SERFF Tracking #: HGHM-131904495 State Tracking #: HGHM-131904495 Company Tracking #: 1A-DP-19-HHIC

State: Pennsylvania Filing Company: HM Health Insurance Company- HHIC

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: 1A-DP-19-HHIC

Project Name/Number: 1A-DP-19-HHIC/1A-DP-19-HHIC

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF					
Comments:	A redacted version of the rate filing is attached for public disclosure.					
Attachment(s): 1A-DP-19-HHIC Public Rate Filing 071919.pdf						
Item Status:						
Status Date:						



May 21, 2019

Ms. Tracie Gray, Director Bureau of Life, Accident & Health Insurance Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Highmark Health Insurance Company 2020 ACA Rate Filing (Individual Market)
Highmark Health Insurance Company Filing # 1A-DP-19-HHIC (SERFF Filing # HGHM131904495)

This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Health Insurance Company (HHIC) 2020 Individual Market Rates Filing contains Trade Secret and Confidential Proprietary Information. Therefore, HHIC must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by HHIC should be redacted before release.

Dear Ms. Gray:

This Filing includes the Highmark Health Insurance Company's ("HHIC", "Company") Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2020.

In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department's 2020 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:

Requested Company Information

- 1. Company Name & NAIC #: Highmark Health Insurance Company, NAIC # 71768
- 2. Market: Individual
- 3. On or Off Exchange: This filing reflects that the Company anticipates selling one plan on the off exchange.

Ms. Tracie Gray, Director Highmark Health Insurance Company 2020 Individual Market Rates May 21, 2019 Page 2 of 4

- 4. Effective date of coverage: January 1, 2020
- 5. Average rate change requested: Not applicable; the Company is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan.
- 6. Range of rate change requested: **Not applicable; the Company is discontinuing all 2019** plans without mapping the 2019 enrollees into the one new 2020 plan.
- 7. Total additional annual revenue generated from the proposed rate change: Not applicable; the Company is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan.
- 8. Product(s): **PPO**
- 9. Rating Areas and the change from 2019: Rating Areas 1, 2, 4, 5, 6

The Company offered plans in Rating Areas 1, 2, 4, 5, and 6, as well as 7 and 9 in 2019. In 2020, the Company intends to discontinue the plans offered in Rating Areas 7 and 9. Please see the Plan Design Summary for details.

- 10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling only a **Catastrophic** plan in the indicated Market
- 11. Current number of covered lives and of policyholders as of February 1, 2019: **10,598** covered lives; **7,735** policyholders
- 12. Number of plans offered in 2020 and the change this represents from 2019: 1

The Company offered 18 plans in 2019. For 2020, the Company is offering 1 new plan in the Market and removing 18 plans from the Market.

Please note that inclusion of premium rates in this filing for a given offering should not be construed to mean that the offering will ultimately be made available for sale in the Market. Final offering decisions will be made consistent with and within the timelines set forth in CMS rules and/or ACA regulations.

13. Corresponding contract form #, SERFF and Binder ID#s: The corresponding SERFF binder number is HGHM-PA20-125091809 affecting the following Company products and forms:

Product Name / Type	Contract Form & SERFF#
Major Events Blue PPO	CAT/PPO/HHIC/DP; HGHM-131923485

Ms. Tracie Gray, Director Highmark Health Insurance Company 2020 Individual Market Rates May 21, 2019 Page 3 of 4

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #70194, Company Filing #1A-DP-19-HHIC (SERFF Filing # HGHM-131904495)**

Additional Filing Disclosures

The Company has submitted all Required Documents stipulated by the Department, including the federal documents related to this filing, in its SERFF submission. In addition to the Required Documents, the Company has submitted a Supplemental Exhibits file containing additional detailed exhibits on items referenced in the PA Actuarial Memorandum. All tables, exhibits, and detail in support of this filing and the PA Actuarial Memorandum have been included in Excel format. To assist in the Department's review, the Excel files have retained their formulas to the extent possible.

CMS has instructed issuers that it no longer requires any interim changes to the URRT to be submitted to HIOS. CMS is requesting that only the initial URRT and the final URRT be submitted to HIOS.

Potential Changes to Federal Regulations

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. We have accounted for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2020 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2020, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2020. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HHIC reserves the right to submit a revised filing.

Request for Confidentiality

Please note that the rates and the supporting rate development contained in this Filing are competitively sensitive, are not in the public domain, and constitute business confidential proprietary/trade secret information that would cause harm to the competitive position of HHIC if disclosed to the public.

Public disclosure of any information contained in this Filing would allow HHIC competitors to better understand or discover its confidential and proprietary rating, pricing and/or marketing practices, would undermine competition in the Individual market and could have negative consequences for the operation of HHIC's business. Therefore, HHIC asserts that this Filing, in

Ms. Tracie Gray, Director Highmark Health Insurance Company 2020 Individual Market Rates May 21, 2019 Page 4 of 4

its entirety, constitutes Trade Secret and Confidential Proprietary Information and should not be disclosed.

It is our understanding that the Department does not intend to publish the confidential & proprietary information contained in this Filing or to otherwise permit this Filing and its confidential information, other than the redacted information and final approved rates, to be disclosed or released.

Furthermore and pursuant to the Pennsylvania Right-to-Know Law ("RTKL"), HHIC must be notified prior to release of information contained in this Filing and be given the opportunity to respond to requests for such information. Should the Department receive such request or require the release of information contained in this Filing for its own purposes, HHIC asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HHIC RTKL representative identified below prior to release of any information contained in this Filing:

RTKL Representative VP Chief Privacy Officer Highmark Health 120 Fifth Avenue, Suite 2114 Pittsburgh, PA 15222

Furthermore, it should be noted that HHIC is equally concerned that even if this information is released in aggregate form, it still may be easy to identify the carrier that submitted it.

Should you have any questions regarding the attached Filing, please feel free to contact me at or via e-mail at:

Sincerely,

Vice President, Actuarial Services
Highmark Inc.

cc:

Rate Change Summary

Highmark Health Insurance Company – Individual Plans

Rate request filing ID # 1A-DP-19-HHIC (SERFF # HGHM-131904495) - 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: N/A^1 Revised requested average rate change: N/A^1 Range of requested rate change: N/A

Effective date: January 1, 2020

People impacted: 10,598

Available in: Rating Areas 1, 2, 4, 5, and 6

Key information

Jan. 2018-Dec. 2018 financial experience

Company made (after taxes)	\$45,828,774
Taxes & fees	\$12,332,377
Administrative expenses	\$11,940,848
Claims	\$91,364,203
Premiums	\$161,466,202

How it plans to spend your premium

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

Claims: 81%
Administrative: 14%
Taxes & fees: 5%
Profit: 0%

The company expects its annual medical costs to increase **7.46%**.

Explanation of requested rate change

The proposed 2020 rate change does not apply. HHIC is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan.

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.

Actuarial Memorandum

1. Basic Information and Data

A. Company Information

The appropriate company information has been provided in Table 0. General information pertaining to this rate filing is summarized below:

Company Name: Highmark Health Insurance Company ("HHIC")

NAIC #: 71768

HIOS Issuer ID: 70194State: PennsylvaniaMarket: Individual

• Effective Date: 1/1/2020

SERFF Rate Filing #: HGHM-131904495

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. We have accounted for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2020 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2020, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2020. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, the Company reserves the right to submit a revised filing.

B. Rate History and Proposed Variations in Rate Changes

The three most recent rate changes in Pennsylvania for Highmark Health Insurance Company (HHIC) are as follows:

Year	Avg. Increase	SERFF ID#
2019	-6.8%	HGHM-131475752
2018	9.7%	HGHM-131020572
2017	55.1%	HGHM-130540841

Historical rate changes varied by plan due to updated cost sharing levels to meet federal AV requirements as well as updates to AV and other pricing factors.

The proposed 2020 rate change does not apply. HHIC is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan.

C. Average Rate Change

HHIC is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan so there is no rate change.

D. Membership Count

Please see Table 1 for the average age, age breakdown, and total membership for the periods shown.

E. Benefit/Cost Sharing Changes

Benefit changes are not applicable, as the plan is new for 2020.

The PA Plan Design Summary and Rate Tables along with the HIOS Plan ID can be found within the Rate/Rule Schedule section in SERFF.

F. Experience Period Claims and Premium

Please see Table 2 for the experience period data for the most recent calendar year. The experience period paid claims data represents the 2018 calendar year results for all policies in the single risk pool, with run out through February 2019. This data is consistent with the data reported in Section I of Worksheet I of the URRT.

Table 2 is populated with the experience period data as follows:

- The Earned Premium represents actual revenues earned in the experience period.
- Incurred Claims represent claims paid by HHIC. Note that the URRT includes capitated services and is net of Rx Rebates. Those values are not included here as they are listed as separate items.
- The Allowed Claims represent our best estimate of the total claims prior to member cost sharing incurred during the experience period. The Allowed Claims include:
 - o Two months of run out from the end of the experience period,
 - Claims processed outside of the Company's claims system (e.g., claim settlement costs),
 and
 - o Our best estimate of claims incurred but not paid as of the end of the run out period.

Note that allowed claims in the URRT include capitation and are net of drug rebates. They are not included here as they are called out separately in the exhibit.

- Allowed Charges for non EHB services are included in column G. The amount of non EHB included is shown in column H.
- Prescription Drug Rebates are used to reduce the level of Incurred Claims in the experience period.
- Total EHB capitation includes amounts for the pediatric vision benefit \$0.34 PMPM.

The Estimated Risk Adjustment for the experience period represents our best estimate of the year end risk adjustment transfer payment that HHIC will incur. This amount is developed based on an analysis of HHIC data (risk scores as defined in the HHS Notice of Benefit and Payment Parameters, as well as other

risk transfer formula components), and an estimate as to the Market-wide risk profile. This Market-wide risk profile is developed from available Market data, including prior years' risk adjustment transfer results, publicly available data (such as MLR reports), and outside expertise from actuarial consultants. The total amount shown here includes an estimate for the impact of the High Cost Risk Pool during the experience period.

G. Credibility of Data

Given the drastically different product offering between the experience period and the projection period, the experience data is not given any credibility in the rate calculation. The 2020 rates are based on 2018 experience from HHIC and Highmark Inc. Catastrophic plans, adjusted for the expected 2020 HHIC population. This experience was chosen because it is large and reasonably represents the population expected to buy the HHIC product.

A manual rate was developed by blending 2018 experience from multiple sources, including ACA and group claims for the February 1, 2019 snapshot membership, to approximate the anticipated 2020 HHIC population. A demonstration of the manual rate calculation can be found in Attachment A.

Given the lack of premium and paid claims data for some of the membership sources, these items have been left blank in Table 2b. Additionally, Risk Adjustment has been left blank as it is not used in the rate calculation. All other fields represent the data and assumptions that make up the manual rate.

H. Trend Identification

Table 3b identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying total annual trend is 7.50%. Additionally, there is an induced utilization adjustment of 0.0% per year applied to reach the overall trend of 7.50% shown in Table 3b column G. The definitions of service categories, cost, and utilization in Table 3b are consistent with the URRT instructions. The numbers entered in the Cost and Utilization columns are consistent with those entered in Worksheet I, Section 2 of the URRT, except as noted below.

The cost trends presented in Table 3b reflect HHIC's expectations regarding increases in in-network contractual reimbursement, as well as projected out-of-network costs. These estimates measure and normalize for benefit leverage, population aging, and historical changes for fee schedules, as well as company-wide utilization management programs, and external trend drivers.

The significant changes observed in the volume, demographics and morbidity of the ACA population from 2015 to 2018 yields component trends that are not directly applicable for trend analysis. The trend components in Table 3b therefore represent the same blended average for all types of service and are applied to the aggregate experience for pricing. Component data was not used in the development of the trend.

A separate regression study was developed by the Company's valuation team to analyze the ACA trend levels of enrolled cohorts of ACA members. The enrollment period covers a significant portion of both 2017 and 2018. The analysis took into consideration seasonality and adjusted for step changes that were included in the network factors in the two periods. Resulting r-squared levels were compared to

determine confidence levels of the resulting regression trends to develop a reasonable range of trend assumptions.

The regression study resulted in a composite trend in line with the requested composite trend of 7.5%. This trend level was also compared to the Highmark group business for reasonability.

I. Historical Experience

Table 4 presents the most recent 48 months (4 calendar years) of HHIC data with run-out through February 2019. This data was not used to develop the trend in Table 3.

2. Rate Development & Change

A. Development of Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims

The development of the Projected Index Rate, Projected Market-Adjusted Index Rate, and Projected Total Allowed Claims, shown in Table 5, closely follows the methodologies discussed in the Part III Actuarial Memorandum submitted in the Rate Filing Justification. Please refer to the Part III Memorandum for further details.

Some of the items separately identified in Table 5 include:

 Given that expected 2020 population is used to develop the manual cost, no Change in Morbidity is required.

Impact of Health Insurance Coverage Mandate Elimination

In accordance with the Department's guidance, the morbidity factor was increased by 6.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate. This deterioration is reflected in the filing by multiplying the morbidity factor of 1.00 by 1.06 to arrive at a final morbidity factor of 1.06.

- Given that the population used to set the manual cost is consistent with the expected 2020 population, no Change in Demographic is required.
- There is no Change in Network adjustment.
- There is no Change in Benefits adjustment.
- There is no Change in Other adjustment.

Please see Attachment A and E for a more detailed calculation of these factors. These factors can also be found in the accompanying spreadsheet.

The projected paid-to-allowed ratio is 0.576. The formula found in Table 5 cell C28 was overwritten because, unlike the average factor found in Table 10 cell K15, the Company's paid-to-allowed factor accounts for the projected enrollment by plan and is dampened by items such as capitation.

The quantitative development of the projected risk adjustment transfer amount for the Company is shown in Attachment B and included in the accompanying spreadsheet. The transfer amount is developed based on an analysis of the claims data underlying the manual rate development for this filing (risk scores as defined in the HHS Notice of Benefit and Payment Parameters, as well as other risk transfer formula components) and an estimate as to the market-wide risk profile. This market-wide risk profile is developed from available market data, including prior years' risk adjustment transfer results, publicly available data (such as MLR reports), outside expertise from actuarial consultants, and results from the PA Insurance Department's RATEE analysis. Applying the federally prescribed transfer formula at the level of granularity available in Attachment B yields a projected gross risk adjustment transfer of (\$95.55) PMPM on a *billable* member month basis. This amount is then converted to a *total* member month basis of (\$95.55) PMPM in order to be used in the rate development. The expected risk adjustment payable reflects that the Company anticipates its average risk score (net of allowable rating factors) to be lower than the statewide average.

The (\$95.55) PMPM value in cell C31 of Table 5 equals the (\$95.55) PMPM value from Attachment B. Please note that, pursuant to the revised URRT instructions for 2020, the risk adjustment user fee is no longer included here but is now captured in the taxes and fees portion of administrative costs.

The exchange user fee in cell C32 of Table 5 is set to 0% since the new catastrophic plan is offered on the off exchange only.

B. Retention Items

Table 6 has been completed with the requested retention elements for the proposed rates for the rating period. The amounts presented separately sum to the total administrative expenses and taxes and fees presented in the rate development.

Administrative costs reflect internal costs that HHIC is projected to incur in the projected experience period, and are developed from standard expense allocation methods.

The proposed rate development assumes an average broker commission of \$1.90 PMPM for 2020. The assumed broker commission schedule and the development of the average value are included in Attachment D.

Expenses for Quality Improvement initiatives are assumed to be 0.56%.

The following is a summary of the Taxes and Fees included in the rate development:

- Pennsylvania Premium Tax is set to 2.0%.
- Federal Income Tax is set to 0.0%.
- Health Insurance Provider Fee is estimated to be 2.8%.
- Risk Adjustment User Fee is set to \$0.18 PMPM consistent with Federal regulations.
 - Please note that, pursuant to the revised URRT instructions for 2020, the risk adjustment user fee should be captured in the taxes and fees portion of administrative costs. Table 10, column S thus captures this fee.

The Profit/Contingency for is set to 0%. HHIC has voluntarily refrained from adding a risk and contingency factor in this filing. By this voluntary action, HHIC is not waving any right to include a risk and contingency factor which HHIC believes is consistent with historical and legal interpretations of HHIC and the Pennsylvania Insurance Department.

C. Normalized Market-Adjusted Projected Allowed Total Claims

The normalization factors presented in Table 7 are each determined from the underlying membership demographics expected in the projected rating period. The 2019 values are pulled from the prior year's filing, while the 2020 values represent our projection for 2020 assumed in the 2020 rate development.

D. Components of Rate Change

Table 8 presents the components of change in the proposed 2020 Calibrated Plan Adjusted Index Rate (PMPM). This table is not applicable since there is no rate change.

Table 9 presents the data elements supporting the calculations in Table 8. The 2019 values are populated using the 2019 filed factors adjusted for the membership mix as of February 1, 2019.

3. Plan Rate Development

Table 10 shows the plan rate development for 2020. This table shows the plans that the Company intends to offer in 2020. The 2020 rating factors are consistent with the factors found on Worksheet 2 of the URRT. The pricing effect on Table 10 is further broken out into Pricing AV, Benefit Richness, and Non-Funding of CSR Adjustment. Similar to the URRT, the admin effect on Table 10 is broken out into Admin Costs, Taxes and Fees, and Profit or Contingency.

The benefit richness factors in column L are populated with the factors found in Attachment C. The table in Attachment C can also be found in the attached spreadsheet. The derivation of the AV and Cost Sharing factors can also be found in Attachment C. The values in column 8 of the attachment represent the pure induced utilization for each plan. HHIC's utilization factors are consistent with those used in the Federal Risk Adjustment program. Each plan's factor was then normalized by the average utilization factor. The average is a weighted average using projected membership as the weight. After normalization the average factor as shown in Attachment C is 1.000.

Columns AG through AP are populated with the February 1, 2019 enrollment by 2020 plan and rating area.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

There is no impact for non-payment of cost sharing reduction subsidies since the one new plan is a catastrophic plan.

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

Table 11 presents the Company's 21-year-old non-tobacco premium in the Individual Market. Since the plan is new to the Individual Market for 2020, the change in 21-year-old premiums is not applicable.

5. Plan Factors

A. Age and Tobacco Factors

Please see Table 12 for HHIC's age and tobacco factors.

B. Geographic Factors

Please see Table 13 for HHIC's geographic factors. HHIC's factors for the rating period are unchanged from the currently approved factors.

C. Network Factors

Please see Table 14 for Highmark's network rating factors. The current factors represent the medical network adjustment factors from the prior approved rate filing. The projected factors are shown in Table 14.

D. Service Area Composition

HHIC is offering the 2020 product in one service area. The Plan Design Summary exhibit uploaded as a separate document contains the service areas related to this filing. As requested, service area maps are included.

6. Actuarial Certifications

I, am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. This filing is prepared on behalf of HHIC to accompany its rate filing (for calendar year 2020) for the Individual Market on and off the Pennsylvania Exchange.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient

I certify that 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.

I certify that all factors, benefit and other changes from the prior approved filing have been disclosed in the 2020 PA Actuarial Memorandum Rate Exhibits.

I certify that new plans are not considered modifications of existing plans (per the uniform modification standards in 45 CFR 147.106).

I certify that the AV Metal Values included in Table 10 were based entirely on the Federal AV Calculator or one of the approved alternative approaches.

I certify that the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

I certify that 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.

Title:

Date: 07/12/2019

Highmark Health Insurance Company

Individual Market Product Portfolio

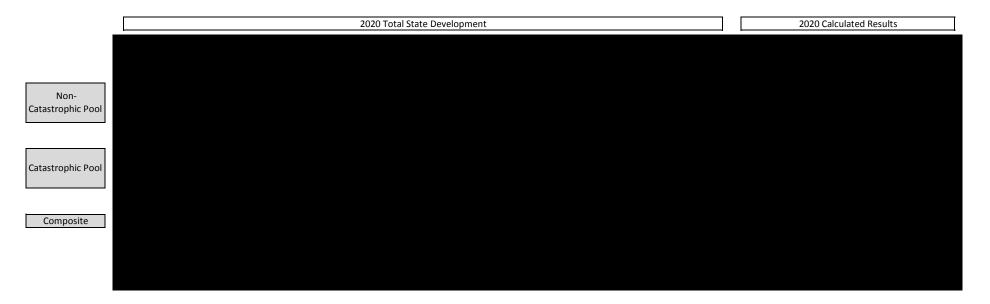
Supplemental Exhibits

Attachment A	Manual Cost Development
Attachment B	Risk Adjustment Calculation
Attachment C	Induced Demand Calculations
Attachment D	Broker Commission Schedule
Attachment E	Demographics Calculation
Attachment F	URRT Average Increase

Attachment A - Manual Cost Development

Manual Cost Development	
Projected Member Months	744
Manual Allowed Claims	\$114,763
Medical Allowed PMPM	\$154.25
Rx Rebates PMPM	(\$5.00)
Hosp/Phys. Settlement PMPM	\$5.35
Dental Claims PMPM	\$0.76
Pediatric Vision Capitation PMPM	\$0.34
Adjusted Manual Cost PMPM - PID Table 5	\$155.71

Attachment B - Risk Adjustment Calculation



Attachment C - Induced Demand Calculations

	Induced Utilization Exhibit									
					Paid to	AV & Cost				
		Projected	Projected	Projected Paid	Allowed	Sharing				
Plan ID	Metal Level	Membership	Allowed Claims	Claims	Factor	Factor	(7)/(6)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
70194PA0590001	Catastrophic	744	\$141,743.80	\$81,581.73	0.576	0.576	1.000			
Total		744	\$141,743.80	\$81,581.73	0.576	0.576	1.000			

Components of AV & Cost Sharing Factor								
Induced AV & Cost								
		Paid-to-	Paid-to- Utilization Avg. Benefit					
HIOS Plan ID	ID Metal Level Allowed Ratio Factor Richness				Factor			
70194PA0590001	Catastrophic	0.576	1.000	1.000	0.576			

Attachment D - Broker Commission Calculation

			Commission	Estimated
Region	Channel	Segment	PMPM	Distribution

Attachment E - 'Change in Demographics' Calculation

Table E.1 - Age & Tobacco Factors

Table E.2 - Experience Period Membership

Table E.3 - Projection Period Membership

e c.1 - Age & Tobacco Paccols Table c.2 - Experience Period Membership Table c.5 - Projection Period Mer									
d d	HHS Age Factor	Tobacco Factor		N Ion-Tobacco	Membership Mi Tobacco	x Total	Ī	Non-Tobacco	Membership M Tobacco
	0.765	1.000	<u> </u>	N/A	N/A	0.00%		0.33%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.92%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.17%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.76%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.17%	0.00%
	0.765	1.000		N/A	N/A	0.00%		1.08%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.00%	0.00%
	0.765	1.000		N/A	N/A	0.00%		1.50%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.73%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.17%	0.00%
	0.765	1.000		N/A	N/A	0.00%		1.50%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.17%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.00%	0.00%
	0.765	1.000				!		0.00%	0.00%
	0.765	1.000		N/A	N/A	0.00%		0.75%	0.00%
				N/A	N/A	0.00%		0.75%	
	0.833	1.000		N/A	N/A	0.00%			0.00%
	0.859	1.000		N/A	N/A	0.00%		1.76%	0.00%
	0.885	1.000		N/A	N/A	0.00%		1.81%	0.00%
	0.913	1.000		N/A	N/A	0.00%		3.17%	0.00%
	0.941	1.000		N/A	N/A	0.00%		1.18%	0.00%
	0.970	1.000		N/A	N/A	0.00%		2.28%	0.00%
	1.000	1.025		N/A	N/A	0.00%		5.84%	0.00%
	1.000	1.025		N/A	N/A	0.00%		0.59%	0.00%
	1.000	1.025		N/A	N/A	0.00%		2.95%	0.00%
	1.000	1.025		N/A	N/A	0.00%		4.68%	0.00%
	1.004	1.025		N/A	N/A	0.00%		6.38%	0.33%
	1.024	1.025		N/A	N/A	0.00%		20.90%	1.01%
	1.048	1.025		N/A	N/A	0.00%		12.80%	0.29%
	1.087	1.025		N/A	N/A	0.00%		11.54%	0.46%
	1.119	1.025		N/A	N/A	0.00%		13.79%	0.00%
	1.135	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.159	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.183	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.198	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.214	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.222	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.230	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.238	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.246	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.262	1.025		N/A	N/A	0.00%		0.00%	0.00%
	1.278	1.100		N/A	N/A	0.00%		0.00%	0.00%
	1.302	1.105		N/A	N/A	0.00%		0.00%	0.00%
	1.325	1.112		N/A	N/A	0.00%		0.00%	0.00%
	1.357	1.121		N/A	N/A	0.00%		0.00%	0.00%
	1.397	1.132		N/A	N/A	0.00%		0.00%	0.00%
	1.444	1.145		N/A	N/A	0.00%		0.00%	0.00%
	1.500	1.160		N/A	N/A	0.00%		0.00%	0.00%
	1.563	1.177		N/A	N/A	0.00%		0.00%	0.00%
	1.635	1.196		N/A	N/A	0.00%		0.00%	0.00%
	1.706	1.217		N/A	N/A	0.00%		0.00%	0.00%
	1.786	1.225		N/A	N/A	0.00%		0.00%	0.00%
	1.865	1.225		N/A	N/A	0.00%		0.00%	0.00%
	1.952	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.040	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.135	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.230	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.333	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.333	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.437	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.603	1.225		N/A N/A		i		0.00%	0.00%
					N/A	0.00%			
	2.714	1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.810	1.225 1.225		N/A	N/A	0.00%		0.00%	0.00%
	2.873 2.952			N/A	N/A	0.00%		0.00%	0.00%
	2.952 3.000	1.225 1.225		N/A N/A	N/A N/A	0.00%		0.00%	0.00%
		1.445		IN/A	IN/A	0.00%	i	0.00%	0.00%

Table E.4 - Area Factors

Rating	Experien	ce Period	Projection Period		
Area	Enrollment	Area Factor	Enrollment	Area Factor	
1	N/A	N/A	25.8%	0.970	
2	N/A	N/A	3.2%	0.970	
4	N/A	N/A	40.3%	0.970	
5	N/A	N/A	30.6%	0.970	
6	N/A	N/A	0.0%	1.040	
7	N/A	N/A	0.0%	1.040	
9	N/A	N/A	0.0%	1.020	
Total	N/A	N/A	100.0%	0.970	

Table E.5 - 'Change in Demographics' Calculation

	Experience	Projection	Change in
	Period	Period	Demographics
Average Age Factor	N/A	1.011	
Average Tobacco Factor	N/A	1.001	
Average Area Factor	N/A	0.970	
Average Demographic Factor	N/A	0.981	
Child Capping Adjustment		1.000	
Adjusted Demographic Factor		0.981	
Capitation Dampening	N/A	1.000	
Final Demographic Factor	N/A	0.981	N/A

Attachment F - URRT Average Increase

	URRT Plan	URRT Current	Current Enrollment	Current	Projected		Cumulative
HIOS Plan ID	Category	Enrollment	in Renewing Plans	Avg Rate		Avg Rate	Rate Change %
70194PA0260001	Terminated	364	0	\$ 720.04	\$	-	0.00%
70194PA0300001	Terminated	556	0	\$ 696.44	\$	-	0.00%
70194PA0530001	Terminated	1,206	0	\$ 957.53	\$	-	0.00%
70194PA0530002	Terminated	1,859	0	\$ 935.21	\$	-	0.00%
70194PA0530004	Terminated	0	0		\$	-	0.00%
70194PA0530006	Terminated	0	0		\$	-	0.00%
70194PA0530007	Terminated	2,574	0	\$ 678.33	\$	-	0.00%
70194PA0540001	Terminated	302	0	\$ 973.50	\$	-	0.00%
70194PA0540002	Terminated	365	0	\$ 950.81	\$	-	0.00%
70194PA0540004	Terminated	0	0		\$	-	0.00%
70194PA0540006	Terminated	0	0		\$	-	0.00%
70194PA0540007	Terminated	692	0	\$ 689.64	\$	-	0.00%
70194PA0550001	Terminated	37	0	\$ 558.55	\$	-	0.00%
70194PA0560001	Terminated	92	0	\$ 549.38	\$	-	0.00%
70194PA0570001	Terminated	715	0	\$ 898.26	\$	-	0.00%
70194PA0580001	Terminated	121	0	\$ 913.24	\$	-	0.00%
70194PA0590001	New	0	0		\$	-	0.00%
Total		8,883	0	NA		NA	NA

PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	HHIC
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	01/01/2020
Base Period Start Date	01/01/2018
Date of Most Recent Membership	02/01/2019

12/31/2020 12/31/2018

Table 1. Number of Members

	Member-months	Members	Member-months		
	Experience Period	Current Period (as of 02-01-2019)	Projected Rating Period		
Average Age	44.3	45.2	23.8		
Total	192,818	10,598	744		
<18	15,268	687	88		
18-24	11,511	640	155		
25-29	13,362	768	501		
30-34	13,764	766	0		
35-39	14,189	789	0		
40-44	14,037	704	0		
45-49	17,593	992	0		
50-54	22,083	1,129	0		
55-59	29,146	1,595	0		
60-63	35,284	1,920	0		
64+	6,581	608	0		

^{*}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	
\$	170,668,679.44	\$ 93,891,752.60	\$ 95,862,646.51	192,818	\$ 19,551,699.75	\$ 115,414,346.26	\$ -	\$ (4,564,002.06)	\$ 65,558.12	\$ -	\$ (9,202,477.73)	
E	Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											
Lo	oss Ratio										56.58%	

*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					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

^{*} Express Cost, Utilization, Induced Utilization and Weight as percentages

** Should = URRT Trend

Table 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		\$ 20,958,613.07	1.0000		30,211	\$ 693.74		\$ (495,441.52)		\$ 880.47
Feb-15		\$ 21,187,466.90	1.0000		29,023	\$ 730.02		\$ (487,680.96)	\$ 25,149,151.65	\$ 866.52
Mar-15		\$ 23,416,019.10	1.0000		28,312	\$ 827.07		\$ (484,478.08)	\$ 26,886,232.21	\$ 949.64
Apr-15		\$ 23,131,970.50	1.0000		28,000	\$ 826.14		\$ (516,507.68)		\$ 936.91
May-15		\$ 21,703,556.46	1.0000		27,737			\$ (472,106.89)		\$ 880.95
Jun-15		\$ 23,402,838.68	1.0000		27,446	\$ 852.69		\$ (536,681.65)		\$ 944.55
Jul-15		\$ 22,015,332.36	1.0000		27,167	\$ 810.37		\$ (490,804.82)		\$ 895.58
Aug-15		\$ 20,167,253.52	1.0000		26,808	\$ 752.28		\$ (459,907.31)	\$ 22,158,860.32	\$ 826.58
Sep-15		\$ 22,188,898.77	1.0000		26,456	\$ 838.71		\$ (463,551.92)		\$ 908.74
Oct-15		\$ 21,357,256.89	1.0000		26,054	\$ 819.73		\$ (503,294.22)	\$ 23,075,932.63	\$ 885.70
Nov-15		\$ 20,124,134.82	1.0000		25,619	\$ 785.52		\$ (445,921.21)		\$ 866.57
Dec-15	\$ 141,360,441.30	\$ 24,542,768.77	1.0000		24,757	\$ 991.35	\$ 39,079,742.98	\$ (554,679.74)		\$ 1,063.52
Jan-16		\$ 15,904,603.61	1.0000		28,047			\$ (321,099.96)		
Feb-16		\$ 18,105,385.12	1.0000		28,299			\$ (397,932.74)		
Mar-16		\$ 19,641,215.98	1.0000		28,193	\$ 696.67		\$ (433,343.05)	\$ 24,179,432.12	\$ 857.64
Apr-16		\$ 18,642,830.19	0.9976		27,862	\$ 670.70		\$ (398,143.34)	\$ 22,468,572.51	\$ 806.42
May-16		\$ 18,670,219.40	0.9977		27,407	\$ 682.81		\$ (402,170.62)	\$ 22,086,365.68	\$ 805.87
Jun-16		\$ 19,811,568.62	0.9978		27,049	\$ 734.03		\$ (430,937.00)		\$ 855.00
Jul-16		\$ 18,470,664.23	0.9977		26,681			\$ (408,361.93)		
Aug-16		\$ 18,900,537.07	0.9978		26,311			\$ (406,513.60)		\$ 825.74
Sep-16		\$ 19,270,470.27	0.9978		25,960	\$ 743.94		\$ (398,406.68)	\$ 22,039,437.48	\$ 848.98
Oct-16		\$ 18,074,167.30	0.9977		25,527	\$ 709.68		\$ (398,879.25)	\$ 20,450,535.95	\$ 801.13
Nov-16		\$ 19,663,500.50	0.9979		25,023	\$ 787.47		\$ (427,925.82)	\$ 22,102,946.99	\$ 883.31
Dec-16	\$ 144,152,154.23	\$ 22,250,977.73	0.9982		23,908	\$ 932.36		(10.7000102)		\$ 1,032.10
Jan-17		\$ 13,296,009.13	0.9957			\$ 492.97		\$ (396,533.53)		\$ 673.86
Feb-17		\$ 13,809,705.00	0.9958		27,215	\$ 509.59		\$ (415,931.46)		
Mar-17		\$ 15,134,294.29	0.9960		27,222	\$ 558.19		\$ (498,466.84)		\$ 706.49
Apr-17		\$ 14,884,448.75	0.9959		E0,7 0E	\$ 558.49		\$ (474,048.19)	\$ 18,403,399.03	\$ 687.67
May-17		\$ 15,298,690.89	0.9959		26,280	\$ 584.56		\$ (527,916.42)		\$ 711.74
Jun-17		\$ 15,682,311.12	0.9960		25,957			\$ (528,766.14)		\$ 723.30
Jul-17		\$ 15,748,116.54	0.9961		25,533	\$ 619.21		\$ (505,899.17)		\$ 722.37
Aug-17		\$ 15,478,691.95	0.9958		25,060			\$ (511,693.50)		
Sep-17		\$ 14,170,843.88	0.9955		24,616	\$ 578.30		\$ (452,823.66)		\$ 675.45
Oct-17		\$ 17,207,661.89	0.9959		24,179	\$ 714.61		\$ (516,775.61)		\$ 816.25
Nov-17	227.505.7	\$ 16,480,081.34	0.9956		23,687	\$ 698.83	42.045.155.15	\$ (497,452.72)	\$ 18,814,237.07	\$ 794.29 \$ 827.17
Dec-17	\$ 227,606,791.14	\$ 16,739,566.21	0.9956		22,933	\$ 733.15		\$ (492,877.71)		\$ 827.17 \$ 558.89
Jan-18		\$ 7,462,268.05	0.9931		17,778	\$ 422.65		\$ (318,918.24)		
Feb-18 Mar-18		\$ 6,701,031.08 \$ 7,910,745.05	0.9922 0.9926		17,339 16,915	\$ 389.49 \$ 471.15	-	\$ (338,150.89)		\$ 489.05 \$ 566.14
								\$ (371,788.95)	\$ 9,576,244.71	
Apr-18		\$ 8,105,262.05	0.9915		16,634	\$ 491.46		\$ (399,474.73)	\$ 9,586,040.07	\$ 576.29
May-18		\$ 7,479,034.03	0.9908		16,269	\$ 463.96	-	\$ (390,119.76)	\$ 8,809,673.54	\$ 541.50
Jun-18 Jul-18		\$ 7,339,920.43	0.9895		16,004	\$ 463.48		\$ (401,622.02)	\$ 8,503,494.16	\$ 531.34 \$ 569.46
		\$ 7,857,387.41	0.9863		15,815	\$ 503.71	-	\$ (391,807.76)		
Aug-18		\$ 9,360,519.11	0.9858		15,596			\$ (413,942.42)		\$ 673.02
Sep-18		\$ 7,389,728.25	0.9796		15,431		-	\$ (356,161.39)		
Oct-18		\$ 8,582,337.14	0.9725		15,247	\$ 578.83	-	\$ (404,965.55)	\$ 9,846,937.89	\$ 645.83
Nov-18		\$ 7,630,537.56	0.9587		15,030	\$ 529.56		\$ (357,322.76)	\$ 8,764,510.77	\$ 583.13
Dec-18	\$ 170,669,029.14	\$ 8,072,982.67	0.9276	\$ 8,702,911.96	14,760	\$ 589.63	\$ 19,549,837.25	\$ (419,727.57)	\$ 9,544,813.11	\$ 646.6

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

Carrier Name: Product(s): Market Segment: Rate Effective Date:

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*	escription Drug Rebates* Total EHB Capitation		Estimated Risk Adjustment			
			744		\$ 119,312.07	\$ -	\$ (3,720.00)	\$ 252.96	\$ -				
Experience Period Total Allowed E	Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)												
Loss Ratio	Loss Ratio												
*Express Prescription Drug Rebates as	a negative number												

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite Trend	Weight*
Inpatient Hospital	4.50%	2.87%	0.00%	7.50%	3.32%
Outpatient Hospital	4.50%	2.87%	0.00%	7.50%	51.85%
Professional	4.50%	2.87%	0.00%	7.50%	32.07%
Other Medical	4.50%	2.87%	0.00%	7.50%	1.53%
Capitation				-14.25%	0.22%
Prescription Drugs	4.50%	2.87%	0.00%	7.50%	11.01%
Total Annual Trend				7.46%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.155	

^{*} 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				#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 perce				#DIV/0:		#DIV/0:				#DIV/0:

^{*} Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II

Rate Effective Date:

Rate Development and Change Carrier Name: Product(s): HHIC PPO Market Segment:

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

Development of the Projected Index Rate	Actu	ual Experie Data	ence	Manual Data			
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$		575.24	\$	155.	71 <- Ac	tual Experience PMPM should be consistent with the Index Rate for Experience Peri
Two year trend projection Factor		1.000			1.155		
Unadjusted Projected Allowed EHB Claims PMPM	\$		575.24	\$	179.	79	
Single Risk Pool Adjustment Factors							
Change in Morbidity					1.060	<- Se	ee URRT Instructions
Change in Other		0.000			1.000		
Change in Demographics					1.000	<- Se	ee URRT Instructions
Change in Network					1.000		
Change in Benefits					1.000	<- Se	ee URRT Instructions
Change in Other					1.000	<- Se	ee URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$		-	\$	190.	52	
Credibidility Factors		0%			100%	<- Se	ee Instructions
Blended Projected EHB Claims PMPM				\$	190.	52 <- P	rojected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims							
Adjusted Projected Allowed EHB Claims PMPM	\$	1	90.52	<- Ind	lex Rate for Proje	ction Per	iod 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			0.576				
Projected Paid EHB Claims PMPM Market-wide Adjustments	\$	1	09.65				
Projected Risk Adjustment PMPM	Ś	(95.55)				
Projected Paid Exchange User Fees PMPM	\$	· ·	- '				
Market-Adjusted Projected Paid EHB Claims PMPM	\$	2	05.20				
Market-Adjusted Projected Allowed EHB Claims PMPM	\$	3	56.53	<- Ma	ırket-Adjusted In	dex Rate	
Projected Allowed Non-EHB Claims PMPM	\$		-				
Market-Adjusted Projected Paid Total Claims PMPM	\$	2	05.20				
Market-Adjusted Projected Allowed Total Claims PMPM	\$	3	56.53				
	1						

01/01/2020

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	14.03%	\$35.50
General and Claims	12.72%	\$32.18
Agent/Broker Fees and Commissions	0.75%	\$1.90
Quality Improvement Initiatives	0.56%	\$1.42
Faxes and Fees	4.87%	\$12.33
RA User Fee	0.07%	\$0.18
PA Premium Tax (if applicable)	2.00%	\$5.06
Federal Income Tax	0.00%	\$0.00
Health Insurance Providers Fee (Prorated for Small Groups only)	2.80%	\$7.08
Profit/Contingency (after tax)	0.00%	\$0.00
Fotal Retention	18.90%	\$47.83
Projected Required Revenue PMPM	\$ 253.03	

Table 8. Components of Rate Change

Rate Components		2019	2020	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)		#DIV/0!	#VALU	! #VALUE!	#VALUE
B. Base period allowed claims before normalization	\$	726.82	\$ 155.7	.\$571.11	#DIV/0
C. Normalization factor component of change	\$	(351.50)	\$ 3.0	\$354.55	#DIV/0
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	\$	375.32	\$ 158.7	5 \$ (216.57)	#DIV/0
D2. URRT Trend	\$	66.48	\$ 24.5	5 \$ (41.92)	#DIV/0
D3. URRT Morbidity	\$	25.08	\$ 10.9	3 \$ (14.15)	#DIV/0
D4. URRT Other	\$	(6.23)	\$ 0.0	5 6.23	#DIV/0
D5. Normalized URRT RA/RI on an allowed basis	s	(14.11)	\$ 169.2	5 \$ 183.37	#DIV/0
D6. Normalized Exchange User Fee on an allowed basis	Ś	15.16		\$ (15.16)	•
D7. Subtotal - Sum(D1:D6)	Ś	461.70	\$ 363.5		
E. Change in Allowable Plan Adjusted Level Components	*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (00.20)	
E1. Network	\$	(5.57)	\$ -	\$ 5.57	#DIV/0
E2. Pricing AV		-120.3794919	#VALU		
E3. Benefit Richness	\$	7.23	#VALU		
E4. Catastrophic Eligibility	\$	20.74	#VALU	! #VALUE!	#VALUE
E5. Subtotal - Sum(E1:E4)	Ś	(97.98)	#VALU	! #VALUE!	#VALUE
F. Change in Retention Components		(,			
F1. Administrative Expenses		#DIV/0!	#VALU	! #VALUE!	#VALUE
F2. Taxes and Fees		#DIV/0!	#VALU		
F3. Profit and/or Contingency		#DIV/0!	#VALU	! #VALUE!	#VALUE
F4. Subtotal - Sum(F1:F3)		#DIV/0!	#VALU		
G. Change in Miscellaneous Items				\$ -	#DIV/0
G. Change in Miscenarieous items				- ډ	#DIV/0
H. Sum of Components of Rate Change (should approximate the change shown in line A)		#DIV/0!	#VALU	! #VALUE!	#VALUE

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 155.71	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ -	
Blended Loss Ratio	0.00%	

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

Effective Date	01/01/2020		04/01/2020		07/01/2020		10/01/2020		l Single Risk Pool
# of Member Months Renewing in Quarter									-
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 190.52	\$	190.52	\$	190.52	\$	190.52	\$	190.52
Months of Trend	-		3		6		9		
Annual Trend	7.46%		7.46%		7.46%		7.46%		
Single Risk Pool Projected Allowed Claims	\$ 190.52	\$	193.97	\$	197.49	\$	201.07	\$	-
Quarterly Trend Factor	100.0%		101.8%		103.7%		105.5%		0.0%
2020 Trend Factors by Quarter	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

2019		2020
1.826		1.011
1.032		0.970
1.009		1.001
1.031		1.000
0.988		1.000
\$ 894.11	\$	356.53
\$ 461.70	\$	363.51
\$	1.032 1.009 1.031 0.988 \$ 894.11	1.826 1.032 1.009 1.031 0.988 \$ 894.11 \$

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

	2019	2020	
Paid-to-Allowed	0.770	0.576	
URRT Trend (Total Applied Trend Factor)	1.177	1.155	<- URRT W1, S2
URRT Morbidity	1.057	1.060	<- URRT W1, S2
URRT "Other"	0.987	1.000	<- URRT W1, S2
Risk Adjustment	\$ (21.05)	\$ 95.55	<- URRT W1, S3
Exchange User Fee	\$ 22.62	*	<- URRT W1, S3
Capitation	\$ 0.25		<- URRT W1, S2
Network	0.988	1.000	
Pricing AV	0.736	#VALUE!	<- For 2019 in cell J81, please include a factor equal to the product of the
Benefit Richness	1.022	1.000	
Catastrophic Eligibility	1.060	1.000	
Administrative Expenses	8.46%	14.03%	
Taxes and Fees	2.02%		
Profit and/or Contingency	0.00%		
	0.007.	0.007.	

PA Rate Template Part III Table 10. Plan Rates

 Carrier Name:
 HHIC

 Product(s):
 PPO

 Market Segment:
 Individual

 Rate Effective Date:
 01/01/2020

 Base Period Start Date
 01/01/2018

 Date of Most Recent Membership
 02/01/2019

70194PA0550001

70194PA0560001

70194PA0570001

70194PA0580001

70194PA0590001

Plan 16

EPO

PPO

my Direct Blue Lehigh Valley Major

my Direct Blue Major Events EPO

my Direct Blue EPO Silver 4450 HSA DNM
my Direct Blue Lehigh Valley EPO
Silver 4450 HSA DNM

Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits

Events EPO 7900

Transitional Plans TRANSITIONAL N/A TRANSITIONAL N/A N	Base Period Sta Date of Most Re Market Adjusted	rt Date cent Membership	01/01/2018 02/01/2019 \$ 356.53	3										4	45 CFR Part 156.	8 (d) (2) Allowab	ole Factors
Transitional Plans TRANSITIONAL N/A TRANSITIONAL N/A N	Plan Number	(Standard	(HMO, POS, PPO, EPO,		New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM,	1/1/2020 Plan HIOS Plan ID (If 1/1/2019 Plan Discontinued &		Actuarial	Approach (1),	On/Off or	(company- determined	Richness (induced	addition to			of CSR	
Plan 1 70194PA0250001 PPO	Totals							0.575			#VALUE!	1.000	1.000	1.000	1.000	1.000	\$ 1.03
Pan 2 70194PA030001 PP 0 Shared Cost Blue PPO Bronze 7500 DMM Shared South Blue Blue Blue Blue Blue Blue Blue Blue	Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pan 2 70194PA0530001 PPO Shared Cost Blue PPO Bronze 7500 DNM S0.00	Plan 1			Shared Cost Blue PPO Bronze 7500	DNM					-	,	,					
Pan 3 70194PA0530001 EPO Free PCP Visits DNM	Plan 2	70194PA0300001	PPO	Shared Cost Blue PPO Bronze 7500	DNM												
Pan 4				my Direct Blue EPO Gold 1000 - 2													
Plan 4 70194PA0530002 EPO	Plan 3	70194PA0530001	EPO	Free PCP Visits	DNM												\$0.00
Plan 5 70194PA0530007 EPO my Direct Blue EPO Bronze 4000 DNM S0.000 Plan 6 70194PA0530008 EPO my Direct Blue EPO Bronze 7900 DNM S0.000 Plan 7 70194PA0530009 EPO my Direct Blue EPO Bronze 7900 DNM S0.000 Plan 8 70194PA0530010 EPO Free PCP Visits DNM S0.000 Plan 9 70194PA0530010 EPO Gold 1000 - 2 Free PCP Visits DNM S0.000 Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.000 Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.000 Plan 12 70194PA0540008 EPO Bronze 4000 DNM S0.000 Plan 13 70194PA0540008 EPO Bronze 7900 DNM S0.000 Plan 14 70194PA0540009 EPO Bronze 7900 DNM S0.000 Plan 15 70194PA0540009 EPO Bronze 7900 DNM S0.000 Plan 16 70194PA0540009 EPO Bronze 7900 DNM S0.000 Plan 17 70194PA0540009 EPO Bronze 7900 DNM S0.000 Plan 18 70194PA0540009 EPO Bronze 7900 DNM S0.000 Plan 19 70194PA0540009 EPO Silver 0 DNM S0.000 Plan 19 70194PA				my Direct Blue EPO Silver 2400 - 2													4
Plan 6 70194PA0530008 EPO my Direct Blue EPO Bronze 7900 DMM S0.00 S0.00 Plan 7 70194PA0530009 EPO my Direct Blue EPO Silver 3500 - 2 Plan 8 70194PA0530010 EPO Free PCP Visits DMM S0.00 S0.00 Plan 9 70194PA0530010 EPO Gold 1000 - 2 Free PCP Visits DMM S0.00 Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DMM S0.00 Plan 11 70194PA0540007 EPO Bronze 4000 DMM S0.00 Plan 12 70194PA0540008 EPO Bronze 4000 DMM S0.00 Plan 13 70194PA0540009 EPO Bronze 4000 DMM S0.00 Plan 14 70194PA0540009 EPO Bronze 4000 DMM S0.00 Plan 15 70194PA0540009 EPO Bronze 4000 DMM S0.00 Plan 16 70194PA0540009 EPO Bronze 7900 DMM S0.00 Plan 17 70194PA0540009 EPO Bronze 7900 DMM S0.00 Plan 18 70194PA0540009 EPO Bronze 7900 DMM S0.00 Plan 19 70194PA0540009 EPO Bronze 7900 DMM S0.00 Plan 19 70194PA0540009 EPO Bronze 7900 DMM S0.00 Plan 19 70194PA0540009 EPO Silver 0 DMM S0.00	Plan 4			Free PCP Visits													
Plan 7 70194PA0530009 EPO my Direct Blue EPO Silver 0 DNM S0.00 Plan 8 70194PA0530010 EPO Free PCP Visits DNM S0.00 Plan 9 70194PA0540001 EPO Gold 1000 - 2 Free PCP Visits DNM S0.00 Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.00 Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 Plan 13 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 14 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 15 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 16 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 17 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 18 70194PA0540009 EPO Silver 2790 DNM S0.00 Plan 19 70194PA0540009 EPO Sil	Plan 5			my Direct Blue EPO Bronze 4000	DNM												\$0.00
Plan 8 70194PA0530010 EPO Free PCP Visits DNM S0.00 Plan 9 70194PA0540001 EPO Gold 1000 - 2 Free PCP Visits DNM S0.00 Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.00 Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 Plan 13 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 14 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 15 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 16 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 17 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 18 70194PA0540009 EPO Silver 0 DNM S0.00 Plan 19 70194PA0540009 EPO	Plan 6																\$0.00
Plan 8 70194PA0530010 EPO Free PCP Visits DNM S0.00 Plan 9 70194PA0540001 EPO Gold 1000 - 2 Free PCP Visits DNM S0.00 Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.00 Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 Plan 13 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 14 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 15 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 16 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 17 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 18 70194PA0540009 EPO Bronze 7900 DNM S0.00 Plan 19 70194PA0540009 EPO Silver 0 Silve	Plan 7	70194PA0530009	EPO		DNM												\$0.00
Pilan 9				,													<u> </u>
Plan 1 Plan 1 Plan 1 Plan 1 Plan 2 Plan 3 Plan 3 Plan 3 Plan 4 Plan 4 Plan 4 Plan 5 Plan 5 Plan 5 Plan 6 Plan 6 Plan 6 Plan 6 Plan 6 Plan 7 Plan 1 Plan 7 Plan 1 Plan 6 Plan 7 Plan 1 Plan 7 Plan 1 Plan 6 Plan 7 Plan 1 Plan 7 Plan 1 Plan 6 Plan 7 Plan 1 Plan 6 Plan 7 Plan 1 Plan 6 Plan 6 Plan 6 Plan 7 Plan 7 Plan 7 Plan 8 P	Plan 8	70194PA0530010	EPO		DNM												\$0.00
Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.00 Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 Plan 13 70194PA0540009 EPO Silver 190 DNM S0.00 Plan 14 70194PA0540009 EPO Bronze 8000 DNM S0.00 Plan 15 70194PA0540009 EPO Silver 0 DNM S0.00 Plan 16 70194PA0540009 EPO Silver 0 DNM S0.00 Plan 17 70194PA0540009 EPO Silver 0 DNM S0.00 Plan 18 70194PA0540009 EPO Silver 0 DNM S0.00																	<u> </u>
Plan 10 70194PA0540002 EPO Silver 2400 - 2 Free PCP Visits DNM S0.00	Plan 9	70194PA0540001	EPO		DNM												\$0.00
Plan 11 70194PA0540007 EPO Bronze 4000 DNM S0.00 S0.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 Plan 13 70194PA0540009 EPO Silver 0 DNM S0.00 Plan 14 Plan 15 Plan 15 Plan 16 Plan 16 Plan 17 Plan 17 Plan 18 Plan 1																	<u> </u>
Plan 11 70194PA0540007 EPO Bronze 4000 DNM So.00 Plan 12 70194PA0540008 EPO Bronze 7900 DNM So.00 Plan 13 70194PA0540009 EPO Silver 0 DNM So.00 Plan 14 70194PA0540009 EPO Silver 0 DNM So.00 Plan 15 70194PA0540009 EPO Silver 0 DNM So.00 Plan 16 70194PA0540009 EPO Silver 0 DNM So.00 Plan 17 70194PA0540009 EPO Silver 0 DNM So.00 Plan 18 70194PA0540009 EPO Silver 0 DNM So.00 Plan 19 70194PA0	Plan 10	70194PA0540002	EPO		DNM												\$0.00
Plan 12 70194PA0540008 EPO Bronze 7900 DNM S0.00 S0.00 Plan 13 70194PA0540009 EPO Silver 0 DNM S0.00																	<u> </u>
Plan 12 70194PA0540008 EPO Bronze 7900 DNM Sonze 79	Plan 11	70194PA0540007	EPO		DNM												\$0.00
Plan 13 70194PA0540009 EPO Silver 0 DNM S0.00 mm Direct Blue Lehigh Valley EPO DNM S0.00																	
Plan 13 70194PA0540009 EPO Sliver 0 DNM S0.00 Sliver 0 DNM S0.00 My Direct Blue Lehigh Valley EPO Sliver 0 DNM S0.00	Plan 12	/U194PA0540008	EPO		DNM												\$0.00
my Direct Blue Lehigh Valley EPO	Dir. 40	70404040540000	500		20124												£0.00
	Plan 13	70194PA0540009	EPU		DINIVI												\$0.00
	Plan 14	70194PA0540010	FPO	Silver 3500 - 2 Free PCP Visits	DNM												\$0.00

0.575 Standard AV

\$0.00

\$0.00

\$0.00

\$0.00

\$205.20

1.000

Calibration	
Age Calibration Factor	1.011
Geographic Calibration Factor	0.970
Tobacco Calibration Factor	1.001
Aggregate Calibration Factor	0.981

Total	Covered	Lives	@	02-01-2019	
				10.50	

	Taxes & Fees (not	
	including Exchange	Profit or
Admin Costs	fees)	Contingency

Total Covered Lives Mapped into 2020 Plans @ 02-01- 2019	Total Policyholders @ 02-01-2019
--	-------------------------------------

2020
Calibrated Plan
Adjusted Index
Rate PMPM

% of Total
Covered Lives

02-01-2019 Number of Covered Lives by Rating Area											
	1	2	3	4	5	6	7	8	9	Total	2020 Continued Discontine Plans Indicator

14.0%	4.9%	0.0%	0	7,735
N/A	N/A	N/A	-	
			-	
			-	
			-	
			_	
			-	
			-	
			=	
			_	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
14.0%	4.9%	0.0%	-	

2019 Calib		2020 Calibrated Plan		Change Compared to	
Index R	late	Adjusted Index		Prior 12	% of Total
PMPI	М	Rate PMPM		months	Covered Lives
#DIV/	0!	#VALUE!		#VALUE!	
N/A		N/A	ì	N/A	N/A
	369.41	#VALUE!		0.0%	#DIV/0!
	357.30	#VALUE!		0.0%	#DIV/0!
					,
\$ 4	491.25	#VALUE!		0.0%	#DIV/0!
	479.80	#VALUE!		0.0%	#DIV/0!
	348.01	#VALUE!		0.0%	#DIV/0!
	327.43	#VALUE!		0.0%	#DIV/0!
\$ 5	503.81	#VALUE!		0.0%	#DIV/0!
\$	391.93	#VALUE!		0.0%	#DIV/0!
\$ 4	499.44	#VALUE!		0.0%	#DIV/0!
\$ A	199.44	#VALUE!		0.0%	#DIV/0!
\$ 4	487.80	#VALUE!		0.0%	#DIV/0!
, .	107.00	#VALUE:		0.070	#514/0:
\$ 3	353.81	#VALUE!		0.0%	#DIV/0!
\$ 3	332.89	#VALUE!		0.0%	#DIV/0!
\$ 5	512.21	#VALUE!		0.0%	#DIV/0!
\$:	398.47	#VALUE!		0.0%	#DIV/0!
\$:	286.55	#VALUE!		0.0%	#DIV/0!
Ś :	281.85	#VALUE!		0.0%	#DIV/0!
\$ ·	201.00	#VALUE!		0.0%	#DIV/0!
\$ 4	460.84	#VALUE!		0.0%	#DIV/0!
,	100.04			0.070	
\$ 4	468.52	#VALUE!		0.0%	#DIV/0!
\$	-	\$ 257.98		0.0%	#DIV/0!

1	2	3	4	5	6	7	8	9	Total	Discontined Plans Indicator
	_						_			
66	19	-	235	42	1,961	4,850	-	3,425	10,598	
										-
-	-	-	-	-	-	-	-	-	-	0
66	19	-	235	42	2	-	-	-	364	0
-	-	-	-	-	78	261	-	217	556	0
-	-	-	-	-	-	685	-	521	1,206	0
-	-	-	-	-	-	1,092	-	767	1,859	0
-	1	-	-	-	-	1,530	-	1,044	2,574	0
-	-	-	-	-	-	623	-	347	970	0
-	-	-	-	-	-	49	-	66	115	0
_	_	-	_	-	-	170	-	96	266	0
_	_	_	_	_	302	_	_	_	302	0
_	_	_	_	_	365	_	_	_	365	0
_	-	_	_	_	692	_	_	_	692	0
	_	_	_	_	218	_	_	_	218	0
		_	_	_	30	_	_	_	30	0
		-	_	-	30	-	-	-	30	0
-	-	-	-	-	116	-	-	-	116	0
-	-	-	-	-	37	-	-	-	37	0
-	-	-	-	-	-	62	-	30	92	0
-	-	-	_	_	_	378	_	337	715	0
_	_	_	_	_	121	_	_	_	121	0
					121				121	Ü
-	_	_	_	_	-	_	-	_	-	1

PA Rate Template Part IV A - Individual

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

 Carrier Name:
 HHIC

 Product(s):
 PPO

 Market Segment:
 Individual

 Rate Effective Date:
 01/01/2020

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
-------------	--------------------------------------	---------------------------------	--	---	------------------	------------------------------

	HIOS Plan ID (Standard	1/1/2019 Plan	(D,N,M,E) for	ID (If 1/1/2019 Plan	Metallic	On/Off or
Plan Number	Component)	Marketing Name	2020	Discontinued & Mapped)	Tier	Off
Totals		These cells auto-fill us	ing the data ente	red in Table 10.		
			_			
Plan 1	70194PA0260001	Shared Cost Blue PPO Bronze 7500	DNM			
Plan 2	70194PA0300001	Shared Cost Blue PPO Bronze 7500	DNM			
Plan 3	70194PA0530001	ect Blue EPO Gold 1000 - 2 Free PC	DNM			
Plan 4	70194PA0530002	ct Blue EPO Silver 2400 - 2 Free PO	DNM			
Plan 5	70194PA0530007	my Direct Blue EPO Bronze 4000	DNM			
Plan 6	70194PA0530008	my Direct Blue EPO Bronze 7900	DNM			
Plan 7	70194PA0530009	my Direct Blue EPO Silver 0	DNM			
Plan 8	70194PA0530010	ct Blue EPO Silver 3500 - 2 Free PO	DNM			
Plan 9	70194PA0540001	e Lehigh Valley EPO Gold 1000 - 2 F	DNM			
Plan 10	70194PA0540002	Lehigh Valley EPO Silver 2400 - 2 I	DNM			
Plan 11	70194PA0540007	rect Blue Lehigh Valley EPO Bronze	DNM			
Plan 12	70194PA0540008	rect Blue Lehigh Valley EPO Bronze	DNM			
Plan 13	70194PA0540009	Direct Blue Lehigh Valley EPO Silve	DNM			
Plan 14	70194PA0540010	Lehigh Valley EPO Silver 3500 - 2 I	DNM			
Plan 15	70194PA0550001	t Blue Lehigh Valley Major Events I	DNM			
Plan 16	70194PA0560001	y Direct Blue Major Events EPO 79	DNM			
Plan 17	70194PA0570001	ny Direct Blue EPO Silver 4450 HSA	DNM			
Plan 18	70194PA0580001	ct Blue Lehigh Valley EPO Silver 44	DNM			
Plan 19	70194PA0590001	PPO, a Community Blue Plan 8150	N		Catastrophic	Off

					20	019 21-ye	ar-o	ld, Non-T	oba	cco Prem	ium	PMPM					
1		2		3		4		5		6		7	8		9	en b	verage veighted by rollment y rating area)
\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-	\$	-
\$ 358.32	\$	358.32	\$	-	\$	358.32	\$	358.32	\$	384.18	\$	-	\$ -	\$	-	\$	358.47
\$ 346.58	\$	346.58	\$	-	\$	346.58	\$	346.58	\$	371.59	\$	-	\$ -	\$	-	\$	52.13
\$ 476.51	\$	476.51	\$	-	\$	476.51	\$	476.51	\$	510.90	\$	-	\$ -	\$	-	\$	-
\$ 465.40	\$	465.40	\$	-	\$	465.40	\$	465.40	\$	498.99	\$	-	\$ -	\$	-	\$	-
\$ 337.57	\$	337.57	\$	-	\$	337.57	\$	337.57	\$	361.93	\$	-	\$ -	\$	-	\$	-
\$ 317.61	\$	317.61	\$	-	\$	317.61	\$	317.61	\$	340.53	\$	-	\$ -	\$	-	\$	
\$ 488.69	\$	488.69	\$	-	\$	488.69	\$	488.69	\$	523.96	\$	-	\$ -	\$	-	\$	-
\$ 380.17	\$	380.17	\$	-	\$	380.17	\$	380.17	\$	407.61	\$	-	\$ -	\$	-	\$	-
\$ 484.46	\$	484.46	\$	-	\$	484.46	\$	484.46	\$	519.42	\$	-	\$ -	\$	-	\$	519.42
\$ 473.16	\$	473.16	\$	-	\$	473.16	\$	473.16	\$	507.31	\$	-	\$ -	\$	-	\$	507.31
\$ 343.20	\$	343.20	\$	-	\$	343.20	\$	343.20	\$	367.97	\$	-	\$ -	\$	-	\$	367.97
\$ 322.90	\$	322.90	\$	-	\$	322.90	\$	322.90	\$	346.21	\$	-	\$ -	\$	-	\$	346.21
\$ 496.84	\$	496.84	\$	-	\$	496.84	\$	496.84	\$	532.70	\$	-	\$ -	\$	-	\$	532.70
\$ 386.51	\$	386.51	\$	-	\$	386.51	\$	386.51	\$	414.41	\$	-	\$ -	\$	-	\$	414.41
\$ 277.96	\$	277.96	\$	-	\$	277.96	\$	277.96	\$	298.02	\$	-	\$ -	\$	-	\$	298.02
\$ 273.40	\$	273.40	\$	-	\$	273.40	\$	273.40	\$	293.13	\$	-	\$ -	\$	-	\$	-
\$ 447.01	\$	447.01	\$	-	\$	447.01	\$	447.01	\$	479.27	\$	-	\$ -	\$	-	\$	-
\$ 454 47	ς	454 47	ς		ς	454 47	ς	454 47	ς	487 27	ς		\$ 	ς		\$	487 27

2020 21-year-old, Non-Tobacco Premium PMPM									
1	2	2	Д	_	6	7	8	q	Average (weighted by enrollment by rating area)
1	2	3	4	3	U	,	0	3	aleaj
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	Change in 21-year-old Non-Tobacco Premium PMPM									
										Average
										(weighted
										by
										enrollment
										by rating
1		2	3	4	5	6	7	8	9	area)
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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\$ 250.24	\$ 250.24	\$ -	\$ 250.24	\$ 250.24	\$ 268.30	\$ -	\$ -	\$ -	\$ -

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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

Age Band	Age	Tobacco	Projection Period Age and Tobacco Factors									
Band		. 02000	Age	Age	Tobacco							
	Factor	Factor	Band	Factor	Factor							
0-14	0.765		40	1.278	1.100							
15	0.833		41	1.302	1.105							
16	0.859		42	1.325	1.112							
17	0.885		43	1.357	1.121							
18	0.913	1.000	44	1.397	1.132							
19	0.941	1.000	45	1.444	1.145							
20	0.970	1.000	46	1.500	1.160							
21	1.000	1.025	47	1.563	1.177							
22	1.000	1.025	48	1.635	1.196							
23	1.000	1.025	49	1.706	1.217							
24	1.000	1.025	50	1.786	1.225							
25	1.004	1.025	51	1.865	1.225							
26	1.024	1.025	52	1.952	1.225							
27	1.048	1.025	53	2.040	1.225							
28	1.087	1.025	54	2.135	1.225							
29	1.119	1.025	55	2.230	1.225							
30	1.135	1.025	56	2.333	1.225							
31	1.159	1.025	57	2.437	1.225							
32	1.183	1.025	58	2.548	1.225							
33	1.198	1.025	59	2.603	1.225							
34	1.214	1.025	60	2.714	1.225							
35	1.222	1.025	61	2.810	1.225							
36	1.230	1.025	62	2.873	1.225							
37	1.238	1.025	63	2.952	1.225							
38	1.246	1.025	64+	3.000	1.225							
39	1.262	1.025										

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

Carrier Name: HHIC
Product(s): PPO
Market Segment: Individual

Rate Effective Date: 01/01/2020

Table 13. Geographic Factors

	Geographic Area Factors		
Area	Counties	Current Factor	Proposed Factor
Rating Area 1	Crawford, Clarion, Erie, Forest, McKean, Mercer, Venango, Warren	0.970	0.970
Rating Area 2	Elk, Cameron, Potter	0.970	0.970
Rating Area 3			
Rating Area 4	Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland	0.970	0.970
Rating Area 5	Bedford, Blair, Clearfield, Cambria, Huntingdon, Jefferson, Somerset	0.970	0.970
Rating Area 6	Centre	1.040	1.040
Rating Area 7			
Rating Area 8			
Rating Area 9			

Table 14. Network Factors

	Projecion Period Network Factors													
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date										
KHPW	Zone C (see Plan Design Summary)	1.000	1	11/05/1982										

Company Name: HM Health Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2020

Ending date of Rates:

December 31, 2020

HIOS Plan ID (On Exchange)=>	N 1	I/A	N,	/A	N/	/A	N/	/A	N/A				
HIOS Plan ID (Off Exchange)=>	70194P	A0590001	70194PA	0590001	70194PA	0590001	70194PA	0590001	70194PA0590001				
		ts Blue PPO, a	Major Events		Major Events		Major Events		Major Events Blue PPO, a				
		ue Plan 8150 - 3			Community Blu				3 Community Blue Plan 8150 - 3				
Plan Marketing Name =>		CP Visits	Free PC		Free PC		Free PC		Free PCP Visits				
Form # => Rating Area =>		D/HHIC/DP rea 1	CAT/PPO	/HHIC/DP		/HHIC/DP ea 4	CAT/PPO/ Are		CAT/PPO/HHIC/DP				
Network =>	Ai	C		2		C .	Ale		Area 6				
Metal =>	Catas	trophic	Catast		Catast		Catast			rophic			
Deductible =>		150	81	•	81		81	•		50			
Coinsurance =>	10	00%	10	0%	10	0%	100	0%	100%				
	\$\$0 (Visits 1-3); then 100% after \$\$0 (Visits 1-3); then 100%			\$\$0 (Visits 1-3		\$\$0 (Visits 1-3							
Copays =>		I. PCP	after De		after De	ed. PCP 50	after De		after D	ed. PCP 50			
Pediatric Dental (Yes/No) =>	OOP Maximum => 8150 Pediatric Dental (Yes/No) => Yes		Ye			es	Y6			es			
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco			
0 - 14	\$191.43	\$191.43	\$191.43	\$191.43	\$191.43	\$191.43	\$191.43	\$191.43	\$205.25	\$205.25			
15	\$208.45	\$208.45	\$208.45	\$208.45	\$208.45	\$208.45	\$208.45	\$208.45	\$223.49	\$223.49			
16	\$214.96	\$214.96	\$214.96	\$214.96	\$214.96	\$214.96	\$214.96	\$214.96	\$230.47	\$230.47			
17	\$221.46	\$221.46	\$221.46	\$221.46	\$221.46	\$221.46	\$221.46	\$221.46	\$237.45	\$237.45			
18 19	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$228.47 \$235.48	\$244.96 \$252.47	\$244.96 \$252.47			
20	\$235.48	\$235.48	\$235.48	\$235.48	\$235.48	\$235.48	\$235.48	\$235.48	\$252.47	\$252.47			
20	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$268.30	\$275.01			
22	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$268.30	\$275.01			
23	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$268.30	\$275.01			
24	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$250.24	\$256.50	\$268.30	\$275.01			
25	\$251.24	\$257.52	\$251.24	\$257.52	\$251.24	\$257.52	\$251.24	\$257.52	\$269.37	\$276.10			
26	\$256.25	\$262.66	\$256.25	\$262.66	\$256.25	\$262.66	\$256.25	\$262.66	\$274.74	\$281.61			
27 28	\$262.25 \$272.01	\$268.81 \$278.81	\$262.25 \$272.01	\$268.81 \$278.81	\$262.25 \$272.01	\$268.81 \$278.81	\$262.25 \$272.01	\$268.81 \$278.81	\$281.18 \$291.64	\$288.21 \$298.93			
29	\$272.01	\$287.02	\$272.01	\$270.01	\$272.01	\$278.81	\$272.01	\$278.81	\$300.23	\$307.74			
30	\$284.02	\$291.12	\$284.02	\$291.12	\$284.02	\$291.12	\$284.02	\$291.12	\$304.52	\$312.13			
31	\$290.03			\$297.28	\$290.03	\$297.28	\$310.96 \$318.73						
32	\$296.03	\$303.43	\$296.03	\$303.43	\$296.03	\$303.43	\$296.03	\$303.43	\$317.40	\$325.34			
33	\$299.79	\$307.28	\$299.79	\$307.28	\$299.79	\$307.28	\$299.79	\$307.28	\$321.42	\$329.46			
34	\$303.79	\$311.38	\$303.79	\$311.38	\$303.79	\$311.38	\$303.79	\$311.38	\$325.72	\$333.86			
35 36	\$305.79 \$307.80	\$313.43	\$305.79 \$307.80	\$313.43	\$305.79	\$313.43	\$305.79 \$307.80	\$313.43 \$315.50	\$327.86 \$330.01	\$336.06			
36	\$307.80	\$315.50 \$317.55	\$307.80	\$315.50 \$317.55	\$307.80 \$309.80	\$315.50 \$317.55	\$307.80	\$315.50	\$330.01	\$338.26 \$340.46			
38	\$311.80	\$319.60	\$311.80	\$317.55	\$311.80	\$319.60	\$311.80	\$319.60	\$334.30	\$342.66			
39	\$315.80	\$323.70	\$315.80	\$323.70	\$315.80	\$323.70	\$315.80	\$323.70	\$338.59	\$347.05			
40	\$319.81	\$351.79	\$319.81	\$351.79	\$319.81	\$351.79	\$319.81	\$351.79	\$342.89	\$377.18			
41	\$325.81	\$360.02	\$325.81	\$360.02	\$325.81	\$360.02	\$325.81	\$360.02	\$349.33	\$386.01			
42	\$331.57	\$368.71	\$331.57	\$368.71	\$331.57	\$368.71	\$331.57	\$368.71	\$355.50	\$395.32			
43	\$339.58	\$380.67	\$339.58	\$380.67	\$339.58	\$380.67	\$339.58	\$380.67	\$364.08	\$408.13			
44 45	\$349.59 \$361.35	\$395.74 \$413.75	\$349.59 \$361.35	\$395.74 \$413.75	\$349.59 \$361.35	\$395.74 \$413.75	\$349.59 \$361.35	\$395.74 \$413.75	\$374.82 \$387.43	\$424.30 \$443.61			
46	\$375.36	\$435.42	\$375.36	\$435.42	\$375.36	\$435.42	\$375.36	\$435.42	\$402.45	\$466.84			
47	\$391.13	\$460.36	\$391.13	\$460.36	\$391.13	\$460.36	\$391.13	\$460.36	\$419.35	\$493.57			
48	\$409.14	\$489.33	\$409.14	\$489.33	\$409.14	\$489.33	\$409.14	\$489.33	\$438.67	\$524.65			
49	\$426.91	\$519.55	\$426.91	\$519.55	\$426.91	\$519.55	\$426.91	\$519.55	\$457.72	\$557.05			
50	\$446.93	\$547.49	\$446.93	\$547.49	\$446.93	\$547.49	\$446.93	\$547.49	\$479.18	\$587.00			
51	\$466.70	\$571.71	\$466.70	\$571.71	\$466.70	\$571.71	\$466.70	\$571.71	\$500.38	\$612.97			
52 53	\$488.47 \$510.49	\$598.38 \$625.35	\$488.47 \$510.49	\$598.38 \$625.35	\$488.47 \$510.49	\$598.38 \$625.35	\$488.47 \$510.49	\$598.38 \$625.35	\$523.72 \$547.33	\$641.56 \$670.48			
53 54	\$510.49 \$534.26	\$625.35 \$654.47	\$510.49 \$534.26	\$625.35 \$654.47	\$510.49 \$534.26	\$625.35 \$654.47	\$510.49 \$534.26	\$625.35 \$654.47	\$547.33 \$572.82	\$670.48 \$701.70			
55	\$558.04	\$683.60	\$558.04	\$683.60	\$558.04	\$683.60	\$558.04	\$683.60	\$598.31	\$732.93			
56	\$583.81	\$715.17	\$583.81	\$715.17	\$583.81	\$715.17	\$583.81	\$715.17	\$625.94	\$766.78			
57	\$609.83	\$747.04	\$609.83	\$747.04	\$609.83	\$747.04	\$609.83	\$747.04	\$653.85	\$800.97			
58	\$637.61	\$781.07	\$637.61	\$781.07	\$637.61	\$781.07	\$637.61	\$781.07	\$683.63	\$837.45			
59	\$651.37	\$797.93	\$651.37	\$797.93	\$651.37	\$797.93	\$651.37	\$797.93	\$698.38	\$855.52			
60	\$679.15	\$831.96	\$679.15	\$831.96	\$679.15	\$831.96	\$679.15	\$831.96	\$728.17	\$892.01			
61 62	\$703.17 \$718.94	\$861.38 \$880.70	\$703.17 \$718.94	\$861.38 \$880.70	\$703.17	\$861.38 \$880.70	\$703.17 \$718.94	\$861.38 \$880.70	\$753.92 \$770.83	\$923.55 \$944.27			
63	\$718.94 \$738.71	\$880.70	\$718.94 \$738.71	\$880.70	\$718.94 \$738.71	\$880.70	\$718.94 \$738.71	\$880.70	\$770.83	\$944.27			
64+	\$750.72	\$919.63	\$750.72	\$919.63	\$750.72	\$919.63	\$750.72	\$919.63	\$804.90	\$986.00			

HM Health Insurance Company Individual Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
70194PA0590001	Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off	С	1, 2, 4, 5, 6	Crawford, Clarion, Erie, Forest, McKean, Mercer, Venango, Warren, Elk, Cameron, Potter, Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland, Bedford, Blair, Clearfield, Cambria, Huntingdon, Jefferson, Somerset, Centre

Company Name HM Health Insurance Company

Market Individual

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

					RATING AR	EA 1							RATING A	REA 2	
02-01-2019 Number of Covered Lives by Rating County					5	5	23	0	10	7	8	8	9	0	10
				On/Off											
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter
70194PA0590001	Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24

Company Name HM Health Insurance Company

Market Individual

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

RATING AREA 3

	02-01-2019 Number of Covered Lives by Rating County						0	0	0	0	0	0	0	0	0	0	0
				On/Off													
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming

Company Name HM Health Insurance Company

Market Individual

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

RATING AREA 4

		02-01-2019 Number of Covered Lives by Rating County						6	5	31	15	20	8	29	25
ı	On/Off														
١	HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
ſ	70194PA0590001	Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24

Company Name HM Health Insurance Company

Market Individual

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

RATING AREA 5

	02-01-2019 Number of Covered Lives by Ratin	8	6	11	1	8	7	1			
				On/Off							
HIOS Plan II	Plan Marketing Name	Product	Metal	Exchange	Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
70194PA0590	01 Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24	\$250.24

Company Name HM Health Insurance Company

Market Individual

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

		RATING AREA 6												RATING AREA 7				
	02-01-2019 Number of Covered Lives by Rating		40	5	943	3	0	716	15	222	6	11	60	1,279	3,310	201		
				On/Off														
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York
70194PA0590001	Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off	\$268,30													

Company Name HM Health Insurance Company

Market Individual

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

TI				

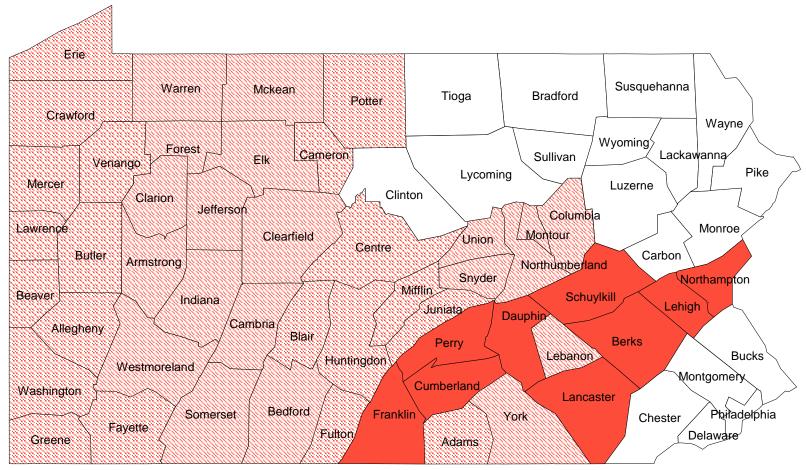
RATING AREA		1.250	10	-	107	150
718	982	1,358	13	ь	192	150

					NATING A	NEA 0				RATING AREA	,
	02-01-2019 Number of Covered Lives by Rating County 0 0 0 0										5
				On/Off							
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Bucks	Chester	Delaware	Montgomery	Philadelphia	Cumberland	Dau
70194PA0590001	Major Events Blue PPO, a Community Blue Plan 8150 - 3 Free PCP Visits	PPO	Catastrophic	Off							

2019 Service Area

Issuer: Highmark Health Insurance Company (HHIC)

Market: Individual



Key (modify as needed)

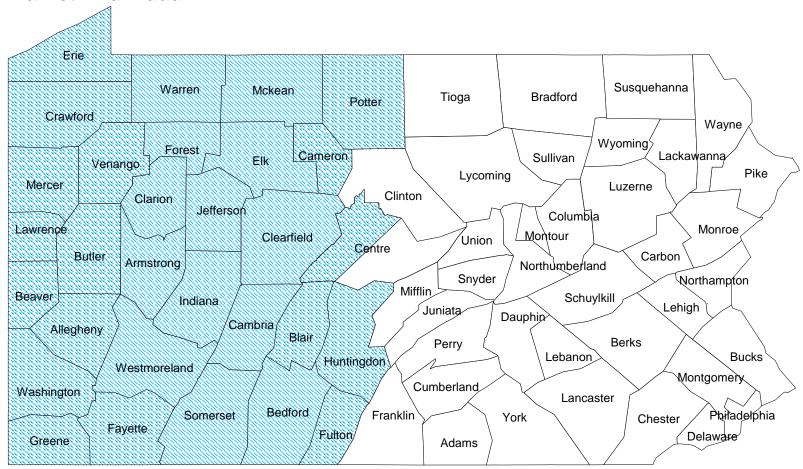
: 2019 on-exchange service area

: 2019 off-exchange only service area

2020 Service Area

Issuer: Highmark Health Insurance Company (HHIC)

Market: Individual



Key (modify as needed)

: 2020 on-exchange service area

: 2020 off-exchange only service area



June 25, 2019

Mr. James Laverty, Actuary Bureau of Life, Accident & Health Insurance Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Highmark Health Insurance Company 2020 ACA Rate Filing (Individual Market)
Highmark Health Insurance Company Filing # 1A-DP-19-HHIC (SERFF Filing # HGHM131904495)

Dear Mr. Laverty:

Enclosed are responses to your June 18, 2019 questions regarding SERFF Filing # HGHM-131904495. We have included your questions along with our responses for your convenience. Since the questions did not require changes to the originally submitted content, the Filing has not been revised at this time.

Should you have any further questions regarding this Filing, please feel free to contact me at or via e-mail at:

Sincerely,



Manager, Actuarial Services Highmark Inc.

cc:



Enclosures

1. Please refer to the "Guaranteed Renewability and Uniform Modification of Coverage" section of the URR instructions. Please explain how HHIC avoids triggering the 5-year ban under the market withdrawal provision given your statement that "HHIC is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan."

Response:

HHIC is not withdrawing from the market. The 2020 HHIC product will continue to cover current catastrophic plan members who prefer renewing in a plan that offers the advantage of having both network and out of network benefit levels available to them. As a result, we are proposing that current western region Highmark (HIOS ID 33709) off-exchange catastrophic plan PPO members be offered renewed coverage in the 2020 HHIC product. Based on current enrollment, we project approximately 80 renewing offers will be made into that HHIC product for 2020 coverage.

HHIC has based this 2020 market strategy on guidance that CMS previously provided in the 2018 NBPP when it stated that CMS believes it would not be appropriate to interpret any issuer's actions as constituting a market withdrawal when the issuer complies with the requirements of 45 C.F.R. §147.106(d)(3). That is the course we have taken and this rationale has been shared with CMS.

Based on prior correspondence and instructions from CMS and the PID on this topic, HHIC has submitted a revised URRT in HIOS denoting the catastrophic plan as "Renewing" rather than "New".

2. Please note that cell C3 of the URRT Worksheet 1 requires the legal name of the company.

Response:

We will update the legal name of the company in the revised submission.

3. The PAAM states, "Note that the HHS Actuarial Value Calculator was unable to accommodate all of HHIC's benefit designs. Plans needing certification are marked in column I of Table 10. Screen shots of all of the AV calculations and the appropriate certifications are included as a separate attachment within the Supporting Documentation section in SERFF." Similarly, it later states "The screenshots from the HHS AV calculator, showing the plan benefits and the resulting actuarial values, can be found as a separate attachment within the Supporting Documentation section in SERFF." However, The Part III memo explains that you did not provide it because you offer only a Catastrophic plan. Please correct the PAAM.

Response:

We will remove the two statements above from the PAAM in the revised submission.

4. For both the allowed and incurred claims in the experience period, please provide the three components referenced in the Part III memo: the amount of claims which were processed through the claims system, processed outside of the Company's claims system, and the best estimate of claims incurred but not paid as of the paid through date.

Response:

Please see the attached exhibit labeled Q4 Response.

5. Please explain why the ultimate incurred claims in Table 2 of the PAAM (95,862,647) does not match the sum of 2018 ultimate incurred claims in Table 4 (95,870,207).

Response:

The ultimate incurred claims in Table 2 apply an annual completion factor; whereas, the ultimate incurred claims in Table 4 is applied at the monthly level. Hence, the minimal difference between the two amounts.

6. Considering the current date of the URRT is February 1, 2019, please explain why the current enrollment on the URRT (8,883) does not match the PAAM Table 1 (10,598).

Response:

HHIC has some plans that were offered only in 2019 (not offered in the experience period or in the projection period). These plans are not captured in the URRT; therefore, the enrollment is excluded as well. For the list of these terminated plans, see Section XV – Terminated Plans and Products of the URRT Part III actuarial memorandum.

7. Please provide more detail as to sources used to provide the manual rate experience period claims and how these sources were blended as referenced in Section VI.1 of the Part III memo and provide quantitative support. How were group claims used given that Catastrophic plans cannot be offered in the group market?

Response:

Please see the attached exhibit labeled Q7 Response.

The catastrophic plan is not being offered in the group market. Only the claims information of those members from the Highmark group market that enrolled in the catastrophic plans was used to develop the manual rate.

The manual rate is derived using the 2/1/2019 catastrophic enrollment profile which is categorized into the following categories:

Renewal

• This represents our 2018 ACA members that reenrolled in the catastrophic plans.

Other Highmark

• This represents the 2018 members from other Highmark markets such as group markets that enrolled in the catastrophic plans.

Prior ACA

• This represents our 2017 ACA members that lapsed in 2018 and now reenrolled in the catastrophic plans. We reviewed its 2017 ACA claims, trended to 2018, and used this as starting point to approximate the 2018 allowed claims.

New

• This represents the catch-all category of the remaining members that enrolled in the catastrophic plans. The 2018 allowed PMPM was set to approximate the "Renewal" segment.

8. With respect to the data used to develop the manual rate, was the volume of large claims during the experience period unusually high or low? If so, was any adjustment made to reflect this?

Response:

In the development of the manual rate, the volume of large claims was assumed to be reasonably consistent from year to year. Due to the level of population changes that typically occur in the ACA individual market, it would be unreliable to explicitly make an adjustment based on current data. The morbidity factor adjustments implicitly account for large claim volume differences between populations.

9. Please explain all adjustment made to the 2018 manual rate data to reflect the population being projected. For example, what adjustments were made to the group source data to reflect the individual market?

Response:

Please see the response to Question 7 above.

The allowed claims PMPMs for "Other Highmark" and "Prior ACA" segments were adjusted such that allowed PMPMs and the risk scores relative to the "Renewal" are in similar proportion directionally. For the "New" segment, the allowed claims PMPM was set to be about 5% higher than the "Renewal" to reflect the uncertainty of this segment.

10. The URRT WS 1 estimates a risk adjustment payment of \$9 million while the PA RATEE template estimates a receivable of \$3.4 million. Please explain this discrepancy and why the PA estimate was not used.

Response:

The URRT Worksheet 1 value represents the Company's estimated calendar year 2018 risk adjustment transfer payment with two months of run-out. This particular estimate was chosen for reporting on URRT Worksheet 1 in order to align the timing of the risk adjustment and the claim values displayed. The URRT value also includes an estimate for the expected impact of the High Cost Risk Pool (HCRP) component of the program. The PA RATEE results did not include an estimate for the impact of the HCRP.

11. Please explain how you plan to determine the projected 2020 risk adjustment transfer amount once HHS releases the actual amount for 2018.

Response:

Once HHS releases the actual transfer amounts for 2018, Highmark will reassess its initial projected 2020 risk adjustment transfer amount. At this point in time, it would be difficult to speculate how or to what degree actual results may influence current assumptions.

- 12. Regarding the risk adjustment attachment B:
 - a) Please provide quantitative support for the HHS Risk Score
 - b) Please provide quantitative support for the geographic cost factors

Response:

- a) The HHIC HHS risk score shown in Attachment B was developed for the population of members that comprised the manual rate development discussed in the response to Question 7 above. For sources of members where we had 2018 (or 2017) claims experience and diagnosis data, we utilized their risk scores in the calculation. For the "New" source of members where we did not have claims experience, we made an assumption regarding this category's risk score based on a review of the claim level and risk score relativities of the other sources.
- b) The geographic cost factors shown in Attachment B were developed using the estimated geographic cost factors by rating area from the CMS Interim Summary Report for 2018 released on March 22, 2019 (Appendix B).

13. Please provide quantitative support for the Projected MLR of 86.1%.

Response:

Please see the attached exhibit labeled Q13 Response for the development of the 86.1% Projected MLR.

14. Please explain the increase in the administrative cost from the prior filing.

Response:

The administrative expenses assumption is provided by our Cost Accounting Department. The increase in the admin expense on a PMPM basis reflected the fixed cost expenses being measured against a declining enrollment basis.

- 15. a) Please provide quantitative support for the health insurer fee
 - b) Provide the actual paid HIT fees on a pmpm and percent of premium for calendar years 2018 and 2016.

Response:

- a) The first step in calculating the health insurer fee is estimating the industry-wide fee to be collected as well as the industry-wide eligible premium in billions of dollars based on historical amounts. The ratio of these two estimates produces an estimated percentage of premium. Second, this percentage of premium is multiplied by our company-specific projected 2019 premium to derive an estimate of the dollars expected to be assessed in 2020. Finally, these estimated dollars are then divided by our company-specific projected 2020 premium to derive an estimate of the percentage of premium need to be built into the rate filing. This amount is 2.14%, which is further divided by (1 0.21) to account for the income tax rate. The resulting value is 2.71%. The pricing assumption was set at 2.8% given the potential fluctuation in the estimates outlined above.
- b) The HIT paid in 2018 was \$22.20 PMPM or 2.8% of premium. The HIT paid in 2016 was \$14.25 PMPM or 2.3% of premium.
- 16. The Actuarial Certifications section of the PAAM states that "the projected index rate is ... neither excessive nor deficient except in the Erie County where the company has elected to pursue a cost structure consistent with the current market." Please clarify. Since there is a single index rate for all plans in all rating areas of the state, how can it be excessive or deficient in only one county? If it is the rates and not the index rate that are excessive or deficient, which one applies excessive or deficient?

Response:

This was accidentally carried over from another rate filing. That bullet point should be "Neither excessive nor deficient." We will include the corrected language in the revised submission.

17. As noted in the previous question, the opinion that the projected index rate is neither excessive nor deficient is qualified in the PAAM, but the same statement is unqualified in the Part III memo. Please explain.

Response:

Please see the response to Question 16 above.

18. The Actuarial Certifications section of the PAAM states, "The allowable modifiers used to generate plan-level rates were:" The rest of the sentence is missing. Please correct this.

Response:

The statement of "The allowable modifiers used to generate plan-level rates were:" should be deleted. We will reflect this change in the revised submission.

The following are additional questions or comments from the PID:

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

Response:

We have tested and confirmed that the rates in Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, the Federal Rates Template, and in the binder are identical.

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

Response:

- a) The Company did consider whether or not any adjustment to projected experience was warranted due to the RADV process. However, since this process was only recently implemented, with 2017 results only recently released, we believe that it is too soon to make any assumptions in our projections regarding the anticipated level of payments or recoveries from this program.
- b) We provide the following additional considerations in assessing whether or not future adjustments would be practicable:
 - Overall, this program is designed to be revenue neutral across the market. So absent any reliable market-wide analysis, it would be equally likely that a company would receive a payment or would be required to make a contribution.
 - The consideration of risk score adjustments from the RADV process is dependent upon the entirety of market participants, and each participant's ultimate condition profile. These risk profiles are generally not known and could fluctuate from year to year.
 - The Individual market results for 2017 in Pennsylvania showed that a small risk score adjustment would be made for the 2018 risk adjustment transfer results. However, it has not been demonstrated that such an adjustment would tend to persist year over year. Furthermore, an adjustment could be made in the opposite direction in a future year.
 - Although we have not adjusted for the RADV process in our 2020 experience projection, we believe that such an adjustment may be warranted in future rate development periods if the process exhibits a reasonable level of predictability and recurrence. This may not be known until several years beyond the initial implementation.
- 3. We have repurposed row 54 of Table 6 to capture RA User Fees. Please provide the RA User Fee percentage and pmpm amount in cells C54 and D54, respectively.

Response:

We intend to make this update to the template later in the review process so that if there are other subsequent updates needed, the number of document versions produced can be minimized.

HM Health Insurance Company d/b/a Highmark Health Insurance Company Individual Market

Response to Objection 1 - Question 4

2018 Base Experience Period Claims	Allowed Claims	Incurred Claims
Processed Through the Issuer's Claim System	\$111,861,661	\$92,750,545
Processed Outside the Issuer's Claim System	\$0	\$0
Incurred But Not Paid	\$2,374,178	\$1,968,559
Total Medical Claims	\$114,235,839	\$94,719,104
Rx Rebates	(\$4,564,002)	(\$4,564,002)
Total Medical Claims after Rx Rebates	\$109,671,837	\$90,155,102
Pediatric Dental Claims	\$147,317	\$112,352
Pediatric Vision Capitation	\$65,558	\$65,558
Professional Settlements	\$615,089	\$615,089
Hospital Settlements	\$416,101	\$416,101
Total Claims	\$110,915,902	\$91,364,203
Total From URRT, WS1 Section 1	\$110,915,902	\$91,364,203

HM Health Insurance Company d/b/a Highmark Health Insurance Company Individual Market

Response to Objection 1 - Question 7

		Other			
	Renewal	Highmark	Prior ACA	New	Total
2020 Enrollment Distribution	75%	5%	3%	17%	100%
2020 Risk Score Estimate					
2018 Allowed Claims w/o Adjustment Allowed Claims Adjustment 2018 Allowed Claims w Adjustment	\$132.83 1.00 \$132.83	\$1,015.93 0.50 \$507.96	\$605.43 0.30 \$181.63	N/A 1.05 \$139.89	\$154.25
Ratio of Allowed Claims w/o Adjustment	1.00	7.65	4.56	N/A	
Ratio of Allowed Claims w/Adjustment	1.00	3.82	1.37	1.05	
Ratio of Risk Score	1.00	3.35	1.26	1.00	

HM Health Insurance Company d/b/a Highmark Health Insurance Company Individual Market

Response to Objection 1 - Question 13

Description	Source	Calculation
Numerator		
Projected Paid EHB Claims PMPM	Table 5, C29	\$109.65
Projected Required Revenue PMPM	Table 6, C63	\$253.03
Quality Improvement Factor	CMS Default	0.80%
Projected Risk Adjustment PMPM	<u>Table 5, C31</u>	<u>(\$95.55)</u>
Adjusted Claims		\$207.23
Denominator		
Projected Required Revenue PMPM	Table 6, C63	\$253.03
PA Premium Tax (if applicable)	Table 6, D55	\$5.06
Risk Adjustment User Fee	CMS	\$0.18
<u>Health Insurer Fee</u>	<u>Table 6, D57</u>	<u>\$7.08</u>
Adjusted Premium		\$240.70
Projected MLR		86.1%



July 12, 2019

Mr. James Laverty, Actuary Bureau of Life, Accident & Health Insurance Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Highmark Health Insurance Company 2020 ACA Rate Filing (Individual Market)
Highmark Health Insurance Company Filing # 1A-DP-19-HHIC (SERFF Filing # HGHM-131904495)

Dear Mr. Laverty:

Enclosed are responses to your July 5, 2019 questions regarding SERFF Filing # HGHM-131904495. We have included your questions along with our responses for your convenience. In conjunction with these responses, we are also submitting revisions to the following documents in SERFF:

- PAAM Exhibits This file is being revised to utilize the Department's new template that repurposed row 54 of Table 6 to capture the RA User Fee.
- PA Actuarial Memorandum This document is being revised to remove language that explained the prior disconnect on Table 6 caused by the fact that the RA User Fee was missing from that table. This language is no longer applicable in light of the Department's new template. Additionally, other minor language corrections have been made consistent with the responses to Objection 1, Questions 3, 16, 17 and 18.
- URRT This file is being revised to denote the catastrophic plan as "Renewing" rather than "New". Furthermore, the legal name has be updated as indicated in Objection 1, Question 2.

Should you have any further questions regarding this Filing, please feel free to contact me at or via e-mail at:
Sincerely,
Manager, Actuarial Services Highmark Inc.
cc:

Enclosures

1. Regarding your response to item 1 of our previous objections, please post the revised URRT on SERFF in the revised submission.

Response:

The revised URRT has been uploaded in SERFF.

2. Regarding your response to item 7 of our previous objections, please explain the differences between the "Completed AC PMPMs" of \$154.25 shown in cell G17 of your response and the Experience Period "Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)" of \$155.71 shown in Cell L10 of Table 2b of the PAAM Exhibits.

Response:

The "Completed AC PMPMs" of \$154.25 is the Medical Allowed Charge PMPM prior to adjusting for Rx Rebates, Hospital and Physician Settlements, Dental claims and Vision capitation. The \$155.71 value shown in Table 2b reflects these adjustments to the Medical Allowed Charge PMPM. A reconciliation of the two amounts can be found in Attachment A – Manual Cost Development.

3. Regarding your response to item 9 of our previous objections, please explain why you did not include an adjustment for differences in experience between the group and individual markets.

Response:

In the Objection 1 – Question 7 response exhibit, there is a factor of 0.50 on the allowed claims adjustment line in the 'Other Highmark' segment.

The following are additional questions or comments from the PID:

1. If the risk adjustment results released on June 28, 2019 are inconsistent with your projected assumptions, you may modify the risk adjustment transfer amount in Table 5. If such a modification is made, revise all the documents and exhibits impacted and the PA Actuarial Memorandum to discuss this change. This change must be made with your responses due by July 12, 2019.

Response:

The Company is not modifying its projected 2020 risk adjustment transfer amounts based on the 2018 results released by CMS on June 28, 2019.

2. In response to the Department's RADV survey, issuers indicated that they did not include a RADV adjustment in the initial submission, as there is no supportable reason for an adjustment when calculating the 2020 rates. Therefore, the Department has determined that there should be no RADV adjustments in the 2020 rate filings.

Response:

The Company supports this position for the 2020 rate development and has not included any adjustments for RADV in our submitted 2020 rate filings.

A B	C	D	E	F	G		Н	I	J	K	L	M	l N	0	P Q	R	S
Unified Rate Review v5.0										To add	d a product to	o Worksh	eet 2 - Plan Pi	oduct Info, sel	lect the Add Produc	t button or Ctrl	+ Shift + P.
										To add	a plan to W	orksheet/	2 - Plan Prodi	uct Info, select	the Add Plan butto	on or Ctrl + Shift	+ L.
Company Legal Name:	Highmark Health Insurance Cor	npany						State:	PA					Ctrl + Shift + I.			
HIOS Issuer ID:	70194							Market:	Individual				e button or Ct				
Effective Date of Rate Change(s):	01/01/2020	<u>.</u>								,	,						
Effective Date of Rate Change(s).	01/01/2020																
																_	
Market Level Calculations (Same for	all Plans)																
Continue to Francisco on Booked Bods																	
Section I: Experience Period Data		01/01/2010		12/21/2010													
Experience Period:		01/01/2018	to Total	12/31/2018 PMPM													
Allowed Claims			\$110,915,902.32		75.24												
Reinsurance			\$110,915,902.32		\$0.00												
Incurred Claims in Experience Period			\$91,364,202.57		73.84												
Risk Adjustment			-\$9,202,477.73		47.73												
Experience Period Premium			\$170,668,679.44		85.13												
Experience Period Member Months			192,818		03.13												
			,														
Section II: Projections																	
		Year 1 T	rend	1	fear 2 Trend			1									
	Experience Period Index						Trended EHB Allowed Claims										
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization		PMPM	_									
Inpatient Hospital	\$121.23	1.045	1.029		1.045	1.029	\$140.1										
Outpatient Hospital Professional	\$201.47	1.045	1.029 1.029		1.045 1.045	1.029	\$232.90 \$149.70										
Other Medical	\$129.52	1.045 1.045	1.029		1.045	1.029											
	\$13.37 \$0.34	0.694	1.029		1.000	1.029	\$15.40 \$0.20										
Capitation Prescription Drug	\$0.34 \$109.31	1.045	1.000		1.000	1.000	\$0.24 \$126.3										
Total	\$575.24	1.043	1.029		1.043	1.025	\$664.9										
Total	Ş373.24						3004.50	2									
Morbidity Adjustment					0.777												
Demographic Shift					0.516												
Plan Design Changes					1.000												
Other					0.929												
Adjusted Trended EHB Allowed Claim	ns PMPM for	01/01/2020			47.68												
		. , , ,		*-													
Manual EHB Allowed Claims PMPM				\$1	90.52												
Applied Credibility %				(0.00%												
					Projected Period To	otals											
Projected Index Rate for		01/01/2020				41,746.88											
Reinsurance					\$0.00	\$0.00											
Risk Adjustment Payment/Charge			<u> </u>			23,511.44											
Exchange User Fees					0.00%	\$0.00											
Market Adjusted Index Rate				\$3.	56.53 \$2	65,258.32											
Projected Member Months					744												
Information Not Releasable to t	he Public Unless Authorized by	Law: This information has not been	publically disclosed and may be p	rivileged and confidential. It is	for internal government use or	nly and mu	ist not be disseminated, distribu	ted, or cop	ed to persons n	ot authorized	to receive th	ne informa	ation. Unauth	orized disclosu	re may result in		
				prosecution	to the full extent of the law.												

Product-Plan Data Collection

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.

Highmark Health Insurance Company 70194 Company Legal Name: State:

HIOS Issuer ID: Effective Date of Rate Change(s): Market: To finalize, select the Finalize button or Ctrl + Shift + F. 01/01/2020

Product/Plan Level Calculations

r	Field # Section I: General Product and Plan Information 1.1 Product Name		hared Cost Blue PP	hared Cost Blue DD			my Direct Blue EPO				my Dir	ect Blue Lehigh Valle	ny EPO		Lehigh Valley Mai	act Blue Major Ever	Direct Blue HDHP F	Riue Lehigh Valley I	ajor Events Blue PPO
	1.2 Product ID		70194PA026	70194PA030			70194PA053				my on	70194PA054	y 1.10		70194PA055	70194PA056	70194PA057	70194PA058	70194PA059
																			Major Events Blue
					my Direct Blue	and Disease Divis				my Direct Blue	my Direct Blue	Pi Pi	and Disease Disease	Disease Disease	my Direct Blue	Disease Divis	and Disease Dive	Disease Dive	PPO, a
			Shared Cost Blue	Shared Cost Blue	EPO Gold 1000 - 2	my Direct Blue EPO Silver 2400 -	my Direct Blue	my Direct Blue	my Direct Blue	Lehigh Valley EPO Gold 1000 - 2 Free	Lehigh Valley EPO Silver 2400 - 2	my Direct Blue Lehigh Valley EPO	my Direct Blue Lehigh Valley EPO	my Direct Blue	Lehigh Valley Major Events EPO	my Direct Blue Major Events EPO	my Direct Blue FPO Silver 4450	my Direct Blue Lehigh Valley EPO	Community Blue Plan 8150 - 3 Free
	1.3 Plan Name		PPO Bronze 7500		Free PCP Visits	2 Free PCP Visits	EPO 7150S		EPO Bronze 4000	PCP Visits	Free PCP Visits	7150S	7000B	Bronze 4000	7900	7900	HSA		PCP Visits
	1.4 Plan ID (Standard Component ID)		70194PA0260001		70194PA0530001			70194PA0530006					70194PA0540006					70194PA0580001	
-	1.5 Metal 1.6 AV Metal Value		Bronze 0.648	Bronze 0.648	Gold 0.788	Silver 0.720	Silver 0.662	Bronze 0.649	Bronze 0.643	Gold 0.788	Silver 0.720	Silver 0.662	Bronze 0.649	Bronze 0.643	Catastrophic 0.575	Catastrophic 0.575	Silver 0.661	Silver 0.661	Catastrophic 0.575
t	1.7 Plan Category		Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Renewing
	1.8 Plan Type		PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO
	1.9 Exchange Plan?		No.	No	No.	No.	No	No.	No.	No.	No.	No.	No	No	No.	No.	No.	No	No.
· ·	1.10 Effective Date of Proposed Rates 1.11 Cumulative Rate Change % (over 12 mos prior)		01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020
	1.12 Product Rate Increase %		0.00%	0.00%		0.007	0.00%	5.6571				0.00%	0.001.		0.00%	0.00%	0.00%	0.00%	#DIV/0!
[1.13 Submission Level Rate Increase %										#DIV/0!								
orksheet 1 Totals	Section II: Experience Period and Current Plan Lev	el Information																	
	2.1 Plan ID (Standard Component ID)	Total						70194PA0530006											70194PA0590001
\$110,915,902	2.2 Allowed Claims	\$110,915,902	\$6,958,701	\$7,145,548	\$29,347,177	\$1,491,526	\$29,066,777	\$7,387,289	\$8,715,599	\$7,135,714	\$545,470	\$6,057,197	\$2,265,372	\$2,964,264	\$44,834	\$508,414	\$1,150,564	\$131,456	\$0
\$0	2.3 Reinsurance 2.4 Member Cost Sharing	\$19,551,700	\$1.613.801	\$1,646,138	\$0 \$4,439,606	\$0 \$404,303	\$2,851,592	\$2,324,018	\$2,586,463	\$1,081,506	\$0 \$144.412	\$650,171	\$0 \$630,765	\$0 \$826.426	\$0 \$16.201	\$0 \$43.079	\$0 \$250.162	\$0 \$43.057	\$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
\$91,364,203	2.6 Incurred Claims	\$91,364,203	\$5,344,900	\$5,499,410	\$24,907,571	\$1,087,223	\$26,215,185	\$5,063,270	\$6,129,136	\$6,054,209	\$401,058	\$5,407,026	\$1,634,607	\$2,137,838	\$28,632	\$465,335	\$900,402	\$88,399	\$0
-\$9,202,478 \$170.668.679	2.7 Risk Adjustment Transfer Amount 2.8 Premium	-\$9,202,478 \$170,668,679	\$1,613,252 \$3,987,150	\$241,063 \$6.161,708	-\$75,373 \$42.041.223	-\$105,951 \$2,436,757	-\$645,667 \$52.012.562	-\$5,320,554 \$17.019.613	-\$4,071,055 \$13,896,235	\$1,346,579 \$10,100,852	\$262,438 \$1,100,885	\$472,691 \$11.137.820	-\$671,785 \$3,910,043	-\$2,254,361 \$5,169,696	-\$16,466 \$31,448	\$15,695 \$182,773	-\$12,877 \$1.332.998	\$19,890 \$146.917	\$0
192.818	2.9 Experience Period Member Months	192,818	\$3,987,150	\$6,161,708	\$42,041,223 41,027	\$2,436,757 2,961	552,012,562	23,582	22,216	9,351	1,153	10,900	53,910,043	7,919	\$31,448 98	5182,773	1,671	\$140,917 179	50
1,51,010	2.10 Current Enrollment	8,883	364	556	1,206	1,859	0	0	2,574	302	365	0,900	0	692	37		715		0
	2.11 Current Premium PMPM	\$814.02	\$720.04	\$696.44	\$957.53	\$935.21	\$0.00	\$0.00	\$678.33	\$973.50	\$950.81	\$0.00	\$0.00	\$689.64	\$558.55	\$549.38	\$898.26	\$913.24	\$0.00
	2.12 Loss Ratio Per Member Per Month	56.58%	95.44%	85.89%	59.35%	46.65%	51.04%	43.28%	62.38%	52.89%	29.42%	46.57%	50.48%	73.33%	191.11%	234.46%	68.21%	52.99%	#DIV/0!
	2.13 Allowed Claims	\$575.24	\$1,186.68	\$811.72	\$715.31	\$503.72	\$565.67	\$313.26	\$392.31	\$763.10	\$473.09	\$555.71	\$438.43	\$374.32	\$457.49	\$938.03	\$688.55	\$734.39	#DIV/0!
	2.14 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	#DIV/0!
	2.15 Member Cost Sharing	\$101.40	\$275.20	\$187.00	\$108.21	\$136.54	\$55.49	\$98.55	\$116.42	\$115.66	\$125.25	\$59.65	\$122.08	\$104.36	\$165.32	\$79.48	\$149.71	\$240.54	#DIV/0!
	2.16 Cost Sharing Reduction 2.17 Incurred Claims	\$0.00 \$473.84	\$0.00 \$911.48	\$0.00 \$624.72	\$0.00 \$607.10	\$0.00 \$367.18	\$0.00 \$510.17	\$0.00 \$214.71	\$0.00 \$275.89	\$0.00 \$647.44	\$0.00 \$347.84	\$0.00 \$496.06	\$0.00 \$316.36	\$0.00 \$269.96	\$0.00 \$292.17		\$0.00 \$538.84		#DIV/0!
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount	-\$47.73	\$275.11	\$27.38	-\$1.84	-\$35.78	-\$12.57	-\$225.62	-\$183.25	\$144.00	\$227.61	\$43.37	-\$130.01	-\$284.68	-\$168.02	\$28.96	-\$7.71		#DIV/0!
	2.19 Premium	\$885.13	\$679.94	\$699.96	\$1,024.72	\$822.95	\$1,012.21	\$721.72	\$625.51	\$1,080.19	\$954.80	\$1,021.82	\$756.73	\$652.82	\$320.90	\$337.22	\$797.72	\$820.76	#DIV/0!
														•					
Г	Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID)		70194940760001	70194940300001	70194940530001	70194940530002	70194940530004	70194PA0530006	70194940530007	70194PA0540001	70194940540002	70194940540004	70194940540006	70194940540007	70194940550001	70194940560001	70194940570001	70194940580001	70194940590001
t	3.2 Market Adjusted Index Rate		701341 FID200001	70134170300001	701341740330001	70134170330002	701341740330004	701341710330000	01341 N0330007	701341710340001	\$356.53	701341710340004	701341740340000	701341710340007	701341 740330001	701341 A0300001	701341 710370001	701541740300001	70134170330001
	3.3 AV and Cost Sharing Design of Plan		0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		0.0000	0.0000	0.5756
ŀ	3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB		0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	1.0000
L	3.5 Benefits in Addition to EHB Administrative Costs		0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	1.0000
Į.	3.6 Administrative Expense		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.03%
	3.7 Taxes and Fees		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.87%
ŀ	3.8 Profit & Risk Load 3.9 Catastrophic Adjustment		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate		\$0.00	\$0.00	\$0.00	0.0000 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.000	\$0.00	\$0.00	\$0.00	\$0.00	0.0000 \$0.00	\$0.00	\$253.04
	3.11 Age Calibration Factor	0.9895									0.9895								
F	3.12 Geographic Calibration Factor 3.13 Tobacco Calibration Factor	1.0309 0.9995									1.0309								
t	3.14 Calibrated Plan Adjusted Index Rate	0.5555	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.99
								•											
Г	Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID)	Total	70194940260001	70194940300001	70194940530001	70194940530002	70194940530004	70194PA0530006	70194940530007	70194PA0540001	70194940540002	70194940540004	70194940540006	70194940540007	70194940550001	70194940560001	70194940570001	70194940580001	70194940590001
İ	4.2 Allowed Claims	\$141,744	\$0	\$0	\$0	\$0	\$0	\$0	SO SO	\$0	50	\$0	SO SO	\$0	S0	\$0	\$0	\$0	\$141,744
	4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	4.4 Member Cost Sharing	\$60,162	\$0 \$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$n	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	\$60,162
· ·	4.5 Cost Sharing Reduction 4.6 Incurred Claims	\$0 \$81.582	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		\$81.582
t	4.7 Risk Adjustment Transfer Amount	-\$71,088	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0		\$0		-\$71,088
	4.8 Premium	\$188,265	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$188,265
ŀ	4.9 Projected Member Months 4.10 Loss Ratio	744 69.62%	#DIV/0!	#DIV/0!	#DIV/01	#DIV/0!	#DIV/0!	#DIV/0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01	#DIV/0!	#DIV/0!	#DIV/01	#DIV/0!	#DIV/0!	744 69.62%
L	4.10 Loss Ratio Per Member Per Month	69.62%	#DIV/0!	#DIV/0!	#DIV/0!	#UIV/0!	#DIV/0!	#UIV/0!	#DIV/0!	#UIV/0!	#UIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#UIV/0!	#DIV/0!	#UIV/0!	69.62%
ſ	4.11 Allowed Claims	\$190.52	#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!	WDIV/0!	#DIV/0!	\$190.52
	4.12 Reinsurance	\$0.00	#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!	\$0.00
ļ	4.13 Member Cost Sharing 4.14 Cost Sharing Reduction	\$80.86 \$0.00	#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!	\$80.86
ŀ	4.14 Cost Sharing Reduction 4.15 Incurred Claims	\$0.00 \$109.65	#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!	\$0.00 \$109.65
t	4.16 Risk Adjustment Transfer Amount	-\$95.55	#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!	-\$95.55
	4.17 Premium	\$253.04	#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!	\$253.04

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	0.9700
Rating Area 2	0.9700
Rating Area 4	0.9700
Rating Area 5	0.9700
Rating Area 6	1.0400

Part II of the Preliminary Justification

Highmark Health Insurance Company – Individual Market

Scope and Range:

Highmark Health Insurance Company (HHIC) is offering only one new Catastrophic plan to the Individual Market for 2020. HHIC is discontinuing all 2019 plans and will not map enrollees into the 2020 plan. Thus, there is no proposed average rate change or range of proposed rate change to report. The product submitted with this filing will have effective dates from January 1, 2020 to December 31, 2020. This is projected to affect 8,883 members who will not be mapped to a renewing plan.

These premium rates are being set at a level that is required to adequately cover rising costs, primarily due to increasing medical and pharmacy services in the Individual market.

Historical Financial Experience:

HHIC incurred an underwriting gain in its Individual ACA programs in 2018.

Change in Medical Service Costs:

The projected average cost of medical care for the projected population is expected to increase. The increase will emerge in utilization and average cost per service, and is spread across all types of services.

Change in Benefits and Cost Sharing:

Some cost sharing parameters were changed in order to maintain compliance with Federal AV requirements. Additionally, some out of pocket maximum parameters were changed to keep up with the rising cost of health care. These out of pocket maximum changes also aided in mitigating the rate increase.

Administrative Costs and Anticipated Operating Results:

The anticipated administrative costs and operating results are not excessive or unreasonable. In accordance with regulations, the projected medical loss ratio is over 80%.

Part III Actuarial Memorandum
Highmark Health Insurance Company
Individual Rate Filing
Effective January 1, 2020

Actuarial Services 05/21/2019

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	Proposed Rate Increase(s) Experience and Current Period Premium, and Enrollment Benefit Categories Projection Factors Credibility Manual Rate Development Credibility of Experience Index Rate Market Adjusted Index Rate [MAIR] Plan Adjusted Index Rate [PAIR] Calibration Projected Loss Ratio AV Metal Values Membership Projections Terminated Plans and Products Plan Type Actuarial Certification

Actuarial Services 05/21/2019

I. General Information

Document Overview

This document contains the Part III Actuarial Memorandum for Highmark Health Insurance Company's (HHIC) individual block of business rate filing, for products with an effective date of January 1, 2020. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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 Unified Rate Review Template, which supports compliance with the market rating rules and reasonableness of applicable rate increases. 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 HHIC's rate filing. However, we recognize that this certification may become a public document. HHIC makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum that would result in the creation of any duty or liability under any theory of law by HHIC.

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

I.1 Company Identifying Information:

- Company Legal Name: Highmark Health Insurance Company
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 70194
- Market: Individual
- Effective Date: January 1, 2020

I.2 Company Contact Information:

- Primary Contact Name:
- Primary Contact Telephone Number:
- Primary Contact Email Address:

II. Proposed Rate Increase(s)

For all rate increases by plan, see the 'Cum'tive Rate Change % (over 12 mos prior)' found in Worksheet 2, line 1.11 of the URRT.

The proposed 2020 rate increase does not apply. HHIC is discontinuing all 2019 plans without mapping the 2019 enrollees into the one new 2020 plan.

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. We have accounted for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2020 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2020, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2020. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HHIC reserves the right to submit a revised filing.

III. Experience and Current Period Premium, and Enrollment

III.1 Paid through Date:

Experience Period claims were based on incurred calendar year 2018, paid through February 2019. This includes 2018 experience in Affordable Care Act compliant plans. HHIC did not offer any transitional plans in 2018.

III.2 Premiums in Experience Period:

The premiums shown for the experience period were based on calendar year 2018 actual revenues with no MLR rebates.

As it is instructed on page 15 of the "Draft 2020 Unified Rate Review Instructions" (May 2019 released), the MLR rebates should not be reflected in the premium.

HI.3 Allowed and Paid Claims Incurred During the Experience Period:

- Historical Experience: We chose HHIC's current experience for the individual block of business for the period January 1, 2018 through December 31, 2018, with claims paid through February, 2019 as the basis for the 2020 projected individual market pricing.
- Claims Incurred During the 12-month Experience Period: Worksheet 1, Section I shows our best estimate of the amount of claims that were incurred during the 12-

month experience period for HHIC's individual book-of-business. This section includes:

- The amount of claims which were processed through Company's claims system,
- Claims processed outside of the Company's claims system, and
- Our best estimate of claims incurred but not paid as of the paid through date stated above.
- Method for Determining Allowed Claims: For non-capitated claims, the allowed charges are summarized from HHIC's detailed claim-level historical data. This experience includes 2018 claims for Affordable Care Act compliant business. For capitated and other off-system claims, historical capitations and experience were tabulated and added to the claims.
- Paid Claims: We also summarized the paid claims from detailed member records.
 The paid-to-allowed ratio for the experience period reflects the 2018 plan designs chosen by each member
- Incurred but Not Paid (IBNR) Claims Estimate: HHIC is using a completion factor
 of 0.979 to include IBNR claims in allowed charges. The IBNR completion factor
 was developed using our corporate reserving system for HHIC's individual
 business. We applied it equally to both paid and allowed total claims (as a change
 to utilization) to complete the experience.

IV. Benefit Categories

The index rate of the experience period was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT.

The data provided in this section closely adheres to the preferred definitions of the Benefit Categories included in the URRT instructions, including the "Other Medical" category. The "Other Medical" category units reflect visits for PDN/home health, trips for ambulance and procedures for DME/prosthetics. Prescription drug utilizations were converted to a "per 30-day" script count.

V. Projection Factors

Given the drastically different product offering between the experience period and the projection period, the experience data is not given any credibility in the rate calculation. The factors entered on Worksheet 1 of the URRT for Morbidity Adjustment, Demographic Shift, Plan Design Changes, and Other are simply placeholders.

Please see the Credibility Manual Rate Development section below for a discussion of the projection factors.

VI. Credibility Manual Rate Development

VI.1 Source and Appropriateness of Experience Data Used

A manual rate was developed by blending 2018 experience from multiple sources, primarily ACA claims experience and group claims for the February 1, 2019 snapshot membership as assumptions for any new members found in the snapshot, to appoximate the anticipated 2020 HHIC population. This experience includes members from the current HHIC as well as Highmark Inc., Catastrophic plans, adjusted for the expected 2020 HHIC population. This experience was chosen because it is large and reasonably represents the anticipated 2020 HHIC population.

VI.2 Adjustments Made to the Data

Impact of Health Insurance Coverage Mandate Elimination

In accordance with the Department's guidance, the morbidity was increased by 6.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate. This deterioration is reflected in the Manual EHB Allowed Claims PMPM found on worksheet 1 of the URRT.

VI.3 Trend Factors

This development of the CY2020 rates reflects an annual trend rate of 7.5% (4.5% cost, 2.9% utilization). These trends reflect HHIC's expectations regarding increases in in-network contractual reimbursement an out-of-network costs. These estimates measure and normalize for benefit leverage, population aging, and historical changes for fee schedules, as well as company-wide utilization management programs, and external trend drivers.

The trend represents a blended average for all types of service and is applied to the aggregate experience for pricing. These trends represent assumed community-wide expectations. Claim variations due to the specific projected enrolled population in this single risk pool are reflected in the morbidity adjustment.

VII. Credibility of Experience

Given the drastically different product offering between the experience period and the projection period, the experience data is not given any credibility in the rate calculation. Therefore, Highmark has chosen to develop the rate on a 100% manual basis.

VIII. Index Rate

The index rates as shown on Worksheet 1 of the URRT are simply the single risk pool average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for HHIC. For the experience period, only non-grandfathered plans are included.

The projection period Index Rate is not adjusted for reinsurance or risk adjustment programs or any other fee.

IX. Market Adjusted Index Rate [MAIR]

The Market Adjusted Index Rate is the Projected Index Rate further adjusted for risk adjustment and the exchange fee.

IX.1 Projected Reinsurance PMPM

There is no reinsurance program for HHIC.

IX.2 Projected Risk Adjustment PMPM:

The estimated average risk score for HHIC's projected 2020 population was developed by using 2018 claim diagnoses underlying the manual rate development and the risk adjustment coefficients as finalized in the Notice of Benefit and Payment Parameters. Similarly, allowable rating factors, actuarial value factors and induced demand factors were estimated for HHIC based upon its projected 2020 population.

We estimated the statewide average risk transfer factors based on current market assumptions. We estimated the statewide average premium using current market premium assumptions with adjustments for anticipated rate changes for 2020.

The actual calculation of the risk transfer followed the risk transfer methodology as prescribed.

The analysis resulted in HHIC paying into the risk adjustment pool. The (\$166.01) PMPM value shown in worksheet 1 of the URRT is developed by taking the expected risk transfer amount and adjusting it to an equivalent allowed claims basis by dividing it by the paid-to-allowed factor.

For the purposes of this rate filing, HHIC has assumed that projected High Cost Risk Pool (HCRP) charges are offset by projected HCRP reimbursements. Thus, no adjustment has been made to the projected risk adjustment transfer discussed above for the HCRP component of the program. Similarly, we have not included an adjustment to the projected risk adjustment transfer for the Risk Adjustment Data Validation (RADV) program.

IX.3 Exchange User Fee %

HHIC is offering one plan on the off the exchange only so the exchange user fee is set at 0%.

X. Plan Adjusted Index Rate [PAIR]

The Plan Adjusted Index Rates can be found on line 3.10, Worksheet 2 of the URRT. The PAIR rates are calculated by applying the allowable rating factors as described below to the Market Adjusted Index Rate.

X.1 AV and Cost Sharing Design of Plan

The AV and Cost Sharing allowable rating factor is comprised of the following components:

- The utilization due to differences in cost sharing is based on the factors adopted by the risk adjustment methodology relative to the weighted average. No differences due to health status are in these adjustments.
- The pricing AV for the benefits and cost sharing of the plan.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

There is no impact for non-payment of cost sharing reduction subsidies since the one new plan is a Catastrophic plan.

X.2 Provider Network Adjustment

The provider network adjustments are developed by dividing the plan level network factors by the overall weighted average from all plans.

X.3 Benefits in Addition to EHB

There are no benefits in addition to EHB.

X.4 Administrative Expense

The proposed rates reflect internal administrative costs including quality improvement administrative expenses. This cost was developed based on standard expense allocation methods.

X.5 Taxes and Fees:

The following fees were added:

- \$0.18 PMPM for Risk Transfer User Fee
- 2.8% for the Health Insurance Provider Fee
- 2.0% for the PA Premium Tax

X.6 Profit (or Contribution to Surplus) & Risk Margin:

HHIC has voluntarily refrained from including a risk and contingency factor in this filing. By this voluntary restraint, HHIC is not waiving any right to include a risk and contingency factor which HHIC believes is consistent with historical and legal interpretations of HHIC and the Pennsylvania Insurance Department.

X.7 Catastrophic Adjustment

The specific eligibility adjustment is set to 1.000 since the only plan available is the Catastrophic plan itself.

XI. Calibration

XI.1 Age Curve Calibration:

The projected weighted average age factor for billable members is 1.011. This factor is calculated by dividing the all members age factor of 1.011 by the ratio of billable members to total members 1.0. The age curve calibration factor is 1/1.011 = 0.9895.

XI.2 Geographic Calibration Factor:

The projected weighted average geographic factor is 0.970. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 0.970. The geographic calibration factor is 1/0.970 = 1.0309.

XI.3 Tobacco Calibration Factor:

The projected weighted average tobacco factor is 1.001. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.001. The tobacco calibration factor is 1/1.001 = 0.9995.

XI.4 Consumer Adjusted Premium Rate Development:

The calibrated plan adjusted index rate represents the base rate for an age factor of 1.0, geographic rating factor of 1.0 and tobacco rating factor of 1.0. Thus, the approximate premium for a specific member can be derived by multiplying this rate by the HHS age curve factor, the rating area factor on Worksheet 3 of the URRT, and the appropriate tobacco factor. Please note that this method will only produce approximate rates due to URRT rounding constraints.

XII. Projected Loss Ratio

The projected loss ratio for 2020 using the federally-prescribed MLR methodology is 86.1%

XIII. AV Metal Values

HHIC is only offerring a Catastrophic plan in 2020 so the HHS AV screen shot is not applicable.

XIV. Membership Projections

Membership projections reflect HHIC's expectations for 2020. These projections reflect expected changes in market share due to market competition, relative price levels, and changes in plan offerings (where applicable).

The projected member months on line 4.9 of the URRT Worksheet 2 is the membership projection for the one Catastrophic plan.

XV. Terminated Plans and Products

Plans in the 2018 experience period that will no longer be available in 2020 can be found in Exhibit I.

HHIC also has some plans that were offered only in 2019 (not offered in the experience period or in the projection period). For these plans, the members will not be mapped to a renewing or new plan. These plans are shown in Exhibit I.

XVI. Plan Type

Worksheet 2, Section I of the Part 1 Unified Rate Review Template describe HHIC's plans adequately.

XVII. Actuarial Certification

I, am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. This filing is prepared to accompany HHIC's rate filing for the individual combined market on and off the Pennsylvania Exchange.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

I certify that 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.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the Federal AV Calculator. If any adjustments were required outside of the AV Calculator, appropriate certification has been provided to CMS through the QHP application process.

I certify that the geographic rating reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The Part I Unified Rate Review Template does not demonstrate the process used by HHIC to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Signed
Title:

Date: May 21, 2019

XVIII. Exhibit I

Terminated Experience Period Plans

HIOS ID	Metal	Plan Name	2020 Mapping
70194PA0260001	Bronze	Shared Cost Blue PPO 7000	N/A
70194PA0300001	Bronze	Shared Cost Blue PPO 7000	N/A
70194PA0530001	Gold	my Direct Blue EPO 1000G	N/A
70194PA0530002	Silver	my Direct Blue EPO 3750S	N/A
70194PA0530004	Silver	my Direct Blue EPO 7150S	N/A
70194PA0530006	Bronzé	my Direct Blue EPO 7000B	N/A
70194PA0530007	Bronze	my Direct Blue EPO 6950B	N/A
70194PA0540001	Gold	my Direct Blue Lehigh Valley EPO 1000G	N/A
70194PA0540002	Silver	my Direct Blue Lehigh Valley EPO 3750S	N/A
70194PA0540004	Silver	my Direct Blue Lehigh Valley EPO 7150S	N/A
70194PA0540006	Bronze	my Direct Blue Lehigh Valley EPO 7000B	N/A
70194PA0540007	Bronze	my Direct Blue Lehigh Valley EPO 6950B	N/A
70194PA0550001	Catastrophic	my Direct Blue Lehigh Valley Major Events EPO 7350	N/A
70194PA0560001	Catastrophic	my Direct Blue Major Events EPO 7350	N/A
70194PA0570001	Silver	my Direct Blue EPO 2750SQE	N/A
70194PA0580001	Silver	my Direct Blue Lehigh Valley EPO 2750SQE	N/A

Terminated Plans Offered in 2019 Only

HIOS ID	Metal	Plan Name	2020 Mapping
70194PA0530008	Bronze	my Direct Blue EPO Bronze 7900	N/A
70194PA0530009	Silver	my Direct Blue EPO Silver 0	N/A
70194PA0530010	Silver	my Direct Blue EPO Silver 3500 - 2 Free PCP Visits	N/A
70194PA0540008	Bronze	my Direct Blue Lehigh Valley EPO Bronze 7900	N/A
70194PA0540009	Silver	my Direct Blue Lehigh Valley EPO Silver 0	N/A
70194PA0540010	Silver	my Direct Blue Lehigh Valley EPO Silver 3500 - 2 Free PCP Visits	N/A

HIOS Issuer ID*		.,	o Use and Non-Tobacco Use.	every age band.	
Rate Expiration Date*	70194 4-1637426	eet button, or Ctrl + Shift + H. All plans mu	ist have the same dates on a sheet.		
	01/01/2020 12/31/2020 ge-Based Rates				
Plan ID*	Rating Area ID*	Tobacco* Required:	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the Enterrate	No Preference enrollee on a plan	on a plan
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1 ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	0-14 15 16	191.43 208.45 214.96	191.43 208.45 214.96
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	17	221.46	221.46
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	18	228.47	228.47
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	19	235.48	235.48
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	20	242.73	242.73
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	21	250.24	256.50
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	22	250.24	256.50
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	23	250.24	256.50
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	24	250.24	256.50
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	25 26 27	251.24 256.25 262.25	257.52 262.66 268.81
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	28	272.01	278.81
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	29	280.02	287.02
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	30	284.02	291.12
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	31	290.03	297.28
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	32	296.03	303.43
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	33	299.79	307.28
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	34	303.79	311.38
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	35	305.79	313.43
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	35 36 37	307.80 309.80	315.50 317.55
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	38	311.80	319.60
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	39	315.80	323.70
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	40	319.81	351.79
70194PA0590001 Ra	Lating Area 1	Tobacco User/Non-Tobacco User	41	325.81	360.02
70194PA0590001 Ra	Lating Area 1	Tobacco User/Non-Tobacco User	42	331.57	368.71
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	43	339.58	380.67
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	44	349.59	395.74
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	45	361.35	413.75
70194PA0590001 Ra	eating Area 1	Tobacco User/Non-Tobacco User	46	375.36	435.42
70194PA0590001 Ra	Lating Area 1	Tobacco User/Non-Tobacco User	47	391.13	460.36
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	48	409.14	489.33
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	49	426.91	519.55
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	50	446.93	547.49
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	51 52 53	466.70 488.47 510.49	571.71 598.38
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User	53	510.49	625.35
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	54	534.26	654.47
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	55	558.04	683.60
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	56 57 58	583.81 609.83 637.61	715.17 747.04 781.07
70194PA0590001 Ra	eating Area 1	Tobacco User/Non-Tobacco User	59	651.37	797.93
70194PA0590001 Ra	Lating Area 1	Tobacco User/Non-Tobacco User	60	679.15	831.96
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61 62 63	703.17 718.94 738.71	861.38 880.70 904.92
70194PA0590001 Ra	ating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over	750.72	919.63
70194PA0590001 Ra	ating Area 2		0-14	191.43	191.43
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	15 16 17	208.45 214.96 221.46	208.45 214.96 221.46
70194PA0590001 Ra 70194PA0590001 Ra	ating Area 2 ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	18 19	228.47 235.48	228.47 235.48 242.73
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	20	242.73	242.73
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	21	250.24	256.50
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	22	250.24	256.50
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	23	250.24	256.50
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	24	250.24	256.50
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	25	251.24	257.52
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	26	256.25	262.66
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	27	262.25	268.81
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	28 29 30	272.01 280.02 284.02	278.81 287.02 291.12
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	31	290.03	297.28
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	32	296.03	303.43
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	33	299.79	307.28
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	34	303.79	311.38
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	35	305.79	313.43
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	36	307.80	315.50
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	37	309.80	317.55
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	38	311.80	319.60
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	39	315.80	323.70
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	40	319.81	351.79
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	41 42 43	325.81 331.57 339.58	360.02 368.71 380.67
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	44	349.59	395.74
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	45	361.35	413.75
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	46 47 48	375.36 391.13 409.14	435.42 460.36 489.33
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	49	426.91	519.55
70194PA0590001 Ra	ating Area 2		50	446.93	547.49
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	51	466.70	571.71
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	52	488.47	598.38
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	53	510.49	625.35
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	eating Area 2 eating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	54 55 56	534.26 558.04 583.81	654.47 683.60 715.17
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	57	609.83	747.04
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	58	637.61	781.07
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	59	651.37	797.93
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	60	679.15	831.96
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	61	703.17	861.38
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	62	718.94	880.70
70194PA0590001 Ra	ating Area 2	Tobacco User/Non-Tobacco User	63	738.71	904.92
70194PA0590001 Ra 70194PA0590001 Ra 70194PA0590001 Ra	ating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14 15	750.72 191.43 208.45	919.63 191.43 208.45
70194PA0590001 Ra	ating Area 4	Tobacco User/Non-Tobacco User	16	214.96	214.96
70194PA0590001 Ra	ating Area 4	Tobacco User/Non-Tobacco User	17	221.46	221.46
70194PA0590001 Ra	ating Area 4	Tobacco User/Non-Tobacco User	18	228.47	228.47
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	19	235.48	235.48
70194PA0590001 Ra		Tobacco User/Non-Tobacco User	20	242.73	242.73
70194PA0590001 Ra 70194PA0590001 Ra	tating Area 4 tating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 22 23	250.24 250.24 250.24	256.50 256.50 256.50

70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 24	250.24	256.5
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 25	251.24	257.5
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		256.25 262.25	262.6 268.8
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco		272.01	278.8
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		280.02 284.02	287.0 291.1
	0194PA0590001	•	Tobacco User/Non-Tobacco		290.03	297.2
	0194PA0590001	•	Tobacco User/Non-Tobacco		296.03	303.4
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		299.79 303.79	307.2 311.3
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 35	305.79	313.4
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		307.80 309.80	315.5 317.5
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 38	311.80	319.6
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		315.80 319.81	323.7 351.7
	0194PA0590001	•	Tobacco User/Non-Tobacco	User 41	325.81	360.0
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		331.57 339.58	368.7 380.6
	0194PA0590001		Tobacco User/Non-Tobacco		349.59	
	0194PA0590001	•	Tobacco User/Non-Tobacco		361.35 375.36	413.7 435.4
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		375.36	435.4
	0194PA0590001	•	Tobacco User/Non-Tobacco		409.14	489.3
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		426.91 446.93	519.5 547.4
	0194PA0590001		Tobacco User/Non-Tobacco		466.70	
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		488.47 510.49	598.3 625.3
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 54	534.26	654.4
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		558.04 583.81	683.6 715.1
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 57	609.83	747.0
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		637.61 651.37	781.0 797.9
	0194PA0590001	•	Tobacco User/Non-Tobacco		679.15	831.9
	0194PA0590001	•	Tobacco User/Non-Tobacco		703.17 718.94	861.3 880.7
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		718.94 738.71	880.7 904.9
70	0194PA0590001	Rating Area 4	Tobacco User/Non-Tobacco	User 64 and over	750.72	919.6
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		191.43 208.45	191.4 208.4
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 16	214.96	214.9
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		221.46 228.47	221.4 228.4
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 19	235.48	235.4
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		242.73 250.24	242.7 256.5
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 22	250.24	256.5
	0194PA0590001	•	Tobacco User/Non-Tobacco		250.24 250.24	256.5 256.5
70	0194PA0590001 0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco	User 25	251.24	256.5 257.5
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco		256.25	262.6
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		262.25 272.01	268.8 278.8
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 29	280.02	287.0
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		284.02 290.03	291.1 297.2
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 32	296.03	303.4
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		299.79 303.79	307.2 311.3
	0194PA0590001		Tobacco User/Non-Tobacco		305.79	
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco	***	307.80 309.80	315.5 317.5
	0194PA0590001		Tobacco User/Non-Tobacco		311.80	
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		315.80 319.81	323.7 351.7
	0194PA0590001	•	Tobacco User/Non-Tobacco		319.81	360.0
	0194PA0590001		Tobacco User/Non-Tobacco		331.57	368.7
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		339.58 349.59	380.6 395.7
	0194PA0590001	•	Tobacco User/Non-Tobacco		361.35	
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco	-	375.36 391.13	435.4 460.3
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 48	409.14	489.3
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		426.91 446.93	519.5 547.4
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 51	466.70	571.7
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		488.47 510.49	598.3 625.3
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 54	534.26	654.4
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		558.04 583.81	683.6 715.1
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 57	609.83	747.0
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		637.61 651.37	781.0 797.9
	0194PA0590001 0194PA0590001	•	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		651.37 679.15	
70	0194PA0590001	Rating Area 5	Tobacco User/Non-Tobacco	User 61	703.17	861.3
	0194PA0590001 0194PA0590001		Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco		718.94 738.71	880.7 904.9
	0194PA0590001	•	Tobacco User/Non-Tobacco		750.72	919.6
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	0-14 O-14	205.25	205.2
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	Ilser	223.49	223.4
		, and the second second		15		
70	0194PA0590001	Ralling Area 6	Tobacco User/Non-Tobacco	User 16	230.47	230.4
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 17	237.45	237.4
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	llser	244.96	244.9
		, and the second second		18		
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 19	252.47	252.4
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 20	260.25	260.2
7/	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	Ilser	268.30	275.0
		<u> </u>		21		
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 22	268.30	275.0
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 23	268.30	275.0
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	llser	268.30	275.0
		<u> </u>		24		
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 25	269.37	276.1
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User	274.74	281.6
		<u> </u>		26		
70	0194PA0590001	Nating Alea o	Tobacco User/Non-Tobacco	User 27	281.18	288.2
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 28	291.64	298.9
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	llser	300.23	307.7
		<u> </u>				
70	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 30	304.52	312.1
	0194PA0590001	Rating Area 6	Tobacco User/Non-Tobacco	User 31	310.96	318.7
70				31	i de la companya de	i .
		Rating Area 6	Tobacco User/Non-Tobacco	User	317 40	225.2
70	0194PA0590001 0194PA0590001	, and the second second	Tobacco User/Non-Tobacco Tobacco User/Non-Tobacco	32	317.40 321.42	

70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	34	325.72	333.86
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	35	327.86	336.06
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	36	330.01	338.26
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	37	332.16	340.46
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	38	334.30	342.66
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	39	338.59	347.05
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	40	342.89	377.18
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	41	349.33	386.01
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	42	355.50	395.32
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	43	364.08	408.13
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	44	374.82	424.30
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	45	387.43	443.61
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	46	402.45	466.84
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	47	419.35	493.57
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	48	438.67	524.65
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	49	457.72	557.05
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	50	479.18	587.00
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	51	500.38	612.97
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	52	523.72	641.56
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	53	547.33	670.48
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	54	572.82	701.70
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	55	598.31	732.93
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	56	625.94	766.78
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	57	653.85	800.97
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	58	683.63	837.45
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	59	698.38	855.52
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	60	728.17	892.01
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	61	753.92	923.55
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	62	770.83	944.27
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	63	792.02	970.22
70194PA0590001 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	804.90	986.00