SERFF Tracking #: CABC-131022144 State Tracking #: BINDER # CABC-PA18-125069635, Company Tracking #: 17-39

CABC-13102...

State: Pennsylvania Filing Company: Keystone Health Plan Central

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

Product Name: Rates - KHPC Small Group HMO

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Public Rate Filing
Comments:	
Attachment(s):	SG_17-39_Revised_KHP_HMO_PublicRateFiling_Supporting_20170714-01.pdf SG_17-39_Revised_KHP_HMO_PublicRateFiling_Supporting_20170714-02.pdf SG_17-39_Revised_KHP_HMO_PublicRateFiling_Supporting_20170714-03.pdf SG_17-39_Revised_KHP_HMO_PublicRateFiling_Supporting_20170714-04.pdf SG_17-39_Revised_KHP_HMO_PublicRateFiling_Supporting_20170714-05.pdf
Item Status:	
Status Date:	



July 14, 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

Small Group Rates Filing No 17-39

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

Sub-TOI Code: H15G.003 Small Group Only

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 Small Group Rates effective January 1, 2018.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2018
- Average Rate Change: -13.4%
- Range of Requested Rate Change: -20.5% to 11.3%
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 965/619
- Number of Plans: 1
- Contract Form #: C18-KHPC-SPG
- Form Filing SERFF #: CABC-131039531
- Binder SERFF #: CABC-PA18-125072254
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-956252511767933986

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.

If you have any questions regarding this filing, please call	me at (or via email at
. Thank you for your as	sistance in this matter.
Sincerely,	
, ASA, MAAA	
Manager, Actuarial Services Capital BlueCross	
Enclosures	
cc:	

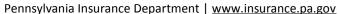
Filing 16-50 Page 2

Attachment 1

2018 ACA-Compliant Health Insurance Rate Filing Guidance

Pennsylvania Insurance Department
March 14, 2017

Rate Change Request Summary - 2018





Keystone Health Plan Central (KHPC) – Small Group Plans

Rate request filing ID # CABC-131022144- 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: 8.2%¹
Revised requested average rate change: -13.4%¹

Range of requested rate change: -20.5% to 11.3%

Effective date: 1/1/2018
People impacted: 965

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

Key information

Jan. 2016-Dec. 2016 financial experience

Premiums	\$3,499,031
Claims	\$3,085,166
Administrative expenses	\$636,884
Taxes & fees	\$205,649
Company made (after taxes)	\$(428,668)

The company expects its annual medical costs to increase 9.1%.

How it plans to spend your premium

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

Claims: 79.6%
Administrative: 13.8%
Taxes & fees: 4.6%
Profit: 2.0%

Explanation of requested rate change

Primary drivers of requested change

- Historical claim experience
- Projected 2016 risk adjustment results
- 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
 - 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
 - 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

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

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1	A B C D D Unified Rate Review v4.1	<u> </u>	j ř	G [н [1 J	K	L	M	N	Ρ	Q	K	5	1 [) V	<u> </u>		<u>Y</u>
2																			
3	Company Legal Name:	Keystone Heal	th Plan Central	State:	PA														
4		53789			Small Group														
5	Effective Date of Rate Change(s):	1/1/2018			•														
6	5-(-)																		
7																			
8	Market Level Calculations (Same for all Pla	ıns)																	
9																			
10	Section I: Experience period data																		
12	Experience Period:	1/1/2016	to	12/31/2016															
	,	, , -	Experience Period	, , ,															
13			Aggregate Amount	<u>PMPM</u>	% of Prem														
14	Premiums (net of MLR Rebate) in Experien	ice Period:	\$4,440,653	\$415.05	100.00%														
15	Incurred Claims in Experience Period		\$3,085,166	288.36 354.92	69.48% 85.51%														
17	Allowed Claims: Index Rate of Experience Period		\$3,797,252	\$354.92	85.51%														
18	Experience Period Member Months		10,699	Q00 1.02															
19	·																		
20	Section II: Allowed Claims, PMPM basis								_										
21			Experience	Period			ction Period: experience to	1/1/201 Annualize		12/31/2018	M	id-point to Mic	d-point, Experie	nce to Projection:	24 n	nonths	_		
22			on Actual Experie	ence Allowed		-	n Period	Fact		Projections. b	efore credibility A	Adiustment		Credibility Manual					
		Utilization	Utilization per	Average	_	Pop'l risk				Utilization per	Average	,	Utilization	Average					
23	Benefit Category	Description	•	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM				
24	Inpatient Hospital	Admits	45.99	\$16,718.01	\$64.07	1.000	0.905	1.084	0.995	45.53	\$17,762.12	\$67.39	67.98	\$18,547.27	\$105.07				
25 26	Outpatient Hospital	Visits	1,653.24	1,263.26	174.04	1.000	0.905	1.078	1.010	1,686.47	1,328.12	186.65		1,191.65	182.12				
27	Professional Other Medical	Visits Services	5,985.98 346.57	144.25 296.73	71.96 8.57	1.000 1.000	0.905 1.289	1.056 1.078	1.010 1.010	6,106.30 353.54	145.54 444.58	74.06 13.10	6883.07 430.68	213.79 531.30	122.63 19.07				
28	Capitation	Benefit Period	1.12	189,558.80	17.72	1.000	1.000	1.030	1.000	1.12	201,102.93	18.80	0.02	201,102.93	0.27				
29	Prescription Drug	Prescriptions	4,293.49	51.89	18.57	1.000	0.905	1.126	1.016	4,427.61	59.50	21.96	11430.71	104.56	99.60				
30	Total				\$354.92							\$381.95			\$528.76				
31																After Credibility			
32 33	Section III: Projected Experience:			ı	Projected Allowed							0.00%			100.00%	\$528.76		\$970,801	
34							ed Average Facurred Claims, b	_		'+ DMDM						0.573 \$302.92		\$556,168	
34 35						-	k Adjustments		eiii & Nisk Auj	t, FIVIFIVI						<u>-42.86</u>		(78,699)	
36 37						-	•		insurance reco	veries, net of rein pr	em, PMPM					\$345.79		\$634,867	
37						Projected AC	A reinsurance	recoveries, r	net of rein pre	m, PMPM						0.00	!	<u>0</u>	
38 40 41				1	Projected Incurred	Claims										\$345.79		\$634,867	
40				,	Administrative Exp	ense Load									13.79%	59.85		109,880	
41					Profit & Risk Load										2.00%	8.68		15,939	
42					Taxes & Fees	.	D.1. D								4.55%	19.75		36,265	
43 44					Single Risk Pool Gro ndex Rate for Proje		g. kate, PMPM									\$434.07 \$550.82		\$796,950	
45				'	maex nate for Proje		ver Experience	Period								4.58%			
46						% Increase, a	•	-								2.27%			
45 46 47 48				1	Projected Member	Months												1,836	
48																			
	Information Not Poloschie to the D	iblic Unlace Authori	ized by Laver This info	rmation has as	t hoon nublically di	icclosed and	y ho privilegal	204 5551-	ntial Iticfa-	internal government	uco only and	ct not bo							
49	Information Not Releasable to the Pu disseminated.		-							_		st not be							
49 50			ized by Law: This info ed to persons not autl							_		st not be							

Product-Plan Data Collection

Company Legal Name: Keystone Health Plan Central 53789

Effective Date of Rate Change(s): 1/1/2018

State: PA
Market: Small Group

Product/Plan Level Calculations

Section	I: General	Product and	Plan In	formation

Section 1. General Product and Plan Information																				
Product		HMO On Exchange	1						HMO Value											HMO Off
Product ID:		53789PA007							53789PA008											53789
Metal:	Silve	r Gold	Gold	d Bronze	Silver	Gold	Silver	Gold	Bronze	Silver	Gold	Gold	Gold	Gold	Silver	Bronze	Silver	Bronze	Gold	Gold
AV Metal Value	0.700	0.800	0.800	0.600	0.700	0.800	0.700	0.800	0.600	0.700	0.800	0.800	0.800	0.800	0.700	0.600	0.700	0.615	0.800	0.800
AV Pricing Value	0.700	0.800	0.800	0.600	0.700	0.800	0.700	0.800	0.600	0.700	0.800	0.800	0.800	0.800	0.700	0.600	0.700	0.573	0.800	0.800
Plan Category	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing	Terminated	Terminated
Plan Type:	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО
				Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits	Healthy Benefits					Healthy Benefits	Healthy Benefits
Plan Name	Healthy Benefits	Healthy Benefits	Healthy Benefits	Value HMO	Value HMO 0.50	Value HMO 500.0	Value HMO 0.50	Value HMO 500.0	Value HMO	Value HMO 0.50	Value HMO 500.0	Value HMO	Value HMO	Value HMO	Healthy Benefits	Healthy Benefits	Healthy Benefits	Bronze HMO	HMO 1000.0 PD .	HMO 1000.0 PD.
	HMO 0.50 EX	HMO 500.0 EX	HMO 2000.0 EX	4750.50 EX	EX	EX	EX	EX	4750.50 EX	EX	EX	2000.0 EX	2000.0 EX	2000.0 EX	HMO 0 . 0	HMO 6000 . 0	HMO 0 . 0 PD	7000/0/60	Rx \$250	Rx \$0
Plan ID (Standard Component ID):	53789PA0070002	53789PA0070003	53789PA0070004	53789PA0080001	53789PA0080002	53789PA0080003	53789PA0080005	53789PA0080006	53789PA0080007	53789PA0080008	53789PA0080009	53789PA0080010	53789PA0080011	53789PA0080012	53789PA0090001	53789PA0090002	53789PA0090003	53789PA0090004	53789PA0090005	53789PA0090006
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		6.40%							7.20%											12.3
Historical Rate Increase - Calendar Year - 1		0.89%							-1.70%											-9.2
Historical Rate Increase - Calendar Year 0		0.00%							0.00%											10.1
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)	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%	6.18%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	6 0.00%	0.00%	6 0.00%	0.00%	0.00%	0.00%			0.00%	0.00%	6 0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.28%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	⁶ -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%	10.06%	-100.00%	-100.00%
Product Rate Increase %		0.00%	•						0.00%		•				,					14.2

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

Plan ID (Standard Component ID):	Total	53789PA0070002	53789PA0070003	53789PA0070004 5	3789PA008000	1 53789PA0080002 5	53789PA0080003 5	3789PA0080005 537	789PA0080006	53789PA0080007	53789PA0080008 53	789PA0080009 5378	39PA0080010	53789PA0080011	53789PA0080012 5	3789PA0090001 53	789PA0090002 537	39PA0090003	53789PA0090004 5	3789PA0090005 537	789PA0090006
Inpatient	\$0.29	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$8.95	\$0.00	\$0.00
Outpatient	\$0.79	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$24.30	\$0.00	\$0.00
Professional	\$0.32	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$10.05	\$0.00	\$0.00
Prescription Drug	\$0.08	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$2.59	\$0.00	\$0.00
Other	\$0.04	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$1.20	\$0.00	\$0.00
Capitation	\$0.08	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$2.47	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$0.48	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$14.86	\$0.00	\$0.00
Risk & Profit Charge	\$0.25	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$7.82	\$0.00	\$0.00
Total Rate Increase	\$2.34	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$72.24	\$0.00	\$0.00 \$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$391.16	\$0.00	\$0.00	\$0.00	\$0.0	0 \$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	\$391.16	\$0.00	\$0.00
Projected Member Months	1,836	0	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0	1,836	0	0

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	53789PA0070002 53	3789PA0070003 5	3789PA0070004 53	3789PA0080001	53789PA0080002 5	3789PA0080003 53	3789PA0080005 5	3789PA0080006	53789PA0080007	53789PA0080008 5	3789PA0080009 5	53789PA0080010	53789PA0080011	53789PA0080012 53	3789PA0090001 5	3789PA0090002 5	3789PA0090003	53789PA0090004 5	3789PA0090005 53	3789PA0090006
Plan Adjusted Index Rate	\$418.38	\$363.29	\$642.08	\$469.11	\$259.74	\$504.19	\$518.08	\$315.70	\$429.69	\$349.88	\$441.61	\$1,198.63	\$3,245.47	\$433.13	\$387.01	\$677.91	\$393.38	\$578.14	\$421.06	\$1,306.21	\$557.71
Member Months	10,699	45	103	117	83	51	409	91	359	9	10	47	1	98	306	22	375	516	346	108	325
Total Premium (TP)	\$4,476,219	\$16,348	\$66,134	\$54,886	\$21,558	\$25,714	\$211,895	\$28,729	\$154,259	\$3,149	\$4,416	\$56,336	\$3,245	\$42,447	\$118,425	\$14,914	\$147,518	\$298,320	\$145,687	\$141,071	\$181,256
EHB 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 EHB	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)	\$3,797,252	\$13,844	\$53,192	\$34,437	\$1,782	\$2,725	\$102,634	\$16,545	\$104,807	\$187	\$10,715	\$27,143	\$0	\$13,515	\$24,938	\$6,618	\$316,765	\$280,640	\$120,431	\$31,569	\$184,117
EHB 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 EHB	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:	\$712,751	\$6,567	\$8,212	\$6,420	\$1,360	\$1,158	\$18,950	\$8,094	\$11,783	\$100	\$5,353	\$10,443	\$0	\$4,089	\$6,086	\$1,430	\$62,088	\$45,247	\$34,268	\$8,336	\$21,123
Portion of above payable by HHS's funds on	.	40	40	d a	40	40	,	40	do	40	40	40	do.	40	40	40	40	40	40	40	40
behalf of insured person, in dollars Portion of above payable by HHS on behalf of	ŞU	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$3,084,501	\$7,276	\$44,980	\$28,017	\$422		\$83,684	\$8,451	\$93,025	\$87	\$5,362	\$16,700	#DIV/0: \$0	\$9,426	\$18,851	\$5,188	\$254,677	\$235,393	\$86,163	\$23,233	\$162,994
Total meurica ciainis, payable with issuel funds	\$5,004,501	77,270	744,500	\$20,017	7-722	71,500	703,004	70,731	755,025	γ 07	75,502	\$10,700	70	γ 5, 4 20	710,031	\$3,100	Ş25 4,011	Ş233,333	700,103	723,233	\$102,554
Net Amt of Rein	\$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
Net Amt of Risk Adj	-\$941,621.98	-\$11,800.83	-\$15,012.94	-\$14,455.48	-\$24,274.36	-\$21,434.45	-\$88,090.80	-\$32,353.62	-\$118,039.37	-\$3,069.48	-\$2,994.77	-\$38,983.73	-\$3,027.80	-\$33,165.96	-\$26,863.39	-\$6,360.39	\$122,324.96	\$50,522.45	-\$87,450.24	-\$91,468.99	-\$53,793.02
	•									<u> </u>				<u> </u>							
Incurred Claims PMPM	\$288.30	\$161.69	\$436.70	\$239.46	\$5.08	\$30.74	\$204.61	\$92.87	\$259.12	\$9.67	\$536.21	\$355.31	\$0.00	\$96.18	\$61.61	\$235.82	\$679.14	\$456.19	\$249.02	\$215.12	\$501.52
Allowed Claims PMPM	\$354.92	\$307.63	\$516.43	\$294.33	\$21.47	\$53.44	\$250.94	\$181.81	\$291.94	\$20.78	\$1,071.51	\$577.50	\$0.00	\$137.90	\$81.50	\$300.83	\$844.71	\$543.88	\$348.07	\$292.31	\$566.51
EHB portion of Allowed Claims, PMPM	\$354.92	\$307.63	\$516.43	\$294.33	\$21.47	\$53.44	\$250.94	\$181.81	\$291.94	\$20.78	\$1,071.51	\$577.50	\$0.00	\$137.90	\$81.50	\$300.83	\$844.71	\$543.88	\$348.07	\$292.31	\$566.51

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	53789PA0070002	53789PA0070003 53	3789PA0070004 53	789PA0080001	53789PA0080002 53	789PA0080003 5	3789PA0080005 53	3789PA0080006	53789PA0080007	53789PA0080008 5	3789PA0080009 53	789PA0080010	53789PA0080011	53789PA0080012 53	3789PA0090001 53	3789PA0090002 53	789PA0090003	53789PA0090004 5	3789PA0090005 53	789PA0090006
Plan Adjusted Index Rate	\$463.40	\$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	\$463.40	\$0.00	\$0.00
Member Months	1,836	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,836	-	-
Total Premium (TP)	\$850,802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$850,802	\$0	\$0
EHB 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 EHB	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%
Total Allowed Claims (TAC)	\$970,801	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$970,801	\$0	\$0
EHB 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 EHB	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	\$332.000	\$0	\$0	\$0	\$0	\$0	\$0	ŚŊ	\$0	\$0	\$0	\$0	\$0	ŚŊ	\$0	\$0	\$0	\$0	\$332.000	ŚO	\$0

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
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	#DIV/0!	#DIV/0!																
Total Incurred claims, payable with issuer funds	\$638,801	\$0	\$0	\$(\$0	\$0	\$0	\$0	\$(\$0	\$0	\$(\$0	\$(\$0	\$0	\$(0 \$0	\$638,801	\$0	\$0
Net Amt of Rein	\$0	\$0	\$0	\$(\$0	\$0	\$0	\$0	\$(\$0	\$0	\$(\$0	\$(\$0	\$0	\$(0 \$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$78,699	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$0	\$(\$0	\$(\$0	\$0	\$(0 \$0	-\$78,699	\$0	\$0



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:

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

KEYSTONE HEALTH PLAN CENTRAL, INC.

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2018

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789
Market: Small Group
Effective Date: 1/1/2018

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

• Effective Date: 1/1/2018

• Average Rate Change: -13.4%

• Range of Requested Rate Change: -20.5% to 11.3%

• Product: HMO

• Rating Areas: 6,7,9

• Metal Levels: Bronze

• Current Covered Lives and Policyholders: 965/619

• Number of Plans: 1

• Contract Form #: C18-KHPC-SPG

• Form Filing SERFF #: CABC-131039531

• Binder SERFF #: CABC-PA18-125072254

• HIOS Issuer ID: 53789

• HIOS Submission Tracking Number: 53789-956252511767933986

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2018. KHPC will offer small group products off the federally-facilitated exchange.

Proposed Rate Increases

KHPC is proposing an aggregate annual increase of -13.4%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2014	CABC-129033971	0.00%
Small Group	KHPC	1/1/2015	CABC-129636213	7.00%
Small Group	KHPC	1/1/2016	CABC-130076082	-2.00%
Small Group	KHPC	1/1/2017	CABC-130539616	4.50%

Benefit Changes 2017-2018

There are several benefit changes being implemented in 2017. 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 2017 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:	\$2,816,068	\$3,403,750
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:	\$79,539	\$203,943

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

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

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 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
 - Pediatric vision coverage 0.46

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.

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

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

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

Year 2018

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

Total Annual Trend	92%
--------------------	-----

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

For the purpose of rate development, KHPC small group HMO products are combined with other product offerings (PPO, Traditional, Comprehensive, Drug) from CBC subsidiaries. KHPC has approximately 900 members, while CBC's total small group block is close to 60,000 members, making the combination of experience necessary according to credibility standards. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying HMO and other products are similar.
- 2. Cost and utilization between HMO and other products are similar.
- 3. Medical policy between HMO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO. These two cost-saving features of HMO are valued in the projected claim costs (<u>Paid-to-Allowed Ratio</u> section below.)

The credibility manual PMPMs are the combination of Capital Advantage Insurance Company (CAIC) and Capital Advantage Assurance Company (CAAC) medical and drug claim experience, KHPC HMO data, and vendor pediatric vision data. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

<u>Credibility of Experience</u>

Credibility Manual Rate Development: The credibility manual was given 100% credibility for reasons described in the section above.

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
 - b. BEP Member Months
- 2. Develop BEP *Paid and Incurred Claims*:

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

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

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

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

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

Trended Claim PMPM

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

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

Projected Paid and Incurred Claims PMPM

- $= [Trended\ Claim\ PMPM] \times [BenefitNetwork\ Adjustment]$
- \times [Network Adjustment] \times [Morbidity Adjustment] \times [List
- Billed Adjustment]

The Benefit Adjustment, Network Adjustment, Morbidity Adjustment, and List-Billed Adjustment are discussed in the <u>Projections Factors</u> section above.

- 6. Develop *Projected Claims PMPM by Benefit* as follows:
 - a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
 - b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan (Healthy Benefits HMO 500.0 EX). The projected experience period data is then adjusted to the base plan:

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

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

$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM \\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$

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

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

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 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:

Projected Claims PMPM Benefit A
= Projected Claims PMPM Base Plan
× Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2016. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

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

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

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned. The pricing impact is:

```
[Net Projected Risk Adjustments PMPM]
= [Projected CRA Transfer PMPM] - [Risk Adjustment Fee PMPM]
```

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. Projected 2016 risk adjustment results

2017/2018 projected risk adjustment is based on projections for 2016. CBC is estimating a higher PMPM payable amount for 2017/2018 due to market intelligence. The broker community has indicated that competitors plan to move low-risk small group business to ASO products, which will result in deterioration of the PPACA insured pool.

KHPC is using a credibility manual to derive premiums, as described in the Credibility Manual Rate Development section above. Likewise, KHPC is using combined risk adjustment results from CAAC, CAIC, and KHPC to project 2018. 2016 projected risk adjustment results by company can be found on Exhibit K.

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".

Projected ACA Reinsurance Recoveries:

```
[Net Projected ACA Reinsurance Recoveries PMPM]
= [Projected ACA Reinsurance Recoveries PMPM]
- [Reinsurance Contribution PMPM]
```

Reinsurance recoveries are equal to \$0 in the small group market, as shown in the URRT Worksheet 1, "Projected ACA reinsurance recoveries, net of rein prem, 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 small group products. This includes administrative fees incurred to administer Rx rebates. 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 small group 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. After 2018, HIF rises according to an index based on net premium growth. See Exhibit H. The HIF is included in the URRT Worksheet 1, "Taxes and Fees".
- 3. Exchange Fee KHPC is not offering any plans of the federally-facilitated exchange.
- 4. Federal Income Tax: The projected Federal Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".

See Exhibit H for all KHPC small group 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 nongrandfathered product/plan combination for KHPC in the small group market segment. The single risk pool includes transitional products/plans for purposes of base rate experience. The projection period reflects experience of transitional policies to the extent that KHPC anticipates the members in those policies to be enrolled in fully ACA-complaint plans during the projection period. The impact of transitional policies is discussed in <u>Projection Factors</u> section above.

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 <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of 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 groups renewing January March (Index 1).
- 3. Index 1 and Index 2 are taken from the annual filing. Index 3 (July September) is calculated in step 2, and Index 4 (October December) is (Index 3) x (1+Trend ^ (3/12)).
- 4. The final projected index rate is the member weighted average of Index 1, Index 2, Index 3, and Index 4. Member distribution is based on KHPC's current enrollment by renewal month.

See Exhibit J for the calculation of 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,

```
[Market Adjusted Index Rate]
```

- = [Index Rate] [Net Projected ACA Reinsurace Recoveries]
- [Net Projected Risk Adjustments PMPM] + [Exchange Fees PMPM]

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. Provider Network: The Provider network is the same across plans.
- 3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 4. Catastrophic Plans: Does not apply to the small group market.
- 5. Adjustment for distribution and administrative costs: Described in <u>Non-Benefit Expenses</u> and Profit & Risk section above.
- 6. Tobacco Adjustment: No tobacco factor is applied, so no adjustment is necessary.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected Plan Adjusted Index Rate is found 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 projected average age factor is calculated by taking the member-weighted average of current small group enrollment by age in KHPC, CAIC, and KHPC combined. Age factors are applied in accordance with CMS's Standard Age Curve. The average age factor is 1.524, equating to an average age of 46, according to the CMS Age Curve.

Geographic Factor Calibration: The projected average geographic factor is calculated by taking the member-weighted average of current small group enrollment by employer geographic location in KHPC, CAIC, and KHPC combined.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [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 Exhibits O.

Geographic Rating Factors and Network 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:

```
[Member - Level Consumer Adjusted Premium Rate]
= [Calibrated Plan Adjusted Index Rate] × [Age Factor]
× [Geographic Factor]
```

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

Small Group Plan Premium Rates: KHPC is filing quarterly small group rates with trend. Therefore, the Index Rate, Market Adjusted Index Rate, and Plan Adjusted Index Rate reflect the member-weighted average premium of the calendar year. The trend used to develop the quarterly rates is shown in Exhibit M.

Quarterly 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 entirely 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 <u>Paid to Allowed</u> 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 100 percent of current small group KHPC members will purchases coverage through KHPC. KHPC expects the remainder of small group members to obtain coverage through other CBC subsidiaries.

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 – Credibility Manual Development

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Regional Analysis

Exhibit R – Terminated Products

PA Rate Template Part I through Part V

Actuarial Statement

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

I, 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. 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 2017 Rate Filing Justification.

, ASA, MAAA

Actuarial Associate
Capital BlueCross

KEYSTONE HEALTH PLAN CENTRAL, INC.

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2018

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789
Market: Small Group
Effective Date: 1/1/2018

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

• Effective Date: 1/1/2018

• Average Rate Change: -13.4%

• Range of Requested Rate Change: -20.5% to 11.3%

• Product: HMO

• Rating Areas: 6,7,9

• Metal Levels: Bronze

• Current Covered Lives and Policyholders: 965/619

• Number of Plans: 1

• Contract Form #: C18-KHPC-SPG

• Form Filing SERFF #: CABC-131039531

• Binder SERFF #: CABC-PA18-125072254

• HIOS Issuer ID: 53789

• HIOS Submission Tracking Number: 53789-956252511767933986

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2018. KHPC will offer small group products off the federally-facilitated exchange.

Proposed Rate Increases

KHPC is proposing an aggregate annual increase of -13.4%. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2014	CABC-129033971	0.00%
Small Group	KHPC	1/1/2015	CABC-129636213	7.00%
Small Group	KHPC	1/1/2016	CABC-130076082	-2.00%
Small Group	KHPC	1/1/2017	CABC-130539616	4.50%

Benefit Changes 2017-2018

There are several benefit changes being implemented in 2017. 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 2017 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:	\$2,816,068	\$3,403,750
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:	\$79,539	\$203,943

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

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

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 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
 - Pediatric vision coverage 0.46

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.

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

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

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

Year 2018

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

Total Annual Trend	92%
--------------------	-----

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

For the purpose of rate development, KHPC small group HMO products are combined with other product offerings (PPO, Traditional, Comprehensive, Drug) from CBC subsidiaries. KHPC has approximately 900 members, while CBC's total small group block is close to 60,000 members, making the combination of experience necessary according to credibility standards. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying HMO and other products are similar.
- 2. Cost and utilization between HMO and other products are similar.
- 3. Medical policy between HMO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO. These two cost-saving features of HMO are valued in the projected claim costs (<u>Paid-to-Allowed Ratio</u> section below.)

The credibility manual PMPMs are the combination of Capital Advantage Insurance Company (CAIC) and Capital Advantage Assurance Company (CAAC) medical and drug claim experience, KHPC HMO data, and vendor pediatric vision data. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

<u>Credibility of Experience</u>

Credibility Manual Rate Development: The credibility manual was given 100% credibility for reasons described in the section above.

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
 - b. BEP Member Months
- 2. Develop BEP *Paid and Incurred Claims*:

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

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

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

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

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

Trended Claim PMPM

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

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

Projected Paid and Incurred Claims PMPM

- $= [Trended\ Claim\ PMPM] \times [BenefitNetwork\ Adjustment]$
- \times [Network Adjustment] \times [Morbidity Adjustment] \times [List
- Billed Adjustment]

The Benefit Adjustment, Network Adjustment, Morbidity Adjustment, and List-Billed Adjustment are discussed in the <u>Projections Factors</u> section above.

- 6. Develop *Projected Claims PMPM by Benefit* as follows:
 - a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
 - b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan (Healthy Benefits HMO 500.0 EX). The projected experience period data is then adjusted to the base plan:

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

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

$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM \\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$

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

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

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 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:

Projected Claims PMPM Benefit A
= Projected Claims PMPM Base Plan
× Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2016. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

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

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

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

Relevant to 2017 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned. The pricing impact is:

```
[Net Projected Risk Adjustments PMPM]
= [Projected CRA Transfer PMPM] - [Risk Adjustment Fee PMPM]
```

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. Projected 2016 risk adjustment results

2017/2018 projected risk adjustment is based on projections for 2016. CBC is estimating a higher PMPM payable amount for 2017/2018 due to market intelligence. The broker community has indicated that competitors plan to move low-risk small group business to ASO products, which will result in deterioration of the PPACA insured pool.

KHPC is using a credibility manual to derive premiums, as described in the Credibility Manual Rate Development section above. Likewise, KHPC is using combined risk adjustment results from CAAC, CAIC, and KHPC to project 2018. 2016 projected risk adjustment results by company can be found on Exhibit K.

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".

Projected ACA Reinsurance Recoveries:

```
[Net Projected ACA Reinsurance Recoveries PMPM]
= [Projected ACA Reinsurance Recoveries PMPM]
- [Reinsurance Contribution PMPM]
```

Reinsurance recoveries are equal to \$0 in the small group market, as shown in the URRT Worksheet 1, "Projected ACA reinsurance recoveries, net of rein prem, 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 small group products. This includes administrative fees incurred to administer Rx rebates. 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 small group 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. After 2018, HIF rises according to an index based on net premium growth. See Exhibit H. The HIF is included in the URRT Worksheet 1, "Taxes and Fees".
- 3. Exchange Fee KHPC is not offering any plans of the federally-facilitated exchange.
- 4. Federal Income Tax: The projected Federal Income Tax is included in the URRT Worksheet 1, "Taxes and Fees".

See Exhibit H for all KHPC small group 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 nongrandfathered product/plan combination for KHPC in the small group market segment. The single risk pool includes transitional products/plans for purposes of base rate experience. The projection period reflects experience of transitional policies to the extent that KHPC anticipates the members in those policies to be enrolled in fully ACA-complaint plans during the projection period. The impact of transitional policies is discussed in <u>Projection Factors</u> section above.

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 <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of 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 groups renewing January March (Index 1).
- 3. Index 1 and Index 2 are taken from the annual filing. Index 3 (July September) is calculated in step 2, and Index 4 (October December) is (Index 3) x (1+Trend ^ (3/12)).
- 4. The final projected index rate is the member weighted average of Index 1, Index 2, Index 3, and Index 4. Member distribution is based on KHPC's current enrollment by renewal month.

See Exhibit J for the calculation of 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,

```
[Market Adjusted Index Rate]
```

- = [Index Rate] [Net Projected ACA Reinsurace Recoveries]
- [Net Projected Risk Adjustments PMPM] + [Exchange Fees PMPM]

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. Provider Network: The Provider network is the same across plans.
- 3. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 4. Catastrophic Plans: Does not apply to the small group market.
- 5. Adjustment for distribution and administrative costs: Described in <u>Non-Benefit Expenses</u> and Profit & Risk section above.
- 6. Tobacco Adjustment: No tobacco factor is applied, so no adjustment is necessary.

The development of the Plan Adjusted Index rate is found in Exhibit L. The average projected Plan Adjusted Index Rate is found 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 projected average age factor is calculated by taking the member-weighted average of current small group enrollment by age in KHPC, CAIC, and KHPC combined. Age factors are applied in accordance with CMS's Standard Age Curve. The average age factor is 1.524, equating to an average age of 46, according to the CMS Age Curve.

Geographic Factor Calibration: The projected average geographic factor is calculated by taking the member-weighted average of current small group enrollment by employer geographic location in KHPC, CAIC, and KHPC combined.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [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 Exhibits O.

Geographic Rating Factors and Network 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:

```
[Member-Level \ Consumer \ Adjusted \ Premium \ Rate] \\ = [Calibrated \ Plan \ Adjusted \ Index \ Rate] \times [Age \ Factor] \\ \times [Geographic \ Factor]
```

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

Small Group Plan Premium Rates: KHPC is filing quarterly small group rates with trend. Therefore, the Index Rate, Market Adjusted Index Rate, and Plan Adjusted Index Rate reflect the member-weighted average premium of the calendar year. The trend used to develop the quarterly rates is shown in Exhibit M.

Quarterly 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 entirely 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 <u>Paid to Allowed</u> 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 100 percent of current small group KHPC members will purchases coverage through KHPC. KHPC expects the remainder of small group members to obtain coverage through other CBC subsidiaries.

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 – Credibility Manual Development

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Regional Analysis

Exhibit R – Terminated Products

PA Rate Template Part I through Part V

Actuarial Statement

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

I, 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. 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 2017 Rate Filing Justification.

, ASA, MAAA

Actuarial Associate
Capital BlueCross

SMALL GROUP 1-50 PORTFOLIO

Changes	2018 Plan Name	Deductible	Coinsurance	Out-of-Pocket	PCP	Specialist	Emergency	Urgent	IP Hospital	Rx \$0	Rx \$250
		(2x Family)		Maximum			Room	Care	per day,		(brand only deductible)
									maximum of 5 days		
		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
20 Changes	Bronze HMO 7000/0/60	\$7,000	0%	\$7,350	\$60	D/\$0	D/\$0	D/\$0	D/\$0	Deductible combined with Med	ical no copays after deductible

¹ Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand

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² Speciality drug coverage = 20% up to \$250 per fill/20% up to \$350 per fill/20% up to \$450 per fill

³ Tiered Lab benefits. Independent labs | Hospital based labs

⁴ D = Deductible D/\$ = Deductible applies first then a copay

⁵ Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding

⁶ CareConnect copays listed are for PCP directed care

						P	۱V	Meta	Level	HRA A	mount	Deductible(2x Family)	Coins	ırance	МО	OP
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
27	Off-Exchange	Existing	53789PA0090004	Bronze HMO 7000/0/60	Combined	61.9%	61.5%	Bronze	Bronze	0	0	7,000	7,000	0%	0%	7,150	7,350

7/13/2017

Benefit Change Summary

			ACA	PCP	Non-A	CA PCP	SI	PC	Ef	₹	UC		IP Hosp Cop	oay Per Day	Hi-Tech I	maging	Low End	Imaging	Lab Inde	pendent	Lab Hospi	ital-Based	OP Sur	
Line On/Off Exchange New/Existing HIOS	Med Description	Rx Description	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
27 Off-Exchange Existing 53789PA0090004	Bronze HMO 7000/0/60	Rx Description Combined	60	60	60	60	D/0	D/0	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	D/0	D/60	D/0	D/100	D/0	D/0

7/13/2017

			OP Surg	AHC	Rx D	Ded	Rx Gen - De	d Applies?	Rx Ger	n Pref	Rx Gen N	lon-Pref	Rx Brar	nd Pref	Rx Brand	Non-Pref	Rx Speci	alty Coin	Rx Specia	alty Max	Rx Gen Pr	ref Coins	Rx Gen Non	-Pref Coins
Line On/Off Exchange New/Existing HIOS	Med Description	Rx Description Combined	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
27 Off-Exchange Existing 53789PA0090004	Bronze HMO 7000/0/60	Combined	D/0	D/0	Combined	Combined	Υ	Υ	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%	0%	0%

7/13/2017

			Rx Brand	Pref Coin	Rx Brand No	n-Pref Coins	Rx Gen Pref	Mail Copay	Rx Gen Non-P	ref Mail Copay	Rx Brand Pre	f Mail Copay	Rx Brand Non-P	ref 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
27 Off-Exchange Existing 53789PA0090004	Bronze HMO 7000/0/60	Combined	0%	0%	0%	0%	0	0	0	0	0	0	0	0

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IP OP Professional	<u>Type of Service</u>	
Inpatient	IP - Medical	
Inpatient Inpatient	IP - CABG 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 Inpatient	IP - Major Joint Procedures of Lower Extremity IP - Other Surgical	
Inpatient	IP - Psychiatric	
Inpatient	IP - Substance Abuse	
Inpatient	IP - Ungroupable	
Outpatient	OP - Surgery	
Outpatient	OP - Radiology - General	
Outpatient Outpatient	OP - Radiology - CT/MRI/PET OP - Cardiac Rehab	
Outpatient	OP - Cardiovascular	
Outpatient	OP - Dialysis	
Outpatient	OP - Blood	
Outpatient	OP - Maternity Non-delivery Care	
Outpatient	OP - Observation Room	
Outpatient Outpatient	OP - Pathology/Lab OP - PT/OT/ST	
Outpatient	OP - Pharmacy	
Outpatient	OP - Other OP Services	
Outpatient	OP - Unmapped	
Outpatient	OP - Psychiatric	
Outpatient	OP - Substance Abuse	
Outpatient Professional	OP - Emergency Room 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 Professional	Outpatient Surgery - Anesthesia	
Professional	Outpatient Surgery - Office Outpatient Surgery - Outpatient Facility	
Professional	OP Visits - OP Psychiatric	
Professional	OP Visits - OP Substance Abuse	
Professional	Maternity - Non Deliveries	
Professional	Maternity - Normal Deliveries	
Professional Professional	Maternity - Cesarean Deliveries	
Professional	Pathology/Lab - IP Pathology/Lab - OP	
Professional	Pathology/Lab - Office	
Professional	Radiology - IP	
Professional	Radiology - OP - CT/MRI/PET	
Professional	Radiology - OP - General	
Professional Professional	Radiology - Office - CT/MRI/PET 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 Professional	Other Physician - Cardiovascular Other Physician - Consults	
Professional	Other Physician - Chiropractor	
Professional	Other Physician - Physicial Therapy	
Professional	Office/Misc - Misc. Medical	
Professional	Office/Misc - Allergy Immunotherapy	
Professional	Office/Misc - Allergy Testing	
Professional Professional	Office Administered Drugs Other Physician - Emergency Room Visits	
Professional	Office/Misc - Urgent Care	
Professional	Independent Lab	
Professional	Hearing Aids	
Other Medical	Other - Glassess/Contacts	
Other Medical	OP - Medical Surgical Supplies	
Other Medical Other Medical	OP - Home Health/PDN OP - DME	
Other Medical Other Medical	OP - DME 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	

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Keystone Health Plan Central Small Group 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	1.58	1.58
Conversion Factor	1.005	1.005
Premium Single Rate	\$2.74	\$0.37

	<u>Total</u>
Average Manual Claim PMPM in Experience Period	386.40
Expected Manual Claim PMPM in Rating Period	238.75
Benefit Mix Adjustment	0.62

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Trend

Trend by Service Category

<u>Category</u>	<u>Cost</u>	<u>Util</u>	<u>Total</u>	Weights	Total Weights
Inpatient Hospital	8.4%	-0.5%	7.8%	25%	21%
Outpatient Hospital	7.8%	1.0%	8.9%	42%	35%
Professional	5.6%	1.0%	6.7%	30%	25%
Other Medical	7.8%	1.0%	8.9%	3%	3%
Capitation	3.0%	0.0%	3.0%	0%	0%
Prescription Drug	12.6%	1.6%	14.3%	100%	17%
Dental & Vision	1.0%	2.0%	3.0%	100%	100%

Aggregate Pr	icing Trend
Total	9.1%
Medical	8.0%
Drug	14.3%
Agg Med + Rx Trend	9.1%
Dental and Vision	3.0%

Keystone Health Plan Central Small Group Rates Effective 1/1/2018

Credibility Manual Development for URRT

Section II: Allowed Claims, PMPM basis

Section II. Allowed Claims, I Wil W Basis											
		Experience Period			'	erience to Projection eriod		zed Trend ctors		Projections	
			Allowed								
					Pop'l risk						
Benefit Category	Utilization Description	Utilization per 1,000 Av	verage Cost/Service	PMPM	Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
Inpatient Hospital	Admits	68.67	17,457.00	99.89	1.000	0.905	1.084	0.995	67.98	18,547.27	105.07
Outpatient Hospital	Visits	1,797.82	1,133.45	169.81	1.000	0.905	1.078	1.010	1,833.95	1,191.65	182.12
Professional	Visits	6,747.44	211.89	119.15	1.000	0.905	1.056	1.010	6,883.07	213.79	122.63
Other Medical	Services	422.19	354.61	12.48	1.000	1.289	1.078	1.010	430.68	531.30	19.07
Capitation	Benefit Period	0.02	189,558.80	0.26	1.000	1.000	1.030	1.000	0.02	201,102.93	0.27
Prescription Drug	Prescriptions	11,084.43	91.18	84.22	1.000	0.905	1.126	1.016	11,430.71	104.56	<u>99.60</u>
Total				\$485.81							\$528.76

^{*} All data experience is from KHPC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Capital Advantage Assurance Company (CAAC)

Keystone Health Plan Central Small Group 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:	8.0%

1	Medical Paid and Incurred Claims	242,303,148
2	Completion Factor	0.97
3	BEP Completed Claims (1) / (2)	249,895,811
4	BEP Member Months	738,516
5	BEP Completed Claim PMPM (3) / (4)	338.38
6	Trend Factor	1.17
7	Trended Claim PMPM (5) x (6)	394.46
8	Benefit Change Factor	0.62
9	Adjustment for Adverse Selection Caused by Transitional Policy	1.00
10	Capitation	189,559
11	Capitation PMPM	0.26
12	Adjustment for Maximum 3 Children	1.005
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	245.20

	Expected Claim PMPM in
	Rating Period
Medical	245.20
Drug	53.85
Pediatric Dental	3.42
Pediatric Vision	0.44
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	302.92
Total Expected Incurred in Rating Period Net RA	345.79

Projected Allowed*	528.76
Paid to Allowed Ratio	0.573

^{*}From Unified Rate Review Template

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:	14.3%

1	BEP Paid and Incurred Claims	56,333,339
2	Completion Factor	1.000
3	BEP Completed Claims (1) / (2)	56,340,873
4	BEP Member Months	738,502
5	BEP Completed Claim PMPM (3) / (4)	76.29
6	Trend Factor	1.31
7	Trended Claim PMPM (5) x (6)	99.74
8	Benefit Change Factor	0.62
9	Adjustment for Adverse Selection Caused by Transitional Policy	1.00
10	Rx Rebates	-5,941,801
11	Rx Rebates PMPM	-8.05
12	Adjustment for Maximum 3 Children	1.005
13	Total Benefit Adjusted Claim PMPM $[(7) \times (8) \times (9) \times (10) + (11)] \times (12)$	53.85

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Retention

	$\underline{\text{Medical} + \text{Rx}}$	<u>Dental</u>	<u>Vision</u>
Reinsurance Contribution	\$0.00	\$0.00	\$0.00
Risk Adjustment Fee	\$0.13	\$0.00	\$0.00
Admin PMPM	\$38.32	\$0.60	\$0.09
Broker PMPM	\$19.35	\$0.00	\$0.00
Member OOP and Ways to Save	\$0.25	\$0.00	\$0.00
Value Based Benefits	\$1.25	\$0.00	\$0.00
BCBSA Identity Theft Protection	\$0.02	\$0.00	\$0.00
Contingency	2.0%	2.0%	2.0%
HRA Admin Fee PMPM *	\$2.56	\$0.00	\$0.00
Patient-Centered Outcomes Research Trust Fund:	\$0.20	\$0.00	\$0.00
Insurer Tax	3.8%	3.8%	3.8%
Exchange Fee	\$0.00	\$0.00	\$0.00
Federal Income Tax	0.7%	0.7%	0.7%
Premium Tax	0.0%	0.0%	0.0%

Total	% of Premium
\$0.00	0.0%
\$0.13	0.0%
\$39.02	9.0%
\$19.35	4.5%
\$0.25	0.1%
\$1.25	0.3%
\$0.02	0.0%
2.0%	2.0%
\$2.56	0.6%
\$0.20	0.0%
3.8%	3.8%
\$0.00	0.0%
0.7%	0.7%
0.0%	0.0%

^{*} HRA Admin fee in charged to HRA plans only

Insurer Tax Calc				
Applied HIF to All Quarters		3.8%		
Quarter	% of Enrollees	HIF		
1	26%	3.8%		
2	12%	3.8%		
3	12%	3.8%		
4	50%	3.8%		

		<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>
		13.8%	2.0%	4.6%
	Claims	9.0%		
	Broker	4.5%		
Filing 17-39	Quality Improvement	0.4%		12

Expected Incurred	302.92
-------------------	--------

	Bronze HMO
Plan	7000/0/60
Deductible	
Manual PMPM	238.75
Expected Claim Cost	299.05
Expected Premium PMPM *	\$434.13
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20
Risk Adjustment	42.86
Premium Tax	0.00
Insurer Tax	16.52
Exchange Fee	0.00
Quality Improvement	4.34
Federal Income Tax**	3.04
MLR Adjusted Premium	\$367.17
Expected Member Distribution	100.0%

Claims	\$299.05
Unadjusted Premium	\$434.13
Expected MLR Adjusted Premium	\$367.17

MLR 82.5%

^{*} From Exhibit L
**35% of profit or contingency (assumed to be 2%)

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Projected Index Rate

Projected Index Rate Index Rate	\$528.76		
Effective Date	Total Index Rate	Trend	Distribution of Members
January - March 2018 (Index 1)	\$528.76		26%
April - June 2018 (Index 2)	\$540.37	9.1%	12%
July - September 2018 (Index 3)	\$552.23	9.1%	12%
October - December 2018 (Index 4)	\$564.35	9.1%	50%
	4.77.00		
Average for Projection Period	\$550.82		

^{*} From URRT and Exhibit B

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Market Adjusted Index Rate

Development of Market Adjusted Index Rate	
Index Rate	528.76
Paid to Allowed	0.57
Projected Claims	302.92
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	42.86
Exchange User Fee Adjustment	0.00
Market-Adjusted Projected Paid EHB Claims PMPM	345.79
Market Adjusted Index Rate	603.58
Development of Exchange User Fee	
Average SHOP Premium	\$0.00
Average Exchange Fee	\$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	\$0.00
Development of Risk Adjustment Projection	
Projected 2018 Risk Adjustment Payment	\$42.73
Projected 2016 SW Average Premium	\$471.10
Projected 2017 and 2018 Rate Increase	46%
Change to Premium to Remove Admin from RA Calculation	0.86
Projected 2018 SW Premium	\$590.95
2016 RA % of Premium	3.2%
% Change for Transitional movement to ACA	2.0%
% Change for Market Improvement in Coding	2.0%
Projected 2018 RA % of Premium	7.2%
Projected 2016 Risk Adjustment Payment Payable	\$7,211,920
2016 MemberMonths	473,736
Projected 2016 Risk Adjustment Payment PMPM	\$15.22
Capital Advantage Assurance Company	\$6,125,098
Keystone Health Plan Central	\$946,155
Capital Advantage Insurance Company	\$140,667

Adjust Base Experience Period to Base Plan

	<u>Medical</u>	<u>Rx</u>	<u>Total</u>	
Expected Claim PMPM in Rating Period	245.20	53.85	299.05	l
Adjustment to Base Plan			1.00	l
Adjustment for Induced Demand			1.00	l
Expected Claim Base Plan			299.05	

Development by Benefit Option Level of Coverage	Off-Exchange Bronze	
Plan Name:	Bronze HMO 7000/0/60	
Market Adjusted Index Rate	603.58	
AV and Cost-Sharing Adjustment		
W Embedded Ped Dental		
Combined	0.57	
Provider Network	1.000	
Induced Demand	1.000	
Plan Pricing Relativities:		
Deductible Combined	Y	
HRA	N	
Manual PMPM	238.75	
Medical Manual Relativity	1.000	
Pricing Relativity	1.000	
Medical Projected Claims PMPM	299.05	

Adjustments:

Combined

Retention
Admin PMPM

Broker PMPM
Patient-Centered Outcomes Research Trust Fund:

HRA Admin Fee

Member OOP and Ways to Save

Value-Based Benefits

BCBSA Identity Theft Premium Tax

Federal Income Tax

Contingency

Insurer Tax

Premium Neutrality

<u>Medical + Rx Premium Single Rate:</u>

Combined

Pediatric Dental - High PMPM

Pediatric Vision PMPM

Medical + Rx + Pediatric Premium Single Rate:
With Embedded Pediatric Dental:
Combined

Tobacco Adjustment

<u>Plan Adjusted Index Rates</u>
With Embedded Pediatric Dental:

Combined

Average Per Member Per Month Rate (Including Dental and Vision) and including Average Rating Factor

Expected Member Distribution

Relativity Checks
Claims

Premium

Admin

Combined

Taxes Combined

341.92

\$38.32 \$19.35

\$0.20

\$0.00

\$0.25 \$1.25

\$0.02

0.0%

0.7%

2.0%

3.8%

1.58

\$272.30

\$2.74

\$0.37

\$275.41

1.00

\$434.13

\$434.13

100.0%

1.00

1.00

\$59.89

14%

4.6%

Filing 17-39 17

Benefit Plans

449.97 431.95 <u>Annual Trend</u>

Induced Average Plan O1 Plan Adi O2 Plan Adi O3 Plan Adi O4 Plan Adi

							<u>inaucea</u>	Average Plan	<u>Q1 Plan Auj</u>	Q2 Plan Auj	Q3 Plan Auj	Q4 Plan Auj	
<u>#</u>	Combo Description	<u>Plan ID</u>	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Demand	Adj Index Rate	Index Rate	Index Rate	Index Rate	Index Rate	Medical & Rx
1	Bronze HMO 7000/0/60	53789PA0090004	Off Exchange	Bronze	61.5%	57.3%	1.00	\$449.97	\$431.95	\$441.43	\$451.12	\$461.03	9.07%

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Calibration

<u>Factor</u> 1.00

1.03 1.08

Expected Average Age Factor:	1.524
Expected Average Region Factor:	1.03
Cumulative Rating Factors (Premium Neutrality):	1.576

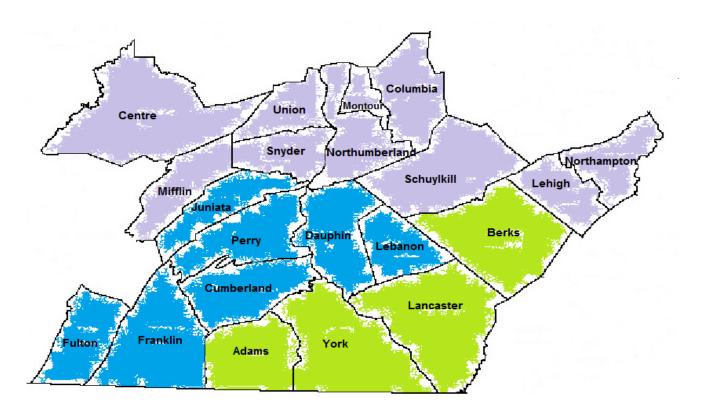
o reading rad	tors (Fremani Frederich)	1107	<u> </u>	
	Age Factors			Region Fact
Age	Distribution of Population	Age Factor	Region	Distribution of Po
0-14	13.9%	0.7650	6	31.9%
15	1.2%	0.8330	7	40.8%
16	1.1%	0.8590	9	27.3%
17	1.2%	0.8850	,	27.570
18	1.2%	0.9130		
19	1.3%	0.9410		
20	1.3%	0.9700		
21	1.4%	1.0000		
22	1.5%	1.0000		
23	1.4%	1.0000		
24				
	1.4%	1.0000		
25 26	1.6%	1.0040		
26	1.6%	1.0240		
27	1.5%	1.0480		
28	1.6%	1.0870		
29	1.6%	1.1190		
30	1.6%	1.1350		
31	1.6%	1.1590		
32	1.6%	1.1830		
33	1.6%	1.1980		
34	1.6%	1.2140		
35	1.6%	1.2220		
36	1.5%	1.2300		
37	1.6%	1.2380		
38	1.6%	1.2460		
39	1.6%	1.2620		
40	1.7%	1.2780		
41	1.5%	1.3020		
42	1.6%	1.3250		
43	1.7%	1.3570		
44	1.6%	1.3970		
45	1.8%	1.4440		
46	2.0%	1.5000		
47	1.9%	1.5630		
48	1.8%	1.6350		
49	2.0%	1.7060		
50	2.0%	1.7860		
51	2.0%	1.8650		
52	2.3%	1.9520		
53	2.2%	2.0400		
54	2.2%	2.1350		
55	2.2%	2.2300		
56	2.2%	2.3330		
57	2.2%	2.4370		
58				
	2.2%	2.5480		
59 60	2.2%	2.6030		
60	2.1%	2.7140		
61	1.9%	2.8100		
62	1.8%	2.8730		
63	1.6%	2.9520		
64+	2.7%	3.0000		

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Rating Factors

Age Factors

Age	Premium Ratio	<u>Age</u>	Premium Ratio	Age	Premium Ratio
0-14	0.765	24	1.000	34	1.214
15	0.833	25	1.004	35	1.222
16	0.859	26	1.024	36	1.230
17	0.885	27	1.048	37	1.238
18	0.913	28	1.087	38	1.246
19	0.941	29	1.119	39	1.262
20	0.970	30	1.135	40	1.278
21	1.000	31	1.159	41	1.302
22	1.000	32	1.183	42	1.325
23	1.000	33	1.198	43	1.357

Region



Base Rates

Base Rates

11/2018 - 3/1/2018

41/2018 - 3/1/2018

41/2018 - 3/1/2018

41/2018 - 3/1/2018

41/2018 - 3/1/2018

41/2018 - 3/1/2018

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41/2018 - 3/1/2018

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41/2018 - 3/1/2018

41

21

Normalized

Relative Value

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Regional Analysis

Results

										Hommanzea	relative value	
Region	DemoUnits	<u>MemberMonths</u>	AdjustedPaid	AllowedAmount	<u>Adj</u>	usted Allowed	Allowed PMPM	<u>Demo</u>	Relative Demo	Allowed	Normalized	Rating Factor
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 En	rollment for	12 Months En	nding December	2016 and H	Hospital and P	hysician Cor	tracting 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		
R												
	 										<u> </u>	
<u> </u>												
.												
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Keystone Health Plan Central Small Group Rates Effective 1/1/2018

Terminated Products/Plans

HIOS	Description
53789PA0070002	Healthy Benefits HMO 0.50 EX
53789PA0070003	Healthy Benefits HMO 500.0 EX
53789PA0070004	Healthy Benefits HMO 2000.0 EX
53789PA0080001	Healthy Benefits Value HMO 4750.50 EX
53789PA0080002	Healthy Benefits Value HMO 0.50 EX
53789PA0080003	Healthy Benefits Value HMO 500.0 EX
53789PA0080005	Healthy Benefits Value HMO 0.50 EX
53789PA0080006	Healthy Benefits Value HMO 500.0 EX
53789PA0080007	Healthy Benefits Value HMO 4750.50 EX
53789PA0080008	Healthy Benefits Value HMO 0.50 EX
53789PA0080009	Healthy Benefits Value HMO 500.0 EX
53789PA0080010	Healthy Benefits Value HMO 2000.0 EX
53789PA0080011	Healthy Benefits Value HMO 2000.0 EX
53789PA0080012	Healthy Benefits Value HMO 2000.0 EX
53789PA0090001	Healthy Benefits HMO 0 . 0
53789PA0090002	Healthy Benefits HMO 6000 . 0
53789PA0090003	Healthy Benefits HMO 0 . 0 PD
53789PA0090005	Healthy Benefits HMO 1000.0 PD . Rx \$250
53789PA0090006	Healthy Benefits HMO 1000.0 PD . Rx \$0
53789PA0090007	Gold HMO 2000/0/30 Rx 250
53789PA0090008	Healthy Benefits HMO 2000.0 PD . Rx \$0
53789PA0090009	Healthy Benefits HMO 3000.0 PD . Rx \$250
53789PA0090010	Healthy Benefits HMO 3000.0 PD . Rx \$0
53789PA0090011	Silver HMO 4000/0/35 Rx 250
53789PA0090012	Healthy Benefits HMO 4000.0 PD . Rx \$0

PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information

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

12/31/2018 12/31/2016

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2017)	Projected Rating Period
Average Age	39	38	38
Total	10,699	965	11,580
<18	1,403	130	1,560
18-24	935	83	996
25-29	942	74	888
30-34	969	96	1152
35-39	1,041	90	1080
40-44	981	89	1068
45-49	975	92	1104
50-54	1,074	104	1248
55-59	1,113	112	1344
60-63	877	81	972
64+	389	14	168

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
\$ 4,440,652.52	\$ 2,833,343.39	\$ 2,912,881.94	10,699	\$ 712,086.12	\$ 3,624,968.06	\$ -	\$ (17,275.17)	\$ 189,558.80	\$ -	\$ (941,621.98)	\$ -
Experience Period Total Allowed EH	B Claims + EHB Capitation PMPM (ne	et of prescription drug rebates)									\$ 354.92
Loss Ratio	•	•	•	•	•	•		•	•		88.17%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite URRT Trend **	Weight*
Inpatient Hospital	8.38%	-0.50%	0.00%	7.84%	20.56%
Outpatient Hospital	7.81%	1.00%	0.00%	8.89%	34.95%
Professional	5.62%	1.00%	0.00%	6.67%	24.53%
Other Medical	7.81%	1.00%	0.00%	8.89%	2.57%
Capitation				3.00%	0.05%
Prescription Drugs	12.60%	1.55%	0.00%	14.34%	17.34%
Total Annual Trend				9.07%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.190	

* 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		\$ 874,939.65	1.0000	\$ 874,939.60	3,090	\$ 283.15		\$ -	\$ 1,002,872.01	
Feb-14		\$ 919,802.63	1.0000	\$ 919,802.58	3,044	\$ 302.17		\$ (211.48)	\$ 1,029,945.45	
Mar-14		\$ 1,072,147.38	1.0000	\$ 1,072,147.38	2,946	\$ 363.93		\$ (227.93)	\$ 1,206,502.72	\$ 409.54
Apr-14		\$ 793,151.61	1.0000	\$ 793,151.56	2,709			\$ 52.86	\$ 893,784.11	
May-14		\$ 772,983.88	1.0000	\$ 772,983.84	2,637	\$ 293.13		\$ (68.95)	\$ 869,044.77	\$ 329.56
Jun-14		\$ 780,909.27	1.0000	\$ 780,909.26	2,440			\$ (381.31)	\$ 866,142.30	
Jul-14		\$ 538,041.46	1.0000	\$ 538,041.49	2,292			\$ (380.49)	\$ 608,998.75	\$ 265.71
Aug-14		\$ 752,358.22	1.0000		2,183			\$ (744.09)	\$ 825,247.77	
Sep-14		\$ 628,530.41	1.0000	\$ 628,544.54	2,048	\$ 306.91		\$ (1,836.21)	\$ 696,432.36	\$ 340.05
Oct-14		\$ 650,991.13	1.0000	\$ 651,022.50	1,925	\$ 338.19		\$ (394.98)	\$ 721,280.17	\$ 374.69
Nov-14		\$ 534,970.73	0.9999	\$ 534,999.06	1,913	\$ 279.66		\$ (464.48)	\$ 599,243.77	\$ 313.25
Dec-14	\$ 12,453,923.63	\$ 477,180.58	0.9999	\$ 477,213.47	1,651	\$ 289.05	\$ 1,066,424.48	\$ (708.34)	\$ 537,678.47	
Jan-15		\$ 480,834.73	0.9998	\$ 480,953.64	1,641	\$ 293.09		\$ (357.78)	\$ 546,422.10	\$ 332.98
Feb-15		\$ 459,398.77	0.9997	\$ 459,514.35	1,644			\$ (232.22)	\$ 517,248.24	
Mar-15		\$ 727,618.22	0.9996	\$ 727,907.04	1,629	\$ 446.84		\$ (1,757.07)	\$ 794,216.44	\$ 487.55
Apr-15		\$ 611,478.74	0.9995	\$ 611,757.96	1,613	\$ 379.27		\$ (14,263.99)	\$ 671,038.84	\$ 416.02
May-15		\$ 421,183.37	0.9800	\$ 429,789.20	1,565	\$ 274.63		\$ (13,956.96)	\$ 468,812.85	\$ 299.56
Jun-15		\$ 749,360.90	0.9994	\$ 749,812.21	1,543	\$ 485.94		\$ (1,958.90)	\$ 804,374.83	\$ 521.31
Jul-15		\$ 558,108.16	0.9992	\$ 558,536.71	1,497	\$ 373.10		\$ (789.72)	\$ 623,749.80	\$ 416.67
Aug-15		\$ 422,934.35	0.9991	\$ 423,305.51	1,472	\$ 287.57		\$ (17.36)	\$ 466,093.52	\$ 316.64
Sep-15		\$ 780,868.60	0.9989	\$ 781,752.34	1,386	\$ 564.03		\$ (1,791.58)	\$ 821,793.76	\$ 592.92
Oct-15		\$ 457,167.17	0.9984	\$ 457,880.61	1,194	\$ 383.48		\$ (292.31)	\$ 493,179.55	\$ 413.05
Nov-15		\$ 504,547.17	0.9858	\$ 511,822.96	1,200	\$ 426.52		\$ (146.64)	\$ 563,618.10	\$ 469.68
Dec-15	\$ 7,925,694.01	\$ 674,176.34	0.9971	\$ 676,163.91	982	\$ 688.56	\$ 647,753.97	\$ (2,466.43)	\$ 708,371.42	\$ 721.36
Jan-16		\$ 155,882.72	0.9232	\$ 168,857.78	924	\$ 182.75		\$ (835.25)	\$ 214,500.22	\$ 232.14
Feb-16		\$ 150,182.49	0.9977	\$ 150,530.42	857	\$ 175.65		\$ (831.31)	\$ 185,209.05	\$ 216.11
Mar-16		\$ 286,990.73	0.9969	\$ 287,878.43	877	\$ 328.25		\$ (3,548.03)	\$ 351,572.82	
Apr-16		\$ 309,930.88	0.9957	\$ 311,267.99	909	\$ 342.43		\$ (2,724.36)	\$ 355,813.69	\$ 391.43
May-16		\$ 251,433.86	0.9950	\$ 252,688.96	936			\$ (872.44)	\$ 304,331.24	
Jun-16		\$ 184,196.48	0.9927	\$ 185,546.03	939			\$ (952.51)	\$ 221,910.59	\$ 236.33
Jul-16		\$ 293,715.89	0.9908	\$ 296,435.17	999	\$ 296.73		\$ (1,014.74)	\$ 347,711.64	\$ 348.06
Aug-16		\$ 173,013.77	0.9777	\$ 176,952.92	882	\$ 200.63		\$ (672.11)	\$ 218,421.96	\$ 247.64
Sep-16		\$ 330,341.50	0.9826	\$ 336,205.69	798	\$ 421.31		\$ (826.14)	\$ 378,782.80	\$ 474.67
Oct-16		\$ 227,824.03	0.9296	\$ 245,084.94	796	\$ 307.90		\$ (866.92)	\$ 298,084.64	\$ 374.48
Nov-16		\$ 181,135.15	0.9643	\$ 187,847.06	819	\$ 229.36		\$ (1,382.59)	\$ 236,625.02	\$ 288.92
Dec-16	S 4.440.652.52	\$ 288,695.89	0.9206	\$ 313,586.54	963	\$ 325.64	\$ 604,934.72	\$ (2,748.77)	\$ 387,577.81	\$ 402.47

* Express Completion Factor as a percentage

Carrier Name: Product(s): Market Segment: Rate Effective Date: Keystone Health Plan Central HMO Small Group 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 Pr	rescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 360,791,806.18	\$ 298,000,968.33	\$ 305,592,314.31	738,516	\$ 58,936,659.89	\$ 364,528,974.21	\$ -	\$	(5,941,800.96)	189,558.80	\$ -	\$ (5,263,307.16)	\$ -
Experience Period Total Allowed EHE	3 Claims + EHB Capitation PMPM (ne	t of prescription drug rebates)										\$ 485.81
Loss Ratio												84.34%

*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	8.38%	-0.50%	0.00%	7.84%	20.56%
Outpatient Hospital	7.81%	1.00%	0.00%	8.89%	34.95%
Professional	5.62%	1.00%	0.00%	6.67%	24.53%
Other Medical	7.81%	1.00%	0.00%	8.89%	2.57%
Capitation				3.00%	0.05%
Prescription Drugs	12.60%	1.55%	0.00%	14.34%	17.34%
Total Annual Trend				9.07%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.190	

* 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		\$ 23,464,713.20	1.0000	\$ 23,464,712.33	62,867	\$ 373.24		\$ (611,410.55)	\$ 27,757,568.45	\$ 441.53
Feb-14		\$ 22,649,721.43	1.0000	\$ 22,649,720.15	62,937	\$ 359.88		\$ (198,253.09)	\$ 26,349,225.42	\$ 418.66
Mar-14		\$ 23,324,209.84	1.0000	\$ 23,324,209.93	61,857	\$ 377.07		\$ (217,679.18)	\$ 27,346,998.01	\$ 442.10
Apr-14		\$ 22,767,300.74	1.0000	\$ 22,767,299.97	60,471	\$ 376.50		\$ (352,901.21)	\$ 26,327,073.66	\$ 435.37
May-14		\$ 22,641,058.54	1.0000	\$ 22,641,057.78	58,729	\$ 385.52		\$ (367,831.75)	\$ 25,899,531.75	\$ 441.00
Jun-14		\$ 21,038,632.83	1.0000	\$ 21,038,631.96	57,356	\$ 366.81		\$ (338,516.75)	\$ 24,052,299.53	\$ 419.35
Jul-14		\$ 21,876,240.76	1.0000	\$ 21,876,241.68	55,850	\$ 391.70		\$ (388,471.12)	\$ 24,857,067.45	\$ 445.07
Aug-14		\$ 19,808,901.51	1.0000	\$ 19,808,902.65	54,979	\$ 360.30		\$ (418,529.23)	\$ 22,551,102.08	\$ 410.18
Sep-14		\$ 21,026,586.17	1.0000	\$ 21,026,974.64	53,810	\$ 390.76		\$ (393,499.49)	\$ 23,711,460.76	\$ 440.65
Oct-14		\$ 22,987,939.00	1.0000	\$ 22,988,877.05	51,944	\$ 442.57		\$ (421,737.68)	\$ 25,824,124.39	\$ 497.15
Nov-14		\$ 21,585,564.45	1.0000	\$ 21,586,533.34	51,114	\$ 422.32		\$ (376,990.49)	\$ 23,873,644.73	\$ 467.07
Dec-14	\$ 300,494,261.72	\$ 18,173,201.64	0.9999	\$ 18,174,201.32	47,224	\$ 384.85	\$ 42,695,742.66	\$ (388,553.80)	\$ 21,018,634.88	\$ 445.08
Jan-15		\$ 16,155,218.40	0.9998	\$ 16,158,423.77	44,817	\$ 360.54		\$ (409,966.16)	\$ 19,331,723.89	\$ 431.35
Feb-15		\$ 15,539,882.83	0.9998	\$ 15,543,030.65	44,264	\$ 351.14		\$ (376,295.32)	\$ 18,328,812.61	\$ 414.08
Mar-15		\$ 19,424,071.27	0.9997	\$ 19,430,704.66	43,721	\$ 444.42		\$ (379,739.98)	\$ 22,189,528.60	\$ 507.53
Apr-15		\$ 18,498,294.66	0.9996	\$ 18,505,408.76	43,507	\$ 425.34		\$ (439,185.67)	\$ 21,079,528.24	\$ 484.51
May-15		\$ 16,892,696.23	0.9828	\$ 17,187,527.86	43,437	\$ 395.69		\$ (420,938.82)	\$ 19,545,199.94	\$ 449.97
Jun-15		\$ 17,329,245.08	0.9995	\$ 17,337,549.18	43,224	\$ 401.11		\$ (421,261.71)		\$ 456.70
Jul-15		\$ 17,407,362.79	0.9994		43,011	\$ 404.96		\$ (550,635.44)		\$ 456.21
Aug-15		\$ 17,145,624.37	0.9993		42,831	\$ 400.59		\$ (481,463.61)		\$ 449.91
Sep-15		\$ 17,603,786.03	0.9991		42,860	\$ 411.10		\$ (465,593.62)		\$ 461.27
Oct-15		\$ 18,241,183.93	0.9987	\$ 18,264,309.74	43,749	\$ 417.48		\$ (513,974.68)	\$ 20,786,005.68	\$ 475.12
Nov-15		\$ 17,710,668.64	0.9884	\$ 17,918,629.36	44,439	\$ 403.22		\$ (517,781.07)	\$ 20,160,656.01	\$ 453.67
Dec-15	\$ 265,808,945.96	\$ 19,886,285.10	0.9977		52,484	\$ 379.79	\$ 36,398,754.96	\$ (601,767.26)		\$ 447.18
Jan-16		\$ 19,479,488.07	0.9357	\$ 20,818,051.25	55,879	\$ 372.56		\$ (585,531.04)	\$ 25,614,990.29	\$ 458.40
Feb-16		\$ 20,911,851.88	0.9981		56,414	\$ 371.40		\$ (673,570.70)	\$ 25,154,866.63	\$ 445.90
Mar-16		\$ 26,508,690.70	0.9974	\$ 26,577,915.11	57,341	\$ 463.51		\$ (750,649.25)	\$ 30,912,342.04	\$ 539.10
Apr-16		\$ 23,236,592.01	0.9964		58,555	\$ 398.25		\$ (695,379.95)	\$ 27,126,750.53	\$ 463.27
May-16		\$ 24,172,934.66	0.9959	\$ 24,273,275.50	60,132	\$ 403.67		\$ (603,308.56)	\$ 28,133,783.27	\$ 467.87
Jun-16		\$ 25,509,283.49	0.9937		61,716	\$ 415.94		\$ (723,037.56)	\$ 29,466,384.56	\$ 477.45
Jul-16		\$ 24,434,294.76	0.9923		62,242	\$ 395.63		\$ (385,516.05)	\$ 28,337,132.48	\$ 455.27
Aug-16		\$ 28,626,445.70	0.9795		62,546	\$ 467.26		\$ (437,954.16)		\$ 534.58
Sep-16		\$ 26,459,719.15	0.9850		63,515	\$ 422.95		\$ (375,095.25)		\$ 486.49
Oct-16		\$ 25,974,680.32	0.9372	\$ 27,714,472.37	64,710	\$ 428.29		\$ (238,625.36)	\$ 32,414,029.03	\$ 500.91
Nov-16		\$ 27,153,978.74	0.9671		65,714	\$ 427.27		\$ (233,943.42)	\$ 32,663,698.40	\$ 497.06
Dec-16	\$ 360,791,806.18	\$ 26,168,528.43	0.9306	\$ 28,119,324.35	69.752	\$ 403.13	\$ 58,132,011,70	\$ (239,189,66)	\$ 34,267,521,39	\$ 491.28

* Express Completion Factor as a percentage

PA Rate Template Part II

Rate Development and Change

Carrier Name: Keystone Neahth Plan Cent HMO Market Segment: Small Group 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	Act	ual Experien Data	ce	-	Manual E	Data		
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	35	4.92	\$		485.81	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Per	iod on URRT
Two year trend projection Factor		1.190			1.190			
Unadjusted Projected Allowed EHB Claims PMPM	\$	42	2.23	\$		577.95		For Informat
Single Risk Pool Adjustment Factors								
Change in Morbidity		1.000			1.000)	<- See URRT Instructions	Blended Base
Change in Other		0.905			0.915			Blended Earl
Change in Demographics		1.000			1.000)	<- See URRT Instructions	Blended Loss
Change in Network		1.000			0.965		<- See URRT Instructions	
Change in Benefits		0.900			0.943		<- See URRT Instructions	
Change in Other		1.005			1.005		<- See URRT Instructions	
Total Adjusted Projected Allowed EHB Claims PMPM	\$	38	1.91	\$		528.76		
Credibidility Factors		0%			100%		<- See Instructions	
Blended Projected EHB Claims PMPM				\$		528.76	<- Projected Index Rate	
Development of the Market-Adjusted Index Rate and Total Allowed Claims								
Adjusted Projected Allowed EHB Claims PMPM	\$						on Period on URRT - Individual or First Quarter Small Group	Table 5A.
Adjusted Projected Allowed EHB Claims PMPM [will only populate for small group filings]	\$						on Period on URRT - Small Group	
Projected Paid to Allowed Ratio				<- Paid	to Allow	ed Averag	e Factor in Projection Period on URRT	
Projected Paid EHB Claims PMPM Market-wide Adjustments	\$	315	5.56					# of Member
Projected Risk Adjustment PMPM	Ś	(4)	2.86)					Months of Tr
Projected Paid Exchange User Fees PMPM	\$		-					Annual Trend
								Single Risk P
Market-Adjusted Projected Paid EHB Claims PMPM	\$	358	3.42					Quarterly Tre 2018 Trend I
Market-Adjusted Projected Allowed EHB Claims PMPM	\$	625	5.63	<- Ma	rket-Adju	sted Index	Rate	2018 Trend I
Projected Allowed Non-EHB Claims PMPM	Ś		_					
Market-Adjusted Projected Paid Total Claims PMPM	Ś	250	3.42					
mai ket Mujusteu Piojetteu Paiu Totai Ciainis Pinrini	Ş	338	5.42					
Market-Adjusted Projected Allowed Total Claims PMPM	\$	625	5.63					

Table 6. Retention

Retention Items - Express in percentages	
Administrative Expenses	13.79%
General and Claims	8.98%
Agent/Broker Fees and Commissions	4.46%
Quality Improvement Initiatives	0.35%
Taxes and Fees	4.55%
PCORI Fees (Enter \$ amount here: \$0.20)	0.05%
Pa Premium Tax (if applicable)	0.00%
Federal Income Tax	0.70%
Health Insurance Providers Fee	3.80%
Profit/Contingency (after tax)	2.00%
Total Retention	20.35%
Projected Required Revenue PMPM	\$ 449.97 <- Single Pool Gross Premium Avg. Rate, PMPM

Table 8. Components of Rate Change

Rate Components	2017	2018	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	329.598719	285.4556506	-\$44.14	-13.4%
B. Base period allowed claims before normalization	\$ 485.30	\$ 485.81	\$0.51	0%
C. Normalization factor component of change	\$ (157.61)	-177.6170371	-\$20.01	-\$0.06
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 327.69	\$ 308.19	\$ (19.50)	-6%
D2. URRT Trend	\$ 51.07	\$ 58.45	\$ 7.39	2%
D3. URRT Morbidity	\$ -	\$ -	\$ -	0%
D4. URRT Other	\$ (7.68)	\$ (31.21)	\$ (23.53)	-7%
D5. Normalized URRT RA/RI on an allowed basis	-13.99542546	47.46514928	\$ 61.46	19%
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0%
D7. Subtotal - Sum(D1:D6)	\$ 357.08	\$ 382.90	\$ 25.82	8%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	0	\$ -	0%
E2. Pricing AV	\$ (102.59)	\$ (163.54)	\$ (60.95)	-18%
E3. Benefit Richness	\$ -	\$ -	\$ -	0%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0%
E5. Subtotal - Sum(E1:E4)	\$ (102.59)	\$ (163.54)	\$ (60.95)	-18%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 42.76	\$ 39.38	\$ (3.38)	-1%
F2. Taxes and Fees	\$ 11.31	\$ 12.99	\$ 1.68	1%
F3. Profit and/or Contingency	\$	\$ 5.71	\$ 5.71	2%
F4. Subtotal - Sum(F1:F3)	\$ 54.07	\$ 58.08	\$ 4.01	1%
G. Change in Miscellaneous Items			\$ -	0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 308.56	\$ 277.44	\$ (31.12)	-9%

For Informational Purposes only - No input required.

ended Base Period Unadjusted Claims before Normalization	\$ 485.81	<- Index Rate of Experience Period on URRT
ended Earned Premium	\$ 360,791,806.18	
ended Loss Ratio	84.34%	
ended Loss Ratio	84.34%	

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

Effective Date		1/1/2018		4/1/2018		7/1/2018		10/1/2018		al Single Risk Pool
# of Member Months Renewing in Quarter		241,620		106,884		111,996		465,108		925,608
Adjusted Projected Allowed EHB Claims PMPM Q1	\$	528.76	\$	528.76	\$	528.76	\$	528.76	\$	528.76
Months of Trend		-		3		6		9		
Annual Trend		9.07%		9.07%		9.07%		9.07%	l	
Single Risk Pool Projected Allowed Claims	\$	528.76	\$	540.36	\$	552.22	\$	564.34	\$	550.81
Quarterly Trend Factor		100.0%		102.2%		104.4%		106.7%		104.29
2018 Trend Factors by Quarter		0.959951872		0.981019657		1.002549811		1.024552481		

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors		2017		2018
Average Age Factor		1.479		1.524
Average Geographic Factor		1.001		1.034
Average Tobacco Factor		1.000		1.000
Average Benefit Richness (induced demand)		1.000		1.000
Average Network Factor		1.000		1.000
Market-Adjusted Projected Allowed Total Claims PMPM	s	585.61	s	625.63
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$	395.43	\$	396.90

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

		2017	2018	
Paid-to-Allowed		0.734	0.573	
JRRT Trend (Total Applied Trend Factor)		1.156	1.190	<- URRT W1
URRT Morbidity		1.000	1.000	<- URRT W1
URRT "Other"		0.980	0.915	<- URRT W1
Risk Adjustment	Ś	(15.21) \$	42.86	<- URRT W1
Exchange User Fee	\$	- \$		<- URRT W1
Capitation	\$	0.27 \$	0.26	<- URRT W1
Network		1.000	1.000	
Pricing AV		0.713	0.573	
Benefit Richness		1.000	1.000	
Catastrophic Eligibility		1.000	1.000	
Administrative Expenses		12.97%	13.79%	
Taxes and Fees		3.43%	4.55%	
Profit and/or Contingency		0.00%	2.00%	

PA Rate Template Part III Table 10. Plan Rates

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

Base Period Sta Date of Most Re Market Adjusted	cent Membership	1/1/2016 2/1/2017 \$ 625.63											45 (CFR Part 156.8	(d) (2) Allowab	ile Factors								02-01-2017 Number of Covered Lives by Rating Area
Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E.M.N.DM, DNM) for 2018	1/1/18 Plan HIOS Pla ID (If 1/1/17 Plan Discontinued & Mapped)	Metallic Tier	Value	Standard AV, Approach (1), Approach (2)	Exchange (cor On/Off or Off	npany- Rich rmined (ind AV) dem	duced addit mand) Ei	HB N	letwork	Catastrophic Eligibility	Tobacco Surcharge Adjustment		Admin Costs	Taxes & Fees (not including Exchange fees)	Contingency	Total Covered Lives Mapped into 2018 Plans @ 02-01- 2017 Total Policyholders @ 02-01-2017	2017 Calibrated Plan Adjusted Index Rate PMPM Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	2018 Continued Cont
Totals							0.615			0.573	1.000	1.000	1.000	1.000	1.000	\$ 358.42	13.8%	4.6%	2.0%	965 562	\$ 329.60 \$ 285.46	-13.39%		
Plan 1	53789PA0090007	нмо	Healthy Benefits HMO 2000.0 PD . Rx \$250	DM	53789PA0090004	Gold	0.61531807 5	Standard	Off	0.573	1.000	1.000	1.000	1.000	1.000	\$358.42	13.8%	4.6%	2.0%	181 109	\$ 353.03 \$ 285.46	-19.1%	18.8%	
Plan 2	53789PA0090008	нмо	Healthy Benefits HMO 2000.0 PD . Rx S0	DM	53789PA0090004	Gold	0.61531807	Standard	Off	0.573	1.000	1.000	1.000	1.000	1.000	\$358.42	13.8%	4.6%	2.0%	194 99	\$ 359.16 \$ 285.46	-20.5%	20.1%	65 81 - 48 194 1
Plan 3	53789PA0090011	нмо	Healthy Benefits HMO 4000.0 PD . Rx \$250 Healthy Benefits HMO 4000.0 PD . Rx	DM	53789PA0090004	Silver	0.61531807 5	Standard	orr	0.573	1.000	1.000	1.000	1.000	1.000	\$358.42	13.8%	4.6%	2.0%	79 50	\$ 313.62 \$ 285.46	-9.0%	8.2%	41 32 . 6 79 1
Plan 4	53789PA0090012	HMO	S0 Bronze HMO 7000/0/60	DM	53789PA0090004		0.61531807 S		Off			1.000	1.000	1.000	1.000	\$358.42 \$358.42	13.8%			117 70	\$ 319.74 \$ 285.46 \$ 256.48 \$ 285.46	-10.7% 11.3%	12.1% 16.5%	
Plan 6 Plan 7		HMO HMO	Healthy Benefits HMO 0.50 EX Healthy Benefits HMO 0.0 PD	DM DM	53789PA0090004 53789PA0090004	Silver	0.61531807 S 0.61531807 S	Standard	Off			1.000	1.000	1.000	1.000	\$358.42 \$358.42	13.8%	4.6%	2.0%		\$ 359.16 \$ 285.46 \$ 359.16 \$ 285.46	-20.5% -20.5%	0.0% 9.1%	25 59 4 88
Plan 8 Plan 9	53789PA0090005 53789PA0090006		Healthy Benefits HMO 1000.0 PD - Rx Healthy Benefits HMO 1000.0 PD - Rx	S DM SI DM	53789PA0090004 53789PA0090004	Gold Gold	0.61531807 S	Standard	Off	0.573 0.573		1.000	1.000	1.000	1.000	\$358.42 \$358.42	13.8% 13.8%	4.6% 4.6%	2.0%	69 24 20 6	\$ 353.03 \$ 285.46 \$ 359.16 \$ 285.46	-19.1% -20.5%	7.2% 2.1%	
Plan 10 Plan 11	53789PA0090009 53789PA0090010	HMO HMO	Healthy Benefits HMO 3000.0 PD . Rx Healthy Benefits HMO 3000.0 PD . Rx		53789PA0090004 53789PA0090004	Silver	0.61531807 S 0.61531807 S	Standard Standard	off	0.573 0.573	1.000	1.000	1.000	1.000	1.000	\$358.42 \$358.42	13.8% 13.8%	4.6% 4.6%	2.0%	28 14 30 15	\$ 313.62 \$ 285.46 \$ 319.74 \$ 285.46	-9.0% -10.7%	2.9% 3.1%	18 10 28 1 9 11 - 10 30 1
Plan 12 Plan 13																\$0.00 \$0.00					\$ - \$ -	0.0%	0.0% 0.0%	- 0
Plan 14 Plan 15																\$0.00 \$0.00				-	S - S -	0.0%	0.0% 0.0%	- 0

PA Rate Template Part IV B - Small Group Annual

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

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

	HIOS Plan ID (Standard	1/1/17 Plan	Discontinued, New, Modified, Existing (D,N,M,E) for	1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan		Exchange On/Off or
Plan Number	Component)	Marketing Name	2018	Discontinued)	Metallic Tier	Off
Totals		These cells auto-fill	using the data en	tered in Table 10.		
Plan 1	53789PA0090007	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 2	53789PA0090008	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 3	53789PA0090011	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 4	53789PA0090012	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 5	53789PA0090004	Bronze HMO 7000/0/60	M	53789PA0090004	Bronze	Off
Plan 6	53789PA0070002	Healthy Benefits HMO 0.5	DM	53789PA0090004	Silver	Off
Plan 7	53789PA0090003	Healthy Benefits HMO 0.0	DM	53789PA0090004	Silver	Off
Plan 8	53789PA0090005	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off
Plan 9	53789PA0090006	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off

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\$	-	\$ -	\$ -	\$ -	\$ -	\$	26.38	\$ 47.45	\$	-	\$ 52.59	\$	39.66
												\$	-
												\$	-
												\$	-
												\$	-
\$	-	\$ -	\$ -	\$ -	\$ -	\$	239.89	\$ 242.29	\$	-	\$ 237.49	\$	240.71
												\$	-
												\$	-
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PA Rate Template Part IV B - Small Group Annual

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

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

			Discontinued, New, Modified, Existing	1/1/18 Plan		Exchange
	HIOS Plan ID (Standard	1/1/17 Plan	(D.N.M.E) for	(If 1/1/17 Plan		On/Off or
Plan Number	Component)	Marketing Name	2018	Discontinued)	Metallic Tier	Off
			•		•	
Totals		These cells auto-fill	using the data en	tered in Table 10.		
	•					
Plan 1	53789PA0090007	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 2	53789PA0090008	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 3	53789PA0090011	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 4	53789PA0090012	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 5	53789PA0090004	Bronze HMO 7000/0/60	M	53789PA0090004	Bronze	Off
Plan 6	53789PA0070002	Healthy Benefits HMO 0.5	DM	53789PA0090004	Silver	Off
Plan 7	53789PA0090003	Healthy Benefits HMO 0.0	DM	53789PA0090004	Silver	Off
Plan 8	53789PA0090005	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off
Plan 9	53789PA0090006	Healthy Renefits HMO 10	DM	53789PA0090004	Gold	Off

					Qı	ıarte	r 1 2018,	21-y	ear-old f	lon-	Tobacco I	Pren	nium PMF	M											
	1 2 3		2		2		2		2		3		4		5		6		7		8		9	en b	reighted by rollment y rating area)
_																_									
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	280.90						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	279.69						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	282.88						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	279.02						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	281.47						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	282.69						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	-						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	280.53						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	274.34						
\$	-	\$	-	\$	-	\$	-	\$	-	\$	274.02	\$	282.24	\$	-	\$	295.95	\$	287.18						

		Chan	ge in Quarter	1, 21-year-oli	d Non-Tobacc	o Premium Pf	МРМ		
1	2	3	4	5	6	7	8	9	(weighted by enrollment by rating area)
0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	3.2%	0.0%	5.5%	2.9%
					14.2%	16.5%		24.6%	17.4%

PA Rate Template Part IV B - Small Group Annual

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

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

	HIOS Plan ID (Standard	1/1/17 Plan	New, Modified, Existing (D,N,M,E) for	1/1/18 Plan HIOS PLAN ID (If 1/1/17 Plan		Exchange On/Off or
Plan Number	Component)	Marketing Name	2018	Discontinued)	Metallic Tier	Off
Totals		These cells auto-fill	using the data en	tered in Table 10.		
Plan 1	53789PA0090007	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 2	53789PA0090008	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 3	53789PA0090011	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 4	53789PA0090012	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 5	53789PA0090004	Bronze HMO 7000/0/60	M	53789PA0090004	Bronze	Off
Plan 6	53789PA0070002	Healthy Benefits HMO 0.5	DM	53789PA0090004	Silver	Off
Plan 7	53789PA0090003	Healthy Benefits HMO 0.0	DM	53789PA0090004	Silver	Off
Plan 8	53789PA0090005	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off
Plan 9	53789PA0090006	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off

					Qu	arte	r 2 2018,	21-4	ear-old t	lon-	Tobacco I	Pren	nium PMF	M					
	1 2		2		3		4		5		6		7		8		9	eni bi	reighted by rollment y rating area)
٨		Ś		\$		\$		\$		Ś	280.04	Ś	288.44	\$		Ś	302.44	Ś	287.07
Þ		Þ	-	Þ	•	Þ		Þ	-	Þ	200.04	Þ	200.44	Þ	•	Þ	302.44	Þ	267.07
_				_										_					
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	285.82
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	289.09
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	285.14
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	287.65
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	288.90
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	286.69
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	280.36
\$	-	\$	-	\$	-	\$	-	\$	-	\$	280.04	\$	288.44	\$	-	\$	302.44	\$	293.48

1		2		3		4	5	6	7		8	9	en b	veighted by rollment y rating area)
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	293.37
	•		•											
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	292.10
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	295.43
\$ -	\$	-	\$	-	\$	-	\$ 	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	291.40
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	293.96
\$ -	\$	-	\$	-	\$	-	\$ 	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	295.24
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	-
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	292.98
\$ -	\$	-	\$	-	\$	-	\$ -	\$ 286.18	\$ 294.77	\$	-	\$ 309.08	\$	286.52
\$ 	\$	-	Ś	-	Ś	-	\$ -	\$ 286.18	\$ 294.77	Ś	-	\$ 309.08	Ś	299.92

PA Rate Template Part IV B - Small Group Annual

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

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

			Discontinued, New, Modified,	1/1/18 Plan	
			Existing	HIOS PLAN ID	Exchange
	HIOS Plan ID (Standard	1/1/17 Plan	(D,N,M,E) for	(If 1/1/17 Plan	On/Off or

Plan Number	Component)	Marketing Name	2018	Discontinued)	Metallic Tier	Off
Totals		These cells auto-fill u	sing the data e	ntered in Table 10.		
Plan 1	53789PA0090007	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 2	53789PA0090008	Healthy Benefits HMO 20	DM	53789PA0090004	Gold	Off
Plan 3	53789PA0090011	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 4	53789PA0090012	Healthy Benefits HMO 40	DM	53789PA0090004	Silver	Off
Plan 5	53789PA0090004	Bronze HMO 7000/0/60	M	53789PA0090004	Bronze	Off
Plan 6	53789PA0070002	Healthy Benefits HMO 0.5	DM	53789PA0090004	Silver	Off
Plan 7	53789PA0090003	Healthy Benefits HMO 0.0	DM	53789PA0090004	Silver	Off
Plan 8	53789PA0090005	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off
Plan 9	53789PA0090006	Healthy Benefits HMO 10	DM	53789PA0090004	Gold	Off

		Qı	ıarte	r 4 2018,	21-y	ear-old N	lon-	-Tobacco	Pren	nium PMI	PM				
1	2	3		4		5		6		7		8	9	eni bi	reighted by rollment y rating area)
									_						
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	299.80
					_						_				
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	298.51
\$ -	\$ -	\$ 	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	301.92
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	297.80
\$ -	\$ -	\$ 	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	300.41
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	301.72
\$ -	\$ -	\$ 	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	299.41
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	292.80
\$ -	\$ -	\$ -	\$	-	\$	-	\$	292.46	\$	301.24	\$	-	\$ 315.86	\$	306.50

PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

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

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

Carrier Name: Keystone Health Plan Central

Product(s): HMO

Market Segment: Small Group
Rate Effective Date: 1/1/2018

Table 13. Geographic Factors

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

Table 14. Network Factors

Projecion Period Network Factors												
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date								
PPO	All	1.000	1									

Keystone Health Plan Central Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 7000/0/60 Combined	НМО	Bronze	Off	НМО	6,7,9	All

Market: Small Group
Product: HMO

Effective Date of Rates: January 1, 2018 Ending date of Rates: March 31, 2018

HIOS Plan ID (On Exchange)=> HIOS Plan ID (Off Exchange)=> Plan Marketing Name => Form # => Rating Area =>	C18-KH	/0/60 Combined	53789PA Bronze HMO 7000	0090004	53789PA			
Plan Marketing Name => Form # =>	Bronze HMO 7000 C18-KH	/0/60 Combined						
Form # =>	C18-KH	Bronze HMO 7000/0/60 Combined C18-KHPC-SPG			d Bronze HMO 7000/0/60 Combined			
				PC-SPG		PC-SPG		
		6		7		9		
Network =>		MO	HN		HN			
Metal =>		nze	Bro		Bro			
Deductible =>		Rx Combined	\$7000 Med/I			Rx Combined		
Coinsurance =>	0		0			%		
Copays =>	\$60/\$0/\$0	PCP/SPC/ER	\$60/\$0/\$0	PCP/SPC/ER	\$60/\$0/\$0	PCP/SPC/ER		
OOP Maximum =>	\$7350 Med/I	Rx Combined	\$7350 Med/I	Rx Combined	\$7350 Med/	Rx Combined		
Pediatric Dental (Yes/No) =>		es		es		es		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
0 - 14	\$209.63	\$209.63	\$215.91	\$215.91	\$226.40	\$226.40		
15	\$228.26	\$228.26	\$235.11	\$235.11	\$246.52	\$246.52		
16	\$235.38	\$235.38	\$242.44	\$242.44	\$254.21	\$254.21		
17	\$242.51	\$242.51	\$249.78 \$257.69	\$249.78	\$261.91 \$270.19	\$261.91 \$270.19		
18 19	\$250.18 \$257.85	\$250.18	-	\$257.69	\$270.19	\$270.19		
20	\$265.80	\$257.85 \$265.80	\$265.59 \$273.77	\$265.59 \$273.77	\$278.48	\$278.48		
20	\$274.02	\$274.02	\$282.24	\$282.24	\$295.94	\$295.94		
22	\$274.02	\$274.02	\$282.24	\$282.24	\$295.94	\$295.94		
23	\$274.02	\$274.02	\$282.24	\$282.24	\$295.94	\$295.94		
24	\$274.02	\$274.02	\$282.24	\$282.24	\$295.94	\$295.94		
25	\$275.12	\$275.12	\$283.37	\$283.37	\$297.13	\$297.13		
26	\$280.60	\$280.60	\$289.01	\$289.01	\$303.04	\$303.04		
27	\$287.17	\$287.17	\$295.79	\$295.79	\$310.15	\$310.15		
28	\$297.86	\$297.86	\$306.80	\$306.80	\$321.69	\$321.69		
29	\$306.63	\$306.63	\$315.83	\$315.83	\$331.16	\$331.16		
30	\$311.01	\$311.01	\$320.34	\$320.34	\$335.89	\$335.89		
31	\$317.59	\$317.59	\$327.12	\$327.12	\$343.00	\$343.00		
32	\$324.17	\$324.17	\$333.89	\$333.89	\$350.10	\$350.10		
33	\$328.28	\$328.28	\$338.12	\$338.12	\$354.54	\$354.54		
34	\$332.66	\$332.66	\$342.64	\$342.64	\$359.27	\$359.27		
35 36	\$334.85 \$337.04	\$334.85 \$337.04	\$344.90 \$347.16	\$344.90 \$347.16	\$361.64 \$364.01	\$361.64 \$364.01		
37	\$339.24	\$337.04	\$347.10	\$347.10	\$366.38	\$366.38		
38	\$341.43	\$341.43	\$351.67	\$351.67	\$368.74	\$368.74		
39	\$345.81	\$345.81	\$356.19	\$356.19	\$373.48	\$373.48		
40	\$350.20	\$350.20	\$360.70	\$360.70	\$378.21	\$378.21		
41	\$356.77	\$356.77	\$367.48	\$367.48	\$385.32	\$385.32		
42	\$363.08	\$363.08	\$373.97	\$373.97	\$392.12	\$392.12		
43	\$371.85	\$371.85	\$383.00	\$383.00	\$401.59	\$401.59		
44	\$382.81	\$382.81	\$394.29	\$394.29	\$413.43	\$413.43		
45	\$395.68	\$395.68	\$407.56	\$407.56	\$427.34	\$427.34		
46	\$411.03	\$411.03	\$423.36	\$423.36	\$443.91	\$443.91		
47	\$428.29	\$428.29	\$441.14	\$441.14	\$462.56	\$462.56		
48	\$448.02	\$448.02	\$461.46	\$461.46	\$483.86	\$483.86		
49	\$467.48	\$467.48	\$481.50	\$481.50	\$504.88	\$504.88		
50	\$489.40	\$489.40	\$504.08	\$504.08	\$528.55	\$528.55		
51 52	\$511.05 \$534.89	\$511.05 \$534.89	\$526.38 \$550.93	\$526.38 \$550.93	\$551.93 \$577.68	\$551.93 \$577.68		
52	\$559.00	\$559.00	\$550.93 \$575.77	\$550.93 \$575.77	\$603.72	\$603.72		
54	\$585.03	\$585.03	\$602.58	\$602.58	\$631.84	\$631.84		
55	\$611.06	\$611.06	\$629.40	\$629.40	\$659.95	\$659.95		
56	\$639.29	\$639.29	\$658.47	\$658.47	\$690.43	\$690.43		
57	\$667.79	\$667.79	\$687.82	\$687.82	\$721.21	\$721.21		
58	\$698.20	\$698.20	\$719.15	\$719.15	\$754.06	\$754.06		
59	\$713.27	\$713.27	\$734.67	\$734.67	\$770.34	\$770.34		
60	\$743.69	\$743.69	\$766.00	\$766.00	\$803.19	\$803.19		
61	\$770.00	\$770.00	\$793.10	\$793.10	\$831.60	\$831.60		
62	\$787.26	\$787.26	\$810.88	\$810.88	\$850.24	\$850.24		
63	\$808.91	\$808.91	\$833.17	\$833.17	\$873.62	\$873.62		
64+	\$822.05	\$822.05	\$846.71	\$846.71	\$887.81	\$887.81		

Page Number: 2 12/24/2014

Market: Small Group
Product: HMO

Effective Date of Rates: April 1, 2018 Ending date of Rates: June 30, 2018

	T					
HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>		0090004		0090004		0090004
Plan Marketing Name =>		/0/60 Combined PC-SPG		PC-SPG		/0/60 Combined PC-SPG
Form # =>				7		9
Rating Area => Network =>		<u>б</u> ИО		<u>/</u> ИО		ио МО
Metal =>		nze		nze		nze
Deductible =>		Rx Combined		Rx Combined		Rx Combined
Coinsurance =>		%		%		%
Copays =>		PCP/SPC/ER		PCP/SPC/ER		PCP/SPC/ER
OOP Maximum =>		Rx Combined		Rx Combined		Rx Combined
Pediatric Dental (Yes/No) =>		es		es		es
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$214.23	\$214.23	\$220.66	\$220.66	\$231.37	\$231.37
15	\$233.27	\$233.27	\$240.27	\$240.27	\$251.94	\$251.94
16	\$240.55	\$240.55	\$247.77	\$247.77	\$259.80	\$259.80
17	\$247.84	\$247.84	\$255.27	\$255.27	\$267.66	\$267.66
18	\$255.68	\$255.68	\$263.35	\$263.35	\$276.13	\$276.13
19	\$263.52	\$263.52	\$271.42	\$271.42	\$284.60	\$284.60
20	\$271.64	\$271.64	\$279.79	\$279.79	\$293.37	\$293.37
21	\$280.04	\$280.04	\$288.44	\$288.44	\$302.44	\$302.44
22	\$280.04	\$280.04	\$288.44	\$288.44	\$302.44	\$302.44
23	\$280.04	\$280.04	\$288.44	\$288.44	\$302.44	\$302.44
24	\$280.04	\$280.04	\$288.44	\$288.44	\$302.44	\$302.44
25	\$281.16	\$281.16	\$289.59	\$289.59	\$303.65	\$303.65
26	\$286.76	\$286.76	\$295.36	\$295.36	\$309.70	\$309.70
27	\$293.48	\$293.48	\$302.29	\$302.29	\$316.96	\$316.96
28	\$304.40	\$304.40	\$313.54	\$313.54	\$328.76	\$328.76
29	\$313.36	\$313.36	\$322.77	\$322.77	\$338.43	\$338.43
30	\$317.85	\$317.85	\$327.38	\$327.38	\$343.27	\$343.27
31 32	\$324.57 \$331.29	\$324.57 \$331.29	\$334.30 \$341.23	\$334.30 \$341.23	\$350.53 \$357.79	\$350.53 \$357.79
33	\$335.49	\$335.49	\$345.55	\$345.55	\$362.33	\$362.33
34	\$339.97	\$333.49	\$350.17	\$350.17	\$367.17	\$367.17
35	\$342.21	\$342.21	\$350.17	\$350.17	\$369.59	\$369.59
36	\$344.45	\$344.45	\$354.78	\$354.78	\$372.01	\$372.01
37	\$346.69	\$346.69	\$357.09	\$357.09	\$374.42	\$374.42
38	\$348.93	\$348.93	\$359.40	\$359.40	\$376.84	\$376.84
39	\$353.41	\$353.41	\$364.01	\$364.01	\$381.68	\$381.68
40	\$357.89	\$357.89	\$368.63	\$368.63	\$386.52	\$386.52
41	\$364.61	\$364.61	\$375.55	\$375.55	\$393.78	\$393.78
42	\$371.05	\$371.05	\$382.18	\$382.18	\$400.74	\$400.74
43	\$380.01	\$380.01	\$391.41	\$391.41	\$410.42	\$410.42
44	\$391.22	\$391.22	\$402.95	\$402.95	\$422.51	\$422.51
45	\$404.38	\$404.38	\$416.51	\$416.51	\$436.73	\$436.73
46	\$420.06	\$420.06	\$432.66	\$432.66	\$453.66	\$453.66
47	\$437.70	\$437.70	\$450.83	\$450.83	\$472.72	\$472.72
48	\$457.87	\$457.87	\$471.60	\$471.60	\$494.49	\$494.49
49	\$477.75	\$477.75	\$492.08	\$492.08	\$515.97	\$515.97
50	\$500.15	\$500.15	\$515.16	\$515.16	\$540.16	\$540.16
51	\$522.27	\$522.27	\$537.94	\$537.94	\$564.06	\$564.06
52 52	\$546.64	\$546.64 \$571.28	\$563.04	\$563.04 \$588.42	\$590.37	\$590.37 \$616.98
53 54	\$571.28 \$597.89	\$5/1.28 \$597.89	\$588.42 \$615.82	\$588.42 \$615.82	\$616.98 \$645.72	\$616.98 \$645.72
55	\$624.49	\$624.49	\$613.82	\$613.82	\$674.45	\$674.45
56	\$653.33	\$653.33	\$672.93	\$672.93	\$705.60	\$705.60
57	\$682.46	\$682.46	\$702.93	\$702.93	\$737.05	\$737.05
58	\$713.54	\$713.54	\$734.95	\$734.95	\$770.63	\$770.63
59	\$728.94	\$728.94	\$750.81	\$750.81	\$787.26	\$787.26
60	\$760.03	\$760.03	\$782.83	\$782.83	\$820.83	\$820.83
61	\$786.91	\$786.91	\$810.52	\$810.52	\$849.87	\$849.87
62	\$804.55	\$804.55	\$828.69	\$828.69	\$868.92	\$868.92
63	\$826.68	\$826.68	\$851.48	\$851.48	\$892.81	\$892.81
64+	\$840.11	\$840.11	\$865.31	\$865.31	\$907.32	\$907.32
•			_	_	_	

Page Number: 3 12/24/2014

Market: Small Group
Product: HMO

Effective Date of Rates: July 1, 2018 Ending date of Rates: September 30, 2018

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789P <i>F</i>	A0090004	53789PA	0090004	537891	PA0090004
Plan Marketing Name =>	Bronze HMO 7000	0/0/60 Combined	Bronze HMO 7000	/0/60 Combined	Bronze HMO 70	00/0/60 Combined
Form # =>	C18-KH	IPC-SPG	C18-KH	PC-SPG	C18-F	(HPC-SPG
Rating Area =>		6		7		9
Network =>		MO		MO		HMO
Metal =>		onze		nze		ronze
Deductible =>		Rx Combined		Rx Combined	\$7000 Med	I/Rx Combined
Coinsurance =>	_	%	_	%		0%
Copays =>		PCP/SPC/ER Rx Combined		PCP/SPC/ER Rx Combined		0 PCP/SPC/ER I/Rx Combined
OOP Maximum => Pediatric Dental (Yes/No) =>		es es		es	\$7350 IVIEC	Yes
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$218.93	\$218.93	\$225.50	\$225.50	\$236.44	\$236.44
15	\$238.39	\$238.39	\$245.54	\$245.54	\$257.46	\$257.46
16	\$245.83	\$245.83	\$253.20	\$253.20	\$265.49	\$265.49
17	\$253.27	\$253.27	\$260.87	\$260.87	\$273.53	\$273.53
18	\$261.28	\$261.28	\$269.12	\$269.12	\$282.18	\$282.18
19	\$269.30	\$269.30	\$277.37	\$277.37	\$290.84	\$290.84
20	\$277.59	\$277.59	\$285.92	\$285.92	\$299.80	\$299.80
21	\$286.18	\$286.18	\$294.77	\$294.77	\$309.07	\$309.07
22	\$286.18	\$286.18	\$294.77	\$294.77	\$309.07	\$309.07
23	\$286.18	\$286.18	\$294.77	\$294.77	\$309.07	\$309.07
24	\$286.18	\$286.18	\$294.77	\$294.77	\$309.07	\$309.07
25	\$287.32	\$287.32	\$295.94	\$295.94	\$310.31	\$310.31
26	\$293.05	\$293.05	\$301.84	\$301.84	\$316.49	\$316.49
27	\$299.92	\$299.92	\$308.91	\$308.91	\$323.91	\$323.91
28	\$311.08	\$311.08	\$320.41	\$320.41	\$335.96	\$335.96
29	\$320.24	\$320.24	\$329.84	\$329.84	\$345.85	\$345.85
30 31	\$324.81	\$324.81 \$331.68	\$334.56	\$334.56	\$350.80	\$350.80 \$358.22
32	\$331.68 \$338.55	\$338.55	\$341.63 \$348.71	\$341.63 \$348.71	\$358.22 \$365.64	\$365.64
33	\$342.84	\$342.84	\$353.13	\$353.13	\$370.27	\$370.27
34	\$347.42	\$347.42	\$353.13	\$357.85	\$375.22	\$375.22
35	\$349.71	\$349.71	\$360.20	\$360.20	\$377.69	\$377.69
36	\$352.00	\$352.00	\$362.56	\$362.56	\$380.16	\$380.16
37	\$354.29	\$354.29	\$364.92	\$364.92	\$382.63	\$382.63
38	\$356.58	\$356.58	\$367.28	\$367.28	\$385.11	\$385.11
39	\$361.16	\$361.16	\$371.99	\$371.99	\$390.05	\$390.05
40	\$365.74	\$365.74	\$376.71	\$376.71	\$395.00	\$395.00
41	\$372.61	\$372.61	\$383.78	\$383.78	\$402.41	\$402.41
42	\$379.19	\$379.19	\$390.56	\$390.56	\$409.52	\$409.52
43	\$388.35	\$388.35	\$400.00	\$400.00	\$419.41	\$419.41
44	\$399.79	\$399.79	\$411.79	\$411.79	\$431.78	\$431.78
45	\$413.24	\$413.24	\$425.64	\$425.64	\$446.30	\$446.30
46	\$429.27	\$429.27	\$442.15	\$442.15	\$463.61	\$463.61
47	\$447.30	\$447.30	\$460.72	\$460.72	\$483.08	\$483.08
48	\$467.90	\$467.90	\$481.94	\$481.94	\$505.34	\$505.34
49	\$488.22	\$488.22	\$502.87	\$502.87	\$527.28	\$527.28
50 E1	\$511.12	\$511.12	\$526.45 \$549.74	\$526.45	\$552.01	\$552.01
51 52	\$533.73 \$558.62	\$533.73 \$558.62	\$549.74 \$575.38	\$549.74 \$575.38	\$576.42 \$603.31	\$576.42 \$603.31
52	\$558.62 \$583.81	\$558.62 \$583.81	\$575.38 \$601.32	\$575.38 \$601.32	\$630.51	\$630.51
53 54	\$610.99	\$610.99	\$629.32	\$629.32	\$659.87	\$659.87
55	\$638.18	\$638.18	\$657.33	\$657.33	\$689.24	\$689.24
56	\$667.66	\$667.66	\$687.69	\$687.69	\$721.07	\$721.07
57	\$697.42	\$697.42	\$718.34	\$718.34	\$753.21	\$753.21
58	\$729.19	\$729.19	\$751.06	\$751.06	\$787.52	\$787.52
59	\$744.93	\$744.93	\$767.27	\$767.27	\$804.52	\$804.52
60	\$776.69	\$776.69	\$799.99	\$799.99	\$838.83	\$838.83
61	\$804.17	\$804.17	\$828.29	\$828.29	\$868.50	\$868.50
62	\$822.20	\$822.20	\$846.86	\$846.86	\$887.97	\$887.97
63	\$844.80	\$844.80	\$870.15	\$870.15	\$912.39	\$912.39
64+	\$858.53	\$858.53	\$884.30	\$884.30	\$927.21	\$927.21
	1	1				

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Market: Small Group
Product: HMO

Effective Date of Rates: October 1, 2018 Ending date of Rates: December 31, 2018

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA	A0090004	53789PA	0090004	53789P	A0090004
Plan Marketing Name =>	Bronze HMO 7000	0/0/60 Combined	Bronze HMO 7000	/0/60 Combined	Bronze HMO 700	0/0/60 Combined
Form # =>	C18-KH	IPC-SPG	C18-KH	PC-SPG	C18-K	HPC-SPG
Rating Area =>		6		7		9
Network =>		MO	HN			МО
Metal =>		onze		nze		onze
Deductible =>		Rx Combined	\$7000 Med/			/Rx Combined
Coinsurance =>		%		%		0%
Copays =>		PCP/SPC/ER		PCP/SPC/ER		PCP/SPC/ER
OOP Maximum =>		Rx Combined es	\$7350 Med/	es		/Rx Combined Yes
Pediatric Dental (Yes/No) => Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$223.73	\$223.73	\$230.44	\$230.44	\$241.63	\$241.63
15	\$243.62	\$243.62	\$250.93	\$250.93	\$263.11	\$263.11
16	\$251.22	\$251.22	\$258.76	\$258.76	\$271.32	\$271.32
17	\$258.83	\$258.83	\$266.59	\$266.59	\$279.53	\$279.53
18	\$267.02	\$267.02	\$275.03	\$275.03	\$288.38	\$288.38
19	\$275.20	\$275.20	\$283.46	\$283.46	\$297.22	\$297.22
20	\$283.69	\$283.69	\$292.20	\$292.20	\$306.38	\$306.38
21	\$292.46	\$292.46	\$301.23	\$301.23	\$315.86	\$315.86
22	\$292.46	\$292.46	\$301.23	\$301.23	\$315.86	\$315.86
23	\$292.46	\$292.46	\$301.23	\$301.23	\$315.86	\$315.86
24	\$292.46	\$292.46	\$301.23	\$301.23	\$315.86	\$315.86
25	\$293.63	\$293.63	\$302.44	\$302.44	\$317.12	\$317.12
26	\$299.48	\$299.48	\$308.46	\$308.46	\$323.44	\$323.44
27	\$306.50	\$306.50	\$315.69	\$315.69	\$331.02	\$331.02
28	\$317.90	\$317.90	\$327.44	\$327.44	\$343.34	\$343.34
29	\$327.26	\$327.26	\$337.08	\$337.08	\$353.44	\$353.44
30	\$331.94	\$331.94	\$341.90	\$341.90	\$358.50	\$358.50
31	\$338.96	\$338.96	\$349.13	\$349.13	\$366.08	\$366.08
32	\$345.98	\$345.98	\$356.36	\$356.36	\$373.66	\$373.66
33 34	\$350.37	\$350.37	\$360.88	\$360.88	\$378.40	\$378.40
35 35	\$355.05 \$357.39	\$355.05 \$357.39	\$365.70 \$368.11	\$365.70 \$368.11	\$383.45 \$385.98	\$383.45 \$385.98
36	\$359.73	\$359.73	\$370.52	\$370.52	\$388.50	\$388.50
37	\$362.07	\$362.07	\$370.32	\$370.92	\$391.03	\$391.03
38	\$364.41	\$364.41	\$375.34	\$375.34	\$393.56	\$393.56
39	\$369.08	\$369.08	\$380.16	\$380.16	\$398.61	\$398.61
40	\$373.76	\$373.76	\$384.98	\$384.98	\$403.66	\$403.66
41	\$380.78	\$380.78	\$392.21	\$392.21	\$411.25	\$411.25
42	\$387.51	\$387.51	\$399.13	\$399.13	\$418.51	\$418.51
43	\$396.87	\$396.87	\$408.77	\$408.77	\$428.62	\$428.62
44	\$408.57	\$408.57	\$420.82	\$420.82	\$441.25	\$441.25
45	\$422.31	\$422.31	\$434.98	\$434.98	\$456.10	\$456.10
46	\$438.69	\$438.69	\$451.85	\$451.85	\$473.79	\$473.79
47	\$457.11	\$457.11	\$470.83	\$470.83	\$493.68	\$493.68
48	\$478.17	\$478.17	\$492.52	\$492.52	\$516.43	\$516.43
49	\$498.94	\$498.94	\$513.90	\$513.90	\$538.85	\$538.85
50	\$522.33	\$522.33	\$538.00	\$538.00	\$564.12	\$564.12
51	\$545.44	\$545.44	\$561.80	\$561.80	\$589.07	\$589.07
52	\$570.88	\$570.88	\$588.01	\$588.01	\$616.55	\$616.55
53	\$596.62	\$596.62	\$614.52	\$614.52	\$644.35	\$644.35
54	\$624.40	\$624.40	\$643.13	\$643.13	\$674.35	\$674.35
55	\$652.19	\$652.19	\$671.75	\$671.75	\$704.36	\$704.36
56 57	\$682.31	\$682.31 \$712.73	\$702.78	\$702.78	\$736.89	\$736.89
57	\$712.73	· ·	\$734.11	\$734.11	\$769.74	\$769.74
58 50	\$745.19 \$761.27	\$745.19 \$761.27	\$767.54 \$784.11	\$767.54 \$784.11	\$804.80	\$804.80 \$822.18
59 60	\$761.27 \$793.74	\$761.27 \$793.74	\$784.11 \$817.55	\$784.11 \$817.55	\$822.18 \$857.24	\$822.18 \$857.24
61	\$793.74 \$821.81	\$821.81	\$817.55 \$846.47	\$817.55 \$846.47	\$857.24 \$887.56	\$857.24 \$887.56
62	\$840.24	\$840.24	\$865.44	\$865.44	\$907.46	\$907.46
63	\$863.34	\$863.34	\$889.24	\$889.24	\$932.41	\$932.41
64+	\$877.37	\$877.37	\$903.69	\$903.69	\$947.57	\$947.57
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Keystone Health Plan Central Market Small Group

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
53789PA0090004	Bronze HMO 7000/0/60 Combined	НМО	Bronze	Off	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02	\$274.02

Keystone Health Plan Central Market Small Group

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
53789PA0090004	Bronze HMO 7000/0/60 Combined	НМО	Bronze	Off	\$282.24	\$282.24	\$282.24	\$282.24	\$295.94	\$295.94	\$295.94	\$295.94	\$295.94	\$295.94

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

HIOS Plan ID	Plan Mark	eting Name	Product	Metal	On/Off Exchange	Perry
53789PA0090004	Bronze HMO 7000/0/60	Combined	НМО	Bronze	Off	\$295.94

2018 Rates Table Template v7.1	All fields with an asterisk (*) are requir	ed. To validate press Validate button or i	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 M	ethod and fill in all columns.		
	If Tobacco is Tobacco User/Non-Toba	cco User, you must give a rate for Tobac		iur every age band.	
HIOS Issuer ID*	To add a new sheet, press the Add Sh 53789	eet button, or Ctrl + Shift + H. All plans n	nust have the same dates on a sheet.		
Federal TIN*	23-2399845				
Rate Effective Date* Rate Expiration Date*	1/1/2018 12/31/2018				
•	Age-Based Rates				
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	Required: Select the age of a subscriber eligible for the	Required: Enter the rate of an Individual Non-Tobacco or	Required: Enter the rate of an Individual tobacco enrollee
Enter the 14-Character Francis	Select the Rating Area iD	plan	rate	No Preference enrollee on a plan	on a plan
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	0-14 15	261.83 285.11	261.83 285.11
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	16	294.01	294.01
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	17	302.91 312.49	302.91 312.49
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	19	322.07 332.00	322.07 332.00
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	21	342.27	350.82
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	22 23	342.27 342.27	350.82 350.82
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	24 25	342.27 343.64	350.82 352.23
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	26	350.48	359.24
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27	358.70 372.04	367.66 381.35
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	29 30	383.00 388.47	392.57 398.19
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	31	396.69	406.61
53789PA0100008 53789PA0100008	<u> </u>	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	32	404.90 410.04	420.29
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	34	415.51 418.25	425.90 428.71
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	36	420.99	431.51
53789PA0100008 53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	37 38	423.73 426.47	437.13
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	39 40	431.94 437.42	442.74 470.22
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	41	445.63 453.50	479.05
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	43	464.46	499.29
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	44 45	478.15 494.23	
53789PA0100008 53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	46	513.40	564.74
53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User	48	534.96 559.61	615.57
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	49 50	583.91 611.29	642.30 702.98
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	51 52	638.33 668.11	
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	53	698.23	802.96
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	54	730.74 763.26	840.35 915.91
53789PA0100008 53789PA0100008	3	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	56 57	798.51 834.11	958.21
53789PA0100008	<u> </u>	Tobacco User/Non-Tobacco User	58	872.10	
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	59	890.92 928.91	1069.11 1161.14
53789PA0100008 53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61	961.77 983.34	1202.22 1229.17
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	63	1010.37	1262.97
53789PA0100008 53789PA0100008	Rating Area 6 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14	1026.80 269.69	
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	15 16	293.66 302.83	
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	17	311.99 321.87	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	19	331.74	331.74
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	20	341.96 352.54	341.96 361.35
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	22 23	352.54 352.54	361.35 361.35
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	24	352.54 353.95	361.35
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	26	361.00	370.02
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28	369.46 383.21	392.79
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	29 30	394.49 400.13	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	31	408.59 417.05	418.80
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	33	422.34	432.90
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	34	427.98 430.80	441.57
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	36 37	433.62 436.44	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	38	439.26 444.90	450.24
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	40	450.54	484.33
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	41 42	459.00 467.11	502.14
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	43	478.39 492.49	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	45	509.06 528.80	559.97
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	47	551.01	606.11
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	48		661.57
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51	629.63 657.48	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	52	688.15 719.17	791.37
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	54	752.66	865.56
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	55 56	786.15 822.47	986.96
53789PA0100008 53789PA0100008		Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	57 58	859.13 898.26	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	59 60	917.65 956.78	1101.18
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	61	990.63	1238.28
53789PA0100008 53789PA0100008		Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	62	1012.84 1040.69	
53789PA0100008 53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14	1057.61 282.78	1322.01
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	15	307.92	307.92
53789PA0100008 53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	16	327.14	327.14
53789PA0100008 53789PA0100008	•	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	18 19	337.49 347.84	

10.000 1.00000 1.00000 1.00000 1.00000 1.0000	53	3789PA0100008 Rating A	rea 9 Tob	pacco User/Non-Tobacco	User	20	358.56	358.56
Septimber Company Co	53	3789PA0100008 Rating A	rea 9 Tob	oacco User/Non-Tobacco	User	21	369.65	378.89
Section Sect		•						
March Marc	53	3789PA0100008 Rating A	rea 9 Tob	oacco User/Non-Tobacco	User	24	369.65	378.89
Section Company Comp								
Company Comp		•						
Comparison Strip Comparison Florest Strip Comparison Comparis	53	3789PA0100008 Rating A	rea 9 Tob			28	401.81	411.85
15-000-10-10-10-10-10-10-10-10-10-10-10-10		•						
March Marc	53	3789PA0100008 Rating A	rea 9 Tob			31	428.42	
Schart Scholler Schart Scholler Scholl		•						448.23
School of Control Brown Indicate State		•						
Section Section (1997) According to the control of the control		•						
March Marc		•						
Comparison of the Comparison		•						
Act Control		•						478.16
STORT Color State Color								
Comparison Comparison Comparison Comparison Comparison Compari	53	3789PA0100008 Rating A	rea 9 Tob			42		526.52
Million College Coll		•						
STORE STORE OF REAL PARK STORE STORE OF STORE O		•						587.15
State Compared Compared Compared		•						
STORY-STORY Company of the Property of the		•						
Comparison Com	53	3789PA0100008 Rating A	rea 9 Tob			49	630.62	693.68
STEPHEN COUNTY American Company Compan		•						
### CONTRACTORS FROM PAGE 10 **STEPPANDORS FROM PAGE 20								829.79
STORIGH Company Comp		•						
STREPARTICES Internal Conference Confere		•						
STORMAN CARE Range date	53	3789PA0100008 Rating A	rea 9 Tob	oacco User/Non-Tobacco	User	56	862.39	1034.87
STORPHONE CORD Firm's great by Finance Storphone Colors Story Storphone Cord Story Storphone Cord Story St		•						
### STEPHEN COOK DE RING AND AND TEACH DE BERRIN TO SECULD ### 50		•						
SCHOMPATT AND Forting deem at Telesco User And Telesc	53	3789PA0100008 Rating A	rea 9 Tob	oacco User/Non-Tobacco	User	60	1003.23	1254.03
STURMAND COLD STATE 1900		•						
Comparison of Part Comparison Comparis	53	3789PA0100008 Rating A	rea 9 Tob	oacco User/Non-Tobacco	User	63	1091.20	1364.01
SUPPROPOSITIONAL Committees 1								
## SEPPER-MONON Relay See 6 ## SEPPER-MONON								
SSERRANDOOR Bridge Ame B	53	3789PA0100004 Rating A	rea 6 Tob	pacco User/Non-Tobacco	User	16	182.88	182.88
ESTERAD/000006 Acting Ame B		•						
SUPPRINCENCY Rang Area		•				19	200.34	200.34
S2006A-010000 Ramy Ave 8	53	3789PA0100004 Rating A	rea 6 Tob			20	206.51	206.51
SUMPRATICODO Raminy Anne 6		•						218.22 218.22
SUMPAPOLICON, Rating Year 6 Colonious Userham-Tolonous User 25 211.15 211.05	53	3789PA0100004 Rating A	rea 6 Tob	oacco User/Non-Tobacco	User	23	212.90	218.22
S20999-010000 Reriz Avec 6 Toossoo User/No-Toossoo User 9 210.01 22.44								218.22
### CREMENTONIA NEWS AND ### To Tousens University Tousens Committee Tousens Committ		•						223.46
### CHAPPA-TOODS Rang Are 6	53	3789PA0100004 Rating A	rea 6 Tob			27	223.12	228.69
SUMPAPORTIONS Agring from 6 Telesco User 17 19 247.61 24		•						
SST898-A-10000 Return years Totasco UserNam Frobacco UserNam Frobacc		•						247.68
SCHEMPH-ADDROCK Ramp Arms 6 Totaboox Usar/Nam Francous Usar/								252.92
S3789PA110000 Resign year 6 Totalesco LiserNort Totalesco Liser 1 20 20 20 20 20 20 20		•						
S278PAM100004 Rating Area 6	53	3789PA0100004 Rating A	rea 6 Tob	oacco User/Non-Tobacco	User	34	258.46	264.92
SCHEMPACHOLOUGH Rating Area 6		•						266.66 268.41
S278PA-01000H Rating Awas 6 Totacco UserNo-Trobacco User 4 727-10 720-40 7		•						270.16
S778PA/010004 Rating Yeas 6 Totaleco User/Non-Totaleco User 141 277.59 220.48	53	3789PA0100004 Rating A	rea 6 Tob	oacco User/Non-Tobacco	User	38	265.27	271.90
C63798PA0100004 Raming Aven 6 Totacco User/Nam-Totacous User 12 27 (20 of 200.25		•						
83789/A010004 Rating Avea 6 53789/A010004 Rating Avea 7 5040004 Rating Avea 6 53789/A010004 Rating Avea 7 5040004 Rating Avea		•						297.98
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S2789PA0100004 Rating Area 6 Tobacoo UserNort-Tobacoo User	53	3789PA0100004 Rating A	rea 6 Tob			45	307.42	338.17
SST88PA100000 Raming Aves 6 Tobacco UserNon-Tobacco User 40 363.20 398.52 397.62 398.52 397.62		•						
S789PA0100004 Raling Area 6 Tobasco User(Non-Tobasco User) 51 397.05 456.61 53789PA0100004 Raling Area 6 Tobasco User(Non-Tobasco User) 52 4415.77 477.91		•						382.90
S7589PA0100004 Rating Area 6 Tobasco User/Non-Tobasco User 52 415.67 477.91 63759PA0100004 Rating Area 6 Tobasco User/Non-Tobasco User 53 434.31 4.994.46 437.91		•						399.52
S7789PA0100004 Raling Area 6 Tolasco User/Non-Tolasco User 53 445.97 497.91		•						
S3788PA010000R Rating Area 6 Tobacco User 565 474.76 569.77		•	rea 6 Tob	oacco User/Non-Tobacco	User	52	415.57	477.91
S7789PA0100000 Raing Area 6 Tobacco UserNon-Tobacco User 56 474.76 5967.07		•						499.46 522.72
S7789PA0100000 Rating Area 6 Tobacco User/Non-Tobacco User 57 518.35 622.60		•						
\$7898A0100004 Rating Area 6 \$7898PA0100004 Rating Area 7 \$785.55 \$7898PA0100004 Rating Area 7 \$785.55 \$7898PA0100004 Rating Area 7 \$785.55 \$7898PA0100004 Rating Area 7 \$785.50 \$7898PA010000	53	3789PA0100004 Rating A	rea 6 Tob	oacco User/Non-Tobacco	User	56	496.69	596.03
\$3789PA0100004 Rating Area 6 \$3789PA0100004 Rating Area 7 \$3789PA0100004 R		•						
S3789PA0100004 Rating Area 6 Tobacco User/Non-Tobacco User 61 598.24 747.80	53	3789PA0100004 Rating A	rea 6 Tob	oacco User/Non-Tobacco	User	59	554.17	665.01
53789PA0100004 Rating Area 6 Tobacou User/Non-Tobacou User 62 611.65 762.47 775.59 63789PA0100004 Rating Area 6 Tobacou User/Non-Tobacou User 63.69 789.36 53789PA0100004 Rating Area 7 Tobacou User/Non-Tobacou User 64 and over 638.69 789.36 53789PA0100004 Rating Area 7 Tobacou User/Non-Tobacou User 15 126.66 126.66 126.66 53789PA0100004 Rating Area 7 Tobacou User/Non-Tobacou User 15 126.66 126.66 13		•						
S3789PA0100004 Rating Area 6 Tobacco User/Non-Tobacco User 9	53	3789PA0100004 Rating A	rea 6 Tob	pacco User/Non-Tobacco	User	62	611.65	764.57
S2789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 15 182.66 182.6		•						785.59 709.26
S7389PA100004 Rating Area 7 Tobacco User/Non-Tobacco User 16 188.36		, ,						798.36 167.75
53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 19 200.21 200.2	53	3789PA0100004 Rating A	rea 7 Tob	oacco User/Non-Tobacco	User	15	182.66	182.66
S3789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 18 200.21 200.2		•						
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 20 212.71 212.71 212.71 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 21 219.28 224.77 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 22 219.28 224.77 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 23 219.28 224.77 229.47 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 24 219.28 224.77 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 25 220.16 225.67 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 26 224.55 230.16 235.55 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 27 229.81 235.55 23789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 28 238.36 244.32 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.24 249.25 249.25 249.24 249.25 2	53	3789PA0100004 Rating A	rea 7 Tob	pacco User/Non-Tobacco	User	18	200.21	200.21
S3789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 22 219.28 224.77		•						206.35 212.71
S3789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 23 219.28 224.77	53	3789PA0100004 Rating A	rea 7 Tob			21	219.28	224.77
53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 24 219.28 224.77 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 25 220.16 225.55 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 26 224.55 230.16 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 27 229.81 235.55 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 29 245.38 221.51 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 30 248.89 255.11 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 30 248.89 255.11 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 32 259.41 265.90 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 33 262.70 269.27 53788PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 34 266.21 272.87 53788PA0100004 Rating Area 7								224.77
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53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 30 248.89 255.11 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 31 254.15 260.50 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 32 259.41 265.90 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 33 262.70 269.27 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 34 266.21 272.87 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 35 267.96 274.66 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 36 269.72 276.46 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 37 271.47 278.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 38 273.23 280.06 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 39 276.74 283.65 53789PA0100004 Rating Area 7	53	3789PA0100004 Rating A	rea 7 Tob	pacco User/Non-Tobacco	User	28	238.36	244.32
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 31 254.15 260.50 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 32 259.41 265.90 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 33 262.70 269.27 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 34 266.21 272.87 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 35 267.96 274.66 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 36 269.72 276.46 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 37 271.47 278.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 38 273.23 280.06 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 39 276.74 283.65 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 40 280.24 301.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 44 306.34 297.57 319.89 </td <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		•						
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 32 259.41 265.90 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 33 262.70 269.27 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 34 266.21 272.87 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 35 267.96 274.66 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 36 269.72 276.46 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 37 271.47 278.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 38 273.23 280.06 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 39 276.74 283.65 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 40 280.24 301.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 41 285.51 306.92 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 43 297.57 319.89								255.11 260.50
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53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 35 267.96 274.66 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 36 269.72 276.46 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 37 271.47 278.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 38 273.23 280.06 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 39 276.74 283.65 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 40 280.24 301.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 41 285.51 306.92 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 43 297.57 319.89 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 44 306.34 329.35 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 45 316.65 348.31 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82		•						
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53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 39 276.74 283.65 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 40 280.24 301.26 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 41 285.51 306.92 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 43 297.57 319.89 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 44 306.34 329.32 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 45 316.65 348.31 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82		•						278.26
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 41 285.51 306.92 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 43 297.57 319.89 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 44 306.34 329.32 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 45 316.65 348.31 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82	53	3789PA0100004 Rating A	rea 7 Tob	oacco User/Non-Tobacco	User	39	276.74	283.65
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 42 290.55 312.34 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 43 297.57 319.89 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 44 306.34 329.32 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 45 316.65 348.31 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82		•						301.26 306.92
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53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 45 316.65 348.31 53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82								319.89
53789PA0100004 Rating Area 7 Tobacco User/Non-Tobacco User 46 328.93 361.82		•						
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	53	3789PA0100004 Rating A	rea 7 Tob	pacco User/Non-Tobacco	User	47	342.74	377.01

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53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us			450.39
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us		408.96	
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us			492.25
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us		447.34	514.44
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er55		
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er56	511.59	613.91
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er 57	534.39	641.27
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er 58	558.74	670.48
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er 59	570.80	684.96
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er 60	595.14	743.92
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us	er 61	616.19	
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us		630.00	
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us		647.33	
53789PA0100004 Rating Area 7	Tobacco User/Non-Tobacco Us		657.84	822.31
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		175.90	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			191.53
· · · · · · · · · · · · · · · · · · ·	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9				197.51
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			209.92
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		229.93	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			235.68
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 23	229.93	235.68
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 24	229.93	235.68
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 25	230.85	236.62
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 26	235.45	241.33
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		240.97	246.99
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			267.49
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		266.49	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			278.81
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
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53789PA0100004 Rating Area 9				
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			288.00
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			289.88
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			291.77
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			297.42
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			315.89
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		299.37	321.82
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			327.50
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			335.41
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			345.30
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 45	332.02	365.22
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			379.38
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		359.38	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		428.82	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
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53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us	er 61	646.10	807.62
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us		660.59	
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
53789PA0100004 Rating Area 9	Tobacco User/Non-Tobacco Us			
22. 22. 710 10000 1 11aming 7110a 0		2. Or and over	. 300.70	502.20

	If you are in a community rating state, If you are not in a community rating st If Tobacco is Tobacco User/Non-Toba	select Family-Tier Rates under Rating Metals select Age-Based Rates under Rating		
Federal TIN		ata salact Aga-Rasad Ratas undar Ratini	a Method and provide an Individual Ra	
Federal TIN	III TODACCO IS TODACCO OSEI/NOTI-TODA	· · · · · · · · · · · · · · · · · · ·	-	te for every age band.
Federal TIN		heet button, or Ctrl + Shift + H. All plans n		
	* 23-2399845			
Rate Effective Date				
Rate Expiration Date	* Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
		Required:		
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a	Required: Select the age of a subscriber eligible for the	Required: Enter the rate of an Individual Non-Tobacco o
Enter the 14-character Fiam D	Object the Nating Alea ib	plan	rate	No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	209.63
53789PA0090004	Rating Area 6	No Preference	15	
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	18	
53789PA0090004	Rating Area 6	No Preference	19	257.85
53789PA0090004	Rating Area 6	No Preference	20	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	21	
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	23	
53789PA0090004	Rating Area 6	No Preference	24	274.02
53789PA0090004	Rating Area 6	No Preference	25	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	26	
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	28	
53789PA0090004	Rating Area 6	No Preference	29	306.63
53789PA0090004	Rating Area 6	No Preference	30	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	31	
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	33	_
53789PA0090004	Rating Area 6	No Preference	34	
53789PA0090004	Rating Area 6	No Preference	35	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	36	
53789PA0090004	Rating Area 6	No Preference	38	
53789PA0090004	Rating Area 6	No Preference	39	345.81
53789PA0090004	Rating Area 6	No Preference	40	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	41	
53789PA0090004	Rating Area 6	No Preference	43	
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	46	
53789PA0090004	Rating Area 6	No Preference	48	
53789PA0090004	Rating Area 6	No Preference	49	
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	51	
53789PA0090004	Rating Area 6	No Preference	53	559.00
53789PA0090004	Rating Area 6	No Preference	54	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	55 56	
53789PA0090004	Rating Area 6	No Preference	57	II.
53789PA0090004	Rating Area 6	No Preference	58	698.20
53789PA0090004	Rating Area 6	No Preference	59	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	60	
53789PA0090004	Rating Area 6	No Preference	62	
53789PA0090004	Rating Area 6	No Preference	63	808.91
53789PA0090004	Rating Area 7	No Preference	64 and over	
53789PA0090004 53789PA0090004		No Preference No Preference	0-14	
53789PA0090004	4 Rating Area 7	No Preference	16	242.44
53789PA0090004	•	No Preference No Preference	17	
53789PA0090004 53789PA0090004		No Preference	19	
53789PA0090004	4 Rating Area 7	No Preference	20	273.77
53789PA0090004 53789PA0090004		No Preference No Preference	21	
53789PA0090004 53789PA0090004		No Preference No Preference	22	
53789PA0090004	4 Rating Area 7	No Preference	24	282.24
53789PA009000		No Preference	25	
53789PA0090004 53789PA0090004		No Preference No Preference	26	1
53789PA0090004	4 Rating Area 7	No Preference	28	306.80
53789PA0090004		No Preference	29	315.83
53789PA0090004 53789PA0090004	· · · · · · ·	No Preference No Preference	30	
53789PA0090004 53789PA0090004	· · · · · · ·	No Preference	32	
53789PA0090004	4 Rating Area 7	No Preference	33	338.12
53789PA0090004 53789PA0090004	· · · · · · ·	No Preference No Preference	34	
53789PA0090004 53789PA0090004		No Preference	35	
53789PA0090004	4 Rating Area 7	No Preference	37	349.4
53789PA009000		No Preference	38	
53789PA0090004 53789PA0090004	•	No Preference No Preference	39	+
53789PA0090004	4 Rating Area 7	No Preference	41	367.4
53789PA0090004		No Preference	42	373.9
53789PA0090004 53789PA0090004	•	No Preference No Preference	43	
53789PA0090004 53789PA0090004		No Preference	44	
53789PA0090004	4 Rating Area 7	No Preference	46	423.36
53789PA0090004		No Preference	47	
	4 Rating Area 7	No Preference No Preference	48	

53789PA0090004 Rating Area 7	No Preference	50	504.08
53789PA0090004 Rating Area 7	No Preference	51	526.38
53789PA0090004 Rating Area 7	No Preference	52	550.93
53789PA0090004 Rating Area 7	No Preference	53	575.77
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53789PA0090004 Rating Area 7	No Preference	54	602.58
53789PA0090004 Rating Area 7	No Preference	55	629.40
53789PA0090004 Rating Area 7	No Preference	56	658.47
53789PA0090004 Rating Area 7	No Preference	57	687.82
53789PA0090004 Rating Area 7	No Preference	58	719.15
53789PA0090004 Rating Area 7	No Preference	59	734.67
53789PA0090004 Rating Area 7	No Preference	60	766.00
53789PA0090004 Rating Area 7	No Preference	61	793.10
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53789PA0090004 Rating Area 7	No Preference	62	810.88
53789PA0090004 Rating Area 7	No Preference	63	833.17
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53789PA0090004 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
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53789PA0090004 Rating Area 9			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
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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
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53789PA0090004 Rating Area 9	No Preference	35	361.64
53789PA0090004 Rating Area 9	No Preference	36	364.01
53789PA0090004 Rating Area 9		37	
	No Preference		366.38
53789PA0090004 Rating Area 9	No Preference	38	368.74
53789PA0090004 Rating Area 9	No Profesence		
	No Preference	39	373.48
53789PA0090004 Rating Area 9	No Preference	40	378.21
53789PA0090004 Rating Area 9	No Preference	41	385.32
	No Preference		
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
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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
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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
337031 A0030004 Rating Area 9			
	No Preference	62	850.24
53789PA0090004 Rating Area 9	No Fleterence	021	000.2 .
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373891A0000004 Rating Area 6 No Preference	18	
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Rating Area 6 No Preference	61	
53789PA0090004 Rating Area 7 No Preference	62	
53789PA0090004 Rating Area 7 No Preference	64 and over	
53789PA0090004 Rating Area 7 No Preference	0-14	220.6
53789PA0090004 Rating Area 7 No Preference		
53789PA0090004 Rating Area 7 No Preference	16	
53789PA0090004 Rating Area 7 No Preference	18	263.3
53789PA0090004 Rating Area 7 No Preference	19	
53789PA0090004 Rating Area 7 No Preference	20	
53789PA0090004 Rating Area 7 No Preference	22	288.4
53789PA0090004 Rating Area 7 No Preference	23	
53789PA0090004 Rating Area 7 No Preference	24	
53789PA0090004 Rating Area 7 No Preference	26	
53789PA0090004 Rating Area 7 No Preference	27	302.2
53789PA0090004 Rating Area 7 No Preference	28	
53789PA0090004 Rating Area 7 No Preference	30	
53789PA0090004 Rating Area 7 No Preference	31	334.3
53789PA0090004 Rating Area 7 No Preference	32	
53789PA0090004 Rating Area 7 No Preference	33	
53789PA0090004 Rating Area 7 No Preference	35	352.4
53789PA0090004 Rating Area 7 No Preference	36	354.7
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53789P	0090004 Rating Area 7 0090004 Rating Area 9 00900004 Rating Area 9 0090004 Rating Area 9	No Preference	50 51 52 53 54 55 55 56 57 58 59 60 61 62 63 64 and over 0-14 15	537.94 563.04 588.42 615.82 643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P	00090004 Rating Area 7 00090004 Rating Area 9 00090004 Rating Area 9	No Preference	52 53 54 55 56 57 58 59 60 61 62 63 64 and over 0-14	563.04 588.42 615.82 643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P	00090004 Rating Area 7 00090004 Rating Area 9 00090004 Rating Area 9	No Preference	53 54 55 56 57 58 59 60 61 62 63 64 and over 0-14	588.42 615.82 643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31
53789P	00090004 Rating Area 7 00090004 Rating Area 9 00090004 Rating Area 9	No Preference	53 54 55 56 57 58 59 60 61 62 63 64 and over 0-14	588.42 615.82 643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31
53789P	0090004 Rating Area 7 0090004 Rating Area 9	No Preference	54 55 56 57 58 59 60 61 62 63 64 and over 0-14	615.82 643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	00090004 Rating Area 7 00090004 Rating Area 9 00090004 Rating Area 9	No Preference	55 56 57 58 59 60 61 62 63 64 and over 0-14	643.22 672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	0090004 Rating Area 7 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9	No Preference	56 57 58 59 60 61 62 63 64 and over 0-14	672.93 702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	00090004 Rating Area 7 00090004 Rating Area 9 00090004 Rating Area 9	No Preference	57 58 59 60 61 62 63 64 and over 0-14	702.93 734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	0090004 Rating Area 7 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9	No Preference	58 59 60 61 62 63 64 and over 0-14	734.95 750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	0090004 Rating Area 7 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9	No Preference	59 60 61 62 63 64 and over 0-14 15	750.81 782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	0090004 Rating Area 7 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9	No Preference	60 61 62 63 64 and over 0-14 15	782.83 810.52 828.69 851.48 865.31 231.37
53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P 53789P	0090004 Rating Area 7 0090004 Rating Area 7 0090004 Rating Area 7 0090004 Rating Area 7 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9 0090004 Rating Area 9	No Preference	61 62 63 64 and over 0-14 15	810.52 828.69 851.48 865.31 231.37
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	0090004 Rating Area 9	No Preference	23	
53789P	0090004 Rating Area 9	No Preference	24	
53789P	0090004 Rating Area 9	No Preference	25	303.65
53789P	0090004 Rating Area 9	No Preference	26	309.70
53789P	0090004 Rating Area 9	No Preference	27	316.96
	0090004 Rating Area 9	No Preference	28	328.76
	0090004 Rating Area 9	No Preference	29	
	0090004 Rating Area 9	No Preference	30	
	0090004 Rating Area 9	No Preference	31	350.53
	0090004 Rating Area 9	No Preference	32	
		No Preference		
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	0090004 Rating Area 9	No Preference	34	367.17
	0090004 Rating Area 9	No Preference	35	
	0090004 Rating Area 9	No Preference	36	
	0090004 Rating Area 9	No Preference	37	374.42
	0090004 Rating Area 9	No Preference	38	
	0090004 Rating Area 9	No Preference	39	381.68
53789P	0090004 Rating Area 9	No Preference	40	386.52
53789P	0090004 Rating Area 9	No Preference	41	393.78
53789P	0090004 Rating Area 9	No Preference	42	400.74
	0090004 Rating Area 9	No Preference	43	
	0090004 Rating Area 9	No Preference	44	
	0090004 Rating Area 9	No Preference	45	
	0090004 Rating Area 9	No Preference	46	
	10090004 Rating Area 9	No Preference	47	
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	0090004 Rating Area 9	No Preference	49	
	0090004 Rating Area 9	No Preference	50	
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	0090004 Rating Area 9	No Preference	52	
	0090004 Rating Area 9	No Preference	53	
53789P	0090004 Rating Area 9	No Preference	54	
53789P	0090004 Rating Area 9	No Preference	55	674.45
53789P	0090004 Rating Area 9	No Preference	56	
	0090004 Rating Area 9	No Preference	57	737.05
	0090004 Rating Area 9	No Preference	58	
	0090004 Rating Area 9	No Preference	59	
	10090004 Rating Area 9	No Preference	60	
	10090004 Rating Area 9	No Preference	61	849.87
	S Contract of the contract of			
	0000004 Rating Area 9	No Preference	62	
	0090004 Rating Area 9	No Preference	63	
53789P	0090004 Rating Area 9	No Preference	64 and over	907.32

Rate Effective Date Rate Expiration Date	If you are not in a community rating st If Tobacco is Tobacco User/Non-Toba To add a new sheet, press the Add Si * 53789 23-2399845 * 7/1/2018 * 9/30/2018 Age-Based Rates Rating Area ID* Rating Area 6 Rating Area 6 Rating Area 6		g Method and provide an Individual Rai co Use and Non-Tobacco Use.	te for every age band.
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53789PA0090004	Rating Area 6	No Preference	20	
53789PA0090004	Rating Area 6	No Preference No Preference	21	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	23	
53789PA0090004	Rating Area 6	No Preference	24	286.18
53789PA0090004	Rating Area 6	No Preference	25	
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53789PA0090004	Rating Area 6	No Preference	28	311.08
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	30	
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	32	338.55
53789PA0090004	Rating Area 6	No Preference	33	342.84
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	34	
53789PA0090004	Rating Area 6	No Preference	36	
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53789PA0090004	Rating Area 6	No Preference	38	
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53789PA0090004	Rating Area 6	No Preference	42	
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53789PA0090004	Rating Area 6	No Preference	45	
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53789PA0090004 53789PA0090004	Rating Area 6	No Preference	49	
53789PA0090004	Rating Area 6	No Preference	50	511.12
53789PA0090004	Rating Area 6	No Preference	51	
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53789PA0090004	Rating Area 6	No Preference	62	
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53789PA009000 ²		No Preference	15	
53789PA0090004	Rating Area 7	No Preference	16	253.20
53789PA0090004 53789PA0090004	•	No Preference No Preference	17	
53789PA0090004	1 Rating Area 7	No Preference	19	277.37
53789PA009000	3	No Preference	20	
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53789PA0090004	Rating Area 7	No Preference	23	294.77
53789PA009000 ⁴ 53789PA009000 ⁴		No Preference No Preference	24	
53789PA009000 ²		No Preference	26	
53789PA0090004	Rating Area 7	No Preference	27	
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53789PA0090004	1 Rating Area 7	No Preference	30	334.56
53789PA009000	o de la companya de	No Preference	31	
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53789PA0090004	1 Rating Area 7	No Preference	34	357.85
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53789PA0090004	1 Rating Area 7	No Preference	38	367.28
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53789PA0090004	1 Rating Area 7	No Preference	42	390.5
53789PA0090004	1 Rating Area 7	No Preference	43	400.00
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53789PA009000 ²		No Preference	45	
53789PA0090004	1 Rating Area 7	No Preference	47	460.72
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S3789PA0090004 Rating Area 9 No Preference 21 309.07	53789PA0090004 Rating Area 9	No Preference	19	290.84
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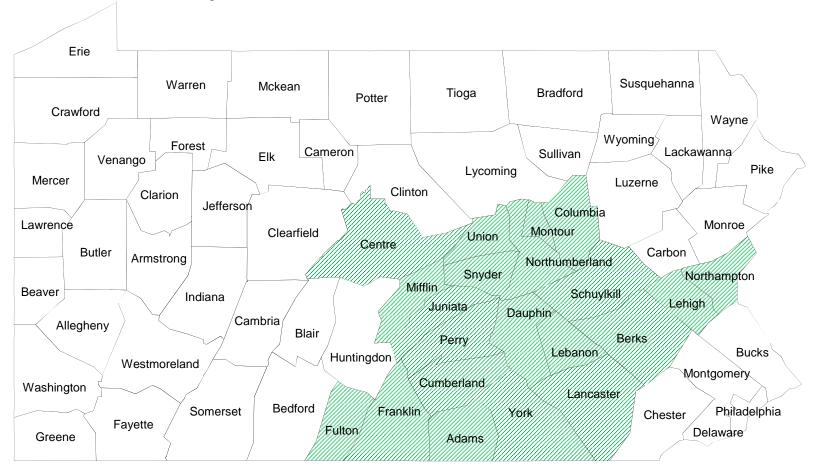
2018 Rates Table Template v7.1	All fields with an asterisk (*) are requ	ired. To validate press Validate button or	Ctrl + Shift + I. To finalize, press Finali	ze button or Ctrl + Shift + F.
-		select Family-Tier Rates under Rating M		
		ate, select Age-Based Rates under Ratin acco User, you must give a rate for Tobac	· · · · · · · · · · · · · · · · · · ·	nte for every age band.
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HIOS Issuer ID*	53789			
	23-2399845 10/1/2018			
Rate Effective Date* Rate Expiration Date*	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 o 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	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	18	
53789PA0090004	Rating Area 6	No Preference	19	275.20
53789PA0090004	Rating Area 6	No Preference	20	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	21	
53789PA0090004	Rating Area 6	No Preference	23	
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	27	
53789PA0090004	Rating Area 6	No Preference	28	317.90
53789PA0090004	Rating Area 6	No Preference	29	
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53789PA0090004	Rating Area 6	No Preference	32	345.98
53789PA0090004	Rating Area 6	No Preference	33	
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53789PA0090004	Rating Area 6	No Preference	36	359.73
53789PA0090004	Rating Area 6	No Preference	37	
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53789PA0090004	Rating Area 6	No Preference	40	
53789PA0090004	Rating Area 6	No Preference	41	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	42	
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	43	
53789PA0090004	Rating Area 6	No Preference	45	422.3
53789PA0090004	Rating Area 6	No Preference	46	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	47	
53789PA0090004	Rating Area 6	No Preference	49	498.94
53789PA0090004	Rating Area 6	No Preference	50	
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53789PA0090004 53789PA0090004	Rating Area 6	No Preference	53	
53789PA0090004	Rating Area 6	No Preference	54	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	55	
53789PA0090004	Rating Area 6	No Preference	57	
53789PA0090004	Rating Area 6	No Preference	58	
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53789PA0090004 53789PA0090004	Rating Area 6	No Preference	61	
53789PA0090004	Rating Area 6	No Preference	62	
53789PA0090004	Rating Area 6	No Preference No Preference	63 64 and over	
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 7	No Preference	0-14	230.44
53789PA0090004	Rating Area 7	No Preference	15	250.93
53789PA0090004 53789PA0090004		No Preference No Preference	16	
53789PA0090004	Rating Area 7	No Preference	18	275.03
53789PA0090004		No Preference	19	
53789PA0090004 53789PA0090004	•	No Preference No Preference	20	
53789PA0090004	Rating Area 7	No Preference	22	301.23
53789PA0090004 53789PA0090004		No Preference No Preference	23	
53789PA0090004 53789PA0090004		No Preference	25	
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53789PA0090004 53789PA0090004	- · ·	No Preference No Preference	27	
53789PA0090004 53789PA0090004		No Preference	29	337.08
53789PA0090004	Rating Area 7	No Preference	30	
53789PA0090004 53789PA0090004	•	No Preference No Preference	31	
53789PA0090004	Rating Area 7	No Preference	33	360.88
53789PA0090004	•	No Preference	34	
53789PA0090004 53789PA0090004		No Preference No Preference	35	
53789PA0090004	Rating Area 7	No Preference	37	372.93
53789PA0090004	•	No Preference	38	
53789PA0090004 53789PA0090004	•	No Preference No Preference	39	
53789PA0090004	Rating Area 7	No Preference	41	392.2
53789PA0090004		No Preference	42	
53789PA0090004 53789PA0090004	•	No Preference No Preference	43	
53789PA0090004	Rating Area 7	No Preference	45	434.98
53789PA0090004	Rating Area 7	No Preference	46	451.8
53789PA0090004 53789PA0090004		No Preference No Preference	47	
	Rating Area 7 Rating Area 7	No Preference	48	

53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 and over 0-14 15 16 17 18	561.80 588.01 614.52 643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	52 53 54 55 55 56 57 58 59 60 61 62 63 64 and over 0-14 15 16 17	588.01 614.52 643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	52 53 54 55 55 56 57 58 59 60 61 62 63 64 and over 0-14 15 16 17	588.01 614.52 643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	53 54 55 55 56 57 58 59 60 61 62 63 64 and over 0-14 15 16 17	614.52 643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	54 55 56 57 58 58 60 61 61 62 63 64 and over 0-14 15 16 17	643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	54 55 56 57 58 58 60 61 61 62 63 64 and over 0-14 15 16 17	643.13 671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	55 56 57 58 58 59 60 61 62 63 64 and over 0-14 15 16 17	671.75 702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	56 57 58 58 59 60 61 62 63 64 and over 0-14 15 16 17	702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	56 57 58 58 59 60 61 62 63 64 and over 0-14 15 16 17	702.78 734.11 767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
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53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	58 59 60 61 62 63 64 and over 0-14 15 16 17	767.54 784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	59 60 61 62 63 64 and over 0-14 15 16 17	784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	59 60 61 62 63 64 and over 0-14 15 16 17	784.11 817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	60 61 62 63 64 and over 0-14 15 16 17	817.55 846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 9	No Preference	61 62 63 64 and over 0-14 15 16 17 18	846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 9	No Preference	61 62 63 64 and over 0-14 15 16 17 18	846.47 865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 9	No Preference	62 63 64 and over 0-14 15 16 17 18	865.44 889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 7 90004 Rating Area 9	No Preference	63 64 and over 0-14 15 16 17 18	889.24 903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	64 and over 0-14 15 16 17 18	903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 7 90004 Rating Area 9	No Preference	64 and over 0-14 15 16 17 18	903.69 241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9	No Preference	0-14 15 16 17 18 19	241.63 263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9	No Preference	15 16 17 18 19	263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference No Preference No Preference No Preference	16 17 18 19	263.11 271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference No Preference No Preference No Preference	16 17 18 19	271.32 279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference No Preference No Preference	17 18 19	279.53 288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference No Preference	18 19	288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference No Preference	18 19	288.38
53789PA00 53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9	No Preference No Preference	19	
53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9	No Preference		20-22
53789PA00 53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9 90004 Rating Area 9	No Preference		297.22
53789PA00 53789PA00 53789PA00	90004 Rating Area 9 90004 Rating Area 9			
53789PA00 53789PA00	90004 Rating Area 9	Na Destaura		
53789PA00 53789PA00	90004 Rating Area 9	No Preference	21	315.86
53789PA00		No Preference	22	315.86
	DOODA Doting Area O			
	90004 Rating Area 9	No Preference	23	315.86
0070017100	90004 Rating Area 9	No Preference	24	315.86
50700D 4 00	_			
	90004 Rating Area 9	No Preference	25	317.12
53789PA00	90004 Rating Area 9	No Preference	26	323.44
	90004 Rating Area 9	No Preference	27	331.02
53789PA00	90004 Rating Area 9	No Preference	28	343.34
	90004 Rating Area 9	No Preference	29	353.44
	_			
	90004 Rating Area 9	No Preference	30	358.50
53789PA00	90004 Rating Area 9	No Preference	31	366.08
	_			
	90004 Rating Area 9	No Preference	32	373.66
53789PA00	90004 Rating Area 9	No Preference	33	378.40
	90004 Rating Area 9	No Preference	34	383.45
	_			
53789PA00	90004 Rating Area 9	No Preference	35	385.98
53789PA00	90004 Rating Area 9	No Preference	36	388.50
53789PA00	90004 Rating Area 9	No Preference	37	391.03
53789PA00	90004 Rating Area 9	No Preference	38	393.56
	90004 Rating Area 9			
	•	No Preference	39	398.61
53789PA00	90004 Rating Area 9	No Preference	40	403.66
	90004 Rating Area 9	No Preference	41	411.25
	9			
53789PA00	90004 Rating Area 9	No Preference	42	418.51
53789PA00	90004 Rating Area 9	No Preference	43	428.62
	•			
	90004 Rating Area 9	No Preference	44	441.25
53789PA00	90004 Rating Area 9	No Preference	45	456.10
	90004 Rating Area 9	No Preference	46	
	90004 Rating Area 9	No Preference	47	493.68
53789PA00	90004 Rating Area 9	No Preference	48	516.43
	90004 Rating Area 9	No Preference	49	538.85
53789PA00	90004 Rating Area 9	No Preference	50	564.12
	90004 Rating Area 9	No Preference	51	589.07
53789PA00	90004 Rating Area 9	No Preference	52	616.55
53789PA00	90004 Rating Area 9	No Preference	53	644.35
	90004 Rating Area 9		54	
		No Preference		674.35
53789PA00	90004 Rating Area 9	No Preference	55	704.36
	90004 Rating Area 9	No Preference	56	
	90004 Rating Area 9	No Preference	57	769.74
53789PA00	90004 Rating Area 9	No Preference	58	804.80
	90004 Rating Area 9	No Preference	59	822.18
53789PA00	90004 Rating Area 9	No Preference	60	857.24
	90004 Rating Area 9	No Preference	61	887.56
53789PA00	90004 Rating Area 9	No Preference	62	907.46
53789PA00	90004 Rating Area 9	No Preference	63	932.41
53789PA00	90004 Rating Area 9	No Preference	64 and over	947.57

2017 Service Area

Issuer: 53789

Market: Small Group



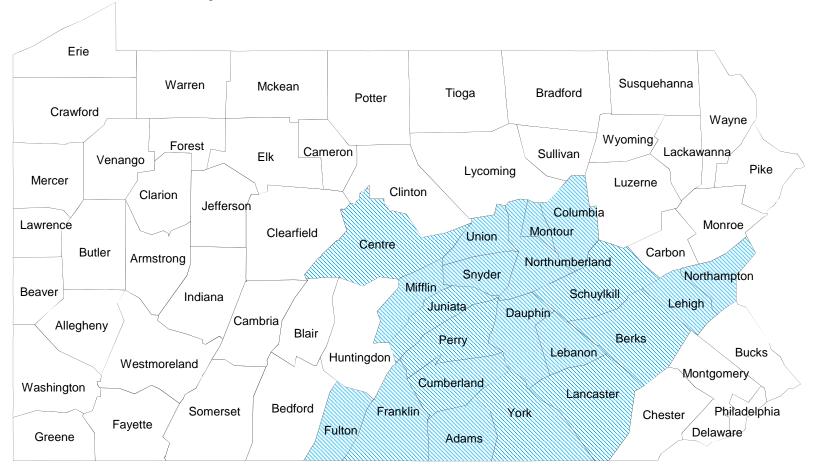
Key (modify as needed)

: 2017 on-exchange service area : 2017 off-exchange only service area

2018 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

: 2018 on-exchange service area

: 2018 off-exchange only service area

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Q&A Exhibit 1

<u>Market</u>	<u>Company</u>	<u>Type</u>	<u>Date</u>	Med Paid	<u>Rx Paid</u>	<u>Completion</u>	<u>Incurred</u>	Med Premium	Rx Premium	Total Premium	<u>Members</u>
Small Group	KHP	Transitional	201601	\$101,424	\$0	1.00	\$101,618	\$227,815	\$0	\$227,815	530
Small Group	KHP	Transitional	201602	\$110,814	\$0	1.00	\$111,026	\$219,849	\$0	\$219,849	534
Small Group	KHP	Transitional	201603	\$116,848	\$0	1.00	\$117,152	\$231,269	\$0	\$231,269	535
Small Group	KHP	Transitional	201604	\$199,983	\$0	1.00	\$200,696	\$229,686	\$0	\$229,686	533
Small Group	KHP	Transitional	201605	\$174,627	\$0	1.00	\$175,351	\$230,749	\$0	\$230,749	534
Small Group	KHP	Transitional	201606	\$104,747	\$0	0.99	\$105,406	\$211,594	\$0	\$211,594	512
Small Group	KHP	Transitional	201607	\$163,466	\$0	0.99	\$164,739	\$193,300	\$0	\$193,300	467
Small Group	KHP	Transitional	201608	\$76,903	\$0	0.98	\$78,511	\$147,419	\$0	\$147,419	317
Small Group	KHP	Transitional	201609	\$200,578	\$0	0.98	\$203,634	\$68,276	\$0	\$68,276	160
Small Group	KHP	Transitional	201610	\$20,100	\$0	0.94	\$21,444	\$44,747	\$0	\$44,747	116
Small Group	KHP	Transitional	201611	\$22,482	\$0	0.97	\$23,246	\$42,999	\$0	\$42,999	106
Small Group	KHP	Transitional	201612	\$0	\$0	0.93	\$0	\$0	\$0	\$0	0
Total				\$1,291,970	\$0		\$1,302,823	\$1,847,703	\$0	\$1,847,703	4,344

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Q&A Exhibit 2

		<u>2017</u>	<u>2018</u>	<u>Average</u>
		8%	8%	8%
ommerical 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%
	et Adjustments			0.075
	et Adjustments	2017 14%	2018 15 %	
otal Drug- Trend Model and Mark	et Adjustments	<u></u>		Average
otal Drug- Trend Model and Mark	et Adjustments	<u></u>		<u>Average</u>
otal Drug- Trend Model and Mark	et Adjustments	14%	15%	Average 14%
otal Drug- Trend Model and Mark ommercial Drug Trend Cost Utilization		12.2%	13.0%	Average 14% 12.6%
otal Drug- Trend Model and Mark ommercial Drug Trend Cost		12.2%	13.0%	Average 14% 12.6%
otal Drug- Trend Model and Mark ommercial Drug Trend Cost Utilization djustment Specific to Market Seg		12.2% 1.4%	13.0% 1.7%	Average 14% 12.6% 1.6%

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Q&A Exhibit 2a

Capital BlueCross Monthly Medical Trend Report

Capital BlueCross Monthly Medical Trend Report

For 12 Month Periods Ended

Small Group Total

Sman Group Total			12 N	lonths Ended:		% Change			
Allowed PMPM		201705	201605			201505	2017/2016	2016/2015	
Inpatient	\$	104.38	\$	90.70	\$	92.20	15.1%	-1.6%	
Outpatient		173.52		157.72		150.67	10.0%	4.7%	
Professional		125.63		121.79		118.62	3.1%	2.7%	
Medical Total	\$	403.53	\$	370.22	\$	361.50	9.0%	2.4%	
Non-Specialty Drug		61.47		60.53		57.73	1.5%	4.9%	
Specialty Drug		32.68		30.45		27.84	7.3%	9.4%	
Pharmacy Total	\$	94.14	\$	90.97	\$	85.57	3.5%	6.3%	
Grand Total	\$	497.67	\$	461.19	\$	447.06	7.9%	3.2%	
Incurred/Paid PMPM									
Inpatient	\$	101.15	\$	87.49	\$	89.49	15.6%	-2.2%	
Outpatient		141.59		129.27		125.93	9.5%	2.7%	
Professional		92.97		90.67		90.54	2.5%	0.1%	
Medical Total	\$	335.70	\$	307.43	\$	305.96	9.2%	0.5%	
Non-Specialty Drug		47.15		45.33		41.44	4.0%	9.4%	
Specialty Drug		31.44		29.53		27.03	6.5%	9.2%	
Pharmacy Total	\$	78.59	\$	74.86	\$	68.47	5.0%	9.3%	
Grand Total	\$	414.30	\$	382.29	\$	374.43	8.4%	2.1%	
Utilization Metrics									
Admissions/1000 Members		63.9		63.9		65.8	0.0%	-2.9%	
Average Length of Stay		4.76		4.55		4.75	4.7%	-4.2%	
Days/1000 Members		304		291		312	4.7%	-7.0%	
Outpatient Visits/1000 Members		2,346		2,311		2,323	1.6%	-0.5%	
Professional Visits/1000 Members		8,819		8,716		8,823	1.2%	-1.2%	
Non-Specialty Prescriptions PMPY		10.81		10.99		11.05	-1.6%	-0.6%	
Specialty Prescriptions PMPY		0.068		0.064		0.084	6.8%	-24.2%	
Unit Cost (Allowed)	¢	10.600.20	~	47.025.05	,	16.012.60	45.40/	4 20/	
Cost per Inpatient Admission	\$	19,609.28	\$	17,035.95	\$	16,813.69	15.1%	1.3%	
Cost per Outpatient Visit		887.46		819.15		778.44	8.3%	5.2%	
Cost per Professional Visit Cost per Non-Specilaty Prescription		170.94 68.21		167.68 66.11		161.33 62.70	1.9% 3.2%	3.9% 5.4%	
Cost per Specialty Prescription		5,771.74		5,744.26		3,979.03	0.5%	44.4%	
Unit Cost (Incurred/Paid)									
Cost per Inpatient Admission	\$	19,002.03	\$	16,433.16	\$	16,318.82	15.6%	0.7%	
Cost per Outpatient Visit		724.14		671.37		650.60	7.9%	3.2%	
Cost per Professional Visit		126.49		124.84		123.14	1.3%	1.4%	
Cost per Non-Specilaty Prescription		52.32		49.51		45.01	5.7%	10.0%	
Cost per Specialty Prescription		5,554.04		5,571.62		3,863.43	-0.3%	44.2%	

Keystone Health Plan Central Small Group Rates Effective 1/1/2018 Q&A Exhibit 3

		<u>Projected</u>	Projected Allowed	Projected Paid	Paid to Allowed	Average Tobacco	AV and Cost	(8)/(6*7) Induced
<u>Plan ID</u>	Metal Level	Membership	<u>Claims</u>	<u>Claims</u>	<u>Factor</u>	<u>Factor</u>	Sharing Factor	<u>Utilization</u>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
53789PA0090004	Bronze	1,836	1,445,776	828,853	0.57	1.000	0.57	1.00
Total		1,836	1,445,776	828,853	0.57	1.00	0.57	1.00

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2018

With this response, please find corresponding Q&A Exhibits in "SG_17-39_Initial_KHP_HMO Q&AExhibits Supporting 20170626.xlsm"

- **Question 1.** 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 1.** I have revised the Actuarial Memo and all supporting documents to use Table 10.
- **Question 2**. Worksheet II cell G29 of the URR shows a projected product rate increase of 15.44% while Tables 11 shows 17.8%. Please reconcile.
- **Answer 2.** I have updated Worksheet II with a correction to the annual increase, but it now shows 14.9%. For the small group market, Worksheet II projected product increase will not match Table 11. This is because Table 11 measures January 2018 over January 2017 rate increase, while the URRT measures member-weighted average by renewal quarter 2018 over 2017. Because KHPC filed a rate increase Q3 2017 and Q4 2017, the average 2018 over 2017 rate change is less than the January 2018 over January 2017 rate change.
- **Question 3**. Please review the mapping directions on pages 12 13 of the Department 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 3.** I have updated Table 10 to include Include 2016 plans discontinued in 2017, but still have membership as of 2/1/17. Because these members are not mapped on Table 10, cell V15 does not match Table 1. But Table 10, cell AP15 does match Table 1.
- **Question 4.** The Rate/Rule Schedule tab in SERFF shows 619 as the number of policy holders, rate change request summary and Table 1 cell D18 shows 965, and Table 10 cell V15 shows 141. These numbers should all be the same. 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. Please review and revise for consistency.
- **Answer 4.** The Rate/Rule Schedule tab previously used subscribers as policyholders. As requested, this has been updated to reflect covered lives and matches Table 1.
- **Question 5.** The cover letter indicates off exchange while other documents show on/off exchange. Please review and revise for consistency.

Answer 5. I have updated all memos and exhibits to show off-exchange only.

Question 6. Please confirm that you have tested to ensure that the PID rate exhibits the Federal rates template included in this filing and the binder are the same.

Answer 6. I confirm that I have tested to ensure the PID rate exhibits and the federal rates template included in this filing and the binder are the same.

Question 7. 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 7. Tables 2 and 4 do include transitional business. Please see Q&A Exhibit 1 for the requested data.

Question 8. Please provide the quantitative development of the trend factors shown in Exhibit E for Cost and Utilization.

Answer 8. Pricing trend data is found in Q&A Exhibit 2. 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. Leveraging can be seen in historical trend reports as described below and see in Exhibit 2a (difference between incurred and allowed trends).

Utilization trend also takes into account the historical data. Please refer to Q&A Exhibit 2a for small group (CAAC, KHPC, and CAIC combined) trend summary.

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

Question 9. Please explain why there is no induced utilization factor included in the utilization trend while there is one included in the individual filing.

Answer 9. 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. CBC does not expect this same behavior in the small group market, as small employers are likely to continue to offer similar coverage even with regulatory changes.

Question 10. Please provide the development and explain the purpose of the 1.289 factor shown in the other projection factor in the URRT for "Other Medical" in Exhibit F.

Answer 10. 1.289 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 innetwork 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.

Question 11. Please explain why there is no adjustment for the distribution of transitional policies when projecting the paid claims in Exhibit G, as page 12 of the Actuarial Memorandum states transitional policies are part of the single risk pool experience.

Answer 11. The impact of transitional policies differs significantly from the individual to the small group market. Transitional small group members do not have significantly different experience than ACA (net risk adjustment). This is because both transitional and ACA members have typically been covered by health insurance. Coverage gaps in the individual market are a significant driver to increased utilization (pent-up demand) and cost (conditions worsening from lack of treatment over uninsured period). Coverage gaps are more likely to occur with individual ACA members than small group ACA members. New small employers did not enter the market after the ACA, instead, the small group population has remained fairly stable. So while small group transitional members may be slightly healthier than small group ACA members, risk adjustment should account for these differences, and small group ACA members do not have the same cost drivers such as pent-up demand and worsening conditions due to being uninsured. Given these factors, I did not make an explicit adjustment for transitional members.

Question 12. Please provide an explanation for the development of the plan Total PMPM amounts on the "PMPM" tab.

Answer 12. The amounts in the PMPM column of the PMPM tab are from CAAC's actuarial cost model. CAAC 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.

The Final PMPMs are adjusted for market reasons. Adjustments were made in order to create premium relativities similar to 2017. Competitors have wider pricing relativities than CBC's actuarial cost model would indicate. Because of competitive pressure in the small group market, CBC has widened the deductible pricing slope to give less credit for low deductibles and more credit for higher deductibles. Please also note that CBC applies admin on a PMPM basis instead of as a flat percent of premium. This drive up the cost of low-cost, high-deductible plans as a flat percent of premium would drive up costs of high-premium, low deductible plans and drive

down the cost of low-premium, high-deductible plans. So adjustments to manual cost mitigate that impact.

Question 13. Please explain the development of the Benefit Mix Adjustment shown in Exhibit D. Specifically, please provide the source for the Medical PMPM of \$386.40.

Answer 13. CAAC 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".

Question 14. 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 12% per year determined?
- b. Please provide the justification for using the statewide average premium in calculating the risk adjustment percentage instead of Capital's own average premium.
- c. 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%?
- d. Please explain and provide the development for the 2.0% adjustment for transitional movement to ACA.
- e. Please explain and provide the development for the 2.0% adjustment for market improvement in coding.

Answer 14.

- a. The 12% average annual premium increase, is intended to represent anticipated increases due to allowance trend of roughly 5% 8%, leveraging of roughly 3% 5%, and the impact of continued migration of transitional policies into the ACA market. Since the aggregate 12% 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. 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.
- c. Similar to b) 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.
- d. Prior to 2014 payers had initiated a marketing initiative to aid small groups in attaining the lowest rates possible. Ultimately, healthy groups were marketed transitional policies and less healthy groups were marketed ACA policies (since healthy groups would be favorably impacted by disallowing of risk in premium rating). As transitional policies migrate to ACA, the overall health status of the CBC's ACA population will improve, driving up CBC's payment transfer. The amount is ultimately unknown, but it is estimated that it will certainly have an unfavorable impact. 2% was reviewed for reasonability and was deemed appropriate.
- e. Internal coding represents the fact that CBC's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. The churn rate for SG business is upwards of 30%. 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.

Question 15. Please explain why only four discontinued plans are shown in the "III Plan Rates" exhibit but Exhibit R shows 25 terminated plans.

Answer 15. The terminated plans on Exhibit R are transitional plans. I have updated Table 10 to include a line for transitional plans.

Question 16. Please indicate if the pricing AV shown in Exhibit L, row 23, includes 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 16. The pricing AV on Exhibit L, row 23 does not include induced demand. For the small group market, induced utilization is only added to platinum plans, as other metal levels do drive over-utilization like is seen in the individual market.

Question 17. 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 17. Please see Q&A Exhibit 3 for the data requested.

Question 18. 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 what "Demo Units" represent and how they are calculated.
- b. Please provide an explanation for how the impact of morbidity differences between regions was removed when developing the geographic factors.
- c. Please provide information on the development of the Contracted Increase values; specifically the wide variance of the factors even within a region.
- d. Please provide additional explanation around the magnitude and direction of the geographic factor changes as compared with the 2017 factors.

Answer 18. 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) 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.
- b) In credible populations, normalizing for demographics is synonymous with normalizing for risk/morbidity. The claim PMPMS by county are normalized for demographics.
- c) The contracted increases come from CBC's provider contracting area. Provider contacting 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 4a-4c.
 - a. Exhibit 4a: 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 4b: Provider contracting IP hospital contracting increases by month

- c. Exhibit 4c: 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.
- d) 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 19. Page 16 of the PA AM reference Exhibits Q1 and Q2 but are not provided. Please provide if relevant to this filing. If not, please remove this language from the actuarial memorandum.

Answer 19. I have updated the PA AM to remove language around Exhibits Q1 and Q2.

Question 20. In the supporting Excel exhibits, Exhibit A and A1 lists plan designs which are not proposed in 2018. Please update this exhibit as well as the actuarial memorandum.

Answer 20. I have updated Exhibit A and A1 to only include one plan offered by KHPC in 2018.

Question 21. Table 6, cell B54, indicates the PCORI fee is \$018. The 2018 PCORI pmpm amount should be \$0.20 or \$0.21. Please revise. Also review the percent of premium in cell C54 to ensure the yielding amount is consistent with \$0.20.

Answer 21. I have updated PCORI fee to \$0.20 and revised the percent of premium in Table 6.

Question 22. Table 6 cell C63 indicates the Single Risk Pool pmpm is \$449.78, while the Single risk pool in the URRT in cell V43 indicates \$435.67. Please reconcile.

Answer 22. For the small group market, Table 6 Single Risk Pool PMPM will not match URRT cell V43. This is because Table 6 uses a quarterly trended amount, while the URRT uses Q1 amount.

Question 23. The administrative expense load shown in Table 6 is 13.46% while the URRT indicates 13.75%. Please reconcile.

Answer 23. I have updated the URRT administrative expense load to match Table 6.

Question 24. Modify PA AM to include the average age factor. Also include the associated age according to the CMS default curve. Please note Table 1 should show the SRP true average age unlike the calibrated average age.

Answer 24. I have updated the PA AM, Calibration section, to include the average age factor and the associated average age according to the CMS age curve.

Question 25. Show development of the federal income tax in cell C56 of Table 6.

Answer 25. The federal income tax is estimated to be 35 percent of the 2 percent risk/contingency, or $35\% \times 2\% = 0.7\%$.

Question 26. The change in the "Other" factor in cell D16 in Table 5 is .915 while the pmpm weighted average calculated in the URRT .919. Please explain.

Answer 26. The PMPM weighted average is an estimate, but is not precise. The Other factor is equal to

[Blended Projected EHB PMPM] / [Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM] / [Two year trend projection Factor] / [Morbidity Factor] = 0.915.

Question 27. Please show the development of the Health Insurance Industry Fee of 3.8% as shown in Table 6 cell C57.

Answer 27. 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 2018 HIF percentage is applied in rate development across all market segments.

But for the small group market only, for groups renewing starting in Q2 2018, a portion of their HIF assessment will be at the 2019 level. For this reason, the assessment is trended at 3% in 2019 and the final 2018 filing assessment is the member-weighted average by renewal quarter.

Question 28. In the taxes in fees section, number 5, of the PA AM you indicate that State Income Tax is included. Please remove and update all necessary documents and tables.

Answer 28. State income tax was not included in the rates. I have removed this bullet from the PA AM.

Question 29. 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 29. Brokers are paid the same commission rate for all geographic locations, enrollment dates, and metal levels. The broker commission applied in rating is taken directly from CBC's Finance Department's line of business report for small group YTD 2017. 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: "SG_17-39_Initial_KHP_HMO_BrokerRedacted_Supporting_20170626.pdf"

b. Redacted Preferred Producer Master Agreement: "SG_17-39_Initial_KHP_HMO_PPMABrokerRedacted_Supporting_20170626.pdf"

Capital BlueCross

Capital BlueCross Monthly Medical Trend Report

Capital BlueCross Monthly Medical Trend Report

For 12 Month Periods Ended

Small Group Total

Sinan Group rotal							
	wed PMPM Datient \$ 1 Dispatient		12	Months Ended:		% Chang	ge
Allowed PMPM		201705		201605	201505	2017/2016	2016/2015
Inpatient	\$	104.38	\$	90.70	\$ 92.20	15.1%	-1.6%
Outpatient		173.52		157.72	150.67	10.0%	4.7%
Professional		125.63		121.79	118.62	3.1%	2.7%
Medical Total	\$	403.53	\$	370.22	\$ 361.50	9.0%	2.4%
Non-Specialty Dru		61.47		60.53	57.73	1.5%	4.9%
Specialty Drug		32.68		30.45	 27.84	7.3%	9.4%
Pharmacy Total	\$	94.14	\$	90.97	\$ 85.57	3.5%	6.3%
Grand Total	\$	497.67	\$	461.19	\$ 447.06	7.9%	3.2%
Incurred/Paid PMP	M						
Inpatient	\$	101.15	\$	87.49	\$ 89.49	15.6%	-2.2%
Outpatient		141.59		129.27	125.93	9.5%	2.7%
Professional		92.97		90.67	90.54	2.5%	0.1%
Medical Total	\$	335.70	\$	307.43	\$ 305.96	9.2%	0.5%
Non-Specialty Dru		47.15		45.33	41.44	4.0%	9.4%
Specialty Drug		31.44		29.53	 27.03	6.5%	9.2%
Pharmacy Total	\$	78.59	\$	74.86	\$ 68.47	5.0%	9.3%
Grand Total	\$	414.30	\$	382.29	\$ 374.43	8.4%	2.1%

Without Adjustment for Pediatric Dental and Vision

	Experience Period A				Adj't. from Experience to P	Annualized Tre	nd Factors	Projections			
			Allowed								
	Utilization	Utilization per	Average						Utilization per	Average	
Benefit Category	Description	1,000	Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM
Other Medical	Services	422.19	354.61	12.48	1.000	1.005	1.078	1.010	430.68	414.24	14.87

With Adjustment for Pediatric Dental and Vision

	Experience Period A			Adj't. from Experience to P	Annualized Tre	nd Factors					
			Allowed								
	Utilization	Utilization per	Average						Utilization per	Average	
Benefit Category	Description	1,000	Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM
Other Medical	Services	422.19	354.61	12.48	1.000	1.289	1.078	1.010	430.68	531.47	19.07

Estimated Allowed PMPM	4.21
Estimated Incurred PMPM	3.87

Pediatric	Dental	Rate	Devel	opment	*

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

 $^{^{}st}$ Claim details are found in 2018 Stand-Alone Dental Filing CABC-131022099

	_	_		
Pediatric Vision	Rate	Devel	opment	*

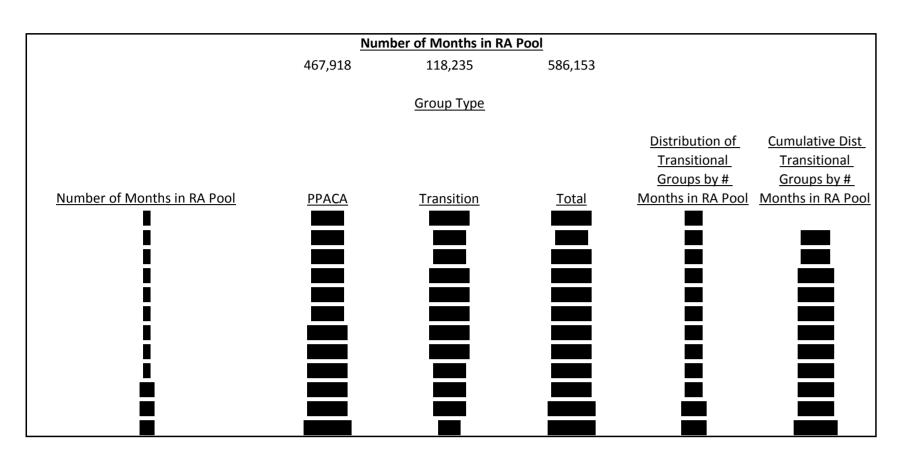
	Claim Cost pe	r Ch	ild per Month
<u>Category</u>	<u>In-Network</u>		<u>OON</u>
Exam	\$ 1.35	\$	0.04
Contact Lens Eval/Fitting	\$ -	\$	-
Frame	\$ 0.41	\$	0.05
Eyeglass Lenses	\$ 0.81	\$	0.05
Contact Lenses	\$ 0.58	\$	0.02
Lens Option	\$ -	\$	-
Value Added Benefits	\$ 0.00	\$	-
Value of Combined Max	\$ 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

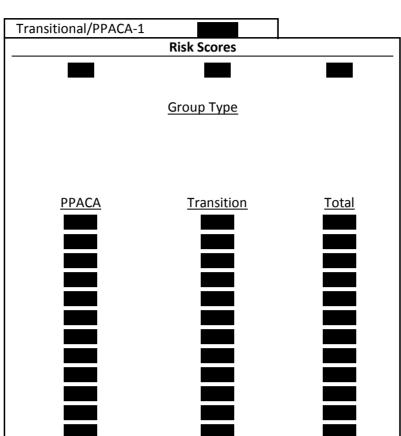
^{*} From CBC's internal vision quote model

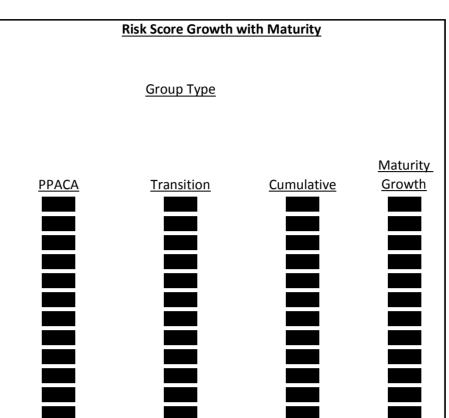
^{**} From Small Group data

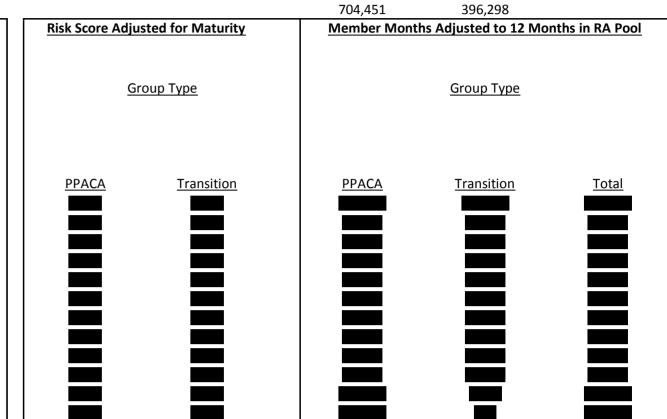
^{**} From Small Group data

<u>Results</u>	<u>PPACA</u>	<u>Transitional</u>	<u>Total</u>
2016 Risk Score	1.59	1.10	1.49
Adjusted for Transitional Migration	1.64	1.06	1.43
Impact to Risk Score			-4.1%









			<u>Reinsurance</u>			<u>Individual RA</u>				Small Group RA			
Company Name	HIOS ID	STATE	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>		<u>2014</u>	<u>2015</u>	<u>2016</u>	
Aetna Health Inc. (a PA corp.)	64844	PA	\$1,280,386	\$6,956,216	\$12,886,104	-\$1,144,737	-\$25,852,345	-\$31,760,033		-\$3,059,493	-\$1,628,025	-\$5,577,918	
Aetna HealthAssurance Pennsylvania, Inc.	18939	PA	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	-\$4,892,978	
Aetna Life Insurance Company	33906	PA	\$2,951,626	\$4,645,171	\$0	-\$67,222	-\$9,332,073	-\$64		-\$382,153	-\$361,487	-\$835,762	
Capital Advantage Assurance Company	45127	PA	\$276,428	\$4,544,340	\$13,180,606	\$395,777	\$6,863,660	\$13,226,705		\$5,977,678	-\$3,297,708	-\$6,125,098	
Capital Advantage Insurance Company CAIC	82795	PA	\$4,230,863	\$0	\$0	\$3,395,486	\$0	-\$52,068		-\$38,117	\$84,422	-\$140,667	
Celtic Insurance Company	10842	PA	\$0	\$0	\$0	-\$6,141	-\$2,443	\$0		\$0	\$0	\$0	
Coventry Health and Life Insurance Co.	16072	PA	\$0	\$0	\$0	\$0	\$0	\$0		\$0	-\$101,342	-\$104,427	
Federated Mutual Insurance Company	80148	PA	\$0	\$0	\$0	\$0	\$0	\$0		-\$405,353	-\$2,549,616	-\$2,016,941	
First Priority Life Insurance Company, Inc.	55957	PA	\$19,949,106	\$22,703,971	\$10,257,016	\$585,146	-\$3,237,217	-\$6,653,750		\$1,050,495	-\$305,361	\$3,259,788	
Geisinger Health Plan	22444	PA	\$14,765,963	\$9,309,344	\$5,014,141	\$1,759,835	\$11,417,707	\$2,695,563		-\$6,627,592	-\$2,139,259	-\$2,263,960	
Geisinger Quality Options	75729	PA	\$2,772,467	\$1,545,945	\$2,364,122	\$490,533	\$1,142,253	\$7,409,434		-\$2,827,499	-\$1,613,340	-\$584,164	
HealthAmerica Pennsylvania, Inc.	91303	PA	\$2,150,141	\$2,390,671	\$0		-\$2,527,672	\$0		\$0	\$0	\$0	
HealthAssurance PA, Inc	93838	PA	\$0	\$0	\$0	\$0	\$0	\$0		-\$1,641,283	-\$58,719	-\$4,558,706	
Highmark Benefits Group Inc.	79962	PA	\$0	\$0	\$0	\$0	\$0	\$0		\$0	-\$984,207	\$989,557	
Highmark Coverage Advantage Inc.	79279	PA	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$220,268	\$165,131	
Highmark Health Insurance Company	70194	PA	\$59,657,177	\$37,247,106	\$19,268,231	\$42,359,592	\$51,852,280	\$49,750,020		\$5,446,786	\$777,889	-\$437,220	
Highmark Inc.	33709	PA	\$97,340,297	\$106,751,487	\$8,120,536	-\$44,238,595	-\$46,784,130	-\$3,929,580		-\$4,503,418	-\$7,096,865	-\$2,657,962	
Highmark Select Resources Inc.	36247	PA	\$0	\$0	\$5,266,381	\$0	\$0	\$3,930,304		\$0	\$0	\$0	
Independence Blue Cross (QCC Ins. Co.)	31609	PA	\$67,630,617	\$43,116,918	\$23,746,837	\$50,795,146	\$64,851,297	\$74,118,153		\$13,315,932	\$24,985,337	\$32,747,626	
Inter-County Hospital Plan	48788	PA	\$0	\$0	\$0	\$0	\$0	\$0		-\$818,248	-\$508,919	-\$455,848	
John Alden Life Insurance Company	58819	PA	\$0	\$0	\$0	\$0	\$0	\$0		-\$78,134	-\$101,659	\$0	
Keystone Health Plan Central	53789	PA	\$1,122,657	\$1,234,236	\$5,430,423	\$238,390	\$298,017	-\$35,510,815		-\$78,245	\$5,269	-\$946,155	
Keystone Health Plan East, Inc.	33871	PA	\$56,237,854	\$49,277,760	\$23,860,952	-\$61,020,486	-\$12,386,831	-\$53,397,058		-\$7,900,230	-\$4,106,694	##########	
Keystone Health Plan West	38949	PA	\$304,443	\$81,905	\$0	\$223,700	\$63,116	\$232,540		-\$59,934	-\$7,981	-\$18,946	
Time Insurance Company	19068	PA	\$4,662,824	\$3,983,204	\$0	\$1,461,480	\$3,948,940	\$0		-\$220,046	-\$394,254	\$0	
UnitedHealthcare Insurance Company	23489	PA	\$0	\$0	\$0	\$0	\$0	\$0		-\$2,928,220	-\$5,371,432	-\$6,368,539	
UnitedHealthcare Life Insurance Company	45404	PA	\$1,124,050	\$1,101,471	\$264,047	\$798,351	\$1,720,001	-\$300,893		\$0	\$0	\$0	
UnitedHealthcare of Pennsylvania, Inc.	24872	PA	\$0	\$6,773,389	\$3,711,026	\$0	-\$39,114,322	-\$14,547,161		\$0	\$0	\$0	
UPMC Health Coverage, Inc.	62560	PA	\$2,326,234	\$0	\$0	\$2,366,388	-\$11,718	\$0		\$480,494	-\$317,613	-\$1,157,499	
UPMC Health Network, Inc.	16481	PA	\$921,884	\$0	\$0	\$541,632	\$0	\$0		\$1,137,930	-\$1,036,677	\$0	
UPMC Health Options, Inc.	16322	PA	\$24,575	\$17,827,409	\$18,516,908	-\$3,587	-\$3,105,783	-\$5,211,297		\$3,575,646	\$5,913,428	\$12,239,314	
UPMC Health Plan, Inc.	52899	PA	\$2,040,378	\$32,872	\$0	\$2,322,777	\$197,264	\$0		\$583,004	-\$5,456	\$0	

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer Small Group Rates Effective January 1, 2018

With this response, please find corresponding Q&A Exhibits in "SG_17-39_Initial_KHP_HMO_Q&AExhibits2_Supporting_20170714.xlsm"

Question 1. In response to question #3, please discus why the enrollees in discontinued 2016 plans where not mapped. Page 13 of the guidance indicates, if the 2016 plan has not been continued in 2017, then the 2016 enrollees should be mapped to the 2017 plan that will be offered to them for renewal. Please review and revise or explain. 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 1. I have corrected Table 10 to map all of the terminated plans to the Bronze plan offered in 2018. This has changed the rate increase significantly as members are being mapped from Gold and Silver plans to Bronze.

Question 2. The Rate/Rule Schedule tab in SERFF and the rate change request summary shows 965 as the number of covered lives while Table 10 cell V15 shows 159. These numbers should be the same. Please review and revise for consistency.

Answer 2. I have mapped all member to the current Bronze plan, which has resolved the covered lives discrepancy.

Question 3. In response to Answer 8, please provide quantitative support for the leveraging assumption of 1.1% annually considering the projected decrease in the average paid-to-allowed ratio from 2016 to 2018.

Answer 3. Please see Q&A Exhibit 1 for small group total trend data used to estimate adjustments to trend. 2017 over 2016 allowed trend is 8.4% and incurred trend is 7.9% - a difference of 0.5%. 1.1% is only applied to medical trend – making the aggregate leveraging adjustment 0.011 x 0.8 (in general, 80% of cost is medical) = 0.9%. We can assume that benefits play a role in reducing the difference between allowed and incurred trend (incurred trends include benefit differences while allowed trend does a better job of netting out those differences). It is reasonable to assume that benefits could be netted out of the incurred trend to make up the additional 0.4% needed to support leveraging of 0.9% (aggregate medical + Rx).

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 4. Please reconcile the 1.289 "Other Medical" factor described in Answer 10 to the Exhibit C information, which lists the paid claims for pediatric dental and vision to be a combined \$4.08. Additionally, show the development of the 1.289 factor.

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 answer the following questions about risk adjustment and the responses to Question 14:

- 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 2.0% adjustment that accounts for "Transitional Movement to ACA." How was it determined that the movement of transitional policies would impact CBC more adversely than the market in total?
- c) Please provide more explanation for the 2.0% adjustment that accounts for "Adjustment for Market Improvement in Coding." How was it determined that the churn of small group business would impact CBC more adversely than the market in total?
- 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 5.

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 14, 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. In order to explicitly account for the 14% reduction, I made a change to the 2-year expected rate increase. Competitive intelligence shows that small group competitor rates rose about 25% 2017 over 2016. The total 2-year increase assumes premiums will rise 17% 2018 over 2016. The 2-year increase is similar to what is expected in the individual market. A few factors were considered when estimating the increase –

- a. The small group product portfolio does not experience the same decreased benefit structure as what is seen in the individual market. In 2017, most carriers stopped offering Platinum plans in the individual market. And each year, cost-share increases within the metal levels. Also, the change in AV range in 2018 from -2%/+2% to -4%/+2% has an impact on the individual market as carriers do not want to have the richest benefits available in that market in order to protect themselves from adverse selection. This change does not have the same impact on the small group market, as carriers generally offer plans based on sales feedback and are not eager to change group benefits.
- b. Buy-downs are also not as significant in the small group market, as most groups continue to purchase plans in the Gold metal level range.
- b) Please see Q&A Exhibit 3 for data to support the 2% adjustment for transitional policies. The rationale is as follows:
 - a. CBC continues to move small group transitional groups into the PPACA pool throughout 2016.
 - b. Transitional groups have a significantly lower risk score than PPACA groups.
 - c. While 2016 data partially reflects the impact of transitional policies to RA, the full impact is not yet realized. Transitional groups moved risk pools throughout 2016, so many groups did not reside in the PPACA pool for 12 months. In 2018, we would expect each of these groups to have a full 12 months in the PPACA pool, increasing their impact to RA.
 - d. Market intelligence has shown that CBC is moving transitional groups to PPACA at a faster rate than competitors, adversely impacting our RA results. CBC has learned that competitors are actively moving low risk groups to small group ASO products, keeping these groups out of the RA risk pool.
 - e. Q&A Exhibit 3 shows 2016 small group PPACA and transitional member months and HHS risk score by number of months in PPACA pool.
 - i. You can see that transitional groups have a significantly lower risk score than PPACA (1.1 versus 1.59).
 - ii. Risk score also grows over time members with 1 month of data show a risk score approximately 21% lower than members with 12 months of data.
 - iii. If we take every PPACA and transitional group and adjust their member months to reflect 12 months in the PPACA pool and adjust the risk score for maturity, the total 2016 risk score changes from 1.49 to 1.43, which is a difference of 4%. 2% was an estimate applied in rating, but we could justify up to 4%.
- c) As discussed in our previous response on market improvement in coding, 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. This dynamic is readily apparent by looking at a summary of PA issuers RA payment transfer over time. Not only are large plans able to apply greater resource intensity to the coding gap closure efforts, they are also able to invest in greater analysis through the use

of consulting firms like Wakely and Milliman. Note in Q&A Exhibit 4, for all three years of 2014, 2015 and 2016 that Independence BlueCross was not only in the minority of plans receiving payment transfer in the Small Group and Individual market, but the magnitude of receipt far outpaced other plans. This is due to resource intensity dedicated to gap closure efforts as well as years of history performing the same function in the Medicare Advantage space, which has many similarities to the Commercial market.

d) CBC will not make changes to its projected RA amount based on the June 30, 2017 report.

Question 6. In response to question #15, you indicate that a line was added to Table 10 to show Transitional Plans. This was not done. Please revise.

Answer 6. My response to question 15 was inaccurate, as upon further review, no current members are in HMO transitional plans. Table 10 accurately reflects all current KHP small group membership.

Question 7. The following questions are in response to Answer 18:

- 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 (\$365 million), which also represent calendar year 2016 data.

Answer 7.

- 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 8. Answer 27 indicates that the HIF assessment needs to increase 5% from 2016 to 2018. However, a 4% annual trend (8.16% in total) is applied. Please explain this discrepancy.

Answer 8. The 4 percent trend referenced in June's Q&A is total over 2 year, not annual. $3.62\% \times 1.05 = 3.8\%$, slightly higher than 3.78% used in rate development. 3.78% was an

estimate based on premium increases across multiple markets and the 25% increase in HIF assessment between 2016 and 2018.

Question 9. Please provide an itemized build-up of the 8.2% rate change. This will likely include items such as trend, morbidity, and benefit changes.

Answer 9. The components of the rate change are found on Table 8 of PA Rate Template Part II.

Question 10. In response to question 29, you have provided only the redacted 2017 commission schedule. Please provide the unredated agreement and provide the tentative 2018 agreement. Using these schedules please show the development of the average commission used to develop the percent shown in Table 6 as well as the associated pmpm.

Answer 10. The 2018 broker commission schedule is yet to be finalized. CBC does not anticipate any changes to small group broker commissions in 2018. Attached please find the 1/1/2017 copy of the broker agreement – unredacted version. Files are as follows:

- a. Agent Agreement: "SG_17-39_Initial_KHP_HMO_Broker_Supporting_CONF_20170714"
- b. Preferred Producer Master Agreement: "SG_17-39_Initial_KHP_HMO_PPMABroker_Supporting_CONF_20170714.pdf"

The broker commission applied in rating is taken directly from CBC's Finance Department's line of business report for small group YTD 2017.

Question 11. Please ensure that all revisions are reflected in this resubmission.

Answer 11. I have checked the exhibits and memos for consistency and accuracy, including all revisions noted in this Q&A.

Question 12. 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 12. I have included the Public Rate Filing PDF with this submission.