

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Keystone Health Plan Central
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	Rates - KHPC Individual HMO		
<b>Project Name/Number:</b>	/		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2019		Supporting Document	ACA Public Rate Filing PDF	07/19/2019	Ind_19-43_Initial_KHP_HMO_PublicFiling01_20190712.pdf (Superceded) Ind_19-43_Initial_KHP_HMO_PublicFiling02_20190712.pdf (Superceded)



**May 21, 2019**

██████████, Director  
Bureau of Life, Accident and Health Insurance  
Office of Insurance Product Regulation and Administration  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

**Re: Keystone Health Plan Central  
Individual Rates  
Filing No 19-43  
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense  
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense  
Filing Type: Rate**

Dear ██████████:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Individual Rates effective January 1, 2020.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2020
- Average Rate Change Requested: 2.8%
- Range of Requested Rate Change: -1.0% to 3.6%
- Total additional annual revenue generated from the proposed rate change: \$248,356
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 1,376/1,000
- 2020 Number of Plans: 2
- 2019 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0120
- Form Filing SERFF #: CABC-131915202
- Binder SERFF #: CABC-PA20-125092049
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1473191712519638018

Harrisburg, PA 17177 | [capbluecross.com](http://capbluecross.com)

Please note that per instructions from the Insurance Department, 0.06 was added to the morbidity factor.

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

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

Sincerely,

[REDACTED]

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

Enclosures

cc: [REDACTED], FSA, MAAA, Senior Director, Actuarial Services  
[REDACTED], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services  
[REDACTED], Corporate Counsel

# **Attachment I**

# Rate Change Summary

## Keystone Health Plan Central (KHPC) – Individual Plans

Rate request filing ID # CABC-131915679 - 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:	2.8% <sup>1</sup>
Revised requested average rate change:	-1.3%
Range of requested rate change:	-5.7% to -0.4%
Effective date:	1/1/2020
People impacted:	1,376
Available in:	Rating Area 6, Rating Area 7 and Rating Area 9

### Key information

#### Jan. 2018-Dec. 2018 financial experience

Premiums	\$	9,253,018
Claims	\$	5,676,229
Administrative expenses	\$	1,284,238
Taxes & fees	\$	26,926
Company made (after taxes)		<b>\$2,265,625</b>

#### How it plans to spend your premium

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

Claims:	84.44%
Administrative:	10.21%
Taxes & fees:	3.35%
Profit:	2.0%

The company expects its annual medical costs to increase **7.88%**.

### Explanation of requested rate change

Reimplementation of the Health Insurer Fee in 2020  
Anticipated increase in facility and physician unit costs  
Anticipated changes in prescription drug unit costs  
Continuing change in utilization

<sup>1</sup> 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.



**July 12, 2019**

██████████, Director  
Bureau of Life, Accident and Health Insurance  
Office of Insurance Product Regulation and Administration  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

**Re: Keystone Health Plan Central  
Individual Rates  
Filing No 19-43  
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense  
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense  
Filing Type: Rate**

Dear ██████████:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Individual Rates effective January 1, 2020.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2020
- Average Rate Change Requested: -1.3%
- Range of Requested Rate Change: -5.7% to -0.4%
- Total additional annual revenue generated from the proposed rate change: \$(115,419)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 1,376/1,000
- 2020 Number of Plans: 2
- 2019 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0120
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Sincerely,

[REDACTED]

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

Enclosures

cc: [REDACTED], FSA, MAAA, Senior Director, Actuarial Services  
[REDACTED], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services  
[REDACTED], Corporate Counsel

# **KEYSTONE HEALTH PLAN CENTRAL**

## **ACTUARIAL MEMORANDUM**

### **Individual Rates**

**Effective January 1, 2020**

#### **General Information**

##### **Company Information**

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2020

##### **PID Company Information**

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2020
- Average Rate Change Requested: -1.3%
- Range of Requested Rate Change: -5.7% to -0.4%
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- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1473191712519638018



### **Company Contact Information**

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

### **Scope and Purpose**

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2020. KHPC will offer individual products off the federally-facilitated exchange.

### **Rate History and Proposed Variations in Rate Changes**

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2016	CABC-130076965	1.40%
Individual	KHPC	1/1/2017	CABC-130539563	55.10%
Individual	KHPC	1/1/2018	CABC-13102203	9.20%
Individual	KHPC	1/1/2019	CABC-131454728	-7.30%

### **Average Rate Change**

KHPC is proposing an aggregate annual -1.3% rate decrease. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

Reimplementation of the Health Insurer Fee: 3%

Future Cost and Utilization: 8%

Favorable Experience: -12%

### **Regulatory Considerations**

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

- Individual Mandate: 0.06 added to the morbidity factor.

### **Membership**

Membership is shown in PA Rate Template Part I, Table 1. The average age is 39.

## **Benefit Changes 2019-2020**

A summary of proposed 2020 benefits is included in Exhibit A.

There are several benefit changes being implemented in 2020. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

## **Experience Period Premium and Claims**

**Single Risk Pool:** The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the individual market.

**Base Experience Period:** The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2018 and December 31, 2018.

**Paid Through Date:** Claims in the BEP are paid through March 31, 2019

**Premiums (net of MLR Rebate) in BEP:** Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments applied are equal to zero.

### **Allowed and Incurred Claims in BEP:**

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments.
- CBC only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

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

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g.

harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

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

**Risk Adjustment in BEP:** Risk adjustment amounts in the BEP are equal to final risk adjustment transfer amounts released on June 28, 2019.

**Loss Ratio in BEP:** Loss ratio is 61.34%

### **Credibility of Data**

No Credibility Manual was used.

### **Trend Identification**

Trend: 7.9%

Trend levels reflect CBC's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CBC uses the following to project future costs:

- a. Vendor Physician Cost Model and Internal Hospital Contracting Model
    - i. The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.
  - b. Internal Prescription Drug Trend Model
    - i. Price Inflation
    - ii. Contract Pricing
    - iii. Member Cost-Sharing
    - iv. Units per Script
    - v. Brand/Generic Mix
    - vi. Therapeutic Mix
    - vii. Cost per Script
    - viii. Pipeline (new drugs)
2. Utilization Considerations:
    - a. Intensity of medical services rendered
    - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    - c. Further migration from brand prescription drugs to generic prescription drugs
    - d. Favorable impacts of value based benefits designs
    - e. Medical utilization estimates reviewed by CBC's Chief Medical Officer
  3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
  4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.
  5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CBC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

**Historical Experience:** Historical experience was not used to the develop trend.

**Benefit Categories:** Claims in the benefit categories displayed in URRT come directly from CBC's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

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

## **Rate Development & Change**

### **Projection Factors**

**Changes in Morbidity:** Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5. The changes to morbidity is equal to the Department's Individual Adjustment factor discussed above.

**Changes in Benefits:** Benefit changes are not applied to allowed claims as allowed should stay consistent from 2018 to 2020. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from CBC's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

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

**Changes in Network:** No network adjustment is applied.

**Other Adjustments:** No other adjustment is applied.

Benefits, Demographics, Network and Other adjustments are found in URRT Worksheet 1 and PA Rate Exhibits Table 5.

### **Index Rate**

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

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

To calculate the projected index rate:

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

See Exhibit J for the Index Rate.

### **Paid to Allowed Ratio**

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

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

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

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

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

*Trended Claim PMPM*

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

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

$$\begin{aligned}
& \text{Projected Paid and Incurred Claims PMPM} \\
& = [\text{Trended Claim PMPM}] \times [\text{Benefit Adjustment}] \\
& \times [\text{Morbidity Adjustment}] \times [\text{Other Adjustment}]
\end{aligned}$$

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

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

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

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

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

$$\begin{aligned}
& \text{Base Plan Paid and Incurred Claims PMPM} \\
& = \frac{\text{Benefit Adjusted Paid and Incurred Claims PMPM}}{\text{Benefit Level Adjustment}}
\end{aligned}$$

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

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

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

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

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2019. The *Total Projected Claims PMPM* :

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

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

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

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

## **Risk Adjustment**

### **Projected Risk Adjustments PMPM:**

Relevant to 2020 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2020. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2016-2017 risk adjustment results



5. Market improvement in coding risk: CBC's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

### **Market Adjusted Index Rate**

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

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

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

### **Retention Items**

#### **Administrative Expense Load:**

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.18 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from CBC's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to CBC individual products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
3. Broker Expense: Calculated based on CBC's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. CBC pays commissions for new business and renewal enrollment received during open enrollment, both on and off exchange, and in all geographic

areas. Commission is less on catastrophic plans due to the lower premium. CBC does not pay commission during Special Enrollment Periods (SEP). The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement – redacted version. Files are as follows:

- a. Redacted Agent Agreement: “Ind\_19-43\_Initial\_KHP\_HMO\_WBEBrokerIndRedacted\_Supporting\_20190521.pdf”
  - b. Redacted Preferred Producer Master Agreement: “Ind\_19-43\_Initial\_KHP\_HMO\_PPMABrokerIndRedacted\_Supporting\_20190521.pdf”
4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
- a. Complete Health Risk Assessment questionnaire and receive a gift card.
  - b. Participate in an online coaching program and receive a gift card reward.
  - c. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
  - d. Fees are included in overall administrative expense fee discussed above.
  - e. Included in URRT Worksheet 2 “Administrative Expense”, and PA Rate Exhibits Table 6.
5. Identity Theft Coverage: Identity protection offering will include the following components:
- a. Credit monitoring – Monitors activity that may affect credit
  - b. Fraud detection – Identifies potentially fraudulent use of identity or credit
  - c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection
  - d. Included in URRT Worksheet 1, “Administrative Load”, and PA Rate Exhibits Table 6.
6. Additional Quality Improvement: The Final Notice of Benefit and Payment Parameters (NBPP) for 2020 finalized the rule to allow issuers to apply a standard 0.8% of premium for quality improvement (QI) measures in the MLR calculation. Additional QI amounts applied in rating equal 0.4%. Included in URRT Worksheet 2, “Administrative Expense”, and PA Rate Exhibits Table 6.

### **Profit (or Contribution to Surplus) & Risk Margin:**

7. Contingency: Contingency is included in URRT Worksheet 1, “Profit and Risk”, and PA Rate Exhibits Table 6.

### **Taxes and Fees:**

1. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017, \$14.3 billion in 2018, and the HIF increases by the rate of premium growth for 2019 and subsequent years. There was a moratorium on the

fee for 2017 and there is a suspension on the fee for 2019. HIF is included in URRT Worksheet 2, “Taxes and Fees”, and PA Rate Exhibits, Table 6.

2. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3% of premium to HHS. The exchange user fee is applied as an adjustment to the Index Rate at the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.
3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, “Taxes and Fees”, and PA Rate Exhibits, Table 6.

See Exhibit H for all retention values.

### **Plan Rate Development**

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC’s actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Please see Table 8
3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
6. Adjustment for distribution and administrative costs: Described in Retention section above.
7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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

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

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

with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file Ind\_19-43\_Initial\_KHP\_HMO\_List-Billed\_Supporting\_20190521 for the calculation.

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

**Geographic Factors:** CBC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered incurred claims net Rx rebates, projected risk adjustment, and premium for a 12-month period by region. The loss ratio of each region is then compared to the average loss ratio for the book of business. In theory, the change in regional rating factor is:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [BOB\ LR]$$

But our preferred approach is to gradually change factors, so not to shock the market, while moving rates in the appropriate direction. In order to do this, the following approach is being proposed:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [Target\ LR]$$

Where Target LR is in between Region A LR and BOB LR. With this gradual approach, annual rate change by region is shown on Exhibit Q, column G.

**Tobacco Factor Calibration:** Average tobacco factor is calculated using current month member by smoking status data.

The calibration is:

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

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.  
The calibration factors and development are found on Exhibit N.

## **Consumer Adjusted Premium Rate Development**

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

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

2.  $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum [Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$

With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

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

### **AV Metal Values**

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

### **AV Pricing Values**

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

### **Projected Loss Ratio**

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

### **Membership Projection**

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

### **Attachments and Examples**

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

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development  
Exhibit H – Retention  
Exhibit I – Projected Loss Ratio  
Exhibit J – Index Rate  
Exhibit K – Market Adjusted Index Rate  
Exhibit L – Rate Development by Plan  
Exhibit M – Plan Adjusted Index Rates  
Exhibit N – Calibration  
Exhibit O – Rating Factors  
Exhibit P – Quarterly Base Rates  
Exhibit Q – Regional Analysis

Broker Contracts  
Actuarial Value Screenshots  
List-Billed Data

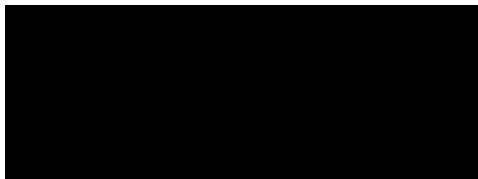
### **Actuarial Statement**

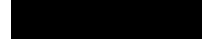
I, [REDACTED], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

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

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

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



, ASA, MAAA  
Actuarial Associate  
Capital BlueCross

PA Rate Template Part I  
Data Relevant to the Rate Filing

Table 0. Identify Information

Carrier Name:	Keystone Health Plan Central		
Product(s):	IND		
Market Segment:	Individual		
Rate Effective Date:	1/1/2020	to	12/31/2020
Base Period Start Date:	1/1/2018	to	12/31/2018
Date of Most Recent Membership	2/2/2019		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02/01/2019)	Projected Rating Period
Average Age	39.5	39.5	39.5
Total	22,568	1,376	17,727
<18	8,010	181	2,481
18-24	2,149	113	1,458
25-29	2,250	128	2,051
30-34	1,450	71	815
35-39	1,213	84	1,082
40-44	1,175	77	892
45-49	1,814	115	1,482
50-54	1,580	131	1,713
55-59	2,464	182	2,087
60-63	2,793	189	2,435
64+	1,287	84	864

\*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-ERB portion of Allowed Claims	Total Prescription Drug Rebates*	Total ERB Capitation	Total Non-ERB Capitation	Estimated Risk Adjustment
\$12,648,571.43	\$5,859,980.69	\$5,638,871.87	22,568	\$2,315,067.87	\$7,875,639.34	\$0.00	(\$238,424.77)	\$255,682.17	\$0.00	(\$3,395,553.64)
Experience Period Total Allowed ERB Claims + ERB Capitation PMPM (net of prescription drug rebates)										\$
Loss Ratio										354.13

\*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Acute Care Hospital	4.00%	2.50%	0.00%	8.46%	21.75%
Outpatient Hospital	5.00%	2.50%	0.00%	8.08%	38.29%
Professional	3.80%	1.80%	0.00%	5.72%	21.99%
Other Medical	6.80%	2.80%	0.00%	7.76%	2.85%
Capitation				9.09%	0.00%
Prescription Drugs	8.80%	0.85%	0.00%	9.73%	14.98%
Total Annual Trend				7.88%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.464	

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

\*\* Should = UNIT 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		\$715,663.71	1.0000	\$ 715,663.71	1,789	\$ 400.03		(\$1,210.91)	\$847,212.26	\$473.57
Feb-15		\$754,779.28	1.0000	\$ 754,779.28	2,123	\$ 356.86		(\$756.10)	\$860,211.28	\$412.17
Mar-15		\$717,506.14	1.0000	\$ 717,506.14	2,837	\$ 253.80		(\$30,151.50)	\$689,189.71	\$303.89
Apr-15		\$787,842.37	1.0000	\$ 787,842.37	2,766	\$ 284.83		(\$1,471.34)	\$844,845.48	\$341.59
May-15		\$802,490.06	1.0000	\$ 802,490.06	2,728	\$ 295.02		(\$4,710.22)	\$809,128.26	\$356.45
Jun-15		\$771,682.30	1.0000	\$ 771,682.30	2,704	\$ 285.39		(\$85,673.71)	\$684,444.18	\$301.20
Jul-15		\$990,102.94	1.0000	\$ 990,102.94	2,632	\$ 373.34		(\$4,992.99)	\$1,111,979.04	\$426.84
Aug-15		\$773,125.91	1.0000	\$ 773,125.91	2,628	\$ 294.41		(\$4,621.10)	\$801,429.28	\$301.84
Sep-15		\$847,262.11	1.0000	\$ 847,262.11	2,627	\$ 320.62		(\$84,347.81)	\$889,221.56	\$339.75
Oct-15		\$754,417.37	1.0000	\$ 754,417.37	2,558	\$ 294.92		(\$5,547.83)	\$808,964.87	\$335.80
Nov-15		\$994,036.74	1.0000	\$ 994,036.74	2,544	\$ 390.71		(\$4,106.51)	\$1,097,236.45	\$439.89
Dec-15	\$8,188,141.04	\$881,119.09	1.0000	\$ 881,119.09	2,507	\$ 352.15	\$1,674,736.14	(\$158,137.80)	\$840,249.82	\$375.05
Jan-16		\$6,862,123.64	1.0000	\$ 6,862,123.64	11,434	\$ 218.30		(\$49,543.64)	\$8,309,951.39	\$264.36
Feb-16		\$6,445,871.38	1.0000	\$ 6,445,871.38	14,149	\$ 361.71		(\$26,116.11)	\$10,489,426.18	\$305.17
Mar-16		\$11,970,854.45	1.0000	\$ 11,970,854.45	16,772	\$ 725.54		(\$775,490.70)	\$13,441,170.45	\$655.54
Apr-16		\$10,902,117.85	1.0000	\$ 10,902,117.85	16,816	\$ 296.12		(\$361,849.80)	\$12,401,137.08	\$386.84
May-16		\$11,276,680.01	1.0000	\$ 11,276,680.01	16,112	\$ 312.10		(\$1,375.43)	\$12,113,264.38	\$368.69
Jun-16		\$12,135,758.52	0.9992	\$ 12,169,282.93	15,487	\$ 342.83		(\$439,783.56)	\$13,536,618.43	\$381.81
Jul-16		\$11,036,476.50	0.9962	\$ 11,078,184.38	14,922	\$ 317.23		(\$467,508.00)	\$12,456,020.08	\$366.68
Aug-16		\$10,027,982.62	0.9999	\$ 10,028,548.09	14,129	\$ 282.02		(\$239.19)	\$11,883,088.01	\$344.18
Sep-16		\$9,783,740.45	1.0000	\$ 9,783,740.45	13,919	\$ 288.44		(\$522,117.40)	\$10,811,080.74	\$323.68
Oct-16		\$10,642,743.95	1.0000	\$ 10,642,743.95	13,978	\$ 322.72		(\$50.92)	\$12,113,894.68	\$370.36
Nov-16		\$11,470,288.47	1.0000	\$ 11,470,673.42	12,184	\$ 356.41		(\$7.86)	\$13,833,137.26	\$404.86
Dec-16	\$141,173,983.44	\$11,113,342.53	1.0000	\$ 11,113,742.60	10,676	\$ 362.29	\$21,893,629.31	(\$1,616,062.73)	\$11,040,422.01	\$359.00
Jan-17		\$170,444.89	1.0000	\$ 270,647.38	2,921	\$ 92.66		(\$11,291.83)	\$389,248.79	\$201.73
Feb-17		\$132,347.38	1.0000	\$ 132,347.01	3,018	\$ 110.09		(\$11,501.68)	\$600,473.69	\$188.90
Mar-17		\$848,134.60	1.0000	\$ 848,347.67	3,009	\$ 281.94		(\$11,455.39)	\$1,100,143.88	\$365.75
Apr-17		\$142,158.81	1.0000	\$ 342,162.64	2,928	\$ 116.86		(\$13,515.88)	\$619,964.51	\$211.74
May-17		\$714,630.51	1.0000	\$ 714,643.15	2,435	\$ 252.08		(\$25,994.51)	\$887,764.21	\$148.47
Jun-17		\$722,223.09	1.0000	\$ 722,235.32	2,761	\$ 261.58		(\$27,080.91)	\$1,018,157.38	\$368.76
Jul-17		\$144,862.18	1.0000	\$ 344,887.21	2,716	\$ 126.98		(\$17,845.17)	\$544,919.13	\$200.63
Aug-17		\$490,136.36	1.0000	\$ 490,345.57	2,659	\$ 184.41		(\$11,136.24)	\$700,427.89	\$269.42
Sep-17		\$488,743.88	1.0000	\$ 488,761.58	2,618	\$ 186.84		(\$12,585.49)	\$644,938.08	\$245.77
Oct-17		\$469,580.50	1.0000	\$ 469,593.38	2,555	\$ 193.79		(\$19,220.87)	\$655,998.20	\$256.59
Nov-17		\$666,070.86	1.0000	\$ 666,093.63	2,502	\$ 226.26		(\$13,753.58)	\$746,818.75	\$288.49
Dec-17	\$15,777,780.74	\$882,842.94	0.9999	\$ 882,715.73	2,309	\$ 389.34	\$3,015,558.08	(\$16,777.82)	\$1,081,040.70	\$452.49
Jan-18		\$170,686.17	0.9999	\$ 370,724.54	2,228	\$ 166.32		(\$13,012.91)	\$669,909.85	\$300.54
Feb-18		\$304,893.18	0.9995	\$ 305,145.47	2,029	\$ 149.65		(\$13,487.62)	\$575,907.24	\$237.92
Mar-18		\$350,063.81	0.9991	\$ 359,342.68	2,005	\$ 174.73		(\$10,194.73)	\$558,575.38	\$278.29
Apr-18		\$413,498.07	0.9992	\$ 413,835.47	1,965	\$ 215.69		(\$21,245.14)	\$580,038.28	\$295.18
May-18		\$525,132.30	0.9991	\$ 526,020.95	1,923	\$ 273.54		(\$12,618.80)	\$686,512.45	\$362.13
Jun-18		\$542,199.51	0.9988	\$ 542,850.90	1,894	\$ 286.62		(\$18,827.91)	\$745,613.24	\$393.67
Jul-18		\$450,717.52	0.9986	\$ 451,367.43	1,838	\$ 242.91		(\$18,498.75)	\$595,497.68	\$320.50
Aug-18		\$690,987.47	0.9950	\$ 692,584.86	1,832	\$ 380.78		(\$12,196.11)	\$882,284.71	\$481.60
Sep-18		\$394,157.88	0.9529	\$ 413,642.37	1,774	\$ 233.17		(\$20,191.41)	\$560,395.34	\$315.89
Oct-18		\$454,179.92	0.9520	\$ 455,983.73	1,736	\$ 265.89		(\$15,509.42)	\$607,447.69	\$346.43
Nov-18		\$537,762.39	0.9841	\$ 544,434.53	1,681	\$ 325.07		(\$10,791.80)	\$643,882.71	\$392.14
Dec-18	\$12,648,571.42	\$514,642.84	0.9808	\$ 626,712.21	1,613	\$ 385.78	\$2,315,667.87	(\$20,478.32)	\$726,171.27	\$444.69

\* Express Completion Factor as a percentage

\*\* Express Prescription Drug Rebates as a negative number



Carrier Name: Keystone Health Plan Central  
Product(s): HMO  
Market Segment: Individual  
Rate Effective Date: 1/1/2020

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & 90%)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment
\$401,355,181.81	\$263,205,610.72	\$263,475,736.24	407,999	\$15,476,798.04	\$121,212,572.72		(\$10,000,450.32)	\$155,892.12	\$0.00	\$50,616,610.47
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 768.48
Loss Ratio										66.59%

\*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite Trend	Weight*
Inpatient Hospital	6.00%	2.30%	0.00%	8.34%	21.29%
Outpatient Hospital	5.62%	2.30%	0.00%	8.90%	18.29%
Professional	3.85%	1.80%	0.00%	5.72%	21.95%
Other Medical	5.65%	0.00%		7.76%	2.88%
Capitation				3.00%	0.00%
Prescription Drugs	8.80%	0.81%	0.00%	9.72%	14.98%
Total Annual Trend				7.88%	100.00%
Months of Trend				34	
Total Applied Trend Projection Factor				1.164	

\* 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 + 90%)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-15		\$2,797,210.15	1.0000	\$ 2,797,210.15	4,327	\$ 646.45		(\$10,590.78)	\$2,777,762.02	\$ 736.40
Feb-15		\$2,073,331.99	1.0000	\$ 2,073,331.99	4,349	\$ 476.00		(\$6,656.51)	\$2,472,214.08	\$ 703.62
Mar-15		\$3,271,385.45	1.0000	\$ 3,271,385.45	5,774	\$ 566.57		(\$141,818.81)	\$3,617,132.12	\$ 626.45
Apr-15		\$3,756,887.25	1.0000	\$ 3,756,887.25	5,754	\$ 652.92		(\$10,212.77)	\$4,197,177.04	\$ 729.44
May-15		\$3,266,724.24	1.0000	\$ 3,266,724.24	5,761	\$ 567.00		(\$13,300.48)	\$3,680,021.21	\$ 641.54
Jun-15		\$3,496,238.41	1.0000	\$ 3,496,238.41	5,795	\$ 603.32		(\$267,781.99)	\$3,624,092.80	\$ 625.38
Jul-15		\$3,470,614.60	1.0000	\$ 3,470,614.60	5,796	\$ 602.91		(\$1,811.12)	\$3,877,402.82	\$ 672.46
Aug-15		\$3,500,532.63	1.0000	\$ 3,500,532.63	5,809	\$ 602.61		(\$13,122.63)	\$3,982,853.44	\$ 673.86
Sep-15		\$4,003,790.01	1.0000	\$ 4,003,790.01	5,899	\$ 679.18		(\$259,709.42)	\$4,163,148.74	\$ 708.05
Oct-15		\$4,302,283.12	1.0000	\$ 4,302,283.12	5,944	\$ 723.80		(\$18,414.36)	\$4,679,570.82	\$ 787.28
Nov-15		\$4,264,647.61	1.0000	\$ 4,264,647.61	6,011	\$ 709.67		(\$14,199.72)	\$4,602,148.44	\$ 769.62
Dec-15	\$27,854,177.05	\$4,270,199.46	1.0000	\$ 4,270,199.46	6,005	\$ 711.11	\$4,988,616.65	(\$425,591.87)	\$4,293,494.28	\$ 707.99
Jan-16		\$18,227,017.35	1.0000	\$ 18,227,017.35	61,069	\$ 314.84		(\$14,151.58)	\$18,071,647.90	\$ 396.17
Feb-16		\$24,230,677.89	1.0000	\$ 24,230,677.89	65,715	\$ 368.72		(\$8,146.08)	\$24,613,340.10	\$ 450.63
Mar-16		\$30,038,706.38	1.0000	\$ 30,038,706.38	69,031	\$ 435.15		(\$1,850,887.64)	\$33,983,299.56	\$ 492.29
Apr-16		\$36,773,618.52	1.0000	\$ 36,773,618.52	69,111	\$ 537.40		(\$1,496,361.26)	\$38,481,495.92	\$ 544.05
May-16		\$28,160,679.68	1.0000	\$ 28,160,679.68	68,289	\$ 412.20		(\$3,860.28)	\$33,092,635.40	\$ 484.53
Jun-16		\$30,011,457.13	0.9992	\$ 30,014,395.87	67,534	\$ 444.72		(\$1,026,925.85)	\$33,769,062.00	\$ 500.04
Jul-16		\$27,445,724.34	0.9964	\$ 27,445,178.01	66,900	\$ 411.74		(\$1,275,146.56)	\$30,754,720.06	\$ 459.71
Aug-16		\$29,165,182.84	0.9999	\$ 29,166,626.09	66,178	\$ 440.73		(\$1,416.93)	\$33,803,912.11	\$ 510.80
Sep-16		\$27,517,831.63	1.0000	\$ 27,517,831.63	65,493	\$ 420.16		(\$1,390,544.95)	\$30,371,871.79	\$ 461.74
Oct-16		\$28,984,587.89	1.0000	\$ 28,984,587.89	64,111	\$ 453.94		(\$416.16)	\$33,030,187.62	\$ 520.94
Nov-16		\$31,435,308.68	1.0000	\$ 31,436,969.92	62,994	\$ 502.22		(\$646.79)	\$35,756,021.88	\$ 567.20
Dec-16	\$116,687,870.61	\$32,140,958.08	1.0000	\$ 32,142,187.75	60,060	\$ 538.50	\$16,744,011.18	(\$3,048,477.17)	\$33,807,800.17	\$ 554.58
Jan-17		\$21,444,210.76	1.0000	\$ 21,444,210.76	49,444	\$ 431.80		(\$318,510.84)	\$23,851,195.26	\$ 481.59
Feb-17		\$24,810,744.17	1.0000	\$ 24,811,089.19	51,400	\$ 482.71		(\$67,140.64)	\$25,480,071.14	\$ 506.89
Mar-17		\$30,275,157.87	1.0000	\$ 30,275,190.11	52,018	\$ 582.02		(\$80,794.11)	\$30,717,806.56	\$ 587.03
Apr-17		\$27,118,213.00	1.0000	\$ 27,118,729.07	51,170	\$ 531.80		(\$79,701.20)	\$31,845,114.68	\$ 610.92
May-17		\$36,619,676.36	1.0000	\$ 36,620,138.67	50,465	\$ 696.76		(\$51,511.85)	\$38,814,708.14	\$ 889.86
Jun-17		\$29,101,682.23	1.0000	\$ 29,102,110.20	49,661	\$ 586.00		(\$249,317.40)	\$31,020,649.20	\$ 664.89
Jul-17		\$26,146,837.42	1.0000	\$ 26,147,494.51	48,234	\$ 543.94		(\$269,912.00)	\$29,421,477.20	\$ 609.20
Aug-17		\$27,875,130.59	1.0000	\$ 27,878,868.86	48,340	\$ 578.82		(\$95,154.92)	\$31,321,727.09	\$ 647.95
Sep-17		\$26,737,518.07	1.0000	\$ 26,738,585.46	47,709	\$ 560.45		(\$579,493.34)	\$29,586,479.18	\$ 620.14
Oct-17		\$30,068,116.21	1.0000	\$ 30,069,418.65	46,546	\$ 646.51		(\$1,050,076.23)	\$32,866,961.01	\$ 706.10
Nov-17		\$29,608,126.40	1.0000	\$ 29,609,532.22	46,132	\$ 646.18		(\$1,059,462.80)	\$32,287,465.51	\$ 699.90
Dec-17	\$422,624,520.10	\$31,124,027.82	0.9999	\$ 31,126,917.61	44,405	\$ 700.98	\$58,877,322.17	(\$1,188,315.00)	\$33,393,758.80	\$ 752.03
Jan-18		\$18,116,520.89	0.9999	\$ 18,117,999.19	37,250	\$ 485.94		(\$51,442.05)	\$25,636,095.08	\$ 688.22
Feb-18		\$18,451,676.14	0.9994	\$ 18,463,657.17	35,850	\$ 514.81		(\$71,910.92)	\$24,905,128.41	\$ 694.61
Mar-18		\$20,966,731.61	0.9991	\$ 20,984,606.06	35,114	\$ 590.88		(\$91,184.00)	\$26,695,344.71	\$ 773.53
Apr-18		\$22,051,280.76	0.9991	\$ 22,070,864.28	31,008	\$ 682.81		(\$68,523.85)	\$26,117,511.71	\$ 786.40
May-18		\$20,197,456.40	0.9991	\$ 20,184,118.86	34,100	\$ 646.08		(\$67,861.47)	\$26,081,005.01	\$ 758.62
Jun-18		\$20,198,518.18	0.9987	\$ 20,244,044.41	33,014	\$ 602.25		(\$82,289.59)	\$22,710,912.94	\$ 699.15
Jul-18		\$21,452,491.80	0.9994	\$ 21,459,236.03	31,207	\$ 672.72		(\$51,073.59)	\$24,473,964.49	\$ 778.36
Aug-18		\$23,681,501.72	0.9904	\$ 24,182,643.46	33,216	\$ 725.95		(\$55,961.20)	\$27,720,124.06	\$ 839.49
Sep-18		\$21,963,675.18	0.9478	\$ 23,172,134.39	32,768	\$ 707.17		(\$78,779.11)	\$25,914,263.57	\$ 790.84
Oct-18		\$24,233,669.31	0.9971	\$ 24,427,098.05	32,321	\$ 755.06		(\$27,718.00)	\$27,210,416.02	\$ 844.19
Nov-18		\$25,272,147.11	0.9805	\$ 25,773,987.57	31,889	\$ 807.09		(\$40,418.96)	\$26,392,601.09	\$ 850.08
Dec-18	\$401,355,181.81	\$25,182,187.04	0.9805	\$ 25,612,094.08	31,442	\$ 752.26	\$55,176,798.96	(\$89,626.59)	\$25,756,263.06	\$ 810.17

\* Express Completion Factor as a decimal value

\*\*Express Prescription Drug Rebates as a negative number

PA Rate Template Part II  
Rate Development and Change

Center Name:  
Product/Type:  
Market Segment:  
Rate Effective Date:

Executive Health Plan Control  
HMO  
Individual  
1/1/2020

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data
Total Allowed EIB Claims + EIB Cancellation PMPM (net of association dues rebates) PMPM	\$ 264.11	\$ 264.11
Two year trend projection factor	1.044	1.044
Unadjusted Projected Allowed EIB Claims PMPM	\$ 622.14	\$ 688.79
State Risk Pool Adjustment Factors		
Change in Mortality	1.000	1.000
Change in Other	1.000	1.000
Change in Demographics	1.000	1.000
Change in Network	1.000	1.000
Change in Benefits	1.000	1.000
Change in Other	1.000	1.000
Total Adjusted Projected Allowed EIB Claims PMPM	\$ 436.86	\$ 688.79
Credibility Factors	100%	8%
Weighted Projected EIB Claims PMPM	\$ 436.86	\$ 436.86
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EIB Claims PMPM	\$ 436.86	Index Rate for Projection Period on UBRIT - Individual Risk Quarter Small Group
Adjusted Projected Allowed EIB Claims PMPM (all only populate for small group filings)	\$ 436.86	
Projected Paid to Allowed Ratio	\$ 87.94	
Projected Paid EIB Claims PMPM	\$ 383.76	
Market-Adjusted Allowance	\$ (511.62)	
Projected Paid Exchange User Fee PMPM	\$ 60.48	
Market-Adjusted Projected Paid EIB Claims PMPM	\$ 435.38	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$ 595.30	Market-Adjusted Index Rate
Projected Allowed Non-EIB Claims PMPM	\$ 30.46	
Market-Adjusted Projected Total Claims PMPM	\$ 435.38	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 595.30	

Table 6. Retention

Retention Items - Expenses in percentages	Percentages	PMPM Amounts
Administrative Expenses	10.21%	\$30.71
General and Claims	9.12%	\$45.31
Agent/Broker Fees and Commissions	0.87%	\$1.34
Quality Improvement Initiatives	0.63%	\$2.02
Taxes and Fees	3.37%	\$16.49
PA User Fee	0.00%	\$0.00
PA Premium Tax (if applicable)	0.00%	\$0.00
Federal Income Tax	0.00%	\$2.00
Health Insurance Provider Fee (Provided for Small Groups only)	1.00%	\$14.38
Profit/Contingency (after tax)	2.00%	\$9.30
Total Retention	15.50%	\$77.20
Projected Required Revenue PMPM		\$ 496.86

Table 8. Components of Rate Change

Rate Components	2019	2020	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 380.36	\$ 297.75	\$ -82.61	-21.71%
B. Nine period allowed claims before normalization	\$ 698.45	\$ 354.13	\$ -344.32	-49.29%
C. Normalization factor component of change	\$ (31.25)	\$ (441.45)	\$ -410.20	-131.25%
D. Change in Normalized Allowed Claims Adjustment Components				
01. Year period allowed claims after normalization	\$ 252.80	\$ 223.88	\$ -28.92	-11.44%
02. UBRIT Trend	\$ 48.40	\$ 34.84	\$ -13.57	-27.99%
03. UBRIT Mortality	\$ 38.28	\$ 34.85	\$ -3.43	-8.95%
04. UBRIT Other	\$ -	\$ 0.00	\$ 0.00	0.00%
05. Normalized UBRIT R/R on an allowed basis	\$ 235.67	\$ 215.16	\$ -20.51	-8.70%
06. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0.00%
07. Subtotal - Sum(D1-D6)	\$ 536.05	\$ 397.82	\$ -138.23	-25.79%
E. Change in Allowable Plan Adjusted Level Components				
01. Network	\$ -	\$ -	\$ -	0.00%
02. Pricing AV	\$ -280.304764	\$ (73.12)	\$ 186.99	66.71%
03. Benefit Reduction	\$ (9.40)	\$ -	\$ 9.40	100.00%
04. Catastrophic Eligibility	\$ (17.48)	\$ 9.38	\$ 26.86	153.72%
05. Subtotal - Sum(D7-D4)	\$ (380.42)	\$ (63.74)	\$ 316.68	83.24%
F. Change in Retention Components				
01. Administrative Expenses	\$ 32.88	\$ 30.40	\$ -2.48	-7.54%
02. Taxes and Fees	\$ 1.27	\$ 9.98	\$ 8.71	685.83%
03. Profit and/or Contingency	\$ 6.83	\$ 5.96	\$ -0.87	-12.74%
04. Subtotal - Sum(F1-F3)	\$ 41.00	\$ 46.33	\$ 5.33	12.99%
G. Change in Miscellaneous Items				
	\$ 307.02	\$ 302.46	\$ -4.56	-1.48%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 307.02	\$ 302.46	\$ -4.56	-1.48%

Actual Experience PMPM should be consistent with the Index Rate for Experience Period on UBRIT

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 854.13
Blended Earned Premium	\$ 13,648,291.62
Blended Loss Ratio	6.26%

Index Rate of Experience Period on UBRIT

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

Effective Date	1/1/2020	4/1/2020	7/1/2020	10/1/2020	Total Single Risk Pool
# of Member Months Remaining in Quarter					
Adjusted Projected Allowed EIB Claims PMPM Q3	\$ 436.86	\$ 436.86	\$ 436.86	\$ 436.86	\$ 436.86
Months of Trend					
Annual Trend	7.88%	7.88%	7.88%	7.88%	7.88%
Single Risk Pool Projected Allowed Claims	\$ 436.86	\$ 465.22	\$ 493.75	\$ 462.48	\$ -
Quarterly Trend Factor	100.0%	107.1%	113.0%	105.3%	0.0%
2020 Trend Factors by Quarter	#Q1/20	#Q2/20	#Q3/20	#Q4/20	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2019	2020
Average Age Factor	1.018	1.000
Average Geographic Factor	1.007	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (Induced demand)	0.617	1.000
Average Network Factor	1.000	1.000
Market Adjusted Projected Allowed Total Claims PMPM	\$ 680.49	\$ 595.30
Normalized Market Adjusted Projected Allowed Total Claims PMPM	\$ 570.04	\$ 302.52

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

	2019	2020
Paid to Allowed	\$ 681	\$ 595
UBRIT Trend (Total Applied Trend Factor)	1.191	1.000
UBRIT Mortality	1.000	1.000
UBRIT Other	1.000	1.000
Risk Adjustment	\$191.67	\$112.62
Exchange User Fee	\$20.00	\$ -
Network	\$200	\$200
Pricing AV	0.544	0.795
Benefit Richness	0.617	1.000
Catastrophic Eligibility	0.877	0.863
Administrative Expenses	10.63%	10.21%
Taxes and Fees	0.42%	9.98%
Profit and/or Contingency	1.00%	2.00%

For 2019 in cell B1, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment

Total Covered Users @ 23-01-2018

[illegible]

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

KeyStone Health Plan Central  
HMO  
Individual  
1/1/2020

[illegible]

## PA Rate Quarterly Template Part V Consumer Factors

<b>Carrier Name:</b>	Keystone Health Plan Central
<b>Product(s):</b>	HMO
<b>Market Segment:</b>	Individual
<b>Rate Effective Date:</b>	1/1/2020

### Table 12. Age and Tobacco Factors

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

\*PA follows the federal default age curve.

### Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schuylkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.030	1.070
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.080	1.010

### Table 14. Network Factors

[illegible]

Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
Table B

<u>Plan ID</u>	<u>Plan Name</u>	<u>Metal Level</u>	<u>Projected Membership</u>	<u>Projected Allowed Claims</u>	<u>Projected Paid Claims</u>	<u>Paid to Allowed Factor</u>	<u>Average Tobacco Factor</u>	<u>AV and Cost Sharing Factor</u>	<u>(8)/((6*7) Induced Utilization</u>	<u>Induced Demand Table 10</u>
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0100008	Bronze HMO 8000/0/60	0.532931037	13,807	8,219,369	6,275,522	0.76	1.000	0.76	1.00	1.00
53789PA0100004	Catastrophic HMO 8150/0/75	0.524937071	3,920	2,333,594	1,165,745	0.50	1.000	0.91	1.00	1.00
Total			17,727	10,552,963	7,441,266	0.70	1.00	0.80	1.00	1.00
PMPM				595.30	419.77					
Rate Dev II				595.30	419.38					

Company Name: Keystone Health Plan Central		Market: Individual		Product: HMO		Effective Date of Rates: January 1, 2020		Ending date of Rates: December 31, 2020	
HIOS Plan ID (On Exchange)=>		53789PA0100004		53789PA0100004		53789PA0100004		53789PA0100008	
HIOS Plan ID (Off Exchange)=>		53789PA0100004		53789PA0100004		53789PA0100004		53789PA0100008	
Plan Marketing Name =>		Catastrophic HMO 8150/0/75		Catastrophic HMO 8150/0/75		Catastrophic HMO 8150/0/75		Bronze HMO 8000/0/60	
Form # =>		PC-Ind-HMO-21cnty-AGRMT-v0		PC-Ind-HMO-21cnty-AGRMT-v0		PC-Ind-HMO-21cnty-AGRMT-v0		PC-Ind-HMO-21cnty-AGRMT-v0	
Rating Area =>		6		7		9		6	
Network =>		HMO		HMO		HMO		HMO	
Metal =>		Bronze		Bronze		Bronze		Bronze	
Deductible =>		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined		\$8000 Med/Rx Combined	
Coinsurance =>		0%		0%		0%		0%	
Copays =>		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER		\$75/\$0/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER	
OOP Maximum =>		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined	
Pediatric Dental (Yes/No) =>		Yes		Yes		Yes		Yes	
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14		\$168.13	\$168.13	\$179.90	\$179.90	\$169.81	\$169.81	\$244.69	\$244.69
15		\$183.08	\$183.08	\$195.89	\$195.89	\$184.91	\$184.91	\$266.44	\$266.44
16		\$188.79	\$188.79	\$202.01	\$202.01	\$190.68	\$190.68	\$274.76	\$274.76
17		\$194.51	\$194.51	\$208.12	\$208.12	\$196.45	\$196.45	\$283.08	\$283.08
18		\$200.66	\$200.66	\$214.71	\$214.71	\$202.67	\$202.67	\$292.03	\$292.03
19		\$206.81	\$206.81	\$221.29	\$221.29	\$208.88	\$208.88	\$300.99	\$300.99
20		\$213.19	\$213.19	\$228.11	\$228.11	\$215.32	\$215.32	\$310.26	\$310.26
21		\$219.78	\$225.27	\$235.16	\$241.04	\$221.98	\$227.53	\$319.86	\$327.86
22		\$219.78	\$225.27	\$235.16	\$241.04	\$221.98	\$227.53	\$319.86	\$327.86
23		\$219.78	\$225.27	\$235.16	\$241.04	\$221.98	\$227.53	\$319.86	\$327.86
24		\$219.78	\$225.27	\$235.16	\$241.04	\$221.98	\$227.53	\$319.86	\$327.86
25		\$220.66	\$226.18	\$236.11	\$242.01	\$222.87	\$228.44	\$321.14	\$329.17
26		\$225.05	\$230.68	\$240.81	\$246.83	\$227.31	\$232.99	\$327.54	\$335.73
27		\$230.33	\$236.09	\$246.45	\$252.61	\$232.63	\$238.45	\$335.21	\$343.59
28		\$238.90	\$244.87	\$255.62	\$262.01	\$241.29	\$247.32	\$347.69	\$356.38
29		\$245.93	\$252.08	\$263.15	\$269.73	\$248.39	\$254.60	\$357.92	\$366.87
30		\$249.45	\$255.69	\$266.91	\$273.58	\$251.94	\$258.24	\$363.04	\$372.12
31		\$254.73	\$261.09	\$272.56	\$279.37	\$257.27	\$263.70	\$370.72	\$379.99
32		\$260.00	\$266.50	\$278.20	\$285.15	\$262.60	\$269.16	\$378.39	\$387.85
33		\$263.30	\$269.88	\$281.73	\$288.77	\$265.93	\$272.58	\$383.19	\$392.77
34		\$266.81	\$273.48	\$285.49	\$292.63	\$269.48	\$276.22	\$388.31	\$398.02
35		\$268.57	\$275.29	\$287.37	\$294.56	\$271.26	\$278.04	\$390.87	\$400.64
36		\$270.33	\$277.09	\$289.25	\$296.48	\$273.03	\$279.86	\$393.43	\$403.26
37		\$272.09	\$278.89	\$291.13	\$298.41	\$274.81	\$281.68	\$395.99	\$405.89
38		\$273.85	\$280.69	\$293.02	\$300.34	\$276.58	\$283.50	\$398.55	\$408.51
39		\$277.36	\$284.30	\$296.78	\$304.20	\$280.14	\$287.14	\$403.66	\$413.75
40		\$280.88	\$301.94	\$300.54	\$323.08	\$283.69	\$304.96	\$408.78	\$439.44
41		\$286.15	\$307.62	\$306.18	\$329.15	\$289.02	\$310.69	\$416.46	\$447.69
42		\$291.21	\$313.05	\$311.59	\$334.96	\$294.12	\$316.18	\$423.81	\$455.60
43		\$298.24	\$320.61	\$319.12	\$343.05	\$301.22	\$323.82	\$434.05	\$466.60
44		\$307.03	\$330.06	\$328.52	\$353.16	\$310.10	\$333.36	\$446.84	\$480.36
45		\$317.36	\$349.10	\$339.58	\$373.54	\$320.54	\$352.59	\$461.88	\$508.07
46		\$329.67	\$362.64	\$352.75	\$388.02	\$332.97	\$366.26	\$479.79	\$527.77
47		\$343.52	\$377.87	\$367.56	\$404.32	\$346.95	\$381.65	\$499.94	\$549.94
48		\$359.34	\$395.27	\$384.49	\$422.94	\$362.93	\$399.23	\$522.97	\$575.27
49		\$374.94	\$412.44	\$401.19	\$441.31	\$378.69	\$416.56	\$545.68	\$600.25
50		\$392.53	\$451.41	\$420.00	\$483.00	\$396.45	\$455.92	\$571.27	\$656.96
51		\$409.89	\$471.37	\$438.58	\$504.37	\$413.99	\$476.09	\$596.54	\$686.02
52		\$429.01	\$493.36	\$459.04	\$527.90	\$433.30	\$498.30	\$624.37	\$718.02
53		\$448.35	\$515.60	\$479.74	\$551.70	\$452.83	\$520.76	\$652.51	\$750.39
54		\$469.23	\$539.61	\$502.08	\$577.39	\$473.92	\$545.01	\$682.90	\$785.34
55		\$490.11	\$588.13	\$524.42	\$629.30	\$495.01	\$594.01	\$713.29	\$855.95
56		\$512.75	\$615.30	\$548.64	\$658.37	\$517.87	\$621.45	\$746.23	\$895.48
57		\$535.60	\$642.72	\$573.10	\$687.72	\$540.96	\$649.15	\$779.50	\$935.40
58		\$560.00	\$672.00	\$599.20	\$719.04	\$565.60	\$678.72	\$815.00	\$978.00
59		\$572.09	\$686.50	\$612.13	\$734.56	\$577.81	\$693.37	\$832.60	\$999.11
60		\$596.48	\$745.60	\$638.24	\$797.80	\$602.45	\$753.06	\$868.10	\$1,085.13
61		\$617.58	\$771.98	\$660.81	\$826.02	\$623.76	\$779.70	\$898.81	\$1,123.51
62		\$631.43	\$789.28	\$675.63	\$844.53	\$637.74	\$797.18	\$918.96	\$1,148.70
63		\$648.79	\$810.99	\$694.21	\$867.76	\$655.28	\$819.10	\$944.23	\$1,180.28
64+		\$659.33	\$824.18	\$705.48	\$881.87	\$665.93	\$832.42	\$959.57	\$1,199.47

Company Name:		Keystone Health Plan Central		Ending date of Rates:		December 31, 2020	
Market:		Individual					
Product:		HMO					
Effective Date of Rates:		January 1, 2020					
HIOS Plan ID (On Exchange)=>		53789PA0100008		53789PA0100008			
HIOS Plan ID (Off Exchange)=>		53789PA0100008		53789PA0100008			
Plan Marketing Name =>		Bronze HMO 8000/0/60		Bronze HMO 8000/0/60			
Form # =>		PC-Ind-HMO-21cnty-AGRMT-v0		PC-Ind-HMO-21cnty-AGRMT-v0			
Rating Area =>		7		9			
Network =>		HMO		HMO			
Metal =>		Bronze		Bronze			
Deductible =>		\$8000 Med/Rx Combined		\$8000 Med/Rx Combined			
Coinsurance =>		0%		0%			
Copays =>		\$60/\$85/\$0 PCP/SPC/ER		\$60/\$85/\$0 PCP/SPC/ER			
OOP Maximum =>		\$8150 Med/Rx Combined		\$8150 Med/Rx Combined			
Pediatric Dental (Yes/No) =>		Yes		Yes			
Age Band		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
0 - 14		\$261.82	\$261.82	\$247.14	\$247.14		
15		\$285.09	\$285.09	\$269.11	\$269.11		
16		\$293.99	\$293.99	\$277.51	\$277.51		
17		\$302.89	\$302.89	\$285.91	\$285.91		
18		\$312.47	\$312.47	\$294.95	\$294.95		
19		\$322.06	\$322.06	\$304.00	\$304.00		
20		\$331.98	\$331.98	\$313.37	\$313.37		
21		\$342.25	\$350.81	\$323.06	\$331.14		
22		\$342.25	\$350.81	\$323.06	\$331.14		
23		\$342.25	\$350.81	\$323.06	\$331.14		
24		\$342.25	\$350.81	\$323.06	\$331.14		
25		\$343.62	\$352.21	\$324.35	\$332.46		
26		\$350.46	\$359.23	\$330.81	\$339.08		
27		\$358.68	\$367.65	\$338.57	\$347.03		
28		\$372.03	\$381.33	\$351.16	\$359.94		
29		\$382.98	\$392.55	\$361.50	\$370.54		
30		\$388.45	\$398.17	\$366.67	\$375.84		
31		\$396.67	\$406.58	\$374.42	\$383.79		
32		\$404.88	\$415.00	\$382.18	\$391.73		
33		\$410.02	\$420.27	\$387.02	\$396.70		
34		\$415.49	\$425.88	\$392.19	\$402.00		
35		\$418.23	\$428.69	\$394.78	\$404.65		
36		\$420.97	\$431.49	\$397.36	\$407.30		
37		\$423.71	\$434.30	\$399.95	\$409.95		
38		\$426.44	\$437.10	\$402.53	\$412.59		
39		\$431.92	\$442.72	\$407.70	\$417.89		
40		\$437.40	\$470.20	\$412.87	\$443.83		
41		\$445.61	\$479.03	\$420.62	\$452.17		
42		\$453.48	\$487.49	\$428.05	\$460.16		
43		\$464.43	\$499.27	\$438.39	\$471.27		
44		\$478.12	\$513.98	\$451.31	\$485.16		
45		\$494.21	\$543.63	\$466.50	\$513.15		
46		\$513.38	\$564.71	\$484.59	\$533.05		
47		\$534.94	\$588.43	\$504.94	\$555.43		
48		\$559.58	\$615.54	\$528.20	\$581.02		
49		\$583.88	\$642.27	\$551.14	\$606.25		
50		\$611.26	\$702.95	\$576.98	\$663.53		
51		\$638.30	\$734.04	\$602.50	\$692.88		
52		\$668.07	\$768.28	\$630.61	\$725.20		
53		\$698.19	\$802.92	\$659.04	\$757.90		
54		\$730.70	\$840.31	\$689.73	\$793.19		
55		\$763.22	\$915.86	\$720.42	\$864.50		
56		\$798.47	\$958.16	\$753.70	\$904.43		
57		\$834.06	\$1,000.88	\$787.29	\$944.75		
58		\$872.05	\$1,046.46	\$823.15	\$987.78		
59		\$890.88	\$1,069.05	\$840.92	\$1,009.11		
60		\$928.87	\$1,161.08	\$876.78	\$1,095.98		
61		\$961.72	\$1,202.15	\$907.79	\$1,134.74		
62		\$983.28	\$1,229.11	\$928.15	\$1,160.18		
63		\$1,010.32	\$1,262.90	\$953.67	\$1,192.09		
64+		\$1,026.74	\$1,283.44	\$969.17	\$1,211.47		



## Keystone Health Plan Central Individual Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0100004	Catastrophic HMO 8150/0/75	HMO	Catastrophic	Off	HMO	6,7,9	All
53789PA0100008	Bronze HMO 8000/0/60	HMO	Bronze	Off	HMO	6,7,9	All

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

02-01-2019 Number of Covered Lives by Rating County					RATING AREA 6										RATING AREA 7				RATING AREA 9						
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	23	11	197	4	0	200	20	27	13	18	48	217	253	166	65	62	34	2	2	2	12
					Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA0100004	Catastrophic HMO 8150/0/75	HMO	Catastrophic	Off	\$219.78	\$219.78	\$219.78	\$219.78	\$219.78	\$219.78	\$219.78	\$219.78	\$219.78	#####	\$235.16	\$235.16	\$235.16	\$235.16	\$221.98	\$221.98	\$221.98	\$221.98	\$221.98	\$221.98	\$221.98
53789PA0100008	Bronze HMO 8000/0/60	HMO	Bronze	Off	\$319.86	\$319.86	\$319.86	\$319.86	\$319.86	\$319.86	\$319.86	\$319.86	\$319.86	#####	\$342.25	\$342.25	\$342.25	\$342.25	\$323.06	\$323.06	\$323.06	\$323.06	\$323.06	\$323.06	\$323.06

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Unified Rate Review v5.0

Company Legal Name:Keystone Health Plan Central

HIOS Issuer ID:53789

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

State:PA

Market:Individual

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

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

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

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2018to12/31/2018

TotalPMPM

Allowed Claims	\$7,991,896.74	\$354.13
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$5,676,228.87	\$251.52
Risk Adjustment	-\$4,004,516.45	-\$177.44
Experience Period Premium	\$12,648,571.42	\$560.46
Experience Period Member Months	22,568	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$67.21	1.057	1.023	1.063	1.023	\$79.03
Outpatient Hospital	\$139.39	1.053	1.023	1.060	1.023	\$162.82
Professional	\$60.13	1.040	1.018	1.037	1.018	\$67.20
Other Medical	\$12.09	1.053	1.020	1.060	1.020	\$14.04
Capitation	\$11.33	1.030	1.000	1.030	1.000	\$12.02
Prescription Drug	\$63.98	1.089	1.004	1.087	1.013	\$77.03
Total	\$354.13					\$412.15

Morbidity Adjustment	1.060
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2020\$436.87
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for	1/1/2020\$436.87	\$7,744,394.49
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$158.44	-\$2,808,665.88
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$595.31	\$10,553,060.37

Projected Member Months	17,727
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Information Not Releasable to the Public Unless Authorized by Law:

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

1 of 3

**Product-Plan Data Collection**

Company Legal Name: Keystone Health Plan Central  
 HIOS Issuer ID: 53789  
 Effective Date of Rate Change(s): 1/1/2020

State: PA  
 Market: Individual

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

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

1.1 Product Name	HMO
1.2 Product ID	53789PA010
1.3 Plan Name	Catastrophic Bronze HMO
1.4 Plan ID (Standard Component ID)	HMO 8150/0/75 8000/0/60
1.5 Metal	53789PA0100004 53789PA0100008
1.6 AV Metal Value	Catastrophic Bronze
1.7 Plan Category	0.608 0.622
1.8 Plan Type	Renewing Renewing
1.9 Exchange Plan?	HMO HMO
1.10 Effective Date of Proposed Rates	No No
1.11 Cumulative Rate Change % (over 12 mos prior)	1/1/2020 1/1/2020
1.12 Product Rate Increase %	-5.65% -0.42%
1.13 Submission Level Rate Increase %	-1.32% -1.32%

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

2.1 Plan ID (Standard Component ID)	Total	53789PA0100004	53789PA0100008
2.2 Allowed Claims	\$7,991,897	\$712,446	\$7,279,451
2.3 Reinsurance	\$0	\$0	\$0
2.4 Member Cost Sharing	\$2,315,668	\$338,941	\$1,976,727
2.5 Cost Sharing Reduction	\$0	\$0	\$0
2.6 Incurred Claims	\$5,676,229	\$373,500	\$5,302,729
2.7 Risk Adjustment Transfer Amount	-\$3,395,554	\$0	-\$3,395,554
2.8 Premium	\$12,648,571	\$1,253,495	\$11,395,076
2.9 Experience Period Member Months	22,568	5,555	17,013
2.10 Current Enrollment	1,376	303	1,073
2.11 Current Premium PMPM	\$504.76	\$389.76	\$537.24
2.12 Loss Ratio	61.34%	29.80%	66.29%
<b>Per Member Per Month</b>			
2.13 Allowed Claims	\$354.13	\$128.25	\$427.88
2.14 Reinsurance	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$102.61	\$61.02	\$116.19
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$251.52	\$67.24	\$311.69
2.18 Risk Adjustment Transfer Amount	-\$150.46	\$0.00	-\$199.59
2.19 Premium	\$560.46	\$225.65	\$669.79

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	53789PA0100004	53789PA0100008
3.2 Market Adjusted Index Rate	\$595.31	
3.3 AV and Cost Sharing Design of Plan	0.9083	0.7635
3.4 Provider Network Adjustment	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000
<b>Administrative Costs</b>		
3.6 Administrative Expense		13.37% 9.31%
3.7 Taxes and Fees		3.36% 3.35%
3.8 Profit & Risk Load		2.00% 2.00%
3.9 Catastrophic Adjustment		0.5500 1.0000
3.10 Plan Adjusted Index Rate		\$365.94 \$532.60
3.11 Age Calibration Factor	0.6252	0.6252
3.12 Geographic Calibration Factor	0.9650	0.9650
3.13 Tobacco Calibration Factor	0.9954	0.9954
3.14 Calibrated Plan Adjusted Index Rate		\$219.76 \$319.85

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	53789PA0100004	53789PA0100008
4.2 Allowed Claims	\$7,744,394	\$1,045,978	\$6,698,419
4.3 Reinsurance	\$0	\$0	\$0
4.4 Member Cost Sharing	\$2,288,776	\$193,302	\$2,097,474
4.5 Cost Sharing Reduction	\$0	\$0	\$0
4.6 Incurred Claims	\$5,455,638	\$854,674	\$4,600,964
4.7 Risk Adjustment Transfer Amount	-\$1,978,688	-\$437,550	-\$1,541,137
4.8 Premium	\$8,788,128	\$1,434,501	\$7,353,627
4.9 Projected Member Months	17,727	3,920	13,807
4.10 Loss Ratio	80.12%	65.73%	79.16%
<b>Per Member Per Month</b>			
4.11 Allowed Claims	\$436.87	\$266.83	\$485.15
4.12 Reinsurance	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$129.11	\$48.80	\$151.91
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$307.76	\$218.03	\$333.23
4.16 Risk Adjustment Transfer Amount	-\$111.62	-\$111.62	-\$111.62
4.17 Premium	\$495.75	\$365.94	\$532.60

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 6	1.0000
Rating Area 7	1.0700
Rating Area 9	1.0100

# **KEYSTONE HEALTH PLAN CENTRAL**

## **ACTUARIAL MEMORANDUM**

### **Individual Rates**

**Effective January 1, 2020**

#### **General Information**

##### **Company Information**

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Individual
- Effective Date: 1/1/2020

##### **PID Company Information**

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2020
- Average Rate Change Requested: -1.3%
- Range of Requested Rate Change: -5.7% to -0.4%
- Total additional annual revenue generated from the proposed rate change: \$(115,419)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 1,376/1,000
- 2020 Number of Plans: 2
- 2019 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0120
- Form Filing SERFF #: CABC-131915202
- Binder SERFF #: CABC-PA20-125092049
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1473191712519638018

### **Company Contact Information**

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

### **Scope and Purpose**

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to individuals on and after January 1, 2020. KHPC will offer individual products off the federally-facilitated exchange.

### **Rate History and Proposed Variations in Rate Changes**

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2016	CABC-130076965	1.40%
Individual	KHPC	1/1/2017	CABC-130539563	55.10%
Individual	KHPC	1/1/2018	CABC-13102203	9.20%
Individual	KHPC	1/1/2019	CABC-131454728	-7.30%

### **Average Rate Change**

KHPC is proposing an aggregate annual -1.3% rate decrease. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

Reimplementation of the Health Insurer Fee: 3%

Future Cost and Utilization: 8%

Favorable Experience: -12%

### **Regulatory Considerations**

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

- Individual Mandate: 0.06 added to the morbidity factor.

### **Membership**

Membership is shown in PA Rate Template Part I, Table 1. The average age is 39.

## **Benefit Changes 2019-2020**

A summary of proposed 2020 benefits is included in Exhibit A.

There are several benefit changes being implemented in 2020. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

## **Experience Period Premium and Claims**

**Single Risk Pool:** The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the individual market.

**Base Experience Period:** The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2018 and December 31, 2018.

**Paid Through Date:** Claims in the BEP are paid through March 31, 2019

**Premiums (net of MLR Rebate) in BEP:** Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments applied are equal to zero.

### **Allowed and Incurred Claims in BEP:**

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments.
- CBC only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

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

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g.



harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

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

**Risk Adjustment in BEP:** Risk adjustment amounts in the BEP are equal to final risk adjustment transfer amounts released on June 28, 2019.

**Loss Ratio in BEP:** Loss ratio is 61.34%

### **Credibility of Data**

No Credibility Manual was used.

### **Trend Identification**

Trend: 7.9%

Trend levels reflect CBC's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CBC uses the following to project future costs:

- a. Vendor Physician Cost Model and Internal Hospital Contracting Model
    - i. The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.
  - b. Internal Prescription Drug Trend Model
    - i. Price Inflation
    - ii. Contract Pricing
    - iii. Member Cost-Sharing
    - iv. Units per Script
    - v. Brand/Generic Mix
    - vi. Therapeutic Mix
    - vii. Cost per Script
    - viii. Pipeline (new drugs)
2. Utilization Considerations:
    - a. Intensity of medical services rendered
    - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    - c. Further migration from brand prescription drugs to generic prescription drugs
    - d. Favorable impacts of value based benefits designs
    - e. Medical utilization estimates reviewed by CBC's Chief Medical Officer
  3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
  4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.
  5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CBC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

**Historical Experience:** Historical experience was not used to the develop trend.

**Benefit Categories:** Claims in the benefit categories displayed in URRT come directly from CBC's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

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

## **Rate Development & Change**

### **Projection Factors**

**Changes in Morbidity:** Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5. The changes to morbidity is equal to the Department's Individual Adjustment factor discussed above.

**Changes in Benefits:** Benefit changes are not applied to allowed claims as allowed should stay consistent from 2018 to 2020. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from CBC's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

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

**Changes in Network:** No network adjustment is applied.

**Other Adjustments:** No other adjustment is applied.

Benefits, Demographics, Network and Other adjustments are found in URRT Worksheet 1 and PA Rate Exhibits Table 5.

### **Index Rate**

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

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

To calculate the projected index rate:

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

See Exhibit J for the Index Rate.

### **Paid to Allowed Ratio**

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

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

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

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

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

*Trended Claim PMPM*

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

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

$$\begin{aligned}
 &\textit{Projected Paid and Incurred Claims PMPM} \\
 &= [\textit{Trended Claim PMPM}] \times [\textit{Benefit Adjustment}] \\
 &\times [\textit{Morbidity Adjustment}] \times [\textit{Other Adjustment}]
 \end{aligned}$$

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

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

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

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

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

$$\begin{aligned}
 &\textit{Base Plan Paid and Incurred Claims PMPM} \\
 &= \frac{\textit{Benefit Adjusted Paid and Incurred Claims PMPM}}{\textit{Benefit Level Adjustment}}
 \end{aligned}$$

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

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

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

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

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in 2019. The *Total Projected Claims PMPM* :

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

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

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

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

## **Risk Adjustment**

### **Projected Risk Adjustments PMPM:**

Relevant to 2020 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2020. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2016-2017 risk adjustment results

5. Market improvement in coding risk: CBC's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

### **Market Adjusted Index Rate**

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

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

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

### **Retention Items**

#### **Administrative Expense Load:**

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.18 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from CBC's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to CBC individual products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
3. Broker Expense: Calculated based on CBC's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. CBC pays commissions for new business and renewal enrollment received during open enrollment, both on and off exchange, and in all geographic



areas. Commission is less on catastrophic plans due to the lower premium. CBC does not pay commission during Special Enrollment Periods (SEP). The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement – redacted version. Files are as follows:

- a. Redacted Agent Agreement: “Ind\_19-43\_Initial\_KHP\_HMO\_WBEBrokerIndRedacted\_Supporting\_20190521.pdf”
  - b. Redacted Preferred Producer Master Agreement: “Ind\_19-43\_Initial\_KHP\_HMO\_PPMABrokerIndRedacted\_Supporting\_20190521.pdf”
4. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
- a. Complete Health Risk Assessment questionnaire and receive a gift card.
  - b. Participate in an online coaching program and receive a gift card reward.
  - c. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
  - d. Fees are included in overall administrative expense fee discussed above.
  - e. Included in URRT Worksheet 2 “Administrative Expense”, and PA Rate Exhibits Table 6.
5. Identity Theft Coverage: Identity protection offering will include the following components:
- a. Credit monitoring – Monitors activity that may affect credit
  - b. Fraud detection – Identifies potentially fraudulent use of identity or credit
  - c. Fraud resolution support – Assists members in addressing issues that arise in relation to credit monitoring and fraud detection
  - d. Included in URRT Worksheet 1, “Administrative Load”, and PA Rate Exhibits Table 6.
6. Additional Quality Improvement: The Final Notice of Benefit and Payment Parameters (NBPP) for 2020 finalized the rule to allow issuers to apply a standard 0.8% of premium for quality improvement (QI) measures in the MLR calculation. Additional QI amounts applied in rating equal 0.4%. Included in URRT Worksheet 2, “Administrative Expense”, and PA Rate Exhibits Table 6.

### **Profit (or Contribution to Surplus) & Risk Margin:**

7. Contingency: Contingency is included in URRT Worksheet 1, “Profit and Risk”, and PA Rate Exhibits Table 6.

### **Taxes and Fees:**

1. Health Insurer Fee (HIF) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIF. The fee is a fixed-dollar amount distributed across health insurance providers: \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017, \$14.3 billion in 2018, and the HIF increases by the rate of premium growth for 2019 and subsequent years. There was a moratorium on the



fee for 2017 and there is a suspension on the fee for 2019. HIF is included in URRT Worksheet 2, “Taxes and Fees”, and PA Rate Exhibits, Table 6.

2. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit 3% of premium to HHS. The exchange user fee is applied as an adjustment to the Index Rate at the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.
3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, “Taxes and Fees”, and PA Rate Exhibits, Table 6.

See Exhibit H for all retention values.

### **Plan Rate Development**

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC’s actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Please see Table 8
3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity.
6. Adjustment for distribution and administrative costs: Described in Retention section above.
7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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

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

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

with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file Ind\_19-43\_Initial\_KHP\_HMO\_List-Billed\_Supporting\_20190521 for the calculation.

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

**Geographic Factors:** CBC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered incurred claims net Rx rebates, projected risk adjustment, and premium for a 12-month period by region. The loss ratio of each region is then compared to the average loss ratio for the book of business. In theory, the change in regional rating factor is:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [BOB\ LR]$$

But our preferred approach is to gradually change factors, so not to shock the market, while moving rates in the appropriate direction. In order to do this, the following approach is being proposed:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [Target\ LR]$$

Where Target LR is in between Region A LR and BOB LR. With this gradual approach, annual rate change by region is shown on Exhibit Q, column G.

**Tobacco Factor Calibration:** Average tobacco factor is calculated using current month member by smoking status data.

The calibration is:

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

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.  
The calibration factors and development are found on Exhibit N.

## **Consumer Adjusted Premium Rate Development**

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

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

2.  $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum [Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$

With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

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

### **AV Metal Values**

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

### **AV Pricing Values**

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

### **Projected Loss Ratio**

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

### **Membership Projection**

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

### **Attachments and Examples**

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

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development  
Exhibit H – Retention  
Exhibit I – Projected Loss Ratio  
Exhibit J – Index Rate  
Exhibit K – Market Adjusted Index Rate  
Exhibit L – Rate Development by Plan  
Exhibit M – Plan Adjusted Index Rates  
Exhibit N – Calibration  
Exhibit O – Rating Factors  
Exhibit P – Quarterly Base Rates  
Exhibit Q – Regional Analysis

Broker Contracts  
Actuarial Value Screenshots  
List-Billed Data

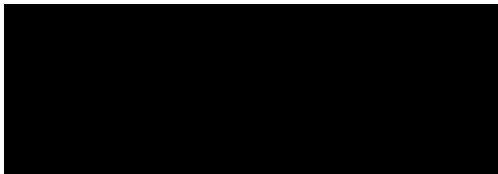
### **Actuarial Statement**

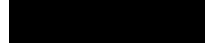
I, [REDACTED], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

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

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

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



, ASA, MAAA  
Actuarial Associate  
Capital BlueCross



## **KEYSTONE HEALTH PLAN CENTRAL RFJ Part II – Consumer Friendly Justification**

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

- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
  - Intensity of medical services rendered
  - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - Further migration from brand prescription drugs to generic prescription drugs
  - Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Reimplementation of the Health Insurer Fee in 2020
- Inflation adjustment to administrative expenses



2020 Rates Table Template v9.0		All fields with an asterisk ( *) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID* Federal TIN* Rate Effective Date* Rate Expiration Date* Rating Method*	53789				
	23-2399845				
	1/1/2020				
	12/31/2020				
	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	244.69	244.69
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	15	266.44	266.44
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	16	274.76	274.76
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	17	283.08	283.08
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	18	292.03	292.03
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	19	300.99	300.99
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	20	310.26	310.26
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	21	319.86	327.86
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	22	319.86	327.86
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	23	319.86	327.86
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	24	319.86	327.86
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	25	321.14	329.17
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	26	327.54	335.73
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	27	335.21	343.59
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	28	347.69	356.38
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	29	357.92	366.87
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	30	363.04	372.12
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	31	370.72	379.99
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	32	378.39	387.85
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	33	383.19	392.77
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	34	388.31	398.02
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	35	390.87	400.64
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	36	393.43	403.26
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	37	395.99	405.89
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	38	398.55	408.51
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	39	403.66	413.75
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	40	408.78	439.44
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	41	416.46	447.69
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	42	423.81	455.60
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	43	434.05	466.60
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	44	446.84	480.36
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	45	461.88	508.07
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	46	479.79	527.77
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	47	499.94	549.94
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	48	522.97	575.27
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	49	545.68	600.25
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	50	571.27	656.96
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	51	596.54	686.02
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	52	624.37	718.02
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	53	652.51	750.39
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	54	682.90	785.34
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	55	713.29	855.95
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	56	746.23	895.48
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	57	779.50	935.40
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	58	815.00	978.00
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	59	832.60	999.11
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	60	868.10	1085.13
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	61	898.81	1123.51
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	62	918.96	1148.70
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	63	944.23	1180.28
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	959.57	1199.47
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	261.82	261.82
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	15	285.09	285.09
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	16	293.99	293.99
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	17	302.89	302.89
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	18	312.47	312.47
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	19	322.06	322.06
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	20	331.98	331.98
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	21	342.25	350.81
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	22	342.25	350.81
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	23	342.25	350.81
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	24	342.25	350.81
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	25	343.62	352.21
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	26	350.46	359.23
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	27	358.68	367.65
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	28	372.03	381.33
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	29	382.98	392.55
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	30	388.45	398.17
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	31	396.67	406.58
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	32	404.88	415.00
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	33	410.02	420.27
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	34	415.49	425.88
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	35	418.23	428.69
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	36	420.97	431.49
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	37	423.71	434.30
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	38	426.44	437.10
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	39	431.92	442.72
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	40	437.40	470.20
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	41	445.61	479.03
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	42	453.48	487.49
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	43	464.43	499.27
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	44	478.12	513.98
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	45	494.21	543.63
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	46	513.38	564.71
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	47	534.94	588.43
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	48	559.58	615.54
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	49	583.88	642.27
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	50	611.26	702.95
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	51	638.30	734.04
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	52	668.07	768.28
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	53	698.19	802.92
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	54	730.70	840.31
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	55	763.22	915.86
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	56	798.47	958.16
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	57	834.06	1000.88
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	58	872.05	1046.46
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	59	890.88	1069.05
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	60	928.87	1161.08
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	61	961.72	1202.15
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	62	983.28	1229.11
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	63	1010.32	1262.90
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1026.74	1283.44
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	247.14	247.14
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	15	269.11	269.11
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	16	277.51	277.51
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	17	285.91	285.91
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	18	294.95	294.95
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	19	304.00	304.00
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	20	313.37	313.37
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	21	323.06	331.14
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	22	323.06	331.14

	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	23	323.06	331.14
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	24	323.06	331.14
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	25	324.35	332.46
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	26	330.81	339.08
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	27	338.57	347.03
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	28	351.16	359.94
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	29	361.50	370.54
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	30	366.67	375.84
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	31	374.42	383.79
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	32	382.18	391.73
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	33	387.02	396.70
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	34	392.19	402.00
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	35	394.78	404.65
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	36	397.36	407.30
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	37	399.95	409.95
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	38	402.53	412.59
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	39	407.70	417.89
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	40	412.87	443.83
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	41	420.62	452.17
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	42	428.05	460.16
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	43	438.39	471.27
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	44	451.31	485.16
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	45	466.50	513.15
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	46	484.59	533.05
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	47	504.94	555.43
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	48	528.20	581.02
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	49	551.14	606.25
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	50	576.98	663.53
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	51	602.50	692.88
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	52	630.61	725.20
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	53	659.04	757.90
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	54	689.73	793.19
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	55	720.42	864.50
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	56	753.70	904.43
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	57	787.29	944.75
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	58	823.15	987.78
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	59	840.92	1009.11
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	60	876.78	1095.98
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	61	907.79	1134.74
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	62	928.15	1160.18
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	63	953.67	1192.09
	53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	969.17	1211.47
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	168.13	168.13
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	15	183.08	183.08
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	16	188.79	188.79
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	17	194.51	194.51
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	18	200.66	200.66
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	19	206.81	206.81
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	20	213.19	213.19
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	21	219.78	225.27
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	22	219.78	225.27
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	23	219.78	225.27
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	24	219.78	225.27
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	25	220.66	226.18
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	26	225.05	230.68
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	27	230.33	236.09
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	28	238.90	244.87
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	29	245.93	252.08
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	30	249.45	255.69
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	31	254.73	261.09
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	32	260.00	266.50
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	33	263.30	269.88
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	34	266.81	273.48
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	35	268.57	275.29
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	36	270.33	277.09
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	37	272.09	278.89
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	38	273.85	280.69
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	39	277.36	284.30
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	40	280.88	301.94
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	41	286.15	307.62
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	42	291.21	313.05
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	43	298.24	320.61
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	44	307.03	330.06
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	45	317.36	349.10
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	46	329.67	362.64
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	47	343.52	377.87
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	48	359.34	395.27
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	49	374.94	412.44
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	50	392.53	451.41
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	51	409.89	471.37
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	52	429.01	493.36
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	53	448.35	515.60
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	54	469.23	539.61
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	55	490.11	588.13
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	56	512.75	615.30
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	57	535.60	642.72
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	58	560.00	672.00
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	59	572.09	686.50
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	60	596.48	745.60
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	61	617.58	771.98
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	62	631.43	789.28
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	63	648.79	810.99
	53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	659.33	824.18
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	179.90	179.90
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	15	195.89	195.89
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	16	202.01	202.01
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	17	208.12	208.12
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	18	214.71	214.71
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	19	221.29	221.29
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	20	228.11	228.11
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	21	235.16	241.04
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	22	235.16	241.04
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	23	235.16	241.04
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	24	235.16	241.04
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	25	236.11	242.01
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	26	240.81	246.83
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	27	246.45	252.61
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	28	255.62	262.01
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	29	263.15	269.73
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	30	266.91	273.58
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	31	272.56	279.37
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	32	278.20	285.15
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	33	281.73	288.77
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	34	285.49	292.63
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	35	287.37	294.56
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	36	289.25	296.48
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	37	291.13	298.41
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	38	293.02	300.34
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	39	296.78	304.20
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	40	300.54	323.08
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	41	306.18	329.15
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	42	311.59	334.96
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	43	319.12	343.05
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	44	328.52	353.16
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	45	339.58	373.54
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	46	352.75	388.02
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	47	367.56	404.32
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	48	384.49	422.94
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	49	401.19	441.31
	53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	50	420.00	483.00



53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	51	438.58	504.37
	Rating Area 7	Tobacco User/Non-Tobacco User	52	459.04	527.90
	Rating Area 7	Tobacco User/Non-Tobacco User	53	479.74	551.70
	Rating Area 7	Tobacco User/Non-Tobacco User	54	502.08	577.39
	Rating Area 7	Tobacco User/Non-Tobacco User	55	524.42	629.30
	Rating Area 7	Tobacco User/Non-Tobacco User	56	548.64	658.37
	Rating Area 7	Tobacco User/Non-Tobacco User	57	573.10	687.72
	Rating Area 7	Tobacco User/Non-Tobacco User	58	599.20	719.04
	Rating Area 7	Tobacco User/Non-Tobacco User	59	612.13	734.56
	Rating Area 7	Tobacco User/Non-Tobacco User	60	638.24	797.80
	Rating Area 7	Tobacco User/Non-Tobacco User	61	660.81	826.02
	Rating Area 7	Tobacco User/Non-Tobacco User	62	675.63	844.53
	Rating Area 7	Tobacco User/Non-Tobacco User	63	694.21	867.76
	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	705.48	881.87
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	169.81	169.81
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	15	184.91	184.91
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	16	190.68	190.68
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	17	196.45	196.45
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	18	202.67	202.67
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	19	208.88	208.88
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	20	215.32	215.32
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	21	221.98	227.53
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	22	221.98	227.53
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	23	221.98	227.53
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	24	221.98	227.53
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	25	222.87	228.44
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	26	227.31	232.99
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	27	232.63	238.45
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	28	241.29	247.32
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	29	248.39	254.60
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	30	251.94	258.24
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	31	257.27	263.70
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	32	262.60	269.16
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	33	265.93	272.58
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	34	269.48	276.22
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	35	271.26	278.04
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	36	273.03	279.86
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	37	274.81	281.68
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	38	276.58	283.50
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	39	280.14	287.14
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	40	283.69	304.96
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	41	289.02	310.69
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	42	294.12	316.18
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	43	301.22	323.82
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	44	310.10	333.36
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	45	320.54	352.59
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	46	332.97	366.26
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	47	346.95	381.65
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	48	362.93	399.23
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	49	378.69	416.56
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	50	396.45	455.92
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	51	413.99	476.09
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	52	433.30	498.30
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	53	452.83	520.76
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	54	473.92	545.01
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	55	495.01	594.01
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	56	517.87	621.45
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	57	540.96	649.15
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	58	565.60	678.72
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	59	577.81	693.37
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	60	602.45	753.06
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	61	623.76	779.70
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	62	637.74	797.18
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	63	655.28	819.10
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	665.93	832.42

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INDIVIDUAL PORTFOLIO

Changes	Plan Name	HIOS ID		Deductible (2x Family)	Coinsurance	Out-of-Pocket Maximum	PCP	Specialist	Emergency Room	Urgent Care	IP Hospital per day, maximum of 5 days	Hi-Tech Imaging	Lab Ind   Hos	OP Surgery ASC   ACH	Small Group: Rx \$0 Individual: Rx	Small Group: Rx \$250 (brand only deductible) Individual: N/A
		Small Group: Rx \$0 Individual: Rx	Small Group: Rx \$250 (brand only deductible) Individual: N/A													
		In-Network	In-Network													
BRONZE PRODUCTS																
Changes	Bronze HMO 8000/0/60	53789PA010000800		\$0	800000%	\$0	\$8,150	\$60	\$85	D	D	N/A	D   25	D   250	Rx Ded: \$D, Rx Gen - Ded Applies? Combined, Retail: Y/0/0/0, Mail: 0/0/0/0	
Changes	Catastrophic HMO 8150/0/75	53789PA010000400		\$0	815000%	\$0	\$8,150	\$75	D	D	D	N/A	D   D	D   D	Rx Ded: \$D, Rx Gen - Ded Applies? Combined, Retail: Y/0/0/0, Mail: 0/0/0/0	

1 Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand  
2 Speciality drug coverage = 20% up to \$250 per fill/20% up to \$350 per fill/20% up to \$450 per fill  
3 Tiered Lab benefits. Independent labs | Hospital based labs  
4 D = Deductible D/\$ = Deductible applies first then a copay  
5 Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding  
6 CareConnect copays listed are for PCP directed care


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Line	On/Off Exchange	New/Existing	HIOS		Med Description	Rx Description	AV		Pricing AV		Metal Level		HRA Amount		Deductible(2x Family)		Coinsurance	
							2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
1	On Exchange	Existing	45127PA002001301		Gold PPO 2150/10/20	Combined w/Med	76.0%	76.1%	73.9%	71.8%	Gold	Gold	0	0	2,000	2,150	10%	10%
2	Off Exchange	Existing	45127PA002002100		Silver PPO 5950/20/40	Combined w/Med	68.3%	66.9%	62.5%	60.4%	Silver	Silver	0	0	4,950	5,950	10%	20%
3	On Exchange	Existing	45127PA002000801		Silver PPO 6000/20/40	Combined w/Med	68.2%	66.9%	62.4%	60.1%	Silver	Silver	0	0	5,000	6,000	10%	20%
4	On Exchange	Existing	45127PA002000804		Silver PPO 6000 CSR73	Combined w/Med	73.4%	72.3%	62.4%	60.1%	Silver	Silver	0	0	4,500	5,500	8%	15%
5	On Exchange	Existing	45127PA002000805		Silver PPO 6000 CSR87	Combined w/Med	86.6%	86.2%	62.4%	60.1%	Gold	Gold	0	0	1,200	1,500	5%	5%
6	On Exchange	Existing	45127PA002000806		Silver PPO 6000 CSR94	Combined w/Med	94.2%	93.3%	62.4%	60.1%	Platinum	Platinum	0	0	250	450	0%	0%
7	On Exchange	Existing	45127PA002002001		Bronze PPO 8000/0/60	Combined w/Med	62.6%	62.2%	54.4%	53.3%	Bronze	Bronze	0	0	7,350	8,000	0%	0%
8	Off Exchange	Existing	53789PA010000800		Bronze HMO 8000/0/60	Combined w/Med	62.6%	62.2%	54.7%	53.3%	Bronze	Bronze	0	0	7,350	8,000	0%	0%
9	Off Exchange	Existing	53789PA010000400		Catastrophic HMO 8150/0/75	Combined w/Med	60.0%	60.8%	53.4%	52.5%	Bronze	Bronze	0	0	7,900	8,150	0%	0%
10	Off Exchange	Existing	82795PA014000100		Catastrophic PPO 8150/0/75	Combined w/Med	60.0%	60.8%	53.4%	52.5%	Bronze	Bronze	0	0	7,900	8,150	0%	0%

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Line	On/Off Exchange	New/Existing	HIOS		Med Description	Rx Description	MOOP		ACA PCP		Non-ACA PCP		SPC		ER		UC		IP Hosp Copay Per Day		Hi-Tech Imaging		Low End Imaging		Lab Independent		Lab Hospital-Based	
			2019	2020			2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
1	On Exchange	Existing	45127PA002001301		Gold PPO 2150/10/20	Combined w/Med	7,350	8,150	20	20	20	20	45	45	D/300	D/300	75	75	N/A	N/A	D/25%	D/25%	D/10%	D/10%	25	25	D/75	D/75
2	Off Exchange	Existing	45127PA002002100		Silver PPO 5950/20/40	Combined w/Med	7,350	8,150	30	40	30	40	75	85	D/400	D/400	75	100	N/A	N/A	D/25%	D/35%	D/10%	D/20%	25	25	D/75	D/75
3	On Exchange	Existing	45127PA002000801		Silver PPO 6000/20/40	Combined w/Med	7,350	8,150	30	40	30	40	75	85	D/400	D/400	75	100	N/A	N/A	D/25%	D/35%	D/10%	D/20%	25	25	D/75	D/75
4	On Exchange	Existing	45127PA002000804		Silver PPO 6000 CSR73	Combined w/Med	5,850	6,500	10	10	10	10	20	20	D/200	D/200	45	45	N/A	N/A	D/18%	D/25%	D/8%	D/15%	20	20	D/60	D/60
5	On Exchange	Existing	45127PA002000805		Silver PPO 6000 CSR87	Combined w/Med	2,450	2,450	5	5	5	5	10	10	D/75	D/75	35	35	N/A	N/A	D/15%	D/15%	D/5%	D/5%	15	15	D/40	D/40
6	On Exchange	Existing	45127PA002000806		Silver PPO 6000 CSR94	Combined w/Med	1,250	1,250	3	3	3	3	5	5	D/50	D/50	20	20	N/A	N/A	D/10%	D/10%	D	D	10	10	D/20	D/20
7	On Exchange	Existing	45127PA002002001		Bronze PPO 8000/0/60	Combined w/Med	7,350	8,150	60	60	60	60	85	85	D	D	D	D	N/A	N/A	D	D	D	D	25	25	D	D
8	Off Exchange	Existing	53789PA010000800		Bronze HMO 8000/0/60	Combined w/Med	7,350	8,150	60	60	60	60	85	85	D	D	D	D	N/A	N/A	D	D	D	D	25	25	D	D
9	Off Exchange	Existing	53789PA010000400		Catastrophic HMO 8150/0/75	Combined w/Med	7,900	8,150	75	75	75	75	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D	D	D
10	Off Exchange	Existing	82795PA014000100		Catastrophic PPO 8150/0/75	Combined w/Med	7,900	8,150	75	75	75	75	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D	D	D

Keystone Health Plan Central  
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Line	On/Off Exchange	New/Existing	HIOS		Med Description	Rx Description	OP Surg ASC		OP Surg AHC		Rx Ded		Rx Gen - Ded Applies?		Rx Gen Pref		Rx Gen Non-Pref		Rx Brand Pref		Rx Brand Non-Pref		Rx Specialty Coin Tier 1		Rx Specialty Max Tier 1		Rx Specialty Coin Tier 2	
							2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
1	On Exchange	Existing	45127PA002001301		Gold PPO 2150/10/20	Combined w/Med	250	250	D/10%	D/10%	Combined	Combined	N	N	10	10	0	0	25	25	75	75	40%	40%	800	800	40%	40%
2	Off Exchange	Existing	45127PA002002100		Silver PPO 5950/20/40	Combined w/Med	250	250	D/10%	D/20%	Combined	Combined	N	N	10	10	0	0	50	50	100	100	50%	50%	800	800	50%	50%
3	On Exchange	Existing	45127PA002000801		Silver PPO 6000/20/40	Combined w/Med	250	250	D/10%	D/20%	Combined	Combined	N	N	10	10	0	0	50	50	100	100	50%	50%	800	800	50%	50%
4	On Exchange	Existing	45127PA002000804		Silver PPO 6000 CSR73	Combined w/Med	200	200	D/8%	D/15%	Combined	Combined	N	N	5	5	0	0	25	25	55	55	40%	40%	700	700	40%	40%
5	On Exchange	Existing	45127PA002000805		Silver PPO 6000 CSR87	Combined w/Med	100	100	D/5%	D/5%	Combined	Combined	N	N	3	3	0	0	15	15	40	40	30%	30%	400	400	30%	30%
6	On Exchange	Existing	45127PA002000806		Silver PPO 6000 CSR94	Combined w/Med	50	50	D	D	Combined	Combined	N	N	2	2	0	0	10	10	25	25	10%	10%	200	200	10%	10%
7	On Exchange	Existing	45127PA002002001		Bronze PPO 8000/0/60	Combined w/Med	250	250	D	D	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	50%	50%	0	0	50%	50%
8	Off Exchange	Existing	53789PA010000800		Bronze HMO 8000/0/60	Combined w/Med	250	250	D	D	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	50%	50%	0	0	50%	50%
9	Off Exchange	Existing	53789PA010000400		Catastrophic HMO 8150/0/75	Combined w/Med	D	D	D	D	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%
10	Off Exchange	Existing	82795PA014000100		Catastrophic PPO 8150/0/75	Combined w/Med	D	D	D	D	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%

Keystone Health Plan Central  
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Line	On/Off Exchange	New/Existing	HIOS		Med Description	Rx Description	Rx Specialty Max Tier 2		Rx Gen Pref Coins		Rx Gen Non-Pref Coins		Rx Brand Pref Coin		Rx Brand Non-Pref Coins		Rx Gen Pref Mail Copay		Rx Gen Non-Pref Mail Copay		Rx Brand Pref Mail Copay	
							2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
1	On Exchange	Existing	45127PA002001301		Gold PPO 2150/10/20	Combined w/Med	1000	1000	0%	0%	25%	25%	0%	0%	0%	0%	20	20	0	0	50	50
2	Off Exchange	Existing	45127PA002002100		Silver PPO 5950/20/40	Combined w/Med	1000	1000	0%	0%	25%	25%	0%	0%	0%	0%	20	20	0	0	100	100
3	On Exchange	Existing	45127PA002000801		Silver PPO 6000/20/40	Combined w/Med	1000	1000	0%	0%	25%	25%	0%	0%	0%	0%	20	20	0	0	100	100
4	On Exchange	Existing	45127PA002000804		Silver PPO 6000 CSR73	Combined w/Med	800	800	0%	0%	18%	18%	0%	0%	0%	0%	10	10	0	0	50	50
5	On Exchange	Existing	45127PA002000805		Silver PPO 6000 CSR87	Combined w/Med	500	500	0%	0%	15%	15%	0%	0%	0%	0%	6	6	0	0	30	30
6	On Exchange	Existing	45127PA002000806		Silver PPO 6000 CSR94	Combined w/Med	300	300	0%	0%	10%	10%	0%	0%	0%	0%	4	4	0	0	20	20
7	On Exchange	Existing	45127PA002002001		Bronze PPO 8000/0/60	Combined w/Med	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0
8	Off Exchange	Existing	53789PA010000800		Bronze HMO 8000/0/60	Combined w/Med	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0
9	Off Exchange	Existing	53789PA010000400		Catastrophic HMO 8150/0/75	Combined w/Med	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0
10	Off Exchange	Existing	82795PA014000100		Catastrophic PPO 8150/0/75	Combined w/Med	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0

Individual Rates  
Effective 1/1/2020  
Benefit Categories

IP OP Professional	Type of Service
Inpatient	IP - CABG
Inpatient	IP - Cesarean Maternity Delivery
Inpatient	IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Maternity Non-delivery
Inpatient	IP - Medical
Inpatient	IP - Neonatal
Inpatient	IP - Newborn
Inpatient	IP - Normal maternity delivery
Inpatient	IP - Other Cardiovascular Procedures
Inpatient	IP - Other Surgical
Inpatient	IP - Psychiatric
Inpatient	IP - Substance Abuse
Inpatient	IP - Ungroupable
Outpatient	OP - Blood
Outpatient	OP - Cardiac Rehab
Outpatient	OP - Cardiovascular
Outpatient	OP - Dialysis
Outpatient	OP - Emergency Room
Outpatient	OP - Maternity Non-delivery Care
Outpatient	OP - Observation Room
Outpatient	OP - Other OP Services
Outpatient	OP - PT/OT/ST
Outpatient	OP - Pathology/Lab
Outpatient	OP - Pharmacy
Outpatient	OP - Psychiatric
Outpatient	OP - Radiology - CT/MRI/PET
Outpatient	OP - Radiology - General
Outpatient	OP - Substance Abuse
Outpatient	OP - Surgery
Outpatient	OP - Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - IP Psychiatric
Professional	IP Visits - IP Substance Abuse
Professional	IP Visits - Medical
Professional	Inpatient Surgery - Primary Surgeon
Professional	Inpatient Surgery - Anesthesia
Professional	Inpatient Surgery - Assistant Surgeon
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physical Therapy
Professional	Pathology/Lab - IP
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - IP
Professional	Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - Medical
Professional	Independent Lab
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	OP Visits - OP Psychiatric
Professional	OP Visits - OP Substance Abuse
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physical Therapy
Professional	Outpatient Surgery - Anesthesia
Professional	Outpatient Surgery - Office
Professional	Outpatient Surgery - Outpatient Facility
Professional	Pathology/Lab - OP
Professional	Pathology/Lab - Office
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - OP - CT/MRI/PET
Professional	Radiology - OP - General
Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General
Professional	Unmapped
Other Medical	Unmapped
Other Medical	OP - Ambulance
Other Medical	OP - DME
Other Medical	OP - Home Health/PDN
Other Medical	OP - Medical Surgical Supplies
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glasses/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glasses/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams

Keystone Health Plan Central  
Individual Rates  
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Benefit Mix Changes

Benefit Mix Calculation

	<u>Med Manual Cost</u>	<u>Rx Manual Cost</u>	<u>Manual Cost PMPM</u>
Average in Experience Period			247.26
Average in Rating Period			245.63
Benefit Mix Adjustment			0.99

BEP Manual Cost Calculation

		247.26	
Company	<u>HIOS 14 Digit</u>	<u>Med Plan</u>	<u>Manual Cost</u>
			<u>PMPM</u>
KHPC	53789PA0100008	HMOIJ840	248.18
KHPC	53789PA0100004	HMOIJ839	244.46
			<u>BEP MM</u>

Projected 2020 Manual C

		246	17,727
	<u>Mapped 2019 Plan</u>	<u>Total</u>	<u>Proj Member</u>
			<u>Dist</u>
	53789PA0100008	246.45	13,807
	53789PA0100004	242.75	3,920



Keystone Health Plan Central  
Individual Rates  
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Trend

Trend by Service Category									
Year 1			Year 2			Induced Demand	Total Year 1	Total Year 2	Weights
Category	Cost	Util	Cost	Util					
Inpatient Hospital	5.70%	2.30%	6.30%	2.30%	0.0%	8.1%	8.7%	24.1%	
Outpatient Hospital	5.30%	2.30%	6.00%	2.30%	0.0%	7.7%	8.4%	50.0%	
Professional	4.00%	1.80%	3.70%	1.80%	0.0%	5.9%	5.6%	21.6%	
Other Medical	5.30%	2.00%	6.00%	2.00%	0.0%	7.4%	8.1%	4.3%	
Capitation	3.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0.0%	
Prescription Drug	8.90%	0.40%	8.70%	1.30%	0.0%	9.3%	10.1%	100.0%	
Dental & Vision	1.00%	2.00%	1.00%	2.00%	0.0%	3.0%	3.0%	100.0%	

Aggregate Pricing Trend Year 1	
Total	7.6%
Medical	7.4%
Drug	9.3%
Agg Med + Rx Trend	7.8%
Dental and Vision	3.0%

Aggregate Pricing Trend Year 2	
Total	8.1%
Medical	7.9%
Drug	10.1%
Agg Med + Rx Trend	8.3%
Dental and Vision	3.0%

Year 1 Raw Trends				Year 2 Raw Trends		
URRT Categories	Cost	Utilization	Composite	Cost	Utilization	Composite
Inpatient Hospital	5.2%	2.25%	7.6%	5.8%	2.25%	6.5%
Outpatient Hospital	4.8%	2.25%	7.2%	5.5%	2.25%	6.5%
Professional	3.5%	1.75%	5.3%	3.2%	1.75%	4.9%
Other Medical	4.8%	2.00%	6.9%	5.5%	2.00%	5.0%
Capitation	3.0%	0.0%	3.0%	3.0%	0.0%	5.0%
Prescription Drugs	7.6%	0.4%	8.1%	7.4%	1.3%	7.7%
Dental & Vision	1.0%	2.0%	3.0%	1.0%	2.0%	3.0%

\*From Hos

Adjustments to Pricing Trend			
Medical		Drug	
Intensity	0.5%	Contracting	-0.20%
Leveraging	0.0%	Leveraging	0.00%
Demographics	0.0%	Demographics	0.00%
Buy-Downs	0.0%	Buy-Downs	0.00%
Other	0.0%	Pipeline	1.50%
Total	0.5%	Total	1.30%

\*Adjustments in Drug Trend Model

Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
URRT

Experience Period Member Months22,568

Section II: Projections

		Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM			
Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization		Incurred	Allowed	PMPM
Inpatient Hospital	\$67.21	1.057	1.023	1.063	1.023	79.03	\$1,344,383	\$1,516,777	\$67.21
Outpatient Hospital	\$139.39	1.053	1.023	1.060	1.023	162.82	\$2,024,374	\$3,145,654	\$139.39
Professional	\$60.13	1.040	1.018	1.037	1.018	67.20	\$811,689	\$1,357,036	\$60.13
Other Medical	\$12.09	1.053	1.020	1.060	1.020	14.04	\$180,002	\$272,854	\$12.09
Capitation	\$11.33	1.030	1.000	1.030	1.000	12.02	\$255,682	\$255,682	\$11.33
Prescription Drug	\$63.98	1.089	1.004	1.087	1.013	77.03	\$1,060,099	\$1,443,894	\$63.98
Total	\$354.13					412.15			\$354.13

Morbidity	1.060
*Other	
Change in Demographics	1.000
Change in Network	1.000
Change in Benefits	1.000
Change in Other	1.000
Projected Index Rate	436.87

Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
Paid to Allowed Ratio Development

Medical Rate Development		
Base Experience Period:	1/1/2018-12/31/2018	
Data as of	3/1/2019	
Rating Period:	1/1/2020 - 12/31/2020	
Trend Months:	24	
Trend:	7.4%	

Drug Rate Development		
Base Experience Period:	1/1/2018-12/31/2018	
Data as of	3/1/2019	
Rating Period:	1/1/2020 - 12/31/2020	
Trend Months:	24	
Trend:	9.3%	

Pediatric Dental Rate Development		
Base Experience Period:	1/1/2018-12/31/2018	
Data as of	3/1/2019	
Rating Period:	1/1/2020 - 12/31/2020	
Trend Months:	24	
Trend:	3.0%	

Pediatric Vision Rate Development		
Base Experience Period:	1/1/2018-12/31/2018	
Data as of	3/1/2019	
Rating Period:	1/1/2020 - 12/31/2020	
Trend Months:	24	
Trend:	3.0%	

1	Medical Paid and Incurred Claims	4,270,007	1	BEP Paid and Incurred Claims**	1,298,524	1	BEP Paid and Incurred Claims	32,897	1	BEP Paid and Incurred Claims	2,870
2	Completion Factor	0.99	2	Completion Factor	1.000	2	Completion Factor	0.986	2	Completion Factor	0.980
3	BEP Completed Claims (1) / (2)	4,324,138	3	BEP Completed Claims (1) / (2)	1,298,524	3	BEP Completed Claims (1) / (2)	33,380	3	BEP Completed Claims (1) / (2)	2,930
4	BEP Member Months	22,568	4	BEP Member Months	22,568	4	BEP Member Months	22,568	4	BEP Member Months	22,568
5	BEP Completed Claim PMPM (3) / (4)	191.60	5	BEP Completed Claim PMPM (3) / (4)	57.54	5	BEP Completed Claim PMPM (3) / (4)	1.48	5	BEP Completed Claim PMPM (3) / (4)	0.13
6	Trend Factor	1.15	6	Trend Factor	1.20	6	Trend Factor	1.06	6	Trend Factor	1.06
7	Trended Claim PMPM (5) x (6)	221.04	7	Trended Claim PMPM (5) x (6)	68.78	7	Trended Claim PMPM (5) x (6)	1.57	7	Trended Claim PMPM (5) x (6)	0.14
8	Benefit Change Factor	0.99	8	Benefit Change Factor	0.99	8	Benefit Change Factor	1.00	8	Benefit Change Factor	1.00
9	Morbidity Adjustment	1.06	9	Morbidity Adjustment	1.06	9	Morbidity Adjustment	1.06	9	Morbidity Adjustment	1.06
10	Capitation	255,682	10	Rx Rebates	238,425	10			10		
11	Capitation PMPM	11.33	11	Rx Rebates PMPM	10.56	11			11		
12	Other Adjustment	1.000	12	Other Adjustment	1.000	12	Other Adjustment	1.000	12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	244.09	13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9)] x (12)	61.86	13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9)] x (12)	1.66	13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9)] x (12)	0.15

Expected Claim PMPM in Rating Period	
Medical	244.09
Drug	61.86
Pediatric Dental	1.66
Pediatric Vision	0.15
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	307.76
Total Expected Incurred in Rating Period Net RA	419.38

Projected Allowed	436.87
Paid to Allowed Ratio	0.704

\*Drug BEP Paid and Incurred Claims are net of Rx rebates

Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
Retention

	<u>Medical + Rx</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	<u>% of Premium</u>
Reinsurance Contribution	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Risk Adjustment Fee	\$0.18	\$0.00	\$0.00	\$0.18	0.0%
Admin PMPM	\$43.50	\$0.60	\$0.09	\$44.19	8.9%
Broker PMPM	\$3.26	\$0.00	\$0.00	\$3.26	0.7%
Value Based Benefits	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
BCBSA Identity Theft Protection	\$0.02	\$0.00	\$0.00	\$0.02	0.0%
Quality Improvement	0.4%	0.4%	0.4%	0.4%	0.4%
Contingency	2.0%	2.0%	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Insurer Tax	2.9%	2.9%	2.9%	2.9%	2.9%
Exchange Fee	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Federal Income Tax	0.4%	0.4%	0.4%	0.4%	0.4%
Premium Tax	0.0%	0.0%	0.0%	0.0%	0.0%

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters		2.89%			
Quarter	% of Enrollees	HIF	2020 assessmen	2020 assessment	
1	100%	2.89%	0	2.9%	3.2%
			3	2.9%	3.2%
			6	2.9%	3.2%
			9	2.9%	3.2%

	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>
	10.2%	2.0%	3.4%
Claims	9.1%		
Broker	0.7%		
Quality Improvement	0.4%		

Expected Incurred	419.38
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	Bronze HMO	Catastrophic
Plan	8000/0/60	HMO 8150/0/75
Deductible	8000	8150
Expected Claim Cost	342.90	185.77
Expected Premium PMPM *	\$532.61	\$365.95
<u>Allowed Adjustments to Premium for MLR</u>		
Reinsurance Contribution	0.00	0.00
Patient-Centered Outcomes Research Trust Fund:	0.00	0.00
Risk Adjustment Fee	0.18	0.18
Premium Tax	0.00	0.00
Insurer Tax	15.42	10.59
Exchange Fee	0.00	0.00
Quality Improvement	2.13	1.46
Federal Income Tax**	2.24	1.54
MLR Adjusted Premium	\$512.65	\$352.18
Expected Member Distribution	77.9%	22.1%

Unadjusted Premium	\$495.76
Expected MLR Adjusted Premium	\$477.16

<b>MLR</b>	<b>87.9%</b>
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\* From Exhibit L  
\*\*21% of profit or contingency (assumed to be 2%)

**Keystone Health Plan Central**  
**Individual Rates**  
**Effective 1/1/2020**  
**Projected Index Rate**

Projected Index Rate	\$436.87
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<u>Effective Date</u>	<u>Total Index Rate</u>	<u>Trend</u>	<u>Distribution of Members</u>	<u>Projected Allowed</u>	<u>Market Adjusted Index Rate</u>
January - December	\$436.87		100%	\$436.86	

Average for Projection Period	\$436.87			\$436.86	\$595.30
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\* From URRT and Exhibit B

**Keystone Health Plan Central**  
**Individual Rates**  
**Effective 1/1/2020**  
**Market Adjusted Index Rate**

**Development of Market Adjusted Index Rate**

Q1 Index Rate	436.87
Paid to Allowed	0.70
Q1 Projected Claims	307.76
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-111.62
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	419.38
Q1 Market Adjusted Index Rate	595.31

**Development of Exchange User Fee**

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

**Development of Risk Adjustment Projection**

Projected 2020 Risk Adjustment Payment	-\$111.62
Projected 2018 Risk Adjustment	-\$3,395,554
2018 MemberMonths	22,568
Projected 2018 Risk Adjustment Payment PMPM	-\$150.46
Keystone Health Plan Central	-\$3,395,554

**Adjust Base Experience Period to Base Plan**

	<u>Medical</u>	<u>Rx</u>	<u>Ped Dental</u>
Expected Claim PMPM in Rating Period	244.09	61.86	1.66
Adjustment to Base Plan	0.997	0.997	1.000
Adjustment for Cat	0.900	0.900	0.900
Adjustment for Induced Demand	1.000	1.000	1.000
Expected Claim Base Plan	271.97	68.93	1.85



Rate Development by Benefit Option		Off Exchange	Off Exchange
Level of Coverage HIOS		Bronze 53789PA0100008	Catastrophic 53789PA0100004
Med Plan Name:		Bronze HMO 8000/0/60	Catastrophic HMO 8150/0/75
Rx:		Combined	Combined
Plan Type:		HMO	HMO
HRA		N	N
Q1 Market Adjusted Index Rate		595.31	595.31
AV and Cost-Sharing Adjustment		0.76	0.91
AV and Cost-Sharing Adjustment Step 1		0.53	0.52
AV and Cost-Sharing Adjustment Step 2		1.43	1.73
Network		1.000	1.000
Catastrophic Adjustment		1.000	0.550
Induced Demand		1.00	1.00
Plan Pricing Relativities:			
Manual PMPM		246.45	242.75
Pricing Relativity		1.000	0.542
Projected Claims		342.90	185.77
Total Projected Claims PMPM + Market Level Adjustments:		454.52	297.39
Retention			
Admin PMPM		\$44.19	\$44.19
Broker PMPM		\$3.26	\$3.26
Risk Adjustment User Fee		\$0.18	\$0.18
HRA Admin Fee		\$0.00	\$0.00
Value-Based Benefits		\$0.00	\$0.00
BCBSA Identity Theft		\$0.02	\$0.02
Premium Tax		0.0%	0.0%
Federal Income Tax		0.4%	0.4%
Insurer Tax		2.9%	2.9%
Contingency		2.0%	2.0%
Quality Improvement		0.4%	0.4%
Premium Neutrality		1.67	1.67
Total Premium Single Rate:		\$319.87	\$219.78
Plan Adjusted Index Rates		\$532.61	\$365.95
Expected Member Distribution		77.9%	22.1%
Relativity Checks			
Claims		1.00	0.99
Premium		1.00	0.69
		\$47.47	\$47.47
Admin		9%	13%
Taxes		3.3%	3.4%

Benefit Plans																										
		100%	17,727																				Annual Trend			
#	Combo Description	Projected Membership	Proj MM	New or Existing	Product ID	Plan ID (14)	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Network	Induced Demand	Product	Med Plan Description	Deductible	Drug Plan	Pediatric Dental	Pediatric Vision	Average Plan Adj. Index Rate	Q1 Plan Adj. Index Rate	Q2 Plan Adj. Index Rate	Q3 Plan Adj. Index Rate	Q4 Plan Adj. Index Rate	Medical & Rx	Dental & Vision	Aggregate Trend
1	Bronze HMO 8000/0/60	77.9%	13,807	Existing	53789PA010	53789PA0100008	Off Exchange	0.532931037	62.2%	76.4%	1.00	1.00	HMO	Bronze HMO 8000/0/60	8000	Combined	Embedded	Embedded	\$532.60	\$532.60				7.76%	3.0%	7.63%
2	Catastrophic HMO 8150/0/75	22.1%	3,920	Existing	53789PA010	53789PA0100004	Off Exchange	0.524937071	60.8%	90.8%	1.00	1.00	HMO	Catastrophic HMO 8150/0/75	8150	Combined	Embedded	Embedded	\$365.94	\$365.94				7.76%	3.0%	7.63%


Keystone Health Plan Central

Individual Rates

Effective 1/1/2020

Calibration

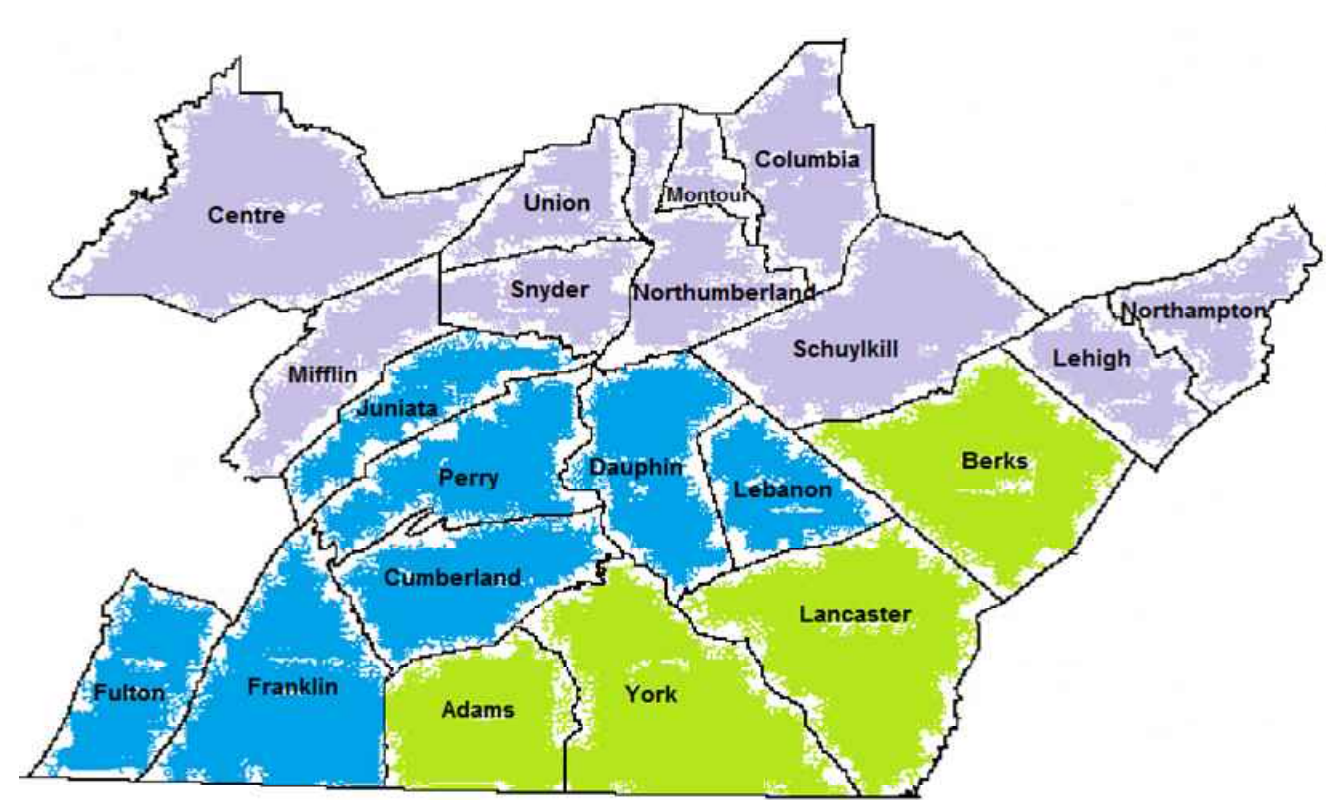
Expected Average Age Factor:	1.604
List-Billed Adjustment for Max 3 Children	1.003
Adjusted Average Age Factor	1.599
Expected Average Region Factor:	1.04
Expected Average Tobacco Factor	1.005
Cumulative Rating Factors (Premium Neutrality):	1.67

Age Factors			Region Factors			Tobacco Factors		
Age	Distribution of Population	Age Factor	Region	Distribution of Population	Factor	PPO	HMO	Final Factor
0-14	11.03%	0.765	6	37%	1.0000	1.005	1.002	1.005
15	1.35%	0.833	7	50%	1.0700			
16	1.20%	0.859	9	13%	1.0100			
17	0.75%	0.885						
18	1.28%	0.913						
19	0.98%	0.941						
20	1.05%	0.970						
21	1.50%	1.000						
22	1.58%	1.000						
23	1.05%	1.000						
24	1.05%	1.000						
25	2.03%	1.004						
26	2.85%	1.024						
27	2.70%	1.048						
28	3.60%	1.087						
29	3.68%	1.119						
30	1.43%	1.135						
31	1.05%	1.159						
32	1.28%	1.183						
33	0.90%	1.198						
34	0.68%	1.214						
35	0.38%	1.222						
36	1.20%	1.230						
37	1.35%	1.238						
38	1.88%	1.246						
39	1.50%	1.262						
40	1.05%	1.278						
41	1.13%	1.302						
42	1.50%	1.325						
43	0.90%	1.357						
44	1.20%	1.397						
45	1.05%	1.444						
46	1.88%	1.500						
47	2.10%	1.563						
48	2.10%	1.635						
49	1.50%	1.706						
50	1.88%	1.786						
51	1.88%	1.865						
52	1.43%	1.952						
53	2.40%	2.040						
54	2.40%	2.135						
55	2.10%	2.230						
56	2.18%	2.333						
57	1.95%	2.437						
58	3.45%	2.548						
59	2.48%	2.603						
60	3.45%	2.714						
61	3.75%	2.810						
62	2.78%	2.873						
63	4.20%	2.952						
64+	0.00%	3.000						

Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
Rating Factors

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

Region



Region	Factor
6	1
7	1.07
9	1.01

Network	Factor
HMO	1.00

Benefit Plans														Base Rates 1/1/2019 - 12/31/2019										Annual Total	
#	Combo Description	Projected Membership	Prod MM	New or Existing	Product ID	Plan ID	On/Off Exchange	Metad Level	Metad Value	Exclng Value	Induced Demand	Product	Medical Plan Description	Deductible	Drug Plan Desc	Pediatric Dental	Pediatric Vision	Medical -- RS	Medical	Pediatric Dental	Pediatric Vision	Total	Medical & RS	Dental & Vision	
1	Bronze HMO 8150/O/75	77.5%	11,807	Existing	53789PA010	53789PA0100008	Off Exchange	53.3%	62.2%	76.4%	1.00	HMO	Bronze HMO 8150/O/75	800	Combined	Embedded	Embedded	\$18.28	\$260.99	\$87.29	\$1.43	\$0.15	\$319.48	7.5%	1.0%
2	Catastrophic HMO 8150/O/75	22.1%	3,920	Existing	53789PA010	53789PA0100004	Off Exchange	52.5%	60.8%	90.8%	1.00	HMO	Catastrophic HMO 8150/O/75	8150	Combined	Embedded	Embedded	\$218.20	\$178.93	\$39.27	\$1.43	\$0.15	\$219.78	7.8%	3.0%

**Keystone Health Plan Central  
Individual Rates  
Effective 1/1/2020  
Regional Analysis**

Annual Increase	-1.3%
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**Results**

<u>By Region</u>	<u>Current Month Members</u>	<u>Enrollment Dist</u>	<u>Projected LR w No Region Factor Change</u>	<u>Target LR</u>	<u>Adjusted for Regional Costs</u>	<u>Current Factors</u>	<u>Adj Factors</u>	<u>Final Rel to Region 6*</u>
6	19,532	42%	87.9%	88.8%	<b>-2.3%</b>	1	0.99	<b>1.0000</b>
7	21,060	45%	98.4%	95.5%	<b>1.6%</b>	1.03	1.06	<b>1.0700</b>
9	6,462	14%	88.3%	94.9%	<b>-8.2%</b>	1.08	1.00	<b>1.0100</b>
Total	47,054	100%	92.7%	92.7%	-1.4%	1.02	1.02	1.03

**Data - Claims and Enrollment for 12 Months Ending December 2018**

Total		1	407,399	47,054	401,355,182	265,931,459	(10,060,406)	29,528,708	56.6%
<u>Region</u>	<u>Group County Name</u>	<u>% 2018 Enrollment</u>	<u>MemberMonths</u>	<u>Current Month Members</u>	<u>Premium</u>	<u>Incurred Claims</u>	<u>Rx Rebates</u>	<u>RA Estimate</u>	<u>Loss Ratio</u>
6	Lehigh	13.6%	55,575	7,052	\$51,213,578	\$32,706,781	-\$1,702,559	\$3,010,701	57.2%
6	Northampton	13.8%	56,141	7,014	\$52,215,997	\$32,045,773	-\$1,508,015	\$3,538,122	54.8%
6	Schuylkill	3.1%	12,727	1,902	\$13,503,821	\$6,931,822	-\$499,159	\$715,931	45.2%
6	Centre	0.5%	1,982	786	\$1,793,296	\$2,362,599	-\$253,702	\$2,127,833	53.8%
6	Northumberland	1.1%	4,285	798	\$4,299,782	\$3,559,764	-\$273,143	\$292,617	71.6%
6	Columbia	0.7%	2,761	577	\$2,749,971	\$2,580,302	-\$137,005	\$990,964	65.3%
6	Union	0.7%	2,726	482	\$2,601,251	\$2,189,845	-\$113,940	-\$207,012	86.7%
6	Mifflin	0.4%	1,671	346	\$1,708,413	\$1,814,821	-\$105,319	\$826,927	67.4%
6	Snyder	0.7%	2,703	489	\$2,530,839	\$1,685,333	-\$153,811	\$565,778	49.5%
6	Montour	0.0%	88	86	\$108,824	\$103,171	-\$32,860	\$86,584	36.0%
7	Lancaster	11.5%	46,816	6,664	\$41,811,104	\$32,153,690	-\$1,623,180	\$5,969,631	63.9%
7	Berks	9.8%	39,780	4,404	\$38,487,421	\$27,476,337	-\$831,916	\$4,367,296	62.2%
7	York	20.8%	84,909	8,048	\$90,426,241	\$58,522,445	-\$1,500,115	\$1,492,830	62.0%
7	Adams	5.1%	20,964	1,944	\$23,063,809	\$16,306,585	-\$380,689	\$1,547,243	64.7%
9	Dauphin	4.7%	19,223	1,548	\$17,791,311	\$12,134,360	-\$209,816	\$2,477,934	58.8%
9	Cumberland	6.0%	24,328	1,939	\$22,526,167	\$14,459,915	-\$174,177	\$2,279,943	57.6%
9	Lebanon	0.1%	506	399	\$475,982	\$430,647	-\$117,883	\$163,927	48.9%
9	Franklin	5.5%	22,235	1,902	\$25,630,532	\$13,861,428	-\$278,964	-\$955,079	55.0%
9	Perry	0.9%	3,866	334	\$3,873,757	\$2,626,809	-\$64,579	\$514,471	58.4%
9	Fulton	0.7%	2,986	233	\$3,398,997	\$1,528,011	-\$65,911	-\$172,891	45.3%
9	Juniata	0.3%	1,128	107	\$1,144,089	\$451,021	-\$33,666	-\$105,042	40.2%
6		34.5%	140,657	19,532	\$132,725,772	\$85,980,211	-\$4,779,510	\$11,948,445	56.1%
7		47.2%	192,470	21,060	\$193,788,574	\$134,459,056	-\$4,335,900	\$13,377,000	62.8%
9		18.2%	74,272	6,462	\$74,840,835	\$45,492,192	-\$944,996	\$4,203,264	56.4%



**June 25, 2019**

[REDACTED], Director  
Bureau of Life, Accident and Health Insurance  
Office of Insurance Product Regulation and Administration  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

**Re: Keystone Health Plan Central  
Individual Rates  
Filing No 19-43  
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense  
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense  
Filing Type: Rate**

Dear [REDACTED]:

KHPC received an objection letter from the Department dated June 18, 2019. KHPC is providing the following in response to the objection letter:


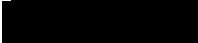
- Q&A written response
- Q&A exhibits
- Health Insurer Fee calculation workbook and memo
- Historical financial statements
- Risk adjustment calculation workbook
- Revised List-Billed adjustment workbook
- Revised Rate Development workbook
- Revised PAAM Exhibits to reflect the change in RA User Fee application and other requested changes
- Revised URRT
- Revised Rates (PA and Federal Templates)
- Revised Memos – Actuarial, Cover Letter, and Rate Change Summary

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. The change to RA User fee application does slightly impact rates (\$0.01 - \$0.02).


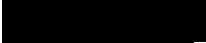

If you have any questions regarding this filing, please call me at [REDACTED] (or via email at [REDACTED]) or [REDACTED] at [REDACTED] ([REDACTED]). Thank you for your assistance in this matter.

Harrisburg, PA 17177 | [capbluecross.com](http://capbluecross.com)

Sincerely,

  
, ASA, MAAA  
Manager, Actuarial Services  
Capital BlueCross

Enclosures

cc: , FSA, MAAA, Senior Director, Actuarial Services  
, ASA, MAAA, Vice President and Chief Actuary, Actuarial Services  
, Corporate Counsel



# KEYSTONE HEALTH PLAN CENTRAL, INC.

## Question and Answer Individual Rates Effective January 1, 2020

With this response, please find corresponding Q&A Exhibits in Ind\_19-43\_Initial\_KHP\_HMO\_Q&AExhibits1\_Supporting\_20190625.xlsx

**Question 1.** Please provide a quantitative demonstration of the variation in rate increase by plan and a description of the differences.

**Answer 1.** The variance in rate increase by plan is driven by better performance in the catastrophic plan (net risk adjustment) compared to the bronze plan. The Catastrophic plan has historically performed at better loss ratios than the comparable bronze plan, which is resulting in a rate decrease for that plan this year.

**Question 2.** Page 3 of your actuarial memorandum says, "Transitional membership is included in PA Rate Exhibits Table 2 and is broken out in Exhibit G1" although a few sentences prior is says the single risk pool reflects non-grandfathered, non-transitional covered lives. Please explain if transitional business was included in the experience on the URRT and PAAM and if so, please explain the adjustment made for the transitional plans in the base period data when projecting the 2020 rates for non-transitional plans including quantitative support and where the adjustment is made.

**Answer 2.** Transitional business is not included in base experience period. The Actuarial memo has been corrected to reflect this.

**Question 3.** The URR instructions indicate the incurred claims in WS1 of the URRT are the allowed claims less cost sharing, and since the allowed claims are include capitation we interpret this to mean the incurred claims should also include capitation. Please correct.

**Answer 3.** URR WS1 does include capitation, but it seems that PAAM Table 2 Ultimate Incurred Claims should be net of capitation since capitation is explicitly shown in cell J36, and added to ultimate incurred claims in the loss ratio formula. Table 2 has been updated so capitation is not double counted. And  $URR\ WS1\ incurred\ claims = Table\ 2\ Ultimate\ Incurred + Capitation + Rx\ Rebates$  (expressed as negative).

This does impact rates as capitation is properly inputted into the projected incurred claim calculation of Exhibit G, Paid-to-Allowed Ratio Development.

**Question 4.** Please explain why the projected index rate in Table 5 (\$445.13) does not match Exhibit F\_URRT (\$444.18) and the URRT (\$444.18).

**Answer 4.** Exhibit F, URRT and the URRT template were not properly trending capitation. This has been fixed the projected index rate on both are much closer to Table 5, with only differences attributed to rounded.

**Question 5.** Please provide the date of the enrollment that is included on WS 2 of the URRT cell D34.

**Answer 5.** Enrollment is as of 2/15/2019.

**Question 6.** Please provide the measurement used for each category included in “Other Medical” and the number of units and cost for each.

**Answer 6.** Please see Q&A Exhibit 1 for the data requested.

**Question 7.** Please explain where the changes in benefit cost sharing between 2019 and 2020 were reflected.

**Answer 7.** The changes in benefit cost sharing are reflected in Exhibit D, Benefit Mix. This exhibit measures the benefit change from the Base Experience Period (BEP) to the rating period. The manual cost measurement in both the BEP and rating period reflect the benefits accordingly. Actuarial Memo, pages 6 and 8 further describe adjustments for benefits.

**Question 8.** Please explain how adjustments were made for large claims in the base period that may not be repeated or that may be increase in 2020.

**Answer 8.** No explicit adjustment is made for large claims. In a large population, these claims are assumed to reflect future claim costs.

**Question 9.** Please confirm that there was no private reinsurance for this business or explain how and where it was reflected.

**Answer 9.** I confirm that there is no private reinsurance for this business.

**Question 10.** Please provide the credibility methodology used to determine the experience was 100% credible considering the actual loss ratio reported in the PAAM Table 4 has ranged from 42% to almost 116% over the past four years.

**Answer 10.** KHP began offering Bronze and Catastrophic plans off-exchange only beginning 2017 and continuing into 2020. Since 2017, the data has been fairly stable and is CBC’s best predictor of future experience.

**Question 11.** How does the credibility methodology comply with ASOP No. 25?

**Answer 11.** The credibility methodology complies with ASOP no. 25 as follows:

Relevant and Homogenous Experience:

- Experience is recent (2018)
- Experience period benefits align with rating period
- Purchasing population in the experience and rating period are similar

**Question 12.** Please provide quantitative support for the Pricing AVs in Table 10 of the PAAM.

**Answer 12.** Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using CBC's actuarial cost model. CBC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

The model calculates both an average allowed and paid manual cost PMPM.  $\text{Paid Manual Cost PMPM} / \text{Allowed Manual Cost PMPM} = \text{Pricing AV}$ .

**Question 13.** Please explain why the projected paid-to-allowed ratio (0.706) in Table 5 is so much higher than the Metallic Tier weighted average AV (0.619) and the weighted average pricing AV (0.531) as shown in Table 10 of the PAAM.

**Answer 13.** As further explained in answer 17 below, my approach to pricing AV and induced demand results in  $(\text{pricing AV}) \times (\text{induced demand}) = \text{approximate paid-to-allowed ratio}$ . This is because pricing AV is determined from CBC's internal actuarial cost model. The model is described in the Actuarial Memo, page 8, bullet 6a. The model calculates both an average allowed and paid manual cost PMPM.  $\text{Paid Manual Cost PMPM} / \text{Allowed Manual Cost PMPM} = \text{Pricing AV}$ . Induced demand is then calculated as described in answer 19 below in order to establish a true projected cost for each plan. For this reason, the product of pricing AV and induced demand must be compared to paid-to-allowed ratio.

**Question 14.** Please explain why the PA estimated 2018 risk adjustment was not used.

**Answer 14.** For the filed 2018 estimate, PA estimated risk adjustment was released too close to the submission of the filing. Data by HIOS and inputted in other exhibits was already completed at the time. CBC does intend to update the 2018 base experience period once final RA results are released at the end of June.

For the 2020 estimate, Please see "Ind\_19-43\_Initial\_KHP\_HMO\_RACalc\_Supporting\_CONF\_20190625.xlsx" for the CBC's best estimate to date of Individual 2019 risk adjustment transfer payment PMPM. While 2018 actual

transfer payment is useful in calculating future years, our best estimate of 2019 given our current population is most indicative of 2020 payments. The following are key points:

- CBC collects and tracks member risk score information using the HHS risk model. This is referred to as Care Modeler data in the documentation.
- The data for this analysis is KHPC Individual member risk for members effective 1/1/2019 – 4/30/2019.
- CBC recognizes that risk through 4 months of the year requires maturity factors to estimate a 12-month risk score. A maturity factor is applied to the 4-month risk scores, which is calculated from 2018 actual risk score factor growth.
- Market risk scores and other factors are assumed flat from 2018.
- While \$187.08 is the total KHPC (including Catastrophic) calculated transfer payable, \$125 is used in pricing as it allows for final rates that align with similar benefits in CBC subsidiaries.

**Question 15.** Please explain how you plan to determine the projected 2020 risk adjustment transfer amount once HHS releases the actual amounts for 2018.

**Answer 15.** I plan to take the same approach as above, starting with 2018 actual and making the above adjustments for current enrollment.

**Question 16.** Please provide the calculation of the \$177.08 risk adjustment showing the federal transfer formula including the relative risk of the block compared to the market.

**Answer 16.** \$177.08 is close to the PA RA estimate. Since the initial submission, CBC has updated it's 2018 RA calculation to match the PA estimate. We plan to update the filings in the July submission after finalized results are released. File, "Ind\_19-43\_Initial\_KHP\_HMO\_RACalc\_Supporting\_20190625.xlsx" show the total (including Catastrophic) 2018 KHPC RA PMPM on tab, "Capital Individual", cell I36 (\$173.53).

**Question 17.** We note on Table 10, that you have not normalized the benefit richness (column L). Please resubmit your filing with the benefit richness normalized. We also note the PAAM indicates bronze metallic tier for both plans. Please correct.

**Answer 17.** The rates are normalized for benefit richness. This is done by the following steps:

1. Calculate projected claim cost + market level adjustments by plan. For example, the projected claim cost PMPM for plan 53789PA0100008 is \$349.35.
  - a. Total Projected Claim Cost is \$313.55 at an average projected medical and Rx benefit level (value for relativity purposes only) of 245.63. See Exhibit D\_BenMix.
  - b. Plan 53789PA0100008 medical and Rx benefit level is 246.45. Benefit relativity to average projection period is .997. See Exhibit L\_RateDev cell F10.
  - c. Average Catastrophic adjustment is 0.90. See Exhibit L\_RateDev, cell F11.
  - d. Plan 53789PA0100008 projected claim cost PMPM is  $\$313.55 / .997 / .9 = \$349.35$
  - e. Plan 53789PA0100008 projected claim cost PMPM + market level adjustments =  $349.35 - \text{RA PMPM} + \text{Exchange Fee PMPM} = 349.35 - (-125.00) + 0 = 474.35$
2. Calculate Induced Demand by plan

- a. Induced Demand is the factor needed after MAIR x allowable rating factors is order to establish (1) above.
  - b. Plan 53789PA0100008 MAIR x Pricing AV x Network =  $622.28 \times .53 \times 1.0 = 331.63$
  - c. Induced Demand =  $474.35 / 331.63 = 1.43$
3. The final projected claim cost by plan is not inflated for induced demand, rather reflects the plan-level claim cost in relation to the total projection period claim cost.

**Question 18.** Please provide quantitative support for your catastrophic plan adjustment.

**Answer 18.** Please see Q&A Exhibit 2 for the development of the catastrophic plan.

**Question 19.** Please explain why the retention in Exhibit L do not match Table 6 of the PAAM. For instance, the broker fees are shown as \$3.26 PMPM in Exhibit L and \$3.35 PMPM in the PAAM.

**Answer 19.** It seems that Table 6 has a flaw where, for example, the total admin expense must equal III Plan Rates, R15. III Plan Rates, R15 is the member-weighted average of admin expenses. But total admin expenses should be premium-weighted. In a company with 2 plans, and a large difference in premium between the 2 plans (due to the Catastrophic adjustment), the member-weighted average admin expense differs from the premium-weighted admin expense by about 0.3%. This is causing differences in the PMPMs produced in Table 6 and those shown in Exhibit H.

**Question 20.** Please provide support for the geographic factors and prove that they do not reflect morbidity. It appears that target loss ratios were used compared to actual loss ratios that could reflect morbidity.

**Answer 20.** Exhibit Q Regional Analysis provides actual loss ratio by region adjusted for risk adjustment (RA). The RA adjustment ensures that morbidity is not reflected in the geographic factors.

**Question 21.** Please explain the changes in the regional factors from the prior filing.

**Answer 21.** Regional rating factor changes are driven by cost variance in region 7 from what was projected in prior filings. As seen in Exhibit Q, region 7 costs (adjusted for risk adjustment) are higher than target and higher relative to other regions (also adjusted for risk).

**Question 22.** The PCORI fee should not be used in the 2020 MLR calculation. Please revise the MLR calculation.

**Answer 22.** Exhibit I, Projected Loss Ratio has been corrected to remove PCORI fee.

**Question 23.** Please explain your projected decrease in membership.

**Answer 23.** The projected membership decrease is based on current membership as of 2/15/2019. Membership declined over 2018, and further declined to 1,376 as of 2/15.

**Question 24.** Please explain how your accrued medical incentive pool and bonus amounts and policy reserves from your financial statement were taken into account in your rate development.

**Answer 24.** Accrued medical incentive pool and bonus amounts are not explicitly considered in the rate development. But quality incentive amounts are added to retention, which would include these amounts. CBC does not accrue for policy reserves in this market segment.

**Question 25.** Please provide a statement in your actuarial certification that certifies that the geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.

**Answer 25.** The actuarial certification has been updated to include the requested statement.

*The following additional questions or comments are from PID.*

**Question 26.** URRT versus PAAM Exhibit Tables – Please explain and correct the following discrepancies:

- a. The cost sharing is \$2,059,986 in Tables 2 and \$2,315,668 in Table 4 of PAAM but \$2,131,916 on WKST 2, Section II of URRT (cell D28)
- b. Incurred claims are \$5,931,911 in Table 2 of PAAM and \$5,676,279 WKST 1 of URRT but \$5,859,981 in WKST 2, Section II (cell D30)
- c. The total Trended Allowed Claims PMPM is \$419.94 in Table 5 (cell C13) but \$419.04 on URRT WKST 1 (cell H30)

**Answer 26.**

- a. WKST 2, Section II of URRT has been corrected and now matches Tables 2 and 4 of PAAM.
- b. WKST 2, Section II of URRT has been corrected and now matches Table 2 (net rebates) of PAAM and WKST 1 of URRT.
- c. WKST 1 of URRT is corrected to come close to Table 5, with only differences due to rounding.

**Question 27.** Rate Change – The average rate change in Table 10 is 3.0% and the range is -0.8% to 3.8%. Please correct the cover letter, Actuarial Memorandums, Rate Change Summary, Rate/Rule Tab in SERFF and any other documents impacted.

**Answer 27.** With this submission, the average, max and min rate changes reported in memos match Table 10.

**Question 28.** Trend - Please provide the worksheet with all the data used in the development of the trends. Please include all the adjustment factors used such as average age factor, product adjustment factor, average geographic factor, average tobacco factor, average benefit factor and please provide the normalized average PMPM.

**Answer 28.** Please see Actuarial Memo page 4 for a full description of the process used to determine trend. Future cost is used to determine pricing trend, using CBC's hospital, physician and prescription drug contracting models, as well as utilization projections monitored by CBC's medical director.

While historical data is not used to determine trend, please see Q&A Exhibit 3 for CBC's official trend report as of 201905 by market segment. Individual allowed trend is running at 7.8%, compared to filed trend of 8.7%. The difference between 7.8% actual and 8.7% can be justified by leveraging impact. Last year's KHPC Individual filing, CABC-131454728, justified leveraging of 1.6%, which would put actual + leveraging = 9.4%. You can also see a year prior the trend was 20.6%.

**Question 29.** Paid-to-Allowed Ratio - Please explain why you believe that the method you have used in the calculation of the Paid-to-Allowed Ratio is more reasonable than the PID recommended calculation as per the formula in cell C28 of Table 5 of PAAM. The formula is auto-calculated from entries made for Plan Pricing AVs, Non-Funding CSR adjustment and Total Covered Mapped Lives as of 2/1/2019. The issuer may over-write the formula and use projected enrollment, if appropriate.

**Answer 29.** Please see the answer to 13 above. Because of my approach to pricing AV and induced demand, the paid-to-allowed ratio is better reflected by the product of the two variables. The calculated paid-to-allowed ratio is projected incurred claims / projected allowed claims as seen on Exhibit G, Paid-to-Allowed.

**Question 30.** HIF calculations in Exhibit H\_Ret – Please document the calculations of the factors of 2.894% (2020) and 3.238% (2021) and include all the data and assumptions used such as market share.

- a. Provide the actual paid HIT fees on a PMPM and percent of premium for calendar years 2018 and 2016

**Answer 30.** Please see "Ind\_19-43\_Initial\_KHP\_HMO\_HIFCalc\_Supporting\_CONF\_20190625.xlsx" for the requested data. Tab 1 contains actual amounts for 2018 and 2016.

Also, please see "Ind\_19-43\_Initial\_KHP\_HMO\_HIFCalcMemo\_CONF\_Supporting\_20190625.pdf" for a detailed explanation of the HIF calculation provided by CBC's Accounting Department.

**Question 31.** Age Calibration Factor – Please explain the discrepancy between the List-Billed Adjustment for Max 3 Children of 1.003697 in the PAAM support Tab "Exhibit N\_Calibration" and 1.00294 in the workbook "Ind\_19-43\_Initial\_KHP\_HMO\_List-Billed\_Supporting\_20190521".

**Answer 31.** With this submission, the List Billed data has been corrected, and the result matches the factor applied in Exhibit N. See “IND\_19-43\_Revised\_KHP\_HMO\_List-Billed\_Supporting\_20190625.xlsx”

**Question 32.** Risk Adjustment – Please provide the calculation of the Projected RA PMPM that will be used in Table 5 of PAAM, starting from the CMS RA amount, after you replace the current place-holder of (\$125.00). This issue is in anticipation of any further question that PID may ask after you make the change. Please note that this change will impact the rate change.

**Answer 32.** Please see Answer 14 above and corresponding exhibits for the calculation of the risk adjustment transfer. While \$187.07 is the calculated transfer payable, \$125 is used in rating for market and rate staging with other CBC subsidiaries purposes.

**Question 33.** Please provide an exhibit that shows, by HIOS Plan ID, summary benefit and cost sharing changes for 2020 relative to the 2019 design for all plans to be offered in 2020. Include Pricing AV columns for 2019 and 2020. Please show the approved 2019 Pricing AVs for all plans in the 2019 column and the proposed 2020 Pricing AVs in the 2020 column.

**Answer 33.** Please see updated Exhibit B, Benefit Change Summary, that now includes the change in Pricing AVs.

**Question 34.** 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.

**Answer 34.**

- a. No adjustment was made for RADV.
- b. In 2017, Pennsylvania had a -0.15% Individual Market error rate for Non-Exiting issuers. Small Group and Catastrophic had 0% error rates. While CBCI had a 0% error rate in both market segments, the total error rate is applied to statewide average risk scores. Because of the Individual error rate and CBC’s zero error rate, we can expect receivable estimates to decrease and payable estimates to increase. Due to these findings, CBC would likely submit a non-zero estimate for the impact of RADV.

**Question 35.** Induced Utilization Exhibit – Please provide Exhibit B: Induced Utilization Exhibit as per PA Rate Filing Guidance, Page 15.

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



- b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the AV and cost sharing factors for each plan. Please note that it is assumed that the AV and cost sharing factor includes the average tobacco factor.
- c. Please provide any additional justification for induced utilization assumptions in the Company's pricing.
- d. Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sum product (against 2/1/2019 membership or the projected membership distribution) produces
- e. Please quantitatively demonstrate the calculation of the induced calibration factor.
- f. Please quantitatively show and provide a detailed description as to how the induced demand factor shown in Table 7 relates to the induced utilization factors calculated in the "Induced Utilization Exhibit" shown in the Actuarial Memorandum.

**Answer 35.**

Table B was provided with the original submission (file updated with Q&A response). Please see "IND\_19-43\_Revised\_KHP\_HMO\_RateDev\_Supporting\_20190625.xlsx"

- a. Column (9) represents the pure induced utilization for each plan.
- b. Provided in Table B.
- c. Please see Answer 17 above.
- d. Please see Answer 17 above. Induced demand is normalized so that projected claims are not overstated.
- e. Provided in Table 8 and Answer 17 above.
- f. With this submission, Table 7 is corrected to show the average induced utilization and ties to Table B.

**Question 36.** Please provide an exhibit showing the actual experience for calendar years 2014 – 2018 and the projections for 2019 and 2020 for the following categories: Member months, total administrative expenses, total incurred claims, total premium, total actual paid taxes and fees, profit, annual underwriting gain/loss and underwriting gain/loss PMPY. Also show how the financial gains and losses reconciles with the Annual Financial Statements for those periods.

**Answer 36.** Please see "Ind\_19-43\_Initial\_KHP\_HMO\_FinancialStatements\_Supporting\_20190625.xlsx" for the requested data. This is taken directly from CBC's Annual Financial Statements.

**Question 37.** Please show the development of the average commission as shown in Table 6. Additionally, the current and 2020 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated PMPM cost.

**Answer 37.** Individual broker commissions amounts are expected to be unchanged between 2019 and 2020. The broker PMPM applied in rating is equal to the actual Individual broker PMPM as of March 2019, as reported in CBC's financial line of business reports. Current broker agreements were provided with the original submission:

- Ind\_19-43\_Initial\_KHP\_HMO\_PPMABrokerIndRedacted\_Supporting\_20190521.pdf
- Ind\_19-43\_Initial\_KHP\_HMO\_WBEBrokerIndRedacted\_Supporting\_20190521.pdf

While 2020 agreements are yet to be finalized, CBC does not expect to make changes.

**Question 38.** We have repurposed row 54 to capture RA User Fees. Please provide the RA User Fee percentage and PMPM amount in cells C54 and D54, respectively.

**Answer 38.** The changes have been made to our calculations and PAAM Exhibits are updated with this submission.

**Question 39.** Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, Federal Rates Template and the binder are identical.

**Answer 39.** I confirm that I have tested to ensure rates in PAAM Exhibits Table 11, PA Plan Design Summary and Rate Tables, Federal Rates Template and the binder are identical.

**Question 40.** For the expanded Bronze plans, please demonstrate that the copay is less than or equal to 50% coinsurance for that category.

**Answer 40.** Plan 53789PA0100008 meets expanded bronze criteria because specialty Rx is offered at 50% coinsurance with no deductible.

**Keystone Health Plan Central**  
**Individual Rates**  
**Q&A Exhibit 1**  
**Other Category per Service**

<u>URRT - Other Category</u>		<u>Services</u>	<u>Incurred</u>	<u>Allowed</u>	<u>Incurred</u> <u>per Service</u>	<u>Allowed</u> <u>per Service</u>
OP - DME	Outpatient	0	0	0	0	0
Other - DME	Professional	487	43,551	66,455	89	136
Other - Prosthetics	Professional	2	2	579	1	289
OP - Home Health/PDN	Outpatient	2	0	0	0	0
Other - PDN/Home Health	Professional	47	9,615	12,519	205	266
OP - Medical Surgical Supplies	Outpatient	114	20,651	21,805	181	191
Preventive care - Vision Exams	Professional	256	6,046	21,859	24	85
Dental	Professional	59	12	966	0	16
OP - Ambulance	Outpatient	0	0	0	0	0
Other - Ambulance	Professional	91	63,816	67,661	701	744
Other - Glassess/Contacts	Professional	0	0	0	0	0
Other Med		1,058	143,693	191,843	136	181
Embedded Dental		899	33,380	78,081	37	87
Embedded Vision		165	2,930	2,930	18	18

**Keystone Health Plan Central**  
**Individual Rates**  
**Q&A Exhibit 2**  
**Catastrophic Adjustment**

**2018 Experience**

<u>HIOS</u>	<u>Plan Description</u>	<u>Incurred</u>	<u>PA Estimated</u> <u>Risk Adj</u>	<u>MemberMonths</u>	<u>RA PMPM</u>	<u>Claim PMPM</u>	<u>Claim Net RA</u>	<u>Cat Adj*</u>
53789PA0100004	Catastrophic HMO 8150/0/75	\$373,500	-62,124	5,555	-11.18	67.24	56.05	<b>0.54</b>
53789PA0100008	Bronze HMO 8000/0/60	\$5,302,729	-3,533,758	17,013	-207.71	311.69	103.98	
		\$5,676,229	-\$3,595,882	22,568	-159.34	251.52	92.18	

\*Cat adjustment is assumed to be the risk-adjusted claim ratio between Cat plans and Bronze non-Cat plans

\*0.55 is applied in rating

**Keystone Health Plan Central**  
**Individual Rates**  
**Q&A Exhibit 3**  
**Capital BlueCross Monthly Medical Trend Report**

**Individual**

For 12 Month Periods Ended

	12 Months Ended:			% Change	
	201905	201805	201705	2019/2018	2018/2017
<u>Allowed PMPM</u>					
Medical + Pharmacy	<u>\$ 732.49</u>	<u>\$ 679.67</u>	<u>\$ 563.80</u>	7.8%	20.6%

**Small Group Insured**

For 12 Month Periods Ended

	12 Months Ended:			% Change	
	201905	201805	201705	2019/2018	2018/2017
<u>Allowed PMPM</u>					
Medical + Pharmacy	<u>\$ 587.13</u>	<u>\$ 538.31</u>	<u>\$ 500.07</u>	9.1%	7.6%

**Keystone Health Plan Central**  
**Individual Rates**  
**Q&A Exhibit 4**  
**Claim Cost Projection History**

Year	Paid		Risk Adjustment		Exchange User Fees		Market Adjusted Paid	
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2015	\$345.11	\$311.66	-\$0.08	\$9.78	\$6.41	\$8.15	\$351.60	\$310.04
2016	\$225.17	\$296.31	-\$0.23	-\$86.60	\$4.21	\$11.12	\$229.61	\$394.02
2017	\$429.90	\$190.60	\$0.13	-\$174.23	\$13.18	\$0.00	\$442.96	\$364.83
2018	\$374.32	\$251.52	-\$42.55	-\$156.29	\$0.00	\$0.00	\$416.86	\$407.81



**July 12, 2019**

[REDACTED], Director  
Bureau of Life, Accident and Health Insurance  
Office of Insurance Product Regulation and Administration  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

**Re: Keystone Health Plan Central  
Individual Rates  
Filing No 19-43  
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense  
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense  
Filing Type: Rate**

Dear [REDACTED]:

KHPC received an objection letter from the Department dated July 5, 2019. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Risk adjustment calculation workbook
- Revised Rate Development workbook
- Revised PAAM Exhibits
- Revised URRT
- Revised rates (PA and Federal Templates)
- Revised memos – Actuarial, Cover Letter, and Rate Change Summary

Also, as requested, a public filing is being submitted with the objection response.

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Requested rates have changed due to finalized 2018 risk adjustment results released on June 28, 2019, and updated CBC 2019 risk data as of May 2019, as well as a change to filed trend.

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

Harrisburg, PA 17177 | [capbluecross.com](http://capbluecross.com)

Sincerely,

[REDACTED]

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

Enclosures

cc: [REDACTED], FSA, MAAA, Senior Director, Actuarial Services  
[REDACTED], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services  
[REDACTED], Corporate Counsel



# KEYSTONE HEALTH PLAN CENTRAL, INC.

## Question and Answer Individual Rates Effective January 1, 2020

With this response, please find corresponding Q&A Exhibits in Ind\_19-43\_Initial\_KHP\_HMO\_Q&AExhibits2\_Supporting\_20190712.xlsx

**Question 1.** Follow-up to question 1: Your response that the catastrophic plan performed better than bronze plans seems to imply morbidity was considered in the variations of rate increases. Please explain how morbidity was removed.

**Answer 1.** Catastrophic and bronze performance are measured based on claims / (premium + risk adjustment transfer). Because Catastrophic plans have their own risk adjustment pool, the performance (inclusive of risk adjustment) should be the basis for the catastrophic adjustment. The adjustment is meant to reflect differences in the morbidity of a non-catastrophic population and one eligible to buy catastrophic plans (individual under age 30).

**Question 2.** Follow-up to question 7: Where are the benefit adjustments reflected on the PAAM and on the URRT?

**Answer 2.** The benefit adjustment is reflected in the paid-to-allowed ratio. The paid-to-allowed ratio is developed in Exhibit G, Paid-to-Allowed Ratio Development. The calculation includes the benefit change factor (line 8).

**Question 3.** Follow-up to questions 10: do you have a credibility formula that you use? We do not know of a formula that considers 22,000 member months credible.

**Answer 3.** KHP experience is used at 100% credibility because it provides the best data available. The experience of members on-exchange with subsidy varies from members purchasing full price plans (no subsidy) off-exchange. Risk adjustment is extremely volatile across issuers. Therefore, KHP experience is the best predictor of future performance.

**Question 4.** Follow-up to questions 12, 13, 17, and 29: please provide more information on the model described in the Actuarial Memo, page 8, bullet 6a.

- a. Does this model use actual claims experience?
- b. Is the pricing AV being calculated at the metal level using experience from the metal level?
- c. Please demonstrate that the resulting AV does not reflect morbidity?

**Answer 4.** CBC uses Milliman, Inc. Health Cost Guidelines Commercial Rating Structures (for active employees) to develop benefit relativities. To help answer questions, I am pulling from Milliman's methodology description. Anything in quotations is directly from Milliman, Inc.

- a. “Milliman utilizes an enrollment and utilization database of full medical and prescription drug claims experience for over 78 million lives, of which approximately 41 million lives were selected and used as the primary source in developing the [model]. Other sources include a database of inpatient admission representing a large percentage of all admissions nationwide, retail pharmacy information, and other reference data sources.”
  - I. CBC adjusts nationwide data to CBC’s average costs and contracting in our service area.
- b. The pricing AV is not calculated using the experience of that metal level. Instead, CBC uses the actuarial cost model noted above to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- c. Two points on how the model does not reflect morbidity:
  - I. The model pulls from millions of lives and adjusts relative value by only the value of cost-sharing and differences in utilization (for example, cost barriers to emergency room care such as \$500 copay, will not only reduce ER costs by \$500, but more than \$500 because members will find alternative, less costly care).
  - II. The actuarial model is intended to produce benefit relativities that are offered to employers with several benefit options. Small Groups are able to select up to five benefit options. If the value of morbidity is priced into lower AV plans, higher morbidity members will begin to choose those plans because the difference in premium outweighs the difference in benefits (members can set premium dollars aside to pay for the extra cost-sharing). That will result in the deterioration of lower AV plans, and pricing would then be modified. For this reason, the model is designed to not reflect morbidity by plan. The same model/methodology is used in the Individual market.

**Question 5.** Follow-up to question 17: according to the URRT instructions, the induced utilization must be normalized. This adjustment should be made in Table 10 since the induced demand cannot be used to increase or decrease the projected index rates only to adjust between plans. The normalization can be done based on projected membership rather than the default in Table 10.

**Answer 5.** With this submission, I have changed my methodology described in question 15. The same calculation is performed but the results of 2c are now an interim step in the pricing AV calculation. 2c factor is applied to the pricing AV previously reported. Induced demand is 1.0.

**Question 6.** Follow-up to question 20: How were target loss ratios for each region developed and why do they vary by region?

**Answer 6.** The target loss ratios are described below. The purpose of varying target loss ratios is to incrementally change regional rating factors. For example, if region 7 would be priced based on an average target loss ratio, rates would increase by approximately [requested rate change] + 7% (region 7 projected LR (without GRA rating factor change) – avg target LR). But the incremental approach results in [requested rate change] +4%.

CBC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered incurred claims net Rx rebates, projected risk adjustment, and premium for a 12-month period by region. The loss ratio of each region is then compared to the average loss ratio for the book of business. In theory, the change in regional rating factor is:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [BOB\ LR]$$

But our preferred approach is to gradually change factors, so not to shock the market, while moving rates in the appropriate direction. In order to do this, the following approach is being proposed:

$$[Change\ in\ Regional\ Rating\ Factor\ Region\ A] = [Region\ A\ LR] \div [Target\ LR]$$

Where Target LR is in between Region A LR and BOB LR. With this gradual approach, annual rate change by region is shown on Exhibit Q, column G.

**Question 7.** Follow-up to question 28: to support the leveraging factor, please provide your paid claim trends and allowed claim trends for the last 5 years showing that the paid trends are higher than the allowed trends.

**Answer 7.** With this submission, the trend leveraging adjustment has been removed.

**Question 8.** Follow-up to question 35.e: Why is the average benefit richness in Table 7 0.666 when the average benefit richness in Table 10 is 1.501. Please correct Table 7 to be the average benefit richness and use the resulting normalization factor. This should be coordinated with question 3 above.

**Answer 8.** With this submission, induced demand is 1.0.

**Question 9.** Follow-up to question 36: Your reply did not include the financial information for the 2019 and 2020 projections. Please provide the financial information for 2019 and 2020 projections.

**Answer 9.** Please see Q&A Exhibit 1 for projected 2019 and 2020 results.

**Question 10.** The Revised PAAM exhibits is not using the template sent by PID on June 18, 2019. Table 6 does not show the Risk Adjustment User Fee in Row 54. Please upload the corrected version.

**Answer 10.** With this submission, the correct template is being used.

**Question 11.** Question 26.b. of June 18, 2019 letter – Please explain why the ultimate incurred claims do not match between Table 2 (\$5,658,971) and Table 4 (\$5,914,654) of PAAM.

**Answer 11.** Table 4 ultimate incurred includes capitation, while Table 2 specifies capitation in its own cell. Table 2 Ultimate Incurred + Capitation = Table 4 Ultimate Incurred.

**Question 12.** 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.

**Answer 12.** With this submission, we have updated all exhibits and memos to reflect actual 2018 risk adjustment results released on June 28, 2019. Also, with this update, we are updating our risk adjustment estimate from -\$125.00 PMPM to -\$111.62 PMPM. The updated risk adjustment calculation is found in  
Ind\_19-43\_Initial\_KHP\_HMO\_RACalc201905\_Supporting\_CONF\_20190712.xlsx.

**Question 13.** In response to the Department's RADV survey, issuers indicated that they did not include an adjustment in the initial submission, as there was no supportable reason for a RADV adjustment in the 2020 rate submission. Therefore, the Department has determined that there should be no RADV adjustments in the 2020 rate filings; please modify the filing accordingly, if necessary.

**Answer 13.** CBC has not included the impact of RADV and therefore no modification is necessary.

**Keystone Health Plan Central**  
**Individual Rates**  
**Q&A Exhibit 1**  
**Financial Projection History**

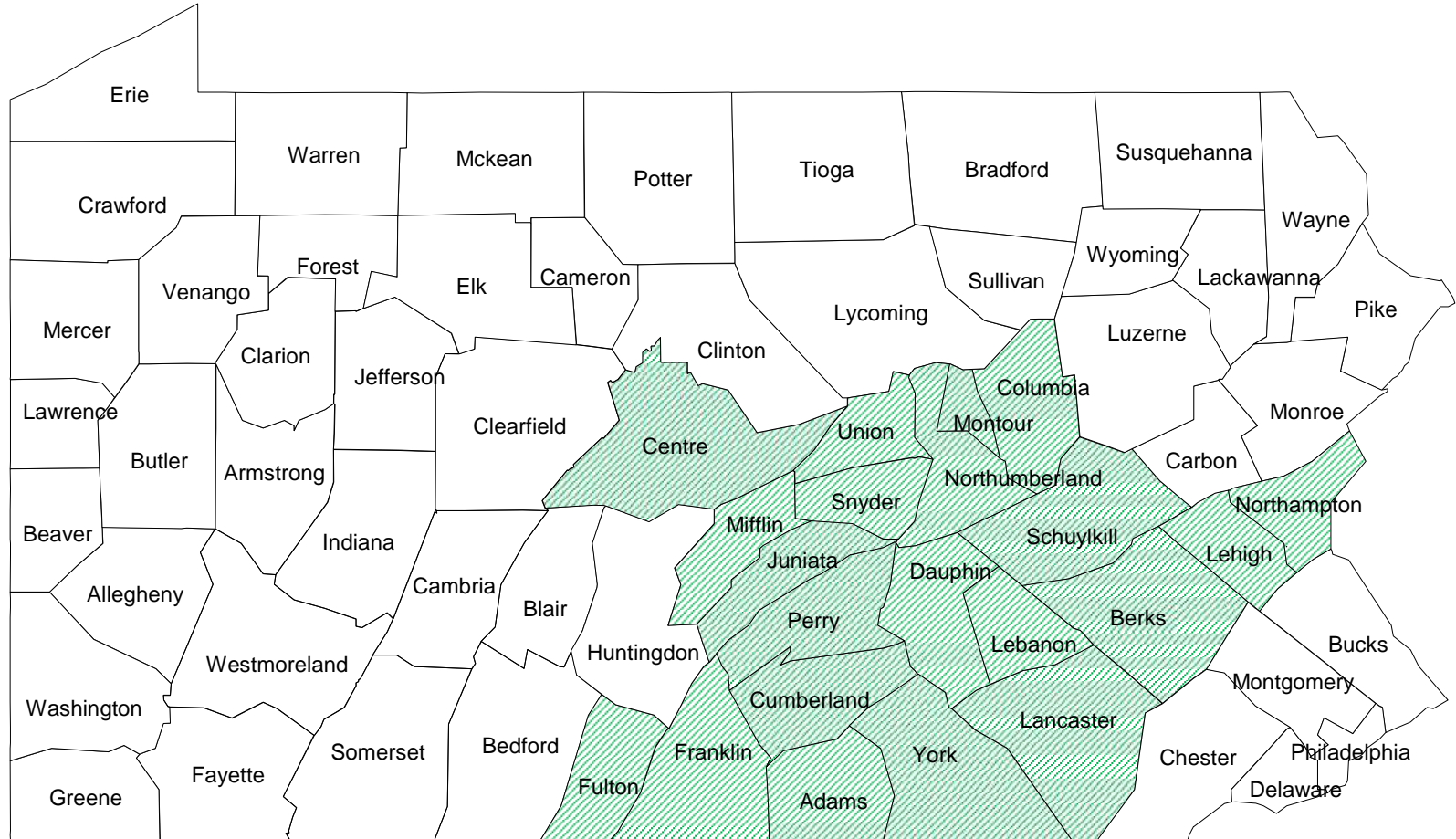
Year	Member Months	Total Admin	Total Incurred	Total Premium	Total Taxes & Fees	Total Profit	Annual Underwriting gain/loss	Annual Underwriting gain/loss PMPY
2019*	30,009	\$1,599,197.95	\$6,092,723.17	\$12,099,310.24	\$63,181.64	\$4,344,207.48	\$4,344,207.48	\$1,737.16
2020	17,727	\$898,876.44	\$7,434,306.04	\$8,804,351.97	\$295,082.45	\$176,087.04	\$176,087.04	\$119.20

\*2019 MemberMonths, Incurred and Premium are from CBC's 2019 Corporate Budget. 2019 Admin and Taxes are 2019 filed PMPMs x Budget Membership

# 2019 Service Area


Issuer: 53789

Market: Individual



**Key** *(modify as needed)*

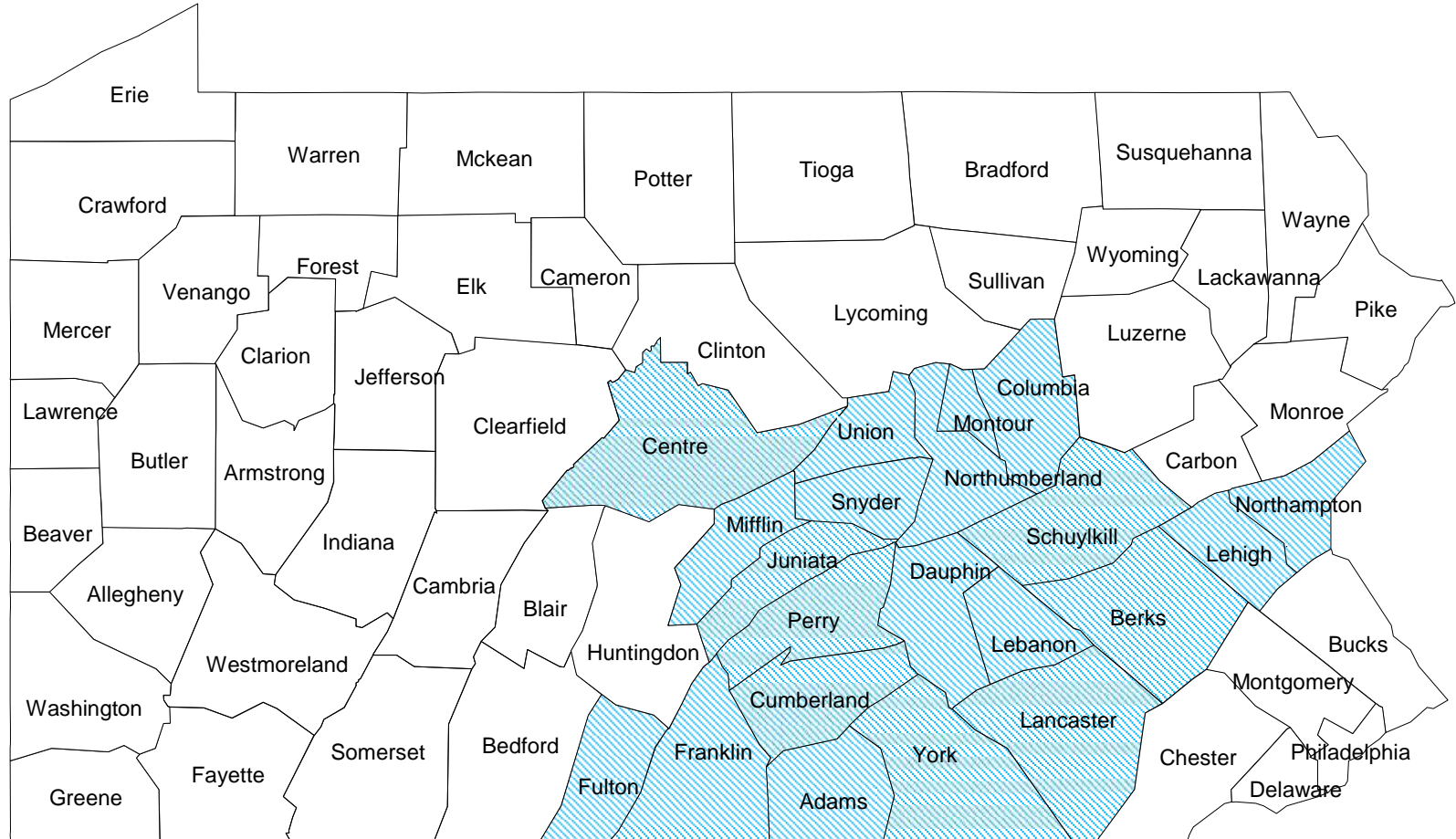
 : 2019 on-exchange service area

 : 2019 off-exchange only service area

# 2020 Service Area


Issuer: 53789

Market: Individual



**Key** *(modify as needed)*

 : 2020 on-exchange service area

 : 2020 off-exchange only service area