61%		3.70	3.85	4.96	10.29%	-4.16%	
201412	225	279.53	165.02	177.05	207.01%	-8.10%		6.25	4.63	4.89	68.92%	7.68%	
201501	199	242.49	204.24	181.56	-13.25%	35.35%		3.62	4.49	4.67	-42.11%	23.44%	
201502	241	290.71	270.92	197.73	19.89%	114.62%		6.03	5.08	4.80	66.52%	31.79%	
201503	403	488.53	340.66	223.74	68.05%	106.43%		6.50	5.37	5.01	7.88%	15.92%	
201504	229	279.92	353.16	226.57	-42.70%	72.91%	89.46%	4.24	5.60	4.87	-34.76%	24.73%	5.09%
201505	250	307.53	359.13	229.41	9.86%	32.56%	69.46%	4.46	5.13	4.66	5.27%	1.02%	-8.46%
201506	301	372.87	319.90	250.85	21.25%	-6.09%	82.02%	5.19	4.64	4.79	16.25%	-13.53%	-3.01%
201507	194	242.12	307.67	253.54	-35.07%	-12.88%	71.25%	4.85	4.84	4.75	-6.54%	-13.55%	-6.35%
201508	270	338.52	317.94	268.08	39.82%	-11.47%	73.12%	5.09	5.07	4.90	5.04%	-1.20%	-1.12%
201509	333	419.33	333.06	289.60	23.87%	4.11%	78.90%	5.84	5.31	5.02	14.67%	14.44%	0.46%
201510	226	284.15	347.29	303.02	-32.24%	12.88%	79.78%	5.38	5.45	5.14	-7.89%	12.74%	3.14%
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201512	281	356.85	359.66	338.22	-18.58%	7.98%	91.03%	4.46	5.30	5.15	-28.02%	-0.17%	5.34%
201601	970	329.45	353.27	342.68	-7.68%	1.72%	88.75%	4.35	4.67	5.03	-2.48%	-14.33%	7.75%
201602	1,427	463.32	393.15	372.19	40.63%	3.33%	88.23%	5.71	5.00	5.16	31.22%	-14.52%	7.46%
201603	1,217	386.75	394.07	369.13	-16.53%	9.57%	64.98%	5.16	5.10	5.09	-9.62%	-3.89%	1.55%
201604	1,151	366.03	404.96	372.51	-5.36%	14.63%	64.41%	4.84	5.24	5.08	-6.26%	12.20%	4.29%
201605	1,384	442.42	398.32	385.42	20.87%	1.32%	68.01%	6.69	5.51	5.32	38.25%	10.29%	14.07%
201606	1,255	403.03	403.76	388.21	-8.90%	2.46%	54.76%	5.29	5.56	5.32	-20.86%	8.98%	11.03%
201607	1,063	342.64	396.17	387.26	-14.98%	-2.17%	52.74%	5.15	5.69	5.31	-2.66%	8.54%	11.80%
201608	979	317.75	354.61	380.98	-7.27%	-10.97%	42.12%	4.25	4.89	5.20	-17.52%	-11.23%	5.96%
201609	1,025	335.72	332.05	375.39	5.66%	-17.76%	29.62%	4.77	4.70	5.14	12.19%	-15.32%	2.29%
201610	1,216	402.54	351.72	380.16	19.90%	-11.22%	25.46%	5.18	4.73	5.14	8.73%	-16.81%	-0.02%
201611	1,274	427.45	388.21	382.91	6.19%	9.48%	15.39%	5.43	5.14	5.14	4.84%	5.03%	-2.68%
201612	897	313.84	382.31	378.08	-26.58%	15.13%	11.79%	3.73	4.77	5.03	-31.32%	1.47%	-2.20%
201701	2,020	473.30	414.68	392.55	50.81%	17.90%	14.55%	5.58	5.01	5.16	49.47%	5.77%	2.47%
201702	1,930	436.87	419.87	391.99	-7.70%	8.16%	5.32%	5.21	4.98	5.12	-6.59%	-3.04%	-0.82%
201703	2,168	485.79	465.30	402.70	11.20%	21.71%	9.09%	5.17	5.31	5.12	-0.83%	11.23%	0.61%
201704	1,766	397.21	440.02	404.86	-18.23%	6.11%	8.69%	3.91	4.72	4.98	-24.32%	-5.68%	-1.95%
201705	1,517	342.13	408.54	395.71	-13.87%	-2.70%	2.67%	3.18	4.04	4.65	-18.67%	-18.84%	-12.58%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Q&A Exhibit 2

2016 Bronze and Catastrophic Experience

Issuer	Product	Metal	Allowed Claims	MM	Allowed PMPM	Network	Age	CMS Age Curve	Region	Normalized Allowed
53789	Broad	Bronze	2,336,569	11,272	207.29	1.00	44	1.397	1.02	144.83
53789	Broad	Catastrophic	1,485,411	13,127	113.16	1.00	25	1.004	1.03	108.94
53789	Value	Bronze	11,105,799	58,174	190.91	0.84	44	1.397	1.02	159.04
53789	Value	Catastrophic	991,143	11,480	86.34	0.84	25	1.004	1.03	99.11

Bronze	303.86
Cat	208.05
Calculated Cat Factor	0.68
Applied in Rating	0.60

2016 Regional Distribution Members

Metal Level	6	7	9	Region Factor
Bronze	36%	53%	11%	1.02
Catastrophic	27%	48%	25%	1.03
Region Factor	1	1.03	1.08	

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Individual Rates Effective January 1, 2018

With this response, please find corresponding Q&A Exhibits in “Ind_17-50_Initial_KHP_HMO_Q&AExhibits3_Supporting_20170720.xlsm”

Question 1. In response to Answer 2 from our 7/7/2017 objections, please provide allowed and paid claim information for the experience periods used in the trend calculation normalized for demographic, geographic, benefit, risk, etc. differences.

Answer 1. While CBC refers to historical trends to evaluate changes in the market, morbidity and utilization, future hospital and physician contracting drives the pricing trend. The hospital, physician and prescription drug trend models were explained in the June Q&A response. As requested, I have included historical trend data in Q&A Exhibit 1, which is the detailed data behind the historical trend summaries sent in June and 7/7/17 Q&A. This data contains demographic factors, which are a proxy for risk in a credible population. The data does not contain benefit or geographic adjustments, as this data is not readily available within the timeframe requested.

Question 2. In response to Answer 3 from our 7/7/2017 objections, please provide an explanation for why there were 36 plans in the 2017 URRT listed as renewing and only two plans in the 2018 URRT listed as renewing but there is no mapping of members occurring since no plans terminated in 2017. Based on the URRT inputs, there are 34 fewer renewing plans in 2018 than 2017.

Answer 2. The 2017 URRT should have been updated in September 2016 to show that only two plans are renewing and the remainder are terminated. CBC filed all plans (shown as renewing on WS2 of the URRT) in May 2016, but withdrew all but two in September. The 2017 PA Rate Exhibits correctly label the plans as terminated or modified, but the URRT was not updated.

Question 3. In response to Answer 6 from our 7/7/2017 objections, please answer the following questions regarding the benefit mix adjustment:

- a) Based on the plans offered in 2018, the ‘Value’ network will no longer be offered. This network had the lower network factor. As a result of the removal of the ‘Value’ network, why is the factor applied to the base experience to account for this network difference less than 1.0?
- b) The information provided on Exhibit 3 shows the risk adjustment payment for the “Broad” network, which will be the only network offered in 2018, as \$24.77. Why was this amount not used as the starting point in the risk adjustment calculation?

Answer 3.

- a) Referencing Answer 6 from the 7/7/2017 objections, Q&A Exhibit 3 shows the difference between benefits and networks (value and broad) offered in the BEP and those offered in the projection period. The network factor of 0.839 is only applied in the BEP. The network factor in the projection period is 1.0 (cell B41).
- b) The risk adjustment payment for the entire HMO population was used as the starting point for 2018 because CBC assumes that a portion of the healthy population that purchased the value network plan in 2016 remained with CBC in 2017, and will continue in 2018. Other carriers did not offer a value network plan in 2017, and KHP was competitively priced, so it is reasonable to assume CBC retained many of the members. Most of these healthy individuals remain in the pool. It is important to note that 2016 RA is 23% of SW average premium, and KHP is projecting 2018 RA to be 9.7% of premium, lowering KHP's projected RA receivable.

Question 4. In response to Answer 9 from our 7/7/2017 objections, please answer the following questions regarding risk adjustment:

- a) Please support the change in the benefit reduction factor between the prior exhibit and the current exhibit. The support should not be related to the 0.86 factor as this assumption is not impacted by the administrative cost adjustment factor.
- b) Please provide quantitative support for the '% Change in AV' factor and support and explanation for why the factor changed between the prior exhibit and the current exhibit.

Answer 4.

- a) There is much uncertainty in anticipating 2018 RA payment transfers. As explained in the June Q&A, the 14% administrative fee adjustment was implicit to the SW average premium calculation rather than explicitly shown as a line item. The annual rate increase and buy-down assumptions are estimates. In total, the annual rate increase (net buy-downs) is 16% annually. Net administrative expense change, the annual increase is 7.3%. Additionally, the benefit buy-down of 7% is close to the benefit mix change shown in CAAC's Individual PPO filing, Exhibit D. This is the measure of benefit changes from the 2016 BEP to 2018. Since most CBC members are enrolled in a PPO plan, this is a credible indication of future buy-downs in the market.
- b) Referring to the 7/7/2017 Q&A Exhibit 3, you can see that the average AV in the experience period is estimated at 0.75. Moving from 0.75 in the BEP to Bronze (0.6) in the projection period is approximately 15 percent. 17 percent was applied in rating.

Question 5. In response to Answer 11 from our 7/7/2017 objections, please provide additional support for your catastrophic adjustment factor. Risk adjustment information is calculated separately for catastrophic and non-catastrophic plans and, as a result, we do not believe they are on a comparable basis as they are dependent on separate comparisons to statewide information. Please provide a calculation comparing allowed costs normalized for age, geography, network, and induced demand for support of your catastrophic factor.

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

Question 6. In response to Answer 12 from our 7/7/2017 objections please reconcile these two seemingly contradictory statements from your response:

- a) "CBC does not expect large claims to distort cost differences when compiling data at the regional level."
- b) "Additionally, large claims drive cost differences between providers, so CBC deemed it appropriate to keep large claims in the analysis."

Answer 6. By the first statement, I mean that the population used remains credible even when segmented into three regions. If CBC would be doing an analysis at the county level rather than the regional level, we would have more concerns about large claims skewing the relative cost across counties. But the regional split still allows for a credible number of members in each bucket so that one or two claims will not distort the relativity. By the second statement, I mean that expensive procedures highlight the difference in contracting. Large claims and/or complex procedures drive the differences in hospital contracting. For example, let's say hospital A and B only perform 2 procedure: 1 low cost and 1 high cost. If hospital A performs a low-cost OP surgery at 30% higher cost than hospital B, but performs high-cost IP surgery at 30% below hospital B, CBC wants to capture the impact of both. In total, hospital A is lower cost than hospital B.

Question 7. Please explain why the morbidity factor in the URRT and in Exhibit F changed between the prior and current filing.

Answer 7. With the last submission, I discovered that the morbidity factor should be adjusted based on data provided in the June data call. In the June submission - Answer 11, I showed that 2017 over 2016 incurred trends are higher than the pricing trend of 13.3%, which includes 3 percent for induced demand. 2017 over 2016 incurred trend is at 21.5%, about 8 percent above pricing trend. The morbidity adjustment of 13 percent (6.5 percent per year) is still below 8 percent in additional trend seen in early 2017 indicators. With premiums rising and increasing consumer fears about the future of the individual market, we expect utilization/morbidity to continue to rise into 2018.

If you have any further questions regarding this filing, please call me at [REDACTED] (or via email at [REDACTED]). Thank you for your assistance in this matter.

Sincerely,

[REDACTED]

[REDACTED], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

KEYSTONE HEALTH PLAN CENTRAL

Question and Answer

Individual Rates

Effective January 1, 2018

Question 1: Please provide the source of the risk scores (e.g., Wakely, Optum, HHS) and information on how the monthly factors were calculated.

Answer 1:

1. The source of risk scores is two-fold:
 - a. The Wakely's Risk Assessment Model (WRA), as supplied via Geneia's tool named Theon Data Analytics for enrollment later than 10/1/15.
 - b. Optum's Impact Pro (IPro) risk analytics suite for enrollment prior to 10/1/15.
2. The monthly member risk factors are calculated using the prior 12 months of demographics and diagnosis data, member by member. Both the WRA and IPro are proprietary models and mapping of diagnosis codes to conditions categories as well as hierarchical logic and risk weights are not made readily available to the purchaser. But both models are explained as hierarchical in nature, mapping diagnosis codes to condition categories then applying hierarchy of condition categories for severity and interaction. The monthly factors for being used in the normalized calculations are member month weighted average risk factors.

Question 2: Are the risk scores calculated for a given metal level (e.g., all Silver risk scores) or are they tied to the metal level of each member's plan?

Answer 2: As noted above, the risk metrics are from a combination of WRA and IPro and are calculated at the member level, using member-specific attributes.

Question 3: Are the risk scores calculated using a consistent model (e.g., the 2015 HHS model for everything provided)? If not, how were model differences between months/years accounted for?

Answer 3: Risk scores are calculated using a combination of WRA and IPro, as these models were each the primary sources of corporate risk predictors and risk metrics for the last 15 years. Model differences were considered as model changes occurred during several transitions through history. Risk models are used for both clinical and financial tasks. For that reason, calibration/re-calibration of population risk scores would routinely occur as upgrades or risk version changes occurred. Those calibrations were necessary to mitigate operational and analytical issues related to model changes. For example, if calibration didn't occur, and V1.0 of a particular model had an average risk score of 1.5 and V1.1 had an average risk score of 1.4, then all clinical and financial metrics would need to continually consider those model changes. By calibrating model output to a specific targeted amount one can foster a smooth transition without impacting relativities within any given model (since relativities are represented by a

quotient, and calibration would impact the numerator and denominator of that quotient equally thereby not changing relativities within the model).

Question 4: How were the 2017 risk scores determined considering there is not a full calendar year available for calculation?

Answer 4: Question #4 illustrates one of the numerous concerns with using the HHS model. The HHS model, as it resides on CBC's EDGE server, is intended for use on a calendar year by calendar year basis. If one was to use CY2017 data on an YTD basis, the risk scores would be suppressed, artificially inflating the normalized claims amounts. Use of commercially available models allows for continual 12 month representation of member risk scores. Also, commercially available models (e.g WRA) have recognized the need for partial enrollment period (i.e. duration) scaling factors for many years, making them more appealing for us in measuring and quantifying book of business risks.

Question 6: Please provide an explanation for what aggregate data was sent in support of the trend assumption even though the proposed trend amount differs slightly between the filings.

Answer 6: The aggregate data sent to support the trend assumptions was CBC's Individual PPO business. The following is a narrative to better foster an understanding of why, with the limited data CBC has for the Individual market segment, this data is our best possible representation of historical Individual business going forward.

1. Prior to 1/1/14, CBC had only several thousand members of Individual PPO business in what would later be referred to as transitional policies.
2. Beginning 1/1/14, CBC's competitive position on the ACA FFM yielded minimal new enrollees into ACA plans. That position continued throughout 2015.
3. As of 1/1/16 CBC offered competitive rates on ACA FFM PPO and HMO business. CBC experienced rapid growth. PPO business had similar characteristics to PPO business historically, but HMO business bared no resemblance in terms of risk to Individual business previously offered on a guaranteed issue basis.
4. As of 1/1/17, HMO FFM business was discontinued, and PPO business grew by roughly 20,000 more members.
5. The data considered for trend reporting is all of the business with CBC operational system value of X (PPO Individual). While it is difficult to label this business as "stable", it is the only business within CBC's umbrella that is even remotely representative of the Individual ACA market.



August 10, 2017

Ms. Johanna Fabian-Marks, Special Deputy & Acting Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Keystone Health Plan Central
Individual Rates
Filing No 17-50
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense
Filing Type: Rate**

Dear Ms. Fabian-Marks:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Individual Rates effective January 1, 2018.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2018
- Average Rate Change before Individual Mandate Adjustment: 4.9%
- Average Rate Change after Individual Mandate Adjustment: 9.2%
- Range of Requested Rate Change: 8.8% to 9.3%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 3,011/2,130
- Number of Plans: 2
- Contract Form #: KHPC-Ind-HMO- 21cntyBroadNet-Agmt-v0118
- Form Filing SERFF #: CABC-131010056
- Binder SERFF #: CABC-PA18-125072213
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-956004650371312668

Harrisburg, PA 17177 | capbluecross.com

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

Please note that per instructions from the Insurance Department, 0.06 was added to the morbidity factor to account for the possible repeal of the individual mandate.

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

Sincerely,

[REDACTED]

[REDACTED], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

Enclosures

cc: [REDACTED]
[REDACTED]
[REDACTED]

Attachment 1

2018 ACA-Compliant Health Insurance Rate Filing Guidance

Pennsylvania Insurance Department

March 14, 2017

Keystone Health Plan Central (KHPC) – Individual Plans

Rate request filing ID # CAB-131022039 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <http://www.insurance.pa.gov/Consumers/ACARelatedFilings/>

Overview

Initial requested average rate change:	4.7%
Revised requested average rate change:	9.2%
Range of requested rate change:	8.8% to 9.3%
Effective date:	1/1/2018
People impacted:	3,011
Available in:	Rating Area 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2016-Dec. 2016 financial experience

Premiums	\$104,079,318
Claims	\$127,467,804
Administrative expenses	\$13,372,802
Taxes & fees	\$9,480,252
Company made (after taxes)	\$(46,241,540)

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2018:

Claims:	82.2%
Administrative:	11.3%
Taxes & fees:	4.5%
Profit:	2.0%

The company expects its annual medical costs to increase **13.7%**.

Explanation of requested rate change

Primary drivers of requested change

- Non-enforcement of the individual mandate
- Historical claim experience
- Reimplementation of Health Insurer Fee in 2018

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

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

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Keystone Health Plan Central
53789
1/1/2018

State: PA
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	HMO																			
Metal:	53789PA010																			
AV Metal Value	Catastrophic	Bronze	Silver	Silver	Silver	Gold	Gold	Silver	Platinum	Silver	Catastrophic	Silver	Bronze	Silver	Silver	Gold	Gold	Silver	Platinum	Catastrophic
AV Pricing Value	0.603	0.613	0.700	0.700	0.700	0.800	0.800	0.700	0.900	0.700	0.580	0.700	0.600	0.700	0.700	0.800	0.800	0.700	0.900	0.580
Plan Category	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Catastrophic HMO 7350/0/75	Bronze HMO 7350/0/60	Healthy Benefits HMO 2500.0	Healthy Benefits HMO 2500.0	Healthy Benefits HMO 4500.0	Healthy Benefits HMO 1000.0	Healthy Benefits HMO 500.0	Healthy Benefits HMO 0.0	Healthy Benefits HMO 0.0/10	Healthy Benefits HMO 1500.30	Healthy Benefits Value HMO 6850.0	Healthy Benefits Value HMO 2500.0	Healthy Benefits Value HMO 6300.50	Healthy Benefits Value HMO 4500.0	Healthy Benefits Value HMO 3500.0	Healthy Benefits Value HMO 1000.0	Healthy Benefits Value HMO 500.0	Healthy Benefits Value HMO 0.0	Healthy Benefits Value HMO 0.0/10	Healthy Benefits Value HMO 6850.0
Plan ID (Standard Component ID):	53789PA0100004	53789PA0100008	53789PA0100006	53789PA0100009	53789PA0100010	53789PA0100011	53789PA0100014	53789PA0100015	53789PA0100016	53789PA0100017	53789PA0110004	53789PA0110006	53789PA0110008	53789PA0110009	53789PA0110010	53789PA0110011	53789PA0110014	53789PA0110015	53789PA0110016	53789PA0110017
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	-7.90%																			
Historical Rate Increase - Calendar Year - 1	3.44%																			
Historical Rate Increase - Calendar Year 0	-14.38%																			
Effective Date of Proposed Rates:	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)	11.62%	12.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cumulative Rate Change % (over 12 mos prior)	11.62%	12.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	180.89%	56.18%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Rate Increase %	12.08%																			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	53789PA0100004	53789PA0100008	53789PA0100006	53789PA0100009	53789PA0100010	53789PA0100011	53789PA0100014	53789PA0100015	53789PA0100016	53789PA0100017	53789PA0110004	53789PA0110006	53789PA0110008	53789PA0110009	53789PA0110010	53789PA0110011	53789PA0110014	53789PA0110015	53789PA0110016	53789PA0110017
Inpatient	\$0.09	\$0.47	\$1.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.11	\$1.78	\$1.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.07	\$1.09	\$1.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.04	\$0.66	\$0.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.01	\$0.11	\$0.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.01	\$0.12	\$0.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$1.00	\$12.91	\$20.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.53	\$6.80	\$10.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$1.20	\$14.38	\$26.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$492.27	\$339.77	\$545.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	36,132	9,312	26,820	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	53789PA0100004	53789PA0100008	53789PA0100006	53789PA0100009	53789PA0100010	53789PA0100011	53789PA0100014	53789PA0100015	53789PA0100016	53789PA0100017	53789PA0110004	53789PA0110006	53789PA0110008	53789PA0110009	53789PA0110010	53789PA0110011	53789PA0110014	53789PA0110015	53789PA0110016	53789PA0110017
Plan Adjusted Index Rate	\$315.49	\$126.08	\$365.74	\$435.35	\$434.28	\$507.83	\$525.77	\$513.27	\$459.80	\$682.13	\$476.29	\$103.29	\$385.57	\$308.88	\$346.07	\$386.86	\$396.46	\$445.99	\$368.78	\$531.80	\$104.03
Member Months	403,036	13,127	11,272	6,699	28,536	9,849	1,610	2,126	8,031	841	518	3,053	9,216	21,093	64,976	2,428	7,801	3,229	18,389	1,750	5,551
Total Premium (TP)	\$141,663.392	\$1,655,052	\$4,122,621	\$2,916,410	\$12,392,614	\$481,931	\$846,490	\$1,091,212	\$3,692,654	\$573,671	\$246,718	\$315,344	\$3,553,413	\$6,515,206	\$22,486,244	\$939,296	\$1,110,484	\$1,440,102	\$6,781,495	\$930,650	\$577,471
EHF Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHF	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$149,962.991	\$1,485,411	\$2,336,569	\$2,907,014	\$18,199,807	\$641,679	\$1,406,019	\$1,680,070	\$5,793,879	\$1,026,846	\$309,571	\$167,846	\$4,588,015	\$4,589,606	\$24,676,145	\$1,554,784	\$1,397,350	\$2,152,311	\$10,024,240	\$1,529,365	\$434,278
EHF Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHF	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$21,437,782	\$683,838	\$933,722	\$521,387	\$1,862,428	\$105,293	\$145,919	\$143,347	\$515,986	\$38,983	\$74,818	\$113,116	\$536,368	\$1,468,578	\$2,795,217	\$193,066	\$167,392	\$220,489	\$830,642	\$64,185	\$226,259
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$128,525,208	\$801,573	\$1,402,848	\$2,385,626	\$16,337,379	\$536,387	\$1,260,100	\$1,516,723	\$5,277,893	\$987,863	\$234,753	\$54,731	\$4,051,647	\$3,121,028	\$21,880,928	\$1,361,719	\$1,229,957	\$1,931,822	\$9,193,599	\$1,465,180	\$208,020
Net Amt of Rein	\$979,001.45	\$0.00	\$23,694.70	\$0.00	\$0.00	\$39,257.47	\$53,001.33	\$9,852.36	\$8,003.90	\$0.00	\$75,235.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101,629.81
Net Amt of Risk Adj	\$35,618,498.63	\$439,811.97	\$2,051,529.66	\$698,165.26	\$402,258.98	\$131,391.65	\$93,820.14	\$226,669.97	\$366,180.41	\$180,166.42	\$50,988.61	\$161,925.14	\$292,917.81	\$3,935,255.23	\$6,377,751.61	\$184,134.78	\$303,855.92	\$236,758.67	\$1,138,068.98	\$290,488.56	\$258,251.26
Incurred Claims PMPM	\$318.89	\$61.06	\$124.45	\$356.12	\$572.52	\$562.67	\$722.82	\$445.19	\$1,174.63	\$435.19	\$17.93	\$439.63	\$147.97	\$336.79	\$560.84	\$598.27	\$449.95	\$499.95	\$837.25	\$37.47	\$37.47
Allowed Claims PMPM	\$372.08	\$113.16	\$207.29	\$433.95	\$637.78	\$676.16	\$873.30	\$790.25	\$271.44	\$1,220.98	\$597.63	\$54.98	\$497.83	\$217.59	\$379.77	\$640.36	\$498.88	\$666.56	\$545.12	\$873.92	\$78.23
EHF portion of Allowed Claims, PMPM	\$372.08	\$113.16	\$207.29	\$433.95	\$637.78	\$676.16	\$873.30	\$790.25	\$271.44	\$1,220.98	\$597.63	\$54.98	\$497.83	\$217.59	\$379.77	\$640.36	\$498.88	\$666.56	\$545.12	\$873.92	\$78.23

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	53789PA0100004	53789PA0100008	53789PA0100006	53789PA0100009	53789PA0100010	53789PA0100011	53789PA0100014	53789PA010
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[illegible]



KEYSTONE HEALTH PLAN CENTRAL RFJ Part II – Consumer Friendly Justification

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

- Non-enforcement of the individual mandate
- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
 - Intensity of medical services rendered
 - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - Further migration from brand prescription drugs to generic prescription drugs
 - Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Inflation adjustment to administrative expenses
- Reimplementation of the Health Insurer Fee in 2018

KEYSTONE HEALTH PLAN CENTRAL, INC.

ACTUARIAL MEMORANDUM

Individual Rates

Effective January 1, 2018

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2018

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2018
- Average Rate Change: 9.2%
- Range of Requested Rate Change: 8.8% to 9.3%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 3,011/2,130
- Number of Plans: 2
- Contract Form #: KHPC-Ind-HMO- 21cntyBroadNet-Agmt-v0118
- Form Filing SERFF #: CABC-131010056
- Binder SERFF #: CABC-PA18-125072213
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-956004650371312668

Company Contact Information

- Primary Contact Name: [REDACTED]
- Primary Contact Telephone Number: [REDACTED]
- Primary Contact Email Address: [REDACTED]

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2018. KHPC will offer individual products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2014	CABC-129034249	0.00%
Individual	KHPC	1/1/2015	CABC-129635491	-8.00%
Individual	KHPC	1/1/2016	CABC-130076965	1.40%
Individual	KHPC	1/1/2017	CABC-130533953	55.1%

Proposed Rate Increases

KHPC is proposing an aggregate annual 9.2% rate increase. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

Potential Regulatory Changes

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

- Individual Mandate: 0.06 added to the morbidity factor.

Membership

Membership is shown in PA Rate Template Part I, Table 1.

Benefit Changes 2017-2018

There are several benefit changes being implemented in 2018. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. All terminated plans are listed in Exhibit R, and a summary of proposed 2018 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlighted in yellow.

Experience Period Premium and Claims

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2016 and December 31, 2016.

Paid Through Date: Claims in the BEP are paid through February 28, 2017

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

Allowed and Incurred Claims during the Experience Period:

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	\$128,512,123	\$150,132,595
Amount of claims processed outside of the issuer's claim system:	\$0	\$0
Amount of claims that represent best estimate of incurred but not paid:	\$2,274,019	\$5,779,654

Allowed claims are developed by combining paid claims with member cost-sharing.

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

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.

5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

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

Benefit Categories

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit C for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Pop'l risk Morbidity".

Changes in Benefits:

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period allowed claims PMPM:
 - Pediatric dental coverage: 5.01 allowed/3.61 incurred
 - Pediatric vision coverage 0.46 allowed/0.46 incurred

This was added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims is described below. Pediatric Dental and Vision benefits are underwritten by KHPC's subsidiary, Capital Advantage Assurance Company (CAAC).

See Exhibit C for the pediatric dental and vision rate development.

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

Other Adjustments: Found in URRT, Worksheet 1, "Other".

1. List-Billed Adjustment: KHPC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member,

provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.

Trend Factors: Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. KHPC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2017

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	1	\$200
MRI	1	\$5,000
Total	2	\$5,200

Year 2018

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	0	\$200
MRI	2	\$5,000
Total	2	\$10,000

Total Annual Trend	92%
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2. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. KHPC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

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

Credibility Manual Rate Development

KHPC individual data was used to develop rates. No credibility manual is used.

Credibility of Experience

Credibility Manual Rate Development: KHPC experience data is given 100% credibility.

Paid to Allowed Ratio

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

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

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

Trended Claim PMPM

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

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

Projected Paid and Incurred Claims PMPM

$$\begin{aligned} &= [\text{Trended Claim PMPM}] \times [\text{Benefit Adjustment}] \\ &\times [\text{Morbidity Adjustment}] \times [\text{Network Adjustment}] \times [\text{List} \\ &\text{– Billed Adjustment}] \end{aligned}$$

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

6. Develop *Projected Claims PMPM by Benefit* as follows:

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

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

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

Base Plan Paid and Incurred Claims PMPM

$$= \frac{\text{Benefit Adjusted Paid and Incurred Claims PMPM}}{\text{Benefit Level Adjustment} \times \text{Avg Induced Demand} \times \text{Avg Network} \times \text{Avg Catastrophic}}$$

Where Avg Induced Demand is the average premium impact of induced demand rating factor. Avg Network is the average premium impact of network factors. And

Avg Catastrophic is the average premium impact of Catastrophic Adjustment factor. These factors are discussed in the Plan Adjusted Index Rate section below.

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

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

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

- a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} \text{Projected Claims PMPM Benefit A} \\ &= \text{Projected Claims PMPM Base Plan} \\ &\times \text{Pricing Relativity A} \end{aligned}$$

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2018. The *Total Projected Claims PMPM* :

$$\begin{aligned} &= \text{Projected Claims PMPM Benefit A} \times \text{Expected Member Dist of Benefit A} \\ &\quad + \text{Projected Claims PMPM Benefit B} \\ &\quad \times \text{Expected Member Dis of Benefit B} + \dots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

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

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

Risk Adjustment

Projected Risk Adjustments PMPM:

Relevant to 2018 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2018. The 2018 pricing impact is:

$$\begin{aligned} & [Net\ Projected\ Risk\ Adjustments\ PMPM] \\ & = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM] \end{aligned}$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2017 and 2018
5. 2016 risk adjustment results
6. Market improvement in coding risk

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, "Projected Risk Adjustments PMPM".

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from KHPC's finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to KHPC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on KHPC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:
 - a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of KHPC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively,

the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.

- b. **Costs:** The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are \$0.115 and \$1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a \$100,000 implementation fee. The implementation fee is amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of \$0.0128 and \$.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another \$0.04 PMPM. All of these items combined allow us to arrive at a requested \$0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".
4. **Value-Based Benefits (VBB):** Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - a. Complete CBC Personal Profile and receive a gift card reward.
 - b. Complete one online coaching program and receive a gift card reward.
 - c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. **Identity Theft Coverage:** Identity protection offering will include the following components:
 - a. Credit monitoring – Monitors activity that may affect credit
 - b. Fraud detection – Identifies potentially fraudulent use of identity or credit
 - c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

Profit (or Contribution to Surplus) & Risk Margin:

6. **Contingency:** Contingency is included in the URRT Worksheet 1, "Profit and Risk".

Taxes and Fees:

1. **Fee for Patient-Centered Outcomes Research Trust Fund (PCOR):** As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount in \$2 per member per year (\$0.17 PMPM), trended annually.

At an estimated trend of 4%, the 2016 projected fee is \$0.18 PMPM. PCOR is included in the URRT Worksheet 1, “Taxes and Fees”.

2. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015-2016, suspended in 2017, and \$14.3 billion in 2018.
3. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3.5% of premium to HHS. KHPC will only offer plans off exchange in 2018, so the exchange fee is \$0.
4. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, “Taxes and Fees”.

See Exhibit H for all KHPC retention values.

Projected Loss Ratio

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

Single Risk Pool

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered product/plan combination for KHPC in the individual market segment. KHPC did not have any individual transitional policies in the experience period.

Index Rate

The experience period index rate is KHPC’s allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index. Only two EHB categories are not included in the experience period: pediatric dental and pediatric vision. Pediatric dental and pediatric vision claim PMPMs are added to the projected index rate as described in the Projection Factors section above.

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

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*

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

See Exhibit J for the Index Rate.

Market Adjusted Index Rate

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

$$\begin{aligned} &[\text{Market Adjusted Index Rate}] \\ &= ([\text{Index Rate}] \times [\text{Paid to Allowed Ratio}] \\ &\quad - [\text{Net Projected ACA Reinsurance Recoveries}] \\ &\quad - [\text{Net Projected Risk Adjustments PMPM}] + [\text{Exchange Fees PMPM}]) \\ &\quad \div [\text{Paid to Allowed Ratio}] \end{aligned}$$

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

Plan Adjusted Index Rate

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Higher than average utilization due to benefit richness.
3. Provider Network: The Provider network is the same across plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
6. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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

Calibration

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance with CMS's Standard Age Curve.

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

The calibration is:

$$[\text{Calibrated Plan Adjusted Index Rate}] = [\text{Plan Adjusted Index Rate}] \div ([\text{Age Curve Calibration}] \times [\text{Geographic Factor Calibration}])$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N. Age and Geographic factors are displayed in Exhibit O.

Geographic Rating Analysis

Geographic Factors: CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. KHPC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions.

KHPC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims in a 12-month period by region, normalized for demographics. We then compared the claim cost for each of the three regions, and found cost differentials between the regions, mostly due to differences in hospital contracting between regions. The data from the analysis is found in Exhibit Q.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$\begin{aligned}
& [\text{Member} - \text{Level Consumer Adjusted Premium Rate}] \\
& = [\text{Calibrated Plan Adjusted Index Rate}] \times [\text{Age Factor}] \\
& \times [\text{Geographic Factor}]
\end{aligned}$$

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

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

AV Metal Values

The AV Metal Values included in Worksheet 2 of the URRT were based on the federally issued AV Calculator.

AV Pricing Values

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

Membership Projection

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

Terminated Products

See Exhibit R for a list of terminated products.

Attachments and Examples

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

Exhibit A – Benefit Summary
 Exhibit A1 – Benefit Change Summary
 Exhibit B – Benefit Categories
 Exhibit C – Pediatric Dental and Vision Rate Development
 Exhibit D – Benefit Changes
 Exhibit E – Trend
 Exhibit F – URRT
 Exhibit G – Paid-to-Allowed Development
 Exhibit H – Retention
 Exhibit I – Projected Loss Ratio
 Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Base Rates
Exhibit Q – Regional Analysis
Exhibit R – Terminated Products

PA Rate Template Part I through Part V

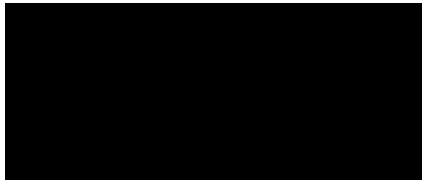
Actuarial Statement

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

I, [REDACTED], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
 - b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
 - c. Actuarial Standard of Practice No. 12, “Risk Classification”
 - d. Actuarial Standard of Practice No. 23, “Data Quality”
 - e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
 - f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
 - g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.
2. The index rate is:
 - a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
 - e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
5. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
6. New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2018 Rate Filing Justification.



██████████, ASA, MAAA
Actuarial Associate
Capital BlueCross

KEYSTONE HEALTH PLAN CENTRAL, INC.

ACTUARIAL MEMORANDUM

Individual Rates

Effective January 1, 2018

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2018

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2018
- Average Rate Change: 9.2%
- Range of Requested Rate Change: 8.8% to 9.3%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 3,011/2,130
- Number of Plans: 2
- Contract Form #: KHPC-Ind-HMO- 21cntyBroadNet-Agmt-v0118
- Form Filing SERFF #: CABC-131010056
- Binder SERFF #: CABC-PA18-125072213
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-956004650371312668

Company Contact Information

- Primary Contact Name: [REDACTED]
- Primary Contact Telephone Number: [REDACTED]
- Primary Contact Email Address: [REDACTED]

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2018. KHPC will offer individual products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2014	CABC-129034249	0.00%
Individual	KHPC	1/1/2015	CABC-129635491	-8.00%
Individual	KHPC	1/1/2016	CABC-130076965	1.40%
Individual	KHPC	1/1/2017	CABC-130533953	55.1%

Proposed Rate Increases

KHPC is proposing an aggregate annual 9.2% rate increase. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

Potential Regulatory Changes

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

- Individual Mandate: 0.06 added to the morbidity factor.

Membership

Membership is shown in PA Rate Template Part I, Table 1.

Benefit Changes 2017-2018

There are several benefit changes being implemented in 2018. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. All terminated plans are listed in Exhibit R, and a summary of proposed 2018 benefits is included in Exhibit A.

Benefit changes by plan are listed in Exhibit A1, highlighted in yellow.

Experience Period Premium and Claims

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2016 and December 31, 2016.

Paid Through Date: Claims in the BEP are paid through February 28, 2017

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

Allowed and Incurred Claims during the Experience Period:

	Incurred	Allowed
Amount of claims processed through the issuer's claim system:	\$128,512,123	\$150,132,595
Amount of claims processed outside of the issuer's claim system:	\$0	\$0
Amount of claims that represent best estimate of incurred but not paid:	\$2,274,019	\$5,779,654

Allowed claims are developed by combining paid claims with member cost-sharing.

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

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.

5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

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

Benefit Categories

Claims in the benefit categories displayed in the URRT come directly from CBC's data warehouse. See Exhibit C for a description of benefits by benefit category.

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Pop'l risk Morbidity".

Changes in Benefits:

1. Pediatric Dental and Pediatric Vision: The following PMPM allowed charges are added to the projection period allowed claims PMPM:
 - Pediatric dental coverage: 5.01 allowed/3.61 incurred
 - Pediatric vision coverage 0.46 allowed/0.46 incurred

This was added to the projected allowed claims in Exhibit B by applying a factor to the experience period, "Other Medical" claims. The development of pediatric dental and vision projected claims is described below. Pediatric Dental and Vision benefits are underwritten by KHPC's subsidiary, Capital Advantage Assurance Company (CAAC).

See Exhibit C for the pediatric dental and vision rate development.

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

Other Adjustments: Found in URRT, Worksheet 1, "Other".

1. List-Billed Adjustment: KHPC is adjusting the claim experience for the impact of the list-billing rating methodology required under CFR Part 147.102. This section requires that family rates are calculated by summing the premiums for each individual family member,

provided at most three child dependents under age 21 are taken into account. This rating rule requires an adjustment to premium.

Trend Factors: Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. KHPC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.
2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

Year 2017

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	1	\$200
MRI	1	\$5,000
Total	2	\$5,200

Year 2018

<u>Type of Service</u>	<u>Units</u>	<u>Cost per Unit</u>
X-Ray	0	\$200
MRI	2	\$5,000
Total	2	\$10,000

Total Annual Trend	92%
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2. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. KHPC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

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

Credibility Manual Rate Development

KHPC individual data was used to develop rates. No credibility manual is used.

Credibility of Experience

Credibility Manual Rate Development: KHPC experience data is given 100% credibility.

Paid to Allowed Ratio

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

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

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

Trended Claim PMPM

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

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

Projected Paid and Incurred Claims PMPM

$$= [\text{Trended Claim PMPM}] \times [\text{Benefit Adjustment}] \\ \times [\text{Morbidity Adjustment}] \times [\text{Network Adjustment}] \times [\text{List} \\ - \text{Billed Adjustment}]$$

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

6. Develop *Projected Claims PMPM by Benefit* as follows:

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

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

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

Base Plan Paid and Incurred Claims PMPM

$$= \frac{\text{Benefit Adjusted Paid and Incurred Claims PMPM}}{\text{Benefit Level Adjustment} \times \text{Avg Induced Demand} \times \text{Avg Network} \times \text{Avg Catastrophic}}$$

Where Avg Induced Demand is the average premium impact of induced demand rating factor. Avg Network is the average premium impact of network factors. And

Avg Catastrophic is the average premium impact of Catastrophic Adjustment factor. These factors are discussed in the Plan Adjusted Index Rate section below.

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

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

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

- a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} \text{Projected Claims PMPM Benefit A} \\ &= \text{Projected Claims PMPM Base Plan} \\ &\times \text{Pricing Relativity A} \end{aligned}$$

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2018. The *Total Projected Claims PMPM* :

$$\begin{aligned} &= \text{Projected Claims PMPM Benefit A} \times \text{Expected Member Dist of Benefit A} \\ &\quad + \text{Projected Claims PMPM Benefit B} \\ &\quad \times \text{Expected Member Dis of Benefit B} + \dots \end{aligned}$$

- 7. The Paid-To-Allowed Ratio is then:

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

See Exhibit G for the development of the *Paid-to-Allowed Ratio*.

Risk Adjustment

Projected Risk Adjustments PMPM:

Relevant to 2018 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2018. The 2018 pricing impact is:

$$\begin{aligned} & [Net\ Projected\ Risk\ Adjustments\ PMPM] \\ & = [Projected\ CRA\ Transfer\ PMPM] - [Risk\ Adjustment\ Fee\ PMPM] \end{aligned}$$

The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. The impact of transitional policies throughout the remainder of 2017 and 2018
5. 2016 risk adjustment results
6. Market improvement in coding risk

To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.13 PMPM. The Risk Adjustment Fee PMPM is included in the URRT Worksheet 1, "Projected Risk Adjustments PMPM".

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

1. Administrative Expense: Calculated using an allocation method from KHPC's finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to KHPC individual products. Administrative expenses are included in the URRT Worksheet 1, "Administrative Load".
2. Broker Expense: Calculated based on KHPC's explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, "Administrative Load".
3. Member Out-Of-Pocket (OOP) and Ways to Save:
 - a. Description: These products offer enhanced transparency to cost savings potential both prospectively and retrospectively. These are new services included in each of KHPC's plans that work to decrease costs by engaging members in their health care decisions. The Member OOP program will show a member, prospectively,

the value of a service and the impact of member cost-sharing when that service is incurred. It allows a member to shop for the best price while introducing transparency related to the member's expected cost share at the time of service. The "Ways to Save" program allows members to receive alerts, retrospectively, informing them of cost savings that could have been incurred had they have known about competing medical providers in the area. The alerts are retrospective and offer transparency around member's healthcare options.

- b. **Costs:** The vendor of these products charge both per contract per year (PCPY) user fees as well as initial implementation fees and annual subscription fees. The PCPY user fees are \$0.115 and \$1.7955 for "Member Out of Pocket" and "Way to Save" respectively. The vendor also charges a 25% administrative load, annual subscription fee, and a \$100,000 implementation fee. The implementation fee is amortized over 5 years across several hundred thousand members. Using book of business member-to-contract ratios and converting to a per member per month (PMPM), in conjunction with the administrative load and implementation fee yields a PMPM charge of \$0.0128 and \$.20 for Member Out of Pocket and Ways to Save respectively. Annual subscription fees charged yields another \$0.04 PMPM. All of these items combined allow us to arrive at a requested \$0.25 PMPM. These programs are included in the URRT Worksheet 1, "Administrative Load".
4. **Value-Based Benefits (VBB):** Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - a. Complete CBC Personal Profile and receive a gift card reward.
 - b. Complete one online coaching program and receive a gift card reward.
 - c. The wellness program is administered through a vendor and costs are based on vendor fees.
5. **Identity Theft Coverage:** Identity protection offering will include the following components:
 - a. Credit monitoring – Monitors activity that may affect credit
 - b. Fraud detection – Identifies potentially fraudulent use of identity or credit
 - c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection

Profit (or Contribution to Surplus) & Risk Margin:

6. **Contingency:** Contingency is included in the URRT Worksheet 1, "Profit and Risk".

Taxes and Fees:

1. **Fee for Patient-Centered Outcomes Research Trust Fund (PCOR):** As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount in \$2 per member per year (\$0.17 PMPM), trended annually.

At an estimated trend of 4%, the 2016 projected fee is \$0.18 PMPM. PCOR is included in the URRT Worksheet 1, “Taxes and Fees”.

2. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015-2016, suspended in 2017, and \$14.3 billion in 2018.
3. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3.5% of premium to HHS. KHPC will only offer plans off exchange in 2018, so the exchange fee is \$0.
4. Federal Income Tax: Projected that Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in the URRT Worksheet 1, “Taxes and Fees”.

See Exhibit H for all KHPC retention values.

Projected Loss Ratio

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

Single Risk Pool

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered product/plan combination for KHPC in the individual market segment. KHPC did not have any individual transitional policies in the experience period.

Index Rate

The experience period index rate is KHPC’s allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index. Only two EHB categories are not included in the experience period: pediatric dental and pediatric vision. Pediatric dental and pediatric vision claim PMPMs are added to the projected index rate as described in the Projection Factors section above.

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

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*

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

See Exhibit J for the Index Rate.

Market Adjusted Index Rate

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

$$\begin{aligned} &[\text{Market Adjusted Index Rate}] \\ &= ([\text{Index Rate}] \times [\text{Paid to Allowed Ratio}] \\ &\quad - [\text{Net Projected ACA Reinsurance Recoveries}] \\ &\quad - [\text{Net Projected Risk Adjustments PMPM}] + [\text{Exchange Fees PMPM}]) \\ &\quad \div [\text{Paid to Allowed Ratio}] \end{aligned}$$

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

Plan Adjusted Index Rate

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Higher than average utilization due to benefit richness.
3. Provider Network: The Provider network is the same across plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
6. Adjustment for distribution and administrative costs: Described in Non-Benefit Expenses and Profit & Risk section above.
6. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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

Calibration

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance with CMS's Standard Age Curve.

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

The calibration is:

$$[\textit{Calibrated Plan Adjusted Index Rate}] = [\textit{Plan Adjusted Index Rate}] \div ([\textit{Age Curve Calibration}] \times [\textit{Geographic Factor Calibration}])$$

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. The calibration factors and development are found on Exhibit N. Age and Geographic factors are displayed in Exhibit O.

Geographic Rating Analysis

Geographic Factors: CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. KHPC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions.

KHPC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims in a 12-month period by region, normalized for demographics. We then compared the claim cost for each of the three regions, and found cost differentials between the regions, mostly due to differences in hospital contracting between regions. The data from the analysis is found in Exhibit Q.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$\begin{aligned}
& [\text{Member} - \text{Level Consumer Adjusted Premium Rate}] \\
& = [\text{Calibrated Plan Adjusted Index Rate}] \times [\text{Age Factor}] \\
& \times [\text{Geographic Factor}]
\end{aligned}$$

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

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

AV Metal Values

The AV Metal Values included in Worksheet 2 of the URRT were based on the federally issued AV Calculator.

AV Pricing Values

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

Membership Projection

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

Terminated Products

See Exhibit R for a list of terminated products.

Attachments and Examples

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

Exhibit A – Benefit Summary
 Exhibit A1 – Benefit Change Summary
 Exhibit B – Benefit Categories
 Exhibit C – Pediatric Dental and Vision Rate Development
 Exhibit D – Benefit Changes
 Exhibit E – Trend
 Exhibit F – URRT
 Exhibit G – Paid-to-Allowed Development
 Exhibit H – Retention
 Exhibit I – Projected Loss Ratio
 Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Base Rates
Exhibit Q – Regional Analysis
Exhibit R – Terminated Products

PA Rate Template Part I through Part V

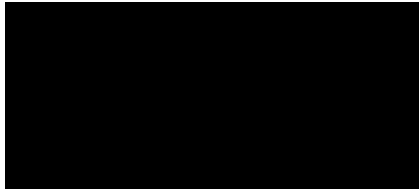
Actuarial Statement

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

I, [REDACTED], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
 - b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
 - c. Actuarial Standard of Practice No. 12, “Risk Classification”
 - d. Actuarial Standard of Practice No. 23, “Data Quality”
 - e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
 - f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
 - g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.
2. The index rate is:
 - a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
 - e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
5. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
6. New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2018 Rate Filing Justification.



██████████, ASA, MAAA
Actuarial Associate
Capital BlueCross

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Summary

INDIVIDUAL ACCOUNT

2018	Deductible (2x Family)	Coinsurance	Out-of-Pocket Maximum	PCP	Specialist	Emergency Room	Urgent Care	Lab Ind Hos	Hi-Tech Imaging	IP Hospital	Rx	Embedded PED VS	Embedded PD
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	Generic/Preferred Brand/Non-Preferred Brand/Specialty	Y/N	Y/N
BRONZE PRODUCTS													
Bronze HMO 7350/0/60	\$7,350	0%	\$7,350	\$60	\$85	D	D	\$25 D	D	D	Deductible combined with Medical no copays after deductible/50% Coin on Specialty Rx	Y	Y
Catastrophic HMO 7350/0/75	\$7,350	0%	\$7,350	\$75	D	D	D	\$25 D	D	D	Deductible combined with Medical	Y	Y

¹ Tiered Lab benefits. Independent labs | Hospital based labs
² D = Deductible D/\$ = Deductible applies first then a copay
³ Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Change Summary

1/1/2017																			
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	AV		Metal Level		HRA Amount		Deductible(2x Family)		Coinsurance		MOOP		ACA PCP	
						2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
8	Off-Exchange	Existing	53789PA010000800	Bronze HMO 7350/0/60	Combined w/Med	61.9%	61.3%	Bronze	Bronze	0	0	7,000	7,350	50%	0%	7,150	7,350	60	60
9	Off-Exchange	Existing	53789PA010000400	Catastrophic HMO 7350/0/75	Combined w/Med	61.9%	60.3%	Bronze	Bronze	0	0	7,150	7,350	0%	0%	7,150	7,350	75	75

Benefit changes are highlited in yellow

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Change Summary

1/1/2017																													
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Non-ACA PCP		SPC		ER		UC		IP Hosp Copay Per Day		Hi-Tech Imaging		Low End Imaging		Lab Independent		Lab Hospital-Based		OP Surg ASC		OP Surg AHC		Rx Ded	
						2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
8	Off-Exchange	Existing	53789PA010000800	Bronze HMO 7350/0/60	Combined w/Med	60	60	85	85	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	0	25	D/75	D/0	D/0	D/0	D/0.5	D/0	0	0
9	Off-Exchange	Existing	53789PA010000400	Catastrophic HMO 7350/0/75	Combined w/Med	75	75	D/0	D/0	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	0	25	D/75	D/0	D/0	D/0	D/1	D/0	0	0

Benefit changes are highlited in yellow

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Change Summary

1/1/2017																							
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Rx Gen - Ded Applies?		Rx Gen Pref		Rx Gen Non-Pref		Rx Brand Pref		Rx Brand Non-Pref		Rx Specialty Coin		Rx Specialty Max		Rx Gen Pref Coins		Rx Gen Non-Pref Coins	
						2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
8	Off-Exchange	Existing	53789PA010000800	Bronze HMO 7350/0/60	Combined w/Med	Y	Y	0	0	0	0	0	0	0	0	50%	50%	0	0	50%	100%	50%	100%
9	Off-Exchange	Existing	53789PA010000400	Catastrophic HMO 7350/0/75	Combined w/Med	Y	Y	0	0	0	0	0	0	0	0	100%	0%	0	0	0%	100%	0%	100%

Benefit changes are highlighted in yellow

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Change Summary

1/1/2017						Rx Brand Pref Coin		Rx Brand Non-Pref Coins		Rx Gen Pref Mail Copay		Rx Gen Non-Pref Mail Copay		Rx Brand Pref Mail Copay		Rx Brand Non-Pref Mail Copay	
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
8	Off-Exchange	Existing	53789PA010000800	Bronze HMO 7350/0/60	Combined w/Med	50%	100%	50%	100%	0	0	0	0	0	0	0	0
9	Off-Exchange	Existing	53789PA010000400	Catastrophic HMO 7350/0/75	Combined w/Med	0%	100%	0%	100%	0	0	0	0	0	0	0	0
Benefit changes are highlited in yellow																	

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Categories

<u>IP OP Professional</u>	<u>Type of Service</u>
Inpatient	IP - Medical
Inpatient	IP - CABG
Inpatient	IP - Other Cardiovascular Procedures
Inpatient	IP - Cesarean Maternity Delivery
Inpatient	IP - Normal maternity delivery
Inpatient	IP - Maternity Non-delivery
Inpatient	IP - Neonatal
Inpatient	IP - Newborn
Inpatient	IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Other Surgical
Inpatient	IP - Psychiatric
Inpatient	IP - Substance Abuse
Inpatient	IP - Ungroupable
Outpatient	OP - Surgery
Outpatient	OP - Radiology - General
Outpatient	OP - Radiology - CT/MRI/PET
Outpatient	OP - Cardiac Rehab
Outpatient	OP - Cardiovascular
Outpatient	OP - Dialysis
Outpatient	OP - Blood
Outpatient	OP - Maternity Non-delivery Care
Outpatient	OP - Observation Room
Outpatient	OP - Pathology/Lab
Outpatient	OP - PT/OT/ST
Outpatient	OP - Pharmacy
Outpatient	OP - Other OP Services
Outpatient	OP - Unmapped
Outpatient	OP - Psychiatric
Outpatient	OP - Substance Abuse
Outpatient	OP - Emergency Room
Professional	Inpatient Surgery - Primary Surgeon
Professional	Inpatient Surgery - Anesthesia
Professional	Inpatient Surgery - Assistant Surgeon
Professional	IP Visits - Medical
Professional	IP Visits - IP Psychiatric
Professional	IP Visits - IP Substance Abuse
Professional	Outpatient Surgery - Anesthesia
Professional	Outpatient Surgery - Office
Professional	Outpatient Surgery - Outpatient Facility
Professional	OP Visits - OP Psychiatric
Professional	OP Visits - OP Substance Abuse
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	Maternity - Cesarean Deliveries
Professional	Pathology/Lab - IP
Professional	Pathology/Lab - OP
Professional	Pathology/Lab - Office
Professional	Radiology - IP
Professional	Radiology - OP - CT/MRI/PET
Professional	Radiology - OP - General

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Categories

<u>IP OP Professional</u>	<u>Type of Service</u>
Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Other
Professional	Office/Misc - Office/Home Visits
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Consults
Professional	Other Physician - Chiropractor
Professional	Other Physician - Physical Therapy
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office Administered Drugs
Professional	Other Physician - Emergency Room Visits
Professional	Office/Misc - Urgent Care
Professional	Independent Lab
Professional	Hearing Aids
Other Medical	Other - Glasses/Contacts
Other Medical	OP - Medical Surgical Supplies
Other Medical	OP - Home Health/PDN
Other Medical	OP - DME
Other Medical	OP - Ambulance
Other Medical	Preventive care - Vision Exams
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Other - DME
Other Medical	Other - Ambulance
Other Medical	Dental

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Pediatric Dental and Vision Rate Development

	Pediatric Dental	Pediatric Vision
Projected Claims PMPM *	3.42	0.44
Admin PMPM	\$0.60	\$0.09
Broker PMPM	\$0.00	\$0.00
Reinsurance Contribution	\$0.00	\$0.00
Patient-Centered Outcomes Research Trust Fund:	\$0.00	\$0.00
Risk Adjustment Fee	\$0.00	\$0.00
Exchange Fee	\$0.00	\$0.00
Change HealthCare	\$0.00	\$0.00
Value Based Benefits	\$0.00	\$0.00
Federal Income Tax	0.7%	0.7%
Premium Tax	0.0%	0.0%
Contingency	2.0%	2.0%
Insurer Tax	3.8%	3.8%
Premium Neutrality	1.56	1.56
Conversion Factor	1.005	1.005
Premium Single Rate	\$2.78	\$0.37

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Benefit Mix Changes

Benefit Change			
	<u>Medical</u>	<u>Rx</u>	<u>Total</u>
Average Manual Claim PMPM in Experience Period	271.91	59.69	331.60
Expected Manual Claim PMPM Projection Period			275.22
Benefit Change BEP to Projection Period			0.83

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Trend

Trend by Service Category

<u>Category</u>	<u>Cost</u>	<u>Util</u>	<u>Induced Utilization</u>	<u>Total</u>	<u>Weights</u>	<u>Weights Total</u>
Inpatient Hospital	10.4%	-0.5%	3.0%	13.1%	33%	28%
Outpatient Hospital	9.8%	1.0%	3.0%	14.2%	40%	33%
Professional	7.6%	1.0%	3.0%	12.0%	25%	21%
Other Medical	9.8%	1.0%	3.0%	14.2%	2%	2%
Capitation	3.0%	0.0%	0.0%	3.0%	0%	4%
Prescription Drug	14.6%	1.6%	3.0%	19.9%	100%	12%
Dental & Vision	0.0%	2.0%	0.0%	2.0%	100%	

Aggregate Pricing Trend

Total	13.7%
Medical	13.3%
Drug	19.9%
Agg Med + Rx Trend	14.1%
Dental and Vision	2.0%

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
URRT

Section II: Allowed Claims, PMPM basis

Benefit Category	Experience Period				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections		
	Allowed				Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM							
Inpatient Hospital	Admits	66.26	19,245.26	106.27	1.190	1.005	1.104	1.025	82.82	23,565.35	162.64
Outpatient Hospital	Visits	561.46	2,746.49	128.50	1.190	1.005	1.098	1.040	723.07	3,328.47	200.56
Professional	Visits	1,834.85	516.43	78.96	1.190	1.005	1.076	1.040	2,363.00	601.07	118.36
Other Medical	Services	161.95	564.52	7.62	1.190	1.357	1.098	1.040	208.57	923.60	16.05
Capitation	Benefit Period	0.03	6,643,054.47	16.16	1.000	1.000	1.030	1.000	0.03	7,047,616.49	17.14
Prescription Drug	Prescriptions	7,262.62	78.36	47.43	1.190	1.005	1.146	1.046	9,455.28	103.42	81.49
Total				\$384.94							\$596.25

* All data experience is from Keystone Health Plan Central (KHPC)

	Change in Morbidity	Change in Benefits	Change in Other
For PA Rate Exhibits:	1.18	1.007	1.005

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Paid to Allowed Ratio Development

Medical Claims Rate Development

Base Experience Period:	1/1/2016-12/31/2016
Data as of	2/28/2017
Rating Period:	1/1/2018 - 12/31/2018
Trend Months:	24
Trend:	13.3%

Drug Claims Rate Development

Base Experience Period:	1/1/2016-12/31/2016
Data as of	2/28/2017
Rating Period:	1/1/2018 - 12/31/2018
Trend Months:	24
Trend:	19.9%

1	Medical Paid and Incurred Claims	109,675,966
2	CSR	14,303,564
3	Medical Paid and Incurred Claims Net CSR	95,372,402
4	Completion Factor	0.98
5	BEP Completed Claims (3) / (4)	97,572,925
6	BEP Member Months	411,088
7	BEP Completed Claim PMPM (5) / (6)	237.35
8	Trend Factor	1.28
9	Trended Claim PMPM (7) x (8)	304.73
10	Benefit Change Factor	0.83
11	Morbidity Change	1.19
12	Capitation	6,643,054
13	Capitation PMPM	16.16
14	Adjustment for Maximum 3 Children	1.005
15	Total Benefit Adjusted Claim PMPM [(9) x (10) x (11) x (12) + (13)] x (14)	318.73

1	BEP Paid and Incurred Claims	18,836,156
2	Completion Factor	0.996
3	BEP Completed Claims (1) / (2)	18,909,652
4	BEP Member Months	411,082
5	BEP Completed Claim PMPM (3) / (4)	46.00
6	Trend Factor	1.44
7	Trended Claim PMPM (5) x (6)	66.09
8	Benefit Change Factor	0.83
9	Morbidity Change	1.19
10	Rx Rebates	-4,310,510
11	Rx Rebates PMPM	-10.49
12	Adjustment for Maximum 3 Children	1.005
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	55.06

	Expected Claim PMPM in Rating Period
Medical	318.73
Drug	55.06
Pediatric Dental	3.42
Pediatric Vision	0.44
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	374.32
Total Expected Incurred in Rating Period Net RA	416.86

Projected Allowed*	596.25
Paid to Allowed Ratio	0.628

*From Unified Rate Review Template

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Retention

	<u>Medical + Rx</u>	<u>Dental</u>	<u>Vision</u>		<u>Total</u>	<u>% of Premium</u>
Reinsurance Contribution	\$0.00	\$0.00	\$0.00		\$0.00	0.0%
Risk Adjustment Fee	\$0.13	\$0.00	\$0.00		\$0.13	0.0%
Admin PMPM	\$46.00	\$0.60	\$0.09		\$46.69	9.3%
Broker PMPM	\$6.00	\$0.00	\$0.00		\$6.00	1.2%
Member OOP and Ways to Save	\$0.25	\$0.00	\$0.00		\$0.25	0.0%
Value Based Benefits	\$1.25	\$0.00	\$0.00		\$1.25	0.2%
BCBSA Identity Theft Protection	\$0.02	\$0.00	\$0.00		\$0.02	0.0%
Contingency	2.0%	2.0%	2.0%		2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.20	\$0.00	\$0.00		\$0.20	0.0%
Insurer Tax	3.8%	3.8%	3.8%		3.8%	3.8%
Exchange Fee	\$0.00	\$0.00	\$0.00		\$0.00	0.0%
Federal Income Tax	0.7%	0.7%	0.7%		0.7%	0.7%
State Income Tax	0.00%	0.00%	0.00%		0.00%	0.0%
Premium Tax	0.0%	0.0%	0.0%		0.0%	0.0%
	Admin	Profit	Taxes			
	10.8%	2.0%	4.5%			
Claims	9.3%					
Broker	1.2%					
Quality Improvement	0.3%					

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Projected Loss Ratio

Expected Incurred	374.32
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Plan	53789PA0100008	53789PA0100004
Manual PMPM	276.33	272.04
Expected Claim Cost	420.85	240.30
Expected Premium PMPM *	\$554.51	\$343.61
<u>Allowed Adjustments to Premium for MLR</u>		
Reinsurance Contribution	0.00	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20	0.20
Risk Adjustment	42.55	42.55
Premium Tax	0.00	0.00
Insurer Tax	0.04	0.04
Exchange Fee	0.00	0.00
Quality Improvement	5.55	3.44
Federal Income Tax**	3.88	2.41
MLR Adjusted Premium	\$502.30	\$294.99
Expected Member Distribution	74.2%	25.8%

Claims	\$374.32
Unadjusted Premium	\$500.16
Expected MLR Adjusted Premium	\$448.87

MLR	83.4%
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* From Exhibit L

**35% of profit or contingency (assumed to be 2%)

**Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Projected Index Rate**

Projected Allowed PMPM	\$596.25
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* From URRT and Exhibit B

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Q1 Index Rate	596.25
Paid to Allowed	0.63
Projected Claims	374.32
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	42.55
Exchange User Fee Adjustment	0.00
Market-Adjusted Projected Paid EHB Claims PMPM	416.86
Market Adjusted Index Rate	664.02

Development of Exchange User Fee

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

Development of Risk Adjustment Projection

Projected 2018 Risk Adjustment Payment	-\$42.42
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Projected 2016 SW Average Premium	\$379.91
Projected 2017 and 2018 Rate Increase	44%
Projected 2017 and 2018 Impact due to Benefit Changes	0.93
Change to Premium to Remove Admin from RA Calculation	0.86
Projected 2018 SW Premium	\$437.66
2016 RA % of Premium	23.2%
% Change for Market Improvement in Coding	1.5%
% Change for Internal Coding	2.0%
% Change for AV	-17.0%
Projected 2018 RA % of Premium	9.7%

Projected 2016 Risk Adjustment Payable	\$35,510,815
2016 MemberMonths	403,036
Projected 2016 Risk Adjustment Payment PMPM	\$88.11
Keystone Health Plan Central	\$35,510,815

Keystone Health Plan Central
Individual Account Rates
Effective 1/1/2018
Rate Development

Adjust Base Experience Period to Base Plan

	<u>Medical</u>	<u>Rx</u>	<u>Total</u>
Expected Claim PMPM in Rating Period Before Benefit Adj	318.73	55.06	373.79
Adjustment to Base Plan			0.996
Network Adjustment to Base Plan			1.00
Catastrophic Adjustment to Base Plan			0.89
Induced Demand Adjustment to Base Plan			0.96
Expected Claim Base Plan			438.38

<u>Rate Development by Benefit Option</u>		Off-Exchange Bronze HMO 7350/0/60 Combined Bronze 53789PA0100008 Broad All	Off-Exchange Catastrophic HMO 7350/0/75 Combined Catastrophic 53789PA0100004 Broad All
Plan Name			
Level of Coverage			
HIOS ID:			
Network			
Region (Value)			
Market Adjusted Index Rate		664.02	664.02
AV and Cost-Sharing Adjustment		0.733	0.727
Provider Network		1.000	1.000
Catastrophic Adjustment		1.000	0.580
Induced Demand		0.960	0.960
<u>Plan Pricing Relativities:</u>			
Manual Medical + Rx PMPM		276.33	272.04
Medical +Rx Manual Relativity		1.000	0.984
Pricing Relativity		0.960	0.548
Projected Claims PMPM		420.85	240.30
Medical + Rx Projected Claims PMPM + Market Level Adjustments:		463.39	264.98
<u>Retention</u>			
Admin PMPM		\$46.00	\$46.00
Broker PMPM		\$6.00	\$6.00
Patient-Centered Outcomes Research Trust Fund:		\$0.20	\$0.20
Member OOP and Ways to Save		\$0.25	\$0.25
Value-Based Benefits		\$1.25	\$1.25
BCBSA Identity Theft Protection		\$0.02	\$0.02
Premium Tax		0.0%	0.0%
Federal Income Tax		0.7%	0.7%
State Income Tax		0.0%	0.0%
Contingency		2.0%	2.0%
Insurer Tax		3.78%	3.78%
Premium Neutrality		1.56	1.56
Medical + Rx Premium Single Rate:		\$355.46	\$219.07
Pediatric Dental - High PMPM		\$2.78	\$2.78
Pediatric Vision PMPM		\$0.37	\$0.37
Medical + Rx + Pediatric Premium Single Rate:		\$358.61	\$222.22