

State:	Pennsylvania	Filing Company:	Pennsylvania Health & Wellness, Inc.
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Ambetter from PA Health & Wellness		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	2020_PA_Health_and_Wellness_Inc_Public_Rate_Filing_PDF_20190927.pdf
Item Status:	
Status Date:	

May 13, 2019

Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Actuarial Memorandum – Pennsylvania – Pennsylvania Health & Wellness, Inc. – Individual Rate Filing, Effective January 1, 2020

Ms. Gray,

This filing includes Pennsylvania Health & Wellness, Inc. (PHW)'s Individual Market rates and supporting documentation for rates effective January 1, 2020.

Below you may find the requested company information, in response to the guidance sent to PHW on April 3, 2019.

Requested Company Information

1. Company Name & NAIC number: **Pennsylvania Health & Wellness, Inc.; NAIC # 16041**
2. Market (Individual or Small Group): **Individual**
3. On or Off Exchange: **On Exchange**
4. Effective date of coverage: **January 1, 2020**
5. Average rate change requested: **-1.5%**
6. Range of rate change requested: **-5.0% to 0.4%**
7. Total additional annual revenue generated from the proposed rate change: **-\$201,039**
8. Product(s) (Indemnity, HMO, POS (HMOs only), PPO, or EPO): **HMO**
9. Rating Areas and any changes from 2019: **Rating Area 8 (no changes from 2019)**
10. Metal Levels and Catastrophic Plans: **Gold, Silver, Bronze**
11. Current number of covered lives and of policyholders as of February 1, 2019 as shown in Cell V15 of Table 10: **Covered lives - 1,869; Policyholders - 1,547**
12. Number of plans offered in 2020 and the change this represents from 2019: **There are 18 plans offered in 2020. There were 5 plans offered in 2019.**
13. Corresponding contract form number, SERFF and Binder ID numbers: **FORM: CECO-131936155; SERFF: CECO-131936143; Binder: CECO-PA20-125092615**
14. HIOS Issuer ID number and submission tracking number: **HIOS Issuer ID number: 86199; Submission tracking number: 86199-1488942398695937039**

June 24, 2019

Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

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2. Market (Individual or Small Group): **Individual**
3. On or Off Exchange: **On Exchange**
4. Effective date of coverage: **January 1, 2020**
5. Average rate change requested: **-1.36%**
6. Range of rate change requested: **-5.09% to 0.40%**
7. Total additional annual revenue generated from the proposed rate change: **-\$201,039**
8. Product(s) (Indemnity, HMO, POS (HMOs only), PPO, or EPO): **HMO**
9. Rating Areas and any changes from 2019: **Rating Area 8 (no changes from 2019)**
10. Metal Levels and Catastrophic Plans: **Gold, Silver, Bronze**
11. Current number of covered lives and of policyholders as of February 1, 2019 as shown in Cell V15 of Table 10: **Covered lives - 1,869; Policyholders - 1,547**
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Rate Change Summary

Pennsylvania Health & Wellness, Inc. – Individual Plans

Rate request filing ID # CECO-131936143 - 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:	-1.36% ¹
Revised requested average rate change:	-N/A ¹
Range of requested rate change:	-5.09% to 0.40%
Effective date:	January 1, 2020
People impacted:	1,869
Available in:	Rating Area 8

Key information

Jan. 2018-Dec. 2018 financial experience

Premiums	\$N/A
Claims	\$N/A
Administrative expenses	\$N/A
Taxes & fees	\$N/A
Company made (after taxes)	\$N/A

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2020:

Claims:	87.16%
Administrative:	7.86%
Taxes & fees:	3.23%
Profit:	1.75%

The company expects its annual medical costs to increase **9.49%**.

Explanation of requested rate change

Factors such as cost of care, taxes, utilization of health services, proposed changes in benefits, and anticipated changes in morbidity in relation to the single risk pool, all contribute to the 2020 rate change.

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.

Completeness and Redaction Justification Checklist

Issuer Name: Pennsylvania Health & Wellness, Inc.

Market: Individual

SERFF ID: CECO-131936143

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y	50: 63-65; 77-78; 80; 91; 101; 107; 115	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	N		
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N		
D.1.C.	Average Rate Change	X	N		
D.1.D.	Membership Count	X	N		
	PA Act. Exhibits Table 1	X	N		
D.1.E.	Benefit Changes	X	N		
D.1.F.	Experience Period Claims & Premium	X	N		
	PA Act. Exhibits Table 2	X	N		
D.1.G.	Credibility of Data	X	N		
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N		
D.1.H.	Trend Identification	X	N		
	PA Act. Exhibits Table 3	X	N		
D.1.I.	Historical Experience	X	N		
	PA Act. Exhibits Table 4	X	N		
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	Y	12-14	Y
	PA Act. Exhibits Table 5	X	N		
D.2.B.	Retention Items	X	Y	18	Y
	PA Act. Exhibits Table 6	X	N		
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N		
	PA Act. Exhibits Table 7	X	N		
D.2.D.	Components of Rate Change	X	N		
	PA Act. Exhibits Table 8	X	N		
	PA Act. Exhibits Table 9	X	N		
D.3.	Plan Rate Development	X	N		
	PA Act. Exhibits Table 10	X	N		
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N		
	PA Act. Exhibits Table 11	X	N		
D.5.A.	Age and Tobacco Factors	X	N		
	PA Act. Exhibits Table 12	X	N		
D.5.B.	Geographic Factors	X	N		
	PA Act. Exhibits Table 13	X	N		
D.5.C.	Network Factors	X	N		
	PA Act. Exhibits Table 14	X	N		
D.5.D.	Service Area Composition	X	N		
D.5.E.	Composite Rating	X	N		
D.6.	Actuarial Certifications	X	Y	23; 25	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N		
	Service Area Map	X	N		
Redaction Justification (must be submitted if any information is redacted)		X			Y

REDACTION JUSTIFICATION

The following is a list of items that will be redacted from Pennsylvania Health and Wellness, Inc.'s rate filing, in accordance with the 2020 ACA-Compliant Health Insurance Rate Filing Guidance, released by the Pennsylvania Insurance Department on April 3, 2019.

Pennsylvania Actuarial Memorandum

- Projected Risk Adjustment Transfers (pages 12, 14) *[Statements specifying a company's anticipated risk level in relation to the state average risk level]*
- State average premium assumption (page 13) *[Statements specifying a company's anticipated risk level in relation to the state average risk level]*
- Information on broker commissions (page 18) *[Commission schedules]*
- Name of opining actuary (pages 23, 25) *[Opining actuary's name]*

Part III – Federal Actuarial Memorandum

- Company Contact Information (pages 50, 77, 115) *[Opining actuary's name]*
 - Name, Telephone Number, and Email Address
- Projected Risk Adjustment Transfers (pages 63, 65, 91) *[Statements specifying a company's anticipated risk level in relation to the state average risk level]*
- State average premium assumption (page 64) *[Statements specifying a company's anticipated risk level in relation to the state average risk level]*
- Name of opining actuary (pages 78, 80) *[Opining actuary's name]*
- AV Calculator Screenshots (page 101) *[AV Screenshots]*
- Sample Producer Agreement (page 107) *[Specific provider contracting information]*

Objection Response sent 6/24/2019

- Relative Morbidity (page 129) *[Statements specifying a company's anticipated risk level in relation to the state average risk level]*
- Average Commission (page 134) *[Commission schedules]*

Pennsylvania Actuarial Memorandum

[Redacted]

Pennsylvania Health and Wellness, Inc.

Annual Individual Health Rate Filing

Effective January 1, 2020

Forms: 86199PA001, 86199PA002

TABLE OF CONTENTS

1.	BASIC INFORMATION AND DATA	3
2.	RATE DEVELOPMENT AND CHANGE	7
3.	PLAN RATE DEVELOPMENT	16
4.	PLAN PREMIUM DEVELOPMENT FOR 21-YEAR OLD NON-TOBACCO USER	17
5.	PLAN FACTORS	18
6.	ACTUARIAL CERTIFICATION	19

1. Basic Information and Data

a. Company Information

Please see Table 0, “Identifying Information” for the requested company identifying information.

b. Rate History and Proposed Variation in Rate Changes

The rate projections for 2020 have been updated from the previous year’s projections to reflect the most recent information available.

The following provides a narrative description of the significant factors driving the proposed rate change for 2020. Appendix 2.1 provides quantitative support for the proposed rate changes.

- Unit Cost trend

Expected unit cost levels and reimbursement arrangements with providers have changed between 2019 and 2020.

- Utilization trend

The Milliman *Health Cost Guidelines* underlying the rate projections have been updated. The current model reflects the projected utilization trend from 2019 to 2020.

- Prospective changes to benefits covered by the product or successor products

The benefits covered are not expected to change between 2019 and 2020 plan years.

- Taxes and fees imposed on the issuer

Premium rates have been adjusted to reflect the schedule of taxes and fees for 2020. For 2019, there was a moratorium on the ACA Insurer Fee. This moratorium is not slated to continue into 2020. This increases rates relative to 2019.

- Anticipated changes in the average morbidity of the single risk pool

The 2020 projection of morbidity reflects a restatement of the 2019 enrollment and morbidity projection based on emerging information plus the projected impact of new enrollment into the risk pool from 2019 to 2020 on the risk pool.

- Non-funding of cost-sharing reduction (CSR) subsidies

Premium rates continue to reflect that PHW will not be reimbursed by the U.S. Department of Health and Human Services (HHS) for cost-sharing on CSR Silver plans. Enrollment projections reflect updated expectations regarding member plan selections by metal and CSR level, which in turn affect the required rate load to compensate for CSR non-funding.

The variance in the rate changes across plans does not reflect the incorporation of plan-specific morbidity. When projecting plan rating factors, we have assumed the same demographic and risk characteristics for each plan priced. This pricing method excludes expected differences in the morbidity of members assumed to select the plan.

c. Average Rate Change

Please see Table 10, “Plan Rates” for the average rate change. Please also see Table 11, “Plan Premium Development for 21-Year-Old Non-Tobacco User” for the change in 21-year-old non-tobacco premium PMPM.

d. Membership Count

Please see Table 1, “Number of Members” for the average age, age breakdown, and total number of members for the projection period.

e. Benefit Changes

Please see Appendix 20.5 for details on benefit changes.

f. Experience Period Claims and Premiums

PHW does not have 2018 experience, as it was first offered in 2019. Table 2, “Experience Period Claims and Premiums” has been intentionally left blank.

g. Credibility of Data

PHW does not have 2018 experience, as it was first offered in 2019. The rates in the filing are fully based on manual data.

Manual Experience Basis

The manual rate development is based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman *Health Cost Guidelines* (HCGs), and

consideration of relevant QHP experience in other states. The MCRM includes several adjustments from the HCGs to be consistent with and appropriate for the expected individual population that will be enrolled, including morbidity, geographic area utilization relativities, expected provider reimbursement, and utilization management programs.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as we use them in measuring the experience or evaluating the rates of our clients and as we compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on our evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

Market-wide rates were developed based on the adjusted MCRM (see "Adjustments Made to the Data" below for more detail on these adjustments). We used the HCGs to estimate the value of cost-sharing and relative utilization of services for each plan and to inform rating factors.

Manual Morbidity Basis

Composite morbidity factors are used to adjust the Milliman Managed Care Rating Model (MCRM) from the large employer group basis of the HCGs to the projected morbidity of PHW's membership in 2020.

The morbidity for PHW's 2020 membership is assumed to equal the projected morbidity for the Pennsylvania single risk pool times the morbidity of PHW's membership relative to the single risk pool.

We estimated historical single risk pool morbidity by comparing historical risk adjustment results for the Pennsylvania individual market versus the employer group population underlying the HCGs, controlling for risk score differences attributable to non-morbidity factors (e.g. demographics and plan mix). We then projected this historical morbidity snapshot forward to account for expected changes in the risk pool composition over time

The relative morbidity assumption used for projecting claims reflects PHW's expectations regarding the morbidity of its 2020 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate PHW's risk transfer payment/receivable.

Adjustments Made to the Data

The following adjustments were made to calibrate the pricing model to the expected population:

- Expected demographics
- Expected morbidity
- Cost trend and provider reimbursement
- Expected utilization management savings
- Utilization trend
- Consideration of relevant QHP experience
- Benefit plan designs and expected cost-sharing

See Appendix 8.1 for a demonstration of these adjustments. The adjustments, which are discussed above, are appropriate and necessary to reflect the anticipated population, region, provider network, and benefits anticipated for the 2020 single risk pool.

h. Trend Identification

This filing is fully based on manual data, and thus has no experience to trend forward. Table 3 "Trend Components" has been intentionally left blank.

i. Historical Experience

PHW does not have 2018 experience, as it was first offered in 2019. Table 4, "Historical Experience" has been intentionally left blank.

2. Rate Development and Change

a. Development of Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Please see Table 5 for the development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims.

Projected Index Rate

PHW did not offer products in 2018, so the Index Rate for the Experience Period does not apply.

The Index Rate for the Projection Period (\$537.19) (calendar year 2020) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d)(1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for EHBs for calendar year 2020 and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The total allowed claims include benefits in excess of EHBs (coverage for adult vision and adult dental). Pediatric dental is excluded in the benefit package since this will be offered through a stand-alone plan on the Exchange. The Index Rate for the Projection Period was calculated based on the methodology discussed in above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2021.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The projection period of calendar year 2020
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market-wide Adjusted Index Rate and Plan Adjusted Index Rates.

Market-Adjusted Index Rate

The Index Rate for the Projection Period is adjusted to arrive at the Market-wide Adjusted Index Rate (\$625.19) based on the following two adjustments, as outlined in 45 CFR 156.80(d)(1):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

Since the Index Rate is on an allowed claims basis, the market-level adjustments are applied on an allowed basis. Similar to the Index Rate, the Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool. The Market-wide Adjusted Index Rate is not calibrated. Appendix 11.1 shows the development of the Market-wide Adjusted Index Rate.

Reinsurance

No state or federal reinsurance recoveries are expected in the projection period. As such, no reinsurance was entered in the field for projected reinsurance on URRT Worksheet 1, Section II.

Risk Adjustment Payment/Charge

The Projected Risk Adjustment Transfer PMPM [REDACTED] is shown on Worksheet 1, Section II. This amount does not include the 2020 Risk Adjustment User Fee of \$0.18 PMPM (0.03% of premium). The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, Field #3.7 Appendix 11.1 shows how the anticipated risk adjustment transfer revenue is applied to the Index Rate in the development of the Market-wide Adjusted Index Rate.

The state transfer calculation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47, and displayed below.

$$T_i = \left[\frac{PLRS_i \times IDF_i \times GCF_i}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV_i \times ARF_i \times IDF_i \times GCF_i}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}_s$$

Where:

\bar{P}_s = state average premium;

$PLRS_i$ = plan i 's plan liability risk score;

AV_i = plan i 's metal level AV;

ARF_i = plan i 's allowable rating factor;

IDF_i = plan i 's induced demand factor;

GCF_i = plan i 's geographic cost factor;

s_i = plan i 's share of state enrollment as measured in member months;

and the denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) the state's actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purpose of our modeling, each of these factors was approximated as follows.

\bar{P} : The state average premium was assumed to be approximately [REDACTED] (net of the 14% administrative cost carve out).

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2017, as reported by the U.S. Department of Health and Human Services (HHS), adjusted for projected changes in the demographics, morbidity, and plan mix of the single risk pool from 2017 to 2020.

The average risk score for PHW's membership is projected by adjusting the projected single risk pool average risk score for risk score differences associated with demographic, plan mix, and morbidity differences between the two populations.

HHS's proposed HCC model and coefficient changes for 2019 and 2020 were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions supporting the projected statewide and PHW risk score projections are consistent with the demographic, plan mix, and morbidity assumptions used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2017, as reported by HHS.

The average IDF for PHW is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to PHW's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver 1.03, Gold 1.08 and Platinum 1.15.

AV: The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2017, as reported by HHS.

The average AV for PHW is projected by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to PHW's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF is projected based on the average ARF of the single risk pool in 2017, as reported by HHS, adjusted for projected changes in the demographics of the single risk pool from 2017 to 2020.

The average ARF for PHW is projected by applying the proposed 2020 HHS age rating factors to PHW's projected population. An equal distribution across ages within each age band was assumed.

GCF: The average GCF for PHW relative to the statewide average was modeled based on historical GCFs by rating area, any anticipated changes in these GCFs over time, and PHW's projected enrollment by rating area.

The total transfer is calculated as the sum of the state transfer calculation described above and a net transfer for 2020 attributable to the high cost risk pooling program. We modeled this as the combination of a receivable, based on the attachment point and coinsurance from the 2020 Notice of Benefit and Payment Parameters (NBPP), and an assessment, based as a percentage of premium.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2020 risk transfer projection and via the calculation of the net high cost risk pooling receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

The risk adjustment transfer amounts [REDACTED] shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and morbidity assumptions used to project claims costs.

Exchange User Fees

The Exchange user fee adjustment applied to premium rates is 3.00% of premium. This is based on weighting the expected distribution of issuer enrollment sold through the Exchange and sold outside of the Exchange. Per the 2020 final benefit and payment parameters, the Exchange user fee is 3.00% of premium for members purchasing coverage via the Exchange, and there is no Exchange fee for members enrolling in coverage outside of the Exchange. We assumed 100% of members would enroll through the Exchange and 0% would enroll outside of the Exchange. On Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor, and this factor is 1.036.

Plan-Adjusted Index Rate

The Plan Adjusted Index Rates (average Plan Adjusted Index Rate: \$590.41) are included in Worksheet 2, Section III of the URRT. The Plan Adjusted Index Rates are the Market-wide Adjusted Index Rate adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d)(2):

- The actuarial value and cost-sharing design of the plan
 - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
 - The actuarial value and cost-sharing pricing adjustment was developed using a combination of the Milliman Managed Care Rating Model (MCRM), calibrated to the expected population, paired with a claims simulation methodology.
 - § Relativities between plans were developed using a 50/50 blend of a claims simulation method and the 2019 manual plan rating factors. The approach balances the results of multiple methodologies and promotes market stability.
 - § Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
 - § The claims simulation model used here is based on a nationwide, claim-level dataset of Individual exchange members. Using this

dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan, thereby excluding any differences in the morbidity of members assumed to select the plan.

- § The national dataset was calibrated to 2020 projected allowed costs to ensure that member cost shares are applied to the appropriate cost level. Allowed relativities by plan reflect utilization differences originating from benefit richness, based on the Milliman *Health Cost Guidelines*. Relying on a manual model for these induced utilization differences precludes the reflection of morbidity.
- § Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
 - The actuarial and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each silver ACA-compliant plan (both those sold through the Exchange and those sold outside of the Exchange).
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices.
 - Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
 - For a subset of plans, additional benefits include coverage for adult vision and adult dental.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market-wide Adjusted Index Rate).
 - Non-benefit expenses (\$46.51) are discussed in detail below.

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and other benefits (non-EHB) common to all plans are added to the Market-wide Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and are not calibrated.

The Plan Adjusted Index Rates of the Experience Period are set to zero as there is no reported experience on Worksheet 2, Section II of the URRT.

Total Allowed Claims

Section 1g describes the process for how the Projected Total Allowed Claims were developed.

Inclusion of Capitation Payments

Capitated payments for services are accounted for through a PMPM allocation to claims, where the average capitation amount replaces the projected claims amount.

In 2020, children will be capitated at \$5.22 PMPM for Envolve Vision (Exam & Hardware, Medical & Surgical), Envolve People Care (Health Coaching and NurseLine), Startsmart, and Teledoc – Telehealth. Adults on the base product will be capitated at \$2.36 PMPM. Adults are lower since Envolve Vision (Exam & Hardware) is not included in the base product. Adults with the Vision+Dental buy-up will be capitated an additional \$24.19 PMPM for Envolve Vision (Exam & Hardware) and Envolve Dental. The dates for the contract are CY2020.

b. Retention Items

Please see Table 6, “Retention”, for the retention items. Combined with margin and contingency from Table 10, “Plan Rates”, this represents the total administrative expenses and taxes and fees. Profit, margin, and administrative expenses do not vary by plan.

Administrative Expense Load

The administrative expense load (\$41.51; 7.03% of Premium) was provided by PHW. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

There is an additional amount to cover approved quality improvement expenses (\$3.00) and provider incentive payments (\$2.00).

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

Profit (or Contribution to Surplus) & Risk Margin:

This load (\$10.33; 1.75% of Premium) was applied proportionally to all products and plans and can be found in Appendix 12.2.

A breakdown of administrative expenses can be found in Appendix 12.2.

Taxes and Fees

The taxes and fees (\$36.76) which may be subtracted from premiums for purposes of calculating the MLR are listed in Appendix 12.2.

For 2020, the Risk Adjustment User Fee is included as part of Taxes and Fees on Worksheet 2, Field #3.7 of the URRT.

Broker Commissions



A sample producer agreement has been included in Appendix 20.2.

Loss Ratio

The projected medical loss ratio (MLR) is 90.6%. The projected MLR is based on the prescribed calculation from 45 CFR 158, but solely reflects the projection year single risk pool experience, rather than the three-year combined period that is used for determining MLR rebates. There was no credibility adjustment applied to the projected MLR. Including a credibility adjustment would only increase the projected MLR, which already satisfies the MLR requirement. See Appendix 15.1 for the calculation for the projected federal medical loss ratio.

c. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization factors are shown in Table 7, "Normalized Market-Adjusted Projected Allowed Total Claims". Rates were normalized for age, tobacco usage, and benefit richness.

The development of the average age factor (1.729) may be found in Appendix 13.2.

The development of the average geographic factor (1.000) may be found in Appendix 13.3.

The development of the average tobacco usage factor (1.006) may be found in Appendix 13.4.

The development of the average benefit richness factor (1.014) may be found in Appendix 20.3.

PHW operates in a single network. There are no network differences, and thus the network factor is 1.000.

d. Components of Rate Change

Please see Table 8, “Components of Rate Change”, and Table 9, “Year-over-Year Data to Support Table 8” for the buildup of the components of rate change.

3. Plan Rate Development

Table 10, “Plan Rate Development” shows the development of the final 2020 rates by plan.

The buildup of the Induced Utilization shown in column L of Table 10 is shown in Table B below.

Table B Pennsylvania Health & Wellness, Inc. Induced Utilization Buildup								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9) = (8) / (6 * 7)
Plan ID	Metal Level	Projected Membership	Projected Allowed Claims	Projected Paid Claims	Paid to Allowed Factor	Average Tobacco Factor	AV & Cost-Sharing Factor	Induced Utilization
86199PA0010025	Gold	1,344	\$803,834.95	\$708,921.29	0.882	0.994	0.975	1.112
86199PA0010005	Silver	8,856	4,799,423.73	4,276,950.12	0.891	0.994	0.893	1.008
86199PA0010004	Silver	31,591	17,231,597.80	15,072,071.19	0.875	0.994	0.882	1.014
86199PA0010012	Silver	21,953	11,945,259.78	10,334,892.79	0.865	0.994	0.871	1.012
86199PA0010014	Silver	3,446	1,885,246.10	1,780,553.55	0.944	0.994	0.956	1.017
86199PA0010015	Silver	44	24,695.14	22,685.99	0.919	0.994	0.954	1.044
86199PA0010002	Bronze	15,835	8,266,262.26	5,753,914.87	0.696	0.994	0.672	0.971
86199PA0010022	Bronze	12	6,498.50	4,662.92	0.718	0.994	0.719	1.007
86199PA0010024	Bronze	5,972	3,264,277.23	2,364,418.18	0.724	0.994	0.732	1.017
86199PA0010006	Bronze	15,828	8,294,830.68	6,034,964.97	0.728	0.994	0.705	0.975
86199PA0020025	Gold	94	56,220.60	49,582.29	0.882	0.994	0.975	1.112
86199PA0020005	Silver	653	353,887.05	315,362.29	0.891	0.994	0.893	1.008
86199PA0020004	Silver	2,328	1,269,828.74	1,110,689.18	0.875	0.994	0.882	1.014
86199PA0020012	Silver	1,624	883,665.19	764,536.32	0.865	0.994	0.871	1.012
86199PA0020014	Silver	253	138,411.86	130,725.49	0.944	0.994	0.956	1.017
86199PA0020015	Silver	4	2,245.01	2,062.36	0.919	0.994	0.954	1.044
86199PA0020002	Bronze	1,096	572,139.15	398,250.12	0.696	0.994	0.672	0.971
86199PA0020006	Bronze	1,096	574,370.38	417,887.39	0.728	0.994	0.705	0.975
Total		112,029	\$60,372,694.14	\$49,543,131.32	0.821	0.994	0.818	1.002

The buildup of this factor can also be found in Appendix 20.3. Values in column (9) represent the pure induced utilization for each plan. Additional support for the development of the AV and Cost Sharing Factor for each plan can be found in Appendix 20.4.

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

Table 11, “Plan Premium Development for 21-Year-Old Non-Tobacco User” shows the premium development for a 21-year-old non-tobacco user.

5. Plan Factors

a. Age and Tobacco Factors

Age and tobacco factors are shown in Table 12, “Age and Tobacco Factors”. Age factors represent the federal standard age curve.

The tobacco factor for 2020 is set to 1.15 for all ages 18+. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report “The Business Case for Coverage of Tobacco Cessation, 2012 Update” by Leif Associates, Inc. was considered which suggests that healthcare costs for smokers are greater than those of non-smokers and may be as much as 34% higher than costs for non-smokers.

b. Geographic Factors

The Geographic Areas used are consistent with those defined by the state. Geographic factors are shown in Table 13, “Geographic Factors”.

c. Network Factors

Network factors are shown in Table 14, “Network Factors”. PHW only has one network, so this factor is shown as 1.0.

d. Service Area Composition

Not Applicable. Rates do not vary by Service Area.

e. Composite Rating

Not Applicable. This is an individual rate filing.

6. Actuarial Certification

I, [REDACTED] am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work. This filing is prepared on behalf of Pennsylvania Health & Wellness, Inc. (the "Company") to comply with applicable State and Federal Statutes for individual rate filings.

I am affiliated with Milliman, Inc. ("Milliman"), an independent actuarial consulting firm that is not affiliated with, nor a subsidiary of, nor in any way owned or controlled by a health plan, health insurer, or a trade association of health plans or insurers.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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

1. The Index Rate for the Projection Period is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered

- d. Neither excessive nor deficient based on my best estimates of the 2020 individual market.
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
3. The geographic rating factors used reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. All factor, benefit, and other changes from the 2019 filing have been disclosed.
6. No new plan is a modification of an existing plan.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2020 Rate Filing Justification.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2020 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2020 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, 1332 waivers bringing reinsurance or other such programs to a state; or a decision by Congress, the Health and Human Services Secretary, or the Centers for Medicare and Medicaid Services director to fund cost-sharing reduction subsidies, alter advance premium tax credits, or further modify the individual mandate requirement and penalty. In the event that a material provision is impacted, a revision to the rates will be needed. In particular, rates were developed assuming steady funding of Advanced Premium Tax Credits (APTCs) and no funding of cost-sharing reduction (CSR) subsidy payments. The continuity of this funding approach will impact whether rates are sufficient and not excessive. Milliman expresses no opinion with regard to the future funding of CSR payments.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the URRT's process used to

develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

Signed:

Name: [REDACTED]

Title: Consulting Actuary

Date: June 24, 2019

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Pennsylvania Health & Wellness, Inc.
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2020
Base Period Start Date:	1/1/2018
Date of Most Recent Membership	2/1/2019

to 12/31/2020
to 12/31/2018

Table 1. Number of Members

Average Age	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2019)	Projected Rating Period
		63.3	69.0
Total	0	1,869	112,079
<18		30	1,332
18-24		137	7,234
25-29		234	13,659
30-34		208	13,080
35-39		179	10,394
40-44		174	10,604
45-49		166	10,006
50-54		220	13,000
55-59		233	14,078
60-63		216	15,180
64+		72	5,272

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

Table 2. Experience Period Claims and Premiums

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

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

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

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

** Should be URET 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-15				#DIV/0!		#DIV/0!				#DIV/0!
Feb-15				#DIV/0!		#DIV/0!				#DIV/0!
Mar-15				#DIV/0!		#DIV/0!				#DIV/0!
Apr-15				#DIV/0!		#DIV/0!				#DIV/0!
May-15				#DIV/0!		#DIV/0!				#DIV/0!
Jun-15				#DIV/0!		#DIV/0!				#DIV/0!
Jul-15				#DIV/0!		#DIV/0!				#DIV/0!
Aug-15				#DIV/0!		#DIV/0!				#DIV/0!
Sep-15				#DIV/0!		#DIV/0!				#DIV/0!
Oct-15				#DIV/0!		#DIV/0!				#DIV/0!
Nov-15				#DIV/0!		#DIV/0!				#DIV/0!
Dec-15				#DIV/0!		#DIV/0!				#DIV/0!
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: Pennsylvania Health & Wellness, Inc.
Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2020

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member + HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment
\$ 3,549,562,536.45	\$ 3,052,623,781.35	\$ 3,052,623,781.35	12,000,000	\$ 1,308,267,334.86	\$ 4,380,891,116.21	\$ -	\$ -	\$ 20,812,606.20	\$ -	\$ 365.14
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 365.14
Loss Ratio										86.59%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite Trend	Weight*
Inpatient Hospital	11.63%	7.94%	-2.56%	17.41%	21.73%
Outpatient Hospital	8.10%	2.24%	-2.79%	7.43%	21.04%
Professional	8.72%	4.30%	-2.79%	10.30%	27.50%
Other Medical	-0.83%	0.37%	-5.63%	-6.07%	2.67%
Capitation				0.00%	0.47%
Prescription Drugs	6.78%	0.68%	-2.27%	5.06%	26.55%
Total Annual Trend				9.49%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.199	

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

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-15		\$ 229,657,659.48	1.0000	\$ 229,657,659.48	1,000,000	\$ 229.66		\$ -	\$ 328,082,370.69	\$ 328.08
Feb-15		\$ 230,224,057.22	1.0000	\$ 230,224,057.22	1,000,000	\$ 230.22		\$ -	\$ 328,891,510.32	\$ 328.89
Mar-15		\$ 230,791,851.86	1.0000	\$ 230,791,851.86	1,000,000	\$ 230.79		\$ -	\$ 329,702,646.51	\$ 329.70
Apr-15		\$ 231,361,046.83	1.0000	\$ 231,361,046.83	1,000,000	\$ 231.36		\$ -	\$ 330,515,781.18	\$ 330.52
May-15		\$ 231,931,645.58	1.0000	\$ 231,931,645.58	1,000,000	\$ 231.93		\$ -	\$ 331,330,922.26	\$ 331.33
Jun-15		\$ 232,503,651.59	1.0000	\$ 232,503,651.59	1,000,000	\$ 232.50		\$ -	\$ 332,148,073.70	\$ 332.15
Jul-15		\$ 233,077,068.32	1.0000	\$ 233,077,068.32	1,000,000	\$ 233.08		\$ -	\$ 332,967,240.45	\$ 332.97
Aug-15		\$ 233,651,899.24	1.0000	\$ 233,651,899.24	1,000,000	\$ 233.65		\$ -	\$ 333,788,427.49	\$ 333.79
Sep-15		\$ 234,228,147.86	1.0000	\$ 234,228,147.86	1,000,000	\$ 234.23		\$ -	\$ 334,611,639.80	\$ 334.61
Oct-15		\$ 234,805,817.66	1.0000	\$ 234,805,817.66	1,000,000	\$ 234.81		\$ -	\$ 335,436,882.37	\$ 335.44
Nov-15		\$ 235,384,912.15	1.0000	\$ 235,384,912.15	1,000,000	\$ 235.38		\$ -	\$ 336,264,160.22	\$ 336.26
Dec-15	\$ 3,248,352,549.59	\$ 235,965,434.85	1.0000	\$ 235,965,434.85	1,000,000	\$ 235.97	\$ 1,197,249,939.70	\$ -	\$ 337,093,478.35	\$ 337.09
Jan-16		\$ 236,547,389.27	1.0000	\$ 236,547,389.27	1,000,000	\$ 236.55		\$ -	\$ 337,924,841.81	\$ 337.92
Feb-16		\$ 237,130,778.94	1.0000	\$ 237,130,778.94	1,000,000	\$ 237.13		\$ -	\$ 338,758,255.63	\$ 338.76
Mar-16		\$ 237,715,607.41	1.0000	\$ 237,715,607.41	1,000,000	\$ 237.72		\$ -	\$ 339,593,724.88	\$ 339.59
Apr-16		\$ 238,301,878.23	1.0000	\$ 238,301,878.23	1,000,000	\$ 238.30		\$ -	\$ 340,431,254.62	\$ 340.43
May-16		\$ 238,889,594.95	1.0000	\$ 238,889,594.95	1,000,000	\$ 238.89		\$ -	\$ 341,270,849.93	\$ 341.27
Jun-16		\$ 239,478,761.14	1.0000	\$ 239,478,761.14	1,000,000	\$ 239.48		\$ -	\$ 342,112,515.91	\$ 342.11
Jul-16		\$ 240,069,380.37	1.0000	\$ 240,069,380.37	1,000,000	\$ 240.07		\$ -	\$ 342,956,257.67	\$ 342.96
Aug-16		\$ 240,661,456.22	1.0000	\$ 240,661,456.22	1,000,000	\$ 240.66		\$ -	\$ 343,802,080.32	\$ 343.80
Sep-16		\$ 241,254,992.30	1.0000	\$ 241,254,992.30	1,000,000	\$ 241.25		\$ -	\$ 344,649,989.00	\$ 344.65
Oct-16		\$ 241,849,992.19	1.0000	\$ 241,849,992.19	1,000,000	\$ 241.85		\$ -	\$ 345,499,988.85	\$ 345.50
Nov-16		\$ 242,446,459.52	1.0000	\$ 242,446,459.52	1,000,000	\$ 242.45		\$ -	\$ 346,352,085.02	\$ 346.35
Dec-16	\$ 3,345,803,126.07	\$ 243,044,397.89	1.0000	\$ 243,044,397.89	1,000,000	\$ 243.04	\$ 1,231,167,437.90	\$ -	\$ 347,206,282.70	\$ 347.21
Jan-17		\$ 243,643,810.94	1.0000	\$ 243,643,810.94	1,000,000	\$ 243.64		\$ -	\$ 348,062,587.06	\$ 348.06
Feb-17		\$ 244,244,702.31	1.0000	\$ 244,244,702.31	1,000,000	\$ 244.24		\$ -	\$ 348,921,003.30	\$ 348.92
Mar-17		\$ 244,847,075.64	1.0000	\$ 244,847,075.64	1,000,000	\$ 244.85		\$ -	\$ 349,781,536.62	\$ 349.78
Apr-17		\$ 245,450,934.58	1.0000	\$ 245,450,934.58	1,000,000	\$ 245.45		\$ -	\$ 350,644,192.25	\$ 350.64
May-17		\$ 246,056,282.80	1.0000	\$ 246,056,282.80	1,000,000	\$ 246.06		\$ -	\$ 351,508,975.43	\$ 351.51
Jun-17		\$ 246,663,123.97	1.0000	\$ 246,663,123.97	1,000,000	\$ 246.66		\$ -	\$ 352,375,891.39	\$ 352.38
Jul-17		\$ 247,271,463.78	1.0000	\$ 247,271,463.78	1,000,000	\$ 247.27		\$ -	\$ 353,244,945.40	\$ 353.24
Aug-17		\$ 247,881,299.91	1.0000	\$ 247,881,299.91	1,000,000	\$ 247.88		\$ -	\$ 354,116,142.73	\$ 354.12
Sep-17		\$ 248,492,642.07	1.0000	\$ 248,492,642.07	1,000,000	\$ 248.49		\$ -	\$ 354,989,888.67	\$ 354.99
Oct-17		\$ 249,105,491.96	1.0000	\$ 249,105,491.96	1,000,000	\$ 249.11		\$ -	\$ 355,864,988.51	\$ 355.86
Nov-17		\$ 249,719,853.30	1.0000	\$ 249,719,853.30	1,000,000	\$ 249.72		\$ -	\$ 356,742,847.58	\$ 356.74
Dec-17	\$ 3,446,177,219.86	\$ 250,335,729.83	1.0000	\$ 250,335,729.83	1,000,000	\$ 250.34	\$ 1,270,162,461.03	\$ -	\$ 357,622,471.18	\$ 357.62
Jan-18		\$ 250,953,125.27	1.0000	\$ 250,953,125.27	1,000,000	\$ 250.95		\$ -	\$ 358,504,464.67	\$ 358.50
Feb-18		\$ 251,572,043.38	1.0000	\$ 251,572,043.38	1,000,000	\$ 251.57		\$ -	\$ 359,388,633.40	\$ 359.39
Mar-18		\$ 252,192,487.91	1.0000	\$ 252,192,487.91	1,000,000	\$ 252.19		\$ -	\$ 360,275,982.72	\$ 360.27
Apr-18		\$ 252,814,462.61	1.0000	\$ 252,814,462.61	1,000,000	\$ 252.81		\$ -	\$ 361,163,518.02	\$ 361.16
May-18		\$ 253,437,971.28	1.0000	\$ 253,437,971.28	1,000,000	\$ 253.44		\$ -	\$ 362,054,244.69	\$ 362.05
Jun-18		\$ 254,063,017.69	1.0000	\$ 254,063,017.69	1,000,000	\$ 254.06		\$ -	\$ 362,947,168.13	\$ 362.95
Jul-18		\$ 254,689,605.63	1.0000	\$ 254,689,605.63	1,000,000	\$ 254.69		\$ -	\$ 363,842,293.76	\$ 363.84
Aug-18		\$ 255,317,738.91	1.0000	\$ 255,317,738.91	1,000,000	\$ 255.32		\$ -	\$ 364,739,627.01	\$ 364.74
Sep-18		\$ 255,947,421.33	1.0000	\$ 255,947,421.33	1,000,000	\$ 255.95		\$ -	\$ 365,639,173.33	\$ 365.64
Oct-18		\$ 256,578,656.72	1.0000	\$ 256,578,656.72	1,000,000	\$ 256.58		\$ -	\$ 366,540,938.17	\$ 366.54
Nov-18		\$ 257,211,448.90	1.0000	\$ 257,211,448.90	1,000,000	\$ 257.21		\$ -	\$ 367,444,927.00	\$ 367.44
Dec-18	\$ 3,549,562,536.45	\$ 257,845,801.72	1.0000	\$ 257,845,801.72	1,000,000	\$ 257.85	\$ 1,308,267,334.86	\$ -	\$ 368,351,145.32	\$ 368.35

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II

Rate Development and Change

Carrier Name:	Pennsylvania Health & Wellness, Inc.
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2020

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ -	\$ 365.14	< Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection factor	1.000	1.199	
Unadjusted Projected Allowed EHB Claims PMPM	\$ -	\$ 437.70	
Single Risk Pool Adjustment Factors			
Change in Morbidity	1.000	1.104	< See URRT Instructions
Change in Other	1.000	1.112	
Change in Demographics	1.000	1.207	< See URRT Instructions
Change in Network	1.000	0.931	
Change in Benefits	1.000	0.985	< See URRT Instructions
Change in Other	1.000	1.004	
Total Adjusted Projected Allowed EHB Claims PMPM	\$ -	\$ 537.19	
Credibility Factors	0%	100%	< See Instructions
Blended Projected EHB Claims PMPM		\$ 537.19	
< Projected Index Rate			
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 537.19		< Index Rate for Projection Period on URRT - Individual or First Quarter Small Group
Adjusted Projected Allowed EHB Claims PMPM (will only populate for small group filings)	\$ -		
Projected Paid to Allowed Ratio	0.821		
Projected Paid EHB Claims PMPM	\$ 440.83		
Market-wide Adjustments			
Projected Risk Adjustment PMPM	\$ (54.56)		
Projected Paid Exchange User Fees PMPM	\$ 17.66		
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 513.04		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 625.19		< Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 1.89		
Market-Adjusted Projected Paid Total Claims PMPM	\$ 514.60		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 627.08		

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	7.86%	\$46.43
General and Claims	6.47%	\$38.17
Agent/Broker Fees and Commissions	0.55%	\$3.26
Quality Improvement Initiatives	0.85%	\$5.30
Taxes and Fees	3.23%	\$19.04
RA User Fee	0.03%	\$0.18
PA Premium Tax (if applicable)	0.00%	\$0.00
Federal Income Tax	0.81%	\$4.77
Health Insurance Providers Fee (Prorated for Small Groups only)	2.39%	\$14.09
Profit/Contingency (after tax)	1.75%	\$10.33
Total Retention	12.84%	\$75.81
Projected Required Revenue PMPM		\$ 590.41

Table 8. Components of Rate Change

Rate Components	2019	2020	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 341.04	\$ 336.40	-\$4.63	-1.4%
B. Base period allowed claims before normalization	\$ 480.76	\$ 365.14	-\$115.61	-33.9%
C. Normalization factor component of change	\$ (212.15)	\$ (155.11)	\$57.03	16.7%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 268.61	\$ 210.03	\$(58.58)	-17.2%
D2. URRT Trend	\$ (29.83)	\$ 41.73	\$ 71.57	21.0%
D3. URRT Morbidity	\$ (13.41)	\$ 26.14	\$ 39.54	11.6%
D4. URRT Other	\$ 34.35	\$ 31.09	\$(3.26)	-1.0%
D5. Normalized URRT RA/RI on an allowed basis	\$ 84.77	\$ 88.24	\$(46.53)	-13.6%
D6. Normalized Exchange User Fee on an allowed basis	\$ 14.45	\$ 12.38	\$(2.07)	-0.6%
D7. Subtotal - Sum(D1-D6)	\$ 358.94	\$ 359.61	\$ 0.67	0.2%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ -54.49139094	\$ (67.06)	\$ (12.57)	-3.7%
E3. Benefit Richness	\$ 18.14	\$ -	\$ (18.14)	-5.3%
E4. Catastrophic Eligibility	\$ -	\$ 0.00	\$ 0.00	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (36.35)	\$ (67.06)	\$ (30.71)	-9.0%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 30.36	\$ 26.46	\$(3.91)	-1.1%
F2. Taxes and Fees	\$ 7.33	\$ 10.85	\$ 3.52	1.0%
F3. Profit and/or Contingency	\$ 6.82	\$ 5.89	\$(0.93)	-0.3%
F4. Subtotal - Sum(F1-F3)	\$ 44.51	\$ 43.20	\$(1.32)	-0.4%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 367.10	\$ 335.75	\$(31.35)	-9.2%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 365.14	< Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 3,549,562,536.45	
Blended Loss Ratio	86.59%	

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

Effective Date	1/1/2020	4/1/2020	7/1/2020	10/1/2020	Total Single Risk Pool
# of Member Months Renewing in Quarter					
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 537.19	\$ 537.19	\$ 537.19	\$ 537.19	\$ 537.19
Months of Trend	-	6	9	9	
Annual Trend	9.49%	9.49%	9.49%	9.49%	
Single Risk Pool Projected Allowed Claims	\$ 537.19	\$ 549.50	\$ 562.09	\$ 574.97	\$ -
Quarterly Trend Factor	100.0%	102.3%	104.6%	107.0%	0.0%
2020 Trend Factors by Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2019	2020
Average Age Factor	1.731	1.720
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.004	1.006
Average Benefit Richness (induced demand)	1.020	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 642.43	\$ 627.08
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 358.94	\$ 360.70

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

	2019	2020	
Paid-to-Allowed	0.840	0.821	
URRT Trend (Total Applied Trend Factor)	0.889	1.199	< URRT W1, S2
URRT Morbidity	0.944	1.104	< URRT W1, S2
URRT "Other"	1.152	1.112	< URRT W1, S2
Risk Adjustment	\$ 127.40	\$ 54.56	< URRT W1, S3
Exchange User Fee	\$ 21.71	\$ 17.66	< URRT W1, S3
Capitation	\$ 2.44	\$ 1.73	< URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.845	0.814	< For 2019 in cell B1, please include a factor equal to the product of the average Pricing Benefit Richness
Benefit Richness	1.060	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	8.90%	7.86%	
Taxes and Fees	2.15%	3.23%	
Profit and/or Contingency	2.00%	1.75%	

Table 10. Plan Rates

Carrier Name:	Pennsylvania Health & Wellness, Inc.
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2020
Base Period Start Date	1/1/2018
Date of Most Recent Membership	2/1/2019
Market Adjusted Index Rate	\$ 625.19

45 CFR Part 156.8 (d) (2) Allowable Factors

Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2019 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2020	1/1/2020 Plan HIOS Plan ID (If 1/1/2019 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actual Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company- determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium
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Totals	0.664	0.814	1.000	1.000	1.000	1.000	1.128	\$	509.75
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[illegible]

Total Covered Lives @ 02-01-2019	
	1,869

<p>Total Covered Lives Mapped into 2020 Plans @ 02-01- 2019</p>	<p>Total Policyholders @ 02-01-2019</p>
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1,869	1,547
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[illegible]

**Proposed Rate
Change
Compared to
Prior 12
months**

-1.4%

[illegible][illegible][illegible][illegible]

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

Pennsylvania Health & Wellness, Inc.
HMO
Individual
1/1/2020

Plan Number	HIOS Plan ID (Standard Component)	1/1/2019 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2020	1/1/2020 Plan HIOS Plan ID (If 1/1/2019 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Totals	These cells auto-fill using the data entered in Table 10.									
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Plan 1	86199PA0010002	Ambetter Essential Care 1 (2020)	E		Bronze	On/Off
Plan 2	86199PA0010022	Ambetter Essential Care 2 HSA (2020)	N		Bronze	On/Off
Plan 3	86199PA0010006	Ambetter Essential Care 10 (2020)	N		Bronze	On/Off
Plan 4	86199PA0010005	Ambetter Balanced Care 5 (2020)	E		Silver	On/Off
Plan 5	86199PA0010004	Ambetter Balanced Care 11 (2020)	E		Silver	On/Off
Plan 6	86199PA0010012	Ambetter Balanced Care 12 (2020)	N		Silver	On/Off
Plan 7	86199PA0010003	Ambetter Balanced Care 3 (2019)	DM	86199PA0010014	Silver	On/Off
Plan 8	86199PA0010014	Ambetter Balanced Care 14 (2020)	N		Silver	On/Off
Plan 9	86199PA0010015	Ambetter Balanced Care 15 (2020)	N		Silver	On/Off
Plan 10	86199PA0010001	Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	DM	86199PA0010025	Gold	On/Off
Plan 11	86199PA0010025	Ambetter Secure Care 5 (2020)	N		Gold	On/Off
Plan 12	86199PA0020002	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	N		Bronze	On/Off
Plan 13	86199PA0020006	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	N		Bronze	On/Off
Plan 14	86199PA0020005	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	N		Silver	On/Off
Plan 15	86199PA0020004	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	N		Silver	On/Off
Plan 16	86199PA0020014	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	N		Silver	On/Off
Plan 17	86199PA0020015	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	N		Silver	On/Off
Plan 18	86199PA0020025	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	N		Gold	On/Off
Plan 19	0	0	0	0	0	0
Plan 20	0	0	0	0	0	0

[illegible][illegible]

\$	-	#VALUE!
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\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 336.40	\$ -	#VALUE!
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[illegible]

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-1.6%	0.0%	#VALUE!
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[illegible]

PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	Pennsylvania Health & Wellness, Inc.
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2020

Table 12. Age and Tobacco Factors

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

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

Table 14. Network Factors

[illegible]

Company Name:		Pennsylvania Health & Wellness, Inc.		Market:		Individual		Product:		Ambetter		Effective Date of Rates:		1/1/2020		Ending date of Rates:		December 31, 2020	
HIOS Plan ID (On Exchange) =>		86199PA0010005		86199PA0010005		86199PA0010004		86199PA0010012		86199PA0010014		86199PA0010015		86199PA0010002		86199PA0010002		86199PA0010002	
HIOS Plan ID (Off Exchange) =>		86199PA0010005		86199PA0010005		86199PA0010004		86199PA0010012		86199PA0010014		86199PA0010015		86199PA0010002		86199PA0010002		86199PA0010002	
Plan Marketing Name =>		Ambetter Secure Care S (2020)		Ambetter Balanced Care S (2020)		Ambetter Balanced Care 11 (2020)		Ambetter Balanced Care 12 (2020)		Ambetter Balanced Care 14 (2020)		Ambetter Balanced Care 15 (2020)		Ambetter Essential Care 1 (2020)		Ambetter Essential Care 1 (2020)		Ambetter Essential Care 1 (2020)	
Form # =>		86199		86199		86199		86199		86199		86199		86199		86199		86199	
Rating Area =>		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network =>		Ambetter		Ambetter		Ambetter		Ambetter		Ambetter		Ambetter		Ambetter		Ambetter		Bronze	
Metal =>		Gold		Silver		Silver		Silver		Silver		Silver		Silver		Silver		Bronze	
Deductible =>		\$1250 INT		\$7350 INT		\$6000 INT		\$6500 INT		\$0 INT		\$2950 INT		\$8150 INT		\$8150 INT		\$8150 INT	
Coinsurance =>		20%		0%		40%		40%		50%		40%		0%		0%		0%	
		\$15 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$35 Specialist Visit; \$15 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$15 Laboratory Outpatient and Professional Services; \$15 Generic Drugs; \$30 Preferred Brand Drugs		\$40 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$80 Specialist Visit; \$40 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$20 Generic Drugs; \$60 Preferred Brand Drugs		\$30 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$60 Specialist Visit; \$30 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$20 Laboratory Outpatient and Professional Services; \$20 Generic Drugs; \$50 Preferred Brand Drugs		\$35 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$70 Specialist Visit; \$35 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$35 Laboratory Outpatient and Professional Services; \$25 Generic Drugs; \$60 Preferred Brand Drugs		\$45 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$95 Specialist Visit; \$45 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$45 Laboratory Outpatient and Professional Services; \$36 Generic Drugs		\$30 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$65 Specialist Visit; \$30 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$30 Laboratory Outpatient and Professional Services; \$15 Generic Drugs; \$60 Preferred Brand Drugs		\$20 Generic Drugs		\$20 Generic Drugs		\$20 Generic Drugs	
Copays =>		\$5.00		\$7.350		\$8.100		\$8.150		\$8.150		\$8.150		\$8.150		\$8.150		\$8.150	
OOP Maximum =>		\$5,900		\$7,350		\$8,100		\$8,150		\$8,150		\$8,150		\$8,150		\$8,150		\$8,150	
Pediatric Dental (Yes/No) =>		No		No		No		No		No		No		No		No		No	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14		\$308.93	\$308.93	\$282.85	\$282.85	\$279.43	\$279.43	\$275.72	\$275.72	\$302.62	\$302.62	\$301.97	\$301.97	\$301.97	\$301.97	\$301.97	\$301.97	\$301.97	\$301.97
15		\$336.39	\$336.39	\$307.99	\$307.99	\$304.27	\$304.27	\$300.23	\$300.23	\$329.52	\$329.52	\$328.81	\$328.81	\$328.81	\$328.81	\$328.81	\$328.81	\$328.81	\$328.81
16		\$346.89	\$346.89	\$317.61	\$317.61	\$313.76	\$313.76	\$309.60	\$309.60	\$339.81	\$339.81	\$339.08	\$339.08	\$339.08	\$339.08	\$339.08	\$339.08	\$339.08	\$339.08
17		\$357.39	\$357.39	\$327.22	\$327.22	\$323.26	\$323.26	\$318.97	\$318.97	\$350.09	\$350.09	\$349.34	\$349.34	\$349.34	\$349.34	\$349.34	\$349.34	\$349.34	\$349.34
18		\$368.70	\$368.70	\$337.57	\$337.57	\$333.49	\$333.49	\$329.07	\$329.07	\$361.17	\$361.17	\$360.39	\$360.39	\$360.39	\$360.39	\$360.39	\$360.39	\$360.39	\$360.39
19		\$380.00	\$380.00	\$347.93	\$347.93	\$343.72	\$343.72	\$339.16	\$339.16	\$372.25	\$372.25	\$371.45	\$371.45	\$371.45	\$371.45	\$371.45	\$371.45	\$371.45	\$371.45
20		\$391.72	\$391.72	\$358.65	\$358.65	\$354.31	\$354.31	\$349.61	\$349.61	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89	\$382.89
21		\$403.84	\$403.84	\$369.75	\$369.75	\$365.28	\$365.28	\$360.43	\$360.43	\$395.59	\$395.59	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74
22		\$403.84	\$403.84	\$369.75	\$369.75	\$365.28	\$365.28	\$360.43	\$360.43	\$395.59	\$395.59	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74
23		\$403.84	\$403.84	\$369.75	\$369.75	\$365.28	\$365.28	\$360.43	\$360.43	\$395.59	\$395.59	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74
24		\$403.84	\$403.84	\$369.75	\$369.75	\$365.28	\$365.28	\$360.43	\$360.43	\$395.59	\$395.59	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74	\$394.74
25		\$405.45	\$405.45	\$371.22	\$371.22	\$366.73	\$366.73	\$361.86	\$361.86	\$397.17	\$397.17	\$396.31	\$396.31	\$396.31	\$396.31	\$396.31	\$396.31	\$396.31	\$396.31
26		\$413.52	\$413.52	\$378.61	\$378.61	\$374.03	\$374.03	\$369.07	\$369.07	\$404.43	\$404.43	\$403.58	\$403.58	\$403.58	\$403.58	\$403.58	\$403.58	\$403.58	\$403.58
27		\$423.21	\$423.21	\$387.49	\$387.49	\$382.80	\$382.80	\$377.72	\$377.72	\$414.57	\$414.57	\$413.68	\$413.68	\$413.68	\$413.68	\$413.68	\$413.68	\$413.68	\$413.68
28		\$438.96	\$438.96	\$401.91	\$401.91	\$397.04	\$397.04	\$391.78	\$391.78	\$424.66	\$424.66	\$423.77	\$423.77	\$423.77	\$423.77	\$423.77	\$423.77	\$423.77	\$423.77
29		\$451.89	\$451.89	\$413.74	\$413.74	\$408.73	\$408.73	\$403.31	\$403.31	\$442.66	\$442.66	\$441.71	\$441.71	\$441.71	\$441.71	\$441.71	\$441.71	\$441.71	\$441.71
30		\$458.35	\$458.35	\$419.65	\$419.65	\$414.58	\$414.58	\$409.08	\$409.08	\$448.99	\$448.99	\$448.02	\$448.02	\$448.02	\$448.02	\$448.02	\$448.02	\$448.02	\$448.02
31		\$468.04	\$468.04	\$428.53	\$428.53	\$423.34	\$423.34	\$418.84	\$418.84	\$458.48	\$458.48	\$457.50	\$457.50	\$457.50	\$457.50	\$457.50	\$457.50	\$457.50	\$457.50
32		\$477.73	\$477.73	\$437.40	\$437.40	\$432.11	\$432.11	\$426.38	\$426.38	\$467.98	\$467.98	\$466.97	\$466.97	\$466.97	\$466.97	\$466.97	\$466.97	\$466.97	\$466.97
33		\$483.79	\$483.79	\$448.86	\$448.86	\$443.43	\$443.43	\$437.55	\$437.55	\$473.91	\$473.91	\$472.89	\$472.89	\$472.89	\$472.89	\$472.89	\$472.89	\$472.89	\$472.89
34		\$490.25	\$490.25	\$456.39	\$456.39	\$451.19	\$451.19	\$445.33	\$445.33	\$480.24	\$480.24	\$479.21	\$479.21	\$479.21	\$479.21	\$479.21	\$479.21	\$479.21	\$479.21
35		\$493.48	\$493.48	\$463.79	\$463.79	\$458.60	\$458.60	\$452.71	\$452.71	\$483.40	\$483.40	\$482.37	\$482.37	\$482.37	\$482.37	\$482.37	\$482.37	\$482.37	\$482.37
36		\$496.71	\$496.71	\$467.12	\$467.12	\$461.93	\$461.93	\$456.05	\$456.05	\$486.57	\$486.57	\$485.52	\$485.52	\$485.52	\$485.52	\$485.52	\$485.52	\$485.52	\$485.52
37		\$499.94	\$499.94	\$474.93	\$474.93	\$469.74	\$469.74	\$463.86	\$463.86	\$489.73	\$489.73	\$488.68	\$488.68	\$488.68	\$488.68	\$488.68	\$488.68	\$488.68	\$488.68
38		\$503.17	\$503.17	\$478.65	\$478.65	\$473.46	\$473.46	\$467.58	\$467.58	\$492.90	\$492.90	\$491.84	\$491.84	\$491.84	\$491.84	\$491.84	\$491.84	\$491.84	\$491.84
39		\$506.63	\$506.63	\$482.61	\$482.61	\$477.42	\$477.42	\$471.54	\$471.54	\$496.05	\$496.05	\$495.00	\$495.00	\$495.00	\$495.00	\$495.00	\$495.00	\$495.00	\$495.00
40		\$516.09	\$516.09	\$493.51	\$493.51	\$488.32	\$488.32	\$482.44	\$482.44	\$501.11	\$501.11	\$500.06	\$500.06	\$500.06	\$500.06	\$500.06	\$500.06	\$500.06	\$500.06
41		\$525.79	\$525.79	\$503.17	\$503.17	\$497.98	\$497.98	\$492.10	\$492.10	\$506.17	\$506.17	\$505.12	\$505.12	\$505.12	\$505.12	\$505.12	\$505.12	\$505.12	\$505.12
42		\$535.07	\$535.07	\$513.34	\$513.34	\$508.15	\$508.15	\$502.27	\$502.27	\$511.22	\$511.22	\$510.17	\$510.17	\$510.17	\$510.17	\$510.17	\$510.17	\$510.17	\$510.17
43		\$548.00	\$548.00	\$526.30	\$526.30	\$521.11	\$521.11	\$515.23	\$515.23	\$514.18	\$514.18	\$513.13	\$513.13	\$513.13	\$513.13	\$513.13	\$513.13	\$513.13	\$513.13
44		\$564.15	\$564.15	\$541.77	\$541.77	\$536.58	\$536.58	\$530.70	\$530.70	\$519.65	\$519.65	\$518.60	\$518.60	\$518.60	\$518.60	\$518.60	\$518.60	\$518.60	\$518.60
45		\$583.13	\$583.13	\$560.60	\$560.60	\$555.41	\$555.41	\$549.53	\$549.53	\$528.48	\$528.48	\$527.43	\$527.43	\$527.43	\$527.43	\$527.43	\$527.43	\$527.43	\$527.43
46		\$605.75	\$605.75	\$583.21	\$583.21	\$578.02	\$578.02	\$572.14	\$572.14	\$551.09	\$551.09	\$550.04	\$550.04	\$550.04	\$550.04	\$550.04	\$550.04	\$550.04	\$550.04
47		\$631.19	\$631.19	\$609.29	\$609.29	\$604.10	\$604.10	\$598.22	\$598.22	\$577.17	\$577.17	\$576.12	\$576.12	\$576.12	\$576.12	\$576.12	\$576.12	\$576.12	\$576.12
48		\$660.26	\$660.26	\$638.00	\$638.00	\$632.81	\$632.81	\$626.93	\$626.93	\$605.88	\$605.88	\$604.83	\$604.83	\$604.83	\$604.83	\$604.83	\$604.83	\$604.83	\$604.83
49		\$688.93	\$688.93	\$702.27	\$702.27	\$697.08	\$697.08	\$691.20	\$691.20	\$670.15	\$670.15	\$669.10	\$669.10	\$669.10	\$669.10	\$669.10	\$669.10	\$669.10	\$669.10
50		\$721.24	\$721.24	\$736.00	\$736.00	\$730.81	\$730.81	\$724.93	\$724.93	\$703.88	\$703.88	\$702.83	\$702.83	\$702.83	\$702.83	\$702.83	\$702.83	\$702.83	\$702.83
0 - 14		\$753.14	\$753.14	\$768.90	\$768.90	\$763.71	\$763.71	\$757.83	\$757.83	\$736.78	\$736.78	\$735.73	\$735.73	\$735.73	\$735.73	\$735.73	\$735.73	\$735.73	\$735.73
15		\$788.28	\$788.28	\$804.04	\$804.04	\$798.85	\$798.85	\$792.97	\$792.97	\$771.92	\$771.92	\$770.87	\$770.87	\$770.87	\$770.87	\$770.87	\$770.87	\$770.87	\$770.87
16		\$823.81	\$823.81	\$839.57	\$839.57	\$834.38	\$834.38	\$828.50	\$828.50	\$807.45	\$807.45	\$806.40	\$806.40	\$806.40	\$806.40	\$806.40	\$806.40	\$806.40	\$806.40
17		\$862.18	\$862.18	\$877.93	\$877.93	\$872.74	\$872.74	\$866.86	\$866.86	\$845.81	\$845.81	\$844.76	\$844.76	\$844.76	\$844.76	\$844.76	\$844.76	\$844.76	\$844.76
18		\$900.54	\$900.54	\$916.30	\$916.30	\$911.11	\$911.11	\$905.23	\$905.23	\$884.18	\$884.18	\$883.13	\$883.13	\$883.13	\$883.13	\$883.13	\$883.13	\$883.13	\$883.13
19		\$942.14	\$942.14	\$957.90	\$957.90	\$952.71	\$952.71	\$946.83	\$946.83	\$925.78	\$925.78	\$924.73	\$924.73	\$924.73	\$924.73	\$924.73	\$924.73	\$924.73	\$924.73
20		\$984.13	\$984.13	\$1,000.00	\$1,000.00	\$994.81	\$994.81	\$988.93	\$988.93	\$967.88	\$967.88	\$966.83	\$966.83	\$966.83	\$966.83	\$966.83	\$966.83	\$966.83	\$966.83
21		\$1,028.96	\$1,028.96	\$1,044.81	\$1,044.81	\$1,039.62	\$1,039.62	\$1,033.74	\$1,033.74	\$1,012.69	\$1,012.69	\$1,011.64	\$1,011.64	\$1,011.64	\$1,011.64	\$1,011.64	\$1,011.64	\$1,011.64	\$1,011.64
22		\$1,051.17	\$1,051.17	\$1,067.06	\$1,067.06	\$1,061.87	\$1,061.87	\$1,055.99	\$1,055.99	\$1,034.94	\$1,034.94	\$1,033.89	\$1,033.89	\$1,033.89	\$1,033.89	\$1,033.89	\$1,033.89	\$1,033.89	\$1,033.89
23		\$1,095.99	\$1,095.99	\$1,111.84	\$1,111.84	\$1,106.65	\$1,106.65	\$1,100.77	\$1,100.77										

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange) >>	86199PA0010022		86199PA0010006		86199PA0020025		86199PA0020005		86199PA0020004	
HIOS Plan ID (Off Exchange) >>	86199PA0010022		86199PA0010006		86199PA0020025		86199PA0020005		86199PA0020004	
Plan Marketing Name >>	Ambetter Essential Care 2 HSA (2020)		Ambetter Essential Care 10 (2020)		Ambetter Secure Care 5 (2020) + Vision + Adult Dental		Ambetter Balanced Care 5 (2020) + Vision + Adult Dental		Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	
Form # >>	86199		86199		86199		86199		86199	
Rating Area >>	Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8		Rating Area 8	
Network >>	Ambetter		Ambetter		Ambetter		Ambetter		Ambetter	
Metal >>	Bronze		Bronze		Gold		Silver		Silver	
Deductible >>	\$6750 INT		\$7200 INT		\$1250 INT		\$7350 INT		\$6000 INT	
Coinsurance >>	0%		50%		20%		0%		40%	
					\$15 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$35 Specialist Visit; \$15 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$15 Laboratory Outpatient and Professional Services; \$15 Generic Drugs; \$30 Preferred Brand Drugs		\$40 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$80 Specialist Visit; \$40 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$20 Generic Drugs; \$60 Preferred Brand Drugs		\$30 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays); \$60 Specialist Visit; \$30 Mental/Behavioral Health and Substance Use Disorder Outpatient Services; \$30 Laboratory Outpatient and Professional Services; \$20 Generic Drugs; \$50 Preferred Brand Drugs	
Copays >>										
OOP Maximum >>	\$6,750		\$8,150		\$5,900		\$7,350		\$8,100	
Pediatric Dental (Yes/No) >>	No		No		No		No		No	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$227.58	\$227.58	\$223.31	\$223.31	\$323.43	\$323.43	\$296.13	\$296.13	\$292.55	\$292.55
15	\$247.81	\$247.81	\$243.16	\$243.16	\$352.18	\$352.18	\$322.45	\$322.45	\$318.55	\$318.55
16	\$255.55	\$255.55	\$250.75	\$250.75	\$363.18	\$363.18	\$332.52	\$332.52	\$328.50	\$328.50
17	\$263.28	\$263.28	\$258.34	\$258.34	\$374.17	\$374.17	\$342.58	\$342.58	\$338.44	\$338.44
18	\$271.61	\$312.35	\$266.51	\$306.49	\$386.01	\$443.91	\$353.42	\$406.44	\$349.15	\$401.52
19	\$279.94	\$321.93	\$274.69	\$315.89	\$397.85	\$467.52	\$364.26	\$418.90	\$359.85	\$413.83
20	\$288.57	\$331.85	\$283.15	\$325.63	\$410.11	\$471.62	\$375.49	\$431.81	\$370.94	\$426.59
21	\$297.50	\$342.13	\$291.92	\$335.71	\$422.80	\$486.22	\$387.11	\$445.18	\$382.43	\$439.79
22	\$297.50	\$342.13	\$291.92	\$335.71	\$422.80	\$486.22	\$387.11	\$445.18	\$382.43	\$439.79
23	\$297.50	\$342.13	\$291.92	\$335.71	\$422.80	\$486.22	\$387.11	\$445.18	\$382.43	\$439.79
24	\$297.50	\$342.13	\$291.92	\$335.71	\$422.80	\$486.22	\$387.11	\$445.18	\$382.43	\$439.79
25	\$298.68	\$343.49	\$293.08	\$337.04	\$424.48	\$488.15	\$388.65	\$446.95	\$383.95	\$441.54
26	\$304.63	\$350.33	\$298.92	\$343.75	\$432.94	\$497.88	\$396.39	\$455.85	\$391.59	\$450.33
27	\$311.77	\$358.54	\$305.92	\$351.81	\$443.08	\$509.55	\$405.68	\$466.53	\$400.77	\$460.89
28	\$323.37	\$371.88	\$317.31	\$364.90	\$459.57	\$528.51	\$420.78	\$483.89	\$415.69	\$478.04
29	\$332.89	\$382.83	\$326.65	\$375.64	\$473.10	\$544.07	\$433.16	\$498.14	\$427.92	\$492.11
30	\$337.65	\$388.30	\$331.32	\$381.02	\$479.87	\$551.85	\$439.36	\$505.26	\$434.04	\$499.15
31	\$344.79	\$396.51	\$338.32	\$389.07	\$490.01	\$563.52	\$448.65	\$515.95	\$443.22	\$509.70
32	\$351.93	\$404.72	\$345.33	\$397.13	\$500.16	\$575.19	\$457.94	\$526.63	\$452.40	\$520.26
33	\$356.40	\$409.86	\$349.71	\$402.16	\$506.50	\$582.48	\$463.75	\$533.31	\$458.13	\$526.85
34	\$361.16	\$415.33	\$354.38	\$407.54	\$513.27	\$590.26	\$469.94	\$540.43	\$464.25	\$533.89
35	\$363.54	\$418.07	\$356.71	\$410.22	\$516.65	\$594.15	\$473.04	\$543.99	\$467.31	\$537.41
36	\$365.92	\$420.80	\$359.05	\$412.91	\$520.03	\$598.04	\$476.13	\$547.55	\$470.37	\$540.93
37	\$368.30	\$423.54	\$361.38	\$415.59	\$523.41	\$601.93	\$479.23	\$551.11	\$473.43	\$544.45
38	\$370.68	\$426.28	\$363.72	\$418.28	\$526.80	\$605.82	\$482.33	\$554.68	\$476.49	\$547.96
39	\$375.44	\$431.75	\$368.39	\$423.65	\$533.56	\$613.60	\$488.52	\$561.80	\$482.61	\$555.00
40	\$380.20	\$437.23	\$373.06	\$429.02	\$540.33	\$621.38	\$494.71	\$568.92	\$488.73	\$562.04
41	\$387.34	\$445.44	\$380.07	\$437.08	\$550.47	\$633.04	\$504.00	\$579.60	\$497.91	\$572.59
42	\$394.18	\$453.30	\$386.78	\$444.80	\$560.20	\$644.23	\$512.91	\$589.84	\$506.70	\$582.71
43	\$403.70	\$464.25	\$396.12	\$455.54	\$573.73	\$659.79	\$525.29	\$604.09	\$518.94	\$596.78
44	\$415.60	\$477.94	\$407.80	\$468.97	\$590.64	\$679.23	\$540.78	\$621.90	\$534.24	\$614.87
45	\$429.58	\$494.02	\$421.52	\$484.75	\$610.51	\$702.09	\$558.97	\$642.82	\$552.21	\$635.04
46	\$446.24	\$513.18	\$437.86	\$503.54	\$634.19	\$729.31	\$580.65	\$667.75	\$573.62	\$659.67
47	\$464.98	\$534.73	\$456.25	\$524.69	\$660.82	\$759.94	\$605.04	\$695.79	\$597.72	\$687.37
48	\$486.40	\$559.36	\$477.27	\$548.86	\$691.26	\$794.95	\$632.91	\$727.84	\$625.25	\$719.04
49	\$507.52	\$583.65	\$498.00	\$572.70	\$721.28	\$829.47	\$660.39	\$759.45	\$652.40	\$750.26
50	\$531.32	\$611.02	\$521.35	\$599.55	\$755.10	\$868.37	\$691.36	\$795.06	\$683.00	\$785.44
51	\$554.82	\$638.05	\$544.41	\$626.07	\$788.50	\$906.78	\$721.94	\$830.23	\$713.21	\$820.19
52	\$580.71	\$667.81	\$569.81	\$655.28	\$825.29	\$949.08	\$755.62	\$868.96	\$746.48	\$858.45
53	\$606.89	\$697.92	\$595.50	\$684.82	\$862.49	\$991.87	\$789.68	\$908.14	\$780.13	\$897.15
54	\$635.15	\$730.42	\$623.23	\$716.71	\$902.66	\$1,038.06	\$826.46	\$950.43	\$816.46	\$938.93
55	\$663.41	\$762.92	\$650.96	\$748.60	\$942.82	\$1,084.25	\$863.23	\$992.72	\$852.79	\$980.71
56	\$694.05	\$798.16	\$681.03	\$783.18	\$986.37	\$1,134.33	\$903.10	\$1,038.57	\$892.18	\$1,026.00
57	\$724.99	\$833.74	\$711.38	\$818.09	\$1,030.34	\$1,184.89	\$943.36	\$1,084.87	\$931.95	\$1,071.74
58	\$758.01	\$871.71	\$743.79	\$855.35	\$1,077.27	\$1,238.86	\$986.33	\$1,134.28	\$974.40	\$1,120.56
59	\$774.37	\$890.53	\$759.84	\$873.82	\$1,100.52	\$1,265.60	\$1,007.62	\$1,158.76	\$995.43	\$1,144.74
60	\$807.40	\$928.50	\$792.24	\$911.08	\$1,147.45	\$1,319.57	\$1,050.59	\$1,208.18	\$1,037.88	\$1,193.56
61	\$835.95	\$961.35	\$820.27	\$943.31	\$1,188.04	\$1,366.25	\$1,087.75	\$1,250.91	\$1,074.59	\$1,235.78
62	\$854.70	\$982.90	\$838.66	\$964.46	\$1,214.68	\$1,396.88	\$1,112.14	\$1,278.96	\$1,098.68	\$1,263.48
63	\$879.20	\$1,009.93	\$861.72	\$990.98	\$1,248.08	\$1,435.29	\$1,142.72	\$1,314.13	\$1,128.89	\$1,298.23
64+	\$892.47	\$1,026.34	\$875.72	\$1,007.08	\$1,268.36	\$1,458.62	\$1,161.29	\$1,335.49	\$1,147.24	\$1,319.33

Pennsylvania Health & Wellness, Inc.
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
86199PA0010025	Ambetter Secure Care 5 (2020)	HMO	Gold	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010005	Ambetter Balanced Care 5 (2020)	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010004	Ambetter Balanced Care 11 (2020)	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010012	Ambetter Balanced Care 12 (2020)	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010014	Ambetter Balanced Care 14 (2020)	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010015	Ambetter Balanced Care 15 (2020)	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010002	Ambetter Essential Care 1 (2020)	HMO	Bronze	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010022	Ambetter Essential Care 2 HSA (2020)	HMO	Bronze	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0010006	Ambetter Essential Care 10 (2020)	HMO	Bronze	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020025	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	HMO	Gold	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020005	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020004	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020014	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020015	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	HMO	Silver	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020002	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	HMO	Bronze	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia
86199PA0020006	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	HMO	Bronze	On	Ambetter	Rating Area 8	Bucks, Montgomery, Philadelphia

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

[illegible]

RATING AREA 4

0	0	0	0	0	0	0	0	0	0
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset

RATING AREA 6

0	0	0	0	0	0	0	0	0	0
Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuykill	Snyder	Union

RATING AREA 7

0	0	0	0
Adams	Berks	Lancaster	York

RATING AREA 8

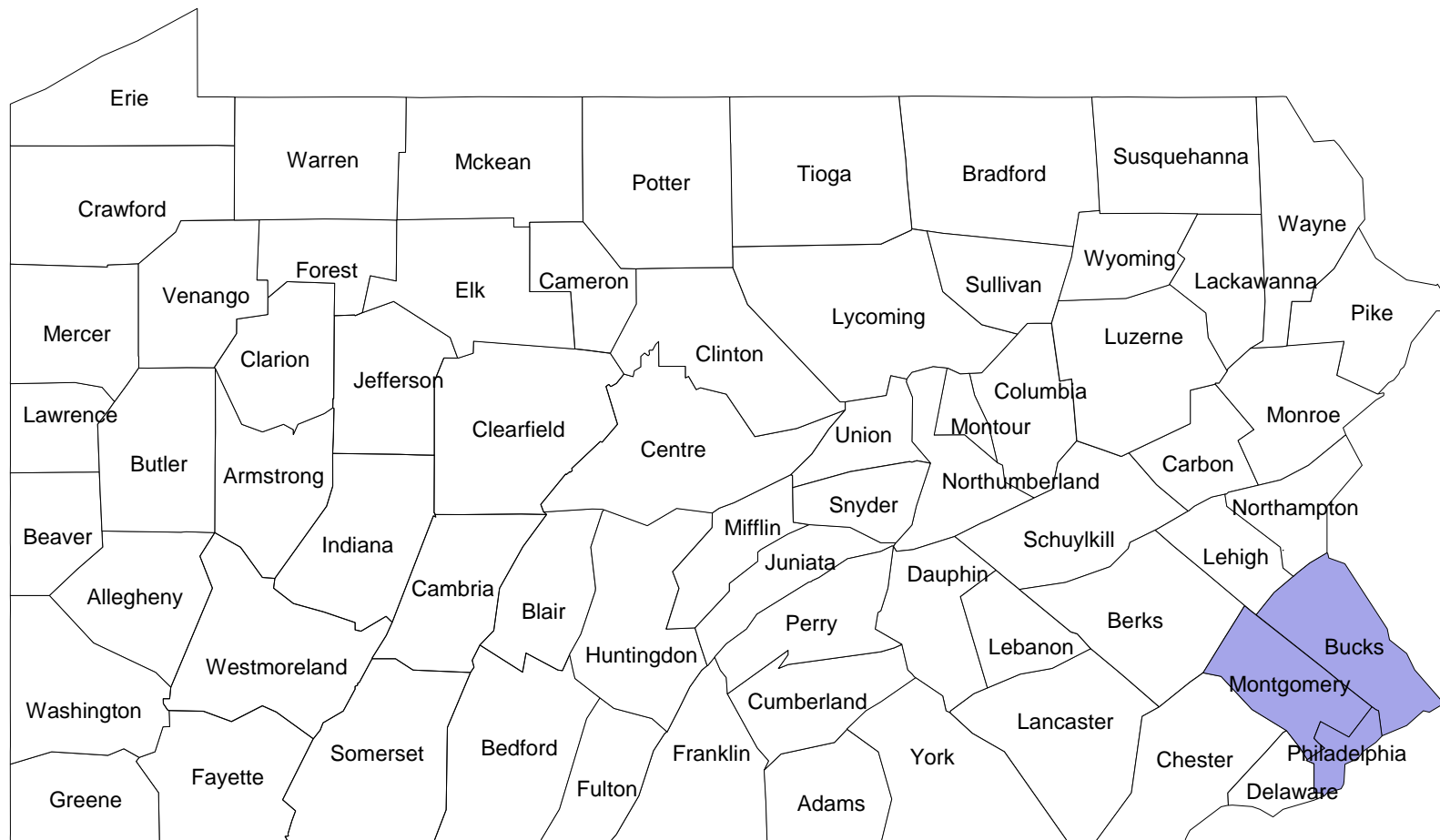
357	0	0	360	1,152
Bucks	Chester	Delaware	Montgomery	Philadelphia
\$403.84			\$403.84	\$403.84
\$369.75			\$369.75	\$369.75
\$365.28			\$365.28	\$365.28
\$360.43			\$360.43	\$360.43
\$395.59			\$395.59	\$395.59
\$394.74			\$394.74	\$394.74
\$278.20			\$278.20	\$278.20
\$297.50			\$297.50	\$297.50
\$291.92			\$291.92	\$291.92
\$422.80			\$422.80	\$422.80
\$387.11			\$387.11	\$387.11
\$382.43			\$382.43	\$382.43
\$414.17			\$414.17	\$414.17
\$413.28			\$413.28	\$413.28
\$291.26			\$291.26	\$291.26
\$305.63			\$305.63	\$305.63

RATING AREA 9

0	0	0	0	0	0	0
Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry


Issuer: Pennsylvania Health & Wellness, Inc.

Market: Individual



Key:

 : On-exchange service area (2019 & 2020)

 : Off-exchange service area (2019 & 2020)

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Unified Rate Review v5.0

Company Legal Name: Pennsylvania Health & Wellness, Inc.

HIOS Issuer ID: 86199

Effective Date of Rate Change(s): 1/1/2020

State: PA

Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl +

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift +

To validate, select the Validate button or Ctrl + Shift + I.

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2018 to 12/31/2018

	Total	PMPM
Allowed Claims	\$0.00	#DIV/0!
Reinsurance	\$0.00	#DIV/0!
Incurred Claims in Experience Period	\$0.00	#DIV/0!
Risk Adjustment	\$0.00	#DIV/0!
Experience Period Premium	\$0.00	#DIV/0!
Experience Period Member Months	0	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020	\$0.00

Manual EHB Allowed Claims PMPM	\$537.19
Applied Credibility %	0.00%

Projected Period Totals

Projected Index Rate for 1/1/2020	\$537.19	\$60,180,858.51
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$66.48	-\$7,447,687.92
Exchange User Fees	3.44%	\$2,409,301.99
Market Adjusted Index Rate	\$625.18	\$70,037,848.42

Projected Member Months	112,029
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Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

1 of 3

Product-Plan Data Collection

Company Legal Name: Pennsylvania Health & Wellness, Inc.
HIOS issuer ID: 86199
Effective Date of Rate Change(s): 1/1/2020

State: PA
Market: Individual

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name		Ambetter 86199PA001										Ambetter + Vision + Adult Dental 86199PA002									
1.2 Product ID																					
1.3 Plan Name		Ambetter Essential Care 1 (2020)	Ambetter Essential Care 2 HSA (2020)	Ambetter Essential Care 4 HSA (2020)	Ambetter Essential Care 10 (2020)	Ambetter Balanced Care 5 (2020)	Ambetter Balanced Care 10 (2020)	Ambetter Balanced Care 12 (2020)	Ambetter Balanced Care 14 (2020)	Ambetter Balanced Care 15 (2020)	Ambetter Secure Care 1 (2019) with 3 Free PCP Visits Care 5 (2020)	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	Ambetter Balanced Care 10 (2020) + Vision + Adult Dental	Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	Ambetter Secure Care 5 (2020) + Vision + Adult Dental		
1.4 Plan ID (Standard Component ID)		86199PA0010002	86199PA0010002	86199PA0010004	86199PA0010006	86199PA0010005	86199PA0010004	86199PA0010011	86199PA0010014	86199PA0010015	86199PA0010001	86199PA0020001	86199PA0020002	86199PA0020006	86199PA0020005	86199PA0020004	86199PA0020012	86199PA0020014	86199PA0020015	86199PA0020025	
1.5 Metal		Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Gold	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Gold	
1.6 AV Metal Value		0.603	0.625	0.632	0.638	0.690	0.695	0.680	0.718	0.715	0.720	0.804	0.817	0.603	0.638	0.690	0.695	0.680	0.715	0.720	0.817
1.7 Plan Category		Renewing	New	New	New	Renewing	Renewing	New	Terminated	New	Terminated	New	New	New	New	New	New	New	New	New	
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
1.10 Effective Date of Proposed Rates		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	
1.11 Cumulative Rate Change % (over 12 mos prior)		-5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
1.12 Product Rate Increase %								-1.50%													
1.13 Submission Level Rate Increase %																					

Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	86199PA010002	86199PA010022	86199PA010024	86199PA010006	86199PA010005	86199PA010004	86199PA010012	86199PA010003	86199PA010014	86199PA010015	86199PA010001	86199PA010025	86199PA020002	86199PA020006	86199PA020005	86199PA020004	86199PA020012	86199PA020014	86199PA020015	86199PA020025
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Current Enrollment	1,869	646	0	0	0	192	960	0	17	0	24	0	0	0	0	0	0	0	0	0	0
2.11 Current Premium PHM	\$599.39	\$577.83	\$0.00	\$0.00	\$0.00	\$637.10	\$604.31	\$0.00	\$703.97	\$0.00	\$0.00	\$602.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month																					
2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	86199PA010002	86199PA010022	86199PA010024	86199PA010006	86199PA010005	86199PA010004	86199PA010012	86199PA010003	86199PA010014	86199PA010015	86199PA010001	86199PA010025	86199PA020002	86199PA020006	86199PA020005	86199PA020004	86199PA020012	86199PA020014	86199PA020015	86199PA020025
3.2 Market Adjusted Index Rate	0.6743	0.7211	0.7347	0.7075	0.8962	0.8853	0.8736	0.0000	0.9588	0.9567	0.0000	0.9788	0.6743	0.7075	0.8962	0.8853	0.8736	0.9588	0.9567	0.9788
3.3 AV and Cost Sharing Design of Plan	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Administrative Costs																				
3.6 Administrative Expense	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%	7.86%
3.7 Taxes and Fees	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%	3.23%
3.8 Profit & Risk Load	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%	1.75%
3.9 Catastrophe Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$483.66	\$517.23	\$526.98	\$507.47	\$642.82	\$635.00	\$636.61	\$0.00	\$687.72	\$686.22	\$0.00	\$702.07	\$506.39	\$531.32	\$673.03	\$664.85	\$656.06	\$720.05	\$718.47	\$735.07
3.11 Age Calibration Factor	0.5784								0.5784											
3.12 Geographic Calibration Factor	1.0000								1.0000											
3.13 Tobacco Calibration Factor	0.9944								0.9944											
3.14 Calibrated Plan Adjusted Index Rate	\$278.18	\$297.49	\$303.10	\$291.88	\$369.73	\$365.21	\$360.40	\$0.00	\$395.55	\$394.68	\$0.00	\$403.80	\$291.26	\$305.60	\$387.10	\$382.39	\$377.34	\$414.14	\$413.23	\$422.78

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	86199PA010002	86199PA010022	86199PA010024	86199PA010006	86199PA010005	86199PA010004	86199PA010012	86199PA010003	86199PA010014	86199PA010015	86199PA010001	86199PA010025	86199PA020002	86199PA020006	86199PA020005	86199PA020004	86199PA020012	86199PA020014	86199PA020015	86199PA020025
4.2 Allowed Claims	\$60,372,684	\$7,517,233	\$5,902	\$7,944,096	\$7,224,207	\$5,129,014	\$18,014,031	\$12,583,676	\$0	\$1,826,262	\$23,277	\$0	\$729,789	\$449,789	\$550,428	\$395,714	\$1,389,962	\$974,326	\$146,872	\$2,231	\$53,563
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$10,829,563	\$2,278,284	\$1,330	\$840,297	\$2,306,917	\$2,527,576	\$2,350,906	\$1,453,300	\$0	\$287,450	\$3,886	\$0	\$81,121	\$162,933	\$165,006	\$42,038	\$184,426	\$115,311	\$22,316	\$373	\$6,125
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$48,543,131	\$5,238,949	\$4,572	\$2,123,799	\$5,217,380	\$4,601,438	\$15,663,125	\$11,128,370	\$0	\$1,538,882	\$19,691	\$0	\$648,648	\$386,755	\$385,422	\$253,076	\$1,205,537	\$859,016	\$118,557	\$1,878	\$47,438
4.7 Risk Adjustment Transfer Amount	\$6,112,903	\$815,882	\$621	\$307,954	\$815,377	\$476,718	\$1,779,963	\$1,094,527	\$0	\$227,527	\$3,214	\$0	\$189,917	\$56,760	\$56,460	\$35,151	\$131,169	\$80,969	\$16,705	\$293	\$13,882
4.8 Premium	\$66,142,543	\$7,658,611	\$6,206	\$3,147,102	\$8,032,696	\$5,692,732	\$20,061,320	\$13,756,012	\$0	\$2,369,963	\$30,196	\$0	\$943,593	\$554,975	\$582,340	\$439,468	\$1,547,783	\$1,065,407	\$182,170	\$2,874	\$69,095
4.9 Projected Member Months	112,029	15,835	12	5,972	15,828	8,866	31,993	21,953	0	3,446	44	0	3,444	1,096	1,096	653	3,328	1,624	253	4	94
4.10 Loss Ratio	82.53%	76.56%	81.84%	72.80%	72.29%	88.22%	85.86%	87.89%	#DIV/0!	71.83%	87.22%	#DIV/0!	75.58%	73.29%	73.29%	85.10%	87.26%	71.65%	72.76%	86.07%	
Per Member Per Month																					
4.11 Allowed Claims	\$538.90	\$474.72	\$491.81	\$496.43	\$475.38	\$579.16	\$570.23	\$573.12	#DIV/0!	\$529.97	\$535.85	#DIV/0!	\$542.98	\$501.56	\$502.22	\$605.99	\$597.06	\$599.95	\$556.81	\$562.68	\$569.82
4.12 Reinsurance	\$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
4.13 Member Cost Sharing	\$108.29	\$210.81	\$11.30	\$140.02	\$195.47	\$252.76	\$235.09	\$145.33	\$0.00	\$28.74	\$3.89	\$0.00	\$8.11	\$16.29	\$16.50	\$4.20	\$18.44	\$11.53	\$2.23	\$0.53	\$6.12
4.14 Cost Sharing Reduction	\$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
4.15 Incurred Claims	\$429.21	\$330.85	\$307.97	\$126.63	\$339.63	\$458.81	\$506.92	\$324.57	\$0.00	\$44.57	\$44.72	\$0.00	\$482.63	\$352.88	\$352.88	\$253.08	\$1,205.54	\$859.02	\$118.56	\$1.88	\$47.44
4.16 Risk Adjustment Transfer Amount	\$54.10	\$55.13	\$51.17	\$15.12	\$51.57	\$26.34	\$101.52	\$62.61	\$0.00	\$22.75	\$3.21	\$0.00	\$18.99	\$5.68	\$5.64	\$3.52	\$13.12	\$8.10	\$1.67	\$0.29	\$13.88
4.17 Premium	\$581.65	\$580.21	\$526.98	\$507.50	\$564.81	\$563.03	\$526.61	\$526.61	\$0.00	\$60.74	\$68.26	\$0.00	\$70.02	\$56.86	\$56.86	\$33.13	\$673.00	\$466.04	\$72.00	\$0.49	\$73.05

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 8	1.0000

Part II: Written Justification of Rate Increase

Pennsylvania Health & Wellness, Inc.

Individual Rate Filing

Effective: January 1, 2020

Forms: 86199PA001, 86199PA002

PHW is filing rates for the individual block of business, effective January 1, 2020. This document is submitted in conjunction with the Part I Unified Rate Review Template and the Part III Actuarial Memorandum.

This information is intended for use by the Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and health insurance consumers in Pennsylvania to assist in the review of PHW's individual rate filing.

The results are actuarial projections. Actual experience will differ for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

PHW filed rates for the individual block of business in the State of Pennsylvania for the first time in 2019, so there is no experience in 2018. We expect unit costs to increase for 2020. Further, we have updated experience underlying the manual rate for the single risk pool, expected administrative expense, and assumptions for federal risk adjustment. These factors, as well as changes to the assumed morbidity of the single risk pool and medical trend, each contribute to the premium rate change.

There was a moratorium on the ACA Insurer fee for 2019, but this moratorium is not slated to continue into 2020. This increases non-benefit expenses for all plans and rating areas.

Medical trend, or the increase in health care costs over time, is composed of two components: the increase in the unit cost of services and the increase in the utilization of those services. Unit cost increases occur as care providers and their suppliers raise their prices. Utilization increases can occur as people seek more services than before. Additionally, simple services can be replaced with more complex services over time, which is known as service intensity trend. An example of service intensity trend would be the replacement of an X-ray with an MRI scan. Replacing the service with a more intense service causes the total cost of medical services to increase.

Whether the government reimburses cost-sharing amounts for lower income individuals greatly impacts the rates. Both 2019 and 2020 rate levels assume that there will be no funding of cost-sharing reduction subsidies.

The proposed rate change of -1.5% applies to approximately 1,869 individuals. PHW's projected administrative expenses for 2020 are \$41.51 PMPM, or 7.0% of premium.

Administrative expense does not include \$31.98 for taxes and fees. The historical administrative expenses are not available, as this product was new with 1/1/2019. The projected loss ratio is 90.6%, which satisfies the federal minimum loss ratio requirement of 80.0%.

Part III: Actuarial Memorandum

[Redacted]

Pennsylvania Health & Wellness, Inc.

Annual Individual Health Rate Filing

Pennsylvania

Effective January 1, 2020

Forms: 86199PA001, 86199PA002

TABLE OF CONTENTS

<u>1.</u>	<u>GENERAL INFORMATION</u>	3
<u>2.</u>	<u>PROPOSED RATE CHANGES</u>	6
<u>3.</u>	<u>SINGLE RISK POOL</u>	8
<u>4.</u>	<u>EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT</u>	9
<u>5.</u>	<u>BENEFIT CATEGORIES</u>	10
<u>6.</u>	<u>TREND FACTORS</u>	11
<u>7.</u>	<u>ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM</u>	12
<u>8.</u>	<u>MANUAL RATE ADJUSTMENTS</u>	13
<u>9.</u>	<u>CREDIBILITY OF EXPERIENCE</u>	15
<u>10.</u>	<u>ESTABLISHING THE INDEX RATE</u>	16
<u>11.</u>	<u>DEVELOPMENT OF MARKET-WIDE ADJUSTED INDEX RATE</u>	17
<u>12.</u>	<u>PLAN ADJUSTED INDEX RATE</u>	20
<u>13.</u>	<u>CALIBRATION</u>	23
<u>14.</u>	<u>CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT</u>	24
<u>15.</u>	<u>PROJECTED LOSS RATIO</u>	25
<u>16.</u>	<u>AV METAL VALUES</u>	26
<u>17.</u>	<u>MEMBERSHIP PROJECTIONS</u>	27
<u>18.</u>	<u>TERMINATED PLANS AND PRODUCTS</u>	28
<u>19.</u>	<u>PLAN TYPE</u>	29
<u>20.</u>	<u>EFFECTIVE RATE REVIEW INFORMATION</u>	30
<u>21.</u>	<u>RELIANCE</u>	31
<u>22.</u>	<u>ACTUARIAL CERTIFICATION</u>	32

1. General Information

Scope and Purpose

This document contains the Part III Actuarial Memorandum for the individual health rate filing submitted by Pennsylvania Health & Wellness, Inc. (PHW) in the state of Pennsylvania, effective January 1, 2020. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT) and Part II Written Justification. This is a renewal rate filing.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with market rating rules and reasonableness of applicable rates. This information may not be appropriate for other purposes.

This information is intended for use by the Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of PHW's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for Milliman or its employees under any theory of law.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)¹, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded. Future modifications in legislation, appropriations, regulation, and/or court decisions regarding the funding of CSR payments may affect the extent to which the premium rates are neither excessive nor deficient.

As instructed by PHW, the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission. Changes to these provisions that impact 2020 may affect the extent to which the premium rates are sufficient and neither excessive nor deficient. PHW reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate.

In addition to CSR payments, material rating impacts could arise from changes to various factors, including but not limited to:

- Advanced Premium Tax Credits
- Risk adjustment program payments and operation
- Limit on age rating factors
- Legal challenges to provisions of the Patient Protection and Affordable Care Act (ACA)
- Open enrollment duration and grace period modifications

¹ <https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- Status and implementation of Medicaid Expansion
- Enrollment of other populations (Medicare, Medicaid, high risk pool)
- Non-QHP coverage options (e.g. association health plans, short-term limited-duration insurance)
- Rules for Health Savings Accounts and Health Reimbursement Arrangements
- 1332 Waivers (e.g. state-based reinsurance programs)
- Pharmacy (e.g. rules concerning mid-year formulary changes, pharmacy rebates, and treatment of cost sharing)
- Taxes and fees

If there are material deviations in the state-wide average premium (SWAP) for 2020 – for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2020 - we would like to work with the Pennsylvania Insurance Department after the initial submission to update our estimated risk adjustment transfer.

The results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

Company Identifying Information

- Company Legal Name: Pennsylvania Health & Wellness, Inc.
- State: The State of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 86199
- Market: Individual
- Effective Date: January 1, 2020

Company Contact Information

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

Description of Benefits

These products are issued by PHW as HMO health policies.

The major provisions of this form for each plan design and product can be found in Appendix 1.1.

Rate Guarantees

Rates are guaranteed not to change through December 31, 2020.

Renewability

Each policy is renewable by paying the applicable renewal premiums unless the policy holder no longer meets the eligibility requirements of the policy or the company decides not to renew all the policies in the state.

Applicability

The rates will apply to new and renewing business.

General Marketing Method

This product will be sold through agents, direct mailings, the internet, and the Federally-facilitated Exchange.

Estimated Average Annual Premium

The estimated average annual premium per policy in calendar year 2020 is \$7,085.

Distribution of Business

See Appendix 1.2 for the expected age and geographic distributions for these products.

Rate Tables

See Appendix 1.3 for allowable rating factors. Appendix 1.4 also includes an example of how rating factors will be applied. For family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the ACA.

2. Proposed Rate Changes

The rate changes for each product offered in the single risk pool by PHW in the State of Pennsylvania are reflected in Worksheet 2, Section I of the Part I URRT.

Reasons for Rate Increase(s):

The rate projections for 2020 have been updated from the previous year's projections to reflect the most recent information available.

The following provides a narrative description of the significant factors driving the proposed rate change for 2020. Appendix 2.1 provides quantitative support for the proposed rate changes.

- Unit Cost trend

Expected unit cost levels and reimbursement arrangements with providers have changed between 2019 and 2020.

- Utilization trend

The Milliman *Health Cost Guidelines* underlying the rate projections have been updated. The current model reflects the projected utilization trend from 2019 to 2020. There is a full description of the *Health Cost Guidelines* in Section 8, "Manual Rate Adjustments".

- Prospective changes to benefits covered by the product or successor products

The benefits covered are not expected to change between 2019 and 2020 plan years.

- Taxes and fees imposed on the issuer

Premium rates have been adjusted to reflect the schedule of taxes and fees for 2020. For 2019, there was a moratorium on the ACA Insurer Fee. This moratorium is not slated to continue into 2020. This increases rates relative to 2019.

- Anticipated changes in the average morbidity of the single risk pool

The 2020 projection of morbidity reflects a restatement of the 2019 enrollment and morbidity projection based on emerging information plus the projected impact of new enrollment into the risk pool from 2019 to 2020 on the risk pool. There is a full description of the morbidity assumption in Section 8, "Manual Rate Adjustments".

- Non-funding of cost-sharing reduction (CSR) subsidies

Premium rates continue to reflect that PHW will not be reimbursed by the U.S. Department of Health and Human Services (HHS) for cost-sharing on CSR Silver plans. Enrollment projections reflect updated expectations regarding member plan selections by metal and CSR level, which in turn affect the required rate load to compensate for CSR non-funding.

The variance in the rate changes across plans does not reflect the incorporation of plan-specific morbidity. When projecting plan rating factors, we have assumed the same demographic and risk characteristics for each plan priced. This pricing method excludes expected differences in the morbidity of members assumed to select the plan. Additional discussion of how the actuarial value of each plan is determined can be found in Section 12, “Plan Adjusted Index Rate”, which further addresses how rate changes can vary by plan under a single risk pool methodology.

3. Single Risk Pool

The 2020 rate development is based on the single risk pool set by the State of Pennsylvania, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as the non-grandfathered individual business in Pennsylvania.

The single risk pool for the projection period does not include members who are eligible to remain enrolled in transitional plans.

4. Experience and Current Period Premium, Claims, and Enrollment

Not applicable. This product was first offered in 2019 and, therefore, has no 2018 experience to report.

5. Benefit Categories

The Milliman *Health Cost Guidelines (HCGs)* were used to categorize the projected claims into the benefit categories in Worksheet 1, Section II. The detailed benefit categories from the HCGs were then consolidated into the URRT benefit categories shown on Worksheet 1, Section II of the Part I URRT. See Appendix 5.1 for a description of this mapping.

The algorithm used to assign the experience and manual data utilization and cost information is summarized as follows:

Inpatient Hospital

Inpatient hospital includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Outpatient hospital includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Professional includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services other than hospital based professionals whose payments are included in facility fees.

Other Medical

Other medical includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

Capitation

Capitation includes all services provided under one or more capitated arrangements.

Prescription Drug

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

6. Trend Factors

Not applicable. This is a filing based on manual rate projections. Please see Section 8, "Manual Rate Adjustments", for details regarding the development of the Manual EHB Allowed Claims PMPM, which is on a 2020 calendar year basis.

7. Adjustments to Trended EHB Allowed Claims PMPM

Not applicable. This is a filing based on manual rate projections. Please see Section 8, "Manual Rate Adjustments", for details regarding the development of the Manual EHB Allowed Claims PMPM, which is on a 2020 calendar year basis.

8. Manual Rate Adjustments

Source and Appropriateness of Experience Data Used

Manual Experience Basis

The manual rate development is based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman *Health Cost Guidelines* (HCGs), and consideration of relevant QHP experience in other states. The MCRM includes several adjustments from the HCGs to be consistent with and appropriate for the expected individual population that will be enrolled, including morbidity, geographic area utilization relativities, expected provider reimbursement, and utilization management programs.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as we use them in measuring the experience or evaluating the rates of our clients and as we compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on our evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

Market-wide rates were developed based on the adjusted MCRM (see "Adjustments Made to the Data" below for more detail on these adjustments). We used the HCGs to estimate the value of cost-sharing and relative utilization of services for each plan and to inform rating factors.

Manual Morbidity Basis

Composite morbidity factors are used to adjust the Milliman Managed Care Rating Model (MCRM) from the large employer group basis of the HCGs to the projected morbidity of PHW's membership in 2020.

The morbidity for PHW's 2020 membership is assumed to equal the projected morbidity for the Pennsylvania single risk pool times the morbidity of PHW's membership relative to the single risk pool.

We estimated historical single risk pool morbidity by comparing historical risk adjustment results for the Pennsylvania individual market versus the employer group population underlying the HCGs, controlling for risk score differences attributable to non-morbidity factors (e.g. demographics and plan mix). We then projected this historical morbidity snapshot forward to account for expected changes in the risk pool composition over time

The relative morbidity assumption used for projecting claims reflects PHW's expectations regarding the morbidity of its 2020 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate PHW's risk transfer payment/receivable.

Adjustments Made to the Data

The following adjustments were made to calibrate the pricing model to the expected population:

- Expected demographics
- Expected morbidity
- Cost trend and provider reimbursement
- Expected utilization management savings
- Utilization trend
- Consideration of relevant QHP experience
- Benefit plan designs and expected cost-sharing

See Appendix 8.1 for a demonstration of these adjustments. The adjustments, which are discussed above, are appropriate and necessary to reflect the anticipated population, region, provider network, and benefits anticipated for the 2020 single risk pool.

Inclusion of Capitation Payments

Capitated payments for services are accounted for through a PMPM allocation to claims, where the average capitation amount replaces the projected claims amount.

9. Credibility of Experience

PHW does not have calendar year 2018 experience on which to base rate development. 0% credibility was assigned to experience.

10. Establishing the Index Rate

PHW did not offer products in 2018, so the Index Rate for the Experience Period does not apply.

The Index Rate for the Projection Period (\$537.19) (calendar year 2020) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d)(1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for EHBs for calendar year 2020 and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The total allowed claims include benefits in excess of EHBs (coverage for adult vision and adult dental). Pediatric dental is excluded in the benefit package since this will be offered through a stand-alone plan on the Exchange. The Index Rate for the Projection Period was calculated based on the methodology discussed in above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2021.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The projection period of calendar year 2020
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market-wide Adjusted Index Rate and Plan Adjusted Index Rates.

11. Development of Market-Wide Adjusted Index Rate

The Index Rate for the Projection Period is adjusted to arrive at the Market-wide Adjusted Index Rate (\$625.19) based on the following two adjustments, as outlined in 45 CFR 156.80(d)(1):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

Since the Index Rate is on an allowed claims basis, the market-level adjustments are applied on an allowed basis. Similar to the Index Rate, the Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool. The Market-wide Adjusted Index Rate is not calibrated. Appendix 11.1 shows the development of the Market-wide Adjusted Index Rate.

Reinsurance

No state or federal reinsurance recoveries are expected in the projection period. As such, no reinsurance was entered in the field for projected reinsurance on URRT Worksheet 1, Section II.

Risk Adjustment Payment/Charge

The Projected Risk Adjustment Transfer PMPM [REDACTED] is shown on Worksheet 1, Section II. This amount does not include the 2020 Risk Adjustment User Fee of \$0.18 PMPM (0.03% of premium). The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, Field #3.7. Appendix 11.1 shows how the anticipated risk adjustment transfer revenue is applied to the Index Rate in the development of the Market-wide Adjusted Index Rate.

The state transfer calculation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47, and displayed below.

$$T_i = \left[\frac{PLRS_i \times IDF_i \times GCF_i}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV_i \times ARF_i \times IDF_i \times GCF_i}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}_s$$

Where:

\bar{P}_s = state average premium;

$PLRS_i$ = plan i 's plan liability risk score;

AV_i = plan i 's metal level AV;

ARF_i = plan i 's allowable rating factor;

IDF_i = plan i 's induced demand factor;

GCF_i = plan i 's geographic cost factor;

s_i = plan i 's share of state enrollment as measured in member months;

and the denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) the state's actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purpose of our modeling, each of these factors was approximated as follows.

\bar{P} : The state average premium was assumed to be approximately [REDACTED] (net of the 14% administrative cost carve out).

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2017, as reported by the U.S. Department of Health and Human Services (HHS), adjusted for projected changes in the demographics, morbidity, and plan mix of the single risk pool from 2017 to 2020.

The average risk score for PHW's membership is projected by adjusting the projected single risk pool average risk score for risk score differences associated with demographic, plan mix, and morbidity differences between the two populations.

HHS's proposed HCC model and coefficient changes for 2019 and 2020 were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions supporting the projected statewide and PHW risk score projections are consistent with the demographic, plan mix, and morbidity assumptions used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2017, as reported by HHS.

The average IDF for PHW is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to PHW's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver 1.03, Gold 1.08 and Platinum 1.15.

AV: The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2017, as reported by HHS.

The average AV for PHW is projected by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to PHW's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF is projected based on the average ARF of the single risk pool in 2017, as reported by HHS, adjusted for projected changes in the demographics of the single risk pool from 2017 to 2020.

The average ARF for PHW is projected by applying the proposed 2020 HHS age rating factors to PHW's projected population. An equal distribution across ages within each age band was assumed.

GCF: The average GCF for PHW relative to the statewide average was modeled based on historical GCFs by rating area, any anticipated changes in these GCFs over time, and PHW's projected enrollment by rating area.

The total transfer is calculated as the sum of the state transfer calculation described above and a net transfer for 2020 attributable to the high cost risk pooling program. We modeled this as the combination of a receivable, based on the attachment point and coinsurance from the 2020 Notice of Benefit and Payment Parameters (NBPP), and an assessment, based as a percentage of premium.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2020 risk transfer projection and via the calculation of the net high cost risk pooling receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

The risk adjustment transfer amounts [REDACTED] shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and morbidity assumptions used to project claims costs.

Exchange User Fees

The Exchange user fee adjustment applied to premium rates is 3.00% of premium. This is based on weighting the expected distribution of issuer enrollment sold through the Exchange and sold outside of the Exchange. Per the 2020 final benefit and payment parameters, the Exchange user fee is 3.00% of premium for members purchasing coverage via the Exchange, and there is no Exchange fee for members enrolling in coverage outside of the Exchange. We assumed 100% of members would enroll through the Exchange and 0% would enroll outside of the Exchange. On Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor, and this factor is 1.036.

12. Plan Adjusted Index Rate

The Plan Adjusted Index Rates (average Plan Adjusted Index Rate: \$590.41) are included in Worksheet 2, Section III of the URRT. The Plan Adjusted Index Rates are the Market-wide Adjusted Index Rate adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d)(2):

- The actuarial value and cost-sharing design of the plan
 - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
 - The actuarial value and cost-sharing pricing adjustment was developed using a combination of the Milliman Managed Care Rating Model (MCRM), calibrated to the expected population, paired with a claims simulation methodology.
 - § Relativities between plans were developed using a 50/50 blend of a claims simulation method and the 2019 manual plan rating factors. The approach balances the results of multiple methodologies and promotes market stability.
 - § Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
 - § The claims simulation model used here is based on a nationwide, claim-level dataset of Individual exchange members. Using this dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan, thereby excluding any differences in the morbidity of members assumed to select the plan.
 - § The national dataset was calibrated to 2020 projected allowed costs to ensure that member cost shares are applied to the appropriate cost level. Allowed relativities by plan reflect utilization differences originating from benefit richness, based on the Milliman *Health Cost Guidelines*. Relying on a manual model for these induced utilization differences precludes the reflection of morbidity.
 - § Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
 - The actuarial and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each silver ACA-compliant plan (both those sold through the Exchange and those sold outside of the Exchange).

- The plan's provider network, delivery system characteristics, and utilization management adjustment practices.
 - Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
 - For a subset of plans, additional benefits include coverage for adult vision and adult dental.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market-wide Adjusted Index Rate).
 - Non-benefit expenses (\$46.51) are discussed in detail below.

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and other benefits (non-EHB) common to all plans are added to the Market-wide Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and are not calibrated.

The Plan Adjusted Index Rates of the Experience Period are set to zero as there is no reported experience on Worksheet 2, Section II of the URRT.

Administrative Expense Load

The administrative expense load (\$41.51; 7.03% of Premium) was provided by PHW. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

There is an additional amount to cover approved quality improvement expenses (\$3.00) and provider incentive payments (\$2.00).

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

Profit (or Contribution to Surplus) & Risk Margin:

This load (\$10.33; 1.75% of Premium) was applied proportionally to all products and plans and can be found in Appendix 12.2.

A breakdown of administrative expenses can be found in Appendix 12.2.

Taxes and Fees

The taxes and fees (\$36.76) which may be subtracted from premiums for purposes of calculating the MLR are listed in Appendix 12.2.

For 2020, the Risk Adjustment User Fee is included as part of Taxes and Fees on Worksheet 2, Field #3.7 of the URRT.

See Section 11, “Development of Market-wide Adjusted Index Rate”, for discussion on how the Exchange user fee is calculated and applied to the Market-wide Adjusted Index Rate.

13. Calibration

The Plan Adjusted Index Rates are calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rates so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1. Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.

Age Curve Calibration

The age curve calibration factor (1.729) is applied in Appendix 13.1. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the projected single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the Draft 2020 Unified Rate Review Instructions. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 49 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rates for age. The distribution of members by age is in Appendix 1.2 and the age factors are in Appendix 1.3.

Geographic Factor Calibration

The geographic rating factors are displayed in Appendix 1.3.

Tobacco Use Rating Factor Calibration

The tobacco use calibration factor (1.006) is applied in Appendix 13.1. The tobacco use calibration factor removes the portion of the cost expected to be recouped through the tobacco surcharge. This factor is calculated by weighting the tobacco factors with the single risk pool membership distribution of tobacco and non-tobacco users. The tobacco factors are listed in Appendix 1.3.

Calibration adjustments are applied uniformly to all plans

The calibration adjustment (1.739) does not vary by plan as is evident in Appendix 13.1. The member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

On Appendix 13.1, the Plan Adjusted Index Rates are calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rates (\$339.60). Multiplying the Calibrated Plan Adjusted Index Rate by the age, tobacco, and area factors produces the Consumer Adjusted Premium Rate. The distribution of members by rating area is in Appendix 1.2. Appendix 1.4 lists the steps to calculate final premium rates and shows the calculation for an example policy with family coverage.

14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the corresponding Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance purchaser:

- Age
 - The prescribed standard age factors were used.
- Rating Area
 - The area factors are listed in Appendix 1.3. The methodology for developing geographic factors is included in Section 13, “Calibration”.
- Tobacco status
 - The tobacco factor for 2020 is set to 1.15 for all ages 18+. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report “The Business Case for Coverage of Tobacco Cessation, 2012 Update” by Leif Associates, Inc. was considered which suggests that healthcare costs for smokers are greater than those of non-smokers and may be as much as 34% higher than costs for non-smokers.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

Appendix 1.3 lists the allowable rating factors and Appendix 1.4 has an example calculation of a family’s rates.

15. Projected Loss Ratio

The projected medical loss ratio (MLR) is 90.6%. The projected MLR is based on the prescribed calculation from 45 CFR 158, but solely reflects the projection year single risk pool experience, rather than the three-year combined period that is used for determining MLR rebates. There was no credibility adjustment applied to the projected MLR. Including a credibility adjustment would only increase the projected MLR, which already satisfies the MLR requirement. See Appendix 15.1 for the calculation for the projected federal medical loss ratio.

16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2020 Federal AV Calculator released on March 19, 2019. Please refer to Appendix 16.1 for screenshots documenting the outcomes of the AV Calculator for each plan.

17. Membership Projections

PHW developed its membership projections shown on Worksheet 2 of the URRT by starting with its own relevant 2019 QHP open enrollment data and adjusting for expected enrollment changes through 2020.

For Silver plan membership, the membership projections break out enrollment separately for each cost-sharing reduction subsidy level. The detail of the projected membership by subsidy level is shown in Appendix 17.1.

18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included in the appendices as Appendix 18.1.

19. Plan Type

The Plan types listed in Worksheet 2, Section I of the Part I URRT describe PHW's plans exactly.

20. Effective Rate Review Information

The following Pennsylvania state-specific requirements have been included elsewhere in this filing package:

- 2020_PHW_State_Actuarial_Memo_20190513.pdf
- 2020_PHW_Actuarial_Memorandum_Rate_Exhibits_20190624.xlsm
- 2020_PHW_Plan_Design_Summary_and_Rate_Tables_20190624.xlsm
- 2020_PHW_Completeness_and_Redaction_Checklist_20190513.xlsm
- 2020_PHW_Pennsylvania_Counties_Map_20190513.ppt
- 2020_PHW_State_Required_Cover_Letter_20190624.docx
- 2020_PHW_Rate_Change_Request_Summary_20190513.pdf
- 2020_PHW_Redaction_Justification_20190513.pdf
- 2020_PHW_Public_Rate_Filing_PDF_20190513.pdf

21. Reliance

In the preparation of this filing, I relied upon data provided under the direction of [REDACTED], Pennsylvania Health & Wellness, Inc.. I performed general reasonableness checks, but I have not audited the data and have relied upon its accuracy. To the extent that the underlying data is inaccurate, this filing may also be inaccurate. Actual results will vary from those projected in the filing. This is due to random fluctuations, unexpected large claims, changes in population, and other such factors.

See Appendix 21.1 for a listing of items received for the rate development.

22. Actuarial Certification

I, [REDACTED], am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work. This filing is prepared on behalf of Pennsylvania Health & Wellness, Inc. (the "Company") to comply with applicable State and Federal Statutes for individual rate filings.

I am affiliated with Milliman, Inc. ("Milliman"), an independent actuarial consulting firm that is not affiliated with, nor a subsidiary of, nor in any way owned or controlled by a health plan, health insurer, or a trade association of health plans or insurers.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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

1. The Index Rate for the Projection Period is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient based on my best estimates of the 2020 individual market.
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.

3. The geographic rating factors used reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. All factor, benefit, and other changes from the 2019 filing have been disclosed.
6. No new plan is a modification of an existing plan.
7. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2020 Rate Filing Justification.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2020 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2020 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, 1332 waivers bringing reinsurance or other such programs to a state; or a decision by Congress, the Health and Human Services Secretary, or the Centers for Medicare and Medicaid Services director to fund cost-sharing reduction subsidies, alter advance premium tax credits, or further modify the individual mandate requirement and penalty. In the event that a material provision is impacted, a revision to the rates will be needed. In particular, rates were developed assuming steady funding of Advanced Premium Tax Credits (APTCs) and no funding of cost-sharing reduction (CSR) subsidy payments. The continuity of this funding approach will impact whether rates are sufficient and not excessive. Milliman expresses no opinion with regard to the future funding of CSR payments.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the URRT's process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

Signed:

Name: [REDACTED]

Title: Consulting Actuary

Date: June 24, 2019

Appendix 1.1
Pennsylvania Health & Wellness, Inc.
Description of Benefits

Plan Design	Plan ID	Plan Type	Medical Deductible	Member Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialist Visit	Rx Member Cost-Sharing				Includes adult vision coverage?	Includes adult dental coverage?
									Generic	Preferred Brand	Non-Preferred Brand	Specialty		
Ambetter Secure Care 5 (2020)	86199PA0010025	HMO	\$1250 INT	20%	INT	\$5,900	\$15 NSD	\$35 NSD	\$15 NSD	\$30 NSD	30% SD	30% SD	N	N
Ambetter Balanced Care 5 (2020)	86199PA0010005	HMO	\$7350 INT	0%	INT	\$7,350	\$40 NSD	\$80 NSD	\$20 NSD	\$60 NSD	\$0 SD	\$0 SD	N	N
Ambetter Balanced Care 11 (2020)	86199PA0010004	HMO	\$6000 INT	40%	INT	\$8,100	\$30 NSD	\$60 NSD	\$20 NSD	\$50 NSD	50% SD	50% SD	N	N
Ambetter Balanced Care 12 (2020)	86199PA0010012	HMO	\$6500 INT	40%	INT	\$8,150	\$35 NSD	\$70 NSD	\$25 NSD	\$60 NSD	50% SD	50% SD	N	N
Ambetter Balanced Care 14 (2020)	86199PA0010014	HMO	\$0 INT	50%	INT	\$8,150	\$45 NSD	\$95 NSD	\$36 NSD	50% NSD	D&C	D&C	N	N
Ambetter Balanced Care 15 (2020)	86199PA0010015	HMO	\$2950 INT	40%	INT	\$8,150	\$30 NSD	\$65 NSD	\$15 NSD	\$60 NSD	50% SD	50% SD	N	N
Ambetter Essential Care 1 (2020)	86199PA0010002	HMO	\$8150 INT	0%	INT	\$8,150	\$0 SD	\$0 SD	\$20 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Essential Care 2 HSA (2020)	86199PA0010022	HMO	\$6750 INT	0%	INT	\$6,750	\$0 SD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Essential Care 4 HSA (2020)	86199PA0010024	HMO	\$5400 INT	30%	INT	\$6,750	D&C	D&C	D&C	D&C	40% SD	40% SD	N	N
Ambetter Essential Care 10 (2020)	86199PA0010006	HMO	\$7200 INT	50%	INT	\$8,150	50% NSD	D&C	\$20 NSD	D&C	D&C	D&C	N	N
Ambetter Secure Care 5 (2020) + Vision + Adult Dental	86199PA0020025	HMO	\$1250 INT	20%	INT	\$5,900	\$15 NSD	\$35 NSD	\$15 NSD	\$30 NSD	30% SD	30% SD	Y	Y
Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	86199PA0020005	HMO	\$7350 INT	0%	INT	\$7,350	\$40 NSD	\$80 NSD	\$20 NSD	\$60 NSD	\$0 SD	\$0 SD	Y	Y
Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	86199PA0020004	HMO	\$6000 INT	40%	INT	\$8,100	\$30 NSD	\$60 NSD	\$20 NSD	\$50 NSD	50% SD	50% SD	Y	Y
Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	86199PA0020012	HMO	\$6500 INT	40%	INT	\$8,150	\$35 NSD	\$70 NSD	\$25 NSD	\$60 NSD	50% SD	50% SD	Y	Y
Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	86199PA0020014	HMO	\$0 INT	50%	INT	\$8,150	\$45 NSD	\$95 NSD	\$36 NSD	50% NSD	D&C	D&C	Y	Y
Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	86199PA0020015	HMO	\$2950 INT	40%	INT	\$8,150	\$30 NSD	\$65 NSD	\$15 NSD	\$60 NSD	50% SD	50% SD	Y	Y
Ambetter Essential Care 1 (2020) + Vision + Adult Dental	86199PA0020002	HMO	\$8150 INT	0%	INT	\$8,150	\$0 SD	\$0 SD	\$20 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Essential Care 10 (2020) + Vision + Adult Dental	86199PA0020006	HMO	\$7200 INT	50%	INT	\$8,150	50% NSD	D&C	\$20 NSD	D&C	D&C	D&C	Y	Y
D&C – Deductible and Coinsurance INT – Integrated Medical and Rx Deductible NSD – Not subject to deductible SD – Subject to deductible Rx Copay – Generic / Preferred Brand / Non-Preferred Brand / Specialty														

Appendix 1.2
Pennsylvania Health & Wellness, Inc.
Age and Rating Area Distributions

Age Band	Percent Distribution
0-14	1.14%
15	0.08%
16	0.08%
17	0.08%
18	0.08%
19	1.08%
20	1.08%
21	1.08%
22	1.08%
23	1.08%
24	1.08%
25	2.44%
26	2.44%
27	2.44%
28	2.44%
29	2.44%
30	2.33%
31	2.33%
32	2.33%
33	2.33%
34	2.33%
35	1.84%
36	1.84%
37	1.84%
38	1.84%
39	1.84%
40	1.89%
41	1.89%
42	1.89%
43	1.89%
44	1.89%
45	1.79%
46	1.79%
47	1.79%
48	1.79%
49	1.79%
50	2.32%
51	2.32%
52	2.32%
53	2.32%
54	2.32%
55	2.51%
56	2.51%
57	2.51%
58	2.51%
59	2.51%
60	2.94%
61	2.94%
62	2.94%
63	2.94%
64 and Over	4.71%

Rating Area	Percent Distribution
Rating Area 8	100.0%

Appendix 1.3
Pennsylvania Health & Wellness, Inc.
Rating Factors

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

Geographic Factors	
Area	Rate Factor
Rating Area 8	1.0000

Appendix 1.4
Pennsylvania Health & Wellness, Inc.
Rating Example

Family Rating Example

Plan Design:	Ambetter Secure Care 5 (2020)
Product:	86199PA001

				(a)	(b)	(c)	(d)	(e) = (a) x (b) x (c) x (d)
				Calibrated Plan Adjusted				
Member	Age	Smoking Status	Rating Area	Index Rate	Age Factor	Tobacco	Area	Final Premium
Subscriber	40	Non-Smoker	Rating Area 8	\$403.83	1.278	1.000	1.0000	\$516.09
Spouse	38	Non-Smoker	Rating Area 8	\$403.83	1.246	1.000	1.0000	\$503.17
Child 1	18	Non-Smoker	Rating Area 8	\$403.83	0.913	1.000	1.0000	\$368.70
Child 2	16	Non-Smoker	Rating Area 8	\$403.83	0.859	1.000	1.0000	\$346.89
Child 3	14	Non-Smoker	Rating Area 8	\$403.83	0.765	1.000	1.0000	\$308.93
Child 4	11	Non-Smoker	Rating Area 8	\$403.83	0.000	1.000	1.0000	\$0.00
Total								\$2,043.78

Steps to Calculate Final Premium:

- (1) Look up the plan's Calibrated Plan Adjusted Index Rate (a).
- (2) Look up the age factors for each member based on age (b).
 Note that premiums can only be charged for the first 3 children, so the age factor for all subsequent children will be 0.
- (3) Look up the tobacco factor for each member according to smoking status and age (c).
- (4) Look up the area factor based on the rating area (d).
- (5) Multiply column (a) by the age, tobacco and area factors for each member individually.
- (6) Sum the results from (5) for the final premium for the family.

Appendix 2.1
Celtic Insurance Company
Significant Factors Driving Proposed Rate Increases by Plan

2020 Plan Name	2020 Plan ID	Feb. 2019 Members	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			2019 Premium	Risk Adj. & SWAP	Util Trend & Single Risk Pool	Prov. Reimb. & Unit Cost Trend	Benefit Design & CSR Subsidies	Taxes & Fees	Morbidity	Demog. & Age Factors	Admin & Profit	Other	Current Enrollment	Total Rate Change	2020 Premium
Ambetter Secure Care 5 (2020)	86199PA0010025	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 5 (2020)	86199PA0010005	192	\$637.10	0.994	1.014	1.004	1.034	1.001	0.986	0.988	0.984	0.997	1.000	0.1%	\$637.69
Ambetter Balanced Care 11 (2020)	86199PA0010004	990	\$604.31	0.994	1.014	1.004	1.037	1.001	0.986	0.988	0.984	0.997	1.000	0.4%	\$606.65
Ambetter Balanced Care 12 (2020)	86199PA0010012	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 14 (2020)	86199PA0010014	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 15 (2020)	86199PA0010015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Essential Care 1 (2020)	86199PA0010002	646	\$577.83	0.994	1.014	1.004	0.980	1.001	0.986	0.988	0.984	0.997	1.001	-5.0%	\$548.75
Ambetter Essential Care 2 HSA (2020)	86199PA0010022	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Essential Care 4 HSA (2020)	86199PA0010024	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Essential Care 10 (2020)	86199PA0010006	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Secure Care 5 (2020) + Vision + Adult Dental	86199PA0020025	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	86199PA0020005	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	86199PA0020004	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	86199PA0020012	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	86199PA0020014	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	86199PA0020015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Essential Care 1 (2020) + Vision + Adult Dental	86199PA0020002	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambetter Essential Care 10 (2020) + Vision + Adult Dental	86199PA0020006	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		1,828	\$598.40											-1.5%	\$589.45

Appendix 5.1
Pennsylvania Health & Wellness, Inc.
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
<i>Inpatient Facility - Non-Maternity</i>	
Medical	Inpatient Hospital
Medical - Other Newborn	Inpatient Hospital
Surgical	Inpatient Hospital
Psychiatric - Hospital	Inpatient Hospital
Psychiatric - Residential	Inpatient Hospital
Alcohol & Drug Abuse - Hospital	Inpatient Hospital
Alcohol & Drug Abuse - Residential	Inpatient Hospital
<i>Inpatient Facility - Maternity</i>	
Normal Deliveries	Inpatient Hospital
Cesarean Deliveries	Inpatient Hospital
Non-Deliveries	Inpatient Hospital
<i>Skilled Nursing Facility</i>	Inpatient Hospital
<i>Outpatient Facility</i>	
Observation	Outpatient Hospital
Emergency Room	Outpatient Hospital
Surgery	Outpatient Hospital
Radiology	
Radiology - Therapeutic	Outpatient Hospital
Radiology - Diagnostic	Outpatient Hospital
Radiology - CT / MRI / PET	Outpatient Hospital
Pathology/Lab	Outpatient Hospital
Pharmacy	Outpatient Hospital
Cardiovascular	Outpatient Hospital
PT/OT/ST	Outpatient Hospital
Psychiatric	Outpatient Hospital
Alcohol & Drug Abuse	Outpatient Hospital
Preventive	Outpatient Hospital
Other Outpatient Facility	Outpatient Hospital
<i>Professional</i>	
Inpatient Surgery - Non-Maternity	
Surgeon	Professional
Anesthesia	Professional
Maternity	
Professional	Professional
Anesthesia	Professional
Outpatient Surgery	
Outpatient Facility	Professional
Office	Professional
Anesthesia	Professional
Inpatient Visits	
Medical	Professional
Psychiatric	Professional
Alcohol & Drug Abuse	Professional
Office Visits & Miscellaneous Services	
Office/Home Visits - PCP	Professional
Office/Home Visits - Specialist	Professional
Urgent Care Visits	Professional
Office Administered Drugs	Professional
Allergy Testing	Professional
Allergy Immunotherapy	Professional

Appendix 5.1
Pennsylvania Health & Wellness, Inc.
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
Miscellaneous Medical	Professional
Preventive Services	
Immunizations	Professional
Well Baby Exams	Professional
Physical Exams	Professional
Other Preventive	Professional
Other Professional Services	
ER Visits and Observation Care	Professional
Vision Exams	Professional
Hearing and Speech Exams	Professional
Physical Therapy	Professional
Cardiovascular	Professional
Radiology	
Inpatient	Professional
Outpatient	
Outpatient - Therapeutic	Professional
Outpatient - Diagnostic	Professional
Outpatient - CT / MRI / PET	Professional
Office	
Office - Therapeutic	Professional
Office - Diagnostic	Professional
Office - CT / MRI / PET	Professional
Pathology/Lab	
Inpatient & Outpatient	Professional
Office	Professional
Chiropractor	Professional
Outpatient Psychiatric	Professional
Outpatient Alcohol & Drug Abuse	Professional
<i>Other</i>	
Prescription Drugs	Prescription Drug
Private Duty Nursing/Home Health	Other Medical
Ambulance	Other Medical
DME and Supplies	Other Medical
Prosthetics	Other Medical
Autism - ABA	Other Medical
IUD Contraceptive	Other Medical
Implantable Rod Contraceptive	Other Medical
Infertility	Other Medical
Envolve Vision - Child - Exam / Hardware	Capitation
Envolve Vision - Child - Med / Surg	Capitation
Envolve Vision - Adult - Med / Surg	Capitation
Envolve PeopleCare - Health Coaching	Capitation
Envolve PeopleCare - Nurseline	Capitation
Start Smart	Capitation
Teledoc - Telehealth	Capitation
<i>Adult Vision / Adult Dental</i>	
Envolve Vision - Adult - Exam / Hardware	Capitation
Envolve Dental - Adult	Capitation

<p align="center">Appendix 8.1 Pennsylvania Health & Wellness, Inc. Manual Rate Buildup</p>
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Line Item	Claims PMPM	
	Total	Impact
Base Data	\$365.14	
* Cost trend and provider reimbursement	388.14	1.063
* Rating region - Cost	429.33	1.106
* Rating region - Util	483.02	1.125
* Utilization trend	505.43	1.046
* Calibration based on relevant QHP experience	468.88	0.928
* Prior Auth. / DUR / Disease Management	461.87	0.985
* Induced Utilization	437.70	0.948
* Expected morbidity	483.14	1.104
* Expected demographics	583.37	1.207
* Expected utilization management savings	543.17	0.931
* Benefit plan designs	535.04	0.985
* Grace Period	537.19	1.004
Manual EHB Allowed Claims PMPM	\$537.19	

Appendix 10.1
Pennsylvania Health & Wellness, Inc.
Index Rate to Projected Index Rate

		(1)	(2)	(3)	(4)	(5) = (2) * (4) + (3) * [1 - (4)]
Plan ID	Plan Name	Projected Member Months	Experience Period Index Rate (Projected)	Credibility Manual Index Rate (Projected)	Credibility Factor	Projected Index Rate
86199PA0010025	Ambetter Secure Care 5 (2020)	1,344	N/A	\$537.19	0%	\$537.19
86199PA0010005	Ambetter Balanced Care 5 (2020)	8,856	N/A	537.19	0%	537.19
86199PA0010004	Ambetter Balanced Care 11 (2020)	31,591	N/A	537.19	0%	537.19
86199PA0010012	Ambetter Balanced Care 12 (2020)	21,953	N/A	537.19	0%	537.19
86199PA0010014	Ambetter Balanced Care 14 (2020)	3,446	N/A	537.19	0%	537.19
86199PA0010015	Ambetter Balanced Care 15 (2020)	44	N/A	537.19	0%	537.19
86199PA0010002	Ambetter Essential Care 1 (2020)	15,835	N/A	537.19	0%	537.19
86199PA0010022	Ambetter Essential Care 2 HSA (2020)	12	N/A	537.19	0%	537.19
86199PA0010024	Ambetter Essential Care 4 HSA (2020)	5,972	N/A	537.19	0%	537.19
86199PA0010006	Ambetter Essential Care 10 (2020)	15,828	N/A	537.19	0%	537.19
86199PA0020025	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	94	N/A	537.19	0%	537.19
86199PA0020005	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	653	N/A	537.19	0%	537.19
86199PA0020004	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	2,328	N/A	537.19	0%	537.19
86199PA0020012	Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	1,624	N/A	537.19	0%	537.19
86199PA0020014	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	253	N/A	537.19	0%	537.19
86199PA0020015	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	4	N/A	537.19	0%	537.19
86199PA0020002	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	1,096	N/A	537.19	0%	537.19
86199PA0020006	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	1,096	N/A	537.19	0%	537.19
Total		112,029	N/A	\$537.19	0%	\$537.19

Appendix 11.1
Pennsylvania Health & Wellness, Inc.
Projected Index Rate to Market Adjusted Index Rate

		(5)	(6)	(7)	(8) = (5) * (6) * (7)
Plan ID	Plan Name	Projected Index Rate	Net Risk Adjustment Transfer Factor	Exchange User Fee Factor	Market Adjusted Index Rate
86199PA0010025	Ambetter Secure Care 5 (2020)	\$537.19	1.124	1.036	\$625.19
86199PA0010005	Ambetter Balanced Care 5 (2020)	537.19	1.124	1.036	625.19
86199PA0010004	Ambetter Balanced Care 11 (2020)	537.19	1.124	1.036	625.19
86199PA0010012	Ambetter Balanced Care 12 (2020)	537.19	1.124	1.036	625.19
86199PA0010014	Ambetter Balanced Care 14 (2020)	537.19	1.124	1.036	625.19
86199PA0010015	Ambetter Balanced Care 15 (2020)	537.19	1.124	1.036	625.19
86199PA0010002	Ambetter Essential Care 1 (2020)	537.19	1.124	1.036	625.19
86199PA0010022	Ambetter Essential Care 2 HSA (2020)	537.19	1.124	1.036	625.19
86199PA0010024	Ambetter Essential Care 4 HSA (2020)	537.19	1.124	1.036	625.19
86199PA0010006	Ambetter Essential Care 10 (2020)	537.19	1.124	1.036	625.19
86199PA0020025	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020005	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020004	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020012	Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020014	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020015	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020002	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
86199PA0020006	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	537.19	1.124	1.036	625.19
Total		\$537.19	1.124	1.036	\$625.19

Appendix 11.2
Pennsylvania Health & Wellness, Inc.
Projected Risk Adjustment Transfers for 2020

Appendix 11.2 has been redacted.

<p align="center">Appendix 11.3 Pennsylvania Health & Wellness, Inc. Development of Appendix 11.1 Values</p>

(b+a/c) / b	Net Risk Adjustment Transfer Factor	1.124
(a)	Risk Adjustment Transfer (App 15.1)	\$54.57
(b)	Projected Index Rate (App 10.1)	\$537.19
(c)	Paid to Allowed Ratio (App 20.3)	0.821

(c+(a+b)/d) / (c+b/d)	Exchange User Fee Factor	1.036
(a)	Pennsylvania Exchange Fee (App 12.2)	\$17.71
(b)	Risk Adjustment Transfer (App 15.1)	\$54.57
(c)	Projected Index Rate (App 10.1)	\$537.19
(d)	Paid to Allowed Ratio (App 20.3)	0.821

Appendix 12.1
Pennsylvania Health & Wellness, Inc.
Market Adjusted Index Rate to Plan Adjusted Index Rate

	(8)	(9)	(10)	(11)	(12)	(13)	(14) = (9) * ... * (13)	(15) = (8) * (14)
Plan ID	Market Adjusted Index Rate	Actuarial Value and Cost-Sharing Design of the Plan	Provider Network, Delivery System and Utilization Management	Benefits in Addition to the EHBs	Administrative Costs Excluding Exchange User Fees	Impact of Specific Eligibility Categories for Catastrophic Plans	AV Pricing Value	Plan Adjusted Index Rate
86199PA0010025	\$625.19	0.979	1.000	1.000	1.147	1.000	1.123	\$702.08
86199PA0010005	625.19	0.896	1.000	1.000	1.147	1.000	1.028	642.81
86199PA0010004	625.19	0.885	1.000	1.000	1.147	1.000	1.016	635.03
86199PA0010012	625.19	0.874	1.000	1.000	1.147	1.000	1.002	626.61
86199PA0010014	625.19	0.959	1.000	1.000	1.147	1.000	1.100	687.74
86199PA0010015	625.19	0.957	1.000	1.000	1.147	1.000	1.098	686.26
86199PA0010002	625.19	0.674	1.000	1.000	1.147	1.000	0.774	483.65
86199PA0010022	625.19	0.721	1.000	1.000	1.147	1.000	0.827	517.21
86199PA0010024	625.19	0.735	1.000	1.000	1.147	1.000	0.843	526.98
86199PA0010006	625.19	0.708	1.000	1.000	1.147	1.000	0.812	507.50
86199PA0020025	625.19	0.979	1.000	1.047	1.147	1.000	1.176	735.05
86199PA0020005	625.19	0.896	1.000	1.047	1.147	1.000	1.076	673.00
86199PA0020004	625.19	0.885	1.000	1.047	1.147	1.000	1.063	664.86
86199PA0020012	625.19	0.874	1.000	1.047	1.147	1.000	1.049	656.04
86199PA0020014	625.19	0.959	1.000	1.047	1.147	1.000	1.152	720.04
86199PA0020015	625.19	0.957	1.000	1.047	1.147	1.000	1.149	718.49
86199PA0020002	625.19	0.674	1.000	1.047	1.147	1.000	0.810	506.36
86199PA0020006	625.19	0.708	1.000	1.047	1.147	1.000	0.850	531.33
Total	\$625.19	0.821	1.000	1.003	1.147	1.000	0.944	\$590.41

Appendix 12.2
Pennsylvania Health & Wellness, Inc.
Summary of Non-Benefit Expenses

Expense Component	PMPM	% of Net Revenue	% of Aggregate Premium
Aggregate Premium	\$590.41		100.00%
Net Revenue	\$535.84	100.00%	
<u>Administrative Expense Load</u>			
General Administrative Expense			
Core CNC Admin	\$34.35		5.82%
Sales Compensation	\$3.26		0.55%
Marketing - Lead Generation	\$2.30		0.39%
Commercial Stop Loss	\$0.72		0.12%
Marketing - Post Enrollment Marketing Costs	\$0.00		0.00%
Risk Adjustment Optimization	\$0.00		0.00%
Premium Billings	\$0.00		0.00%
Connecture Front-End	\$0.00		0.00%
Non-Benefit Portion of Capitation Arrangements	\$0.89		0.15%
Quality Improvement Expense	\$3.00		0.51%
Provider Incentive Payments	\$2.00		0.34%
Total	\$46.51		7.88%
Post-Tax Profit and Contribution to Surplus	\$10.33		1.75%
<u>Taxes and Fees - % of Premium</u>			
State Income Tax	\$1.60		0.27%
Federal Income Tax	\$3.17		0.54%
Federal Transitional Reinsurance Program Fee	\$0.00		0.00%
Patient Centered Outcomes Research Fee	\$0.00		0.00%
Pennsylvania Exchange Fee	\$17.71		3.00%
Total	\$22.48		3.81%
<u>Taxes and Fees - % of Net Revenue</u>			
Health Insurance Provider Fee	\$14.09	2.63%	
Assessments	\$0.00	0.00%	
Misc. Taxes and Fees	\$0.00	0.00%	
Pennsylvania Premium Tax Assessments	\$0.00	0.00%	
Risk Adjustment User Fee	\$0.18	0.03%	
Total	\$14.27	2.66%	
<u>Total Non-Benefit Expenses, Risk and Profit</u>	\$93.61	17.47%	15.85%

<p align="center">Appendix 12.3 Pennsylvania Health & Wellness, Inc. Development of Administrative Costs Excluding Exchange User Fees Factor</p>

(c)/(c-a+b)	Administrative Costs Excluding Exchange User Fees	1.147
(a)	Non-Benefit Expenses, Risk and Profit (App 12.2)	\$93.43
(b)	Pennsylvania Exchange Fee (App 12.2)	\$17.71
(c)	Premium (App 15.1)	\$590.41

Appendix 13.1
Pennsylvania Health & Wellness, Inc.
Plan Adjusted Index Rate to Calibrated Plan-Adjusted Index Rate

		(15)	(16)	(17)	(18)	(19) = (16) * (17) * (18)	(20) = (15) / (19)
Plan ID	Plan Name	Plan Adjusted Index Rate	Geographic Calibration Factor	Age Calibration Factor ¹	Tobacco Use Calibration Factor	Calibration ²	Calibrated Plan-Adjusted Index Rate ³
86199PA0010025	Ambetter Secure Care 5 (2020)	\$702.08	1.0000	1.729	1.006	1.739	\$403.83
86199PA0010005	Ambetter Balanced Care 5 (2020)	642.81	1.0000	1.729	1.006	1.739	369.74
86199PA0010004	Ambetter Balanced Care 11 (2020)	635.03	1.0000	1.729	1.006	1.739	365.27
86199PA0010012	Ambetter Balanced Care 12 (2020)	626.61	1.0000	1.729	1.006	1.739	360.43
86199PA0010014	Ambetter Balanced Care 14 (2020)	687.74	1.0000	1.729	1.006	1.739	395.59
86199PA0010015	Ambetter Balanced Care 15 (2020)	686.26	1.0000	1.729	1.006	1.739	394.74
86199PA0010002	Ambetter Essential Care 1 (2020)	483.65	1.0000	1.729	1.006	1.739	278.20
86199PA0010022	Ambetter Essential Care 2 HSA (2020)	517.21	1.0000	1.729	1.006	1.739	297.50
86199PA0010024	Ambetter Essential Care 4 HSA (2020)	526.98	1.0000	1.729	1.006	1.739	303.12
86199PA0010006	Ambetter Essential Care 10 (2020)	507.50	1.0000	1.729	1.006	1.739	291.91
86199PA0020025	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	735.05	1.0000	1.729	1.006	1.739	422.80
86199PA0020005	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	673.00	1.0000	1.729	1.006	1.739	387.11
86199PA0020004	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	664.86	1.0000	1.729	1.006	1.739	382.42
86199PA0020012	Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	656.04	1.0000	1.729	1.006	1.739	377.35
86199PA0020014	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	720.04	1.0000	1.729	1.006	1.739	414.17
86199PA0020015	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	718.49	1.0000	1.729	1.006	1.739	413.28
86199PA0020002	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	506.36	1.0000	1.729	1.006	1.739	291.26
86199PA0020006	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	531.33	1.0000	1.729	1.006	1.739	305.62
Total		\$590.41	1.0000	1.729	1.006	1.739	\$339.60

Notes:

- 1) This is the adjustment to go from the true composite average age factor to an age factor 1.0 basis. The rounded weighted average age is 49.
- 2) The calibration value is the product of the geographic calibration factor (1.000), the age calibration factor (1.729), and the tobacco use calibration factor (1.006).
- 3) This is calibrated to an age factor of 1.0, a geographic factor of 1.0, and a tobacco use factor of 1.0. It can be multiplied by the appropriate area, age and tobacco use factors from Appendix 1.3 to closely mirror the Consumer Adjusted Premium Rate.

Appendix 13.2
Pennsylvania Health & Wellness, Inc.
Age Factor Development

Age Band	Projected Member Months	Composite CMS Proposed Relativity
Under 19	1,618	0.788
19-24	7,249	0.985
25-29	13,659	1.056
30-34	13,060	1.178
35-39	10,304	1.240
40-44	10,604	1.332
45-49	10,005	1.570
50-54	13,000	1.956
55-59	14,078	2.430
60-64	16,475	2.870
Over 65	1,977	3.000
Total	112,029	1.729

The rounded weighted average age is 49.

Appendix 13.3
Pennsylvania Health & Wellness, Inc.
Area Factor Development

Regions	Projected Member Months	EHB Paid PMPM	Area Factor
Pennsylvania Rating Area 8	112,029	\$440.83	1.0000
Total	112,029	\$440.83	1.0000

Appendix 13.4
Pennsylvania Health & Wellness, Inc.
Smoker Factor Development

Premium Rate	Projected Member Months	Adjustment Factor
Tobacco User	4,214	1.150
Non-Tobacco User	107,815	1.000
Total	112,029	1.006

<p align="center">Appendix 15.1 Pennsylvania Health & Wellness, Inc. Projected MLR Table</p>

a)	Incurred Claims	\$447.23
b)	Risk Adjustment Transfer	\$54.57
c)	Projected Claims for MLR (a+b)	\$501.80
d)	Administrative Expenses	\$41.51
e)	Post-Tax Profit and Contribution to Surplus	\$10.33
f)	Taxes and Fees	\$31.98
g)	Federal Income Tax	\$3.17
h)	State Income Tax	\$1.60
i)	Premium (c+d+e+f+g+h)	\$590.41
j)	Medical Loss Ratio (c/(i-f-g-h))	90.6%

This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2020 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated; including a credibility adjustment would increase the projected MLR.

Appendix 16.1
Pennsylvania Health & Wellness, Inc.
AV Calculator Results

The AV Calculator Screenshots have been redacted.

Appendix 17.1
Pennsylvania Health & Wellness, Inc.
Membership Projections

Product	Plan Name	Plan ID	Projected Member Months						Total
			Gold	Silver Plan				Bronze	
				70%	73%	87%	94%		
		Aggregate	1,438	3,655	6,409	30,374	30,314	39,839	112,029
Ambetter	Ambetter Secure Care 5 (2020)	86199PA0010025	1,344	-	-	-	-	-	1,344
Ambetter	Ambetter Balanced Care 5 (2020)	86199PA0010005	-	512	718	3,392	4,234	-	8,856
Ambetter	Ambetter Balanced Care 11 (2020)	86199PA0010004	-	1,970	3,578	14,196	11,847	-	31,591
Ambetter	Ambetter Balanced Care 12 (2020)	86199PA0010012	-	410	1,137	8,551	11,855	-	21,953
Ambetter	Ambetter Balanced Care 14 (2020)	86199PA0010014	-	512	538	2,117	279	-	3,446
Ambetter	Ambetter Balanced Care 15 (2020)	86199PA0010015	-	11	11	11	11	-	44
Ambetter	Ambetter Essential Care 1 (2020)	86199PA0010002	-	-	-	-	-	15,835	15,835
Ambetter	Ambetter Essential Care 2 HSA (2020)	86199PA0010022	-	-	-	-	-	12	12
Ambetter	Ambetter Essential Care 4 HSA (2020)	86199PA0010024	-	-	-	-	-	5,972	5,972
Ambetter	Ambetter Essential Care 10 (2020)	86199PA0010006	-	-	-	-	-	15,828	15,828
Ambetter + Vision + Adult Dental	Ambetter Secure Care 5 (2020) + Vision + Adult Dental	86199PA0020025	94	-	-	-	-	-	94
Ambetter + Vision + Adult Dental	Ambetter Balanced Care 5 (2020) + Vision + Adult Dental	86199PA0020005	-	36	51	253	313	-	653
Ambetter + Vision + Adult Dental	Ambetter Balanced Care 11 (2020) + Vision + Adult Dental	86199PA0020004	-	138	256	1,058	876	-	2,328
Ambetter + Vision + Adult Dental	Ambetter Balanced Care 12 (2020) + Vision + Adult Dental	86199PA0020012	-	29	81	637	877	-	1,624
Ambetter + Vision + Adult Dental	Ambetter Balanced Care 14 (2020) + Vision + Adult Dental	86199PA0020014	-	36	38	158	21	-	253
Ambetter + Vision + Adult Dental	Ambetter Balanced Care 15 (2020) + Vision + Adult Dental	86199PA0020015	-	1	1	1	1	-	4
Ambetter + Vision + Adult Dental	Ambetter Essential Care 1 (2020) + Vision + Adult Dental	86199PA0020002	-	-	-	-	-	1,096	1,096
Ambetter + Vision + Adult Dental	Ambetter Essential Care 10 (2020) + Vision + Adult Dental	86199PA0020006	-	-	-	-	-	1,096	1,096

Appendix 18.1
Pennsylvania Health & Wellness, Inc.
Terminated Plans

Terminated 2019 Plan ID	Terminated 2019 Plan Name	Mapped 2020 Plan ID	Mapped 2020 Plan Name
86199PA0010003	Ambetter Balanced Care 3 (2019)	86199PA0010014	Ambetter Balanced Care 14 (2020)
86199PA0010001	Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	86199PA0010025	Ambetter Secure Care 5 (2020)

Appendix 20.1
Pennsylvania Health & Wellness, Inc.
Development of Single Risk Pool Projection Factors

	Trend Adjustments				Util Trend Adj					Induced Util Trend		
	Starting Manual Data	Rating Region - Total Cost Adj Cost Cost Adj			Rating Region - Util	Utilization Trend Adj	Calibration Adj	Prior Auth. / DUR / Disease Management Adj	Total Util Adj	Induced Util Adjustments	After Initial Adj	Impact of Trend Adjustment
Inpatient Hospital	79.35	1.145	1.088	1.246	1.196	1.051	0.928	1.000	1.165	0.949	109.38	1.378
Outpatient Hospital	76.81	0.993	1.177	1.168	1.073	1.051	0.928	1.000	1.045	0.945	88.66	1.154
Professional	100.41	1.081	1.094	1.182	1.120	1.049	0.927	1.000	1.089	0.945	122.16	1.217
Other Medical	9.76	0.833	1.180	0.983	1.034	1.051	0.928	1.000	1.007	0.891	8.61	0.882
Capitation	1.73	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.73	1.000
Prescription Drug	97.07	1.057	1.078	1.140	1.120	1.037	0.928	0.941	1.014	0.955	107.15	1.104
Total	365.14	1.063	1.106		1.125	1.046	0.928	0.985		0.948	437.70	1.199

Appendix 20.1
Pennsylvania Health & Wellness, Inc.
Development of Single Risk Pool Projection Factors

	Morbidity Adjustments						Demo Adjustments			
	Claims Margin	Change in Morbidity - Cost	Change in Morbidity - Util	Change in Morbidity - Util Indiv Mandate	After Morbidity	Impact of Morbidity Adjustments	Change in Demographics - Cost	Change in Demographics - Util	After Demographics	Impact of Initial Demo Adjustments
Inpatient Hospital	1.000	1.000	1.047	1.060	121.40	1.110	1.013	1.178	144.92	1.194
Outpatient Hospital	1.000	1.000	1.047	1.060	98.40	1.110	1.040	1.203	123.14	1.251
Professional	1.000	1.000	1.047	1.060	135.58	1.110	1.005	1.129	153.95	1.135
Other Medical	1.000	1.000	1.047	1.060	9.56	1.110	0.982	1.186	11.13	1.164
Capitation	1.000	1.000	1.000	1.000	1.73	1.000	1.000	1.000	1.73	1.000
Prescription Drug	1.000	1.000	1.025	1.060	116.46	1.087	1.004	1.270	148.50	1.275
Total					483.14	1.104			583.37	1.207

Appendix 20.1
Pennsylvania Health & Wellness, Inc.
Development of Single Risk Pool Projection Factors

	<u>Network Adjustments</u>				<u>Benefits Adjustments</u>				<u>Other Adjustments</u>			
	Change in Network - Cost	Change in Network - Util	After Network	Impact of Network Adjustments	Change in Benefits - Cost	Change in Benefits - Util	After Benefit Adjustments	Impact of Benefit Adjustments	Grace Period	Change in Other - Util	After Other	Impact of Other Adjustments
Inpatient Hospital	1.000	0.903	130.82	0.903	1.000	0.996	130.26	0.996	1.004	1.000	130.79	1.004
Outpatient Hospital	1.000	0.889	109.50	0.889	1.000	1.003	109.87	1.003	1.004	1.000	110.31	1.004
Professional	1.000	0.925	142.47	0.925	1.000	0.961	136.85	0.961	1.004	1.000	137.40	1.004
Other Medical	1.000	0.912	10.15	0.912	1.000	0.771	7.83	0.771	1.004	1.000	7.86	1.004
Capitation	1.000	1.000	1.73	1.000	1.000	1.000	1.73	1.000	1.000	1.000	1.73	1.000
Prescription Drug	1.000	1.000	148.50	1.000	1.000	1.000	148.50	1.000	1.004	1.000	149.10	1.004
Total			543.17	0.931			535.04	0.985			537.19	1.004

Appendix 20.2
Pennsylvania Health & Wellness, Inc.
Sample Producer Agreement

Appendix 20.2 has been redacted.

Appendix 20.3
Pennsylvania Health & Wellness, Inc.
Induced Utilization Buildup

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9) = (8) / (6 * 7)
Plan ID	Metal Level	Projected Membership	Projected Allowed Claims	Projected Paid Claims	Paid to Allowed Factor	Average Tobacco Factor	AV & Cost-Sharing Factor	Induced Utilization
86199PA0010025	Gold	1,344	\$803,834.95	\$708,921.29	0.882	0.994	0.975	1.112
86199PA0010005	Silver	8,856	4,799,423.73	4,276,950.12	0.891	0.994	0.893	1.008
86199PA0010004	Silver	31,591	17,231,597.80	15,072,071.19	0.875	0.994	0.882	1.014
86199PA0010012	Silver	21,953	11,945,259.78	10,334,892.79	0.865	0.994	0.871	1.012
86199PA0010014	Silver	3,446	1,885,246.10	1,780,553.55	0.944	0.994	0.956	1.017
86199PA0010015	Silver	44	24,695.14	22,685.99	0.919	0.994	0.954	1.044
86199PA0010002	Bronze	15,835	8,266,262.26	5,753,914.87	0.696	0.994	0.672	0.971
86199PA0010022	Bronze	12	6,498.50	4,662.92	0.718	0.994	0.719	1.007
86199PA0010024	Bronze	5,972	3,264,277.23	2,364,418.18	0.724	0.994	0.732	1.017
86199PA0010006	Bronze	15,828	8,294,830.68	6,034,964.97	0.728	0.994	0.705	0.975
86199PA0020025	Gold	94	56,220.60	49,582.29	0.882	0.994	0.975	1.112
86199PA0020005	Silver	653	353,887.05	315,362.29	0.891	0.994	0.893	1.008
86199PA0020004	Silver	2,328	1,269,828.74	1,110,689.18	0.875	0.994	0.882	1.014
86199PA0020012	Silver	1,624	883,665.19	764,536.32	0.865	0.994	0.871	1.012
86199PA0020014	Silver	253	138,411.86	130,725.49	0.944	0.994	0.956	1.017
86199PA0020015	Silver	4	2,245.01	2,062.36	0.919	0.994	0.954	1.044
86199PA0020002	Bronze	1,096	572,139.15	398,250.12	0.696	0.994	0.672	0.971
86199PA0020006	Bronze	1,096	574,370.38	417,887.39	0.728	0.994	0.705	0.975
Total		112,029	\$60,372,694.14	\$49,543,131.32	0.821	0.994	0.818	1.002

Appendix 20.4
Pennsylvania Health & Wellness, Inc.
AV & Cost Sharing Factor Buildup

(1)	(2)	(3)	(4)	(5)	(6) = (4) * (5)	(7)	(8)	(9) = (6) / (7 * 8)	(10)	(11) = (6) / (10)
Plan ID	Projected Membership	Current Membership	Aggregate Paid to Allowed Ratio	AV & Cost-Sharing Relativity	Actuarial Value and Cost-Sharing Design of the Plan	Paid to Allowed Ratio	Tobacco Calibration Factor	Induced Utilization	Induced Calibration Factor ⁽¹⁾	AV & Cost-Sharing Factor
86199PA0010025	1,344	24	0.821	1.1927	0.979	0.882	0.994	1.116	1.003	0.975
86199PA0010005	8,856	192	0.821	1.0921	0.896	0.891	0.994	1.011	1.003	0.893
86199PA0010004	31,591	990	0.821	1.0788	0.885	0.875	0.994	1.018	1.003	0.882
86199PA0010012	21,953	-	0.821	1.0645	0.874	0.865	0.994	1.015	1.003	0.871
86199PA0010014	3,446	17	0.821	1.1684	0.959	0.944	0.994	1.021	1.003	0.956
86199PA0010015	44	-	0.821	1.1659	0.957	0.919	0.994	1.047	1.003	0.954
86199PA0010002	15,835	646	0.821	0.8217	0.674	0.696	0.994	0.974	1.003	0.672
86199PA0010022	12	-	0.821	0.8787	0.721	0.718	0.994	1.011	1.003	0.719
86199PA0010024	5,972	-	0.821	0.8953	0.735	0.724	0.994	1.020	1.003	0.732
86199PA0010006	15,828	-	0.821	0.8622	0.708	0.728	0.994	0.978	1.003	0.705
86199PA0020025	94	-	0.821	1.1927	0.979	0.882	0.994	1.116	1.003	0.975
86199PA0020005	653	-	0.821	1.0921	0.896	0.891	0.994	1.011	1.003	0.893
86199PA0020004	2,328	-	0.821	1.0788	0.885	0.875	0.994	1.018	1.003	0.882
86199PA0020012	1,624	-	0.821	1.0645	0.874	0.865	0.994	1.015	1.003	0.871
86199PA0020014	253	-	0.821	1.1684	0.959	0.944	0.994	1.021	1.003	0.956
86199PA0020015	4	-	0.821	1.1659	0.957	0.919	0.994	1.047	1.003	0.954
86199PA0020002	1,096	-	0.821	0.8217	0.674	0.696	0.994	0.974	1.003	0.672
86199PA0020006	1,096	-	0.821	0.8622	0.708	0.728	0.994	0.978	1.003	0.705
Total	112,029	1,869	0.821	1.0000	0.821	0.821	0.994	1.003	1.003	0.818

(1) Induced Calibration Factor set to normalize Induced Utilization Value in Table B (Appendix 20.3) to a 1.000 value when weighted by current membership.

Appendix 20.5
Pennsylvania Health & Wellness, Inc.
Description of Benefit Changes

Balanced Care 5 (2020) - 73% AV Level Silver Plan

	2020	2019
Combined Deductible	\$5,500	\$5,350
OOP Max	\$5,500	\$5,350

Balanced Care 11 (2020) - Standard Silver On Exchange Plan

	2020	2019
OOP Max	\$8,100	\$7,900

Balanced Care 11 (2020) - 73% AV Level Silver Plan

	2020	2019
Combined Deductible	\$3,250	\$2,625
OOP Max	\$6,500	\$6,300
Specialist Visit Copay	\$50	\$40

Balanced Care 11 (2020) - 87% AV Level Silver Plan

	2020	2019
OOP Max	\$2,700	\$2,600
Primary Care Visit Copay	\$8	\$7
Specialist Visit Copay	\$15	\$10
MH/SA (Excluding IP) Copay	\$8	\$7
Rx - Generics Copay	\$8	\$7

Balanced Care 11 (2020) - 94% AV Level Silver Plan

	2020	2019
OOP Max	\$1,050	\$1,000

Essential Care 1 (2020) - Standard Bronze On Exchange Plan

	2020	2019
Combined Deductible	\$8,150	\$7,900
OOP Max	\$8,150	\$7,900

Appendix 20.6
Pennsylvania Health & Wellness, Inc.
Capital, Surplus and RBC

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	6,896,996		6,896,996	109,554
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$1,197,455 , Schedule E-Part 1), cash equivalents (\$20,613,911 , Schedule E-Part 2) and short-term investments (\$1,936,896 , Schedule DA).....	23,748,262		23,748,262	1,500,756
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	30,645,257	.0	30,645,257	1,610,310
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	56,287		56,287	633
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	62,267,587		62,267,587	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$83,976) and contracts subject to redetermination (\$)	83,976		83,976	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....	930,290		930,290	.0
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	30,269,144		30,269,144	.0
24. Health care (\$1,486,268) and other amounts receivable.....	2,330,633	844,365	1,486,268	.0
25. Aggregate write-ins for other-than-invested assets	2,101,188	1,506,940	594,248	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	128,684,362	2,351,305	126,333,057	1,610,943
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	128,684,362	2,351,305	126,333,057	1,610,943
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepaid Assets.....	2,101,188	1,506,940	594,248	.0
2502. ....			.0	.0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,101,188	1,506,940	594,248	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	37,407,125		37,407,125	0
2. Accrued medical incentive pool and bonus amounts	960		960	0
3. Unpaid claims adjustment expenses	558,000		558,000	0
4. Aggregate health policy reserves, including the liability of \$79,662 for medical loss ratio rebate per the Public Health Service Act.....	1,562,062		1,562,062	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance	146,498		146,498	0
9. General expenses due or accrued	527,254		527,254	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....	456,096		456,096	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	2,341,076		2,341,076	0
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	153,377		153,377	0
23. Aggregate write-ins for other liabilities (including \$14,450,117 current)	14,450,355	0	14,450,355	0
24. Total liabilities (Lines 1 to 23).....	57,602,803	0	57,602,803	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	68,609,528	1,609,528
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	120,727	1,415
32. Less treasury stock, at cost: 32.1 .....shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	68,730,255	1,610,943
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	126,333,058	1,610,943
DETAILS OF WRITE-INS				
2301. State Assessment Payable.....	13,903,782		13,903,782	0
2302. State Income Tax Payable.....	546,573		546,573	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	14,450,355	0	14,450,355	0
2501.	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	126,333,057	1,610,943	1,500,000	.0	.0
2. Total liabilities (Page 3, Line 24)	57,602,803	.0	.0	.0	.0
3. Statutory minimum capital and surplus requirement	68,730,255	1,500,000	1,500,000	.0	.0
4. Total capital and surplus (Page 3, Line 33)	68,730,255	1,610,943	1,500,000	.0	.0
Income Statement (Page 4)					
5. Total revenues (Line 8)	483,429,037	.0	.0	.0	.0
6. Total medical and hospital expenses (Line 18)	464,941,113	.0	.0	.0	.0
7. Claims adjustment expenses (Line 20)	7,189,518	.0	.0	.0	.0
8. Total administrative expenses (Line 21)	7,751,399	.0	.0	.0	.0
9. Net underwriting gain (loss) (Line 24)	2,064,607	.0	.0	.0	.0
10. Net investment gain (loss) (Line 27)	444,399	1,415	.0	.0	.0
11. Total other income (Lines 28 plus 29)	(2,433)	.0	.0	.0	.0
12. Net income or (loss) (Line 32)	1,540,324	1,415	.0	.0	.0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(7,966,505)	610	.0	.0	.0
Risk-Based Capital Analysis					
14. Total adjusted capital.....	68,730,255	1,610,943	1,500,000	.0	.0
15. Authorized control level risk-based capital	18,690,515	2,799	2,250	.0	.0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	22,780	.0	.0	.0	.0
17. Total members months (Column 6, Line 7)	267,278	.0	.0	.0	.0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	96.2	0.0	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.5	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	99.6	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	0.4	0.0	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	.0	.0	.0	.0	.0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	.0	.0	.0	.0	.0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	.0	.0	.0	.0	.0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	.0	.0	.0	.0	.0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	.0	.0	.0	.0	.0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	.0	.0	.0	.0	.0
30. Affiliated mortgage loans on real estate .....		.0	.0	.0	.0
31. All other affiliated .....	.0	.0	.0	.0	.0
32. Total of above Lines 26 to 31.....	.0	.0	.0	.0	.0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

Appendix 21.1
Pennsylvania Health & Wellness, Inc.
Data and Assumption Reliance for 2020 Individual Marketplace Premium Development

Data / Assumption	Source
Relevant 2018 Individual QHP experience from other states	Pennsylvania Health & Wellness, Inc.
2020 Population Morbidity, including the impact of individual mandate repeal	Pennsylvania Health & Wellness, Inc.
Impact of individual mandate repeal	Pennsylvania 2020 ACA-Compliant Health Insurance Rate Filing Guidance
CSR non-funding rate and risk transfer impacts	Pennsylvania 2020 ACA-Compliant Health Insurance Rate Filing Guidance
2020 Statewide Average Premium	Pennsylvania Health & Wellness, Inc.
2020 Individual QHP Membership Projections	Pennsylvania Health & Wellness, Inc.
Relationship between enrollee duration and paid-to-allowed ratio by metal level	Pennsylvania Health & Wellness, Inc.
Pricing and Premium Development Models	Milliman
Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution	Milliman (<i>Health Cost Guidelines</i>)
2020 Individual QHP Benefit Designs	Pennsylvania Health & Wellness, Inc.
Utilization trends	Milliman (<i>Health Cost Guidelines</i>), Pennsylvania Health & Wellness, Inc.
Unit Cost trends	Pennsylvania Health & Wellness, Inc.
Administrative Costs, Taxes, and Fees	Pennsylvania Health & Wellness, Inc.
Premium Delinquency Estimates	Pennsylvania Health & Wellness, Inc.
Subcapitated Contracts and Pricing	Pennsylvania Health & Wellness, Inc.
Value Added Benefits	Pennsylvania Health & Wellness, Inc.
Smoking Relativity Factors	Pennsylvania Health & Wellness, Inc.
County Rating Areas	Pennsylvania Health & Wellness, Inc.
Pennsylvania Health & Wellness, Inc. Service Areas	Pennsylvania Health & Wellness, Inc.
Expected Reimbursement by Rating Area and State	Pennsylvania Health & Wellness, Inc.
OON Utilization and Reimbursement	Pennsylvania Health & Wellness, Inc.
Utilization Management	Pennsylvania Health & Wellness, Inc.
3:1 Age Band Factors	HHS
Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retail/Mail Utilization percentages, formularies, and Rx Management Assumptions	Envolve
Documentation of MCO Assessment	Pennsylvania Health & Wellness, Inc. and Pennsylvania Department of Human Services
Funding Status of CSR Subsidies	Pennsylvania Health & Wellness, Inc.
CSR Silver Loading Methodology	Pennsylvania 2020 ACA-Compliant Health Insurance Rate Filing Guidance

2020 Rates Table Template v9.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date* Rating Method*	86199				
	47-5340613				
	1/1/2020				
	12/31/2020				
	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 plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an individual tobacco enrollee on a plan
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	308.93	308.93
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	15	336.39	336.39
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	16	346.89	346.89
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	17	357.39	357.39
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	18	368.70	424.00
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	19	380.00	437.00
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	20	391.72	450.47
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	21	403.84	464.41
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	22	403.84	464.41
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	23	403.84	464.41
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	24	403.84	464.41
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	25	405.45	466.26
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	26	413.52	475.55
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	27	423.21	486.70
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	28	438.96	504.81
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	29	451.89	519.67
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	30	458.35	527.10
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	31	468.04	538.24
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	32	477.73	549.39
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	33	483.79	556.36
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	34	490.25	563.79
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	35	493.48	567.50
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	36	496.71	571.22
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	37	499.94	574.93
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	38	503.17	578.65
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	39	509.63	586.08
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	40	516.09	593.51
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	41	525.79	604.65
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	42	535.07	615.34
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	43	548.00	630.20
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	44	564.15	648.77
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	45	583.13	670.60
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	46	605.75	696.61
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	47	631.19	725.86
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	48	660.26	759.30
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	49	688.93	792.27
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	50	721.24	829.43
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	51	753.14	866.11
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	52	788.28	906.52
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	53	823.81	947.39
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	54	862.18	991.50
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	55	900.54	1035.62
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	56	942.14	1083.46
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	57	984.13	1131.75
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	58	1028.96	1183.30
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	59	1051.17	1208.84
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	60	1095.99	1260.39
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	61	1134.76	1304.98
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	62	1160.20	1334.23
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	63	1192.11	1370.92
86199PA0010025	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1211.48	1393.20
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	282.85	282.85
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	15	307.99	307.99
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	16	317.61	317.61
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	17	327.22	327.22
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	18	337.57	388.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	19	347.93	400.11
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	20	358.65	412.44
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	21	369.75	425.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	22	369.75	425.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	23	369.75	425.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	24	369.75	425.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	25	371.22	426.90
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	26	378.61	435.41
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	27	387.49	445.61
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	28	401.91	462.19
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	29	413.74	475.80
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	30	419.65	482.60
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	31	428.53	492.81
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	32	437.40	503.01
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	33	442.95	509.39
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	34	448.86	516.19
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	35	451.82	519.60
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	36	454.78	523.00
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	37	457.74	526.40
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	38	460.70	529.80
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	39	466.61	536.60
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	40	472.53	543.41
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	41	481.40	553.61
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	42	489.91	563.39
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	43	501.74	577.00
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	44	516.53	594.01
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	45	533.90	613.99
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	46	554.61	637.80
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	47	577.90	664.59
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	48	604.52	695.20
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	49	630.78	725.39
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	50	660.36	759.41
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	51	689.57	793.00
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	52	721.73	829.99
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	53	754.27	867.41
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	54	789.39	907.80
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	55	824.52	948.20
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	56	862.60	991.99
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	57	901.06	1036.21
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	58	942.10	1083.41
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	59	962.43	1106.80
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	60	1003.47	1154.00
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	61	1038.97	1194.81
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	62	1062.26	1221.60
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	63	1091.47	1255.19
86199PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1109.21	1275.59
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	279.43	279.43
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	15	304.27	304.27
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	16	313.76	313.76
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	17	323.26	323.26
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	18	333.49	383.51
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	19	343.72	395.27
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	20	354.31	407.45
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	21	365.28	420.07
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	22	365.28	420.07
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	23	365.28	420.07
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	24	365.28	420.07
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	25	366.73	421.74
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	26	374.03	430.14
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	27	382.80	440.22
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	28	397.04	456.60
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	29	408.73	470.04
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	30	414.58	476.76
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	31	423.34	486.84
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	32	432.11	496.93
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	33	437.59	503.23
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	34	443.43	509.95
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	35	446.36	513.31
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	36	449.28	516.67
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	37	452.20	520.03
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	38	455.12	523.39
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	39	460.97	530.11
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	40	466.81	536.83
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	41	475.58	546.91
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	42	483.98	556.57
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	43	495.67	570.02
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	44	510.28	586.82
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	45	527.44	606.56
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	46	547.90	630.08
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	47	570.91	656.55
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	48	597.21	686.79
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	49	623.14	716.62
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	50	652.37	750.22
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	51	681.22	783.40
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	52	713.00	819.95
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	53	745.14	856.91
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	54	779.84	896.82
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	55	814.54	936.73
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	56	852.17	979.99
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	57	890.15	1023.68
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	58	930.70	1070.30
86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	59	950.79	1093.41

	86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	60	991.33	1140.03
	86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	61	1026.40	1180.36
	86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	62	1049.41	1206.82
	86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	63	1078.27	1240.01
	86199PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1095.79	1260.16
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	275.72	275.72
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	15	300.23	300.23
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	16	309.60	309.60
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	17	318.97	318.97
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	18	329.07	378.43
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	19	339.16	390.03
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	20	349.61	402.05
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	21	360.43	414.50
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	22	360.43	414.50
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	23	360.43	414.50
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	24	360.43	414.50
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	25	361.86	416.14
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	26	369.07	424.43
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	27	377.72	434.38
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	28	391.78	450.55
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	29	403.31	463.81
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	30	409.08	470.44
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	31	417.73	480.39
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	32	426.38	490.34
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	33	431.79	496.55
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	34	437.55	503.19
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	35	440.44	506.50
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	36	443.32	509.82
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	37	446.20	513.13
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	38	449.09	516.45
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	39	454.85	523.08
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	40	460.62	529.71
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	41	469.27	539.66
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	42	477.56	549.19
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	43	489.09	562.46
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	44	503.51	579.04
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	45	520.45	598.52
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	46	540.63	621.73
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	47	563.34	647.84
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	48	589.29	677.68
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	49	614.88	707.11
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	50	643.71	740.27
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	51	672.19	773.02
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	52	703.54	809.08
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	53	735.26	845.55
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	54	769.50	884.93
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	55	803.74	924.30
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	56	840.87	967.00
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	57	878.35	1010.10
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	58	918.36	1056.11
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	59	938.18	1078.91
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	60	978.19	1124.91
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	61	1012.79	1164.71
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	62	1035.49	1190.82
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	63	1063.97	1223.56
	86199PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1081.26	1243.45
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	302.62	302.62
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	15	329.52	329.52
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	16	339.81	339.81
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	17	350.09	350.09
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	18	361.17	415.34
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	19	372.25	428.08
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	20	383.72	441.27
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	21	395.59	454.93
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	22	395.59	454.93
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	23	395.59	454.93
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	24	395.59	454.93
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	25	397.17	456.74
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	26	405.08	465.84
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	27	414.57	476.76
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	28	430.00	494.50
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	29	442.66	509.06
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	30	448.99	516.34
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	31	458.48	527.26
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	32	467.98	538.17
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	33	473.91	545.00
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	34	480.24	552.28
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	35	483.40	555.92
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	36	486.57	559.55
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	37	489.73	563.19
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	38	492.90	566.83
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	39	499.23	574.11
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	40	505.56	581.39
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	41	515.05	592.31
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	42	524.15	602.77
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	43	536.81	617.33
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	44	552.63	635.53
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	45	571.22	656.91
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	46	593.38	682.38
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	47	618.30	711.04
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	48	646.78	743.80
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	49	674.87	776.10
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	50	706.51	812.49
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	51	737.77	848.43
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	52	772.18	888.01
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	53	806.99	928.04
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	54	844.57	971.26
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	55	882.15	1014.48
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	56	922.90	1061.33
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	57	964.04	1108.65
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	58	1007.95	1159.14
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	59	1029.71	1184.16
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	60	1073.62	1234.66
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	61	1111.59	1278.33
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	62	1136.52	1306.99
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	63	1167.77	1342.93
	86199PA0010014	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1186.74	1364.76
	86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	301.97	301.97
	86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	15	328.81	328.81
	86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	16	339.08	339.08
	86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	17	349.34	349.34
	86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	18	360.39	414.45

86199PA0010015	Rating Area 8	Tobacco User/Non-Tobacco User	19	371.45	427.16
	Rating Area 8	Tobacco User/Non-Tobacco User	20	382.89	440.33
	Rating Area 8	Tobacco User/Non-Tobacco User	21	394.74	453.95
	Rating Area 8	Tobacco User/Non-Tobacco User	22	394.74	453.95
	Rating Area 8	Tobacco User/Non-Tobacco User	23	394.74	453.95
	Rating Area 8	Tobacco User/Non-Tobacco User	24	394.74	453.95
	Rating Area 8	Tobacco User/Non-Tobacco User	25	396.31	455.76
	Rating Area 8	Tobacco User/Non-Tobacco User	26	404.21	464.84
	Rating Area 8	Tobacco User/Non-Tobacco User	27	413.68	475.73
	Rating Area 8	Tobacco User/Non-Tobacco User	28	429.08	493.44
	Rating Area 8	Tobacco User/Non-Tobacco User	29	441.71	507.96
	Rating Area 8	Tobacco User/Non-Tobacco User	30	448.02	515.23
	Rating Area 8	Tobacco User/Non-Tobacco User	31	457.50	526.12
	Rating Area 8	Tobacco User/Non-Tobacco User	32	466.97	537.02
	Rating Area 8	Tobacco User/Non-Tobacco User	33	472.89	543.83
	Rating Area 8	Tobacco User/Non-Tobacco User	34	479.21	551.09
	Rating Area 8	Tobacco User/Non-Tobacco User	35	482.37	554.72
	Rating Area 8	Tobacco User/Non-Tobacco User	36	485.52	558.35
	Rating Area 8	Tobacco User/Non-Tobacco User	37	488.68	561.98
	Rating Area 8	Tobacco User/Non-Tobacco User	38	491.84	565.61
	Rating Area 8	Tobacco User/Non-Tobacco User	39	498.15	572.88
	Rating Area 8	Tobacco User/Non-Tobacco User	40	504.47	580.14
	Rating Area 8	Tobacco User/Non-Tobacco User	41	513.94	591.04
	Rating Area 8	Tobacco User/Non-Tobacco User	42	523.02	601.48
	Rating Area 8	Tobacco User/Non-Tobacco User	43	535.65	616.00
	Rating Area 8	Tobacco User/Non-Tobacco User	44	551.44	634.16
	Rating Area 8	Tobacco User/Non-Tobacco User	45	570.00	655.50
	Rating Area 8	Tobacco User/Non-Tobacco User	46	592.10	680.92
	Rating Area 8	Tobacco User/Non-Tobacco User	47	616.97	709.52
	Rating Area 8	Tobacco User/Non-Tobacco User	48	645.39	742.20
	Rating Area 8	Tobacco User/Non-Tobacco User	49	673.42	774.43
	Rating Area 8	Tobacco User/Non-Tobacco User	50	705.00	810.75
	Rating Area 8	Tobacco User/Non-Tobacco User	51	736.18	846.61
	Rating Area 8	Tobacco User/Non-Tobacco User	52	770.52	886.10
	Rating Area 8	Tobacco User/Non-Tobacco User	53	805.26	926.05
	Rating Area 8	Tobacco User/Non-Tobacco User	54	842.76	969.17
	Rating Area 8	Tobacco User/Non-Tobacco User	55	880.26	1012.30
	Rating Area 8	Tobacco User/Non-Tobacco User	56	920.92	1059.05
	Rating Area 8	Tobacco User/Non-Tobacco User	57	961.97	1106.26
	Rating Area 8	Tobacco User/Non-Tobacco User	58	1005.78	1156.65
	Rating Area 8	Tobacco User/Non-Tobacco User	59	1027.49	1181.62
	Rating Area 8	Tobacco User/Non-Tobacco User	60	1071.31	1232.01
	Rating Area 8	Tobacco User/Non-Tobacco User	61	1109.20	1275.58
	Rating Area 8	Tobacco User/Non-Tobacco User	62	1134.07	1304.18
	Rating Area 8	Tobacco User/Non-Tobacco User	63	1165.26	1340.04
	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1184.19	1361.82
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	212.82	212.82
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	15	231.73	231.73
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	16	238.97	238.97
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	17	246.20	246.20
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	18	253.99	292.09
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	19	261.78	301.05
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	20	269.85	310.32
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	21	278.20	319.93
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	22	278.20	319.93
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	23	278.20	319.93
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	24	278.20	319.93
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	25	279.31	321.20
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	26	284.87	327.60
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	27	291.55	335.28
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	28	302.40	347.75
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	29	311.30	357.99
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	30	315.75	363.11
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	31	322.42	370.79
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	32	329.10	378.47
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	33	333.27	383.27
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	34	337.73	388.38
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	35	339.95	390.94
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	36	342.18	393.50
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	37	344.40	396.06
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	38	346.63	398.62
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	39	351.08	403.74
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	40	355.53	408.86
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	41	362.21	416.54
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	42	368.60	423.90
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	43	377.51	434.13
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	44	388.63	446.93
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	45	401.71	461.97
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	46	417.29	479.88
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	47	434.81	500.04
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	48	454.84	523.07
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	49	474.60	545.79
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	50	496.85	571.38
86199PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	51	518.83	596.65

86199PA0010002 Rating Area 8			Tobacco User/Non-Tobacco User	52	543.03	624.49
86199PA0010002 Rating Area 8				53	567.51	652.64
86199PA0010002 Rating Area 8				54	593.94	683.03
86199PA0010002 Rating Area 8				55	620.37	713.42
86199PA0010002 Rating Area 8				56	649.02	746.38
86199PA0010002 Rating Area 8				57	677.95	779.65
86199PA0010002 Rating Area 8				58	708.83	815.16
86199PA0010002 Rating Area 8				59	724.13	832.75
86199PA0010002 Rating Area 8				60	755.01	868.27
86199PA0010002 Rating Area 8				61	781.72	898.98
86199PA0010002 Rating Area 8				62	799.25	919.13
86199PA0010002 Rating Area 8				63	821.22	944.41
86199PA0010002 Rating Area 8				64 and over	834.57	959.75
86199PA0010022	Rating Area 8	Tobacco User/Non-Tobacco User		0-14	227.58	227.58
86199PA0010022 Rating Area 8			15	247.81	247.81	
86199PA0010022 Rating Area 8			16	255.55	255.55	
86199PA0010022 Rating Area 8			17	263.28	263.28	
86199PA0010022 Rating Area 8			18	271.61	312.35	
86199PA0010022 Rating Area 8			19	279.94	321.93	
86199PA0010022 Rating Area 8			20	288.57	331.85	
86199PA0010022 Rating Area 8			21	297.50	342.13	
86199PA0010022 Rating Area 8			22	297.50	342.13	
86199PA0010022 Rating Area 8			23	297.50	342.13	
86199PA0010022 Rating Area 8			24	297.50	342.13	
86199PA0010022 Rating Area 8			25	298.68	343.49	
86199PA0010022 Rating Area 8			26	304.63	350.33	
86199PA0010022 Rating Area 8			27	311.77	358.54	
86199PA0010022 Rating Area 8			28	323.37	371.88	
86199PA0010022 Rating Area 8			29	332.89	382.83	
86199PA0010022 Rating Area 8			30	337.65	388.30	
86199PA0010022 Rating Area 8			31	344.79	396.51	
86199PA0010022 Rating Area 8			32	351.93	404.72	
86199PA0010022 Rating Area 8			33	356.40	409.86	
86199PA0010022 Rating Area 8			34	361.16	415.33	
86199PA0010022 Rating Area 8			35	363.54	418.07	
86199PA0010022 Rating Area 8			36	365.92	420.80	
86199PA0010022 Rating Area 8			37	368.30	423.54	
86199PA0010022 Rating Area 8			38	370.68	426.28	
86199PA0010022 Rating Area 8			39	375.44	431.75	
86199PA0010022 Rating Area 8			40	380.20	437.23	
86199PA0010022 Rating Area 8			41	387.34	445.44	
86199PA0010022 Rating Area 8			42	394.18	453.30	
86199PA0010022 Rating Area 8			43	403.70	464.25	
86199PA0010022 Rating Area 8			44	415.60	477.94	
86199PA0010022 Rating Area 8			45	429.58	494.02	
86199PA0010022 Rating Area 8			46	446.24	513.18	
86199PA0010022 Rating Area 8			47	464.98	534.73	
86199PA0010022 Rating Area 8			48	486.40	559.36	
86199PA0010022 Rating Area 8			49	507.52	583.65	
86199PA0010022 Rating Area 8			50	531.32	611.02	
86199PA0010022 Rating Area 8			51	554.82	638.05	
86199PA0010022 Rating Area 8			52	580.71	667.81	
86199PA0010022 Rating Area 8			53	606.89	697.92	
86199PA0010022 Rating Area 8			54	635.15	730.42	
86199PA0010022 Rating Area 8			55	663.41	762.92	
86199PA0010022 Rating Area 8			56	694.05	798.16	
86199PA0010022 Rating Area 8			57	724.99	833.74	
86199PA0010022 Rating Area 8			58	758.01	871.71	
86199PA0010022 Rating Area 8			59	774.37	890.53	
86199PA0010022 Rating Area 8			60	807.40	928.50	
86199PA0010022 Rating Area 8			61	835.95	961.35	
86199PA0010022 Rating Area 8			62	854.70	982.90	
86199PA0010022 Rating Area 8			63	878.20	1009.93	
86199PA0010022 Rating Area 8			64 and over	892.47	1026.34	
86199PA0010024	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	231.88	231.88	
86199PA0010024 Rating Area 8			15	252.49	252.49	
86199PA0010024 Rating Area 8			16	260.37	260.37	
86199PA0010024 Rating Area 8			17	268.25	268.25	
86199PA0010024 Rating Area 8			18	276.74	318.25	
86199PA0010024 Rating Area 8			19	285.23	328.01	
86199PA0010024 Rating Area 8			20	294.02	338.12	
86199PA0010024 Rating Area 8			21	303.12	348.59	
86199PA0010024 Rating Area 8			22	303.12	348.59	
86199PA0010024 Rating Area 8			23	303.12	348.59	
86199PA0010024 Rating Area 8			24	303.12	348.59	
86199PA0010024 Rating Area 8			25	304.33	349.97	
86199PA0010024 Rating Area 8			26	310.39	356.95	
86199PA0010024 Rating Area 8			27	317.66	365.31	
86199PA0010024 Rating Area 8			28	329.48	378.91	
86199PA0010024 Rating Area 8			29	339.18	390.06	
86199PA0010024 Rating Area 8			30	344.03	395.64	
86199PA0010024 Rating Area 8			31	351.31	404.00	
86199PA0010024 Rating Area 8			32	358.58	412.37	
86199PA0010024 Rating Area 8			33	363.13	417.60	

86199PA0010024	Rating Area 8	Tobacco User/Non-Tobacco User	34	367.98	423.18
	Rating Area 8	Tobacco User/Non-Tobacco User	35	370.40	425.96
	Rating Area 8	Tobacco User/Non-Tobacco User	36	372.83	428.75
	Rating Area 8	Tobacco User/Non-Tobacco User	37	375.25	431.54
	Rating Area 8	Tobacco User/Non-Tobacco User	38	377.68	434.33
	Rating Area 8	Tobacco User/Non-Tobacco User	39	382.53	439.91
	Rating Area 8	Tobacco User/Non-Tobacco User	40	387.38	445.48
	Rating Area 8	Tobacco User/Non-Tobacco User	41	394.65	453.85
	Rating Area 8	Tobacco User/Non-Tobacco User	42	401.62	461.87
	Rating Area 8	Tobacco User/Non-Tobacco User	43	411.32	473.02
	Rating Area 8	Tobacco User/Non-Tobacco User	44	423.45	486.97
	Rating Area 8	Tobacco User/Non-Tobacco User	45	437.69	503.35
	Rating Area 8	Tobacco User/Non-Tobacco User	46	454.67	522.87
	Rating Area 8	Tobacco User/Non-Tobacco User	47	473.77	544.83
	Rating Area 8	Tobacco User/Non-Tobacco User	48	495.59	569.93
	Rating Area 8	Tobacco User/Non-Tobacco User	49	517.11	594.68
	Rating Area 8	Tobacco User/Non-Tobacco User	50	541.36	622.56
	Rating Area 8	Tobacco User/Non-Tobacco User	51	565.31	650.10
	Rating Area 8	Tobacco User/Non-Tobacco User	52	591.68	680.43
	Rating Area 8	Tobacco User/Non-Tobacco User	53	618.35	711.10
	Rating Area 8	Tobacco User/Non-Tobacco User	54	647.15	744.22
	Rating Area 8	Tobacco User/Non-Tobacco User	55	675.94	777.33
	Rating Area 8	Tobacco User/Non-Tobacco User	56	707.16	813.24
	Rating Area 8	Tobacco User/Non-Tobacco User	57	738.69	849.49
	Rating Area 8	Tobacco User/Non-Tobacco User	58	772.33	888.18
	Rating Area 8	Tobacco User/Non-Tobacco User	59	789.00	907.35
	Rating Area 8	Tobacco User/Non-Tobacco User	60	822.65	946.05
	Rating Area 8	Tobacco User/Non-Tobacco User	61	851.75	979.51
	Rating Area 8	Tobacco User/Non-Tobacco User	62	870.84	1001.47
	Rating Area 8	Tobacco User/Non-Tobacco User	63	894.79	1029.01
	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	909.33	1045.73
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	223.31	223.31
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	15	243.16	243.16
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	16	250.75	250.75
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	17	258.34	258.34
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	18	266.51	306.49
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	19	274.69	315.89
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	20	283.15	325.63
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	21	291.92	335.71
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	22	291.92	335.71
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	23	291.92	335.71
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	24	291.92	335.71
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	25	293.08	337.04
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	26	298.92	343.75
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	27	305.92	351.81
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	28	317.31	364.90
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	29	326.65	375.64
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	30	331.32	381.02
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	31	338.32	389.07
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	32	345.33	397.13
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	33	349.71	402.16
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	34	354.38	407.54
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	35	356.71	410.22
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	36	359.05	412.91
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	37	361.38	415.59
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	38	363.72	418.28
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	39	368.39	423.65
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	40	373.06	429.02
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	41	380.07	437.08
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	42	386.78	444.80
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	43	396.12	455.54
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	44	407.80	468.97
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	45	421.52	484.75
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	46	437.86	503.54
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	47	456.25	524.69
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	48	477.27	548.86
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	49	498.00	572.70
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	50	521.35	599.55
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	51	544.41	626.07
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	52	569.81	655.28
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	53	595.50	684.82
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	54	623.23	716.71
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	55	650.96	748.60
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	56	681.03	783.18
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	57	711.38	818.09
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	58	743.79	855.35
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	59	759.84	873.82
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	60	792.24	911.08
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	61	820.27	943.31
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	62	838.66	964.46
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	63	861.72	990.98
86199PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	875.72	1007.08
86199PA0020025	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	323.43	323.43
86199PA0020025	Rating Area 8	Tobacco User/Non-Tobacco User	15	352.18	352.18

86199PA0020025 Rating Area 8	Tobacco User/Non-Tobacco User	16	363.18	363.18
		17	374.17	374.17
		18	386.01	443.91
		19	397.85	457.52
		20	410.11	471.62
		21	422.80	486.22
		22	422.80	486.22
		23	422.80	486.22
		24	422.80	486.22
		25	424.48	488.15
		26	432.94	497.88
		27	443.08	509.55
		28	459.57	528.51
		29	473.10	544.07
		30	479.87	551.85
		31	490.01	563.52
		32	500.16	575.19
		33	506.50	582.48
		34	513.27	590.26
		35	516.65	594.15
		36	520.03	598.04
		37	523.41	601.93
		38	526.80	605.82
		39	533.56	613.60
		40	540.33	621.38
		41	550.47	633.04
		42	560.20	644.23
		43	573.73	659.79
		44	590.64	679.23
		45	610.51	702.09
		46	634.19	729.31
		47	660.82	759.94
		48	691.26	794.95
		49	721.28	829.47
		50	755.10	868.37
		51	788.50	906.78
		52	825.29	949.08
		53	862.49	991.87
		54	902.66	1038.06
		55	942.82	1084.25
		56	986.37	1134.33
		57	1030.34	1184.89
		58	1077.27	1238.86
		59	1100.52	1265.60
		60	1147.45	1319.57
		61	1188.04	1366.25
		62	1214.68	1396.88
		63	1248.08	1435.29
		64 and over	1268.36	1458.62
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	296.13	296.13
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	15	322.45	322.45
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	16	332.52	332.52
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	17	342.58	342.58
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	18	353.42	406.44
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	19	364.26	418.90
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	20	375.49	431.81
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	21	387.11	445.18
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	22	387.11	445.18
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	23	387.11	445.18
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	24	387.11	445.18
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	25	388.65	446.95
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	26	396.39	455.85
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	27	405.68	466.53
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	28	420.78	483.89
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	29	433.16	498.14
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	30	439.36	505.26
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	31	448.65	515.95
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	32	457.94	526.63
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	33	463.75	533.31
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	34	469.94	540.43
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	35	473.04	543.99
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	36	476.13	547.55
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	37	479.23	551.11
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	38	482.33	554.68
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	39	488.52	561.80
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	40	494.71	568.92
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	41	504.00	579.60
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	42	512.91	589.84
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	43	525.29	604.09
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	44	540.78	621.90
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	45	558.97	642.82
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	46	580.65	667.75
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	47	605.04	695.79
86199PA0020005 Rating Area 8	Tobacco User/Non-Tobacco User	48	632.91	727.84

86199PA0020005	Rating Area 8	Tobacco User/Non-Tobacco User	49	660.39	759.45
			50	691.36	795.06
			51	721.94	830.23
			52	755.62	868.96
			53	789.68	908.14
			54	826.46	950.43
			55	863.23	992.72
			56	903.10	1038.57
			57	943.36	1084.87
			58	986.33	1134.28
			59	1007.62	1158.76
			60	1050.59	1208.18
			61	1087.75	1250.91
			62	1112.14	1278.96
			63	1142.72	1314.13
			64 and over	1161.29	1335.49
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	292.55	292.55
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	15	318.55	318.55
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	16	328.50	328.50
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	17	338.44	338.44
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	18	349.15	401.52
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	19	359.85	413.83
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	20	370.94	426.59
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	21	382.43	439.79
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	22	382.43	439.79
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	23	382.43	439.79
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	24	382.43	439.79
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	25	383.95	441.54
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	26	391.59	450.33
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	27	400.77	460.89
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	28	415.69	478.04
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	29	427.92	492.11
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	30	434.04	499.15
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	31	443.22	509.70
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	32	452.40	520.26
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	33	458.13	526.85
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	34	464.25	533.89
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	35	467.31	537.41
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	36	470.37	540.93
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	37	473.43	544.45
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	38	476.49	547.96
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	39	482.61	555.00
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	40	488.73	562.04
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	41	497.91	572.59
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	42	506.70	582.71
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	43	518.94	596.78
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	44	534.24	614.37
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	45	552.21	635.04
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	46	573.62	659.67
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	47	597.72	687.37
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	48	625.25	719.04
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	49	652.40	750.26
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	50	683.00	785.44
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	51	713.21	820.19
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	52	746.48	858.45
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	53	780.13	897.15
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	54	816.46	938.93
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	55	852.79	980.71
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	56	892.18	1026.00
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	57	931.95	1071.74
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	58	974.40	1120.56
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	59	995.43	1144.74
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	60	1037.88	1193.56
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	61	1074.59	1235.78
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	62	1098.68	1263.48
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	63	1128.89	1298.23
86199PA0020004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1147.24	1319.33
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	288.67	288.67
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	15	314.33	314.33
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	16	324.14	324.14
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	17	333.95	333.95
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	18	344.52	396.19
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	19	355.08	408.34
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	20	366.02	420.93
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	21	377.36	433.96
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	22	377.36	433.96
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	23	377.36	433.96
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	24	377.36	433.96
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	25	378.85	435.68
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	26	386.40	444.36
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	27	395.46	454.78
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	28	410.17	471.70
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	29	422.25	485.59
86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	30	428.29	492.53

86199PA0020012	Rating Area 8	Tobacco User/Non-Tobacco User	31	437.34	502.94
			32	446.40	513.36
			33	452.06	519.87
			34	458.10	526.81
			35	461.12	530.28
			36	464.13	533.75
			37	467.15	537.23
			38	470.17	540.70
			39	476.21	547.64
			40	482.25	554.58
			41	491.30	565.00
			42	499.98	574.98
			43	512.06	588.87
			44	527.15	606.22
			45	544.89	626.62
			46	566.02	650.92
			47	589.79	678.26
			48	616.96	709.50
			49	643.75	740.31
			50	673.94	775.03
			51	703.75	809.31
			52	736.58	847.06
			53	769.78	885.25
			54	805.63	926.48
			55	841.48	967.70
			56	880.35	1012.40
			57	919.59	1057.53
			58	961.48	1105.70
			59	982.23	1129.56
			60	1024.11	1177.73
			61	1060.34	1219.39
			62	1084.11	1246.73
			63	1113.92	1281.01
			64 and over	1132.03	1301.83
86199PA0020014	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	316.83	316.83
86199PA0020014	Rating Area 8	Tobacco User/Non-Tobacco User	15	344.99	344.99
			16	355.76	355.76
			17	366.53	366.53
			18	378.13	434.85
			19	389.72	448.18
			20	401.73	461.99
			21	414.17	476.29
			22	414.17	476.29
			23	414.17	476.29
			24	414.17	476.29
			25	415.81	478.19
			26	424.10	487.71
			27	434.04	499.14
			28	450.19	517.72
			29	463.44	532.96
			30	470.07	540.58
			31	480.01	552.01
			32	489.95	563.44
			33	496.16	570.59
			34	502.79	578.21
			35	506.10	582.02
			36	509.41	585.83
			37	512.73	589.64
			38	516.04	593.45
			39	522.67	601.07
			40	529.29	608.69
			41	539.23	620.12
			42	548.76	631.07
			43	562.01	646.31
			44	578.58	665.37
			45	598.04	687.75
			46	621.24	714.42
			47	647.33	744.43
			48	677.15	778.72
			49	706.55	812.54
			50	739.69	850.64
			51	772.41	888.27
			52	808.44	929.70
			53	844.88	971.62
			54	884.23	1016.86
			55	923.57	1062.11
			56	966.23	1111.17
			57	1009.30	1160.70
			58	1055.28	1213.57
			59	1078.05	1239.76
			60	1124.03	1292.63
			61	1163.78	1338.35
			62	1189.88	1368.36
			63	1222.60	1405.98

86199PA0020014 Rating Area 8		Tobacco User/Non-Tobacco User	64 and over	1242.46	1428.84
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	316.15	316.15
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	15	344.25	344.25
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	16	355.00	355.00
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	17	365.74	365.74
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	18	377.31	433.91
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	19	388.89	447.22
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	20	400.87	461.00
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	21	413.28	475.27
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	22	413.28	475.27
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	23	413.28	475.27
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	24	413.28	475.27
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	25	414.92	477.16
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	26	423.19	486.66
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	27	433.10	498.07
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	28	449.22	516.61
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	29	462.45	531.81
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	30	469.06	539.42
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	31	478.98	550.82
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	32	488.90	562.23
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	33	495.10	569.36
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	34	501.71	576.96
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	35	505.01	580.77
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	36	508.32	584.57
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	37	511.63	588.37
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	38	514.93	592.17
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	39	521.54	599.78
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	40	528.16	607.38
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	41	538.07	618.79
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	42	547.58	629.72
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	43	560.80	644.93
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	44	577.34	663.94
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	45	596.76	686.27
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	46	619.90	712.89
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	47	645.94	742.83
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	48	675.69	777.05
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	49	705.04	810.79
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	50	738.10	848.81
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	51	770.74	886.36
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	52	806.70	927.70
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	53	843.07	969.53
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	54	882.33	1014.68
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	55	921.59	1059.83
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	56	964.15	1108.78
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	57	1007.13	1158.20
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	58	1053.01	1210.96
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	59	1075.74	1237.10
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	60	1121.61	1289.85
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	61	1161.28	1335.48
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	62	1187.32	1365.42
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	63	1219.97	1402.96
86199PA0020015	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1239.79	1425.76
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	222.81	222.81
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	15	242.61	242.61
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	16	250.19	250.19
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	17	257.76	257.76
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	18	265.91	305.80
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	19	274.07	315.18
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	20	282.52	324.89
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	21	291.26	334.95
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	22	291.26	334.95
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	23	291.26	334.95
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	24	291.26	334.95
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	25	292.42	336.28
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	26	298.24	342.98
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	27	305.23	351.02
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	28	316.59	364.08
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	29	325.91	374.80
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	30	330.57	380.16
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	31	337.56	388.20
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	32	344.55	396.24
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	33	348.92	401.26
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	34	353.58	406.62
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	35	355.91	409.30
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	36	358.24	411.98
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	37	360.57	414.66
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	38	362.90	417.34
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	39	367.56	422.70
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	40	372.22	428.06
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	41	379.21	436.09
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	42	385.91	443.80
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	43	395.23	454.52
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	44	406.88	467.91
86199PA0020002	Rating Area 8	Tobacco User/Non-Tobacco User	45	420.57	483.66

86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	46	436.88	502.41
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	47	455.23	523.51
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	48	476.20	547.63
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	49	496.88	571.41
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	50	520.18	598.21
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	51	543.19	624.67
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	52	568.53	653.81
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	53	594.16	683.28
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	54	621.83	715.10
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	55	649.50	746.92
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	56	679.50	781.42
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	57	709.79	816.25
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	58	742.12	853.43
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	59	758.13	871.85
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	60	790.46	909.03
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	61	818.42	941.19
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	62	836.77	962.29
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	63	859.78	988.75
86199PA0020002 Rating Area 8		Tobacco User/Non-Tobacco User	64 and over	873.75	1004.82
86199PA0020006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	233.80	233.80
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	15	254.58	254.58
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	16	262.52	262.52
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	17	270.47	270.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	18	279.03	320.88
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	19	287.58	330.72
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	20	296.45	340.91
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	21	305.63	351.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	22	305.63	351.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	23	305.63	351.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	24	305.63	351.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	25	306.84	352.86
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	26	312.95	359.89
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	27	320.28	368.33
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	28	332.20	382.03
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	29	341.98	393.28
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	30	346.87	398.90
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	31	354.21	407.34
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	32	361.54	415.77
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	33	366.13	421.05
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	34	371.02	426.67
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	35	373.46	429.48
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	36	375.91	432.29
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	37	378.35	435.10
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	38	380.80	437.92
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	39	385.69	443.54
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	40	390.58	449.16
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	41	397.91	457.60
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	42	404.94	465.68
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	43	414.72	476.93
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	44	426.94	490.99
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	45	441.31	507.51
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	46	458.42	527.19
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	47	477.68	549.33
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	48	499.68	574.63
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	49	521.38	599.59
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	50	545.83	627.70
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	51	569.97	655.47
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	52	596.56	686.05
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	53	623.46	716.97
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	54	652.49	750.36
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	55	681.52	783.75
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	56	713.00	819.95
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	57	744.78	856.50
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	58	778.71	895.51
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	59	795.52	914.84
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	60	829.44	953.86
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	61	858.78	987.60
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	62	878.03	1009.74
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	63	902.18	1037.50
86199PA0020006 Rating Area 8		Tobacco User/Non-Tobacco User	64 and over	916.84	1054.36

June 24, 2019

Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Response to Objections Received 6/18/2019 – Changes Made to Filing Items

Ms. Gray,

As a part of the response to the objections letter from the Pennsylvania Insurance Department, sent on 6/18/2019, below is a list of the changes made to the filing items and the reasons why the changes were made.

- 1) 2020_PHW_Actuarial_Memo_20190624
 - a. Updated the language in the paragraph labeled “Calibration adjustments are applied uniformly to all plans” in Section 13. (Objection #17)
 - b. File name references and signing date updated, to be consistent with the names of the new files being provided.
- 2) 2020_PHW_Actuarial_Memo_20190624_Redacted
 - a. Updated the language in the paragraph labeled “Calibration adjustments are applied uniformly to all plans” in Section 13. (Objection #17)
 - b. File name references and signing date updated, to be consistent with the names of the new files being provided.
- 3) 2020_PHW_State_Actuarial_Memo_20190624
 - a. Updated induced utilization factors in Table B. (Objections #11, #24)
 - b. Updated signing date for the new submission.
- 4) 2020_Indiv_PHW_PAAMExhibits_20190624
 - a. Table 6
 - i. Added row for RA User fee. This amount was previously included with the HIF. (Objection #26)
 - b. Table 7
 - i. Updated Benefit Richness Factor to be consistent with Table 10. (Objection #11)
 - c. Table 10
 - i. Updated Benefit Richness Factors to aggregate to 1.00 and updated Pricing AV Values. (Objection #11)
- 5) 2020_PHW_Rate_Change_Request_Summary_20190624
 - a. Updated to reflect the average rate change and range of rate changes shown in Table 10 of the PAAM. (Objection #18)
- 6) 2020_PHW_State_Appendices_20190624
 - a. Appendix 1.3
 - i. Removed Base Rate, Product Adjustment, and Plan Factors. (Objection #17)
 - b. Appendix 1.4
 - i. Replaced the Base Rate and Plan Factor with the Calibrated Plan Adjusted Index Rate. (Objection #17)
 - c. Appendix 8.1
 - i. Expanded and re-ordered to be consistent with Appendix 20.1. (Objection #3)
 - d. Appendix 13.1
 - i. Removed the Plan Rate Factor and Base Rate. (Objection #17)
 - e. Appendix 20.1
 - i. Expanded to provide support for Appendix 8.1. (Objection #3)
 - ii. Uniformly applied Individual Mandate morbidity adjustment across service categories (Objection #5)
 - f. Appendix 20.3

- i. Normalized induced utilization factors to aggregate to 1.000 on PAAM Table 10. (Objections #11, #24)
 - g. Appendix 20.4
 - i. Added current membership, and reflected the induced calibration factor. (Objections #11, #24)
 - ii. Removed Aggregate Plan Factor. (Objection #17)
- 7) 2020_PHW_State_Required_Cover_Letter_20190624
 - a. Updated to reflect the average rate change and range of rate changes shown in Table 10 of the PAAM. (Objection #18)
- 8) Rate/Rule tab in SERFF
 - a. Updated to reflect the average rate change and range of rate changes shown in Table 10 of the PAAM. (Objection #18)

1. Please provide quantitative support for benefit differentials between plans showing the effect of changing benefits from 2019.

Please refer to the [Obj Exh 1] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb for quantitative support showing the effect of changing benefits from 2019 to 2020. The exhibit includes only renewing plans.

2. Please explain how manual rate trends were selected considering they are significantly higher than were included in the prior filing.

The difference in manual rate trends from the 2019 filing to the 2020 filing is driven by the change in reimbursement basis for the starting manual base data. For the 2019 filing, base data was expressed on an estimated commercial market average reimbursement. For the 2020 filing, base data was expressed using a benchmark reimbursement level based on the Milliman Health Cost Guidelines. Note the much lower experience period manual allowed claims PMPM found in PAAM Table 2b for 2020 compared to 2019. The starting assumption has no effect on the final rates, but affects the display of the trends in Table 3b.

3. Please explain the differences between the adjustments applied in Appendix 8.1 and Appendix 20.1. Include the development of factors in Appendix 8.1 from values in Appendix 20.1, as appropriate. Also, provide information on the time period of the Base Data in Appendix 1, whether that reflects nationwide or area adjusted values from the Milliman HCGs, whether the Base Data reflects billed charge levels or discounted allowed, how much of the demographic shift is due to age differences in the underlying population of the base data versus the projected (or if age reflects all of the demographic adjustment), what degree of healthcare management level was assumed, and any other pertinent information that would be helpful in understanding Appendices 8.1 and 20.1 and the development of the manual projected index rate. Please provide quantitative support for each of the factors.

The difference between the factors on Appendix 8.1 and 20.1 is that Appendix 8.1 includes a partial roll-up of some of the factors in Appendix 20.1. Objection Exhibit 3.1 and 3.2 have been provided as quantitative support for each factor in Appendix 8.1 and 20.1. Objection Exhibit 3.1 includes active formulas in the "Impact" column to demonstrate the corresponding column in Objection Exhibit 3.2.

The base data, reflected as \$365.14 PMPM in Appendix 8.1 and PAAM Table 2b, has the following characteristics:

- Incurred dates for calendar year 2018;
- Discounted allowed basis (provider reimbursement level), including nationwide average pharmacy discounts off of AWP;
- Nationwide commercial employer group population characteristics from the Health Cost Guidelines;
- Loosely managed utilization level.

The demographic adjustment made in Appendix 8.1 includes the impact of age and gender. PHW assumes its population is consistent with a moderately managed network.

4. Please provide support for the induced utilization in Table 3b.

Please refer to the [Obj Exh 4] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb for detail on each of the components that contributes to the induced utilization values provided in the template. See the objection #12 response for a description of the calculation (using the Milliman Health Cost Guidelines).

5. We see the PA required 6% morbidity adjustment for the individual mandate was applied in Appendix 20.1, however, it was not applied at the same level for all service categories. Why does the prescription drug category receive the largest impact of the adjustment?

We have revised our Appendix 20.1 to show uniform application of the 6% morbidity across all non-capitated service categories.

6. Was any private reinsurance included?

The rates include commercial stop loss premium, as shown in Appendix 12.2. PHW's book of business is too small to credibly project reinsurance recoveries, and none are reflected in the projected claims.

7. Please explain the grace period adjustment and why it is necessary.

Per the ACA, issuers are required to pay claims incurred during the first month of the grace period for members receiving APTCs who are subsequently terminated for non-payment of premium. The grace period adjustment accounts for the uncollectable premium from these members whose claims PHW will still be liable for.

8. Please explain why the information for the PA single risk pool for 2017 was used instead of the information provided by the PA Department in the RATEE file for the 2018 plan year.

2017 PA single risk pool data was used in order to meet key dates in our rate development timeline due to working with an external consultant in our rate development process. The RATEE data was provided by PID on 5/8/2019, less than two weeks before the filing deadline of 5/21/2019.

9. Considering a morbidity adjustment was made by analyzing the risk adjustment for the PA population compared to the data underlying the manual rate, please explain why you expect a different relative morbidity in 2020.

Relative morbidity for the PHW population relative to the overall PA Individual market was updated from [REDACTED]. As part of our annual rate development, we review the emerging relative morbidity data from recent Ambetter first- and second-year states to confirm the assumptions being used are consistent with recent experience. Based on this review,

[REDACTED]

10. Please provide quantitative support for the AV and cost sharing factors in Appendix 20.3 and please explain why the AV and cost sharing factors for some of the silver plans (i.e., plans 14 and 15) are comparable to the gold amounts.

Please refer to the [Obj Exh 10, 12] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb for quantitative support of plan relativities for all plans,

particularly the specified silver plans (i.e., plans 14 and 15). The relativities are informed by the data supporting manual rating, including AV Calibration, which adjusts for historical national experience.

Please note that the two plans in question (Balanced Care 14 and 15) are richer silver designs which further get pushed up closer to the Gold level due to a uniform 20% load on silver plans to account for the non-funding of CSRs (note in the exhibit this is shown as a 17% decrease in Gold/Bronze rates in order to preserve the 1.000 basis of the Balanced Care 5 design). The Gold plans in Pennsylvania do not receive any load.

11. The benefit richness included in Table 10 must be normalized to an average of 1.0000. Please resubmit to correct.

We have submitted an updated version of PAAM Table 10 where the aggregate benefit richness has been normalized to a weighted average of 1.0000.

12. The gold/bronze induced demand relativities are around 18%, which is significantly higher than the 8% ratio included in the HHS risk adjustment model. Please provide significant narrative and quantitative support for these induced demand factors, and why they vary within metal level.

Please refer to the [Obj Exh 10, 12] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb for quantitative support of the induced utilization.

The induced utilization factors by plan are developed using the Milliman Managed Care Rating Model (MCRM). The MCRM is an automated version of the Health Cost Guidelines (HCGs) and Rating Structures and reflects significant research including the combined experience, data, and actuarial judgment of many sources. The Health Cost Guidelines show more sensitivity in induced utilization (gold vs bronze) than the HHS Induced Utilization factors. We believe the HCGs to be more appropriate for our modeling purposes because they vary by plan design structure, and not by metal level. This captures the cost sharing structure better, and generates more reasonable results. For example, changes in copays on some less elective services such as IP visits can have a significant impact on the AV of the design but not on the induced utilization. On the other hand, changes in copays for Office Visits (generally very elective) can have a significant impact on the induced utilization. The HCGs are able to capture this, whereas the HHS factors are an approximation over all plans within a metal tier. HHS has further stated that they are going to revisit these induced utilization factors.

As shown on the [Obj Exh 10, 12] tab there are two components to our modeled induced utilization: global adjustments to services subject to the deductible and service line adjustments to services subject only to copays and/or coinsurance. The global induced utilization adjustment for services subject to the deductible reflects demand for additional or fewer services due to the global characteristics of the plan design such as overall coinsurance, deductible, and MOOP. The service line induced utilization reflections additional or fewer services due to the copay associated with the service, such as a copay on a PCP office visit.

13. Please provide quantitative support for the 4.7% for the non-EHB adult vision and dental.

Please refer to the [Obj Exh 13] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb.

14. Document your calculation of the 0.27% state income tax factor (and the PMPM amount) with all the factors and assumptions used such as income tax rate.

The 0.27% state income tax factor was calculated as follows, assuming 2.56% pre-tax profit and a tax rate of 10.59% of pre-tax profit:

$$(0.1059)(2.56\%) = 0.27\%$$

The PMPM amount of \$1.60 was calculated by applying this percentage to average premium of \$590.41:

$$(0.0027)(\$590.41) = \$1.60$$

15. Please provide quantitative support for the 2.42% (\$14.27 PMPM amount) health insurer fee. Please include all assumptions and data used such as market share. PHW's support Appendix 12.2 shows the PMPM to be \$14.09.

Regarding the difference in PMPM values between PAAM Table 6 (\$14.27) and Appendix 12.2 (\$14.09), the PAAM Table 6 amount also included the risk adjustment user fee of \$0.18 PMPM. Per item #26 in this objection letter, the risk adjustment user fee has been moved to its own new row in PAAM Table 6. With this update, both PAAM Table 6 and Appendix 12.2 reflect the same PMPM value for the HIF, \$14.09.

We used an assumption of 2.63% of total revenue for the HIF in rate development in all Ambetter states. The 2.42% in PAAM Table 6 (now 2.39% due to the relocation of the RA user fee) is because that is expressed as a percentage of premium, while the 2.63% is a percentage of total revenue (i.e., premium minus RA payable).

Please refer to the [Obj Exh 15] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlxb for quantitative support of the 2.63% used nationally. The tax rates shown in the table are averages of Ambetter states.

16. Please provide the source of information contained in Table 8 and 9, components of rate change. Please explain why row H is not equivalent to row A.

All yellow-shaded 2019 values in Tables 8 and 9 are populated from PHW's prior approved 2019 PA Actuarial Memorandum Rate Exhibits. There was no change in miscellaneous items for 2020. The 2020 capitation amount in Table 9 was determined as the PMPM for capitated services and ties to Appendix 20.1. All other values in Table 8 and Table 9 are hard-coded formulas.

Please note that Table 8 Line H differs from Table 8 Line A as a result of differences in the 2019 values. The 2019 Pricing AV in Table 9 is used in the calculation of several Line E items. In the columns for 2019, consistent with what was shown in last year's approved template, the Pricing AV was calculated as a straight average for 2019 plan-specific factors. This methodology was used because there was no membership available due to 2019 being a new filing. This differs from the methodology used to calculate the Plan Adjusted Index Rate in Line A, which is aggregated based on the current membership distribution by plan.

17. In Appendix 20.4 and on Page 23 of the Part III Actuarial Memorandum, there is an additional step taken that is not allowed in the rating rules, dividing the Calibrated PAIR by the average plan factor. This is not one of the allowable factors. Please correct this.

We have revised our Appendix 20.4 and the Part III Actuarial Memorandum to remove the step of dividing by the average plan factor. Note that the subsequent base rate was multiplied by the plan factor to develop final rates. This was done for illustrative purposes and did not affect the development of the consumer adjusted rates. Appendix 1.3, Appendix 1.4, and Appendix 13.1 have also been revised to remove this additional step for consistency.

18. The Rate Change and the Range of rate change – Table 10 of PAAM shows the average rate change as -1.4% and the range is -5.03% to 0.39%. These do not match the Cover letter, Rate Change Summary and the Rate/Rule TAB in SERFF. Please correct these.

We have updated the Cover Letter, Rate Change Summary, and Rate/Rule Tab in SERFF to reflect the average rate change (-1.36%) and range (-5.09% to 0.40%) shown in Table 10 of the PAAM.

19. URRT versus PAAM Exhibit Tables – Please explain and correct the discrepancy in the Projected Index between URRT, WKST 2, Section II (\$538.90) and URRT, WKST 1 & Table 5 of PAAM (\$537.19).

The \$538.90 in URRT Worksheet 2 Section IV (we are assuming the reference to Section II in the question was a typo) represents all projected allowed claims PMPM, including EHB and non-EHB claims. The \$537.19 in URRT Worksheet 1 and PAAM Table 5 includes only projected EHB Allowed Claims. Since the two values represent different claims per the definitions in the URRT instructions and PA filing guidance, no correction is needed.

20. Paid-to-Allowed Ratio - Please explain why you believe that the method you have used in the calculation of the Paid-to-Allowed Ratio is more reasonable than the PID recommended calculation as per the formula in cell C28 of Table 5 of PAAM. The formula is auto-calculated from entries made for Plan Pricing AVs, Non-Funding CSR adjustment and Total Covered Mapped Lives as of 2/1/2019. The issuer may over-write the formula and use projected enrollment, if appropriate.

The original formula for the Paid-to-Allowed Ratio in Cell 28 of Table 5 links to Cell K15 of Table 10. This Pricing AV value is weighted by current membership. We have overwritten the formula to enter the aggregate Paid-to-Allowed ratio used in our pricing, which is weighted on projected enrollment. We believe this is a more reasonable approach because the paid to allowed ratio reflects projections for all plans, not just renewing plans.

21. Federal Tax Factor – Please provide the calculation of the Federal Tax factor of 0.54% in Table 6 of PAAM. Please note that the tax rate is now 21% and applied to 1.75% Profit results in a factor of 0.36%

1.75% represents the after-tax profit. The federal income tax factor of 0.54% is calculated by applying the 21% tax rate to pre-tax profit of 2.56%, as follows:

$$(0.21)(2.56\%) = 0.54\%$$

22. Please provide an exhibit that shows, by HIOS Plan ID, summary benefit and cost sharing changes for 2020 relative to the 2019 design for all plans to be offered in 2020. Include Pricing AV columns for

2019 and 2020. Please show the approved 2019 Pricing AVs for all plans in the 2019 column and the proposed 2020 Pricing AVs in the 2020 column.

Please refer to the [Obj Exh 22] tab in the supporting excel workbook, Objection Exhibits PA_Obj 2_86199_Rate_061819_Due_062519.xlsb The Pricing AVs in the table are from PAAM Table 10 column K. Cost sharing changes are highlighted in yellow – the 2020 value appears first, and the 2019 value appear second, in parentheses.

23. Risk Adjustment Data Validation process (RADV) -

- a) Please describe any adjustments or considerations made due to the Risk Adjustment Data Validation process (RADV).

As a new issuer in 2019, PHW did not participate in the RADV process for 2017 data, and no adjustments were made in our rate development.

- b) As you know CMS is performing a risk adjustment validation starting with 2017 risk adjustment data. We are considering allowing an estimate of the impact of risk adjustment modifications in rate filings as an adjustment to the projected risk adjustment. Before implementation, we are soliciting feedback from our issuers on the pros and cons of the inclusion of this adjustment. If allowed, all issuers would be required to submit an estimate. The estimate may be \$0. Please provide any feedback that you would like us to consider.

As a new issuer in 2019 in Pennsylvania with no experience or RADV results, we do not have any feedback on including an adjustment in 2020 pricing for this market.

24. Induced Utilization Exhibit – Please provide Exhibit B: Induced Utilization Exhibit as per PA Rate Filing Guidance, Page 15.

Exhibit B is provided in the PA State Actuarial Memorandum, and again as Appendix 20.3. Please note that both the PA State Actuarial Memorandum and Appendices have been resubmitted to capture the adjustments needed to normalize induced utilization to 1.000, per Objection #11.

- a) Please confirm that the ratio in Column (9) represents the pure induced utilization for each plan.

We confirm that the ratio in Column (9) represents the pure induced utilization for each plan.

- b) Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the AV and cost sharing factors for each plan. Please note that it is assumed that the AV and cost sharing factor includes the average tobacco factor.

The derivation of the AV and cost sharing factors for each plan is shown in the updated version of Appendix 20.4.

- c) Please provide any additional justification for induced utilization assumptions in the Company's pricing.

The induced utilization build-up may be found across several appendices.

Induced utilization is calculated as the Normalized AV and Cost Sharing factor (developed in Appendix 20.4), divided by the product of the Paid-to-Allowed factor (developed in Appendix 20.3) and the inverse of the average tobacco factor (developed in Appendix 13.4).

- d) Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sum product (against 2/1/2019 membership or the projected membership distribution) produces a factor of 1.

We confirm that each plan's induced utilization factor was normalized by an aggregate factor, resulting in an aggregate induced utilization factor of 1.000.

- e) Please quantitatively demonstrate the calculation of the induced calibration factor.

The calculation of the normalization factor used to produce an aggregate induced utilization value of 1.000 is shown in Appendix 20.4.

- f) Please quantitatively show and provide a detailed description as to how the induced demand factor shown in Table 7 relates to the induced utilization factors calculated in the "Induced Utilization Exhibit" shown in the Actuarial Memorandum.

The 1.000 Benefit Richness factor on Table 7 is equal to the aggregate Benefit Richness factor calculated in Table 10. The plan level Benefit Richness values tie exactly to the values shown in Exhibit B in the State Actuarial Memorandum and also Appendix 20.3.

25. Please show the development of the average commission as shown in Table 6. Additionally, the current and 2020 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated PMPM cost.

Average commission is \$2.51 PMPM. [REDACTED]

The \$3.26 PMPM shown in PAAM Table 6 and Appendix 12.2 also includes \$0.75 PMPM sales/call center overhead.

A sample producer agreement was included in the HHS Actuarial Memo as Appendix 20.2. This agreement has not changed from 2019 to 2020.

26. We have repurposed row 54 to capture RA User Fees. Please provide the RA User Fee percentage and PMPM amount in cells C54 and D54, respectively.

A new version of PAAM Table 6 has been submitted reflecting this update.

27. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, Federal Rates Template and the binder are identical.

Yes, we reviewed the rates to ensure consistency across these files prior to submitting our filing.

28. For the expanded Bronze plans, please demonstrate that the copay is less than or equal to 50% coinsurance for that category.

PHW did not originally set the generic Rx copay with the intention that it would be less than or equal to 50% coinsurance for that category. Based on supporting documentation provided by PID, our current understanding is that CMS suggests a 50% cost-sharing threshold would be reasonable to constitute coverage of a major service before the deductible for the purposes of meeting Expanded Bronze requirements.

The Essential Care 1 plan design does not satisfy the Expanded Bronze requirements including the 50% threshold. However, the metal AV of this plan design is 60.32%, which is within the de minimis range for regular Bronze plans. Therefore, we have updated the Essential Care 1 and Essential Care 1 + Vision + Adult Dental plans to indicate a metal tier of Bronze instead of Expanded Bronze in our AV screenshots. The binder and form filings will also be updated to reflect this change.

The Essential Care 2 HSA and Essential Care 4 HSA plan designs both satisfy the requirements to be considered Expanded Bronze plans because both are qualified high deductible health plans. The Essential Care 10 plan design also satisfies the Expanded Bronze requirements due to the PCP visit cost-sharing. We have not made any updates for these plans.

Objection Exhibit 1
Pennsylvania Health & Wellness, Inc.
Paid PMPM Impact from Plan Design Changes

Line Item	Estimated Paid PMPM		Paid Impact from Change in Benefits
	2020 Plan Designs	2019 Plan Designs	%
Balanced Care 5 (2020) - Standard Silver On Exchange Plan	375.01	374.73	0.1%
Balanced Care 5 (2020) - 73% AV Level Silver Plan	387.42	390.48	-0.8%
Balanced Care 5 (2020) - 87% AV Level Silver Plan	509.48	509.48	0.0%
Balanced Care 5 (2020) - 94% AV Level Silver Plan	570.65	570.65	0.0%
Balanced Care 11 (2020) - Standard Silver On Exchange Plan	375.00	376.27	-0.3%
Balanced Care 11 (2020) - 73% AV Level Silver Plan	389.63	393.27	-0.9%
Balanced Care 11 (2020) - 87% AV Level Silver Plan	483.67	493.56	-2.0%
Balanced Care 11 (2020) - 94% AV Level Silver Plan	566.44	567.47	-0.2%
Essential Care 1 (2020) - Standard Bronze On Exchange Plan	332.28	337.16	-1.5%

Objection Exhibit 3.1
Pennsylvania Health & Wellness, Inc.
Manual Rate Buildup

Line Item	Claims PMPM		
	Total	Impact	Notes
Base Data	\$365.14		
* Cost trend and provider reimbursement	388.14	1.063	
* Rating region - Cost	429.33	1.106	Previously combined into one Rating region line
* Rating region - Util	483.02	1.125	Previously combined into one Rating region line
* Utilization trend	505.43	1.046	
* Calibration based on relevant QHP experience	468.88	0.928	
* Prior Auth. / DUR / Disease Management	461.87	0.985	Previously included with expected utilization management savings
* Induced Utilization	437.70	0.948	Previously included with benefit plan designs
* Expected morbidity	483.14	1.104	
* Expected demographics	583.37	1.207	
* Expected utilization management savings	543.17	0.931	
* Benefit plan designs	535.04	0.985	
* Grace Period	537.19	1.004	
Manual EHB Allowed Claims PMPM	\$537.19		

Objection EXHIB 3.2 Pennsylvania Health & Wellness, Inc. Development of Single Risk Pool Projection Factors																																			
Cost Trend Adj				Util Trend Adj				Induced Util Trend				Morbidity Adjustments				Demo Adjustments				Network Adjustments				Benefits Adjustments				Other Adjustments							
Starting Manual Data	Cost Adj (App 8.1)	Rating Region Cost (App 8.1)	Total Cost Adj (App 28.1)	Rating Region Util (App 8.1)	Utilization Trend Adj (App 8.1)	Calibration Adj (App 8.1)	Prior Auth. / DUR / Disease Management Adj (App 8.1)	Total Util Adj (App 28.1)	Induced Util Adjustments (App 8.1)	After Initial Adj	Impact of Trend Adjustment	Claims Margin	Change in Morbidity - Cost	Change in Morbidity - Util	Change in Morbidity - Indiv Mandate	After Morbidity	Change in Demographics - Cost	Change in Demographics - Util	After Demographics	Impact or Demographic Adjustments (App 8.1)	Change in Network - Cost	Change in Network - Util	After Network	Impact or Network Adjustments (App 8.1)	Change in Benefits - Cost	Change in Benefits - Util	After Benefit Adjustments	Impact or Benefit Adjustments (App 8.1)	Grace Period	Change in Other - Util	After Other	Impact or Other Adjustments (App 8.1)			
Inpatient Hospital	76.81	0.993	1.177	1.161	1.073	1.051	0.928	1.045	1.045	1.045	88.66	1.154	1.000	1.047	1.000	1.040	1.213	1.000	1.110	1.000	1.040	1.203	1.23.14	1.251	1.000	0.889	109.50	0.889	1.000	1.003	1.003	1.004	1.000	110.31	1.004
Outpatient Hospital	102.41	0.991	1.094	1.182	1.120	1.049	0.927	1.089	1.089	1.089	122.16	1.217	1.000	1.000	1.047	1.000	1.005	1.129	1.000	1.005	1.129	153.95	1.135	1.000	0.932	142.47	0.932	1.000	0.961	136.95	0.961	1.004	1.000	137.43	1.004
Other Medical	9.76	0.933	1.180	0.993	1.034	1.051	0.928	1.007	0.891	0.891	8.81	0.882	1.000	1.000	1.047	1.000	0.982	1.188	1.000	0.982	1.188	11.13	1.164	1.000	0.912	10.15	0.912	1.000	0.771	7.83	0.771	1.004	1.000	7.86	1.004
Prescription Drug	87.07	1.057	1.078	1.140	1.130	1.037	0.928	0.941	1.014	0.955	107.15	1.104	1.000	1.000	1.025	1.000	1.16.48	1.087	1.004	1.004	1.370	148.50	1.275	1.000	1.000	148.50	1.000	1.000	1.000	1.000	1.000	1.004	1.000	149.10	1.004
Total	365.14	1.063	1.106		1.125	1.046	0.928	0.985	0.948	437.76	1.199					483.14	1.194				583.37	1.207			543.17	0.931			535.84	0.965		537.19	1.064		

<p align="center">Objection Exhibit 4 Pennsylvania Health & Wellness, Inc. Development of Induced Utilization Factors by Service Category</p>
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Service Category	Induced Utilization - Services Subject to Deductible	Induced Utilization - Services Subject to Copays/Coinsurance only	Total Induced Utilization
Inpatient Hospital	0.95	1.00	0.95
Outpatient Hospital	0.95	1.00	0.95
Professional	0.97	0.98	0.95
Other Medical	0.95	0.94	0.89
Capitation	1.00	n/a	1.00
Prescription Drug	0.96	1.00	0.96

Objection Exhibit 10, 12
Pennsylvania Health & Wellness, Inc.
Development of AV Pricing and Rating Factor (AV & Cost Sharing) Relativities

	<u>Secure Care 5</u>	<u>Balanced Care 5</u>	<u>Balanced Care 11</u>	<u>Balanced Care 12</u>	<u>Balanced Care 14</u>	<u>Balanced Care 15</u>	<u>Essential Care 1</u>	<u>Essential Care 2</u>	<u>Essential Care 4</u>	<u>Essential Care 10</u>
Member Months	1,438	9,509	33,919	23,577	3,699	48	16,931	12	5,972	16,924
Single Risk Pool Claims PMPM										
Allowed PMPM (Single Risk Pool)						\$538.90				
Paid PMPM (Single Risk Pool)						\$442.23				
Induced Utilization (Health Cost Guidelines)										
Allowed PMPM (Single Risk Pool)	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90
Induced Utilization - Svcs. Subj only to Copays/Coins	1.004	0.992	0.983	0.978	0.955	0.986	0.981	0.981	0.996	0.973
Induced Utilization - Services Subject to Deductible	1.007	0.923	0.937	0.941	0.968	0.962	0.899	0.933	0.928	0.910
Allowed PMPM (Plan)	\$544.62	\$493.49	\$496.70	\$495.49	\$498.18	\$511.08	\$475.36	\$493.13	\$497.73	\$477.21
Actuarial Value (Claims Simulation)										
Allowed PMPM (Plan)	\$544.62	\$493.49	\$496.70	\$495.49	\$498.18	\$511.08	\$475.36	\$493.13	\$497.73	\$477.21
Deductible	-6.9%	-23.5%	-20.2%	-21.2%	0.0%	-13.0%	-34.4%	-33.5%	-29.8%	-26.4%
Copays/Coinsurance	-17.9%	-6.4%	-26.8%	-27.2%	-44.4%	-29.8%	-1.5%	0.0%	-20.5%	-32.8%
MOOP	+8.2%	+2.1%	+19.3%	+19.9%	+20.9%	+17.3%	+0.5%	0.0%	+17.4%	+26.7%
Paid PMPM	\$454.55	\$356.47	\$359.15	\$354.40	\$381.38	\$380.58	\$306.80	\$328.06	\$334.27	\$321.91
Preliminary 2020 Plan Factor	1.275	1.000	1.008	0.994	1.070	1.068	0.861	0.920	0.938	0.903
Stabilization (Prior Rating Factors)										
Preliminary 2020 Plan Factor	1.275	1.000	1.008	0.994	1.070	1.068	0.861	0.920	0.938	0.903
2019 Plan Factor, CSR Funded (1)	1.346	1.000	0.968	0.955	1.070	1.068	0.945	1.011	1.030	0.992
2019 Factor Blend %	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
2020 Plan Factor, CSR Funded	1.311	1.000	0.988	0.975	1.070	1.068	0.903	0.965	0.984	0.947
CSR Non-Funding										
2020 Plan Factor, CSR Funded	1.311	1.000	0.988	0.975	1.070	1.068	0.903	0.965	0.984	0.947
2020 CSR non-Funding Rate Load	0.833	1.000	1.000	1.000	1.000	1.000	0.833	0.833	0.833	0.833
Final 2020 Plan Factor	1.092	1.000	0.988	0.975	1.070	1.068	0.752	0.805	0.820	0.790
AV and Cost Sharing Factor										
AV and Cost Sharing Factor	0.979	0.896	0.885	0.874	0.959	0.957	0.674	0.721	0.735	0.708
Induced Utilization Component	1.110	1.006	1.012	1.010	1.015	1.041	0.969	1.005	1.014	0.972
AV Component	0.882	0.891	0.875	0.865	0.944	0.919	0.696	0.718	0.724	0.728

(1) New plans use 2019 plan factors from the following plans as follows, adjusted with their 2020 CSM relativity:

- Secure Care 5 uses Secure Care 1
- Balanced Care 12 uses Balanced Care 11
- Balanced Care 14 and 15 use Balanced Care 5
- Essential Care 2, 4, and 10 use Essential Care 1

Objection Exhibit 13
Pennsylvania Health & Wellness, Inc.
Non-EHB Adjustment

(a)	Base Rate	\$369.74
(b)	Product Adjustment	\$17.36
(c)	Non-EHB Benefits Adjustment = (b) / (a)	4.7%

Objection Exhibit 15
Pennsylvania Health & Wellness, Inc.
Development of Health Insurer Fee

2018 HIF Fee	14,300,000,000
% of Premium Growth	16.40%
2020 HIF Fee	16,645,200,000
2019 Projected Market Premium	829,500,000,000
HIF %	2.01%
Income Tax Rate (State/Federal)	22.23%
Income Tax Gross-up	0.57%
Grossed-up Fee % (Income tax only)	2.58%
Premium Tax Rate	1.75%
Gross-up for Premium Tax	0.05%
Total Grossed-up HIF % (Income & Premium Tax)	2.63%

Objection Exhibit 22
Pennsylvania Health & Wellness, Inc.
Summary of Cost Sharing and Pricing AV Changes

Plan Design	Plan ID	Plan Type	Medical Deductible	Member Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialist Visit	Rx Member Cost-Sharing				Includes adult vision coverage?	Includes adult dental coverage?	2019 Pricing AV	2020 Pricing AV
									Generic	Preferred Brand	Non-Preferred Brand	Specialty				
Ambetter Balanced Care 5	86199PA0010005	HMO	\$7350 INT	0%	INT	\$7,350	\$40 NSD	\$80 NSD	\$20 NSD	\$60 NSD	\$0 SD (D&C)	\$0 SD	N	N	0.743	0.741
Ambetter Balanced Care 11	86199PA0010004	HMO	\$6000 INT	40%	INT	\$8,100 (\$7,900)	\$30 NSD	\$60 NSD	\$20 NSD	\$50 NSD	50% SD (D&C)	50% SD (40% SD)	N	N	0.707	0.727
Ambetter Essential Care 1	86199PA0010002	HMO	\$8150 INT (\$7900 INT)	0%	INT	\$8,150 (\$7,900)	\$0 SD (D&C)	\$0 SD (D&C)	\$20 NSD	\$0 SD (D&C)	\$0 SD (D&C)	\$0 SD	N	N	0.713	0.695
D&C – Deductible and Coinsurance INT – Integrated Medical and Rx Deductible NSD – Not subject to deductible SD – Subject to deductible Rx Copay – Generic / Preferred Brand / Non-Preferred Brand / Specialty																

1. Follow up to question 10 and 12: Please explain why factors provided in worksheet "Objection Exhibits PA_Obj 2 86199_Rate_061819_Due_062519.xlsb" on tab "Obj Exh 10, 12" do not match values in Table 10 or Appendix 20.3 and 20.4. The AV and Cost Sharing factors provided in tab "Obj Exh 10, 12" do match values in the URRT worksheet 2. For example, for plan Ambetter Balanced Care 11, Table 10 shows an AV of 0.727, and an Induced Utilization factor (Benefit Richness) of 1.014, and the 1.20 factor for non-funding of CSR. Multiplying the AV value of .727 by 1.2 results in an AV adjusted for nonfunding of CSR of .8724. Appendix 20.3 shows an induced utilization factor of 1.014, an AV and Cost Sharing factor of .8823, so dividing would get an AV of 0.8698. Then tab "Obj Exh 10, 12" in the response worksheet shows an AV of .8747 and an induced utilization factor of 1.0122. Please provide qualitative and quantitative support for the induced utilization factors in the response worksheet, tab "Obj Exh 10, 12" rather than hard coded values in row 41, "Induced Utilization Component". In particular, it looks like these values equal the 2 factors from rows 16 and 17 multiplied by 1.0982. Why?

Please refer to the updated version of the [Obj Exh 10, 12] tab in CELT-131936143 Response to 20190705 Objections - Exhibits.xlsb for quantitative support showing the development of the induced utilization factors.

Using the plan Ambetter Balanced Care 11 as an example, the AV & Cost Sharing Design of the plan in row 41 (0.885) can be broken up into three separate components of the tobacco calibration factor (0.994), the induced utilization factor (1.018), and the AV Component, or Paid to Allowed ratio (0.875). The induced utilization and AV component values are provided with formulas in our Excel response and tie to the values provided in Appendix 20.4.

The induced utilization factor is calculated as the Plan Allowed PMPM from row 19 (\$496.70), divided by the product of the weighted average Plan Allowed PMPM (calculated as \$490.73) and the tobacco calibration factor (0.994). The ratio of the Single Risk Pool Allowed PMPM (\$538.90) to the weighted average Plan Allowed PMPM (\$490.73) is equal to the 1.0982 quoted in the objection.

These raw values are then normalized in Appendix 20.4 so that the final induced utilization factor aggregates to 1.000 on Table 10. The induced calibration factor (1.003) is netted out of the Raw AV & Cost-Sharing Factor, resulting in a normalized AV & Cost-Sharing factor (0.882) and normalized induced utilization factor (1.014), which tie to Appendix 20.3. This normalized induced utilization factor ties to Table 10, and the product of the Pricing AV (0.727), Benefit Richness (1.014), and Non-Funding of CSR Adjustment (1.200) from Table 10 equal the original AV & Cost-Sharing Design of the plan (0.885) shown on [Objection Exhibit 10, 12].

2. Follow up from question 13: Please provide the qualitative and quantitative support for the development of the \$17.36 PMPM for non-EHB adult vision and dental. The Revised PAAM exhibits is not using the template sent by PID on June 18, 2019. Table 6 does not show the Risk Adjustment User Fee in Row 54. Please upload the corrected version.

Please refer to the updated version of the [Obj Exh 13] tab in CELT-131936143 Response to 20190705 Objections - Exhibits.xlsb for additional quantitative support for the development of the \$17.36 PMPM for non-EHB adult vision and dental. Both adult vision and adult dental are capitated services. Paid and Premium PMPMs are determined by the capitation agreements.

For the second part of this question (regarding PAAM Table 6), we confirmed in a phone call with PID on 7/9/2019 that the revised PAAM exhibit file submitted with our previous objection responses does include the RA user fee in Table 6 Row 54 as requested, and no correction is necessary.

3. Follow up to question 22: Why is the 2020 Pricing AV increasing for plan Ambetter Balanced Care 11 compared to 2019 when benefits seem to be less rich, as seen on tab "Obj Exh 22" on worksheet "Objection Exhibits PA_Obj2_86199_Rate_061819_Due_062519.xlsm"?

The increase in pricing AV for Balanced Care 11 is due to a change in our methodology for developing pricing AVs for 2020. For 2019, pricing AVs were developed using the Milliman MCRM (Managed Care Rating Model). For 2020, pricing AVs were developed using a 50/50 blend of the MCRM and Claims Simulation Model. We chose to use a blend in order to limit the impact of the change in methodology.

The federal AV calculator lends directional support for the change to Balanced Care 11 as well, as the metal AV for this plan increased from 68.32% in 2019 to 69.46% in 2020.

4. Question 18: Please upload the revised cover letter on to SERFF.

The revised cover letter has been uploaded.

5. Question 28 of June 18, 2019 letter – Your response does not demonstrate that the projected Average cost is greater than 50% of the cost sharing as per my email of June 21, 2019. For the Essential Care 10 Expanded Bronze plans, is there any major benefit category to which deductible is not applied. If there is, please demonstrate quantitatively that the proposed cost sharing (copay or coinsurance) for those major categories is less than or equal to 50% of the Projected Average cost to provide the service in your rating area. Please follow the example shown in my email.

We respectfully request that you reconsider this objection. In our review of both the 2018 Notice of Benefit & Payment Parameters (NBPP) and the email response to you from CMS, the requirement is that the issuer must pay for at least one major service before the deductible, within reasonable cost sharing. This is outlined on the bottom of page 303 of the NBPP (attached for reference). CMS goes on to state on page 305-306 that any cost sharing rate that requires the enrollee to pay for more than 50 percent of the coinsurance (or the equivalent copay rate) could be considered an unreasonable cost-sharing rate for the major service. The reasonable cost sharing applies to the major service that the issuer chooses to cover before the deductible. It does not apply to all major services- as the requirement outlined in 45 CFR 156.140(c) is that only one major service needs to be covered before deductible. We have highlighted portions of the NBPP which speak to this topic.

On the Essential Care 10 Expanded Bronze Plan, the PCP visit cost sharing is the major service that is covered prior to deductible with a 50% coinsurance, which would meet the definition laid out by CMS. Therefore, EC10 meets the requirements laid out by CMS for an Expanded Bronze Plan.

Objection Exhibit 10, 12
Pennsylvania Health & Wellness, Inc.
Development of AV Pricing and Rating Factor (AV & Cost Sharing) Relativities

	Secure Care 5	Balanced Care 5	Balanced Care 11	Balanced Care 12	Balanced Care 14	Balanced Care 15	Essential Care 1	Essential Care 2	Essential Care 4	Essential Care 10
Projected Member Months	1,438	9,509	33,919	23,577	3,699	48	16,931	12	5,972	16,924
Current Membership	24	192	990	-	17	-	646	-	-	-
Single Risk Pool Claims PMPM										
Allowed PMPM (Single Risk Pool)							\$538.90			
Paid PMPM (Single Risk Pool)							\$442.23			
Induced Utilization (Health Cost Guidelines)										
Allowed PMPM (Single Risk Pool)	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90	\$538.90
Induced Utilization - Svcs. Subj only to Copays/Coins	1.004	0.992	0.983	0.978	0.955	0.986	0.981	0.981	0.996	0.973
Induced Utilization - Services Subject to Deductible	1.007	0.923	0.937	0.941	0.968	0.962	0.899	0.933	0.928	0.910
Allowed PMPM (Plan)	\$544.62	\$493.49	\$496.70	\$495.49	\$498.18	\$511.08	\$475.36	\$493.13	\$497.73	\$477.21
Actuarial Value (Claims Simulation)										
Allowed PMPM (Plan)	\$544.62	\$493.49	\$496.70	\$495.49	\$498.18	\$511.08	\$475.36	\$493.13	\$497.73	\$477.21
Deductible	-6.9%	-23.5%	-20.2%	-21.2%	0.0%	-13.0%	-34.4%	-33.5%	-29.8%	-26.4%
Copays/Coinsurance	-17.9%	-6.4%	-26.8%	-27.2%	-44.4%	-29.8%	-1.5%	0.0%	-20.5%	-32.8%
MOOP	+8.2%	+2.1%	+19.3%	+19.9%	+20.9%	+17.3%	+0.5%	0.0%	+17.4%	+26.7%
Paid PMPM	\$454.55	\$356.47	\$359.15	\$354.40	\$381.38	\$380.58	\$306.80	\$328.06	\$334.27	\$321.91
Preliminary 2020 Plan Factor	1.275	1.000	1.008	0.994	1.070	1.068	0.861	0.920	0.938	0.903
Stabilization (Prior Rating Factors)										
Preliminary 2020 Plan Factor	1.275	1.000	1.008	0.994	1.070	1.068	0.861	0.920	0.938	0.903
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2019 Factor Blend %	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
2020 Plan Factor, CSR Funded	1.311	1.000	0.988	0.975	1.070	1.068	0.903	0.965	0.984	0.947
CSR Non-Funding										
2020 Plan Factor, CSR Funded	1.311	1.000	0.988	0.975	1.070	1.068	0.903	0.965	0.984	0.947
2020 CSR non-Funding Rate Load	0.833	1.000	1.000	1.000	1.000	1.000	0.833	0.833	0.833	0.833
Final 2020 Plan Factor	1.092	1.000	0.988	0.975	1.070	1.068	0.752	0.805	0.820	0.790
AV and Cost Sharing Factor										
Raw AV and Cost Sharing Factor	0.979	0.896	0.885	0.874	0.959	0.957	0.674	0.721	0.735	0.708
Tobacco Calibration Component	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994
Induced Utilization Component	1.116	1.011	1.018	1.015	1.021	1.047	0.974	1.011	1.020	0.978
AV Component	0.882	0.891	0.875	0.865	0.944	0.919	0.696	0.718	0.724	0.728
Induced Calibration Factor	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
AV and Cost Sharing Factor	0.975	0.893	0.882	0.871	0.956	0.954	0.672	0.719	0.732	0.705
Tobacco Calibration Component	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994	0.994
Normalized Induced Utilization Component	1.112	1.008	1.014	1.012	1.017	1.044	0.971	1.007	1.017	0.975
AV Component	0.882	0.891	0.875	0.865	0.944	0.919	0.696	0.718	0.724	0.728

- (1) New plans use 2019 plan factors from the following plans as follows, adjusted with their 2020 CSM relativity:
- Secure Care 5 uses Secure Care 1
 - Balanced Care 12 uses Balanced Care 11
 - Balanced Care 14 and 15 use Balanced Care 5
 - Essential Care 2, 4, and 10 use Essential Care 1

Objection Exhibit 13
Pennsylvania Health & Wellness, Inc.
Non-EHB Projected Cost Summary

Non-EHB Benefit	Paid Claims PMPM	Premium PMPM	Adult Vision + Dental Calibration⁽²⁾	Product Adjustment PMPM
Adult Vision ⁽¹⁾	\$4.53	\$5.86	1.606	\$3.65
Adult Dental ⁽¹⁾	\$17.42	\$22.03	1.606	\$13.72
Total	\$21.95	\$27.89	1.606	\$17.36

Base Rate: \$369.74

Non-EHB Benefits Adjustment: 4.7%

(1) Reflects the PMPM for members who purchase vision and dental coverage.

(2) Adjustment for the geographic, age, tobacco use, and plan distribution of the Adult Vision + Dental population.

Note that this is distinct from the Calibration factor shown in Appendix 13.1

EHB for a standard population. Section 1302(d)(1) of the Affordable Care Act requires a bronze plan to have an AV of 60 percent, a silver plan to have an AV of 70 percent; a gold plan to have an AV of 80 percent; and a platinum plan to have an AV of 90 percent. Section 1302(d)(3) further directs the Secretary to establish guidelines for the allowable de minimis variation in AVs in the level of coverage of a plan.

Currently, §156.140(c) permits a de minimis variation of +/- 2 percentage points.⁶⁰ In the proposed rule, we proposed to amend the de minimis range for bronze plans that cover and pay for at least one major service, other than preventive services (for which certain services already are required by Federal law to have zero cost sharing), before the deductible to allow a variance in AV of -2 percentage points and +5 percentage points. We further proposed a list of major services which may be covered and paid for before deductible in order to make a bronze plan eligible for the broader de minimis range. The major services proposed were primary care visits, specialist visits, inpatient hospital services, generic drugs, specialty drugs, preferred branded drugs, or emergency room services. Additionally, we proposed that the major service covered before the deductible must apply a reasonable cost-sharing rate to the service to ensure that the service is affordably covered. Finally, we proposed that a bronze plan that covers at least three primary care services before the deductible would qualify as having a major service covered before the deductible.

We proposed this amendment because, without a de minimis adjustment, future calibrations of the AV Calculator may limit issuers' flexibility in designing bronze plans. Further, we believe that bronze plans were not intended to be less generous than catastrophic

⁶⁰ Under §156.400, the de minimis variation for a silver plan variation means a single percentage point.

plans, which are required to provide at least three primary care visits before the deductible. We also proposed that bronze plans that are HDHPs be permitted to have the same adjusted de minimis AV range in order to maintain those plans' eligibility to become HDHPs that could be paired with a health savings account while still adhering to the bronze level of AV.

We are finalizing §156.140(c) as proposed, with a technical correction to the regulation text to change “high deductible high plan” to “high deductible health plan.” We are also finalizing the 2018 AV Calculator, which provides the option for issuers to calculate AV for a bronze plan with the broader de minimis range.⁶¹

Comment: Many commenters supported our proposal to expand the de minimis range to -2 and +5 percentage points for certain types of bronze plans. These commenters supported the increased flexibility in plan design for issuers. Further, these commenters believed that the proposed changes would generate benefits to consumers by promoting creative plan designs and plans with more generous benefits than catastrophic plans. Other commenters supported the proposed requirement that this policy be limited to plans with at least one major service covered before the deductible in applicable plans and to HDHPs. Finally, some commenters supported allowing plans which cover at least three primary care visits before the deductible to qualify for the broader de minimis range. A few commenters did not support this policy because some of these commenters believed that an expanded de minimis range created the potential of higher premiums for bronze plans. Some of these commenters believed that these higher premiums may

⁶¹ It is the responsibility of the bronze plan issuer to ensure that its bronze plan meets the requirements under this policy at 45 CFR 156.140(c) if the issuer uses the expanded bronze plan de minimis range in the AV Calculator. For more information on the operation of this feature in the 2018 AV Calculator, please refer to the 2018 AV Calculator User Guide and Methodology that are posted at [https://www.cms.gov/ccio/resources/regulations-and-guidance/#Plan Management](https://www.cms.gov/ccio/resources/regulations-and-guidance/#Plan%20Management).

hurt enrollees in zero cost-sharing plans since these enrollees would see no benefit from changes in the cost-sharing structure of these plans. Some commenters also expressed concerns that increasing the de minimis range of bronze plans would make them indistinguishable from silver plans and inhibit plan design innovation.

Response: We are finalizing the policy as proposed. We believe that this policy provides a balanced approach by ensuring that a variety of bronze plans can be offered, including HDHPs, while ensuring that bronze plans can remain at least as generous as catastrophic plans. We are also finalizing our proposal that a bronze plan with at least three primary care services before the deductible would qualify for the expanded de minimis range. Issuers are not required to utilize the expanded bronze de minimis range, and we do not anticipate that this policy will have a significant impact on average bronze plan premiums. We also note that the purpose of the AV Calculator is to calculate AV to determine the level of coverage (metal level) of a plan, and it was not developed for pricing purposes.

Comment: Most commenters supported the list of major services. Some commenters requested the addition of services, such as habilitative services, rehabilitative services, laboratory services, and urgent care services. A commenter also requested that SBEs have flexibility in determining eligible major services. Other comments included a request for assurances that the policy would only require at least one category of services before the deductible and a request that HHS require at least one formulary tier to be provided before the deductible. Some commenters also requested further guidance on our list of major services.

Response: To qualify for the increased de minimis range, the plan must cover at least one major service before the deductible, with reasonable cost sharing, or meet the requirements to be a HDHP. We consider a major service to include the category of benefits within that

service type before the deductible. For example, if a Bronze plan is covering specialist visits before the deductible as the major service to trigger the expanded de minimis range, we would expect that the before deductible cost sharing would apply to the range of specialist visits that the issuer covers. We are finalizing the list of major services as proposed. Therefore, the finalized definition of major services will include primary care visits, specialist visits, inpatient hospital services, generic drugs, preferred brand drugs, specialty drugs, and emergency room services. These major services are applicable to a wide variety of enrollees and could have a significant AV impact. In response to commenters' requests for a wider list of major services, we considered adding services, such as urgent care and laboratory outpatient and professional services to the list of major services. However, these services were omitted due to feasibility concerns. Based on the claims data used in the 2018 AV Calculator, overall utilization of urgent care services is relatively low.⁶² Moreover, given that laboratory services are often accessed in conjunction, or as the result of, access to other services, such as office visits, which may not be covered before the deductible, it is unlikely that the majority of enrollees would access laboratory services before the deductible without having to access other services first. However, we note that nothing in this policy precludes plans (other than HDHPs) from covering additional services before the deductible, subject to applicable AV requirements. Also, nothing in this policy precludes States from applying other cost-sharing requirements in addition to this policy.

⁶² Additional information on the consideration of urgent care services in the 2018 AV Calculator is discussed in the AV Calculator Methodology under the Section entitled "Consideration of Additional Updates Not Made in the 2018 AV Calculator" that is available at: <https://www.cms.gov/ccio/resources/regulations-and-guidance/#PlanManagement>.

We remind issuers that this policy does not exempt issuers from mental health and substance use disorder parity requirements.⁶³ This includes the rule that a separate deductible cannot be applied to mental health or substance use disorder benefits and that any deductible applied to such benefits be no more restrictive than the predominant level of the deductible applicable to substantially all medical/surgical benefits in a particular category of benefits as described in 45 CFR 146.136. Section 1302(d)(2)(A) of the Affordable Care Act requires that AV be determined based a standard population (and without regard to the population the plan may actually provide benefits to), which is not the population required for mental health and substance use disorder parity testing. Therefore, the AV Calculator is not intended to demonstrate parity.

Comment: Some commenters made recommendations for reasonable cost-sharing rates for services being covered before the deductible. These suggestions included the use of current cost-sharing review tools, tying reasonable cost sharing to the bronze standardized option rates, using no more than 50 percent enrollee coinsurance; and requiring copays on the cost sharing for the major service. Other commenters had recommendations for display and aggregation of these plans on HealthCare.gov and for education to consumers on these types of plans.

Response: We recognize that States are the primary enforcers of AV policy. Further, we recognize that services vary in costs by region and that issuers need flexibility in plan design.

However, at a minimum, for the purposes of this bronze plan policy, we believe that any cost-sharing rate that requires the enrollee to pay for more than 50 percent of the coinsurance (or the

⁶³ See 45 CFR 156.115(a)(3).

equivalent copay rate) could be considered an unreasonable cost-sharing rate for the major service.

(4) Application to Stand-alone Dental Plans Inside the Exchange (§156.150)

In the 2017 Payment Notice, HHS finalized §156.150(a), which establishes a formula to increase the annual limitation on cost sharing for stand-alone dental plans. Specifically, HHS finalized that for plan years beginning after 2017, the annual limitation for an SADP for one covered child would be \$350 increased by the percentage increase of the CPI for dental services for the year 2 years prior to the applicable plan year over the CPI for dental services for 2016; and, the annual limitation for an SADP for two or more covered children is twice that.

The formula increases the dollar limit for one covered child (currently set at \$350) by the percentage increase of the CPI for dental services for the year 2 years prior to the applicable plan year over the CPI for 2016. For plan year 2018, the percentage increase of the CPI for dental services for the year 2 years prior to the applicable plan year would be equal to the CPI for 2016, resulting in a zero percent increase. Therefore, for plan year 2018, the dental annual limitation on cost sharing is \$350 for one child and \$700 for two or more children. For plan years after 2018, we may adjust the annual limitation on cost sharing for stand-alone dental plans in guidance based on the formula established by regulations at §156.150.

We have also received questions on the percentage of premium properly allocable to EHB for plans offered or intended to be offered in the individual market through Exchanges. Under §156.470, issuers of medical and stand-alone dental plan QHPs must provide to Exchanges an allocation of their QHP premiums to EHBs and other services or benefits. Because non-pediatric dental benefits (sometimes referred to as dental benefits for “adults,” meaning individuals age 19 and older) are not EHB under §156.115(d), no portion of the